



Contra  
Costa  
County

To: Board of Supervisors  
From: INTERNAL OPERATIONS COMMITTEE  
Date: August 18, 2015

Subject: RESTRUCTURING OF THE BEHAVIORAL HEALTH DIVISION'S CONSOLIDATED PLANNING  
AND ADVISORY WORKGROUP (CPAW)

### **RECOMMENDATION(S):**

1. AFFIRM that the primary role of the Behavioral Health Division's Consolidated Planning and Advisory Workgroup (CPAW) is to assist Contra Costa Behavioral Health Services (CCBHS) in complying with statutory and regulatory requirements by (1) advising and assisting the CCBHS Director to obtain inclusive and diverse stakeholder participation in the Community Program Planning Process, (2) providing input on priority needs that affect the entire public mental health system, and (3) recommending strategies to meet these needs (California Code of Regulations 9 CA ADC Sections 3300 and 3200.070).
2. AFFIRM that the CPAW's role does not include making funding decisions or recommendations.
3. AFFIRM that the County's Better Government Ordinance applies to the CPAW and that the CPAW shall observe the open meeting, agenda, public noticing, and other requirements of the Ordinance.
4. REQUEST that the CPAW membership be increased and reconstituted from the

☒ APPROVE ☐ OTHER  
☐ RECOMMENDATION OF CNTY ADMINISTRATOR ☒ RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/18/2015** ☒ APPROVED AS RECOMMENDED ☐ OTHER

Clerks Notes:

#### **VOTE OF SUPERVISORS**

AYE: John Gioia, District I Supervisor  
Candace Andersen, District II Supervisor  
Mary N. Piepho, District III Supervisor  
Karen Mitchoff, District IV Supervisor

ABSENT: Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: August 18, 2015

, County Administrator and Clerk of the Board of Supervisors

By: Stacey M. Boyd, Deputy

Contact: Julie DiMaggio Enea  
925.335.1077

cc:

current 25 members to 31 members as shown in Table 1, 'REVISED CPAW CONFIGURATION'.

5. REQUEST the CCBHS Director to conduct outreach to encourage more participation of people of Hispanic and African American descent or of any other group that is underrepresented on the CPAW.
6. ENDORSE the CCBHS Director's operating principles and plan for CPAW.

## RECOMMENDATION(S): (CONT'D)

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### FISCAL IMPACT:

Additional staff time will be necessary to conduct training, set up procedures, and maintain compliance with the County's Better Government Ordinance.

### BACKGROUND:

In January 2015, the Board of Supervisors referred to the Internal Operations Committee (IOC) a review of the roles of the Mental Health Commission and the Consolidated Planning Advisory Workgroup (CPAW) with respect to making recommendations, reviewing and monitoring the Mental Health Services Act (MHSA) budget, and to examine any potential conflicts of interest for the members of CPAW who are contractors receiving funding through the MHSA budget.

Welfare and Institutions Code Section 5898 states that each Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan and annual Plan Update is to be developed in partnership with stakeholders to:

1. Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act.
2. Analyze the mental health needs in the community.
3. Identify and re-evaluate priorities and strategies to meet those mental health needs.

California Code of Regulations Title 9, Division 1 section 3200.270 defines stakeholders as individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement and any other organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

In order to comply with the above statute and regulation, Contra Costa County Behavioral Health Services (CCBHS) commissioned in 2009 the CPAW, to assist and advise the Behavioral Health Services Director in implementing the required community program planning process that is part of development of the MHSA Three Year Program Plan and annual Plan Update. The Membership Committee of CPAW accepts and reviews applications from the public, and makes recommendations to the Behavioral Health Services Director for appointment to CPAW. The Membership Committee also analyzes stakeholder characteristics and affiliations, and assists in recruitment of individuals from stakeholder groups who are underrepresented.

In 2011, Contra Costa Mental Health (now part of Behavioral Health Services) reported to the IOC on: 1) the status of its compliance with statute and regulations pertaining to MHSA stakeholder participation, 2) a plan to ensure broad representation, 3) the necessity of service providers to be involved, and 4) the requirements for CPAW members to declare any potential conflict of interest, and to refrain from being involved in any decision-making or recommendations that might present a conflict of interest to them and/or their agency.

In 2012, the Office of the County Counsel provided a legal opinion for all County Boards, Commissions and their Administrative Officers and Secretaries pertaining to compliance with selected Brown Act and Better Government Ordinance provisions. The Mental Health Commission is subject to the provisions of the Brown Act, while CPAW is not. However, County Counsel stated that County bodies that are not subject to the Brown Act nevertheless must comply with comparable provisions under the Better Government Ordinance. CPAW has been operating under the intent of the Brown Act by holding all meetings open for public attendance and participation, and by publicly advertising and providing advance notice for meetings at fixed times and places.

In 2013, CPAW revisited its governance and membership provisions in order to more closely align its role as an advisory body for ensuring representative stakeholder input regarding priority mental health needs, strategies to meet those needs, and active ongoing participation in the MHSA-prescribed community program planning process. It was clarified that CPAW's role does not include providing funding recommendations to the Behavioral Health Services Director or approval authority for MHSA programs, plan elements, categories, components or the MHSA budget in total. CPAW does not make recommendations on contract awards. A revised working agreement stipulates that any individual, whether a CPAW member or not, must identify to the group any perspective, affiliation or potential conflict of interest in discussions that lead to group positions or recommendations. All current members completed a revised membership application that updated their characteristics and affiliations. Analysis of these applications indicate that over 50% of CPAW members identify as consumers and/or family members, with five of the 22 members employed by a County contract provider, three employed by Contra Costa County, two serving on the NAMI board, and four serving on the Mental Health Commission (including the current chairperson).

In 2014, the MHSA Three Year Program and Expenditure Plan included a new chapter, entitled Evaluating the Plan. In partnership with the Mental Health Commission's MHSA/Finance Committee, staff developed and implemented a comprehensive program and fiscal review process of each MHSA funded program and plan element in order to evaluate the effective use of funds provided by the MHSA. In addition, a monthly Finance Report was developed and generated to depict funds budgeted versus spent for each program and plan element. This enables fiscal transparency and accountability, as well as provides information with which to engage in sound planning. The results of both program reviews and monthly Finance Reports are shared with both CPAW in its planning and evaluation advisory role to the Behavioral Health Services Director, and the

Mental Health Commission in its monitoring role to the Board of Supervisors. Neither entity recommends or approves MHSA budgets, as this is the purview of the County and the Board of Supervisors.

Given the preceding, the IOC had asked for a review of the County's process for recommendation, review, and monitoring of the MHSA budget, the roles of the CPAW and the Mental Health Commission in this process, and the protocol for identification and mitigation of any potential financial conflicts of interests by individuals who serve on either body. The Health Services Department reported to the IOC on this referral on March 9, 2015 at which time, after substantial discussion and public comment, the IOC requested staff to report back in 60 days with its findings and recommendations for alternate stakeholder body models. The CCBHS Director indicated that she was open to reconstituting CPAW and reviewing other models; and that it was an opportune time to make other kinds of changes to improve how CPAW functions. The Internal Operations Committee requested the CCBHS Director to provide recommendations regarding the role, governance and structure of the CPAW. Input was invited and considered from CPAW, the Mental Health Commission, and NAMI – Contra Costa. In addition, analysis was conducted of other counties of similar size as to how they addressed the statutory and regulatory requirements for active stakeholder participation in planning, evaluation and oversight of the public mental health system.

### **CCBHS Director's Operating Principles and Plan for CPAW**

CCBHS reported back to the IOC on July 27, 2015 and made recommendations regarding CPAW governance, membership, attendance, structure, and staffing. The IOC agrees with these operating plans and principles, except that we have suggested the following changes to the membership configuration:

**Table 1: REVISED CPAW CONFIGURATION**

<b><u>Seat Designation</u></b>	<b><u>Current Configuration</u></b>	<b><u>Recommended Configuration</u></b>
<i>Alcohol &amp; Other Drug</i>	0	1
<i>CBO Service Provider</i>	3	3
<i>CCBHS Service Provider</i>	1	1
<i>Consumer</i>	6	6
<i>Criminal Justice</i>	1	1
<i>Education</i>	1	1
<i>Faith Based Leadership</i>	1	1
<i>Family Member</i>	6	6
<i>Family Partner - Juvenile</i>	1	1
<i>Family Partner-Adult</i>	0	1
<i>Homeless Programs</i>	0	1
<i>Mental Health Commission</i>	0	2
<i>Peer Provider - CCBHS</i>	2	2

<i>Underserved Population</i>	3	3
<i>Veterans Services</i>	<u>0</u>	<u>1</u>
Total:	25	31

Governance. It is recommended that CPAW meet on a monthly basis in order to build an ongoing stakeholder body of expertise in the MHSA and its components, values and provisions. Business is to be conducted under provisions of the County's Better Government Ordinance, with an emphasis on open and inviting forums for all stakeholders in the community to come and participate. **Attachment 1** represents a set of self-governance agreements that the current CPAW membership has developed and adopted for all CPAW sponsored meetings. This agreement addresses potential conflict of interest issues, and protocol for when group positions are taken. Minutes will be taken of each meeting and transmitted to the CCBHS Director, as well as posted online with accompanying handouts. These minutes will depict summaries of agenda items, discussions and any group positions taken. The results of Community Program Planning Processes will be included as part of the MHSA Three Year Program and Expenditure Plan and yearly Plan Updates.

Membership. All stakeholders are invited to attend and participate in CPAW sponsored meetings. In order to ensure compliance with WIC Section 5848(a) the CCBHS Director will seek and appoint individuals for three to five year terms who can constructively represent in a meaningful way stakeholders, as defined by statute and regulations, who participate in the public mental health system as either receivers of care, provide support to the provision of care, or providers of care. Special emphasis will be placed on appointment of individuals whose characteristics and affiliations are underrepresented. Applications for membership will be accepted on a continuous basis, and current CPAW members may be asked to assist in vetting an applicant for identification of all characteristics and affiliations that may influence their participation. **Attachment 2** provides a matrix of all of the self-reported characteristics and affiliations of individuals who were CPAW members as of May 2014.

Attendance. Appointed members who miss a third or more of meetings in a year's time will be considered for relinquishment of their appointment. This will enable an appointment of an individual who can more actively represent said affiliation. In addition, members will be expected to participate in at least one additional stakeholder body supported by CCBHS, whether CPAW-sponsored or not, and will share information from these meetings with CPAW membership.

Structure. Until now, subcommittees and ongoing workgroups under the auspices of CPAW have included Membership, Steering, Innovation, Systems of Care, Children's, Transition Age Youth, Adults (not currently active), Older Adults, Housing and Social Inclusion. These bodies have been issue-specific, open to any and all interested stakeholders, and do not designate specific individuals for

membership. Representatives from CPAW and the Mental Health Commission attend these meetings.

**Membership.** Membership will be a CPAW workgroup, and will meet on an as needed basis to assist in, 1) vetting an applicant for CPAW membership for identification of all characteristics and affiliations that may influence their participation, and 2) making a recommendation to the CCBHS Director for membership to CPAW. Participation in this process is open to all CPAW members, with the public invited to attend and comment.

**Steering.** Steering will be a CPAW workgroup, and will normally meet two weeks before the monthly CPAW meeting to, 1) construct the CPAW meeting agenda, and 2) consider any issues delegated to them from CPAW meetings. Participation in this process is open to all CPAW members, with the public invited to attend and comment.

**Innovation.** Innovation will be a CPAW workgroup, and will meet monthly to, 1) receive, vet and recommend Innovative Concepts to the Behavioral Health Services Director for development into a proposal, 2) assist in developing an approved Innovative Concept to an Innovative Project proposal for Mental Health Services Oversight and Accountability Commission (MHSOAC) consideration and approval as per WIC Section 5830, and 3) provide oversight and input to MHSOAC approved Innovative Projects. Participation in this process is open to all CPAW members, with the public invited to attend and comment. It is recommended that CPAW members wishing to participate in the deliberations associated with Innovative Project concepts or proposals commit to participation in the entirety of each Innovative Project consideration process in order to enable this workgroup to develop efficient consistency and continuity of effort, from Innovative Concept consideration through Project approval and implementation.

**Systems of Care.** System of Care will be a CPAW workgroup, and will meet monthly to enable stakeholder input on MHSA funded programs and plan elements that are in development or change. Examples have included staffing the newly built Miller Wellness Center, implementation of the Electronic Mental Health Record System, and developing a common data reporting system for MHSA funded Innovation and Prevention and Intervention programs in response to pending new regulations. CPAW will delegate to this workgroup issues for stakeholder participation. Participation in this workgroup is open to all interested stakeholders, whether CPAW members or not.

County MHSA funded personnel will provide ongoing staff and administrative support to CPAW meetings, and the above four CPAW sponsored workgroups. This includes, 1) ongoing communication with CPAW members, 2) posting developed agendas and attachments, 3) reserving rooms, setting up and arranging for

audio-visual support, 4) responding to reasonable accommodation requests, such as gift cards, 5) producing agreed upon documents, such as agenda readiness forms, minutes, staff analyses and position papers, and 6) facilitating communication and problem solving between stakeholders and the CCBHS Director, Deputy Director, chiefs and managers, as appropriate.

For the remaining stakeholder bodies it is recommended that respective Behavioral Health Services managers assume sponsorship by appointing personnel within their supervision to perform the staff support and administrative duties that are listed above. These stakeholder bodies will include Children's, Transition Age Youth, Adults and Older Adults, Housing, and Social Inclusion. Issues for participation will be mutually agreed upon and topical to the entire Behavioral Health Services System; not just issues where MHSA funding is involved.

#### ATTACHMENTS

Attachment 1\_CPAW Operating Protocols

Attachment 2\_CPAW Self-Report Stakeholder Affiliations