



The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION

Thursday • December 10, 2009 • 4:30-6:30 p.m.

Concord Police Department Community Room • 1350 Galindo Street • Concord

The Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Executive Assistant at least 48 hrs. prior to the meeting at 925-957-5140.

AGENDA

Public Comment on items listed on the Agenda will be taken when the item is discussed.

1. 4:30 **CALL TO ORDER / INTRODUCTIONS/CALL FOR PUBLIC COMMENT CARDS**
2. 4:35 **PRESENTATION ON INTEGRATIVE HEALTH CENTER - Dr. Karen Burt**
3. 5:00 **PUBLIC COMMENT.**
The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.
4. 5:10 **ANNOUNCEMENTS**
 - A. 1/14/10 MHC meeting will be an abbreviated meeting followed by a Public Hearing for the review of the MHSA FY 2009/2010 Annual Update to the Three Year Program and Expenditure Plan.
 - B. MHCC Holiday Party – December 11, 11:00 am – 2:00 pm at the Pleasant Hill Community Center at 320 Civic Drive.
5. 5:15 **APPROVAL OF THE MINUTES**
ACTION November 12, 2009 MHC Monthly Meeting
6. 5:20 **VICE CHAIRPERSON'S COMMENTS – Teresa Pasquini**
 - A. Update on New Commissioner Orientation
 - ACTION** B. Report on 11-30-09 meeting to Mental Health Consumer Concerns Wellness Center in West County with Supervisor Gioia and consider report back to Commission on West County consumer Suicide Investigation, as requested by Supervisor Gioia at 12-1-09 BOS meeting.
 - ACTION** C. MHC Planning Retreat – set date and consider proposed agenda guideline, with Julie Freestone as Facilitator. Commissioners are encouraged to send agenda item



- suggestions to MHC Executive Assistant.
- D. 2009 Annual Report update
- E. Share Rose King's Whistleblower Complaint

7. 5:35 **MHC COMMITTEE / WORKGROUP REPORTS**

A. MHC/CPAW Capital Facilities and Projects Workgroup –Annis Pereyra.

1. Report from Donna Wigand, Director Mental Health Administration-update on 20 Allen Street project.
2. Accept update on the Needs Assessment Survey
3. Hear update from 12.3.09 CPAW meeting regarding ongoing participation in the MHC-CPAW Capital Facilities Workgroup

ACTION

4. Consider information available regarding any proposals for the use of the 20 Allen Street project and take appropriate action.

ACTION

4. Consider recommending that the acute care ward 4C remain open on a permanent basis as it is a key component in the mental health continuum and if Health Services begins discussions to alter or close 4C, they will inform the Mental Health Commission and all Community Stakeholders.

ACTION

5. Consider requesting that Health Services initiate a study to develop a plan that could fill the gaps in the transportation system that serves the hospital.

8. 6:15 **REPORTS: ANCILLARY BOARDS/COMMISSIONS**

- A. Mental Health Coalition – Teresa Pasquini
- B. Healthcare Partnership – Dave Kahler
- C. Human Services Alliance – Mariana Moore
- D. Local 1 – John Gragnani
- E. Mental Health Consumer Concerns (MHCC) - Brenda J. Crawford
- F. National Alliance on Mental Illness (NAMI) – Al Farmer
- G. MHSA CPAW – Annis Pereyra

10. 6:25 **FUTURE AGENDA ITEMS**

Any Commissioner or member of the public may suggest items to be placed on future agendas.

- A. Suggestions for January Agenda **[CONSENT]**
None.

B. List of Future Agenda Items:

1. Case Study
2. Discussion of County Mental Health Performance Contract & Service Provider Contract Review.
3. Presentation from The Clubhouse
4. Presentation from the Behavioral Health Court.
5. Discuss MHC Fact Book
6. Review Meetings with Appointing Supervisor
7. Creative ways of utilizing MHSA funds
8. TAY and Adult's Workgroup
9. Conservatorship Issue
10. Presentation from Victor Montoya, Adult/Older Adult Program Chief
11. Presentation from Crestwood Pleasant Hill
12. Proposed MHC 2010 Legislative Platform, presentation by Dorothy Sansoe
13. Report on Behavioral Health Unit – Dr. Johanna Ferman

- 14 Presentation from Health Services Department on the policies and procedures surrounding sentinel events using Vic Montoya's suggestions on the different reporting structures.
15. A planning retreat will be held to determine 2010 goals; date TBD.

11. 6:30 **ADJOURN MEETING**

The next scheduled meeting will be Thursday, January 14, 2010 at 651 Pine Street, Room 101; time TBD.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 72 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours

Contra Costa Mental Health Commission
Monthly Meeting
November 12, 2009
Minutes – Draft

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:39 pm by Vice Chair Teresa Pasquini.

Vice Chair Pasquini read the MHC mission statement.

Commissioners Present:

Art Honegger, District V
Dave Kahler, District IV
Carole McKindley-Alvarez, District I
Bielle Moore, District III (arrived at 6:00)
Scott Nelson, District III
Colette O’Keeffe, MD, District IV
Floyd Overby, MD, District II
Teresa Pasquini, District I
Annis Pereyra, District II
Anne Reed, District II
Sam Yoshioka, District IV

Commissioners Absent:

Peter Mantas, District III-Excused
Supv. Mary Piepho, District III

Attendees:

Brenda Crawford, MHCC
John Gagnini, Local 1
Danielle Harold, Sonoma State nursing student
Sean Kleen, NAMI
Mariana Moore, Human Services Alliance
Connie Steers, MHCC
Lori Teller, NAMI
Jakki Tachiera, Diablo Valley Family Coalition
Johanny Ubeda, Sonoma State nursing student
Janet Wilson

Staff:

Victor Montoya, MHA
Susan Medlin, MHA
Dorothy Sansoe, CAO
Karyn Cornell, Supv. Piepho’s office
Nancy Schott, Executive Assistant to MHC

2. PUBLIC COMMENT

Sean Kleen – has been in the mental health system since 3rd grade. He feels the hospital shouldn’t have turned down the PHF as it was an opportunity to replace some of what has been taken away from mental health clients. J and D ward type facilities are not available any longer, but very much needed. He would like to see some movement forward toward that type of facility.

Connie Steers - Residential Patients Rights Advocate. She has been spending more and more time in Wellness and Recovery Centers and the consumers have educated her to their financial issues. Recent budget cuts have cut \$60.00 – \$70.00 from their monthly SSI checks; they now receive approx. \$825.00 per month which makes it difficult to reach the end of the month. In addition to transportation increases, there have also been cuts to vision, foot and dental care. These patients are unable to get treatment or cannot pay their treatment bills. There may be some options involving a patient going to a primary care doctor and having a medical needs letter written allowing for services to be provided. She is very concerned.

Commissioner Yoshioka – As a new commissioner he wondered if there is a list of all MHC standing committees, task forces or workgroups (and the commissioners working on them). Vice

Chair Pasquini mentioned this information would have been covered in the New Commissioner Orientation, but the training had to be cancelled due to scheduling difficulties. There are currently no standing committees or task forces; standing committees were recessed approx. 1 year ago with the exception of the Executive Committee.

TO DO: Staff to prepare a list of any standing committee, task force or workgroup.

3. ANNOUNCEMENTS

Char Mantas finished his treatment and is looking forward to return to the MHC in January or possibly Dec.

A. Carole McKindley-Alvarez introduced herself. She is a clinical psychologist and has worked in the mental health field, mostly in administration, for 15 years in Contra Costa, Alameda and San Francisco counties. She was interested in joining the MHC because she grew up in Richmond and was wanted to look at the issues plaguing West County.

B. Annual Advisory Body Training Dec. 7, 4:00 – 5:30 pm at the BOS chambers at 651 Pine Street. Both new and veteran commissioners are strongly encouraged to attend to learn about the rules and laws governing the MHC.

4. APPROVAL OF THE MINUTES

➤ **ACTION: October 8, 2009 MHC Monthly Meeting – Motion made to approve the minutes with the exception of the motion on pg. 6, paragraph 4. The question is whether or not the word “independent” should be included. (M-Pereyra /S-Reed/ P-Kahler, Nelson, O’Keeffe, Overby, Pasquini, Pereyra, Reed, Yoshioka, 8-0; Honegger, McKindley-Alvarez and Moore abstained as they did not attend the 10/8/09 meeting)**

Commissioner Honegger noted a correction to the 6/25/09 minutes approved at the 10/8/09 MHC meeting. He is listed as having been in attendance, but he was not. (Clerical error; minutes will be corrected.)

5. VICE CHAIRPERSON’S COMMENTS

Vice Chair Pasquini acknowledged Nancy Schott’s support and work on behalf of the Commission.

To ensure accuracy of all Motion wording, the Executive Assistant will read any Motion back to the full Commission prior to taking a vote.

Sam Yoshioka wondered if the MHC should approve the agenda at the beginning of each meeting in case there are items Commissioners wish to be added. Dorothy Sansoe said the MHC cannot do that because of the Brown Act and Better Government Ordinance requires 96 hours public posting so that the public has a chance to know what will be discussed ahead of time. Nothing can be added to the agenda once it’s posted, although items can be removed. Historically at the end of each MHC meeting, Commissioners can request items be added to the next meeting’s agenda. Sam asked if the Executive Committee should set the agenda. Dorothy suggested reviewing this concern at the next Bylaws Committee Meeting. The current bylaws (dated 10/06) Article 7, Section II Meetings: the agenda is prepared at the discretion of the Commission Chairperson. The bylaws would need to be changed to have the agenda prepared by a different process. Vice Chair Pasquini mentioned she

preferred the previous method of work being accomplished in standing committees resulting in items moved to the MHC meeting agenda. We can revisit standing committees if we wish.

A. Revision of the Bylaws:

At the October meeting the Commission heard a report from Dorothy Sansoe on the proposed Bylaws and comments from County Counsel. In an email, Chair Mantas requested the revisions be referred back to the Bylaws Workgroup final recommendation to the Commission.

- **ACTION: Motion made to refer the Bylaws back to the Bylaws Workgroup for reconsideration of additional changes. (M-Pereyra/S-Nelson/P-unanimously 11-0)**

Discussion:

Commissioner Yoshioka asked is the Bylaws Committee meeting would be announced ahead of time. Commissioner Pereyra said there have problems in the past with too many commissioners attending requiring the cancellation of meetings. Dorothy Sansoe mentioned if the agenda is posted 96 hours ahead of time, only Bylaws Workgroup members may vote, but any commissioners can attend and make comments. The Bylaws Workgroup consists of Chair Mantas and Commissioners Kahler, O'Keeffe, Pasquini and Pereyra. All issues worked on in a Workgroup come back to the Commission for ratification.

B. Report on Mental Illness Awareness Week:

Last month the BOS declared the first week of November as MIAW. Vice Chair Pasquini read some personal thoughts on behalf of the Commission and accepted the Proclamation from Supv. Piepho. After the presentation there were eloquent comments from various Consumers from Mental Health Consumer Concerns about the suicide of a West County Consumer and "friend". As a result of those comments, a Center visit was set up to take place on Nov. 30. Vice Chair Pasquini and Brenda Crawford will join him to hear the concerns in more detail.

At the 10/8/09 MHC meeting, a Motion was made to have a letter written to the BOS regarding this suicide. During the motion, there was a malfunction with the tape recorder. Nancy Schott checked the wording with Commissioners Reed and Pereyra, who made and seconded the motion. Due to conflicting recollections of the precise wording, Vice Chair Pasquini would like to request the Motion be set aside and a new Motion considered by the MHC.

- **ACTION: A Motion was made to set aside the Commission's decision from last meeting in order to reconsider the topic. (M-Pasquini/S- Reed/P-unanimously, 11-0)**

Discussion:

Vice Chair Pasquini would like the Commission to wait until after the Nov. 30, 2009 meeting with Supv. Gioia at the MHCC Wellness Center to determine the next steps in the request for an independent internal investigation. The confusion around last meeting's motion centers around the inclusion of the word "independent". She made this suggestion based on the fact that Dorothy Sansoe advised her "that the BOS does not normally do this type of investigative work. If the Commission changes the wording of the motion to include an independent investigation, initiated by the BOS and conducted by the BOS through their staff, it should be noted the MHA is the BOS' staff and the BOS will most likely ask the MHA to handle any investigation as they see fit. This means the Commission ends up at the same place they are now.

Vice Chair Pasquini stated that all sentinel events result in an internal investigation and she assumes one has already taken place. Victor Montoya said they usually try to conduct an review within 30 days. Vice Chair Pasquini said her report last month called for an independent investigation by a neutral party, but she doesn't think the system allows for this type of review at this time. She would like the Commission to request at least a full report back. Brenda Crawford said MHCC feels comfortable the County is looking at the incident and there have been some positive changes around the relationship with the staff in West County.

Commissioner Reed thought she read at the April meeting there was an invitation from Donna Wigand to have David Cassell to attend a meeting and explain the internal review procedure. Vice Chair Pasquini said that issue is covered in the next agenda item. A Motion regarding the West County consumer suicide will be revisited after the 11/30/09 MHCC meeting with Supv. Gioia.

Commissioner McKindley-Alvarez asked if the family had been contacted and if they feel the incident has been handled appropriately. Vice Chair Pasquini said the family has not contacted the MHC. Brenda Crawford said the family has been in contact with MHCC and they appreciate the support they have received from the MHCC and MHA.

C. Contra Costa Times article regarding the request for incident reports on alleged violence at CCRMC that have not been provided. The article suggests that the County is censoring information the public is entitled to receive. Vice Chair Pasquini was contacted by the author of the article and was sorry her comments were not included. She expressed concern about the focus of the article and would have preferred to see the CC Times do an in depth system-wide investigation that does not focus on only one part of the system, the hospital. CCRMC accepts and treats some patients who are very high acuity, would have difficulty being placed in contract facilities and would not be admitted to a psychiatric health facility. This has been one of her main arguments that all 4C beds remain open. She also hoped the article would have addressed the fact that some violent acts could be preventable if the community services included more oversight, housing services and crisis intervention. Reporting on similar information requests from other psychiatric facilities and not just CCRMC, that takes some patients other facilities refuse or are not staffed to accept, would have been beneficial as well.

- **ACTION:** Motion made to invite someone from Health Services to attend a Commission meeting to educate the MHC on the general policies and procedures on the reporting of psychiatric incidents at CCRMC and all sentinel events occurring in the mental health system. Motion was withdrawn by Commissioner Reed; action was not taken.
- **TO DO:** Invite one or more Health Services representatives to educate the MHC on the policies and procedures surrounding sentinel events using Victor Montoya's suggestions and guidance on the different reporting structures.

Discussion:

Commissioner Reed clarified the invitation was to educate the Commission rather than asking about a specific event. She also asked if a Motion was required to invite someone to a MHC meeting. Vice Chair Pasquini said technically no; she was trying to get input from the Commission. Motion was withdrawn.

Vic Montoya offered some guidance regarding reporting structures: Mental Health services in CC County have 2 reporting structures: The Jail, Juvenile Hall, CSU and 4C report up through Health

Services through Anna Roth. Children's Services, Outpatient Adult and Outpatient Children's Services report up through Donna Wigand. In addition, hospital services under Title 22 have different obligations and requirements for sentinel events as do Jail and Juvenile Hall. Mental Health Outpatient Services has its own sentinel event process. Any requests for presentation on sentinel event review procedures should be done in the context of the separate reporting structures; possibly consider having 2-3 different case experts in their areas make presentations.

John Gragnini thanked Vice Chair Pasquini for her comments to the Contra Costa Times reporter. Not all patients are awarded beds at contract hospitals and must be admitted to 4C. It hasn't been discussed in a while, but decisions have to be made where to treat patients. The community needs to recognize the importance of 4C. Vice Chair Pasquini agreed.

6. ELECTION OF OFFICERS

A. Vice Chair Passquini commended Commissioner Reed's attention to detail in organizing the elections. Commissioner Reed read the election rules; this year written ballots will be used. There are 2 ballots: Chair/Co-Chair and Vice Chair; a summary of nominations was included in the packet. If interested, each candidate can give a 1.5 minute to statement and public comment can be made on either the process or election. A candidate must receive at least 6 votes based on today's attendance.

Vice Chair Pasquini asked if the MHC needs to vote to accept the option of voting in co-chairs. Dorothy Sansoe replied since previously there have been Co-Chairs, there is a precedent, unless there is an objection from the floor. Commissioner Overby asked why we have co-chair option when there is a Vice Chair. Dorothy Sansoe said because the workload is quite heavy for 1 people; in the past it has been beneficial to share the Chair work between 2 Commissioners.

Commissioner Kahler removed his name from both the Chair and Vice Chair ballots. Vice Chair Pasquini removed her name from the Co-Chair ballot. Vice Chair Pasquini read a statement for the Vice-Chair nomination. Commissioner Pereyra removed her name from the Vice Chair ballot.

ELECTION RESULTS

Chair:

Peter Mantas: Honegger, Kahler, Nelson, O'Keeffe, Overby, Pasquini, Pereyra, Reed, Yoshioka

Write-In: None

Abstain: McKindley-Alvarez

Vice Chair:

Teresa Pasquini: Honegger, Kahler, Nelson, O'Keeffe, Overby, Pasquini, Pereyra, Reed, Yoshioka

Write-In: None

Abstain: McKindley-Alvarez

2010 Results: Chair: Peter Mantas and Vice-Chair is Teresa Pasquini

Note: Commissioner Mantas and Supv. Piepho were absent, Commissioner Moore was not present at the time of the election.

7. REPORTS: ANCILLARY BOARDS/COMMISSIONS

A. Mental Health Coalition – John Gragnani discussed having meetings with supervisors on the

Coalition Talking Points. It was confirmed the MHC voted to endorse them.

B. Healthcare Partnership – Dave Kahler said they are still re-organizing; probably 1 or 2 months.

C. Human Services Alliance – Mariana Moore said she is involved with the task force to hire a professional facilitator for MHSA CPAW; very exciting and professional applications.

D. Local 1 – John Gragnani previously announced the Mental Health Unit had decided to undertake an evaluation of layers of management within the Mental Health Division. The draft is in its final review with join labor reps and business agents; the results will be provided to the MHC probably early next year.

E. Mental Health Consumer Concerns (MHCC) - Brenda J. Crawford –MHCC continues to undergo transformation from a drop in center to fully engaged recovery center. The entire staff will be trained to increase skills in the wellness and recovery model. Christmas open house on Dec. 11 at the Pleasant Hill community center 11 – 2:30 pm. New outreach to hospitals such as Kaiser to see if services can be provided to Kaiser clients. Meeting with doctors at the clinics to reach out to the meds only clients and see if services can be provided. Services include self-help groups that enable consumers to stay in recovery, relaxation techniques, stress/anger management, basic physical fitness and arts/crafts. Suncatchers are available for \$5.00 at the holiday party; price to be confirmed.

F. National Alliance on Mental Illness (NAMI) – Al Farmer said he is very impressed with the new openness at CCRMC with Anna Roth. As NAMI continues to work with MHA, he hopes a similar relationship can be established.

G. MHSA CPAW – Annis Pereyra said IT was discussed at the last meeting. Suzanne Tavano spoke of a new IT proposal. Commissioner Pereyra is waiting for specific information. Other departments within Health Services have had their computer systems upgraded due to federal mandate, but not Mental Health. She doesn't think it's right to have to use MHSA funds when other departments get to use general county funds. Regarding housing she was supposed to ask Supv. Piepho about fast tracking the Housing Coordinator position since the Memo of Concerns was issued in February ; she not here today to request she go back to the BOS and request them to take action. There is also money available from federal stimulus money and we don't want to miss out. A woman from California Supported Housing suggested forming a community strategy to combat NIMBYism. Possibly should come out of this commission. There are two housing issues in Contra Costa County currently: A doctor from Kaiser is receiving backlash from putting in a women's facility in Pleasant Hill. Also Bonita House would like to open a dual diagnosis residential facility in East County and the community reaction was very negative (including a "we'll shoot them on site" remark). She would like the MHC to create a strategy to assist with educating the community. Commissioner Honegger asked if we could reach out to other counties for ideas. Commissioner Pereyra said Bonita House in Berkeley continues to battle NIMBYism regarding their current facility. Vice Chair Pasquini said the director of Bonita House had offered to take members of the Knightson community to the Berkeley facility and there were no takers.

Karyn Cornell from Supv. Piepho's office said there is a County Planning Commission public hearing on the Bonita House application Mon. 11/16 7:00 pm at Knightston Elementary School. Vice Chair Pasquini suggested the MHC-CPAW Cap Fac Workgroup meeting be rescheduled in order to allow people to attend the public hearing. An MHC agenda could be posted noting the MHC is meeting at the Public Hearing to allow for as many commissioners to attend as wish without any quorum issues.

It was suggested the day that advocating at the BOS meeting when Bonita House presents its application would be a better use of people's time. The MHC-CPAW Cap Fac Workgroup meeting will take place as scheduled.

8. MHC COMMITTEE/WORKGROUP REPORTS

A. Diversity and Recruitment Workgroup-Anne Reed said the Workgroup met to discuss the general parameters of the workgroup and brainstorm general issues, concerns and directions. The Workgroup includes Commissioners Reed and Moore, Brenda Crawford and Marianna Moore.

- **ACTION:** Motion made to approve the draft mission statement for the Diversity and Recruitment Workgroup in concept: "the mission of the Diversity and Recruitment Workgroup is to advise, guide and support the Mental Health Commission and members of the Board of Supervisors in order to recruit, select, orient, educate and retain Commissioners who collectively reflect, represent, respect and embrace the cultural and Socio-economic diversity of Contra Costa County and contribute an array of expertise, perspectives and experience with the local mental health system." (M-Reed/S-Pereyra,/ P-unanimously 11-0)

Commissioner Reed said they are a workgroup and will not post agendas; please let her know if you would like to join. Commissioner Yoshioka requested the Workgroup to report on the cultural diversity of our county so we know where we are starting from. Commissioner Reed said they will as they move forward. Teresa has a MHSA document on diversity she will get to Commissioner Reed.

Lori Teller asked if all the commission positions have been filled; there are 3 vacancies: (District I has a Consumer vacancy and District V has Consumer and Member at Large vacancies.)

B. Letter received from the Department of Mental Health regarding the MHC's concern, to Mental Health Oversight and Accountability Commission, about flawed community planning process around the capital facilities component. The response letter is included in the packet. They were pleased a new committee was formed: the MHC-CPAW Cap Fac Workgroup to work as a collaborative effort.

C. MHC/CPAW Capital Facilities and Projects Workgroup –Annis Pereyra.

1. Statement from Teresa Pasquini: She has resigned from the Chair position of the MHC-CPAW Cap Fac Workgroup, effective 11/2/09. She read her statement that was included in the packet on pg. 25. She rejects all charges made in various emails and the method of their communication. To avoid any perception of bias toward the Workgroup's work she asks everyone give their support to Commissioner Pereyra who Chair Mantas requested take over the Chair position.

2. Reconsider workgroup's charge, focus and collaborative relationship with CPAW including discussion on information technology as part of the workgroup charge: Commisisoner

Pereyra feels the Capital Facilities Workgroup is at a stalemate, partly because things keep changing. There is some new idea in IT, but MHA couldn't provide details. Not sure if county is augmenting the amount of MHSA funds toward a new IT system. Initially they thought we were purchasing a system that cost approx. \$2 million, but will actually cost \$5-6 million so they pulled back. They are waiting to hear back. A counter bid was put forth by the County on the 20 Allen property because of the drop in property value; if the price wasn't dropped, the county would pull back. A response was expected Fri. 11/6, but none came. The answer may be coming tomorrow.

There may be 2 rather than 4 types of services at the proposed psychiatric facility, but they couldn't find out what the 2 were. The initial proposal was for 3 services and she is not sure what the 4th service is. The Children's proposal is not a significant change from what it was before to make it an additional component because children were always going to come through the assessment part of it. 2 significant comments came from the 11/5/09 CPAW meeting: 1) Kathy McLaughlin said part of the reasons there is significant conflict is because the charges of the MHC (very broad on all matters of mental health in Contra Costa County) and the CPAW (only focused on MHSA) are very different and 2) Veronica Vale asked why we keep talking about money. The reason is the MHSA funds include funds covering 2 different components: capital facilities and information technology. Each county must decide how to divide up those funds for each component. The line between the two funds keeps changing.

Commissioner Reed asked what the mission of the CPAW was. CPAW advises the Mental Health Director on matters concerning the MHSA only. Vice Chair Pasquini said at the 11/2/09 CPAW meeting, some members were willing to attend 1 more meeting to reach consensus whether to move forward with survey. We don't really know how many proposals are on the table: 2, 3 or 4. Dr. Walker does want the MHC's and the public's assistance. She still feels the needs analysis take place.

Brenda Crawford said this might be an opportunity to look at models that have worked in other places. Combining clinical and peer driven services. Reducing involuntary hospitalizations.

Commissioner Yoshioka asked should Dr. Walker to return to the next meeting so we have access to the most current information. Why can't the capital facilities and IT funds be separated? Can the Workgroup really contribute to the IT portion because it's so specialized? Commissioner Pereyra said there is a separate IT Workgroup that has met. Tony Sanders isn't here, but he has been part of it. The challenge is the MHSA funds are one lump sum from the state. The county has been working on the IT portion but there isn't a commissioner who sat on that committee to provide feedback to the MHC. Vice Chair Pasquini said that's why she invited Steve Hahn Smith to the last MHC-CPAW Cap Fac Workgroup.

Vic Montoya said there are 2 minimal requirements for an IT system in CA: 1) electronic medical records that will be driven on a national level and 2) the ability to bill Medical and reporting to the state. The numbers of providers in CA who have the ability to do 1 much less both of these requirements are very few. He feels in the end there will be 2 or 3 providers and the 57 counties will select from them, licensing and fees set after that. All the counties are going through this at the same time. Even if a system can provide the electronic medical record portion of the system, if a system can't bill Medical, a county in CA won't use that provider.

Commissioner Pereyra said when choosing a system, the accounting people vs. the patient services people, the accounting side will win because of the ability to bill and generate revenue.

Vice Chair Pasquini said when the MHC-CPAW Capital Facility Workgroup was formed at the 9/3/09 meeting, we were told the proposed \$2 million in MHSA funds to seed an IT system was tabled. The Workgroup's charge didn't include IT at that time. It became apparent that IT was back on the table as part of the single pot of funds available and the Workgroup needed to participate in how it would be split up.

Some counties are spending most of their MHSA money on IT. Commissioner Pereyra said that Steve from Rubicon stated how difficult it is to access a client's records without many phone calls to coordinate care and arrange for medications. Having a complete IT system would make the system work much better in terms of accessing client information.

John Gragnani: Donna Wigand reported IT is just a part of how a system operates; technology has to be updated periodically. Other departments have regular updates; are there guidelines for health services for regularly updating technologies and applications? How does that affect Mental Health and how does Mental Health compare with other departments with other Health Services.

Brenda Crawford said IT is very important, but she doesn't want to loose focus on what type of services are being offered that will transform lives. Discussions should include various service.

Commissioner Pereyra: If other departments within the County structure are having their IT systems upgraded to accommodate electronic health records, why isn't Mental Health receiving the same option? For \$2 million, a crisis residential facility could be purchased in East County and West County.

➤ **ACTION: Motion made to increase the scope of the MHC-CPAW Capital Facilities Workgroup to include not only Capital Facilities but Information Technology programs and services.(M-Reed/S-O'Keeffe/P-10-0 with Yoshioka abstaining)**

3. Hear Commissioner's Concerns:

There were 2 requests from Commissioners Yoshioka and Kahler (Kahler's requested motions are included in the packet on pg. 27. Vice Chair Pasquini confirmed Commissioner Kahler would like all 4 of his motions on the 12/10/09 MHC meeting agenda. Dorothy Sansoe stated in her email item #4 of may be in conflict with the charge of the MHC-CPAW Capital Facilities Workgroup.

Commissioner Kahler said Chair Mantas said in an email he was the only one who voted against sending the issue to the Workgroup because he didn't want to relinquish the control of the majority of the commissioners. Commissioner Kahler seconded the motion, but didn't understand what he was seconding at the time. He understands the MHC would solicit information from all types of sources, but not relinquish control over an issue to a Workgroup.

Vice Chair Pasquini said there is no control being relinquished, as we are both advising and gathering. Commissioner Kahler said when the Workgroup was set up, 20 Allen St. was live project. As it works out, it may not be, but the Commissioners should have a chance to express their feelings on the project if it goes forward without waiting for it to come back from the Workgroup.

Vice Chair Pasquini said the Workgroup is similar to when the MHC had standing committees: the work gets done in the standing committee and information is brought back to the MHC for action.

Commissioner McKindley-Alvarez: wanted clarification on the question on the floor. Is it that the MHC is unable to vote on a issue being worked on in a Workgroup? Vice Chair Pasquini explained that Commissioner Kahler wanted the motions on pg. 27 of the packet put to a vote at today's meeting. It was advised that since the motions had been referred to the Workgroup and they did not want to take a vote yet until the analysis was completed. It would not be placed on today's agenda for a vote.

Vice Chair Pasquini said if the MHC would like to consider a vote on 20 Allen, it can be put on the 12/10/09 agenda. Dave Kahler will let Vice Chair Pasquini know what items he wants on the next month's agenda. Dorothy Sansoe offered to revise the wording of his motions for placement on the agenda.

11. FUTURE AGENDA ITEMS

a. Suggestions for December Agenda [CONSENT]

1. Dr. Karen Bert will make a presentation on Integrative Health Center Proposal

b. List of Future Agenda Items:

1. Case Study
2. Discussion of County Mental Health Performance Contract & Service Provider Contract Review.
3. Presentation from The Clubhouse
4. Presentation from the Behavioral Health Court.
5. Discuss MHC Fact Book
6. Review Meetings with Appointing Supervisor
7. Creative ways of utilizing MHSA funds
8. TAY and Adult's Workgroup
9. Conservatorship Issue
10. Presentation from Victor Montoya, Adult/Older Adult Program Chief
11. Presentation from Crestwood Pleasant Hill
12. Proposed MHC 2010 Legislative Platform, presentation by Dorothy Sansoe
13. Report on Behavioral Health Unit – Dr. Johanna Ferman
14. Presentation from Health Services Department on the policies and procedures surrounding sentinel events using Vic Montoya's suggestions on the different reporting structures.
15. Presentation from Health Services to provide an update on the 20 Allen St. proposal.
16. A planning retreat should be held to determine 2010 goals; date TBD.

Commissioner McKindley-Alvarez requested we address the 14 Future Agenda items on the list plus the ones added today and determine which ones should stay on the list.

12. PUBLIC COMMENT

None.

13. ADJOURN MEETING

- **ACTION: Motion to adjourn (M-Reed/ S-McKindley-Alvarez/P-unanimously)**

The next scheduled meeting of the Mental Health Commission will take Thursday, December 10 from 4:30 – 6:30 pm.

Teresa Pasquini
Mental Health Commissioner, District One
Report to Mental Health Commission

On November 30, 2009 I had the honor of meeting with several members of the Mental Health Consumer Concern's West County Wellness and Recovery Center. This meeting was arranged at the request of Supervisor John Gioia after hearing the heartfelt concerns expressed to the Board of Supervisor's on October 13, 2009. We were joined by Brenda Crawford, the Executive Director of MHCC and Connie Steers with Patient' Rights. This was my fourth visit to the Wellness Center. I was again profoundly moved by the power and humanity of those who shared their life stories and the pain surrounding the suicide of their friend and peer.

Supervisor Gioia graciously shared an hour and a half, with the staff and consumers, hearing their concerns. He honored their pain and was clearly moved by their expressed loss and frustrations. I know that he benefited and learned from this visit. As a family member, I have often shared my pain and know that it means everything to be heard and validated by those who work with the community and the system. As a West County Commissioner, and family representative, I was very grateful and proud to have our Supervisor meet with our consumers in the comfort of their home away from home, the MHCC Wellness Center.

At the Board of Supervisor's hearing on December 1, 2009, I heard Supervisor Gioia request a report back on the West County suicide. I believe it would be helpful for the Commission to consider requesting a copy of the report along with an explanation from David Cassell, Quality Improvement Coordinator, on the administrative process of such a report. This would provide the Commission, and the Community, with an opportunity to learn about the process that Mental Health Administration undergoes during a sentinel event investigation and what corrective steps will be taken. It would be helpful for the Commission to review the written policy for such an investigation and invite Mr. Cassell to attend a future commission meeting to further inform the Commission.

I urge all Contra Costa Mental Health Commissioners to schedule site visits with your appointing Supervisors or their staff members. Hearing data or reading reports can not replace the human experience and face to face sharing. This was an opportunity to learn and assist our Board with understanding the challenges faced by mental health consumers and more importantly how community services, like Mental Health Consumer Concerns, empower these wonderful citizens to find recovery, wellness and friendships in a warm, safe, homelike environment.

I extend my sincere gratitude to Supervisor Gioia, Brenda Crawford, the MHCC staff and my new friends at the West County Wellness Center.

-----Original Message-----

From: Brenda Crawford <bcrawford@mhccnet.org>

To: dist1@bos.cccounty.us

Cc: DWigand@hsd.cccounty.us; mamap2536@aol.com; 'Tom Scott' <thomasbscott@hotmail.com>

Sent: Wed, Dec 2, 2009 5:15 pm

Subject: Thank You

Dear Supervisor Gioia,

On behalf of the staff of Mental Health Consumer Concerns Inc. I would like to thank you and Commissioner Pasquini for visiting the West County Wellness and Recovery Center on Monday November 30th. The Consumers appreciated the time that you devoted to getting to know them, and listening to their issues. The feedback that I have received about your visit and your apparent overall concern about their well being from both staff and consumers has been extremely positive. The consumers are looking forward to your donating the treadmill with a TV, and after you left one them commented "It is like we get our own personal Christmas present from our own Supervisor, that guy is OK" Thank you, again and I look forward to working with you in the future.

*Brenda Crawford, Executive Director
Mental Health Consumer Concerns Inc.
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Concord CA 94520
925-521-1230
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"Nothing About Us. Without Us"

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12/3/09

Proposed Retreat Agenda Guideline

Proposed objectives:

At the end of the meeting, the Commissioners should be able to:

- Describe the Commission activities for the coming year
- Explain the role of the Commission
- Describe each Commissioner's personal goals and commitment

Possible Agenda:

- Legislative Platform
- Review 2009's plan
- Assess 2009's achievements and challenges
- Agree on priorities for 2010.
- Discuss each Commissioner's hopes and commitment for coming year

Rose King

187 - 41st Street, Sacramento, CA 95819
(916) 456-8103 phone/fax • R.King1@surrevest.net

November 23, 2009

TO: NAMI California Board of Directors, Executive Director and staff

FROM: Rose King

As many of you may know, I drafted the working document of Prop 63 as a legislative bill for Assesmblywoman Helen Thomson in 2000-02. The bill was based upon many of the recommendations of the state's Little Hoover Commission reports, and would have ensured entitlement to appropriate mental health services. When the legislature would not support the measure, and the governor vetoed a much-amended version, I worked with other advocates to develop a ballot initiative.

I served on the drafting committee for Prop 63 as the NAMI California representative, working closely with Board officials and staff. In the initial stages of developing the proposition, provisions of the bill would have given preference for services to homeless individuals. Homelessness would have been a primary factor in eligibility for services. I objected to the language for numerous reasons—unworkable, confusing, and discriminatory. Housing status is not necessarily the most important or determining factor in assessing an urgent need for services, and NAMI California could not support such a measure. There was no compelling reason for this restriction. The language was modified and met the objectives of all participants.

Today, the objectives of NAMI California have been betrayed. The law called for expansion of effective community programs to improve the quality of services, but, instead, the state required creation of new programs for new clients, effectively achieving the original goal of preference for homeless individuals. In crude terms, homeless individuals go to the front of the line. The core of the "Two-Tier" system is to address the problem of homelessness—a serious and legitimate problem in our society, but a different problem than denial of mental health services.

Some NAMI members, and many of the advocates involved with Prop 63, are aware of these circumstances. Many do not know about this background to the MHSA, and I am providing this information today so you are aware of this history. As you do know, I filed a Whistleblower Complaint with the California State Auditor, which I hope will contribute to your continuing efforts to advocate for persons with serious mental illness. My best wishes for your success.

Cc: former NAMI officers and contacts

Email from Rose King regarding complaint, 11/25/09

-Original Message-----

From: rose king <rking1@surewest.net>

To: dede.ranahan@namicalifornia.org; Danburd@aol.com; Paul Cumming <paul.cumming@yahoo.com>; Delphine Brody <delphinegrl@gmail.com>; DK122932@aol.com; mamap2536@aol.com; Shirley Barb <sbard@aol.com>; Richard Hayes <rhayes38@cox.net>; Trula M. LaCalle, Ph.D. <trula.lacalle@namicalifornia.org>; kathleen.derby@namicalifornia.org

Sent: Wed, Nov 25, 2009 11:36 am

Subject: summary

Attached is final draft of article that summarizes my complaint regarding prop 63 implementation. I made a few changes (mainly in Conclusion) after some discussion with Dede and feedback--some of the questions that I raise require detailed answers this article cannot provide. There is nothing inaccurate about the one I sent a couple of days ago, but I think this is more to the point. I think people familiar with the law will understand complaint. You are free to circulate as you prefer.

I continue to get response from numerous sources, most of which affirm the final statements/sentences of the article. This may be useful also to press people familiar with the law, though will continue to work on "translation" pieces so those unfamiliar with conditions can get the message. We plan a thankful day, at least for the peace with each other. Best, Rose

November 19, 2009

Whistleblower Complaint to California State Auditor
Proposition 63/Mental Health Services Act—few services, many delays.
Five Years After Passage, the state's record demonstrates:

- **Misuse of Tax Revenue**
- **Waste, Incompetence**
- **Conflicts of Interest, No Accountability**

By Rose King

In November 2004, Californians approved Proposition 63 to support community mental health services, making good on the state's 40-year old promise to fund local programs after closing state hospitals. The historic victory was a result of years of planning and organizing by mental health advocates who made their case in a ballot initiative, and gained the votes to enact the statute known as the Mental Health Services Act (MHSA). The Act's provisions described its premise and stated its purpose and intent.

California's struggling mental health system is crisis-driven, fragmented, and so short of funds that counties report virtually all consumers are poorly served. Consumers report waiting three to five months for a 20-minute doctor visit, doctors complain of caseloads exceeding 400 clients, and service coordinators attempt to aid 100 to 150 people with serious mental illnesses and minimal access to resources. Jails serve as the drop-in treatment centers. This snapshot of conditions is exhaustively documented in public and private studies of this decade, including reports of the Legislature, Little Hoover Commission, California Healthcare Foundation, and California Mental Health Directors Association. The purpose and intent of the MHSA was to act on the research, improve these conditions, and fund proven, comprehensive programs.

In five years, the state has failed to implement the law, oversight agencies and political leaders have refused to correct inept policies and management, and the corruption of purpose has now compelled me to file a Whistleblower Complaint with the California State Auditor. The Department of Mental Health (DMH) and its implementation partners have violated a trust with the voters and once again broken the long-ago promise of community services. **Three central allegations summarize my complaint.**

1. Corruption of Purpose—The state diverted funds intended to improve services.

THE LAW: Said expand existing county mental health systems, according to proven standards of service, model programs, and recovery philosophy in the law—a system that is client and cost effective, supported by diverse constituencies, and underfunded.

THE STATE: Told counties to create new programs, recruit new clients, and go back to the drawing board to study, consult, and effectively plan a separate, parallel mental health system; the state rejected the proven standards and refused to recognize or promote understanding of the law.

THE RESULTS: Quality of service in the existing systems continues to decline, access to essential care is further restricted for poorly served clients, and MHSA money is used to fund untested programs, an unnecessary state and local bureaucracy, years of unnecessary and costly planning, infrastructure, and outreach, and to enrich legions of planners, specialized consultants, and private contractors.

2. Waste and Incompetence—implementation is fragmented and funding delayed.

THE LAW: Said counties shall develop a single, integrated plan to implement all provisions of the law, including improvements in existing systems and new programs in prevention and innovation. The state shall issue requirements for the county plans.

THE STATE: Told counties to submit six separate plans to implement each of the six provisions of the law, while the state issued guidelines for each provision over a period of years, and required counties to conduct a public planning process, develop budgets, new programs, reports, et.al. in order to submit and gain funding for six different plans, each independent of the other, and independent of the overburdened existing system.

THE RESULTS: The state and counties have spent literally hundreds of millions on planning, meeting, conferring, training, consulting, and creation of associated bureaucracies, with no end in sight. Schwarzenegger's Department of Finance issued a Performance Audit of DMH management in May 2008, citing inefficiencies and waste, and calling for 19 "*Corrective Actions*," with most actions yet to be accomplished. Auditors reported: "*fund distribution not in compliance with the MHSA...*" Billions of mental health tax revenues sit in a capitol trust fund, while people with serious mental illnesses are denied essential treatment. Auditors also reported that \$3.2 Billion had been collected by March 2008, but DMH had distributed only \$726 million to counties. When state legislators were interested in raiding the MHSA fund in early 2009, DMH Director Stephen W. Mayberg told a Senate fiscal committee that the state would be holding approximately \$4 Billion in Prop 63 revenue by the end of the fiscal year.

3. No Accountability—programs are funded absent a context or evidence of efficacy.

THE LAW: Specifically builds upon existing systems and pilot programs in California law, developed over a period of at least 20 years, and with extensive stakeholder participation. The law requires DMH to guide implementation within this established context. Referenced code sections define objectives, elements of a successful system, and the minimum range of services for different age groups. (California Welfare & Institutions codes) The MHSA also creates the new Oversight and Accountability Commission (OAC).

THE STATE: Implements the MHSA entirely independent of the foundation in existing law, without the benefits of defined parameters for success, and without the restraints of a known context. Standards of service are abandoned. OAC and DMH staff could not agree to develop a baseline of current conditions to measure progress or to prepare an integrated implementation plan. State implementation partners operate with no referenced explanation of a starting or end point, absent knowledge of county conditions, and free of objective limits for policymaking and spending priorities.

THE RESULTS: As the state Performance Audit reported, *“a documented plan of the MHSA development and implementation does not exist.”* Integrated plans, objectives that are clearly articulated and promulgated, parameters to guide program preferences and important funding priorities, and an overall design to measure the efficacy of individual projects or major expenditures DO NOT EXIST. The ill-defined or undefined path to implementation is an expensive, elaborate, confounding machine without an operating manual. State actions are replicated at the county level, and there is no framework of accountability at any point. Programs and funding priorities need not demonstrate efficacy within a known end purpose. Thus, decisions may be influenced by conflicts of interest, personal preferences, or special interests, and may go unchallenged because there is no defined framework. Stand-alone planning requirements, stand-alone projects, and ad-hoc policymaking operate in an unstructured and leaderless environment. Wasteful and costly conferences to reinvent the wheel for every provision of the law, in every county, divert money intended for direct services.

CONCLUSION: *Unanswered questions—Misinformation—Shortage of Services.*

My complaint to the California State Auditor questions decisions to spend more money on studying problems than funding solutions. I question priorities and projects that are not founded on any evidence of need or likely benefits. I questioned the appearance of conflicts of interest, which develop because of the lack of structure or operating guidelines for state and local planning. I asked why the state required counties to spend money creating new programs and recruiting new clients, when clinic waiting rooms are filled with clients deprived of decent services.

I challenged policies and reports that misinform stakeholders, providers, and counties, and assert that MHSA law requires spending on new programs and new clients—this is not true or accurate. When the legislature and governor wanted to raid the MHSA Trust Fund, the state claimed that billions were unspent because county programs were not prepared to invest the funds—this is not true or accurate. The state maintains that policies creating a “Two-Tier” system of mental health services are a product of the MHSA law—this is false, motives for this plan are suspect and unexplained, and the outcome is unnecessary.

In 2008, the governor, legislature, and the OAC ignored the critical DMH performance audit and 19 corrective actions. The governor and the legislature agreed to offset some of the state’s deficit in February 2009 by raiding the Prop 63 Trust Fund, which was unspent only because of the documented incompetence of state management. Also this year, the governor and the legislature enacted a law modifying the initiative and, in essence, legalizing the state’s inefficiency, waste, and diversion of MHSA funds (ABXXX 5). Now, implementation partners are considering a public relations plan to promote an anniversary celebration and MHSA success stories, perhaps intended to protect the unspent funds held by the state. I believe we must take a different path to progress by telling the truth—*stakeholders do not want any more input—they want output*. Consumers and families want *expansion of direct services*, based upon the known *standards and recovery model* in the law. It’s that simple.

Rose King is a political and policy consultant, and a family member of individuals with serious mental illness. As Chief of Staff to Lieutenant Governor Leo McCarthy, she collaborated with NAMI California to initiate a state Task Force on Serious Mental Illness that developed landmark legislation in 1988. She worked with a drafting committee for Prop 63, and served as Principal Consultant to then-Attorney General Bill Lockyer to launch the MHSA Oversight and Accountability Commission during his tenure on the Commission. In the Legislature, she most recently worked for Assembly Health Committee Chair Helen Thomson. Rose has developed communication strategies for state and national organizations and candidates, served California State Assembly and Senate leaders, and the U.S. Congressional leadership since 1975. She has served numerous advocacy and civic organizations, including service on the Board of Directors of NAMI California.

Electronic records launched for mental health services in Monterey County

By *LESLIE GRIFFY*
lgriffy@thecalifornian.com

With the click of a button, a county mental health professional in King City now can access records in Salinas.

Behavioral health is the first Monterey County Health Department division to fully launch into an electronic records system. It's believed to be the first county mental health program in the state to make such a move, said Len Foster, Monterey County's health department director.

The program allows county professionals throughout the system to access records, bill Medi-Cal and write prescriptions electronically.

"We went from a completely paper system to a completely electronic system," said Rendell Requiro, a business technology analyst who helped launch the \$2.2 million program.

Gone are the paper patient charts, paper prescriptions and paper bills.

Officials closely monitoring the program since it went into place in June said billing Medi-Cal has become more effective, said Behavioral Health Services Director Wayne Clark.

Technology and medicine

Unlike other industries, the medical community has been slow to adopt information technologies that have changed the lives and increased the productivity of other workers. Many doctors, for example, still write notes and prescriptions by hand.

The use of information technology in medicine is often promoted in the national health-care debate as way to decrease costs and increase efficiencies.

Experts believe electronic records can reduce unnecessary and duplicative procedures, as well as save staff time.

Monterey County is moving toward embracing the change. The county's public health nurses were already keeping electronic charts. Local hospitals are moving over to electronic systems. County clinics are expected to join the IT revolution by October of next year, Foster said. It will take additional time to get those systems to communicate with one another.

"In an ideal world, all of the county folks who provide health services would be able to communicate and share information," Foster said. "I expect that reality is about two years away."

When that happens, doctors in county clinics will have instant access to a patient's medical history, including test results from other clinics and prescribed medications — information likely to improve patient care.

MHC ISSUES TRACKING 2009

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
January 2009	Mental Health Coalition request to support adding new members. Voted to accept in concept enlarging the MHC Coalition.	Await report back from the Coalition before making a final determination.			Monthly	Pending
February 26, 2009	Letter from Teresa Pasquini regarding incident involving her son... Peter requested that a corrective action plan be developed... Donna agreed... Peter asked staff to follow up within 3 weeks on progress	Mental Health Director asked to provide a corrective action document. Donna reported to the MHC on the county's corrective action procedure and policy. She suggested inviting David Cassell to the April MHC meeting if more information is desired. Peter awaits the corrective action plan as agreed by MH Director. Further clarification is needed to the March 23, 2009 memo.	Staff: Follow-up with Donna.			Pending
February 26, 2009	Family Steering Committee's Letter of Concerns	The Commission was asked to respond to the letter, along with a letter from NAMI in support of the concerns expressed by the Family Steering Committee. Response received from Donna. Commission has not responded. Set up a Special MHC Meeting to discuss this issue.	Commission does not have enough information to take a position and respond.	TBD		Pending
March 26, 2009	Family Steering Committee's 2 nd Letter of Concerns		Awaiting date/time.	TBD		Pending

MHC ISSUES TRACKING 2009

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
February 26, 2009	How many clients using outpatient clinics have Medicare as a possible source of payment for services	Donna to report in writing with report outlining the number of clients. The number of 200 was referenced however source information was not provided even though it was promised by Donna.	Follow-up with Donna			Response received from Donna 6/18/09 Item is still Pending Review
February 26, 2009	Medicare as a possible revenue source for outpatient clinics	Future agenda item		June		Pending
February 26, 2009	Expediting the filling of positions funded by MHSA monies	Staff: Set up an appointment for Peter, Dorothy Sansoe and Donna Wigand to meet	Donna requested holding off until she received a list of all positions with status timelines.			Pending
February 26, 2009	Request for PHF assessment information Letter 1	Letter sent to Donna Wigand with a list of questions.				Pending
March 26, 2009	Request for PHF assessment information Letter 2	Letter sent to Donna Wigand with a list of questions.				Pending
March 2009	MHC Questionnaire	Discuss distribution to county employees. Send to County Counsel for Review	At the printer	TBD		Pending
April 2009	Bylaws Revisions		Have not been received by Donna from County Counsel		June 17	Pending

MHC ISSUES TRACKING 2009

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
April 2009	Reappointments of Peter, Dave and Teresa	Notification of term expirations letters sent to appointing Supervisors	Check status		June 17	Completed
April 2009	Letter to Supv. Bonilla et al re: Capital Facilities	Letter sent	No response from Supv. Bonilla. Response received from the OAC. Copy of response to Supv. Bonilla received from Donna.			Pending
May 2009	Follow-up letter to Supv. Bonilla et al re: Capital Facilities	Letter with comments from Minutes sent.	No response from Supv. Bonilla.			Pending
April 2009	Continuum of care for TAY	Request change of regulations to enable TAY to receive continued medical, housing.	Place on tracking list.			Pending
May 2009	Senior Disabled Bus Pass	Draft letter to CCCTA requesting reduced fare bus pass and permission to have a representative from MHC attend the Operations & Scheduling Committee	In process of drafting letter			Pending

MHC ISSUES TRACKING 2009

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
May 2009	Track MHSA Plan Public Hearing agreement	<p>Approve the plan updates assuming the following:</p> <p>1) There be balanced representation on CPAW (county staff, mental health staff are at a minimum on CPAW and a significant portion is made up of family and consumer representatives to get more people involved in the decision-making process.</p> <p>2) There is heavy involvement of family and consumer members not only in discussion but also decision making (CPAW)</p> <p>3) Mental Health Administration will work with all stakeholders, especially the Mental Health Commission to develop quantitative and qualitative analysis of MHSA program performance by August 31, 2009.</p> <p>4) All noted substantive comments get addressed in the plan update with Mental Health Commission involvement – for discussion and review before it's submitted.</p>	Staff: Follow up with Sherry Bradley		May 18	Pending

MHC ISSUES TRACKING 2009

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
February 26, 2009	Request from Rubicon to explain how we are going to integrate CBO's, especially in West County.	Request Donna to give a written response. Donna responded to Steve from Rubicon at the March meeting.	Staff: Follow-up with Donna.	March 16		Completed Verbally during March 26 MHC meeting
February 27, 2009	Recommendation for MHC appointment of Floyd Overby	Send letter of recommendation to Supv. Uilkema Letter sent 3/3/2009	Appointed May 5th			Completed
February 26, 2009	Support of a Behavioral Health Court Grant	Letter was sent to Sheriff Rupf in support of the Behavior Health Court Grant.	Staff: Request an update from Marti Wilson and/or Lt. Mitch LeMay.	February 28	11/1/09, 12/3/09	Completed. As of 12/3/09, Sheriff still waiting to hear.
March 26, 2009	Letter in opposition to Prop 1E	Peter is to draft a letter to be sent to the individual members of the BOS requesting their support for the Commission's position.	Await receipt of letter to place on letterhead and send to each member of BOS.			Completed
March 2009	Recommendation for MHC appointment of Anne Reed	Send letter of recommendation to Supv. Uilkema	Appointed May 5th			Completed.
April 23, 2009	Transcript of 3/26/09 Minutes	Staff is instructed to present a transcript of the Minutes.	Staff: Transcribe Minutes			Completed
August 13, 2009	California Institute for Mental Health	Determine what training they offer	Staff to follow-up with Sherry Bradley; training may be offered by CA. Mental Health Planning Council.		9/29/09; 11/12/09: Sherry Bradley still waiting for	Pending

MHC ISSUES TRACKING 2009

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Information	Resolution
Sept. 3, 2009	Ambulance transfers	Is an ambulance required for patient transfer between CCRMC and a separate facility (ie. CCRMC and a PHF next door)	Staff: follow up with MHA		Follow-up 10/2/09	Pending
Sept. 3, 2009	Info. on the number of CCC patients sent out of the county for treatment and length of stay	Donna Wigand to provide information.	Staff to follow-up with Donna			Pending
Sept. 3, 2009	Chair Mantas requested Dr. Walker look into the ED to CSU situation to improve transition	Dr. Walker to update the Commission on his findings.	Staff to follow-up with Julie Freestone?			Pending
Sept. 3, 2009	Info. on which larger counties have PHF's and how many counties have both PHF's and inpatient.	Donna Wigand to provide information.	Staff to follow-up with Donna Wigand			Pending
Oct. 8, 2009	Chart of Locked Long-Term Subacute Care Providers dated 10/7/09	Add financial information/costs to chart and re-submit to the MHC.	Staff to follow-up with Suzanne Tavano			Pending
Oct. 8, 2009	Letter to BOS regarding suicide of West County	Acting Chair is to write a letter requesting the BOS ask the Mental Health Director lead an internal	Staff to follow up with Acting Chair. Motion wording may require		11/12/09: on hold until	

MHC ISSUES TRACKING 2009

	consumer.	investigation into the circumstances surrounding the suicide of a West County consumer. Further request a response to the BOS from the Mental Health Director be made within 60 days of receipt of the letter.	confirmation at 11/12/09 MHC monthly meeting.		11/30/09 meeting at MHCC takes place.	
Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
Oct. 8, 2009	Mental Health Coalition Talking Points	Verify if and when MHC adopted the Talking Points.	Staff			Completed. 8/13/09 MHC monthly meeting: a motion was passed to adopt them.
Oct. 8, 2009	Needs Assessment Survey prepared by MHC-CPAW Capital Facilities Workgroup	A motion was passed supporting a survey be created, sent out and used to determine the community's input on uses for MHSA Capital Facilities funds.		12/1/09 sent out; surveys to be returned by 12/11/09.	tbd	12/1/09 Sent to County staff and CBO providers
Nov. 12, 2009	List of MHC standing committees, task forces or workgroups	Staff to provide a list to Commissioners.	Staff	By 12/10/09		tbd

MHC ISSUES TRACKING 2009

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
Nov. 12, 2009	Review of policies and procedures around sentinel events	Invite one or more Health Services representatives to educate the MHC on policies and procedures surrounding sentinel events using Victor Montoya's suggestions and guidance on different reporting structures.	Staff to follow up with Acting Chair and county staff.	2010 MHC meeting		pending