

Contra Costa Mental Health Commission  
Public Hearing  
1/14/10  
**Minutes – Approved 2/11/10**

**1. CALL TO ORDER/INTRODUCTIONS**

The meeting was called to order at 6:05 pm by Chair Mantas.

Commissioners Present:

Dave Kahler, District IV  
Peter Mantas, District III, Chair  
Bielle Moore, District III  
Scott Nelson, District III  
Colette O’Keeffe, MD, District  
Floyd Overby, MD, District II  
Annis Pereyra, District II  
Teresa Pasquini, District I  
Sam Yoshioka, District IV

Commissioners Absent:

Carole McKindley-Alvarez, District I-Excused  
Anne Reed, District II-Excused  
Supv. Gayle Uilkema, Dist. II-Excused

Attendees:

Ben Barr, Rainbow Center  
Brenda Crawford, Mental Hlth Consumer Cons.  
Al Farmer, NAMI  
Tom Gilbert, Shelter, Inc.  
John Gagnini, Local 1  
Anne Heavy, Nat’l Alliance on Mental Health  
Mariana Moore, Human Services Alliance  
Janet Marshall Wilson, JD, MHCC  
Connie Steers, MHCC

Staff:

Donna Wigand, MHA  
Suzanne Tavano, MHA  
Sherry Bradley, MHA  
Laura Balon-Keleti, MHA  
Holly Page, MHA  
Susan Medlin, MHA  
Erin McCarty, MHA  
Mary Roy, MHA  
Vern Wallace, MHA  
Dorothy Sansoe, CAO

Sherry Bradley had the translators from IEC introduce themselves: Mai Tran-Vietnamese, Chrystain Rozotto-Spanish and Barry Barlow-American Sign Language. If no one identifies or arrives to use their services within the first 10 minutes, they are free to leave. As no one identified as requiring services, they left.

1. **WELCOME** – Peter Mantas, Chair

2. **OPENING COMMENTS** – Peter Mantas, Chair

Chair Mantas provided an overview of the process to be used at this public hearing. MHA will present the MHSA Plan update, then the meeting will be opened for public comment. After public comment is finished, the meeting will be closed to public comment and MHC will have discussion. During the discussion the MHC will determine an action plan (what the MHC would like to see from CC Mental Health Services regarding any revisions or improvements) and finally make recommendations to the BOS and MHA.

Chair Mantas introduced Mental Health Director, Donna Wigand.

Donna Wigand - Presented a handout (*handout follows the minutes*) showing a briefing from the California Mental Health Director's Association (CMHDA) on budget issues. The part that most affects CCMH governor's proposal is to take approx. \$450 Million from MHSA over the next 2 years (almost a billion over the next 24 months). There is no language on where the money will be taken from. The governor attempted the same thing last year during the special election in June 2009 with Proposal 1E, along with several other initiatives which failed. A ballot initiative will again be required in June 2010 saying for the next 2 years state is allowed to take MHSA funds and transfer them to the state general fund, to backfill the state's match. The state has to match the state general fund to pull down EPSDT and do Mental Health Medi-Cal Managed Care. This money will be taken from MHSA and given to the state general fund to match. They will take the state general fund money they have to use each year to match those 2 categories to fill in other budget areas. She is uncertain if a ballot measure would be voted down or not; this year the political climate is very different than last year when the measure was voted down. The message from Sacramento is "do not come whining and crying and asking us not to do this." The cuts are coming so the state wants to know from Mental Health from where the \$900 million the cuts will come.

MHA would advocate taking the money from unexpended pots of funds only; it would affect Innovation. Although some counties have submitted Innovation plans, no county has implemented their plans. Also the state DMH withheld part of the Prevention and Early Intervention (PEI) funds for 3 statewide programs. Two of them have gone nowhere after 3 years: statewide suicide prevention and statewide stigma and discrimination. Chair Mantas asked what "the program didn't get done" means? Donna Wigand said instead of each county doing own program, the state would do a statewide program (allowing uniformity of programs statewide such as the purchase of media) using the withheld funds. Those funds have not been expended. This is a moving target. Vice-Chair Pasquini asked what the CMHDA's position is. Donna Wigand said the briefing paper she handed out outlines the various reductions as well as their positions on them. The state would also like to divert Prop. 10 money through a ballot initiative. They met with the state DMH today around these issues, but received nothing in writing.

Vice-Chair Pasquini asked if there was any talk of canceling the very expensive 5 year MHSA celebration party? Donna Wigand said it was the strong recommendation of CMHDA governing board to cancel the party. The party is being planned by the California Contractors Association, who still would like to move forward with it. Vice-Chair Pasquini: The public should know there is big chunk of MHSA money budgeted for party when people need housing and food. Donna Wigand agreed it is inappropriate.

Chair Mantas turned the meeting over to Sherry Bradley, MHSA Program Manager.

3. **MHSA FISCAL YEAR (FY) 2009/2010 ANNUAL UPDATE (PLAN)  
PRESENTATION BY MENTAL HEALTH DIRECTOR** – Donna Wigand, Mental Health Director and Sherry Bradley, MHSA Program Manager. (See PowerPoint presentation handout)

This Public Hearing is the culmination of a 30 day public review and comment period on the proposed draft of the 09/10 Update to the 3 Year Plan. Annual updates each year are supposed to build on the initial 3 year plan (the initial plan was for 05/06, 06/07 and 07/08). For 08-09 only an annual update was requested, including an activities report, but not a full 3 year plan. This is 09/10 Update. There will not be a full 3 year planning process until hopefully next fiscal year for years 10/11, 11/12 and 12/13.

The Community Program Planning Process includes the MHC conducting a public hearing to gather public comment on the proposed plan and also includes ongoing engagement of stakeholder processes. The MCH Commissioners received a copy of the plan update and the plan was available to the public online as well for 30 days.

The planning process is supposed to build on the previous and ongoing engagement of stakeholders. Information Notice 08-28 tells Contra Costa County what must be provided to the state and what is required regarding stakeholders to get the Annual Update approved. They are asking for money almost retroactive to 7/09 – 6/10. The package is broken down into Exhibits:

Exhibit A: Certification that the submitted Update is from CCC.

Exhibit B: Describes the Community Program Planning Process for CCC.

Exhibit C: Report on CSS 07/08 Activities and abbreviated per guidelines. The data included in the package is only for a 6month period. The state DMH used to require an annual update on the CSS completed on a calendar year basis; then it switched to a fiscal year basis. CCC has already prepared an activities report for calendar year 2007 and so the update is for 1/1/08 – 6/30/08.

Exhibit D: Workplan description. The state has decided to use a broad definition of Workplans for all projects across the different components.

Exhibit E: Funding Requests for Community Services and Support (CSS) and Prevention & Early Intervention (PEI).

Exhibit F: N/A; shown if CCC was to submit a new workplan, which it is not.

Also required per the guidelines, to provide a plan to the state to set aside a prudent reserve for CSS.

Details:

Exhibit E: Request for Funding - in the Annual 09/10 Update, funds are being requested for previously approved CSS Workplans, previously approved PEI Workplans, Administration costs associated with those programs and Prudent Reserve funding requests. (see PowerPoint presentation handout for details)

A. CSS Funding Requests: Workplan 1(Children's FSP's), Workplan 2 (TAY FSP's), Workplan 3 (Adult FSP's) and Workplan 4 (Older Adult Program-not FSP), Workplan 5 (Housing) and Workplan 6 (Systems Development-consists of 6 separate pieces).

B. PEI Funding Requests: Project 1-Building Connections in Underserved Cultural Communities, Project 2-Coping with Trauma Related to Community Violence, Project 3-Stigma Reduction, Project 4-Suicide Prevention Project, Project 5-Supporting Older Adults, Project 6-Parenting Education and Support, Project 7-Supporting Families Experiencing Juvenile Justice System, Project 8-Support for Families Experiencing Mental Illness, and Project 9-Youth Development.

Most of the PEI workplan/project contracts didn't begin until 7/09 and the first quarterly reports were not due until 10/09; so very few or no enrollees yet.

CSS: Based on the published estimated from the state, the '09/10 CSS allocation for CCC is \$20,347,000. CCC will request the full amount broken down as follows: CSS (all 6 Workplans) - \$14,054,000, County Administration Costs – \$2,100,00 and fund the prudent

reserve with the balance of \$4,096,000. MHA held expenditures to '08-09 level as they will experience declining MHSA revenues during the next 3 years.

PEI: Based on the published estimate from the state, the '09/10 PEI allocation for CCC is \$7,600,000. CCC is asking for \$6,800,000 broken down as follows: PEI (all 9 Projects) – \$5,900,000, County Administration Costs - \$310,000, and a 10% operating reserve of \$595,000 that CCC is required to do. 66% of the funds are being directed to those under the age of 25, per the guidelines at least 51% of PEI funds must be allocated to those under 25.

Prudent Reserve: Each County must set aside 50% of the most recently approved CSS and PEI plans. If there is a shortfall, CC must tell the state how they will make it up. CCC must tell the state how it will fund the prudent reserve requirement of \$10,173,000 by 7/1/10. CCC has previously committed \$3,800,000 and would like to commit \$4,096,000 from the CSS funding request. CCC has unspent CSS funds (based on a Cost Report) from '07/08 of \$2,900,00. CCC will take the unspent CSS funds and apply to prudent reserve; the prudent reserve total will be over the 50% requirement. CCC is being very conservative/aggressive on the prudent reserve because they want to attempt to preserve the programs in their current state while to do annual updates or achieve the next 3 year planning process.

Highlights of 09-10 Plan Update:

CSS -- hold expenditures to '08/09 spending levels

PEI – increase expenditures from \$5.5 million to \$6.9 million

Laying out the plan to achieve the 50% prudent reserve requirement by 7/1/10

Provide required CSS Activities Update for 1/1/08 – 6/30/08 as required by DMH.

In the Plan Update booklet, the Appendix shows Full Service Partners (FSP) Performance Outcome Report: a 12 month report, the data was presented to the Family Steering Committee, CPAW and CPAW Data Committee. Based on data shown to them, the CPAW Data Committee made some recommendations to the MHA Planning and Evaluation Unit to make some modifications in the FSP Outcomes Report. The updated report was presented to the CPAW Data Committee 1/13/10 and will be made available to the public. Commissioner Pasquini asked if the revised report was accepted by the CPAW Data Committee yesterday. Sherry Bradley responded no and confirmed that it would be going back to CPAW.

CCC is not required to do an annual plan for PEI, but Mary Roy, the PEI Coordinator, provided an update on what they hope the '10/11 Plan Update for PEI will include. All the Workplans are in place with measurable outcomes. She believes most programs will come up to speed in the next 6 months. She's worked to devise monthly reporting forms to capture all the various components of each program. They are conducting site visits to all the programs funded under PEI; the first round of visits will be complete by the end of February.

Erin McCarty and Mary Roy recorded public and MHC Commissioner comments.

#### 4. PUBLIC COMMENT ON PLAN

Ralph Hoffman submitted a comment, but already left the meeting.

Brenda Crawford: Although there was no requirement for an update on the Workforce Education & Training (WET) component, she would like to recommend revisiting the plan for ways to increase programs to provide jobs and training for consumers and consider using WET Funds to fund the SPIRIT program.

Connie Steers: Housing: she would like MHC to consider other housing options rather than just shared only shared housing options as a cost effective option. She would recommend a design such as Kirker Court. Kirker Court is community based 18 apartments around a courtyard with a community room and onsite manager. Residents felt it was most successful when County Mental Health had a residential support worker on site. The property manager, Eden Housing, also had an onsite services manager there part-time. Many activities were available for the residents during the day; a vibrant environment for an assisted living facility. Visit the site in Clayton and duplicate it elsewhere.

Janet Marshall Wilson: She supported what Brenda Crawford and Connie Steers said. On page 12, Exhibit C on CSS, it is noted that MHA has contracted with an experienced provider for housing for the FSP's. She read a handout "There have been serious problems with the contractor which has the master leasing program for CCC MHSA. The criminal background screening has been inadequate both over time and recently, which has caused serious damage to mental health consumers. Contra Costa County should impose performance measures on this contractor and open up the bidding for master leasing to other vendors." (*handout follows these minutes.*)

Chair Mantas asked if there were any other public comments on the Plan; there were none.

#### 5. CLOSE PUBLIC COMMENT ON PLAN

- **ACTION:** Motion made to close public comment on the plan. (M-Kahler/S-Nelson/P-unanimous, 9-0, Kahler, Mantas, McKindley-Alvarez, Nelson, O'Keeffe, Overby, Pasquini, Pereyra, Yoshioka; Commissioner Moore had left the meeting prior to the vote)

Discussion: None.

#### 6. MHC COMMENT ON THE PLAN

Commissioner Pereyra: The Commission has heard public comment from CBO's that there was new CSS money being rolled out without MHA ever asking those who provide over 70% of the programming for the mentally ill in this county if the services they were providing were working well, if the goals and objectives needed to be addressed and if the money spent was being well directed. She would specifically like to know if those CBO's receiving MHSA funds are being asked if the programs are working well, if they need "tweaking" to work better, essentially, what works and what doesn't. Are we, as a county, putting MHSA funds to the best use possible? Secondly, what are the performance outcome measurements being used by MHA to assure that programming is productive? Who is monitoring the programming, what assessment tool is being used to gauge effectiveness, is the targeted population correct, does it need broadening, redefining or elimination? During this current economic crisis, every dollar spent needs close scrutiny to maximize benefit. Lastly, I have heard multiple figures relating to the amount of CSS funds that will be taken away from the total CSS funding for current programs to apply to the programming that will be implemented if a Pavilion is built. What will the effect be on the reduced funding to other CSS programs if money is diverted to Pavilion programs? How will the reductions in revenue collected from Prop. 63 taxes, estimated to be between 40 – 45% by Sherry Bradley as presented to CPAW, further affect the amounts of CSS money available to existing services when topped with the diversion of funding to the new Pavilion?

Sherry Bradley: Regarding formatting: the service workplans were developed and distributed to the CPAW data committee and MHC commission members. Workplans now include performance measures, 3-5 outcomes expected from the program and individual participants. Those established percentages and thresholds were agreed upon. Vern Wallace/Helen Kearns monitor children's programs; Vic Montoya /Stacey Tupper monitor adult contacts. Focused reviews are being conducted for each of the FSP programs, beginning with the Transition Age Youth program. Data will be made available once the reviews are completed. Regarding measurement tools: according to the state, a Key Event Tracking form must be used to collect the data. Data is collected by the Personal Service Coordinator and sent to the state system. The state is supposed to turn around and give us the performance outcomes data back, but that hasn't worked very well so CCC has been taking the data ourselves (data entry, analysis and reports). That is how the FSP Outcomes report was generated for the '09-10 Update. Regarding Target Populations: The CPAW Data Committee has raised the question of whether the target population for the Children's FSP program, that has been transitioning for the last 5-7 years (per anecdotal evidence), should be expanded to include the African-American population. Their intention is to review the demographic data to see if the program should be expanded for the '10/11 program. Initially the target population was non- English speaking, Latino – Hispanic population in far East County and the program was to begin there; all FSP programs were supposed to begin in one area of the County then expand to other areas. It will probably not be possible to expand due to capacity issues and the fact that funding will be reduced. She doesn't believe there have been any reviews of target populations in West County. Regarding funds being taken away from current CSS programs for Pavilion Programs: if the funding for the capital facilities comes out of MHSA funds, the program does have to benefit FSP's' and the operational funds must come out of CSS funds. (For services not reimbursable by Medi-Cal.) Commissioner Pereyra: The figures we have heard about are for FSP's coming to the Pavilion, not extra funding that would come out of CSS to fund new programming developed at the Pavilion? Sherry Bradley said it would be used to fund FSP's.

Chair Mantas: More explanation on quality measurements? He's seen major milestones such as arrest rate before and after, but what about quality measures?

Sherry Bradley: The Performance Outcomes and Quality Improvement (POQI) survey administered twice a year to consumers or to family members/guardians of children. There are quality of life measures (25 – 30 questions) included on the survey. They found out yesterday the May 2009 results do not include the quality of life questions. Dr. Hahn-Smith will be in touch with the state regarding the missing quality of life data; the data is being captured, but not reported. Other than the POQI Survey that goes out to FSP's, there are individual interviews and some of the programs conduct interviews; once the information is de-identified for privacy issues, the data is sent to MHA.

*(The May 2009 POQI Report follows these minutes.)*

Chair Mantas: What are the quality measures for a program?

Sherry Bradley: PEI Outcome Measurements, 5 per program, have just been established for the Quality Measures. She emailed it to the Commissioners. It was a Service Workplan that shows specific outcomes delineated for each program.

Vice-Chair Pasquini: Is the Background and Scoring of 30 Items Mental Health Recovery Measure the document?

Sherry Bradley: That document was a separate one reviewing additional ways to look at recovery measures.

Chair Mantas: Could Mary Roy discuss an example of an Outcome Measurement Workplan? We have quantitative data, but what does the qualitative data look like? If we want to review how effective our spending is, we should have qualitative data.

Vice-Chair Pasquini: Could they discuss the Clubhouse FSP Workplan as an example? How is that program qualitatively improving family's lives?

Mary Roy: Regarding program development, they have expanded their services to include Friday Night Live, Saturday programming, additional meals, some evening arts/music programs and through a PEI grant, funded a multi-media room/hired someone to teach how to create multi-media projects and capturing the lives of people who are mentally ill: their experiences and challenges. They just started outreach into family homes trying to make a connection and invite the consumer to the Clubhouse. Caregiver respite services are provided as well by having so many programs available onsite. On their visit, it was difficult to tell who was client vs. staff; a very integrated program.

Commissioner O'Keeffe: In funding support, any consideration for consumers who don't have enough financial or transportation resources to access the activities and meal services, consumers who have the least resources?

Mary Roy: They are investigating if PEI funds can be used for transportation vouchers.

Commissioner O'Keeffe: The problem isn't with vouchers, it's that public transportation is absent in the evenings and weekends.

Mary Roy: A van has been funded and purchased that brings consumers to selected events, but not every single meeting. They also have meetings in East and West County for better access.

Commissioner O'Keeffe: What about the cost for meals? For someone on SSI and with the recent SSI cuts, the cost (1.00 for breakfast, 1.50 for lunch x 20 days per month) is probably prohibitive.

Mary Roy: She wasn't aware consumers had to pay for meals. She will talk to the Clubhouse. Maybe the left over start up costs from contracts this year can be spent on meals and providing transportation.

Vice-Chair Pasquini: Are these comments being captured as substantive comments?

Chair Mantas: Any other qualitative measures available can discuss for a specific program?

Laura Balon-Kelati: She prepared the Draft PEI Outcome Measuremes document with 3 different sections for each provider/agency: Project Outcome Statements (i.e. increased engagement in the community), Measures of Success (% of increase, activity, timeframe) and Measurement/Evaluation Tools (i.e. pre/post test or other recognized tool). It is not shown in the plan update. MHA is developing tools as we go; for instance, how do we measure social isolation, especially for the LGBT

community? There isn't a standardized tool available. They are working with agencies to develop tools that will work for them. The Outcome Measurements are incorporated into the contractor's Workplans.

Chair Mantas: Could the Commissioners have a copy of that document?

Sherry Bradley: If there is a link, she will send it to the MHC. The state didn't want the document referenced included on the Plan Update as it was included in the PEI 2 year plan.

*(The 2009-2010 Draft PEI Outcome Measures document was sent to the MHC via email on 1/19/10. Subsequent to that a Final PEI Outcome Measures document was made available on 1/27/10 and follows these minutes.)*

Laura Balon-Kelati: On 12/31/09 the MHSOAC came out with a PEI trends analysis report. There are 223 PEI projects featured in California submitted by 7 counties; CC had 2 projects on the list.

Sherry Bradley: In terms of measurements, with the 6 CSS Workplans, there is now an FSP Steering Committee for the Adult, Transition Age Youth and Children's programs. It consists of providers and county staff involved in the Workplan. It will meet quarterly to review any outcome results that have come forward to see if modifications are in order.

Vice-Chair Pasquini: Are there any family members on the Steering Committee? She strongly objects that family members are not allowed on the Steering Committee.

Sherry Bradley: She has communicated to the two Program Chiefs that lack of family and consumer representation can be an issue as well.

Vice-Chair Pasquini said and Brenda Crawford agreed that consumers/consumer organizations are well represented.

Vice-Chair Pasquini: She respects, appreciates and admires the effort and dedication of MHA staff and Sherry in rolling out this Program. The state has mishandled the implementation and rollout of Services very poorly. She supports the Rose King whistleblower complaint, filed at the state level, that she brought up to the Commission (and provided support material). Rose King discussed waste, conflicts of interest, special interests, etc. and in Rose King's opinion, the state has implemented MHSA illegally. Although Vice-Chair Pasquini is disappointed in the state red tape, she appreciates all the successes as well. She has served on CPAW for year, representing the community planning process, and is honored to do so. Although it's been challenging at times, CPAW is trying to honor the process. She feels CPAW is the only example she is aware of a community partnership that is working. She is concerned about the "rubber stamping" by the MHC. She wondered how many Commissioners read the Plan Update and is disappointed commissioners may not have read the plan. She is not sure how the MHC is qualified to approve the plan when everyone hasn't read it. We have statutory responsibilities to uphold when we agree to sit on this Commission and she strongly objects to being part of a process where those responsibilities are not respected and valued. People are counting on us to help get money here. She reluctantly raised her hand at the CPAW meeting to support the plan since it brings approx. \$20 million to CCC. She would like to encourage the Commission to approve the plan in the hopes we can serve more people. The Mental Health Services Oversight and Accountability (MHSOAC) issued an evaluation of our MHSA Three Year Expenditure Plan in 2006 when it was first approved with recommendations. Have we gone back and reviewed the



comments and incorporated them into the plans? For example, law enforcement? The Evaluation said "Relationship with law enforcement seems atrophied. Counties should move to strengthen and embed the recovery model with their other treatment system-health, law enforcement, housing, medical treatment, substance abuse treatment." Have we improved relationship to law enforcement?

Donna Wigand: In terms of the planning process, they tried to get law enforcement more involved.

Vice-Chair Pasquini: She agreed, but he only came to one meeting. It's a strong concern. Another comment from the Evaluation was "The committee would like to request updates regarding how the county will navigate the bureaucratic infrastructure to fully implement joint CBO/county teams and utilization of mobile intervention and crisis intervention." What is that?

Donna Wigand: Are we talking CBO's or crisis intervention?

Vice-Chair Pasquini: They were talking about mobile intervention...

Donna Wigand: The pilot we did in Central County with law enforcement? That's the mobile response team we have. She said she would call Kimberly.

Sherry Bradley: She was not familiar with the MHSOAC Evaluation and they would research it.

Donna Wigand: She agreed they should review it.

Chair Mantas: Confirmed with Vice-Chair Pasquini she is requesting the Evaluation of CC's MHSA 3 year expenditure Plan 3/7/2006 by the MHSOAC Committee be reviewed and confirm that comments were addressed.

*(The 3/7/06 MHSOAC Evaluation follows these minutes.)*

Vice-Chair Pasquini: She thinks it would be good to know. Regarding the Quality of Life Discussion, she concurs with Janet Wilson on the housing situation and Shelter, Inc. Is Shelter, Inc. the only game in town and the best we can do? She has some concerns about where our consumers are living. She has a relationship with a FSP with a dual diagnosis who was improperly placed and relapsed immediately. She met with Rubicon treatment team; she found them very positive, but better success for consumers with family to advocate. She would like to see families honored more in the process.

Chair Mantas: Funding question regarding the County administration cost; why is it separated from the rest of the funding?

Sherry Bradley: The County is required to state the total amount separately; there is a maximum percentage allowed.

Chair Mantas: What does that include?

Sherry Bradley: Positions include the MHSA program manager, analyst, evaluators, utilization review nurse, financial counseling and overhead to house those employees.

Donna Wigand: There is a breakdown on how much time per week is spent by MHA staff administrating MHSA and it is costed out.

Tom Gilbert: He hasn't heard these concerns. When there have been issues, consumers have been moved. He is more than happy to discuss specific issues. When they ramped up there were mostly 1 bedroom units, so inventory was low. Have made some changes.

Commissioner Pereyra: Regarding the PEI Stigma Reduction and Suicide Prevention, those are funds left over separate from those being withheld by the state. CCC is still conducting its own program but money has been set aside for a community?

Sherry Bradley: Yes, the funds shown in the Plan are part of our own, County available PEI funds that could not be swept. There are statewide initiatives that Donna Wigand was referencing, then the DMH has other guidelines that are separate. CCC has funds allocated for statewide PEI programs.

Commissioner Yoshioka: This is 4<sup>th</sup> meeting and he has just gotten the report. It's difficult to absorb this material his 4<sup>th</sup> meeting. Is there any way to parallel some of these materials in our meetings during the year? As a newcomer, it's difficult to be an objective and supportive participant and he needs training and education.

Ann Heavy: She appreciates the report; a bit overwhelming. Report seems very final. She would like to have some specific information about funding within each category. Not everyone is able to attend CPAW.

Chair Mantas: It does take a great deal of time to educate ourselves. He's been involved as a commissioner for a little over a year now, attending MHC meetings and other meetings and it is a lot to absorb. As a commissioner, to understand the issues, a great deal of time must be put in. If we receive reports and links, we need to take the time to educate ourselves. If we have suggestions for Donna Wigand and MHA for presenting materials with greater continuity, we can give those to her.

Vice-Chair Pasquini: It is a lot to absorb, but Sherry Bradley comes to meetings and reports, Vice-Chair Pasquini and Commissioner Pereyra report from CPAW meetings, but we have had the document for 30 days. We to ask the questions since we're charged with proposing 26 million worth of funding.

Sherry Bradley: She appreciated the idea of issuing material in increments. She is considering a MHSA 101 type of program to try to develop ways to incrementally put out information. Possible do a rollout similar what was done for Innovation.

Susan Medlin: The same issues exist in CPAW; people are not familiar with the materials. IT would be helpful if there were someone to call if consumers or anyone not working in mental health services. Her number can be given out to answer any questions

- **Motion: Approve the Plan Update with minor conditions that all substantive comments brought up need to be addressed by MHA. (M-Pasquini/S-Pereyra/P-Unanimous, 9-0, Kahler, Mantas, McKindley-Alvarez, Nelson, O'Keeffe, Overby, Pasquini, Pereyra, Yoshioka; Commissioner Moore had left the meeting prior to the vote)**

Discussion:

Vice-Chair Pasquini: What does "addressed" mean?

Sherry Bradley said if a comment requires a substantive program change in the Plan, the comment is included, the substantive change is made and the plan is re-circulated back to the public for public commentf

Chair Mantas: Is anything we discussed today substantive enough to make a Plan change? MHA can review the comments and see if any result in program changes.

Donna Wigand: Comments can be reviewed with MHA without revising the Plan.

Brenda Crawford: She would like to revisit the WET plan to see if we can increase the consumer employment and training programs, including SPIRIT.

Sherry Bradley: WET plan not included in Update because '09/10 funding in was included in the original plan.

[PAM1]

7. **CLOSE PUBLIC HEARING**

- **ACTION: Motion made to close the public hearing (M-Nelson/S-Pereya/ P- Unanimous, 9-0, Kahler, Mantas, McKindley-Alvarez, Nelson, O'Keeffe, Overby, Pasquini, Pereyra, Yoshioka; Commissioner Moore had left the meeting prior to the vote)**

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