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CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

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 • January 14, 2010 • 4:30-5:30 p.m.

651 Pine Street, Martinez, Room 101

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**

2. 4:35 **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.

3. 4:40 **ANNOUNCEMENTS**
A. Family Support Group in West County

4. 4:45 **APPROVAL OF THE MINUTES**
ACTION December 10, 2009 MHC Monthly Meeting

5. 4:50 **CHAIRPERSON'S COMMENTS – Peter Mantas**

6. 4:55 **APPROVE 2010 WORKPLAN**
ACTION

7. 5:05 **APPROVE ANNUAL REPORT**
ACTION

The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments ore recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers.

8. 5:10 **MHC COMMITTEE / WORKGROUP REPORTS**

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

ACTION 1. Accept Needs Assessment Survey Results and Workgroup member's information summaries.

ACTION 2. Hear Workgroup report and recommendation on Capital Facilities and IT.

ACTION 3. Reconsider Workgroup's charge and authorize Workgroup representative to present MCH recommendation to BOS on 1/19/10.

9. 5:25 **FUTURE AGENDA ITEMS**

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

A. Suggestions for February Agenda ***[CONSENT]***
   1. Report on Behavioral Health Unit – Dr. Johanna Ferman

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 Behavorial 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. Presentation from Health Services Department on the policies and procedures surrounding sentinel events using Vic Montoya's suggestions on the different reporting structures.

10. 5:30 **ADJOURN MEETING**

The next scheduled meeting will be Thursday, February 11, 2010 at Concord Police Department, Community Room; 4:30 – 6:30 pm.

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 96 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
December 10, 2009
Minutes – Draft

1. CALL TO ORDER/INTRODUCTIONS

Chair Mantas called the meeting to order at 4:35 pm and requested Vice Chair Pasquini chair the meeting.

Introductions around the room were made.

Commissioners Present:
Dave Kahler, District IV
Carole McKindley-Alvarez, District I
Colette O'Keeffe, MD, District
Peter Mantas, District III, Chair
Floyd Overby, MD, District II
Annis Pereyra, District II
Anne Reed, District II
Teresa Pasquini, District I, Acting Chair
Sam Yoshioka, District IV

Commissioners Absent:
Art Honegger, District V-Excused
Bielle Moore, District III-Excused
Scott Nelson, District III – Excused
Supv. Piepho, Dist. II – Excused

Attendees:
Gita Baronimipour
Brenda Crawford, MHCC
Al Farmer, NAMI
Lynda Gayden CCR Health Foundation
John Gragnini, Local 1
Steve Grolnic-McClurg, Rubicon
Robert Heaston, Jr.
Mariana Moore, Human Services Alliance
Connie Steers, MHCC
Janet Marshall Wilson, JD, MHCC

Staff:
Dr. Karen Burt, CCRMC
Susan Medlin, MHA
Donna Wigand, MHA
Suzanne Tavano, MHA

2. PRESENTATION ON INTEGRATIVE HEALTH CENTER-Dr. Karen Burt

She has been with CCC for 13 years, most recently as a primary care physician in Brentwood. Dr. Burt's vision for integrative health care comes during a time of debate on national healthcare on a in which many things are being discussed about what needs to change about healthcare. "The current system is broken and really needs to get fixed."

Her proposal discusses how to create and expand the integrative health services group medical visits and health education in the CCC health system. The types of services focus on prevention and self-management; key components of any revised health care system. One component is group medical visits where a group of patients see a doctor in a group setting. CCC has several of these groups already: pain management, prenatal visits, well-baby visits, diabetes groups and possibly heart failure groups in the future. The other component is health education, fitness and wellness, including incorporating alternative medical services including acupuncture when appropriate. A part of this is behavioral health services. As a primary care provider, she spent a great deal of time talking to her patients about the issues in their lives ad a majority of them had to do with mental health and substance

abuse issues. She was frustrated she didn't have access to mental health services for her patients and filled the gap as best as she was able.

Integrative healthcare is collaborative between family and patient, more collaboration between all aspects of health care, collaboration between different County divisions, collaboration between community agencies and community health workers. It really focuses on the patient and empowers them toward self-management within the healthcare system.

It represents a paradigm shift from current, conventional healthcare crisis and disease-oriented system set up (unsustainable) vs. a new model of self-healthcare (sustainable). In the unsustainable model, the medical, mental health and substance abuse teams are separated making care for the "total" patient difficult. In the sustainable model, people are taught to care for themselves then when disease does strike, to help self-manage their care. Disease management will always be required, but not at the center of the system. Behavioral health services would be expanded in the program from severe mental illness to stress management.

Switching to this type of model is a big transition for both providers and patients, requiring a willingness to change. Community health workers can be a key link between communities and families and acting as patient educators.

The services she discussed already have seeds being sown from this integrative approach within CCC health system. She has been in contact with Dr. Ferman, Ambulatory Care, who will be bringing in behavioral health services, both in one-on-one and group treatment situations. The beneficiaries of this system include patients, providers and the entire healthcare system: patients' fundamental needs addressed (including more empowered and enthusiastic patients), new models for handling chronic pain, chronic issues, mental health issues and behavioral health issues, new productive successful venues for providers to deliver care and healthcare system balanced/costs reduced. When the different parts of the healthcare system collaborate, it will result in a better range of treatment for the patient. In a system where patients take care of their own health care, we will see less acute illness.

(The slides from the PowerPoint presentation follow these minutes.)

Robert Heaston asked what would it take to implement the new system. Dr. Burt said "buy in" from all parties. So far everyone she has spoken to has been positive, including Dr. Walker and Pat Godley. She has various ideas about how to implement it. She introduced Lynda Gaydon, director of Contra Costa Regional Health Foundation, who be supporting it by writing grants. There are several new health centers being considered over the next few years; hopefully they will be built according to this model: integrating both physical and behavioral health care needs.

Commissioner Yoshioka asked if a single existing facility could be used as a pilot site and if the concept had been run by the County financial people. Dr. Burt has spoken to the CEO and CFO and hopes within 2 years to have a pilot site. Lynda Gaydon said so much of the revenue streams are a function of billing issues and who is able to bill for services. Currently only a physician, nurse practitioner, licensed clinical psychologist or LCSW is able to bill; many of these positions were eliminated due to budget constraints. Suzanne Tavano said they are looking at space on Willow Pass with Concord Adult Mental Health to use as an integrative pilot site and it looks fairly positive, if the building can be modified. Donna Wigand clarified that space would be a slightly different model than Dr. Burt is talking about.

The Concord clinic would involve placing a health clinic within the 4 walls of a mental health clinic for patients with some physical health care needs but moderate to high mental health needs. It would be the first time health care would be introduced into a mental health care clinic. Lynda Gaydon clarified Integrative Health Services is a much large picture; looking at Behavioral Health Services (ie. the Concord clinic) is a component of that broader picture.

Vice-Chair Pasquini asked if consumers in the room had any comments. None from members of the public, but Commissioner O'Keeffe asked if we are integrating physical health services into the mental health services, what will the model be: the old physical health model vs. a more holistic approach given the limited budgets? Dr. Burt wasn't sure, but it is a great question. Suzanne Tavano said in the Concord clinic by placing a separate physical health clinic inside (but separate) from a mental health clinic, they will be able to bill under a separate billing system and avoid the issues of same day billing. So much is billing driven.

Vice-Chair Pasquini read about the new County facility in San Pablo and not having a mental health clinic co-located within the new clinic. Donna Wigand said she understands there will continue to be psychiatrists attached to the clinic, but West County Mental Health Services clinic will not be placed within the new clinic. Vice-Chair Pasquini is disappointed the integrative approach is not being considered at the new clinic as it was in 38th St. clinic.

Commissioner Yoshioka presented 2 articles: the first about the new Richmond Health Center and the second about a San Pablo outpatient health center to be opened in July 2010 for commissioners' review. *(The articles follow these minutes)*

3. PUBLIC COMMENT

A. Robert Heaston gave an account of his 25 year-old daughter's treatment when she was in crisis and taken to the CSU at CCRMC on 10/2/09. She was separated from her mother and very little was done to evaluate her medically before moving her to CSU that was filled with patients being held on 5150's. When he went to pick up his daughter at CSU he was treated with disrespect by staff and told to wait in the ER as there is no waiting area by CSU. After 4 weeks, he requested a report from the County and was told they were waiting for reports from 2 doctors. He is very frustrated with the doctors at CSU and their lack of response to his requests for follow-up information on the inadequate care his daughter received. In a follow-up call to the CSU Director shortly after the incident, Mr. Heaston was told his daughter could be seen for an appointment in a month or so. She saw several doctors during the next few weeks and felt there was no integration of care; she felt they had not even read her file based on discussion/suggestions of medications she was already taking or had not previously worked for her. She was told if she saw a non-County doctor, the County wouldn't be able to work with her. Julie Kelly and Gloria Hill have been the only ones to provide real assistance and he appreciates their help. He attempted to contact the Director of Health Services (emails and phone calls) without a response; he spoke at the 12/1/09 BOS meeting about the incident. He distributed a handout including a letter written by his daughter. He would like to see family in the process and patient advocates. There is no accountability of personnel CSU and conflicts of interest within the system.

Vice-Chair Pasquini thanked Mr. Heaston for attending and bringing the issue to the attention of the MHC. Chair Mantas suggested Mr. Heaston stay connected and communicate with the MHC.

4. ANNOUNCEMENTS

A. 1/14/10 MHC abbreviated meeting/public hearing at 651 Pine Street, Room 101, 4:30 – 7:30 pm, on the MHSA FY 2009/2010 Annual Update to the three year program and expenditure plan. Each Commissioner received a hard copy of the plan today to review prior to the meeting and it is also posted online.

B. MHCC Holiday Party-Dec.11, 11 am – 2 pm at the Pleasant Hill Community Center, 320 Civic Center: A celebration for consumers.

5. APPROVAL OF THE MINUTES

- **ACTION: November 12, 2009 MHC Monthly Meeting – Motion made to approve minutes as corrected to include the motion made to have the MHC meet on 11/16/09 at the County Planning Commission public hearing on the application from Bonita House. (M-Pereyra/S-Overby/P-Kahler, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra, Yoshioka,7-0; Commissioners Mantas and Reed abstained.)**

(After listening to the tape recording of the 11/12/09 meeting, it was confirmed a motion was not made or required for the MHC to post a meeting notice to attend the Bonita House application hearing on 11/16/09. No correction to the minutes is necessary; they stand as submitted.)

6. VICE CHAIRPERSON'S COMMENTS

A. Update on New Commissioner Orientation – Nancy Schott to coordinate; please make attendance a priority. Commissioners need to view Brown Act/Better Government videos as well as the AB1234 Ethics online video. Nancy Schott to send out website information.

B. Report on 11/30/09 meeting at Mental Health Consumer Concerns Wellness Center with Supv. Gioia: See the Report on pg. 15 of the agenda packet for her

Public Comment by Connie Steers: She thanked Vice-Chair Pasquini and Supv. Gioia for coming to the Center and listening to the consumers' comments. The opportunity for consumers to have their voices heard was greatly appreciated.

Vice-Chair Pasquini would like to consider if the MHC should send a letter to the BOS requesting a copy of the investigation report on the West County consumer suicide or is that action necessary?

Commissioner Reed asked if the MHC did receive the report how heavily redacted would it be for confidential information and would it be of any value? Donna Wigand said by law any identifying patient information would have to be redacted. She feels MHA feels they have a history of sharing appropriate information and still maintaining confidentiality.

- **ACTION: Motion made to request the report be distributed to the Commission (M-Mantas, S-McKindley Alvarez/P-Kahler, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra, Reed, Yoshioka, 9-0)**

Discussion:
Commissioner Reed stated that although all Commissioners are bound by the confidentiality agreement, not all Commissioners have signed the agreement yet. It is usually signed at the New Commissioner Orientation, but Nancy Schott will send out agreements to everyone who has not signed them prior to the Planning Retreat on 1/8/10.

Chair Mantas said the Commission must get to the point where it is understood what type of information is available to us. There have been incidents in the past brought to the MHC and although details are not required, we need to determine what is going on to fix those problems in order to make recommendations to the BOS.

Vice Chair Pasquini also would like to receive the report and use a learning document in order for the MHC to perform due diligence. Also schedule David Cassell to come as soon as possible and make that presentation a priority; we discuss prioritizing guests at the Planning Retreat. Also invite someone from CCRMC as Victor Montoya suggested at the 11/12/09 meeting.

C. MHC Planning Retreat will be held on 1/18/10 4:00 – 7:30, location to be determined. Julie Freestone invited to facilitate. The proposed agenda guideline is in the meeting packet. Any agenda suggestions should be submitted to Nancy Schott by 12/28/09.

- **ACTION: Motion made to have a retreat on 1/8/10, 4:00 – 7:30, location tbd, using the proposed agenda guideline (to be finalized) and Julie Freestone as facilitator. (M-Reed/S-Pereya/P-Kahler, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra, Reed, Yoshioka)**
-

D. 2009 Annual Report Update: The report is being prepared and will be discussed at the Planning Retreat.

E. Rose King Whistleblower Complaint: Rose King is the co-author of MHSA. See complaint in the packet. The complaint raises the possibility of repercussions and whether Prop. 63 has been circumvented with fragmented implementation of the state guidelines. She believes the MHC must consider the complaint as part of it's due diligence and it will possibly be considered at a future meeting.

7. MHC COMMITTEE/WORKGROUP REPORTS

A. MHC-CPAW Cap Facilities/IT Workgroup – Chair Pereyra

1. Update from Donna Wigand regarding current status on the 20 Allen St. parcel: the original proposal from MHA to HSD to use that parcel for new mental health programs. The original proposal included up to 4 levels of care in 3 buildings: Bldg. 1) 16 bed locked acute psychiatric health facility for adults, Bldg. 2) 16 bed unlocked crisis residential facility for adults, and Bldg. 3) program of 5150 involuntary receiving area for all age groups and voluntary urgent care outpatient clinic for anyone to use anytime. Both MHC and CPAW have ideas for use under review and a survey is being taken now for more ideas for use of Capital Facilites and IT money available under MHSA.

HSD has decided to purchase the land whether or not it is used for mental health services. Dr. Walker and/or Pat Godley will address the purchase of the property is an item on next week's

BOS agenda. In further discussion with HSD, 2 of the 4 services are no longer on the table for consideration at this time: 16 bed locked acute facility for adults and 5150 receiving center for adults. The only programs to be considered at this time are: 1) 16 bed unlocked crisis residential facility for adults and 2) an urgent care walk-in center for adults/urgent care walk-in clinic and 5150 receiving center for children.

Adults coming in to 5150 will still need to go through Emergency Room at CCRMC. HSD has decided no matter what gets approved or not, until a decision is made as to what MHA wants to do with the site, HSD will be opening up the site as storage and additional parking because those services are desperately needed. She hopes those decisions do not preclude any new mental health programming from going to that site. Went from 2.25 mill to 1.9 million; will

Commissioner O'Keefe asked if a lower price had been negotiated for the property. Donna Wigand said the cost went from 2.25 million to 1.9 million; it will be noted on the BOS agenda item.

Commissioner Reed asked if any money would be required to get the site ready to use for storage and parking? Donna Wigand said she was not sure. The building on site where HSD used to be located, can probably store medical records in its current condition. She's not sure about the parking.

Commissioner Yoshioka asked what the thought process was for eliminating the PHF and ARC and keeping only the crisis residential facility? Donna Wigand said her perception is there is already a 16 bed facility in hospital and a 5150 receiving center for adults in ER. There is more of a willingness to move forward with programs that don't already exist in the hospital. She stressed she is not speaking for HSD. Commissioner Yoshioka is concerned that the PHF was going to be the sole entry point into the mental health system. In a county as large and diverse as ours, why does that have to be a single entry point in Martinez? Donna Wigand doesn't agree with that statement. Currently people can access the system at various points in the county (ie. Antioch and Pittsburg clinics). If there are multiple points of entry, why can't parts of the ARC be located in out in the outpatient clinics for better access. We should be working toward that goal. Dr. Walker discussed unbundling services from the inpatient acute care to an outpatient model. The proposal seemed to be re-bundling the services back into the ARC in a central location. Donna Wigand stated CCC has 6 outpatient clinics; intake and crisis management are available at each clinic and suggested commissioners visit clinics. Commissioner Yoshioka prefers upgrading the outpatient clinics to offer more services in the different areas of the counties.

Vice-Chair Pasquini said the clinics are outstanding and she would like to the MHC visit clinics next year.

Commissioner Reed confirmed adult 5150's will still come through the ER; Donna Wigand agreed. Commissioner Reed wondered if there will be an opportunity during the assessment of any new facility to address some of the procedural issues the MHC has heard about regarding adults coming in to the existing ER at CCRMC? Vice Chair Pasquini said this is not Donna

Wigand's area, but discussions are being held at CCRMC and she will be working on the issue through the Healthcare Partnership.

Commissioner Pereyra asked if the RFP's be resent out with the change of programs? Donna Wigand said that may be necessary given the new focus on the ARC for children. There was only 1 children's provider who applied.

Chair Mantas asked how many of the unlocked beds will be available for adolescents vs. adults? Donna Wigand said it must be licensed for one or the other; it will be for adults (over 18).

Commissioner Yoshioka asked if a contractor or County would run the ARC? Donna Wigand the County will run the assessment center/urgent care clinic/children's 5150 center and a contractor will run the adult crisis residential. There is now more acceptance of county staff needing to run the assessment center.

Commissioner Overby asked if the County running the program will exclude Medicare and private insurance? Donna Wigand said it will not exclude patients with Medicare and privately insured patients usually go to their private insurance hospital. John Gragnini said the County has certain contracted hospitals for Medical and not all of those are all Medicare. Suzanne Tavano clarified 4C and CSU are under hospital administration, but the contracts with private hospitals are held by us and managed by Mental Health. MHA.

2. Update on Needs Assessment Survey

Commissioner Pereyra referenced the MHC-CPAW Capital Facilites/IT Workgroup handout. Suzanne Tavano and Steve Hahn Smith presented at the 11/16/09 meeting and provided more information than had been received at the CPAW meeting regarding IT. Steve Hahn-Smith was there as well and added his information. She felt there was a much better understanding of IT after the meeting. A questionnaire has been sent out to County Staff (600) and results are due back 12/11/09. The information will be reviewed, the results input into a database and a formalized report generated.

Commissioner Yoshioka asked if the commissioners could take the survey today? He feels the MHC perspective could be viewed in relation to the public one. Vice Chair Pasquini said it is not on the agenda and there is not time today. It could have been recommended at the Workgroup level at an earlier time. Commissioner Yoshioka asked about taking it at the Planning Meeting. Chair Pereyra said the report should already be prepared by the Planning Meeting. Commissioner Reed said from her point of view it would be better to have each Commissioner fill out the survey and then compare it to the tabulated results and report as a learning tool.

3. Hear update from 12/3/09 CPAW meeting

Part of the Workgroup splintered off, went out and came back to CPAW with information that was collected. She isn't sure if that was supposed to be in place of the survey the Workgroup is doing. They were trying to move along toward a vote on whether to accept the proposed facility at the CPAW meeting, but CPAW did not vote at the time. A new workgroup has been formed; her understanding from listening to the meeting is the group will be from

CPAW to get input from consumers and families as to the services to be provided at the new facilities, whatever the capital facilities end up being. After the meeting, there was another CPAW member who volunteered to join the Workgroup. She understands people have resigned from the Workgroup, but she has not seen any resignations, so she is not sure if they are on it. She doesn't know if the Workgroup can still be run if there are only Commissioners on it. Vice-Chair Pasquini said the surveys need to be received and possibly the joint Workgroup will revert back to the MHC Capital Facilities/IT Workgroup. Brenda Crawford said she has not resigned at this point, but she is till unsure of the Workgroup's charge.

Chair Mantas clarified CPAW's charter is only MHSA projects. The MHC is a W&I based commission that reports to the BOS on all matters of mental health services related. The chair of the Workgroup should still drive the meetings even if CPAW members do not participate. Chair Pereyra said it was presumed after the Workgroup receives the surveys and the research is completed on the information previously completed from other sources, the Workgroup will make a recommendation to the MHC and end as the charge will have been completed.

Commissioner Overby asked asked when the report will come back to the MHC? Chair Pereyra said the survey has been sent out with results coming back tomorrow. Commissioner Overby asked what background do the survey recipients have to provide us information? Chair Pereyra clarified the staff went out to County clinic rather than consumers as originally discussed. Vice-Chair Pasquini reminded Commissioners who haven't been part of the Workgroup process to respect those who have participated and be aware how much effort has gone into ensuring the various voices within the system (family, consumer, provider, MHC commissioners).

Brenda Crawford said consumers do not want the comments gathered through the MHCC-facilitated process negated. Vice-Chair Pasquini said those comments were heard at the Workgroup which the MHC charged with gathering information and issuing a recommendation back to the MHC.

Commissioner Kahler said we need to acknowledge the Workgroup has been a failure.

Commissioner Reed said the survey isn't the only piece of information available to the Workgroup. There have been previous surveys done that focused on the consumer. Before making a recommendation, the Workgroup will consider all the other information sources. The survey was sent to staff because their voices hadn't been included yet in the process.

Chair Mantas requested comments should be directed to the Chair not other commissioners. There are people doing lots of work on behalf of the MHC. The MHC needs to wait for the Workgroup to come back with their findings; be a little more patient.

Commissioner Overby apologized if anyone was offended. He went to several Workgroup meetings and heard interest in gaining more input from the consumer. Commissioner Yoshioka also attended the meeting and thought the survey was distributed to get consumer input.

Chair Pereyra said it was the Workgroup's opinion that input hadn't been collected across the board from the community, from staff, from families, from consumers . It was determined the

questionnaire wasn't a good tool to use for consumers and families and it was decided to send to staff only. CBO's were also interested in having their voices heard.
Chair Mantas clarified there has been information collected from consumers and families; Chair Pereyra confirmed yes.

Vice Chair Pasquini confirmed the joint MHC-CPAW effort from the MHC's perspective is over, but she and and Commissioner Pereyra have joined the CPAW Cap Fac/IT workgroup as MHC liaisons. The Workgroup will be advising Donna Wigand. Vice-Chair Pasquini would like someone to explain to both the MHC and CPAW the differences in the charges in both group's charges. Although CPAW reports to Donna Wigand and the MHC reports to BOS, she feels there are more likeness than differences. Chair Mantas confirmed Vice-Chair Pasquini's definitions and added the MHC has statutory W&I guidelines and CPAW does not. CPAW does have W&I mandates that CPAW has to follow in the course of doing business. Vice-Chair Pasquini is not sure if it clear to CPAW members and would like it communicated.

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

Chair Mantas said the MHC does not have enough information to take action on this item and suggests it is tabled until the report is received from the Workgroup. Vice-Chair Pasquini said the goal is to have survey report presented at the 1/14/10 MHC meeting. She asked Julie Freestone to check if Dr. Walker would consider waiting for the report and she said she thought he would. We don't know if the BOS will approve the land purchase until the 12/15/09 BOS meeting. **The Motion was tabled.**

5. Consider recommention 4C remain open an a permanent basis as it is a key component on the mental health continuum and if HS begins discussions to alter or close 4C, they will inform the MHC and all Community Stakeholders.

- **<u>ACTION:</u> Motion made to recommend 4C remain open on a permanent basis as it is a key component on the mental health continuum and if Health Services begins discussions to alter of close 4c, they will inform the MHC and all Community Stakeholders. (M-Mantas/S-Pereyra/P-Pereryra,O'Keeffe, Kahler, Overby, Reed, Mantas, Pasquini, 7-0/abstain McKindley and Yoshioka)**

Discussion:
Commissioner Yoshioka uneasy about keeping 4C open on a permanent basis. Why have a psychiatric patient without any medical issues in a 4c unit instead of a psychiatric unit of equal quality? Now there is a proposal for a PHF that is a better solution for an acute psychiatric patient without medical issues.

Commissioner O'Keeffe it is unusual to be in 4C without medical issues with the patient population we serve; it is not a good idea to switch them to less acute types of care.

Commissioner Reed said she would rather have the permanent status with notification of changes. Commissioner Yoshioka seems to be talking about the types of patients in 4C rather than the facility itself.

Chair Mantas said we have approx. 40 beds in a county of over 1 million citizens. The need and demand are huge; the supply is limited. This motion is more of a statement to the BOS requesting the hospital take the permanent position to not shut down 4C.

Vice-Chair Pasquini feels very strongly about keeping 4C open; it is commonly known there is a shortage of psychiatric beds in the county, state and country. The medical complications are also rising.

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

Commissioner O'Keeffe said the type of facilities are yet to be determined so we don't know what type of transportation will be required. It sounds like we are taking on the transportation study for the entire hospital that is too large a scope for the MHC. Vice-Chair Pasquini clarified the motion is for Health Services not the Mental Health Commission to initiate a study.

Commissioner Kahler said this does motion addresses the issue of transportation to the entire hospital. HS has been remiss in not developing a transportation plan for years and it's only with the advent of the 20 Allen St. property that people suggest the transportation issues to a PHF? Putting a building in Brentwood is just as inaccessible as Martinez for someone. The solution isn't building more buildings, but to address transportation to the hospital and fill the gaps.

Commissioner O'Keeffe said there have already been major cutbacks to pubic transportation and the cuts will continue; the solution may come from a taxi/voucher system.

- **Motion: Consider HS initiate a study to develop a plan that could fill the gaps in the transportation system that serves the hospital (M-Kahler/S-Mantas/F-Yes: Pereyra, Kahler, Overby, Mantas, N0: O'Keeffe, Reed, Yoshioka, Pasquini, Abstain-McKindley -Alvarez) Motion failed.**

Discussion:
Commissioner O'Keeffe said it is a grandiose gesture; too big a task. Vice-Chair Pasquini is not sure it is an appropriate study for the hospital or HS.

Commissioner Kahler said this is just a study.

Chair Mantas thinks it is appropriate since the hospital is being used as a service hub. If HS can't do it, they will come back and let us know. We can ask the question.

Commissioner O'Keeffe said there won't be any help from the County Connection system and asking HS to do this will not have a positive outcome.

Chair Mantas agrees with Commissioner O'Keeffe, but still wants to pose the question and get a response.

8. REPORTS: ANCILLARY BOARDS/COMMISSIONS

A. Mental Health Coalition – Vice-Chair Pasquini: They are going to visit the BOS next year.
B. Hospital Community Forum - none

C. Human Services Alliance - none

D. Local 1. John Gragnani – completed the evaluation of MHA; submitted to Donna Wigand and Dr. Walker for in-house meetings to discuss results; report will be sent to MHC and NAMI early next year.
Vice-Chair Pasquini said she received a phone call from a Local 1 member regarding the survey. She may receive a survey. Chair Mantas asked the method of distribution. John Gragnani said After the in-house meetings are held, short and long terms goals on how to improve the system will be discussed. The report will then be distributed to the MHC and others.

E. Mental Health Consumer Concerns (MHCC) -Brenda Crawford - 300 rsvp's to holiday party. She thanked Dave Kahler/NAMI and Donna Wigand for their donations. Each consumer will receive a gift bag at the party. The West County facility greatly appreciated Supv. Gioia and Commissioner Pasquini's visit in November. They now have a wellness nurse who visits once a week, a dual diagnosis group meeting once a week and a case manager available to call for assistance in navigating the system for any of their clients. There were system failures, but positive things have happened since then.

F. National Alliance on Mental Illness (NAMI) – Al Farmer - At the last NAMI board meeting; voted to approve the proposal as they understood it with the assumption 4C would remain open. They will do whatever they can to support the consumer and add services.

G. Mental Health Services Act (MHSA) Consolidated Planning Advisory Workgroup (CPAW) - Annis Pereyra- there continues to be a conflict of interest between some of the voting membership of CPAW as they have vested interest in outcomes. It goes back to the Rose King complaint. It's difficult for unbiased information to come out of that body and she encourages anyone from MHC to come to CPAW meeting for themselves.
Vice-Chair Pasquini agrees. The conflict of interest/self-interest is a statewide issue in the MHSA implementation process. Part the solution may be a neutral facilitator. Interviews were held and a second round of interviews is next week. The goal is to have the facilitator in place by the February 2010 meeting.

Brenda Crawford brought up the beginning of the Aging and Adult Workgroup. Vice-Chair Pasquini said that issue would be brought up at the Planning Retreat.

10. FUTURE AGENDA ITEMS

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.

Robert Heaston would like the BOS to respond to his letter. He would like to see something positive come out of this. People at CCRMC are scared of losing their jobs and do not report incidents. Vice-Chair Pasquini will consider adding it as an action item at a future meeting.

11. 6:30 **ADJOURN MEETING**

- **ACTION Motion to adjourn (M-Reed, S-Yoshioka/P-unanimously, 9-0)**

The next scheduled meeting will be Thursday, January 14, 2010 at 651 Pine Street, Room 101; 4:30 pm.

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION • 2009ANNUAL REPORT
DRAFT
To be Approved by the Contra Costa County Board of Supervisors January 2010

Advisory Body Name:	**Contra Costa County Mental Health Commission**
Meeting Time/Location:	**2nd Thursday of the month from 4:30-6:15 p.m. (January-December)** **Concord Police Department Community Rm., 1350 Galindo St., Concord, CA**
Chairperson(s):	**January 2009: Jacque McLaughlin** **February – July 2009: Peter Mantas** **August – December 2009: Teresa Pasquini, Acting Chair**
Staff Person:	**Karen Shuler, Executive Assistant, January – June 2009** **Nancy Schott, Executive Assistant, September – December 2009**
Reporting Period:	**January-December 2009**

I. ACTIVITIES

- **Actions Related to Areas of Concern**
  1. Actively participated as a member of the Mental Health Coalition.
  2. Actively participated in the newly formed MHSA Consolidated Planning Advisory Workgroup (CPAW).
  3. Worked with Mental Health Administration to assure that the community be kept informed about the budget cuts and their impact.
  4. Formed the MHC-CPAW Capital Facilities/Information Technology Workgroup to analyze options and alternatives for MHSA Capital Facilities funds and bring back recommendations to Mental Health Administration and the Health Services Department.
  5. Actively participated in the Hospital Community Forum.
  6. Actively participated in the newly formed Healthcare Partnership at CCRMC on an ad hoc basis.
  7. Invited National Alliance on Mental Illness–Contra Costa to present monthly reports at the MHC meetings.
  8. Held two Mental Health Commission Planning Meetings and began work on updating Bylaws.
  9. As family community stakeholders, two commissioners, , participated in the Kaizen Event at CCRMC as part of the Lean Management effort.
  10. Ongoing collaborative efforts with Health Services Division including Director Dr. William Walker/staff and Mental Health Director Donna Wigand/staff.

- **Actions Related to Areas of Concern**
  1. Wrote a letter to Sheriff Warren Rupf in support of the Behavioral Health Court grant request.
  2. Passed 2009 MHC Priorities Action Plan to assist in structuring the 2009 Commission agenda.
  3. Heard report on The Medical Component in Transforming to a Recovery Oriented System and Supporting Both Consumers and Family Members by Dr. Johanna Ferman.
  4. Formed the following Workgroups: Quality of Care and Quality of Life, Diversity and Recruitment, Bylaws and Capital Facilities & Projects.
  5. Advocated for MHSA funded open positions to be filled as soon as possible working with MHA and CAO office.
  6. Advocated against the closure of beds in CCRMC Ward 4C.
  7. Wrote a letter to BOS regarding the proposed PHF and concerns about the stakeholder process.
  8. Heard report on Integrative Health Center Proposal by Dr. Karen Burt.
  9. Adopted the Mental Health Coalition Talking Points.
  10. Appointed a Commissioner to attend the CCC Transit Authority Operations and Scheduling Committee meetings and provide updates on transportation issues.
  11. Heard update on Conservator's Office by Eric Cho.
  12. Wrote a letter to key County administrators taking a position against Prop 1E.
  13. Wrote a letter to County legislators taking a position against 2009 budget cuts.
  14. Commissioners attended BOS Finance and Family and Human Services committee meetings.

- **Site Visits / Events**
  1. Received the "May is Mental Health Month" Proclamation from the Board of Supervisors
  2. Received "October 12-16, 2009 is Mental Illness Awareness Week" Proclamation from the Board of Supervisors
  3. Chair attended the CALMHBC/CiMH meeting/training.
  4. Attended the following open houses: The Clubhouse, Mental Health Consumer Concerns, and Human Services Alliances of Contra Costa.

5. Attended the Mental Health Consumer Concerns Holiday party.
6. Joint visit with Supv. Gioia to the Mental Health Consumer Concerns West County Wellness Center.

- **Governance**
  1. Held public hearing on MHSA Community Services and Support Implementation Progress Report.
  2. Presided over Public Hearings regarding MHSA Draft Component Plans.
  3. Submitted amended Mental Health Commission Bylaws.
  4. Held Special Meeting to hear community input on MHSA Capital Facilities/IT Component.
  5. MHC Capital Facilities & Projects Workgroup met with Supervisors Glover and Uilkema.

II. ACCOMPLISHMENTS

1. Saved psychiatric beds from being closed in Ward 4C at CCRMC.
2. Worked to fill vacant Commission seats by visiting MHCC Wellness Centers and encouraging consumer participation.
3. Worked to fill vacant Commission seats with specific attention to increase racial and cultural diversity.
4. Specific outreach to staff at mental health clinics, CCRMC, Detention, MHA, County administrative staff and County line staff through a Capital Facilities & Projects Workgroup Needs Assessment Survey.
5. Vice-Chair invited, as community family stakeholder, to join Dr. William Walker, HS Director and Anna Roth, CEO CCRMC at BOS presentation.

III. ATTENDANCE / REPRESENTATION

A quorum was achieved at all of the scheduled meetings of the Mental Health Commission in 2009. The following individuals served on the Commission in 2009:

• Clare Beckner, District IV, Family Member	F/Caucasian	Res. 8/2009	Attended 7/7
• David Evans, District V, Member-at-Large	M/Caucasian	Res. 2/2009	Attended 0/2
• Art Honegger, District V, Family Member	M/Caucasian	App. 5/2008	Attended 8/11
• David Kahler, District IV, Member-at-Large	M/Caucasian	App. 4/2000	Attended 11/11
• Peter A. Mantas, District III, Family Member	M/Caucasian	App. 10/2008	Attended 8/11
• Carole McKindley-Alvarez. Member-at-Large	F/African-American	App. 8/2009	Attended 2/4
• Jacque McLaughlin, District II, Family Member	F/Caucasian	Res. 1/2009	Attended 1/1
• Bielle Moore, District III, Member-at-Large	F/Caucasian	App. 11/2008	Attended 7/11
• H. Scott Nelson, District III, Consumer	M/Caucasian	App. 6/2009	Attended 3/6
• Colette O'Keeffe, District IV, Consumer	F/Caucasian	App. 10/2008	Attended 11/11
• Floyd Overby, District IV, Family Member	M/Caucasian	App.5/2009	Attended 7/7
• Teresa Pasquini, District I, Family Member	F/Caucasian	App. 4/2006	Attended 11/11
• Annis Pereyra, District II, Consumer	F/Caucasian	App. 10/2008	Attended 11/11
• Anne Reed, District II, Consumer	F/Caucasian	App. 1/2009	Attended 7/7
• Connie Tolleson, District V, Consumer	F/Caucasian	Res. 4/2009	Attended 1/4
• Sam Yoshioka	M/Asian-American	App. 9/209	Attended 3/3

Board of Supervisors Representative to the Mental Health Commission:
Supv. Mary N. Piepho — Attended 3/11

Vacancies on the Commission (3)
District I: Consumer District IV: Consumer District IV: Member-At-Large

IV. TRAINING / CERTIFICATION

- Welcomed 5 new Commissioners
- Annual Advisory Body Training

V. PROPOSED WORK PLAN / OBJECTIVES FOR 2010

(This shall be finalized during January 8, 2010 planning meeting.)

1. ***PATRICIPATE*** *in the development of programs at the site set aside for a PHF (psychiatric health facility) and/or other services/programs. This would include but not be limited to:*
   a. *Participating in the planning process*
   b. *Supporting efforts that improve post-discharge planning and timely coordination of care.*
   c. *Monitoring to ensure inpatient needs are being met.*
2. ***PARTICIPATE*** *in the planning of efforts that address the gaps in service, and support CCMH in its attempts to secure non-General Fund dollars.*

3. ***OTHER PRIORITY AREAS,*** *to be addressed when possible:*
   a. *Improvement of services to those who are dually diagnosed (substance abuse and mental illness).*
   b. *The integration of physical health into MH services.*
   c. *Improved assistance to homeless individuals with mental illness.*
   d. Care coordination for "meds only' consumers not receiving case management services.

6. ***Governance***
   a. *Presided over Public Hearings regarding MHSA Draft Component Plans*
   b. *Complete revision of Mental Health Commission Bylaws*
   c. *Review and comment on the County's Performance Outcome Data Report and report the findings to Board of Supervisors and California Mental Health Planning Council.*

Capital Facilities and Information Technology
Needs Assessment Survey Results

January 6, 2010

Executive Summary

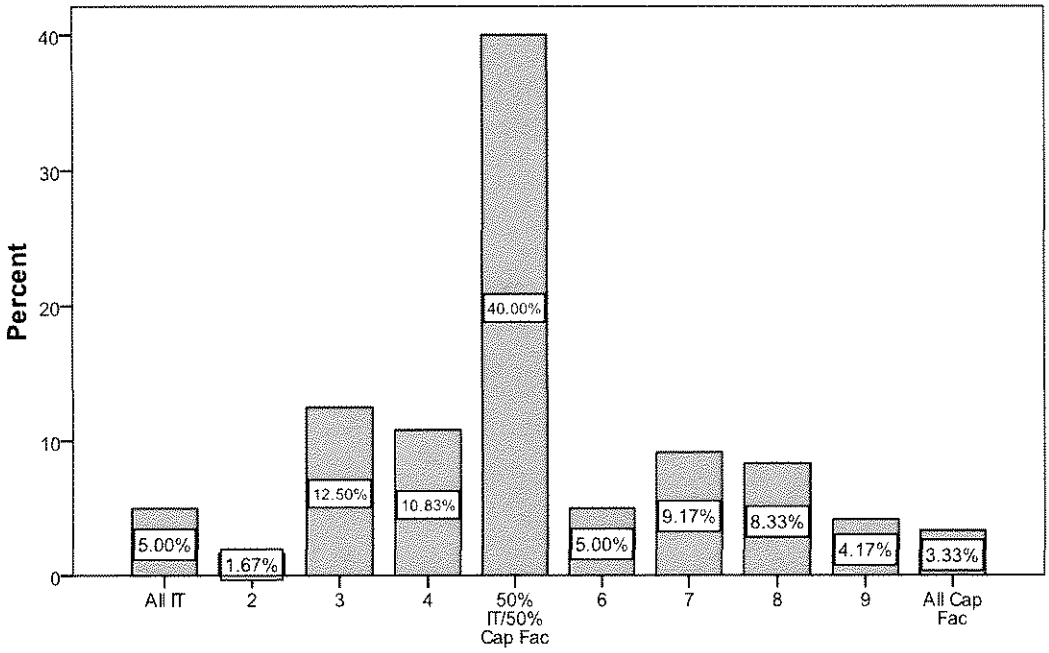
A total of 133 surveys were returned and incorporated into this analysis. Although a wide variety of county and contract agency programs responded to the survey, the vast majority of surveys (67%) were from county programs. The type of staff who responded most frequently were MFT's (17.3%), MH Rehab Specialists (9.8%), LCSW's (8.3%), and RN's (8.3 %). Over 50 percent of respondents were direct service providers and over 20 percent were support staff. Managers and supervisors of clinical services comprised another 18 percent of respondents.

Highlights of the survey include the following:

1. Regarding the first question on funding for Information Technology projects versus Capital Facility Projects, by far the most frequently stated ratio was for 50% of the funding allocation to go to IT and 50% of the allocation to go to Capital Facilities.
2. Although the range in the rank order of importance for the capital facility options was quite narrow, ranging from 1.71 to 2.57, the highest ranked option was for the Centralized Multi-disciplinary Use Mental Health Campus with an average score of 2.57 out of 3.0. A close second in terms of importance was the option for an Assessment and Recovery Center with an average score of 2.51. The third highest rated option was for a Dual Diagnosis Residential Treatment Facility with an average score of 2.37. The Children's Urgent Care Receiving and Assessment Center and the options for a Crisis Residential Facility for Adults, Older Adults, and Young Adults all clustered from an average score of 2.33 to 2.15. Again, the range between the top rated capital facility options was relatively narrow and the clustering was toward the higher end of the 1 to 3 scale, indicating respondents generally placed high importance on all these options with only some slight variance between each.
3. Location preferences seemed to cluster around two main options for each capital facility project. Respondents reliably stated a preference for the capital facility to be centralized in one location and for the capital facility to be located in all regions.

The following pages detail responses for each of the questions on the survey.

Funding for IT versus Cap Facility



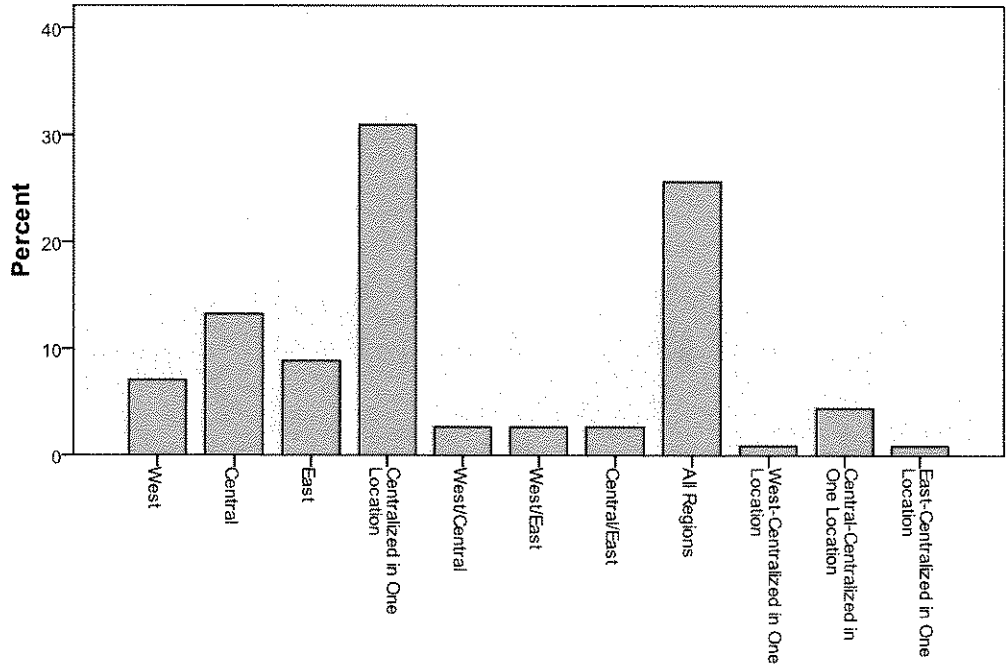
Funding for IT versus Cap Facility

Rank order of different capital facility options (3=most important, 2=medium importance, 1=least important)

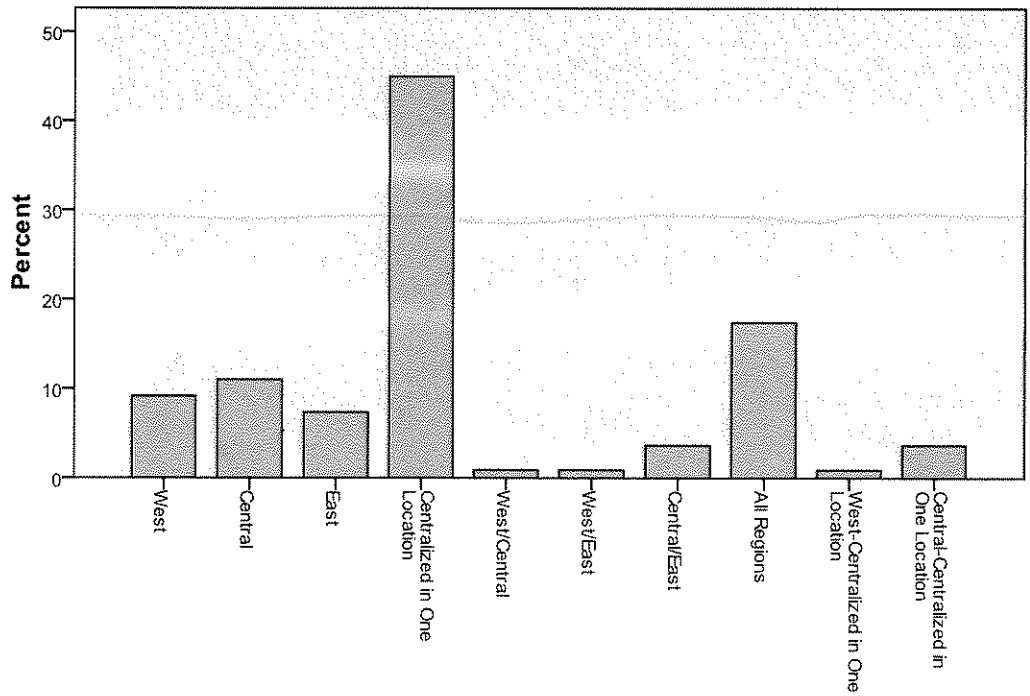
	N	Minimum	Maximum	Mean	Std. Deviation
Q2 Centralized Multi-disciplinary Use Mental Heath Campus	83	1	3	**2.57**	.752
Q1 Assessment and Recovery Center	88	1	3	**2.51**	.758
Q8 Dual Diagnosis Residential TX Facility	86	1	3	**2.37**	.752
Q3 Childrens Urgent Care Receiving and Assessment Ctr	82	1	3	**2.33**	.787
Q6 Crisis Res Facility for Adults	85	1	3	**2.26**	.774
Q5 Crisis Res Facility for Young Adults	83	1	3	**2.24**	.759
Q7 Crisis Res Facility for Older Adults	84	1	3	**2.15**	.799
Q9 Integrated MH and Primary Care Facility	87	1	3	**2.02**	.821
Q4 Co-location with other Community Svcs and Supports	84	1	3	**1.90**	.845
Q10 Peer-Operated Crisis Respite Center	82	1	3	**1.80**	.853
Q11 Permanent Facility for Wellness Center	84	1	3	**1.71**	.785

Location Preferences:

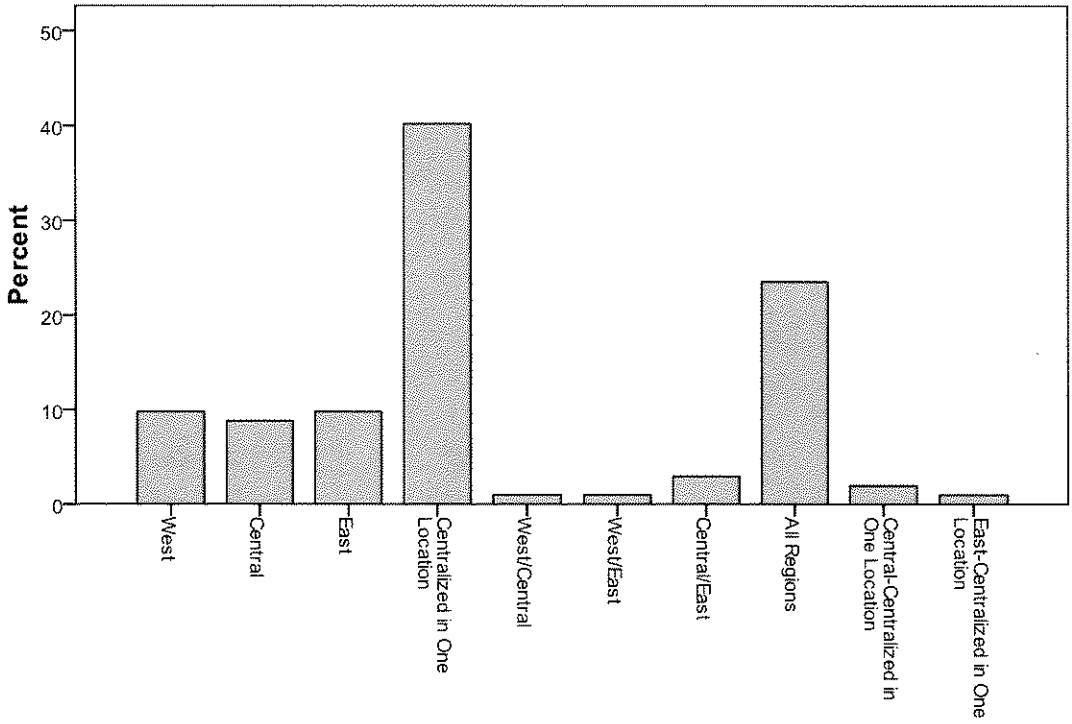
Assessment and Recovery Center Location



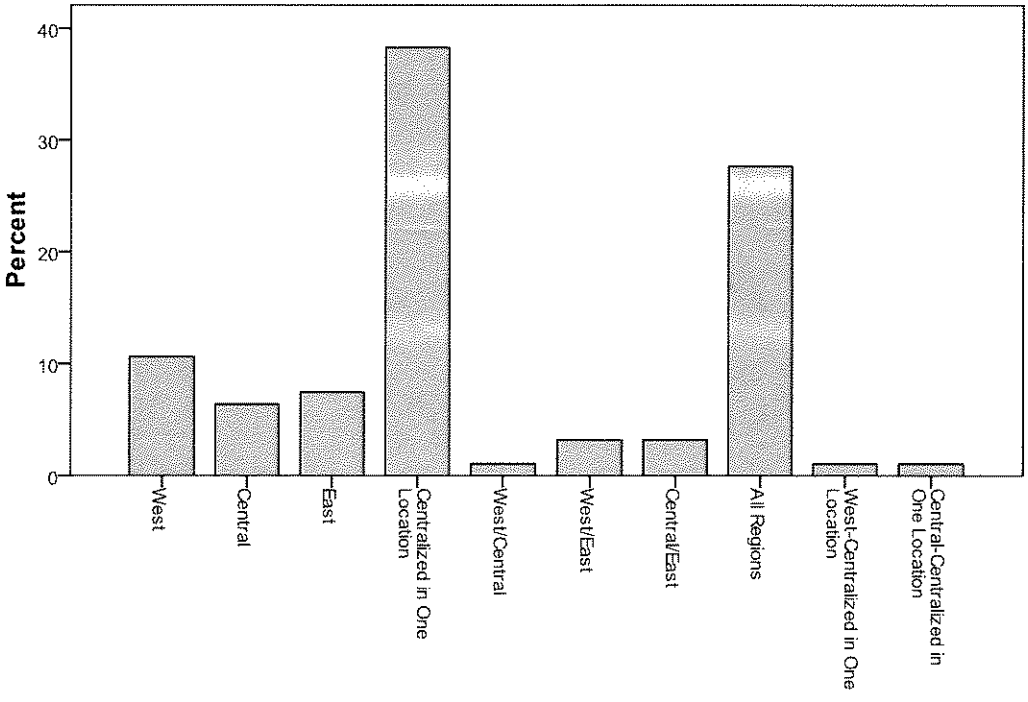
Centralized Muti-disciplinary Use Mental Heath Campus Location



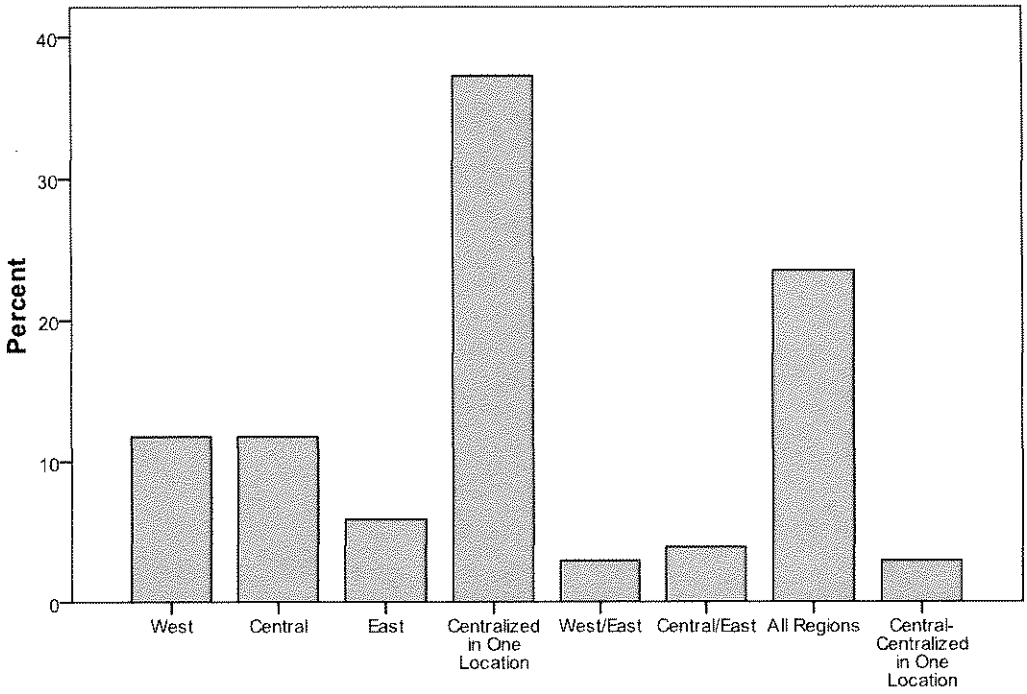
Childrens Urgent Care Receiving and Assessment Ctr Location



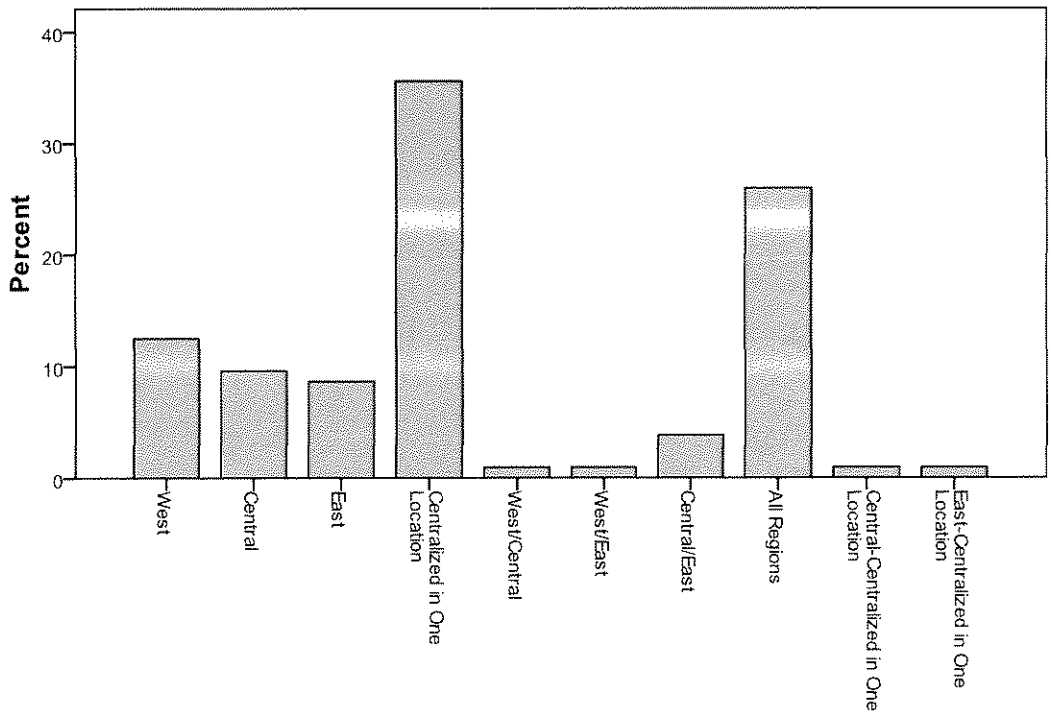
Co-location with other Community Svcs and Supports Location



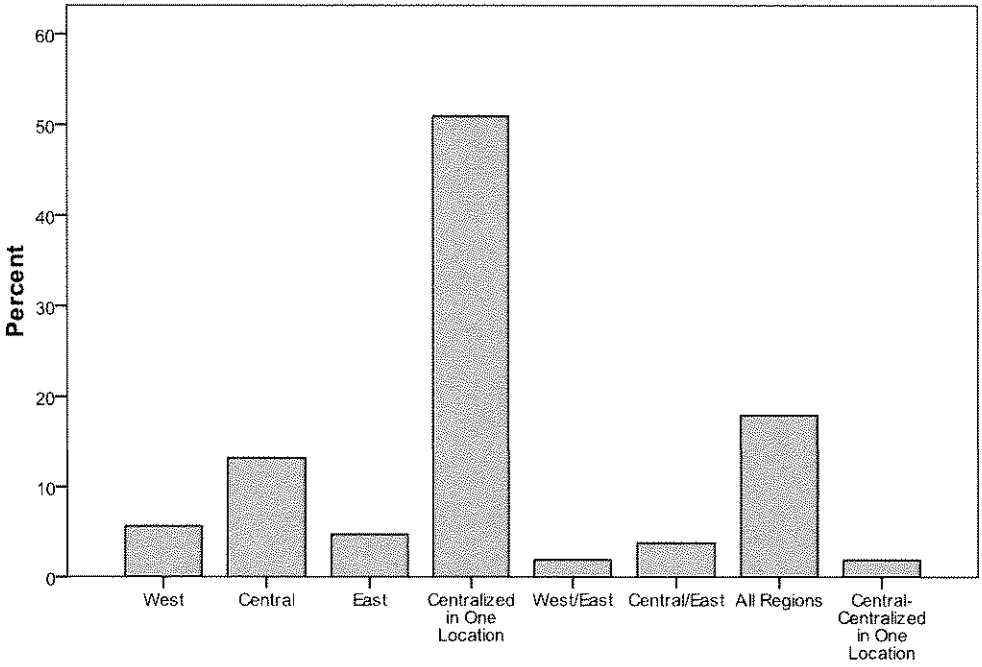
Crisis Res Facility for Adults Location



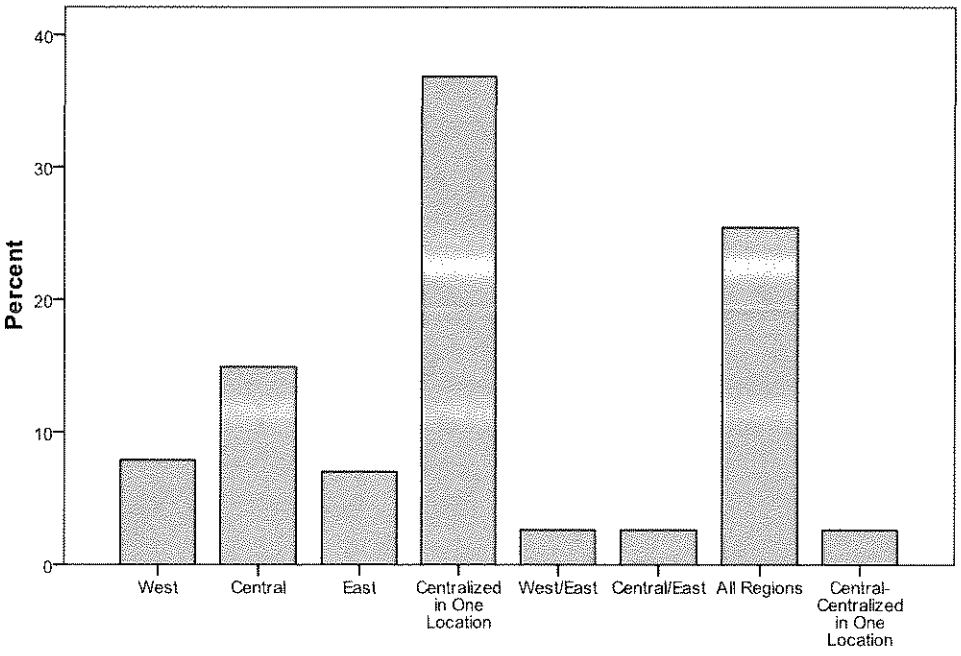
Crisis Res Facility for Young Aduts Location



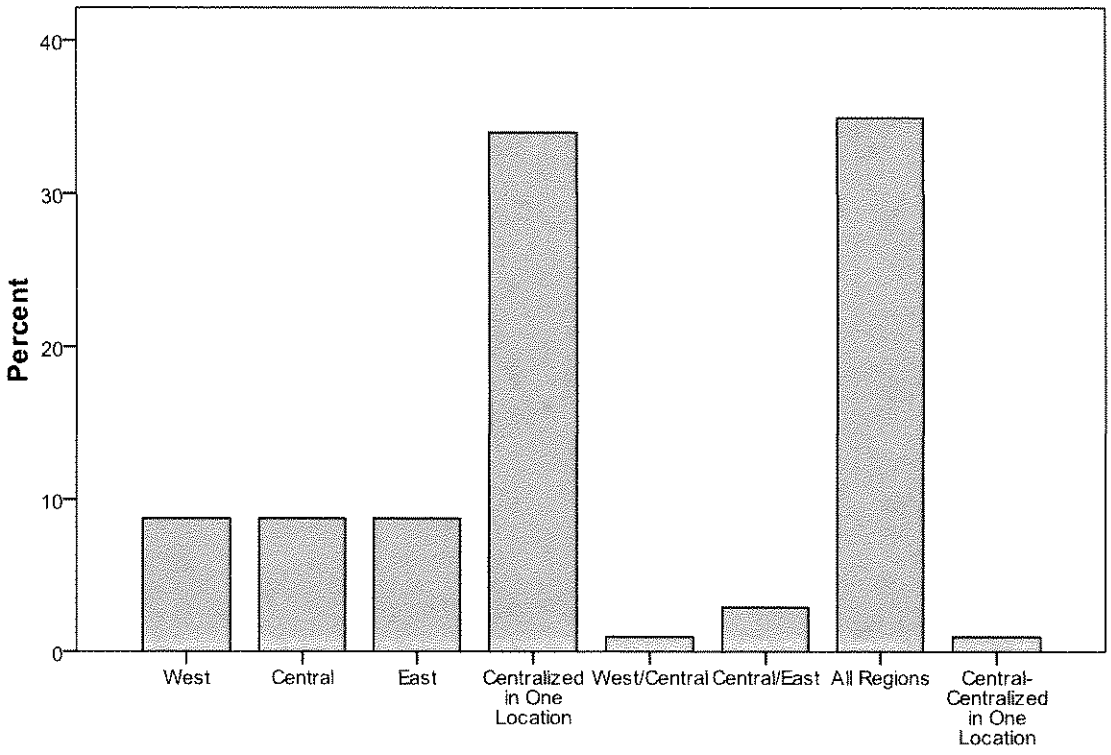
Crisis Res Facility for Older Adults Location



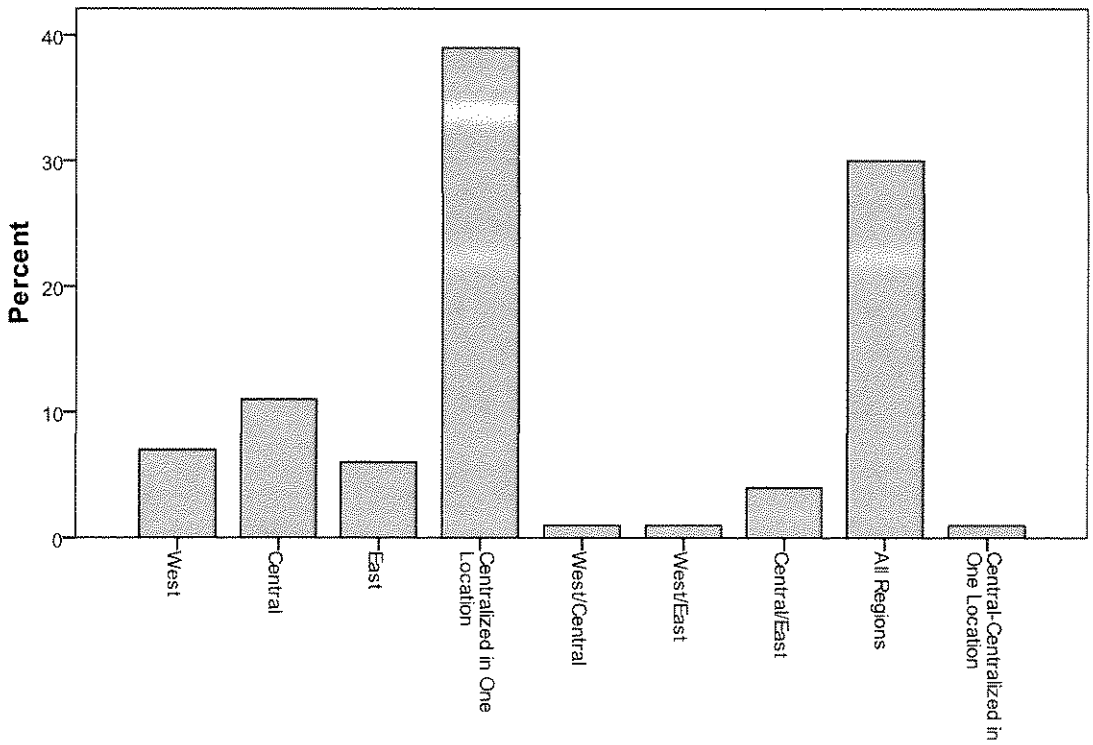
Dual Diagnosis Residential TX Facility Location



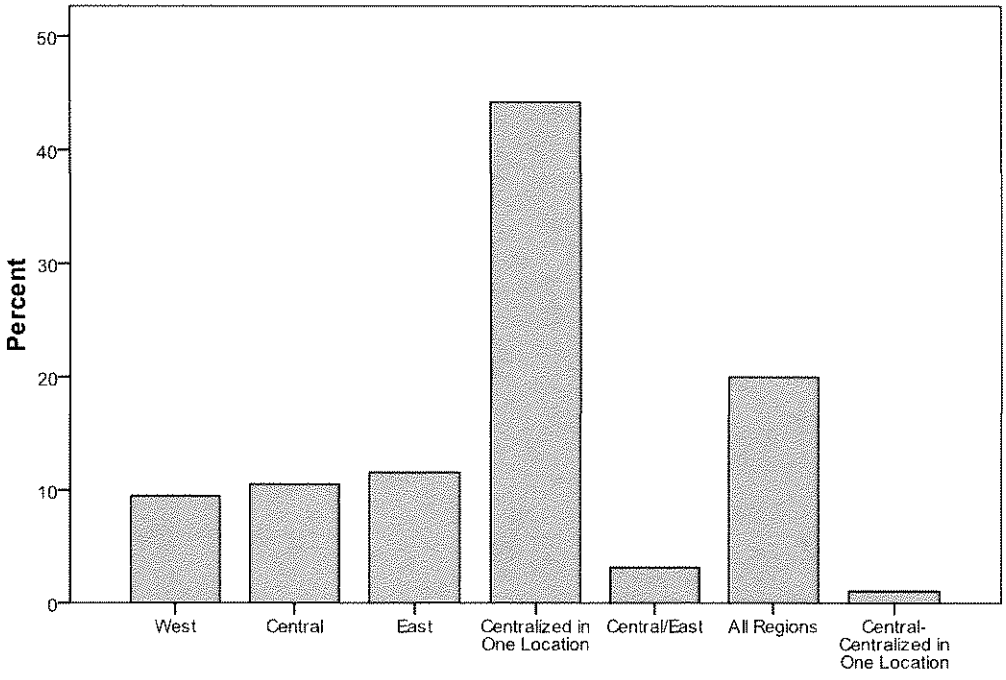
Integrated MH and Primary Care Facility Location



Peer-Operated Crisis Respite Center Location



Permanent Facility for Wellness Center Location



Idea 1 by Location

LocationDescription	*Idea1_Desc*
All Regions	The monies should be allocated to where the need are most great.
All Regions	Supported employment center
All Regions	Expansion of Mobile Response Team community with kids "CSU"
All Regions	Emphasis on drug and alcohol treatment
All Regions	Electronic Health Records/Billing and Administration System for Mental Health Services; CBOs providing MediCal services need to be full utilization/integration..not just data entry of billing.
All Regions	Transition services from foster care
All Regions	Client accessible webpage
All Regions	Mobile Crisis Unit
All Regions	Education of Elem/Middle School Staff about MH
Central	Animal rescue/Animal assisted therapy facility
Central	Add Primary care+lab services to MH clinic in Concord
Centralized in One Location	LPS Facility that will accept inmates-too many men and women decompensate in jail and are not accepted at hospitals. Jail cannot force medication. This is a serious situation.
Centralized in One Location	LPS Facility that can accept Forensic Patients
Centralized in One Location	Need an MH run stand alone Psych. Emer./Assessment Unit with at least 10 child/adolesc. beds for 2-7 day inpatient stablization.
Centralized in One Location	Dual diagnosis program
Centralized in One Location	Farm type Residential Treatment Center
Centralized in One Location	PHF
Centralized in One Location	Inpatient facility for at risk (suicidal) individuals that...
Centralized in One Location	18-60 Medical&Psychiatric Unlocked
East	Make available same day meds. Evaluation for new patients
East	accessment crises, out reach team TAY adult & older adult
East	Drop in center for y.Tay adults to get help w/needs and goals (peer counselors, computers, tutors
East	For east county inpatient/outpatient clinic/crisis facility
West	disabled housing
West	Day treatment center-young adults

Idea 2 by Location

LocationDescription	*Idea2_Desc*
All Regions	Bike sheds for clients who are bike commuters
Central	County staff run day Tx program with groups etc.
Centralized in One Location	PHF IF ECON, Feasible
Centralized in One Location	Consumer Run Housing Treatment Center
Centralized in One Location	18-60 Medical&Psychiatric Locked
East	Dual diagnosis residential
East	Residential tx or housing for M.I. Pregnant young adults and mothers

Idea 3 by Location

LocationDescription	*Idea3_Desc*
Central	Tech upgrade to allow client notes to be entered directly into an electronic file in MH.
Centralized in One Location	ARC
Centralized in One Location	Residential Housing@Works Training
Centralized in One Location	Medical&Psychiatric Locked for Older Adults
East	Dual diagnosis residential

Idea 4 by Location

LocationDescription	*Idea4_Desc*
Centralized in One Location	Crisis Residential
Centralized in One Location	Preventative Health Program
East	Electronic record IT system

Comments on Capital Facilities/IT Survey

Program	*Comments*
	I'd really like to see a 1 stop shop and get all files to be electronically...(respondent may have left off the last words)
	Referencing Peer-Operated Crisis Respite Center and Permanent Facility for a Wellness Center in the Services Needed section: "useless"
	An up to date IT system is badly needed. It will hopefully include on line appointment scheduling and emails to clinical staff from consumers/patients.
	70% of our consumers are dually diagnosed so the great need for residential dual programs in east and especially in central.
	Early diagnosis and preventive center for children from 15-25 with ability to access diagnostic testing on site in central and east county.
	I feel the IT needs are great and that this is an opportunity to upgrade the ancient tech system the county currently runs-we need a user friendly billing and medical record system with the ability to share information between providers-this will increase coordination between providers thus vastly improving and increasing care-it will also make billing much more efficient and with a much higher rate of return as the current billing system has so many impediments and glitches that prevent effective billing and reimbursement.
	With all the emergency MH sites now located in Central county and Martinez, the access for West county residents is now very difficult. Since it is nearly impossible to get folks who are in need of emergency psych services admitted we really need additional alternatives to inpatient care that are accessible throughout the county.
AB 3632	Referencing IT question: Online billing!
Adult MH Admin.	Current PSP is not user friendly. There is lots of waste both in time and paper. We need a new system which supports electronic medical records.
Antioch Children's MH	Thank you for asking for our input.
Board and Care Facility	An animal-assisted therapy facility (a small ranch) would potentially save hundreds of thousands of dollars per year in acute care (hospitalization, etc.) Costs, while costing only tens of thousands per year. A bargain.
Bridges to Home	An important IT need to be considered is for updated electronic medical records systems and billing systems. These could produce significant program savings versus costs in the long term.
CCRMC Inpatient Psych	Need to open D" side back up inpatient Psych CCRMC.
	MH Spec II's
	Awareness of Prevention and Education through out all counties. Strengthen facilities already in place/it would expand.
Child and Adolescent MH	As yet, we do not have the demand for desentralized crisis services for children, adolescents and their families. Our regional clinics do a good job of handling urgent walk-in consumers and consumers are supported in accessing CSU. Having a dedicated youth "CSU" will be very helpful and has been a missing piece of the youth and child system of care since my arrival in the county in 1987.

Program	*Comments*
Concord Adult MH	Regional Housing Mgr in each sect of county could research and track BTC. Room operations too see how they serve our clients.
	Track Health care of clients regarding Mental Health smoking, obesity, weight gain, addiction to alcohol or drugs, lack of dental care-evaluate client for vision care, insomnia, long term depression, track relapse of client.
Conservatorship	Nienka already provides an unlocked Crisis Residential for adults.
	It would be good to have residential dual diagnosis Tx facility in Central County. While Nienka exists in West-West Co. is not always a good location for dual dx treatment. An alternate in Central is really needed.
Crestwood Healing Center	Comment from the location section: For the location of the facility it's like the idea of a campus or lots of services in one location.
Custody MH	Jail has become the Tx facility of last resort. The ability to facilitate Tx while in custody, and smooth transition from custody to conservatory, will improve service to the overall MH consumer population.
Detention MH	Detention Facilities (both at West County and Martinez) needs a location, preferably a hospital to place suicidal/self-injurious individual until stabilized.
	The detention facility does not have any therapeutically viable means to provide treatment for high-risk suicidal individuals, or to maintain their safety for any length of time the system is set up for brief crisis interventions. Individual who need medications and refuse languish and regress.
East County Adult MH	The reason why I chose Central County is because it is of equal distance from other areas of CC County, so patients don't have to go from Antioch to Richmond for services.
El Portal Adult CM	The El Portal building is a sick building and extremely inadequate for the provision of MH services. We need a building designed for the provision of Adult services in West. Co. There are many problems with the El Portal building (mold, unsafe wait room, poor lighting, insufficient space for provision of services etc.)
	Re IT -currently only MD's and a few social workers can leave messages in Medi-tech-more providers should be allowed to leave messages. -the V.A. has an excellent record system -why can't there be a computer system that assists nurses with paper work involved with pharmacy refill requests.
	Case management teams could benefit from more cars.
	Summary:
	New location for MH in West Co. Yes! New records-Yes! IT More cars for case management.
Hosp/Res. Unit Child/Adol. MH	Reason for Idea #1: would save the County money and provide closer scrutiny of care, improve communication within the CCC continuum of care and reserve "other" inpatient stays for our network hospital contracts.
	Referencing IT question: would like 90% of funds to be used for Cap Fac if the land/building is directed toward a new Psych Emer. Unit (separate from current ER CSU) for children/adolescent patients.

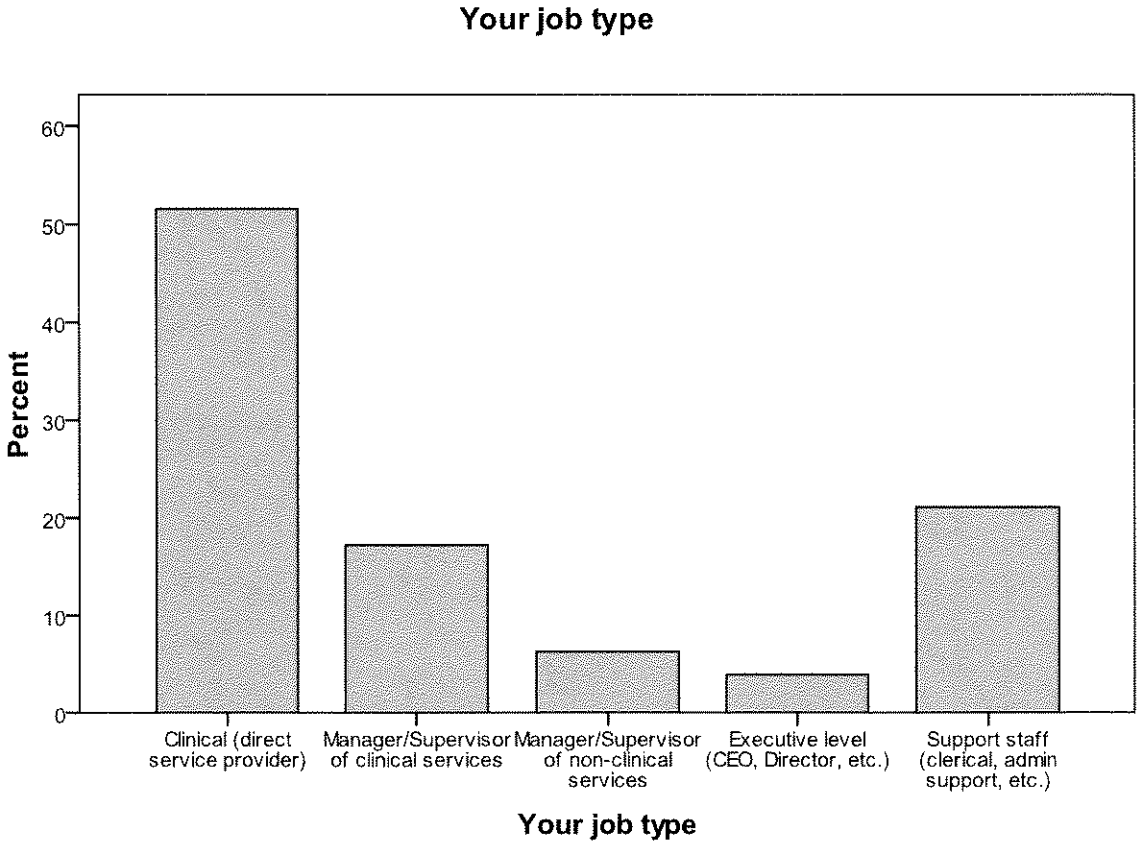
Program	*Comments*
Mental Health	Referencing IT question: Would recommend 50/50 split if funds for Cap Fac existing are used to renovate buildings for improvement/accessibility of services. IT-if this will allow services to be easier, quicker and more accessible for our clients. Referencing Your Ideas: If funding is used (capital facilities) to renovate run down buildings than I would agree more with using money equally. The MHSA funds are to be used to improve overall health care/mental health. Apply the money where its needed in each community. Housing is a big issue.
MH Admin	This survey is difficult to fill-out because the topics being addressed are involved and complicated and don't lend themselves easily to simple survery style answers. I would worry about the integrity of the results that come out of this process.
MH Admin.	Replacing our information system with a system that includes an electronic health record should be a priority. Electronic health records will be required by the Federal government within a few years. Our current information system is unable to keep up with current needs a fact that is putting us at risk from several perspectives. Capital facilities are important, too, but at this point should not be prioritized over IT.
Older Adult	In reference to IT question: I've no idea how badly the county needs new buildings. I respectfully decline to answer due to lack of knowledge. We need a new program for writing progress notes- A "check-off" system and "pull down" to apply prior information (I.e. meds, dx) to present notes. An ease for cut+paste+spellcheck. Current system is antequated. Also, other providers should have access to all notes (seamless service) very old program! I came from Marin where they used "Clinicians Gateway" program while it had flaws it was much more user friendly.
Older Adult MH	It would greatly benefit everyone if the MD/RN and other Billing/forms be put in computerized formats. It takes so long to fill out forms by hand- Much of the repetitive information could be already placed in the computerized forms.
PEI MHSA	Where is the money for the staff for the new crisis facility at 20 Allen coming from?
Rubicon Programs	Referencing Capital Facilities services ranking and location: "IT pro unable to respond." I strongly support the call for an integrated Electronic Health Records and program administration/billing system, made available to all services providers and fully utilized to measure program performance, along with managing health records and billing systems.
The Pathway	One last note for ideas. Clients work towards gradual (levels) of decreased need for support.
Vocational Services	There is a huge disparity between services in West County and the rest of the County. West County receives and has far less resources than the rest of the county.
Vocational Services	A one stop place for crisis, hospitalization, and assessment would make it easier for consumers to navigate the system. Crisis Res. for TAY is an excellent idea on in all 3 areas would be great. Young consumer will be more comfortable in their environment. Crisis res for older adults: one in centralized location.
West County Adult MH	Referencing Capital Facilities Services Needed and Location section: I would base all the above on need (based on facts) not on opinion surveys!

Programs responding to survey		
	Frequency	Percent
Blank	22	16.5
Vocational Services	13	9.8
East County Adult MH	12	9.0
Conservatorship	10	7.5
MH Admin	9	6.8
Older Adult MH	7	5.3
Seneca Center	5	3.8
Bridges to Home	4	3.0
Care Mgmt Unit and Access Line	4	3.0
Crestwood Healing Center	4	3.0
West County Adult MH	3	2.3
CBHI	2	1.5
CCRMC Psychiatry	2	1.5
Child and Adolescent MH	2	1.5
Concord Adult MH	2	1.5
Detention Mental Health	2	1.5
East County Childrens	2	1.5
Families Forward	2	1.5
Transition Team	2	1.5
AB 3632	1	.8
Access/Care Management	1	.8
Adult MH Outpatient Services	1	.8
Anka Behavioral Health	1	.8
Board and Care Facility	1	.8
Central Adult MH	1	.8
Crisis Stabilization Unit	1	.8
Custody MH	1	.8
ECAMH Young Adults 18-25 yrs.	1	.8
ECCAS/Wrap	1	.8
El Portal Adult CM	1	.8
Familias Unidas	1	.8
Hosp/Res. Unit Child/Adol. MH	1	.8
IS Information System	1	.8
MHA Ethnic Services/Training	1	.8
Office of Consumer Empowerment	1	.8
Older Adult Program	1	.8
PEI MHSA	1	.8
Rubicon Programs	1	.8
Service Integration Team	1	.8
The Healing Center-The Bridge	1	.8
The Pathway	1	.8
Transitional Age Youth	1	.8
West County Probation	1	.8
Total	133	100.0

License type of survey respondents:

Licensing Status		
	Frequency	Percent
MD	4	3.0
PhD	7	5.3
LCSW	11	8.3
MFT	23	17.3
Nurse Practitioner	1	.8
RN	11	8.3
LPT	2	1.5
Registered Intern (ASW/MFTI/PhD Intern)	6	4.5
Trainee (enrolled in Masters/PhD/PsyD Program	6	4.5
Other	25	18.8
Total	96	72.2

Unlicensed Worker Status		
	Frequency	Percent
Mental Health Rehab Specialist	13	9.8
Community Support Worker/Family Partner	6	4.5
Other	18	13.5
Total	37	27.8


Your job type
Percent
60
50
40
30
20
10
0
Clinical (direct service provider)
Manager/Supervisor of clinical services
Manager/Supervisor of non-clinical services
Executive level (CEO, Director, etc.)
Support staff (clerical, admin support, etc.)
Your job type

Area of county where you provide services

Area_West

		Frequency	Percent
Valid	No	72	54.1
	Yes	61	45.9
	Total	133	100.0

Area_Central

		Frequency	Percent
Valid	No	43	32.3
	Yes	90	67.7
	Total	133	100.0

Area_East

		Frequency	Percent
Valid	No	56	42.1
	Yes	77	57.9
	Total	133	100.0

Age Group Focus of Program:

AgeGrpChild

		Frequency	Percent
Valid	No	98	73.7
	Yes	35	26.3
	Total	133	100.0

AgeGrpTAY

		Frequency	Percent
Valid	No	70	52.6
	Yes	63	47.4
	Total	133	100.0

AgeGrpAdult

		Frequency	Percent
Valid	No	39	29.3
	Yes	94	70.7
	Total	133	100.0

AgeGrpOA

		Frequency	Percent
Valid	No	82	61.7
	Yes	51	38.3
	Total	133	100.0

Contra Costa Mental Health Needs Assessment Survey

Capital Facilities and Information Technology Funding

There is a total of $10.2 million available to the County from Mental Health Services Act (MHSA) funding that can be spent for capital facilities (such as constructing/renovating buildings, purchasing land for the buildings, etc., but does NOT include housing) and/or information technology needs (such as electronic medical records, e-prescribing, Personal Health Record, computer resources for consumers), as determined by a public planning process. In February 2009, the draft Capital Facilities and Technological Needs Component Proposal was approved by the State Department of Mental Health. The County proposed to spend $2 million for information technology needs, and $8.2 million for capital facilities. Updated research has revealed that purchasing an information technology system will cost between $5-$6 million. The County is now interested in determining how stakeholders would like to spend the $10.2 million, given that it is now more costly to upgrade the technology system.

Please read and answer the following questions based on your experience in working with/receiving services from Contra Costa Mental Health. Your answers will remain anonymous. Your responses will be used to help determine which needs will be funded by Mental Health Services Act (MHSA) Capital Facilities.

1. Information Technology

Given there is a limited pool of funding that will need to be distributed between Capital Facilities and Information Technology, please state your recommendation for the amount of funding that should go to each option on the scale of 1 to 10 below. A "1" indicates your preference for all to go to IT, a "10" indicates your preference for all to go to capital facilities, and a "5" indicates an equal allocation to IT and capital facilities

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

All IT **50% IT/ 50% Cap Fac** **All Cap Fac**

2. Capital Facilities

A number of potential capital facility projects have been identified through the planning process that are considered important and would enhance the resources available to consumers in the county. These are listed below. Please consider each and provide your recommendation on the importance of each option. A "3" indicates most important, and "2" indicates medium importance, and a "1" indicates least important.

		LOCATION OF FACILITY Check Location Where You Want the Facility (check all that apply)			
Rank 1-3	**SERVICES NEEDED**	West County	Central County	East County	Centralized in One Location
	1. Assessment and Recovery Center to include a 24/7 Urgent Mental Health Care Drop-In Center with Crisis Stabilization Services (serves all age groups other than children)	☐	☐	☐	☐
	2. Centralized Multi-disciplinary Use Mental Health Campus with Adequate Transportation (includes an Assessment and Recovery Center; 16-bed Crisis Residential Facility; Children's Urgent Care Receiving and Assessment Center).	☐	☐	☐	☐
	3. Children's Urgent Care Receiving and Assessment Center	☐	☐	☐	☐
	4. Co-Location with other Community Services and Supports to Reduce Stigma and Improve Access, Facilitate Community Collaboration, and Provide an Integrated Service Experience for Clients and their Families.	☐	☐	☐	☐
	5. Crisis Residential Facility for **Young Adults**. (unlocked)	☐	☐	☐	☐
	6. Crisis Residential Facility for **Adults**. (unlocked)	☐	☐	☐	☐
	7. Crisis Residential Facility for **Older Adults**. (unlocked)	☐	☐	☐	☐
	8. Dual Diagnosis Residential/Treatment Center Facility	☐	☐	☐	☐
	9. Integrated Mental Health and Primary Care Center Facility	☐	☐	☐	☐
	10. Peer-Operated Crisis Respite Center (i.e.Peer to Peer, Consumer run alternative to Inpatient Hospitalization, or combination of recovery and clinical-based services)	☐	☐	☐	☐
	11. Permanent Facility for a Wellness Center	☐	☐	☐	☐

Your Ideas:*	West County	Central County	East County	Centralized in One Location
1.	☐	☐	☐	☐
2.	☐	☐	☐	☐
3.	☐	☐	☐	☐
4.	☐	☐	☐	☐

*** Feel free to add any additional comments regarding Capital Facilities and/or Information Technology on the back of this page.**

About You:

You work for:

☐ County
☐ Contract Agency
☐ Other _____

Your program:

_____

Licensing Status:

Licensed
☐ MD
☐ PhD
☐ LCSW
☐ MFT
☐ Nurse Practitioner
☐ RN
☐ LPT
☐ Registered Intern (ASW/MFTI/PhD Intern)
☐ Trainee (enrolled in Master's/PhD/PsyD program)
☐ Other _____

Unlicensed
☐ Mental Health Rehab Specialist
☐ Community Support Worker/Family Partner
☐ Other _____

Area of the county you provide services:
(check all that apply)

☐ West ☐ Central ☐ East

Age Group Focus of Your Program:

☐ Children and Youth (0-15 years)
☐ Transition Age (16-25 years)
☐ Adult (26-59 years)
☐ Older Adult (60 years+)

You Are:

☐ Clinical (direct service provider)
☐ Manager/Supervisor of clinical services
☐ Manager/Supervisor of non-clinical services
☐ Executive Level (CEO, Director, etc.)
☐ Support Staff (clerical, admin support, etc.)

RETURN THE COMPLETED SURVEY BY 5:00 P.M. ON DECEMBER 11, 2009 TO:

Return by mail, county transmittal or fax to:
Contra Costa Mental Health Commission
Attn: Nancy Schott- Needs Assessment Survey
1340 Arnold Dr., Suite 200
Martinez, CA 94553
Fax 925-957-5156

Thank you!

Additional Comments related to Capital Facilities and/or Information Technology:

Or email comments to nschott@hsd.ccccounty.us

MHC/CPAW Cap Fac / IT Recommendation
1/7/10

The Cap Fac / IT workgroup understands that with any facility within Contra Costa County, there are benefits and challenges to any location. We have reviewed various information, surveys, in-person testimonies, and recommend that the MHC support a multi-disciplinary facility, located in Central County, specifically at 20 Allen. That being said, the workgroup does not support the facility and programs currently proposed by MHA, as the process excluded key stakeholders from receiving important information to make recommendations. Specifically the MHC did not receive clarification in writing on program design and financial information on proposed changes around a Children's Assessment and Recovery Center.

We further recommend that the Mental Health Commission receives a seat at all tables where there are discussions regarding the proposed facility and its programs. This would include MHA, Health Services, Hospital Administration, and Finance Department discussions, at a minimum.

The workgroup is unable to make a recommendation regarding allocation of funds to IT at this time because there is insufficient information on which to base any recommendation. Specifically, despite our requests, MHA has not informed the workgroup of a final cost estimate for the IT upgrades or alternative funding sources, and it has not given a clear picture of the overall Cap Fac budget and how any potential allocation might affect any proposed Cap Fac plans. It should be noted, however, that the results of the workgroup's survey recommends an even apportionment between IT and Cap Fac. For your reference, attached is a summary dated December 17, 2009 which shows various California counties and their current anticipated apportionment. Note that for Contra Costa, the split remains at 80% Cap Fac/20% IT, even though the MHC has received information at previous meetings that this split may be insufficient for IT needs..

We believe that we have met the goals set forth by the Commission for the Cap Fac portion of this workgroup, and would therefore recommend that the charge of the workgroup be reconsidered. Additionally, we request that the MHC authorize a member of the workgroup to present the recommendation at the Board of Supervisor Meeting 1-19-2010.

Statement

At the January 14, 2010 meeting of the MHC, the workgroup will submit the additional following information to the Commission for consideration:

- Summary of workgroup meeting minutes and major discussions and decisions.
- Summary of community and stakeholder input, as well as any surveys and results for Capital Facilities and IT, excluding the workgroup-sponsored survey, which is included with this packet.
- Summary of data regarding the Children's portion of the revised MHA proposal presented at the December 10, 2009 meeting.
- Summary of Capital/IT funding and proposals from other Counties.

Capital Facilities/Technological Needs Component

County	*Date Received*	*Date Approved*	*Total Planning Estimate*	*Capital Facilities Funds*	*% of Planning Estimate*	*Technological Needs Funds*	*% of Planning Estimate*
Alameda	4/6/2009	4/24/2009	**$16,200,300**	$8,100,150	50%	$8,100,150	50%
Butte	2/27/2009	4/7/2009	**$2,430,900**	$804,794	33%	$1,626,106	67%
Calaveras	4/22/2009	6/1/2009	**$788,500**	$408,500	52%	$380,000	48%
Colusa	2/28/2009	3/9/2009	**$788,500**	$325,559	41%	$462,941	59%
Contra Costa	1/30/2009	2/5/2009	**$10,222,200**	$8,200,000	80%	$2,000,000	20%
Fresno	8/4/2008	8/29/2008	**$11,047,300**	$5,043,660	46%	$3,362,440	30%
Glenn	6/1/2009	6/19/2009	**$788,500**	$360,500	46%	$428,000	54%
Humboldt	4/29/2009	5/13/2009	**$1,403,700**	$0	0%	$1,403,700	100%
Kern	5/22/2009	6/11/2009	**$9,417,000**	$6,000,000	64%	$3,417,000	36%
Lake	7/20/2009	8/18/2009	**$788,500**	$513,500	65%	$275,000	35%
Lassen	11/2/2009	11/10/2009	**$788,500**	$788,500	100%	$0	0%
Los Angeles	2/4/2009	2/23/2009	**$131,007,000**	$29,905,440	23%	$69,779,360	53%
Madera	2/23/2009	3/12/2009	**$1,796,800**	$1,796,800	100%	$0	0%
Marin	12/1/2009		**$2,489,000**	$995,600	40%	$1,493,400	60%

4h

County	*Date Received*	*Date Approved*	*Total Planning Estimate*	*Capital Facilities Funds*	*% of Planning Estimate*	*Technological Needs Funds*	*% of Planning Estimate*
Merced	10/7/2009	10/30/2009	**$3,135,200**	$887,738	28%	$2,247,462	72%
Mono	3/27/2009	5/14/2009	**$788,500**	$670,225	85%	$118,225	15%
Monterey	7/1/2008	7/21/2008	**$5,102,000**	$1,809,628	35%	$2,072,572	41%
Napa	9/8/2009	9/22/2009	**$1,354,900**	$1,016,175	75%	$338,725	25%
Nevada	11/18/2008	12/5/2008	**$979,200**	$639,200	65%	$340,000	35%
Orange	7/18/2008	8/15/2008	**$37,202,800**	$22,646,640	61%	$5,661,660	15%
Placer	10/1/2009	10/13/2009	**$2,991,800**	$1,944,670	65%	$1,047,130	35%
Riverside	9/16/2009	10/15/2009	**$24,126,200**	$11,548,648	48%	$6,777,552	28%
San Bernardino	12/22/2008	1/12/2009	**$23,869,200**	$10,741,140	45%	$13,128,060	55%
San Diego	3/9/2009	4/2/2009	**$37,346,700**	$13,071,345	35%	$24,275,355	65%
San Francisco	4/16/2009	5/1/2009	**$8,296,700**	$4,148,350	50%	$4,148,350	50%
San Luis Obispo	3/30/2009	4/15/2009	**$2,849,200**	$0	0%	$2,849,200	100%
San Mateo	5/27/2008	6/17/2008	**$7,279,700**	$2,215,720	30%	$3,323,580	46%
Santa Clara	2/13/2009	3/2/2009	**$21,297,000**	$7,454,000	35%	$13,843,000	65%
Santa Cruz	10/20/2009	10/30/2009	**$3,146,200**	$786,550	25%	$2,359,650	75%
Sierra	7/22/2009	8/3/2009	**$788,500**	$638,500	81%	$150,000	19%

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County	*Date Received*	*Date Approved*	*Total Planning Estimate*	*Capital Facilities Funds*	*% of Planning Estimate*	*Technological Needs Funds*	*% of Planning Estimate*
Solano	1/12/2009	1/14/2009	**$4,491,300**	$1,541,300	34%	$2,950,000	66%
Sonoma	12/29/2008	1/12/2009	**$4,917,600**	$2,917,600	59%	$2,000,000	41%
Stanislaus	5/29/2009	7/13/2009	**$5,686,800**	$0	0%	$5,686,800	100%
Trinity	3/23/2009	4/8/2009	**$788,500**	$373,000	47%	$415,500	53%
Tuolumne	12/22/2008	1/12/2009	**$788,500**	$550,000	70%	$235,500	30%
Ventura	6/30/2009	7/9/2009	**$9,319,400**	$4,213,527	45%	$5,105,873	55%
Totals			**$396,502,600**	**$153,056,959**		**$191,802,291**	

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Review of Cap. Fac. / IT Committee of CPAW

1st ***official*** meeting, Thurs. 12-17-09, 2 – 3:30 p.m.

It was announced by Tony Sanders at the CPAW meeting on Thurs, Dec. 3, 2009, that a select group of CPAW members and MHA staff had met on their own, at an invitational and unannounced meeting, to determine recommendations for the use of the 20 Allen property. Those in attendance were Sherry Bradley, Steve Hahn-Smith, Kathi McLaughlin, Ryan Nestman, Susan Medlin, Tony Sanders, Karen Shuler, and Vern Wallace. Additionally, it was noted that Brenda Crawford, Connie Steers, and Veronica Vale would be proposed members. During this meeting the discussion included:

Recommendations to CPAW were established that included a 50-50% split of CAP/IT, and that the 20 Allen property contain:

1) Crisis Assessment and Recovery services for children and youth
2) Voluntary Crisis Assessment and Recovery services for adults
3) Voluntary Crisis Residential for Adults
4) Discreet older adult services

The body of CPAW met and the above group attempted to get the members to vote to adopt their platform, however it was not accepted by CPAW. The work of the combined MHC/CPAW workgroup was nearing completion, and it was the determination that that information gathering process needed to be finalized and presented to CPAW. It was also the decision of CPAW that this committee should be opened to include others who might volunteer, and it is of note that both Commissioners Pereyra and Pasquini did in fact volunteer, yet when the notice of the meeting came out, it did not include either as members of the group. The purpose of the workgroup was presented as one which would focus on programming for service provided ***if*** a Pavilion was built at the 20 Allen site.

I attended the meeting of this group on 12-17-2009, and the main focus of the meeting was again an attempt to support the Pavilion project which CPAW had very clearly decided not to vote on. Additionally, Donna Wigand presented new information that had not previously been shared with the MHC/CPAW group. Most specifically, that disclosure was a new drawing of the proposed facility that now shows the Children's unit as a totally separate part of the building with 2 entrances, one for involuntary entry, and one for voluntary. The last presentation on this matter to the MHC/CPAW workgroup in November had described an entirely different layout, where Children's space would be separate from the adults, but there would be one central receiving area and from there, children would be sequestered.

Ms. Wigand's comment on the matter suggested a "field of dreams" concept in line with the philosophy, "if we build it, they will come." Hard data provided by Vern Wallace and Suzanne Tavano at the November meeting showed usage of approximately 2 clients per day for Children's, with further discussion to include information that the pattern of visits to the current CSU are predictable, centering around before and after school and on Sunday evenings. It was mentioned by both MHA staff that these visits revolve more

around behavioral issues than acute psychiatric events. ***(utilization handout to be included)***

Additionally, Donna Wigand stated that there had been changes in funding which affects both projects. Finance had approved changes in funding to a 20 Allen project based on reduced purchase price, and would proceed on a Mental Health facility without regard to the amount of MHSA money dedicated to that project. This decision, ***if substantiated***, would free up additional MHSA money for IT. This is new information, never before presented to the MHC/CPAW Cap/IT workgroup, CPAW, or the MHC, and has not been substantiated by any written commitment by Finance, Dr. Walker, or the BOS.

I also mentioned that the changes to the layout of 20 Allen from the original proposal provided by MHA were so dramatic, and since there had been major staffing changes because of the inclusion of county staff in the most recent proposal, I questioned the validity of responses to RFPs already received. I asked it the RFP process would need to be re-done. Donna thought that maybe there would need to be new RFPs.

Steve Hahn-Smith then presented a history and time-line for the development of the IT piece. I again asked for clarity to details included in the original survey questionnaire that stated that a robust IT system would include "future capacity to expand" in reference to Personal Health Records and Electronic Prescribing. To date, I am unsure just exactly what the $6 million dollar price tag will obtain for us, although scrutiny of MHSA expectations insures that it will include Electronic Medical Records.

The time slot for the meeting had been exceeded, 2 of the members had left for other commitments, yet there was an attempt to vote on several issues. I voiced concern that this should not happen in an after hour vote without the full workgroup present. Additionally, I raised concerns that the charge of the group, the very reason that I volunteered at the CPAW meeting was that we were to be discussing ***programming*** at any site that used MHSA CAP/IT funds, ***NOT*** to override a decision previously made by the full CPAW group.

Annis Pereyra for MHC meeting of 1-14-2010

At the 12-3-09 CPAW meeting, a report was delivered by Tony Sanders on the joint MHC/CPAW Capital Facilities/IT Workgroup. Mr. Sanders presented his perceptions of the combined efforts of the MHC and CPAW Capital Facilities/IT Workgroup. Some of his comments were based on assumptions, rumor and innuendo. Mr. Sanders reported that a sub group of previous members and attendees of that combined workgroup had met to formulate recommendations. Those CPAW representatives that met in an unnoticed, non public session were: Kathy McLaughlin, Ryan Nestman, Susan Medlin, and Tony Sanders. Their recommendations to CPAW were the following:

- Establish an ongoing Capital Facilities/IT Workgroup with the charge of bringing the peer and family perspective to the program design for both components, including increased access to services. ***This item was accepted by CPAW and the 4 CPAW members volunteered to serve on this new Workgroup. Annis Pereyra and Teresa Pasquini, both CPAW and MHC Liaisons also volunteered to serve on this workgroup.***
- Recognizing the importance of both components, we recommend the IT/Capital Facilities split be modified to approximately 50/50.***CPAW did NOT support this recommendation at this meeting.***
- CPAW strongly supports best practical alternatives to hospitalization and therefore recommends that the property at 20 Allen contain the following psychiatric services:
    1. Crisis Assessment and Recovery services for children and youth.
    2. Voluntary Crisis Assessment and Recovery services for adults.
    3. Voluntary Crisis Residential for Adults.
    4. We also recommend that discreet older adult services be included.

CPAW did NOT support this recommendation at this meeting.

A discussion considered the following:
-No documentation or evidence was presented to CPAW in advance of the meeting in order to make an informed decision.
-Questions were raised about the employment status of the CPAW reps. Tony Sanders and Susan Medlin acknowledged being staff of Mental Health Administration. Kathi McLaughlin stated she was not county staff, but failed to mention that she is a School Board Member for the Martinez School District, who is a recipient of MHSA PEI funding. Ryan Nestman did not mention that he is seeking employment, under MHSA funding as a Family Peer Supporter???. **This raises issues of self interest and conflict of interest which is an ongoing concern of MHSA Stakeholder process throughout the State and clearly identified in Rose King's Whistleblower Complaint to the State Auditor. This is a topic that the commission might consider in its planning session.**

It appeared that adversarial posturing has prevented the two groups from collaborative debate. There are claims that the charges of the two groups are different. While they have different reporting structures, their charges are not in conflict. It is unfortunate that the two groups could not reach consensus. The two Commissioner Liaisons, Pereyra and Pasquini agreed to continue to work with the newly formed CPAW Capital Facility/IT workgroup.

Report prepared 12-08-09 by Mental Health Commissioners Pereyra and Pasquini

MHC/CPAW Capital Facilities Workgroup Meeting

Date: November 16, 2009, 6:15 pm-8:15 pm
Location: Mental Health Consumer Concerns (MHCC):
2975 Treat Blvd., Bldg. C, Concord, CA 94518
Minutes – Approved 12/30/09

1. CALL TO ORDER/INTRODUCTIONS

The workgroup meeting was called to order at 6:23 by Chair Annis Pereyra

Mental Health Commissioners Present:

Colette O'Keeffe, MD, District IV
Annis Pereyra, District II - Chair
Teresa Pasquini, District I
Anne Reed, District II

Consolidated Planning Advisory Workgroup Members Present:
Tony Sanders

Staff:
Suzanne Tavano, CCMH
Susan Medlin, CCMH
Nancy Schott, Executive Assistant to MHC

Attendees:
Veronica Vale, CPAW
Dave Kahler, NAMI

Absent:
Brenda Crawford, MHCC
Sherry Bradley, CCMH

At the last CPAW meeting it was announced any member wanting to attend this meeting to see if interested in joining the Workgroup should attend. Susan Medlin is interested in being a member if the Workgroup will continue to meet. New members would need to be appointed at the next CPAW meeting, which may not be until 12/3/09. Tony Sanders asked CPAW members be allowed to attend tonight to discuss progress so far and are there any items that have been agreed upon. He is to bring back his impressions to the next CPAW meeting.

Commissioner Reed asked Chair Pereyra if there is only 1 CPAW member here if this meeting should be a more informal meeting rather than precisely following the agenda. Since there is only 1 CPAW member in attendance tonight, no new agreements can be reached, but the Workgroup can attempt to reach consensus to move forward.

2. PUBLIC COMMENT

3. ANNOUNCEMENTS

4. APPROVAL OF THE MINUTES

- **ACTION: November 2, 2009 MHC/CPAW Capital Facilities Workgroup meeting – Motion made to delay approval of the minutes until next meeting to allow Commissioner Pasquini (then Chair) time to review them. In addition two items will be corrected: 1) pg. 7 change Reid to Reed and 2) pg. 11 add Commissioner Reed is a "bit" unclear (M-Pereyra/S-O'Keeffe/P-Pereyra, Reed, OKeefe, Pasquini, Sanders, 5-0)**

5. **REPORT FROM MHA– Suzanne Tavano and Steve Hahn-Smith**

A. Update on 20 Allen St. property and new IT proposal –

20 Allen St.: Suzanne Tavano said as of this afternoon the option is still in place; no action has been taken in reduction in price; no further action taken by County. No discussion taken place on use.

She thinks the County is deciding based on price whether or not to purchase the property, then use will be discussed..

IT Proposal – Steve Hahn-Smith said Contra Costa County and 28 counties began to look for new systems in 2004 based on similar goals. Functions included billing systems, electronic health record, e-prescribing. The counties would do a joint RFP and 15 vendors responded. It winnowed down to 8. Over the years as some counties adopted new systems; the number of vendors who can provide all the services (including personal health record) winnowed down to 3 and 2 who are viable and have enough counties to make it worth CCC to go with them. Late 2008 CCC identified it vendor comfortable with that met MHSA standards. For planning CCC has had a survey, focus groups and IT survey. The component plan went out on the website with 4 parts: electronic health record, e-prescribing, computer resource availability for consumers, personal health record. They had project management resources lined up then the budget reductions hit.

Suzanne Tavano budget reduction: CCC took several large budget reductions: closure of Chris Adams and reduction of allocation to private provider network. Finance asked to reconsider an old vendor who came up with new developments and improvements on what they had shown before. Currently 3 vendors on the list: 1st vendor remains first choice, 2nd and 3rd switch back and forth.

Commissioner Pereyra asked if cost was the differential between the vendors or did different departments prefer one over another. Suzanne Tavano said the new system must be able to balance between processing medi-medi claims as main funding source, patient accounting (tracking revenue and expenditures) and clinical functionality (the part MHA is most interested in). MHA would like to see that part guide staff decision trees, treatment plans, quality improvement and quality assurance flags built in, electronic health record and personal health record for consumers as well as resource piece of it for consumers and families. Looking at all these pieces determined who the top 3 vendors were. The cost differences between the 1st and 2nd choice vendors are not so great as to make them choose a less desirable product. The costs include purchasing the product and the additional cost of replacing the existing system, writing business rules with the vendor and training of staff on new system. Finance is trying to determine the true cost of replacing the

system. The actual cost of replacement will be the same no matter which vendor is selected. It's a project management and implementation issue; the County must make sure have enough in the budget to convert the existing system to a new one. The current is a claiming oriented system, not a clinically oriented system. MHA wanted a new system that will be more clinically oriented that would allow streamlines access to the data for reports as well. Currently a lot of manpower is required to monitor claims and error correction reports. A new system will recoup the costs.

Commissioner Reed asked what component upgrades does MHSA component require. Steve Hahn-Smith said the electronic health record is the heart of the requirements, but all vendors being considered have a new billing system as part of their basic package.

Commissioner O'Keeffe asked if the non-mandated components will come from MHSA funds or the county. Steve Hahn-Smith did not know. Susanne Tavano said the original MHSA money was 2 million; no way to get an IT system for that amount. What are the additional costs for the product and what are the implementation costs? Commissioner O'Keeffe said other Health Services departments are getting county funds to augment their IT upgrades. Why can't Mental Health as well?

Steve Hahn-Smith said all 3 vendors require purchase of the practice management/billing piece as the core piece. The clinical piece (electronic health record) is added on.

Veronica Vale said Donna Wigand stated at the last CPAW meeting it would take a lot more than the $2 million that MHA had allocated for IT.

Suzanne: We really don't know what Health Services is thinking of; they are not being evasive. More budget reductions are on the way. She doesn't know much the county has to put in; how much from MHSA; it is still a balancing act. We won't really know until the cost analysis is finalized on what the true cost of replacing the system is. There is another meeting in a few weeks. Then it will be determined how much will come from each pot.

Commissioner Reed asked who is doing the analysis at the Finance level? The group includes Steve Hahn-Smith, Tony Sanders, Suzanne Tavano, Donna Wigand, IT people and Finance people. If MHSA funds are committed for only $2 million, then it doesn't really matter where the balance of a $5-6 million project cost comes from. If the total $10 million MHSA amount is viewed as being an option for funding a $5-6 million IT project, then it's less money to allocate toward other MHSA programs or facilities.

Suzanne Tavano said after the numbers are finalized, it will be a choice point. How much money total: how much from MHSA, how much from wherever else. The current system is falling apart. Commissioner Reed asked if it is decided to take all $5-6 million from MHSA funds, to whom do we tell we don't think that's a good use

of the funds. If taking that much money is not supported from MHSA, then we won't get a clinically based program and instead get just a basic, billing piece to keep the revenue coming in.

Commissioner O'Keeffe said it feels like we're being blackmailed if we don't pay the billing portion, we won't get the clinical portion.

Tony Sanders said the use of MHSA in other counties is 80% for IT, 20% clinical. CCC has come in opposite.

Suzanne Tavano said MHA wants to use the majority of the funds for programs which is why only $2 million was allocated in the first place.

Commissioner Pereyra asked who else will be using the billing package?

Suzanne Tavano said CCRMC uses the Meditech system; MHA and Alcohol/Drugs share a system. The current Meditech system cannot communicate with other systems. She used the example of a consumer in West County calling the Access Line who is then referred to the West County clinic for evaluation. What is communicated electronically on the Info System at the West County clinic is the client demographic information and service/visit history (without any clinical information included unless Tony Sanders puts a flag on the PSP system (a clinician would need to look at the PSP system to see that flag). If the consumer goes to CSU, staff is able to see only the same information as the West County clinic staff. If the consumer is admitted to 4C, staff sees the same information as CSU, but they also have Meditech. They can see the dictated notes from the attending doctor at CSU. All treatment provided during the 4C (hospital stay) is entered on Meditech. Meditech has some clinical information (dictated reports, lab reports) but not equal to an electronic health record with detailed notes where information crosses over. When discharged, must access PSP and Meditech separately. It requires person to person communication with phone calls and people power not electronic power that carries the system.

Primary care health clinics have Meditech. Meditech has been around as long as PSP, programs have been added on to the system, but still not an electronic health record. CCRMC's Meditech is ahead of MHA's system because they have added features on for increased functionality. MHA's PSP system cannot support any additional features at this point.

Steve Hahn-Smith said the new systems the county is considering have the ability to interact with other systems.

Commissioner Pereyra asked what the federal mandate is. Does the entire county system need to be upgraded by 2015. Suzanne Tavano said if we use MHSA money for IT system, the electronic health record must be upgraded. At the federal level, Medicare is driving it; with Medicaid follow suit. Steve Hahn-Smith said it s very hospital/physician oriented based around on reimbursement rewards. He is not sure where the County/Medical billing fits in with that mandate and if the County would

get hit with a penalty. The federal mandates do not correlate with the MHSA requirements.

Commissioner Pasquini said we have heard $2 million was earmarked for IT from MHSA funds; Sherry Bradley said $4-$5 million; then Donna Wigand mentioned $10-$12 million in am email. Steve Hahn-Smith said the County is seeing $5-$6 mill from vendors, 5 year cost plus implementation costs (project management, training, back-filling of employees while training, licensing)

Veronia Vale asked why there was so much discussion on money when this Workgroup and CPAW are advisory groups. Also, why hadn't the Workgroup looked at the IT survey results. Chair Pererya said there are 2 reasons: 1) we have not had one pot of funds covering 2 issues before (cap fac and IT). Since we have to juggle, it is more complicated and 2) feedback from Sacramento the MHC is empowered to be responsible for oversight of MHSA funds. Once the MHC realized they had that oversight responsibility, it required expanding the Commission's efforts.

Commissioner O'Keeffe said we need to know how much money we have in order to prioritize based on available funds.

Commissioner Reed said regarding the IT survey results that may not have been reviewed yet, this joint commission set up in September; the workgroup is still in the fact gathering stage and are not ready to advise yet. Sherry Bradley said as part of a year-end report, she will compile all the surveys, focus groups, etc. from this year and we will have access to them to make sure we have seen as much information as possible.

Chair Pereyra said the Workgroup originally involved discussions with Donna Wigand about the psychiatric health facility and we didn't know the capital facilities and information technology funds were in 1 pot of funds and that this pot of funds is a one shot deal. There will not be any additional funding coming from MHSA for capital facilities and information technology.

Commissioner Reed suggested moving on to review Workgroup's charge and the viability of the Workgroup.

There was no public comment.

6. CHAIR COMMENTS

A. Review Workgroup goals and expectations: Chair Pereyra asked if we the MHC and CPAW are going to continue to work together or separate. Tony Sanders stated after receiving Kathi McLaughlin's letter, at the end of the last CPAW meeting, there was a discussion. If CPAW decided to leave the Workgroup, Tony Sanders wonders if there could be some closure on items that were agreed upon.

Susan Medlin said if we disband, CPAW would need to have a committee since they are responsible for overseeing the MHSA funds. What is the point of having 2 separate committees working on the same issues?

Commissioner Reed said both groups need to have clear direction and goals to avoid working at cross purposes. Although no decisions will be made tonight, what goals and ideas can be taken back to both MHC and CPAW as recommendations for moving forward.

Chair Pereyra: Both Capital Facilities and IT are in limbo without a clear indication of what will happen with the property and IT. Consult original work group charge and continue to gather information so the Workgroup is ready once direction is given. Commissioner Reed feels the data needs to be gathered before a wish list is compiled.

Susan Medlin asked Steve Hahn and said the issue was too complicated for a survey; focus groups are better to elicit information from consumers.

Chair Pereyra said what Suzanne Tavano said tonight was the first clear indication as to how problematic the medical records system is within the County. She is offended to think MHA is not getting what other departments are getting regarding IT.

Commissioner Pasquini: Department of Mental Health wrote a letter to the MHC that they were pleased to hear about CPAW and MHC working together. They were going to earmark the County so that when a request for funds comes, they will look to see how collaborative it was. Everything is a moving target. She thinks it makes sense to keep going as a workgroup, but not until we know what information we have and not reinventing the wheel.

Commissioner Reed recommends 3 goals:
1. gather all the information available, including survey results.
2. to review what is missing and determine the best way to gather what is missing.
3. go back to MHC, let them know what we have/what is missing and how the Workgroup would like to gather what is missing.

Tony Sanders said one frustration he heard from CPAW was the feeling it was fine to gather information, but time was passing and things are happening. Can some updates or midterm recommendations be provided to CPAW and MHC? For example, he has heard that IT, 20 Allen and the need for a place for children are all priorities. Chair Pereyra feels the Workgroup has been waylaid because various members of the group are sheltering ideas for their favorite items. Commissioner Reed would like to address goals and data gathering for the workgroup, not what we will do with the data yet. Commissioner Kahler asked what the timeline is? Commissioner Reed said Sherry Bradley returns tomorrow and she wants a single list with all the surveys, documentation for members of the Workgroup to access.

Veronica Vale asked if the minutes from the previous Cap Fac Workgroup chaired by Art Honegger been available to the Workgroup? They have been discussing alternatives for 6-9 months.

Commissioner Pasquini said we've already seen the focus for the Workgroup. She has attended most of the meetings since 4/08. There is no needs gap analysis that prioritizes what the County needs for the different geographical sections. Other counties have been working on prioritizing needs for 3-5 years; we don't have years to do this. MHSA gives advisory groups more clout than previously held. She has never seen feedback from CBO staff and county staff on what they think would be good use for capital facilities funds and feels it's important we hear from them as well. We've had some consumer focus groups and community forums. It was clear at the last CPAW meeting that IT is important.

Chair Pereyra: For those not at the last CPAW meeting, they heard from Rubicon; it is extremely difficult to get any info on FSP's without many phone calls and leaving messages. They hoped CBO's were going to be considered when the IT system is designed. It would be better to be able to go to a computer and access the information. After initial funding, never any follow-up by the County to see if CSS funds were being used most effectively and in January 2010, another pot of CSS funds is available and must be distributed without having really resolved previous issues.

Commisioner Reed asked Commissioner Pasquini if the only piece missing is the asking for staff feedback? Teresa said the consumer/family member groups were an attempt at community planning, but mainly focused on presenting the PHF. Commissioner Reed wants to make sure we are moving forward; that the Workgroup doesn't come back in a month, after issuing the survey to staff only, and say the consumer/family member information wasn't valid and still needs to be addressed. She would like to go back to her 3 recommendations and workgroup goals. Do we have the information from all the sources we need and if not, how do we get it? She doesn't want 20 Allen St. to come up in January 2010 as a viable and the Workgroup isn't prepared to address it because we haven't gathered enough information.

Tony Sanders said CPAW might be more prioritizing than MHC; MHC has more of an overall mental health system priority. Tony has heard IT, Children's services, regional services for people in crisis are all priorities. Commissioner Reed said Sherry Bradley's report is due by the end of the year and the compilation of surveys, focus groups is only a part. Maybe if we asked her, she could make the compilation a priority. Unless we know what has been done before, we may wasting time repeating something. Tony Sanders said everywhere IT questions asked, it seems to be important.

Commissioner Pasquini said the difference between CPAW and MHC is CPAW thinking about what to do with the MHSA funds to assist the Mental Health Division. MHSA is supposed to be about transforming the entire system. MHC is supposed to think about transforming the entire system.

Tony Sanders said CPAW is supposed to be composed of stake holders and hope to transform the mental health system not just help the Mental Health system. Do things actively need to be done or are things revealing themselves as we go on? Commissioner Reed said yes, things are revealing themselves, but is that information getting to the Workgroup so that when we are asked to advise the MHC, we will be prepared?

Commissioner Pasquini wants CPAW to know how much work has gone on gathering information. When she met with Dr. Walker last week, she expressed her frustration that everything is a moving target. He would like information, but the information the Workgroup and MHC receives keeps changing.

Commissioner Reed asked how is this discussion getting us toward goals to take back to MHC and CPAW to say "here is our direction" - measurable goals, deliverables. No recommendation to vote on 20 Allen. Moving target.

Chair Pereyra said the Workgroup's goal is to make sure that the proper process was followed in gathering information from the community and whatever decisions we recommend there was a consensus of support for those ideas from the community. Tony Sanders asked if once we receive all the information, will this Workgroup be able to say generally something is a priority (ie. IT) or will it need to say spend a specific amount of money for each priority. Chair Pereyra felt the Workgroup would not need to indicate a specific amount of money. Commissioner Reed reminded the group about her recommendations for gathering information noted on p. 5

Commissioner Pasquini recommended endorsing Commissioner Reed's goals on p.5 and taking them back to CPAW. CPAW doesn't meet until Dec. 3. Commissioner Reed mentioned we could send those goals via email. Susan Medlin suggested CPAW members may want an affirmation of 20 Allen and reserve it for Mental Health, but can decide after all the information is gathered what specifically to do with the property. Commissioner Reed said that is second after gathering data. First we need the information, second is what we do with the information, etc.
For example, who is going to contact Sherry Bradley and find out where the list is? Who is going to make sure everyone has copies (or access to them online) on the list? When is the next meeting? What is the expectation from members of the Workgroup (ie. Studying or preparation prior to the next meeting)? When are we going to meet and discuss the gaps in information? When are we going to brainstorm how we get the gaps filled?

Nancy Schott asked how do we gather information at the same time as 20 Allen is ticking away possibly culminating in a vote at the 12/10/09 MHC meeting? Are those 2 processes tied together?

Commissioner Reed said we have a vote if that is what is requested and also say the Workgroup is proceeding in this fashion and on this timeline. Whether or not the 20 Allen option is exercised, the Workgroup's work still proceeds.

Tony Sanders asked if this Workgroup has an interim recommendation he can take back to CPAW. Is it IT, children's crisis and regional sites for crisis. Commissioner Reed suggested the interim recommendation is the Workgroup has attempted to develop goals and objectives that are measurable that are in line with MHC's mission statement and see what CPAW says. CPAW hasn't given a lot of indication what they are looking for; is there a commitment from CPAW they want to continue? The Workgroup is not willing to vote on 20 Allen yet, especially since the services included on the original proposal may not be included now. Susan Medlin felt CPAW would like to know that the 20 Allen property can be reserved for Mental Health.

Chair Pereyra asked if there could be any valid information to be gained from holding consumer focus groups? We are already planning to get information from staff and CBO's. Commissioner Pasquini asked to have Steve's recommendation on whether the survey should be used to gather information from staff.

B. Discuss differences between MHC/CPAW Capital Facilities Workgroup and CPAW: responsibilities and objectives – No discussion.

C. Review issues that arise when funding is linked together for Capital Facilities and IT rather than separate funding for each type of project – No discussion.

D. Public Comment- None.

7. BRAINSTORM

A. gaps in system and needs – No discussion

B. Possible alternatives to find solutions within current structure – No discussion

C. Public Comment - None

8. FORMULATE RECOMMENDATIONS FOR NEXT STEPS

A. Status of questionnaire/survey draft "fine tuning", proceed with survey, whether consumer groups are required and procedure for distributing survey to staff, CBO's and community.
B. Further actions as directed form the 11/12/09 MHC monthly meeting – No discussion.
C. Public Comment

9. REVIEW MEETING OUTCOMES/SET NEXT MEETING DATE

Public Comment: None

10. ADJOURNMENT

The meeting was adjourned at 8:15 by Chair Pereyra

MHC/CPAW Capital Facilities Workgroup Meeting - DRAFT

Date: November 2, 2009, 6:15 pm-8:15 pm
Location: Mental Health Consumer Concerns (MHCC):
2975 Treat Blvd., Bldg. C, Concord, CA 94518
Minutes – Approved 12/30/09

1. CALL TO ORDER/INTRODUCTIONS

The workgroup meeting was called to order at 6:10pm by Chair Teresa Pasquini.

Mental Health Commissioners Present:

Colette O'Keeffe, MD, District IV
Annis Pereyra, District II
Teresa Pasquini, District I – Chair
Anne Reed, District II

Staff:
Sherry Bradley, CCMH
Cindy Downing, CCMH
Julie Freestone, CCHS
Steve Hahn-Smith, CCMH
Susan Medlin, CCMH
Suzanne Tavano, CCMH
Vern Wallace, CCMH

Absent:
Kathi McLaughlin, CPAW
Tony Sanders, CPAW

Consolidated Planning Advisory Workgroup Members Present:
Brenda Crawford

Attendees:
Floyd Overby, Mental Health Commissioner
Dave Kahler, NAMI
Connie Steers, MHCC

2. PUBLIC COMMENT

There was no public comment.

(Julie Freestone gave an update on the 20 Allen St. property; see agenda item 4A.)

3. REPORT FROM MENTAL HEALTH ADMINISTRATION

A. Children's Proposal – Vern Wallace

In addition to the adult's unit in the new psychiatric pavilion, there would be a children's unit comprised of crisis intake (for 5150's), urgent walk-in center for families, mixed staff of mobile response team along with County Staff and a crisis residential 23 hour facility (no PHF for children). It would be similar to a 23 hour facility that Alameda County just put in place, Willow Rock. This type of program would allow most children to go home with their familes after being stabilized. Currently there isn't a children's unit at CSU and children's advocates/staff have always been working toward this type of unit. This model relies on processes already in place, transition kids back home and reduce rate of hospitalization; the rate for hospitalization for kids known to the Children's system of care is quite low. Most of the children coming into the CSU are not known to the Children's system of care. Suzanne Tavano passed out a handout listing Assessment and Crisis Stabilization Unit intake numbers per month separated by age group. The proposed integrated

model is quite successful, ie. Alameda County has diverted 65% of children from hospitalization, sending them home with family. While Alameda County has a children's PHF (for hospitalization) across from Willow Rock, Contra Costa County has other resources to handle the hospitalization piece. Our county doesn't currently have the interim step of containment and full assessment during 23 hour period. Suzanne Tavano stated that there are approx. 2-3 children seen per day and the original feasibility study from a year ago factored in separate component areas for children and adolescents.

Commissioner Pereyra asked if the design calls for cubicles (without actual walls) vs separate space from adults? Vern Wallace the 23 hour hold would require separate, quiet space away from the unit. More of a self-contained kids' unit.

Commissioner Reed asked if vacancies would be used for adult overflow. Vern Wallace said if there were no kids on the unit, he didn't see why not. Suzanne Tavano said there are times at the CSU when there is no one there and times when there are 6-7 people there; over a 24 hour period there may be 16-18 people seen: 2 or 3 being children, 1 or 2 being older adults, the rest being adults. It is not an even flow. The pattern of children's visits to CSU is more predictable, centering around before and after school and Sunday evenings. Vern Wallace envisions different staging areas based on different needs. Different types of staff (mobile response and CSU staff) are available with the County staff making the call on hospitalization.

Commissioner Reed asked if Vern Wallace's preference is for a central or regional location? Vern Wallace said due to pattern of visits, no need for regional centers and operational costs for 3 centers.

Suzanne Tavano requested the Workgroup disregard the section "adults hospitalized on 4C" on her handout because it reflects Medical, Medi-medi and the uninsured. She is still putting together the numbers for Medicare and privately insured.

Chair Pasquini asked if this was a part of the original RFP. Vern Wallace replied there were 2 proposals submitted that included children. Chair Pasquini asked when this particular plan come up as it wasn't part of the original proposal. Vern Wallace said he wasn't sure when it came up with this particular RFP, but the previous Children's committee and CATF has been paving the way and expressing the need for a Children's Intake Unit.

Chair Pasquini said when the original 20 Allen St. proposal was accepted in concept, there was strong advocacy around a children's intake unit. She recalls when the original MHC Cap Fac Workgroup asked about a children's intake in the Original 20 Allen proposal, it was said "was not going to be considered". She wonders when it was put on the table. The CATF has only been formed recently. Vern Wallace replied he didn't recall, but the demand has increased significantly in the last 2 years. Is this new information? Suzanne Tavano said it is a problem for children and adolescents to be in the CSU. Children's needs have been understood for many years, specialized services for the age groups understood, resources provided and only the space and logistics (full walls, partial walls, etc.) weren't discussed. Those specific issues are the ones recently fleshed out and articulated. Only the opportunity to expand on previous discussions has been missing.

B. Older Adult - Suzanne Tavano said when the numbers of patients by age group are studied, for 60+ there may be only 1/day or less; separate programming would be available, but not a separate unit for the 60+ group. We need to be sure the resources are available for them. There are Older Adult teams now in place and their presence will be reinforced. MHA has always been aware of the

specialized needs required by this group and they have been considered, but the opportunity to discuss where it might lead hasn't been there before.

4. **ANNOUNCEMENTS**

A. Julie Freestone, CCHS – (comments given before the presentation by Vern Wallace). CCHS Department moved on their intention to acquire the property at 20Allen. Due to falling market value, the Board of Supervisors was concerned about the listed price for the property and asked Health Services to negotiate a new price with the owner. Owner refused initial request and has until Friday 11/6/09 to come back with a reasonable offer. If the owner does not come back with a counter proposal acceptable to the County, the County may walk away from the property. Regardless of the outcome of the 20 Allen St. property, survey would still serve a purpose if only for input on how to spend MHSA funds.

B. Chair Pasquini - Dave Kahler sent a request to Chair Pasquini for four motions to be placed on the 11/12/09 MHC agenda. An email requesting something similar had also been previously sent to MHC Chair Mantas and he replied that any vote on 20 Allen come through this Workgroup. At the 10/19/09 Workgroup meeting Chair Pasquini asked if the Workgroup wanted to vote on 20 Allen at that time and felt she heard a "no, minds have not been made up" along with the wish to continue the Needs Assessment. The motions were sent to Dorothy Sansoe for recommendation; her responses pertained mostly to those items he is requesting be placed on the 11/12/09 MHC agenda, but the 3rd item could be considered by the CapFac Workgroup.

As submitted by Dave Kahler, the 3rd item requests "the CPAW/Capital Facilities Workgroup continue on an indefinite basis with support from the Commission and Mental Health Division to do research and develop information for the Commission. Dorothy Sansoe replied via email if the action is taken based on the way the request is currently worded, it would change the Workgroup to more of a Standing Committee since the time period for the workgroup would be indefinite. It would also be up to CPAW whether to continue the relationship. These are 2 groups getting together over an item of mutual concern and must agree to continue the relationship.

Chair Pasquini felt the only item to be discussed at the Workgroup was the 4th item. As submitted by Dave Kahler, it requests "the Commission put the proposal regarding the 20 Allen Street project on the November 12, 2009 meeting as an action item." Chair Pasquini attempted to confirm if Dave Kahler wanted the Workgroup to vote on the 20 Allen project. Dave Kahler replied all 4 items were addressed to the MHC. Chair Pasquini replied since the Workgroup's charge was to determine options for Capital Facilities, one of which is the 20 Allen project…(she wasn't able to finish her sentence). Dave Kahler stated it was his intention to undo that and that the MHC inadvertently voted away on the largest project that's come along in Mental Health for years. Some people who aren't on the MHC are literally in a decision-making capacity and we are under the gun. The schedule would all change if the property is no longer available after Friday, but if we assume things are going along as they were, everyone had their eye on the December 31st real estate expiration of the option. That was never the operative factor in deciding the use for that site. The intention of the people who had that responsibility (Dr. Walker, Pat Godley and others) was to purchase the property and if the Mental Health system, speaking through the MHC, wasn't interested in it, then it would be used for other purposes because it was contiguous to the hospital campus.

Dave Kahler addressed his motion requests to the MHC because wanted to speak at the meeting in an attempt "to persuade them to ignore and disaffiliate itself from any kind of a commitment of

going and researching and developing information (which he feels should go on on an indefinite basis) but it shouldn't be coupled with the destiny of the largest Mental Health project we've ever had in the history of the county." He wants them to take a vote on the 20 Allen St. project as it was presented by Dr. Walker on 9/3/09. There has been much information collected, but it has been 10 weeks since that meeting and he feels time is passing by. If the current MHC doesn't want to be the one that lost the largest project proposed, the MHC must act by 11/12/09, not December. That will be his argument to the other commissioners.

Chair Pasquini stated she understood that, but that he needs to understand a vote cannot happen at the MHC unless the Workgroup decides it can happen. Dave Kahler stated he thinks it can if the MHC cuts its relationship to the Workgroup. He feels the Workgroup can continue the work it's doing, but it should not have decision-making power on this or any other project. Chair Pasquini stated a motion was made, and seconded by Dave Kahler, at the 9/3/09 meeting authorizing the Workgroup. Dave Kahler stated 10 weeks had gone by and a lot had changed. Chair Pasquini stated there was no timeline given. Dave Kahler replied "we can change all of that. On November 12 we can change everything. The majority of the Commissioners are going to do what they choose to do."

Commissioner Reed made the motion at the 9/3/09 meeting and feels CapFac Workgroup is not in a "decision-making capacity", only "advisory" group to the MHC. Maybe the Workgroup can come up with recommendation for the Commission regarding Dave Kahler's proposed agenda items for the 11/12/09 MHC meeting. As a way to bridge between what she hears Dave Kahler and Chair Pasquini saying, an option might for the Workgroup to consider whether it has enough information make a recommendation to the MHC or is there no recommendation at this time. As an advisory group, the MHC welcomes non-commissioners part of the workgroup who add a richness of expertise to the discussion. Any vote taken by the Workgroup is an advisory one about how the "minds sitting around this table" felt 20 Allen St. should be approached.

Dave Kahler said if it is coupled with 20 Allen St., then it is realistically a decision. If the MHC commits itself to "we're not going to do anything unless then they have locked themselves in, we shouldn't do that."

Commissioner Reed said her understanding from the 9/3/09 meeting was not that whatever the Workgroup comes back with will be rubberstamped. The MHC created the opportunity and empowered the Workgroup to gather and analyze information, look and discuss options and then get back to the MHC on what their advice is, whether there is total agreement or dissenting views. The Commissioners will take that as one piece of information and decide at some point (whether it is November or whenever) about the 20 Allen St. project or about other options.

Commissioner Pereyra stated the mandates to Prop 63 are what is the source of the workgroup. When they went back and looked they could not find any source of community input that discussed a project of this magnitude that the County had put forth for the use of the Capital Funds. They went to Sacramento and asked about the oversight and accountability, who is responsible when there hasn't been proper community input. It came back that each county's Mental Health Commission or Mental Health Board was held responsible for oversight of anything that happens with the MHSA. During all the community and stakeholder meetings she attended, there was not one person who requested a psychiatric pavilion. Nor was there ever a formal community meeting that discussed Capital Facilities. She didn't know Information Technology money was linked with Capital Facility money, nor did consumers she interacted with to gather input. They were not aware

there was a juggling of funds within the chunk of money. The Workgroup was formed to get information about the Capital Facilities money and the process was opened up to go back to the community so the community would have the opportunity to give their input into what they wanted the Capital Facilities money spent on. It is not an authoritative decision made from the top. The whole MHSA process was developed to allow for community input. That's why the MHC voted to open it all back up again and collect the community input and the Workgroup hasn't finished the collection yet.

Dave Kahler is concerned the collection hadn't even started yet and 10 weeks have passed.

Commissioner Pereyra stated we've been waylaid in going back and throwing out the baby with the bathwater.

Commissioner Reed read Dorothy Sansoe's comment on Dave Kahler's request on the 4th item to put the 20 Allen St. project to a vote at the 11/12/09 MHC meeting: "it may be in conflict with a prior action of the Commission, to refer discussion to the workgroup and wait for their feedback.'

Dave Kahler thinks the MHC would be able to make changes at it went along. He hopes so.

Commissioner Reed suggested the Workgroup discuss and provide feedback (whether definite or not; she doesn't believe the "feedback" noted in the 9/3/09 motion to form the Workgroup had to be "definite") on where the Workgroup stands back to the MHC. That would meet the requirement and allow Dave Kahler's proposal to be placed on the 11/12/09 agenda and the Workgroup could move on to the work tonight of discussing the survey.

Floyd Overby asked if any other proposals been presented in this group in the last few months other than this one.

Commissioner Reed said this is her 3rd meeting and they have talked primarily about the survey. Developing ways to get information from a variety of sources in order to look at options.

Chair Pasquini said let's keep all this in mind as we go through the discussion. It's not an action item so action cannot be taken tonight. We can try to figure out a way to consider Dave Kahler's feelings and suggestions.

Dave Kahler stated we have other Commissioners that want to vote on 20 Allen.

Chair Pasquini asked if we did.

Dave Kahler replied yes, we do.

Chair Pasquini asked if he was violating the Brown Act in discussing it?

Dave Kahler said no, because he was speaking in a public meeting. He is not intimidated at all by the Brown Act...having been there, done it. But no, there are other commissioners...

Chair Pasquini stated she didn't expect him to be intimidated, but it's something we have to be mindful of and to respect.

Dave Kahler said we certainly do have to be mindful of it, but speaking for himself, he knows of other commissioners, without violating anything, who would like to vote. They have sufficient information at this time and would like to be given the opportunity as the mandate and responsibility of the Commission to do that.

Chair Pasquini stated the mandate of the Commission is to consider the law and consider the alternatives that were presented and there weren't any.

Brenda Crawford asked if there were there never any meetings where it was publicly discussed about the proposed psychiatric hospital? She found it difficult to believe there weren't any meetings that issue didn't come up as part of the MHSA planning process.

Chair Pasquini stated it was presented to the MHC in April 2008 as a done deal. Prior to that, there was no pre-discussion or pre-community planning meetings. It was presented by Dr. Walker as a budget reduction process. Initially the proposal was to close 4C and CSU and we were going to build the 20 Allen St. project. She didn't recall if the MHC had approved it in concept prior to that or not. It wasn't until after that presentation that the stakeholder groups met; she believes Donna Wigand's first stakeholder group was in October 2008. Commissioner Pereyra added it was a stakeholder group of selected people. Chair Pasquini stated this is old information, already reviewed for 3 hours at the 9/3/09 meeting, and she wanted to get back to the agenda. She stated the motion forming the Workgroup was made and seconded at the 9/30/09 meeting and she understands Dave Kahler's mind has changed. He replied so have others.

Commissioner Reed clarified she hasn't changed her mind because her mind wasn't made up to begin with. She brought up her involvement in the 9/3/09 meeting is that Dorothy's email stated the only way to get Dave Kahler's request to vote (and allegedly other Commissioners') on the agenda is for the Workgroup to give feedback that will opens up the opportunity for a vote by the Commissioners. She asked if she was misunderstanding Dorothy Sansoe's point?

Chair Pasquini stated she thought "feedback" would be an agendized item on this vote in her mind. She wanted clarification if Commissioner Reed thought it meant the Workgroup could talk about it tonight and make a decision? Commissioner Reed's understanding of feedback is the Workgroup gives the MHC some status report on where they are and a sense of what the timeline is....she decided to back off. She was trying to accommodate what she understood the charge of the Workgroup was as well as the stated desire of a Commissioner, Dave Kahler, to have a vote or discussion at the 11/12/09 Meeting and to integrate that with what Dorothy Sansoe has advised the Workgroup has to do in order to open the door for 11/12/09.

Julie Freestone said she has spoken to Dorothy Sansoe and Julie thinks if this Workgroup would like to bring back interim feedback to the MHC, that would be fine. There was nothing that said the only time the Workgroup could come back would be if there was a decision.

Chair Pasquini stated the Workgroup has been on the MHC agenda every month for the last year. It will be again next month. Is the Workgroup going to put it on the agenda as a vote? It's something the Workgroup would need to discuss. Commissioner Reed said she hasn't been proposing that. She's been very careful to discuss feedback so that any vote would happen, according to Dave Kahler's proposal, at the 11/12/09 MHC meeting.

Julie Freestone clarified she feels Dorothy doesn't feel a vote can be taken on 11/12/09. It can be put on the agenda, like it's come back each meeting, and the Workgroup could give a status report. Unless the Workgroup decides at tonight's meeting to send it back to the MHC for a vote and it is listed as an action item for a vote, it can't be an action item for a vote unless the Chair decided to ignore what the group is doing. If the group decides tonight it's not ready to make a recommendation, it can't be an action item because the MHC charged the Workgroup with coming back with a recommendation. If the Workgroup report was on the agenda, the Commissioners discussed it and the proposal for a vote was made, it could be listed for action at the following meeting. Dave Kahler clarified Julie meant the December meeting? Julie Freestone said yes and agreed with Dorothy Sansoe that it would be in conflict with the prior action. The MHC asked this Workgroup to come back with a report and presumably a recommendation.

Dave Kahler asked if the MHC could reverse itself?

Julie Freestone said following the progression of this process that unless the Workgroup says tonight they want it on the 11/12/09 agenda as an action item, then the Workgroup can only report back on the status (ie. we finished the survey, we are sending out the survey, etc.) and then the Workgroup is not recommending a vote. It could be discussed at the 11/12/09 MHC meeting and agreement reached to list it on the agenda as an action item for the next month's meeting and we are going to move forward no matter what the Workgroup says. The decision can be undone, but not at the November meeting because the group would have to make a recommendation.

Dave Kahler asked if the MHC could "wipe the slate clean" and vote on 20 Allen and asked if any anyone doesn't want the commissioners to vote?

Chair Pasquini stated she does not want to vote on 20 Allen until she finishes the charge made to this Workgroup to do a Needs Analysis and Needs Assessment as presented to the full Commission and members of the public on 9/3/09. While other counties had several options on how to spend their MHSA capital facilities monies, Contra Costa only had one. While Dave Kahler may think that one option is great, there may be other people in other parts of the county that don't think so.

Dave Kahler said to let the commissioners vote. Chair Pasquini stated they will get to vote, but not at the 11/12/09 meeting. Dave Kahler is concerned the site may not be available by the time the procedures and process plays itself out. Chair Pasquini stated she asked the Capital Facilities Workgroup members at the 10/19/09 meeting if they wanted to vote on 20 Allen at this meeting and she heard no.

Brenda Crawford stated the Workgroup had heard opinions from both Dorothy Sansoe and Julie Freestone regarding the process and it was time to move on.

5. APPROVAL OF THE MINUTES

- **ACTION: October 19, 2009 MHC-CPAW Capital Facilities Meeting – Motion made to approve the minutes. (M- Reed/S-Pasquini/P-unanimously 5-0)**

6. CHAIR COMMENTS

A. Julie Freestone was invited to help in facilitate the meeting.

B. Request IMD, CCRMC, and all acute hospitalizations Budget for Mental Health.

The MHC Capital Facilities Workgroup had asked for this financial information to help them determine if the project makes sense. The information hasn't been received to date.

Suzanne Tavano: It's important to formulate the questions so when the data draws are performed the data answers the questions being asked. Could the questions be refined (ie. a certain point in time, a year, a certain facility, insured vs. uninsured?)

Julie Freestone asked if the question is how much does it cost to hospitalize?

Annis Pereyra said the bottom line, as she remembers it, is that union employees' labor costs (salaries, benefits, retirement) were too high at 4C and/or 4D. To continue to indebt the county based on union contracts that require the unit be fully staffed at contract level whether the bed census was full, half-full or empty was not feasible. Other hospitals, including John Muir Pavilion, are able to house a patient at a much lower cost than at CCRMC. That was the driving force behind the proposal to contract out to another company to house county patients in a psychiatric pavilion (PHF). She feels the mental health patients are being placed in a facility with reduced type of staffing because it's more cost effective than leaving them at CCRMC.

Julie Freestone asked if that helped Suzanne. Suzanne Tavano asked if the group want to know the cost per day?

Chair Pasquini said things have been asked many different ways. The Workgroup has heard CCRMC is $1,600 per day. Suzanne Tavano replied the published rate is $2,200 or $2,400.00/day. Commissioner Pereyra's notes agreed with that figure vs. approx. $1,000/day at the JMMC Pavilion.

Suzanne Tavano replied that is the published rate and the Medical SMA daily rate is $1,050. Any cost above the Standard Maximum Allowance (SMA) rate is county dollars. Care at CCRMC is higher than at private hospitals and would be higher per day than the cost of a PHF. Mental Health does want 4C to be there, but for every county dollar spent toward that, there is less money for outpatient care. Out of the $12 million in county dollars, about $8 million goes to support the difference in cost between the SMA and daily rate at CSU/4C. There was discussion that Medical only reimburses half of the SMA daily rate and what that really means to the county, but it was tabled because of the need to move on to the survey discussion.
Julie Freestone suggested refining the question for Suzanne or if Suzanne could determine what financial information might be useful for the group. Chair Pasquini remembered Supv. Piepho mentioned financial information at the 9/3/09 meeting and financials were discussed at the 10/8/09 MHC meeting. She was looking for what Mental Health spends on contract facilities, on CCRMC, etc.

- **<u>TO DO:</u> Sherry and Suzanne to bring back the information on what Mental Health spends on contract facilities and CCRMC to the Workgroup. Is this accurate?Don't know, this has been an ongoing debate/discussion.**

- **<u>ACTION:</u> No action was taken.**

C. Acknowledge receipt of current list of county owned properties.
The MHSA guidelines require that capital facilities projects be on county owned property. It has been asked if the county already has property available for a project rather than purchasing new property. Square footages for each property were listed.

Sherry Bradley said the reason there aren't many vacant county properties left is that every department is being asked to move out of any leased facility when the lease is up and move into county owned properties to save money. Muir Road was on the list, but another department may have already identified it wants that space.

7. QUESTIONNAIRE/SURVERY DRAFT

A.. Report on Questionnaire/Survey timeline delay.

Julie Freestone stated the reason for the survey was to explore options and get some additional, comprehensive community input. Steve Hahn-Smith is here as a survey expert and has some comments on the survey. Also, there was some issue whether or not to include IT information in the survey. The survey was ready to go out, then issues came up that caused Chair Pasquini to feel it would be better to discuss the survey one more time and have final input.

Commissioner Reed acknowledged Sherry Bradley and Susan Medlin's efforts to create the survey.

Chair Pasquini stated that Dorothy Sansoe had advised her to ask the group to set aside the previous meeting's survey motion. Julie Freestone suggested that if the survey is reviewed and discussed and a new deadline set, then there might be not be a need to set aside the old motion since the new motion would in effect. Chair Pasquini clarified that procedurally she needed to ask the Workgroup members who were present on 10/19/09 (Brenda Crawford, Chair Pasquini and Commissioners O'Keeffe, Pereyra, and Reed) to consider setting the previous motion aside and reopen the discussion to consider the IT component. There was some confusion on Chair Pasquini and Commissioner Pereyra's part as to what they heard the motion was and what they agreed and voted on. Julie Freestone understood there was some confusion about if everyone understood the one pot of capital facilities funds included both capital projects and IT and if IT should be included on the survey.

B. Review Guidelines for the IT Component (Enclosures 1 and 3) and CCC Plan (Component Exhibit 4) submitted to DMH.

C. Hear Report and recommendations from Steve Hahn-Smith on survey process and IT data and info.

Steve reviewed the survey and passed out his comments:
Conceptual & Analysis questions: topics discussed are complicated, would be wary of sending the survey out to a group who may or may not know the system very well. His preference would be to give the survey in conjunction with an educational setting to put the survey in context. Some of his comments were: Are the options presented in the survey able to be sustained staff-wise? Are we obtaining a representative sampling? Concerned the IT part could be confusing. In terms of ranking the data, the options shown will be what most people select from and any "other" comments won't score highly, because no one else knows about them.

Commissioner Reed asked if proper representation would be able to be determined since the census (age, zip code, etc.) was being captured. Steve Hahn-Smith responded we would have to be very diligent about surveying a cross section of people. Is it possible to deal with the "other" responses. by taking them and reviewing them in narrative form. Those responses wouldn't be lost, but not ranked.
Commissioner Pereyra mentioned there is always a bias, even if a survey is presented in an

education/assisted setting. The material is difficult for a lot of people.
Commissioner O'Keeffe stated the wording of the survey is not consumer friendly; she sees that as being a barrier to getting proper representation. There would probably need to be assistance provided to the consumers when taking the survey.
Susan Medlin asked 2 staff consumers to read survey. Comments included: too wordy, too confusing, too much jargon, difficult to understand if the person had difficulty focusing or was lower functioning. Possibly focus groups could be used. If consumers were sent out to clinics to assist, they would require training on how to assist uniformly at all clinics. Or possibly could re-word or simplfy.

Brenda Crawford said it's very difficult to understand, the MHCC consumers would have not had an easy time taking the survey. How did the question on the permanent location for The Clubhouse as opposed to other organizations get on the survey? Sherry Bradley responded someone in the workgroup requested it. Maybe the peer-run operational model of The Clubhouse should be listed rather than the specific organization. Commissioner O'Keeffe stated if there is going to be a Clubhouse model, there should be some sort of subsidy for those who are unable to afford it currently.

Suzanne Tavano said to have people voting on a particular type of facility that requires a particular type of program when there is support for that program in the current plans or budget may be confusing. Respondents may think if they vote for that type of facility, the program will be provided as well. Chair Pasquini said she didn't think there were funding streams for everything at 20 Allen either.

Julie Freestone said she was hearing there was a question about whether or not this survey was too complicated to be sent out and receive back reliable data. Also there was the issue of the IT funds being part of the single pot of funds. There wasn't a lot of discussion with stakeholders on how the original pot of funds was split between Capital Facilities and IT.

IT:
Chair Pasquini wasn't able to attend Julie Freestone's presentation to CPAW in June and was troubled to hear that the issue was tabled in July. There wasn't an initial stakeholder discussion on how to split Capital Faciilties & IT money. She brought that up at the first Workgroup meeting and the Workgroup decided that IT should be part of the needs analysis.

Susan Medlin stated the wording needs to be meaningful (ie. if you spend X amount of money on IT, then it will mean X amount less for Capital Facilities), but she thinks IT should be part of the survey.

Commissioner Reed stated her motion at previous meeting is for only Capital Facilities. Her opinion remains the same. Adding IT component adds further confusion to the survey in making it more incomprehensible.

Commissioner O'Keeffe: Suggests that the second option for Question #3 read "No I don't want to spend that much money because it would take $ from the Capital Facilities programs."

D. Questionnaire/Survey Draft: Julie Freestone suggested several options.

Option 1: refine it to make it more valid as a survey and user friendly

Option 2: as good as it gets; send it out with a few, minor revisions
Option 3: report back to the MHC that CPAW should take up the question of what to do with the MHSA Capital Facilities funds because the Workgroup isn't getting anywhere.
Option 4: Revisit 20 Allen proposal once find out if property is still there.

Susan Medlin said the survey has gone from 1 page front and back to 5 pages. Someone will probably need to sit with a consumer when filling it out and the longer the survery, the less chance of having it filled out.

Commissioner Pereyra asked that the headings go on each page.

Sherry Bradley received two Capital Facility Workgroup resignations from CPAW members: Ryan Nestman and Kathi McLaughlin. The CPAW agenda will have an item to discuss the future of workgroup: withdraw, recruit, etc.

Chair Pasquini said she isn't sure the survey will be able to be done. If there is such a time pressure and there aren't CPAW members, except 1, the collaborative effort is gone, it should go back to the MHC. Incumbent on MHA to inform and educate the public on MHSA Components; not CPAW or MHC. She doesn't feel it's happened.

Brenda Crawford asked to suspend bias around various models – combining services at one location does not necessarily mean a lower level of care. Integrated model, combination of consumer driven and clinical based model work very well other states. Consider transformation, working together to provide fullest spectrum of services. How are services combined in other areas/states and how do they work? What are the statistics on them? How can this money be creatively used to enhance the services provided.

Connie Speers said she has worked as patients rights advocate at PHF; with good staffing and management, it worked very well.

Commissioner Reed said she is a bit unclear. With the addition of the IT portion, the survey is still basically the same as was agreed upon at the last meeting. How did we go from the survey being a usable document to the survey to maybe we shouldn't even use the survey.

- **ACTION: No action was taken.**

Julie Freestone said now that the Workgroup has heard from Steve Hahn-Smith how the survey is flawed and a discussed that the survey is too complicated. Let's take an informal vote, amongst those able to vote, on whether or not to proceed with the survey.

Vote:
Proceed with survey, as is. Anne
Proceed with survey with slight modifications: Annis
Proceed with revisions (simplify and defined): Collette
Not send the survey: Teresa and Brenda.

Suzanne Tavano restated Steve Hahn-Smith's comments were about the reliability and validity of the survey and the Workgroup will decide whether they want to send out the survey given his opinions.

Brenda Crawford stated after any modifications to clarify the language have been made, we're probably looking at 2-3 weeks to train consumers to administer the survey. What about organizing meeting to talk to consumers rather than a survey, She isn't sure if the survey will get the information the Workgroup was originally seeking.

Commissioner O'Keeffe would like to have a survey that doesn't require explanation to take. The consumers who will take the survey at a center are a fraction of the total number of consumers. Brenda Crawford said that was why they were thinking about having consumers at the clinics. Commissioner Reed said we could make sure the pool of consumers came from many different sources.

Julie Freestone said there are 2 issues at this time: 20 Allen St. property and the timing of the MHSA funds. Sherry Bradley said if funds aren't spent by the deadline, they revert back to the state, where they remain for a time. She thought we had 3 years and the guidelines were issued sometime in 2008, so we should be fine.

Sherry Bradley said Steve Hahn-Smith suggested conducting focus groups with selected individuals who represent various groups or populations. Focus groups could be organized fairly quickly. Commissioner O'Keeffe stated the previous focus groups were only told about the psychiatric pavilion and the other options were not given equal presentation.

E. Set new timeline for questionnaire/survey and include plan for an assessment of the Survey results and financial analysis of choices.

Julie Freestone asked who would be simplifying the survey. Sherry Bradley said she was not able to devote any additional time to developing the survey. Brenda Crawford said she was finished with the survey as well.

Chair Pasquini said she would be letting MHC Chair Mantas know she was resigning as Chair of the Workgroup and will discuss with him whether or not she will remain as a Workgroup member.

Commissioner Pereyra asked if changes could be made to the survey and sent out to the Workgroup for review

Steve Hahn-Smith suggested using the survey as the basis for the focus groups. Brenda said that previous focus groups were asked questions, and gave their experience with the current system and their thoughts about the new proposal.

Commissioner O'Keeffe remembered the previous focus groups were selected individuals presented information about the psychiatric pavilion and there should be broader input.

Commissioner Pereyra stated the survey was not only intended capture consumer input, but for the front line county employees who work with consumers, CBO's, providers, family, etc.

Susan Medlin said the challenge is to make the survey simple yet accommodate what the Workgroup is trying to ask.

Commissioner Reed suggested the survey (with small modifications) be used in focus groups for the consumers and sent out to all others. Commissioner O'Keeffe is concerned the focus groups

narrows in on to too small a fraction of people. Commissioner Reed is concerned we are not moving forward. Sherry Bradley suggested sending out the survey to everyone, including consumers, then as a supplement conduct focus groups to reach out to consumers.

Sherry stated that unfortunately, she would not be able to contribute any more of her time or energy in survey; other aspects of her work have begun to suffer and while she supports the efforts of the Workgroup, she will not be directly working on the survey any longer.

Julie Freestone pointed out that the meeting had already run 20 minutes over, and the group was not yet ready to set a new timeline for the questionnaire.

- **ACTION: Commissioner Reed made a motion for individuals to report back to MHC and CPAW respectively, with the group progress so far and ask what the original charge of the group was. Chair Pasquini seconded the motion; there was no vote taken.**

The question was raised whether or not the workgroup should have another meeting to discuss the survey. Commissioner Reed replied yes, with the contingency that the meeting be organized in advance, with clear goals for moving forward. Commissioner O'Keefe and Brenda Crawford agreed with Commissioner Reed. Chair Pasquini said she was done with the survey. Brenda clarified that while she felt organization and clear goals would be important for a next meeting, she did not want to work on the survey any further.

8. **REPORT INFORMATION ON ANY NEW PROPOSALS FROM STAKEHOLDERS**
None.

9. **HEAR MEETING OUTCOMES/SET NEXT MEETING DATE**
The next meeting was not announced.

10. **ADJOURN MEETING**
- **ACTION: A motion was made to adjourn the meeting at 8:40 pm. (M-Reed/S-Crawford/P-unanimously 5-0)**