Contra Costa Mental Health Commission
Monthly Meeting
February 11, 2010
Minutes – Approved 3/11/10

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:30 pm by Chair Peter Mantas.

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

Commissioners Absent:
Supv. Gayle Uilkema, District II

Attendees:
Bob Britton, Local 21
Dr. Michael Cornwall
Brenda Crawford, MHCC
Suzanne Davis, Conservator/Public Guardian
Kay Dericco NAMI (part of the meeting)
Lynda Gayden, CC Regional Health Found.
Tom Gilbert, Shelter Inc.
John Gragnini, Local 1
Robert Heaston
Anne Heavey, NAMI
Ralph Hoffman, NAMI
Rollie Katz, Local 1
James Kenshalo
Sandy Kleffman, CC Times
Jan Kobeladoa-Kegler
Sharon Madison, NAMI
Mariana Moore, Human Services Alliance
Connie Steers, MHCC
Janet Marshall Wilson, JD, MHCC

Staff:
Donna Wigand, MHA
Vern Wallace, MHA
John Allen, MHA
Susan Medlin, MHA
Suzette Adkins, Supv. Bonilla's office
Dorothy Sansoe, CAO
Dr. Johanna Ferman, HSD
Sue Pfister, HSD

Introductions were made around the room.

2. PUBLIC COMMENT.

Connie Steers: 1) Peggy Harris and Ryan Nestman are new co-chairs of the Contra Costa Network of Mental Health Clients. Meetings will rotate through different sections of the county; next one will be at the MHCC East County Wellness Center in Antioch. Focus on advocating to retain MHSA funds and housing outreach. 2) Update on unlicensed board and care homes; one

positive outcome in one East County home, but still pursing positive resolutions with the owner and staff. Had a recent situation with a West County consumer going from one of the worst housing situations to one of the best in West County; a good outcome.

Janet Marshall Wilson: 3 issues: 1) public comment at 1/14/10 public hearing re: master leaser and background checks. MHCC has met with Shelter Inc. and background checks are now being conducted and multi-party leasing agreements will be signed so all parties to subsidized housing and MHCC patients rights advocates can communicate when appropriate. 2) A Contra Costa Housing Coordinator should be hired as soon as possible to advocate on the issues of sub-standard and problematic unlicensed board and care homes. 3) The upcoming Kaizen event: she hopes all individual patients will be given privacy and dignity.

Chair Mantas asked if Dorothy Sansoe was aware of the status of the Housing Coordinator. She offered to look into it; Chair Mantas said that would be appropriate.

Ralph Hoffmann: Spoke on parliamentary procedures at meetings and Roberts Rules of Order. Offered a handout on chart of procedures of Motions to assist the Chair, especially when a contentious motion is presented.

Linda Gayden: At the 12/10/09 MHC meeting, Dr. Karen Burt gave a presentation on integration of primary care and behavioral health care that generated a discussion on the co-location of services at the Concord clinic. She wanted to clarify the funding for the integration of services came from the San Francisco Foundation through the Contra Costa Regional Health Foundation. She worked closely with Dr. Johanna Ferman on that funding and continues to work to secure additional funding through the CCRHF to possibly expand the services at the clinic.

3. **PRESENTATION ON BEHAVIORAL HEALTH UNIT – Dr. Johanna Ferman**
(PowerPoint handout follows minutes)

Transformation of Community through Integration of Behaviorial Health and Primary Care

The absence of behavioral health services in ambulatory health system results in untreated mental illness and substance abuse combined with primary care health issues. Dr. William Walker, Director of HSD, has charged her with building services into the primary care facilities that haven't been there before, combining primary health, mental health and substance abuse care. Reduced access to services, stigma as a barrier to acknowledgement of mental health issues and separation of primary/behavioral health issues into separate "silos" contribute to fragmented system we currently have.

During the past 20 years people have entered the mental health system with untreated serious issues (resulting in crisis and hospitalization) due to lack of behavioral health integration with primary care at the earlier stages. Poor outcomes, tremendous costs and severe dysfunction are the results. Reasons for hope within the County include advocacy for primary health care for clients with serious mental illness, organizations such as NAMI, research to reduce stigma, newer medications, neuroplasticity of brain, and early intervention into psychosis. Commissioner O'Keefe mentioned the importance of consumer advocacy groups advocating for stigma reduction.

There are several mental health system doctors who are working 15 – 20% in primary clinics beginning the steps toward integration of services. Dr. Ferman and Dr. Burt are working together to develop a spectrum of integrated health/wellness interventions at the preventive end of the spectrum to reduce the influx of patients to CSU and ER. Currently there are almost twice as many patients coming into the CSU/ER as the facility was built for. Fewer patients in crisis results in fewer medications, kids back in school sooner, people back to work sooner and retention of consumer in the family unit

Next steps 2010-2011 several pilot projects: 1. Embedded primary care team at Concord Adult Mental Health. Primary care doctors and nurse practitioners will work with consumers' families and Adult Mental Health staff on the second floor. They are waiting for physical location issues to be resolved before proceeding. 2. Consultation-liaison expansion in Richmond and Pittsburg by doctors. Planning Activities include working with CC Regional Health Foundation (developing a business plan), putting together a large federal funding request and continuing to work with other foundations and the San Francisco Health Foundation. Over the next 9-10 years, the scope of the integration plan will become much more broad including phasing in of services across the County. Implementation is based on a securing funding that the County does not currently have.

Janet Marshall Wilson asked about health guides and Dr. Ferman indicated the idea is a good one, but is still in the planning stages.

Anne Heavey asked how adults get enrolled in Concord Mental Health facility? The imbedded primary care services will be available to adults currently enrolled in Adult Mental Health Services. John Allen said new patients are referred through the Mental Health Access Line followed up by a face-to-face screening and meeting the required criteria. Dr. Ferman said the criteria for entry into public mental health has become more restrictive the last 20 years, not just in Contra Costa County but everywhere.

Ralph Hoffman asked if stigma reduction advocacy includes an increase in tolerance for a wider spectrum of mental health conditions rather than only strict labeling of mental illnesses based on diagnoses and also if other non-pharmaceutical treatment are becoming more available? Dr. Ferman said that she would like to see an emphasis in primary health care on understanding that physical well being is impacted by mental health well being. She also feels that non-pharmaceuticals therapies will play a larger part in treatment in the future, along the lines of integrative behavioral health care Dr. Burt is advocating.

Brenda Crawford said she hopes this model will make it easier for MHCC coordinators to access primary care for consumers working with their case managers. Dr. Ferman said consumers will be involved in the planning for imbedding primary care with mental health care from the ground up.

4. **ANNOUNCEMENTS**

A. CCRMC Kaizen Event focusing on improving Psychiatric Care at CCRMC at end of the March. There will be a 1day psychiatric retreat prior to the Kaizen event.

B. Putnam Clubhouse 2nd Anniversary Open House – 2/18/10, 3:30 – 6:30 pm

C. Resignation of Commissioner Bielle Moore, Dist. III – due to work commitments, she couldn't fulfill the responsibilities.

D. The March 11, 2010 meeting will be abbreviated to address minutes but the bulk of the meeting will be public hearings addressing MHSA program plan updates.

5. **APPROVAL OF THE MINUTES**

- **ACTION: January 14, 2010 MHC Monthly Meeting Minutes – Motion made to approve the minutes. (M-Yoshioka /S-Pereyra /Passed, 7-0, Y-Pasquini, Mantas, O'Keeffe, Kahler, Yoshioka, Overby, Pereyra/A-Nelson, Reed and McKindley-Alvarez as they were not present at the meeting)**
- **ACTION: January 14, 2010 MHC Public Hearing Minutes– Motion made to approve the Minutes. (M-Overby/S-Yoshioka /Passed, 7-0, Y-Pasquini, Mantas, O'Keeffe, Kahler, Yoshioka, Overby, Pereyra /A-Nelson, Reed and McKindley-Alvarez as they were not present at the meeting)**

6. **REPORT: MENTAL HEALTH DIRECTOR – Donna Wigand**

She is excited Contra Costa County might have psychiatric and primary care clinics together. Approx. 23,000 people seen in the county clinics, but based on population there should be approx. 50,000. Only approx. 45% of people who need access to the public mental health system are able to access it.

Budget Issues:

Federal: pushing to include mental health and substance abuse treatment in healthcare reform, but these programs are not really center stage at the federal negotiating table. F-Map increase in federal dollars coming through Medi-cal to our state: Previously the County had to put up .50 to get .50 in Federal funds; recently the amount was changed to .38 from the County to get .62 in Federal funds; a boon for County. It is set to expire on 12/31/10, but hopefully will be extended through 7/31/11. SPA (supplemental payment adjustment): would supplement the SMA (state maximum allowance) by allowing the SPA be applied to mental health services as well as health services.

State: MHSA funding grab of $450 million for 2 years to make up for pull back funds from state general fund. Would require a ballot initiative in June; a similar ballot initiative failed in 2009, but not sure if it would fail this time. The governor also expects federal bailout; if not received, he will request $900 Million per year indefinitely and MHSA would cease to exist.

Local: Health Services Administration issued budget reduction number of $1.3 Million for MHA from county general fund problems and decrease in realignment dollars (sales tax and vehicle license fees have been declining for 3-4 years). MHA must submit a reduction preliminary plan by 2/22/10 to HSD.

A positive: there are 23 or 24 new non-traditional mental health services under the current PEI MHSA programs; hopefully will identify people not yet in system from needing a higher level of care later on.

[PAM1]

Commissioner Reed asked if it would be better to have the initiative on the ballot or should the MHC be advocating not have it. Donna Wigand said there is a feeling the legislative movement may not give the 2/3 vote required to place it on the ballot.

Commissioner O'Keeffe asked if the imbedded Family Practice Clinic in Concord have funding? Donna Wigand said the up front money will come from a different funding source and she has not heard of any problem securing those funds. Once the imbedded clinic is started, it should pay for itself.

7. **CHAIRPERSON'S COMMENTS – Peter Mantas**

A. Meetings by Workgroups – Workgroup assignments have been issued. Please meet in February and March, elect a chair and prioritize the Workplan. At the April MHC meeting the

Workgroup chairs will present the priorities and the full commission will vote on the priorities to move forward.

B. Presentation of Local 1 Survey – Vice Chair Pasquini received the survey anonymously in December and shared it with Chair Mantas. They met with Dr. Walker to discuss it and at that point decided not to share it with the MHC. When the Local 21 Response was received, it became a public issue and they felt it should be brought to the full MHC for discussion. Some information has been redacted in the version of the Local 1 Survey included in the packet (comments from line staff). Anyone interested in seeing the full survey should contact Nancy Schott.

(Commissioner Yoshioka recused himself from any potential vote on this item due to a conflict of interest)

i. Local 1 Survey - John Gragnani: The evaluation was formally released. The survey highlights 4 points that are consistent with the points covered in Sandy Kleffman's article in the CC Times:

1. The staff graded Mental Health Director Donna Wigand, Deputy Director Suzanne Tavano and Children's Program Chief Vern Wallace with low confidence ratings. Local 1 hopes these numbers lead to internal examination, discussion, participatory conversations between MHA and employees as well as other advocates and advisory groups and positive actions on MHA's part.
2. Currently there is unprecedented high employee productivity and (unacceptably) low worker morale; would like a system that has both high productivity and worker morale. A large problem is the punitive-only approach to productivity standards. Although the previously negotiated productivity policy (from approx. 12 years ago) is acceptable, the enforcement element has been unfair and detrimental to the employees and their ability to serve the community. They expect to make some positive changes in that area and MHA has already made a positive change in November regarding direct, non-billable services provided regarding lockouts at Juvenile Hall and IMD's.
3. The staff feels Administration is not present enough at work sites as well as regional program challenges and technology and training issues. The result is Administration is out of touch with employee's workplace realities in which they are trying to serve clients.
4. Therefore, the Administration is also out of touch with the realities of clients as well.

He read an email from an employee requesting MHA have more essential caring and concern about the employees and the client community they serve. The internal process continues; some positive agreements will come out of this with both short and long term benefits. Hopefully the next time an evaluation is conducted, the results will be better.

Rollie Katz (Local 1 representative for all CC County employees): Members are aware the County system is under severe stress. The conclusions are representative of how members feel. Conversations have already begun with Donna Wigand and senior staff and Local 1 is committed to continue to do so.

ii. Local 21 Response by Bob Britton: Local 21 has represented managerial/professional positions in Contra Costa County (not executive management) since 6/09. Local 21 became involved because they feel the survey was invalid and improperly conducted as outlined in the

response letter. He feels it's a bit disingenuous for Local 1 to be surprised that a survey sent to hundreds of members would become a public document. Once it was out in the community, Local 21 had to respond. The main point is everyone is in this together; rather than pointing fingers at individuals, work on the problems. If the productivity standard itself is not an issue, a way must be found to make the standard actually work, not just an ideal. In light of potential funding issues and staff cuts, the focus should be on working together to delivering mental health services to the community.

Public Comment:
Dr. Michael Cornwall: He was President of the Mental Health unit for 16 years, chair of the Mental Health Coalition for 15 years and received the MHC Spirit of Caring Award in 2007. He worked for the County for 28 years and retired 3 years ago. If 132 white-collar professionals took the time to fill out a survey, it must be very serious. Low morale has serious consequences for the consumer. If there is an adversarial relationship between management and staff, he would request the MHC conduct a special meeting to explore the survey in depth. From a source present at a meeting between Dr. Walker and Local 1 staff, Dr.Walker dismissed it out of hand as "character assassination". At the next meeting (Dr. Walker was not in attendance) Deputy Director Suzanne Tavano (he felt on behalf of Director Donna Wigand) condemned it "slanderous" and "must be retracted, withdrawn at once". If anyone present at those meetings would like to correct his comments, please do so. It shows him a good faith effort by Local 1 to work things out is off to a poor start, especially when patronizing comments are made in the paper by Dr. Walker and Donna Wigand budget cuts and layoffs being the reasons for employee dissatisfaction. Their comments did not address the serious issues brought up in the survey that Dr. Cornwall feels are due to a lack of leadership. He also suggests conducting a survey of all mental health staff not just Local 1 employees as over 70% of providers are contracted and not members of Local 1.

Ralph Hoffmann: The survey results are economically related to funding issues and budget cuts. This is a Labor-Management issue and he thinks the survey is not within the competence of the MHC to study. The BOS handles labor management in closed sessions, but the MHC is unable to hold closed-door meetings. He does not feel the MHC is the forum to examine this issue.

Jim Kenshalo: Characterizing the survey as a productivity issue is a gross misinterpretation of what the survey is about; the issues brought up are much greater than productivity alone.

Suzanne Davis: Speaking as a community member and as employee, she has co-workers who wanted the MHC to know meetings had been requested many times to problem solve. People didn't want to fill out the evaluation; they were scared of losing their jobs and things would be misinterpreted. Members felt disconnected and unsure of the leadership direction was going. Maybe an evaluation would get the attention of the Director to problem solve. If problem solving with MHA had been successful, we wouldn't be here today.

Commissioner Comment:
Commissioner Reed noted the action item on the agenda and asked John Gragnani what the purpose was in having it there. John Gragnani said it is up to the MHC to decide how to proceed now that he's introduced the survey.

Vice Chair Pasquini: Her report outlines the timeline as Chair Mantas stated. She understands the union reps jobs are to protect their workers' jobs and to advocate on their behalf. Her job as a Commissioner is to protect those who can't work because they can't get the recovery services necessary to prepare them for the workday. She strongly requests the MHC consider this a serious systemic issue and that requires the investigative attention of the BOS. As a family member, this is not just a union issue, not just an internal issue…she read from her report:

"While we have been asked to allow the Unions and the MH Division to have their "internal" process and not fight this out in the public or media, I believe this document should be vetted publicly by the Mental Health Commission. This survey corroborates what I have observed and others have observed about the leadership of this division. The Local One MH Division has performed a public service by documenting this information. It needs to be scrutinized by the public in a public meeting.

I have great respect for the line staff in the Mental Health Division. I don't know of any more challenging and difficult job. Family members know what staff is dealing with on a daily basis. The staff is trying to do a job without the necessary resources. No dual diagnosis beds or programs, no decent board and care homes, no housing programs developed, no functioning IT system, no Patient Assistance Program, contrary to what is in Mr. Britton's letter, that would provide free medications. No respect! Just abusive, stressful, and punitive productivity standards that demean their efforts and challenge the quality of their work.

I am aware of the productivity plan and understand the need to increase revenue through billable hours. While this has increased revenues, it has created a divisive atmosphere and created an environment of fear. According to W. Deming, an American Leader of Quality Improvement Management, "Management by fear is devastating. It nourishes short-term performance, annihilates long-term planning, builds fear, demolishes teamwork, and nourishes rivalry and politics. It leaves people bitter, crushed, bruised, battered, desolate, despondent, dejected, feeling inferior, some even depressed, unfit for work for weeks after receipt of rating, unable to comprehend why they are inferior. It is unfair, as it ascribes to the people in a group differences that may be caused totally by the system that they work in."

Our MH line staff has been working in such a system. Those that don't produce to the required 55% are not thinking about the best needs of the client, they are thinking of what is billable and what isn't. However, this is not a black and white service delivery process. There are things beyond the case manager's control such as when children are out of school, vacation, etc, and staff cannot locate them. Where is the Recovery Model that the top managers profess, in this process? Where does the Contra Costa Client Network stand on this issue? How about NAMI CC whose mission is to support the consumer and family?

Why can't the Mental Health Division have a vision, a plan? Why do we lose those leaders who come to our county with a desire to create up front services that are preventive and could eliminate the human and financial drain that the full blown illness brings as we all heard today from Johanna Ferman? Why didn't our county consider the EDAPT model in the MHSA PEI Programs? This is a scientific preventative and intervening approach to stopping the human and financial waste of serious and persistent mental illness. Instead we ended up with programs de jour, often untested, not evidence based.

We need a system re-design in the Mental Health Division. Our greatest resource is the staff and our community partners. We also have an amazing volunteer force as we see here at this table today. We can't create innovative transformative programs if we continue with a crisis driven model that demoralizes the consumers, the families, and the staff. We need a vision of hope, shared power, learning and we need a real community partnership not one that is stacked with Administrative favorites and those with self-interests."

The Commission's Capital Facility Workgroup sent out a survey to County Staff, Managers, and CBOs for their input on Capital Facility needs. I had a top manger tell me that the staff could not believe that they were actually being asked their opinion. They didn't think anyone cared what they thought. I care, families care and I hope the Commission will care and provide moral support for the workers who help the consumers stay alive day in and day out. They know what our system needs.

Our line staff needs a safe way to help us transform this system and bring quality of care and continuity of care back to CCC. Our Mental Health community needs Dr. Walker and the Board of Supervisors to support and defend their workers. They need and deserve support not divisive, paternalistic discipline.

The Mental Health Administration needs to get creative and stop micro managing. They need to reduce waste and improve quality. The consumers, families, and line staff could benefit along with the bottom line.

I strongly urge this Commission to support this brave effort. I recommend that the Commission hold a special meeting to probe deeper into the questions raised by this survey, hear plans to rectify the issues, and consider the systemic issues that caused 132 health care professionals to risk everything by this damning evaluation of the Mental Health Director and some of her top managers. I personally reject that this is a union issue, a productivity issue, or a personnel issue. This is a system issue and should not be settled at a bargaining table, but in the full view and scrutiny of the public this mental health system is supposed to serve. *(the complete report follows these minutes)*

Commissioner Overby: He has read the survey and Vice Chair Pasquini's report from today and he agrees with her comments. He feels the survey questions were appropriate.

Commissioner Pereyra: Some of the issues raised in the survey closely paralleled the Memo of Family Concerns from the Family Steering Committee's letter of 2/09.

Commissioner Reed: She is concerned the MHC might be involved in another hearing. The MHC has already committed to investigate and review several things: the suicide and attempted suicide in West County, the 5150 services at CSU at CCRMC , continuing discussions and perhaps hearings on the 20 Allen project and an investigation of board and care homes (on the 2010 Workplan) . We need to keep our focus and follow through on our current commitments before taking on other things.

Commissioner Kahler: This is the first systemized funded analysis of a system in crisis. For 132 people to come up with the low morale marks in the survey, the MHC would be remiss in not addressing the situation. The MHC's commitment is to communicate with the BOS. We should develop a report and send it to the Internal Operations Committee, under Supervisors Piepho and Bonilla.

Commissioner McKindley-Alvarez: What would the report look at? There have been 2 comments about concerns around the design of the evaluation survey. Would the MHC look at how the evaluation was created as well as results to make sure the decisions are unbiased.

Vice Chair Pasquini: She agrees with Commissioners McKindley-Alvarez and Kahler and would like to make a motion to refer the survey to the Internal Operations Committee of the BOS as soon as possible. The MHC doesn't have the time, tools or the experience.

- **ACTION: Motion made the survey be referred to the Internal Operations Committee of the BOS as soon as possible. (M-Pasquini/S-Kahler/Passed 7-1; Yes-Pasquini, O'Keeffe, McKindley-Alvarez, Reed, Nelson, Kahler, Pereyra, No-Mantas)**

  (Commissioner Yoshioka did not vote as he recused himself from discussion and any potential vote on this item. Commissioner Overby did not vote as he left the meeting at 6:40 pm.)

Chair Mantas: He wanted to wait until the end and everyone had a chance to speak, but he has a comment before looking at motions. There were no other comments. Some of the MHC's responsibilities include taking part of the process in hiring a Mental Health Director, ensuring the quality of care in the county is where it needs to be and to make recommendations to the BOS and Mental Health Director on how to address those issues.

Although the MHC does not want to get in the middle of negotiations between two unions, this survey is part of our purview. This survey provides an opportunity to look at the internal mechanics of managing this large mental health department. As public servants, they are under the scrutiny of the public and the MHC is representing the public in analyzing what is going on. This is our responsibility.

Chair Mantas read his report:

"I first saw the Local 1 evaluation in December at which point Teresa and I asked to meet with Dr. Walker to discuss our concerns and understand what his thinking and planning really is. After the discussion with Dr. Walker, Teresa and I decided to take a wait and monitor approach giving Dr. Walker and his staff time to act. I was frankly hoping that the line staff's findings would be used as a guide for transformation or at least assessed.

On January 26th I received an email from Local 21 with management's response. Although I was hoping for something constructive, I read attack after attack of line staff, the process used and the results drawn. I was and continue to be disappointed with that response. Once I received Local 21's response I was compelled to make the findings and response to the Commission and public.

Although I don't believe that the survey and ultimate evaluation are perfect; I do believe the following:
1. I can only guess how bad things are in order for line staff to do this, even at the peril of losing their own job.
2. By and large staff is genuine in their assessment and comments.
3. Line staff wants to make things better for their clients.
4. Line staff would like a better working environment.

This is a fantastic opportunity for us to assess the system, management style and direction. Instead of putting the blinders on and pretending that we have no problem... We need to embrace the fact that our Mental Health System is in crisis. Yes, I am repeating a phrase that has come up in many meetings of this Commission.

Furthermore, my own personal experience with Ms. Wigand and Dr. Tavano is frankly very consistent with staff's findings. How many times have we and former commissioners complained of lack of transparency, accountability, presence of an adversarial attitude and environment, dismissive environment, etc.

Until Administration takes action to embrace these findings and assess how it can improve, I personally do not have confidence in both Ms. Wigand and Dr. Tavano. I will however commit to support them and our system, transform the current stifling culture when they are ready and willing to address it."

He wanted to entertain a motion to communicate to Dr. Walker, Mr. Twa and the Board of Supervisors that this advisory body "has lost confidence in Ms. Wigand and Dr. Tavano operating in their current capacity." We further recommend that immediate action is taken to improve the culture of the mental health division through the use of the LEAN Management process. This process will not only improve the culture, but will significantly improve quality of service and reduce waste.

Dorothy Sansoe reminded Chair Mantas there was a motion already on the floor with a second that either needs to be retracted or voted on. There was discussion as to whether or not the Motion made was out of order. Dorothy Sansoe said the motion was in order. Vice Chair Pasquini did not wish to withdraw the motion.

Chair Mantas withdrew his request for a motion. If he doesn't see progress towards reconciliation and improvements in the system, he will propose it again at a future meeting.

8. **MHC COMMITTEE / WORKGROUP REPORTS**

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

A vote was taken at the CPAW Cap Fac and Projects/IT meeting to spend 60% of the MHSA funds to upgrade the IT system and the rest to go to 20 Allen project. She announced the CPAW Housing Committee subgroup will hold an informational presentation on Housing 101 called Raising the Roof on Monday. 4/12, 6:30-8:30 pm. *(handout follows minutes)??handout?*

9. **REPORTS: ANCILLARY BOARDS/COMMISSIONS**

A. Mental Health Coalition – none

B. Human Services Alliance – none

C. Local 1 – none

D. Mental Health Consumer Concerns (MHCC) - Brenda J. Crawford – partnership between NAMI, the MHCC and the MHC around the Kaizen event at CCRMC. The MHCC is there to represent consumers during the process.

E. National Alliance on Mental Illness (NAMI) – none

F. MHSA CPAW – Annis Pereyra – The CPAW Housing Committee subgroup will hold an informational presentation on Housing 101 called Raising the Roof on Monday. 4/12, 6:30-8:30 pm.

10. **FUTURE AGENDA ITEMS**

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

A. Suggestions for March Agenda ***[CONSENT]***

1. Presentation from the Behavioral Health Court.

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. Discuss MHC Fact Book
5. Review Meetings with Appointing Supervisor
6. Creative ways of utilizing MHSA funds
7. TAY and Adult's Workgroup
8. 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 – David Cassell
13. Presentation on Healthcare Partnership and CCRMC Psych Leadership

11. 6:30 **ADJOURN MEETING**

- **ACTION: Motion made to adjourn the meeting at 6:50 pm. (M-Pasquini/S-Pereyra/Passed 9-0; unanimous; Commissioner Overby left the meeting at 6:40 pm and did not vote)**

The next scheduled meeting will be Thursday, Mar. 11, 2010 from 4:30- 5:00 pm at 651 Pine Street, Room 101 in Martinez.

Respectfully submitted,

Nancy Schott
Executive Assistant

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

CHART OF PRECEDENCE OF MOTIONS & SUMMARY OF RULES GOVERNING THEM

Privileged Motions	May Interrupt a Speaker	Requires a Second	Debatable	Vote Required	Motions that May Apply
1. To fix time to which to adjourn	No	Yes	Limited	Maj.	Amend, Reconsider
2. To adjourn (unqualified)	No	Yes	No	Maj.	None
3. To take a recess	No	Yes	Limited	Maj.	Amend
4. To rise to a question of privilege	Yes	No	No	Chmn.rules	All
5. To call for the orders of the day	Yes	No	No	None	None
Subsidiary Motions					
6. To lay on the table	No	Yes	No	Maj.	None
7. To call for the previous question	No	Yes	No	2/3	Reconsider
8. To limit, or extend limits, of debate	No	Yes	Limited	2/3	Amend, Reconsider
9. To postpone definitely	No	Yes	Limited	Maj.	Amend, Recon., Prev. Ques.
10. To refer to a committee	No	Yes	Limited	Maj.	Amend, Recon., Prev. Ques.
11. To amend	No	Yes	Yes	Maj.	Amend, Recon., Prev. Ques.
12. To postpone indefinitely	No	Yes	Yes	Maj.	Limit Deb, Prev.Ques.,Recon.
Main Motions					
13. a. General main motions	No	Yes	Yes	Maj.	All
b. Specific main motions					
To take from the table	No	Yes	No	Maj.	None
To reconsider	Yes	Yes	Yes	Maj.	Lim.Deb., Prev. Ques., Table,
To reconsider and have entered on the minutes	Yes	Yes	No	None until Called for	Postpone definitely None
To rescind	No	Yes	Yes	2/3	All
To expunge	No	Yes	Yes	2/3	All
To adopt a resolution	No	Yes	Yes	Maj.	All
To adjourn (qualified)	No	Yes	Limited	Maj.	All
To create orders of the day (Special)	No	Yes	Yes	Gen,Maj;Spec. 2/3	All
To amend (constitution,etc.)	No	Yes	Yes	2/3	All
Incidental Motions					
To suspend rules	No	Yes	No	2/3	None
To withdraw a motion	No	No	No	Maj.	Reconsider
To read papers	No	Yes	No	Maj.	Reconsider
To object to consideration	Yes	No	No	2/3	Reconsider
To rise to a point of order	Yes	No	No	Chmn.rules or Maj	None
To rise to parliamentary inquiry	Yes	No	No	None	None
To appeal from the decision of the chair	Yes	Yes	Limited	Maj.	All except amend
To call for a division of the house	Yes	No	No	Maj.	None
To call for a division of a question	No	Yes	No	Maj.	Amend

Handout from Ralph Hoffmann 1of2

RANKING OF MOTIONS

MOTION	INTERRUPT	REQUIRES SECOND	DEBATEABLE	AMENDABLE	VOTE REQUIRED	RECONSIDER
FIVE PRIVILEGED MOTIONS						
Fix time to which to adjourn	No	Yes	No	Yes	Majority	Yes
Adjourn	No	Yes	No	No	Majority	No
Recess	No	Yes	No	Yes	Majority	No
Question of privilege	Yes	No	No	No	None	No
Call for Orders of the Day	Yes	No	No	No	None	No
SEVEN SUBSIDIARY MOTIONS						
Lay on the Table	No	Yes	No	No	Majority	No
Previous Question	No	Yes	No	No	Two-thirds	Yes
Limit or Extend Limits of Debate	No	Yes	No	Yes	Two-thirds	Yes
Postpone to a Certain Time	No	Yes	Yes	Yes	Majority	Yes
Commit or Refer	No	Yes	Yes	Yes	Majority	Yes
Amend	No	Yes	Yes	Yes	Majority	Yes
Postpone Indefinitely	No	Yes	Yes	No	Majority	Yes
THE MAIN MOTION						
Main Motion	No	Yes	Yes	Yes	Majority	Yes
INCIDENTAL MOTIONS						
Point of Order	Yes	No	No	No	None	No
Appeal	Yes	Yes	Yes	No	Maj. or Tie	Yes
Suspend the Rules	No	Yes	No	No	Two-thirds	No
Objection to Consideration	Yes	No	No	No	2/3negative	Neg
Division of a Question	No	Yes	No	Yes	Majority	No
Consideration by Paragraph	No	Yes	No	Yes	Majority	No
Division of Assembly	Yes	No	No	No	None	No
Motions re Voting/Nominations	No	Yes	No	Yes	Majority	Yes
Requests and Inquiries	Yes	No	No	No	Majority	No
Request for a Privilege	Yes	No	No	No	Majority	No
RESTORATORY MOTIONS						
Take from the Table	No	Yes	No	No	Majority	No
Reconsider	No	Yes	Yes	No	Majority	No
Rescind	No	Yes	Yes	Yes	Two-thirds	Neg
Amend previously Adopted Motion	No	Yes	Yes	Yes	Two-thirds	Neg
Discharge a Committee	No	Yes	Yes	Yes	Two-thirds	Neg

MOTIONS

Motions are listed in the order of their precedence. The highest ranking motion is at the top of the list and the lowest ranking motion, the main motion, is at the bottom of the list of ranking motions.

The Main Motion introduces business to the meeting.

A Subsidiary Motion assists the meeting in treating or disposing of a main motion and sometimes of other motions.

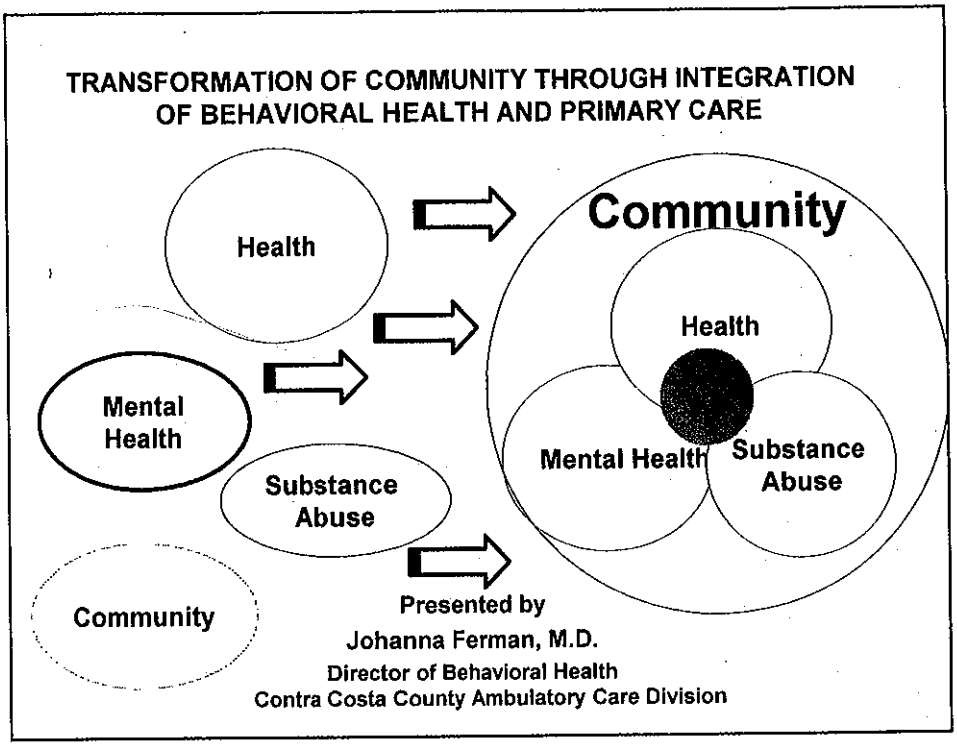
A Privileged Motion has to do with special matters of immediate and overriding importance which, without debate, should be allowed to interrupt the consideration of anything else. It does not relate to pending business.

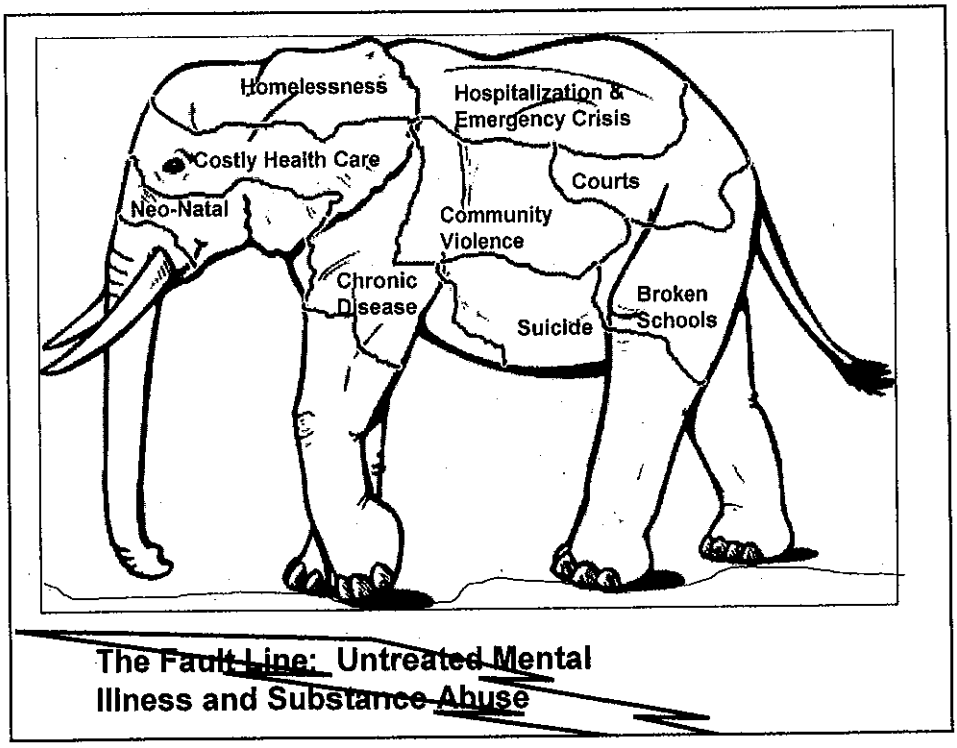
An Incidental Motion has no ranking. The motion being correct depends upon its necessity at the time it is introduced.

PROCEDURE FOR HANDLING MAIN MOTION

1. Member rises and addresses the Chair. (There is no need to rise at a Board meeting.)
2. Member receives recognition from the Chair: *"The Chair recognizes Mrs. Smith."*
3. Member introduces motion: *"I move that...,"* or *"I move to..."*
4. Another member seconds the motion: *"I second the motion."* The fact that a member seconds the motion does not indicate support, it merely indicates that she/he wishes to have the motion discussed.
5. The Chair states the motion: *"It has been moved and seconded that..."*
6. The Chair calls for Debate (discussion). The person making the motion has the right to speak first. Each member has the right to speak not more than twice on the same question. The Chair should also attempt to sequentially recognize speakers with opposing points of view.
7. The Chair takes the vote: *"All those in favor say 'Aye' (raise your right hand) - All opposed say 'No' (raise your right hand)."*
8. The Chair announces the result: *"The Ayes have it - the motion is adopted" or "The No's have it - the motion is lost."*

Handout from Ralph Hoffmann, 2 of 2





Handout from Dr. Johanna Ferman

CONTINUUM OF BEHAVIORAL HEALTH AND ILLNESS

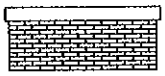
Depression /mood anxiety,PTSD (16%)

Borderline Personality Disorder

Bi-Polar Disorder (.3%)

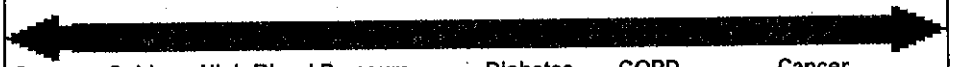
Schizophreniform illnesses & other psychosis (1%)

Social/emotional development, spirit, family and community.



STIGMA

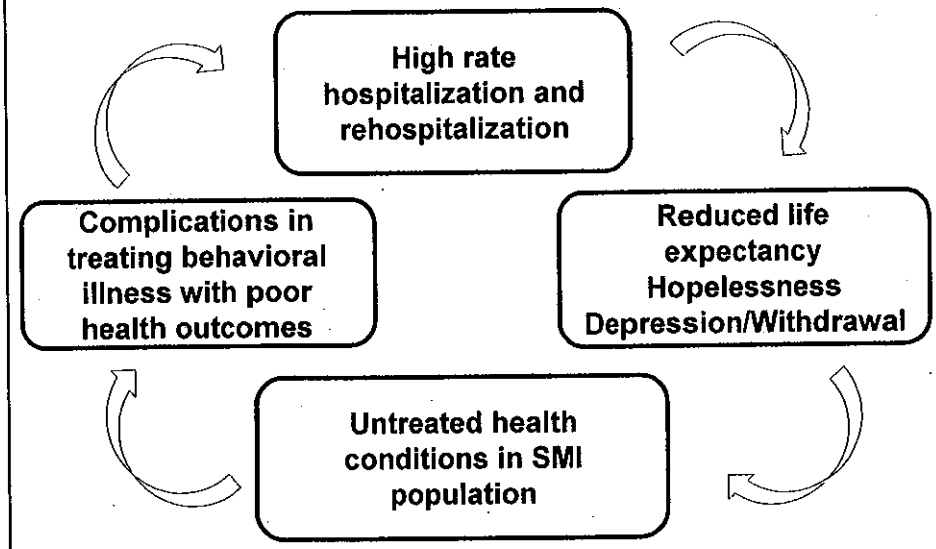
Substance Abuse & Addiction

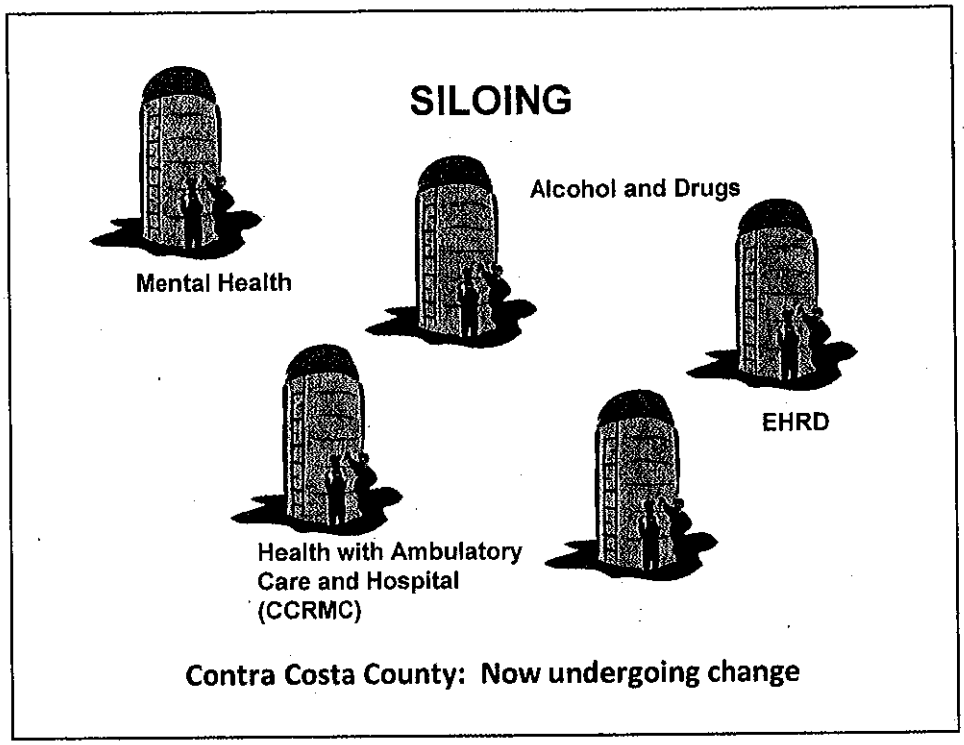


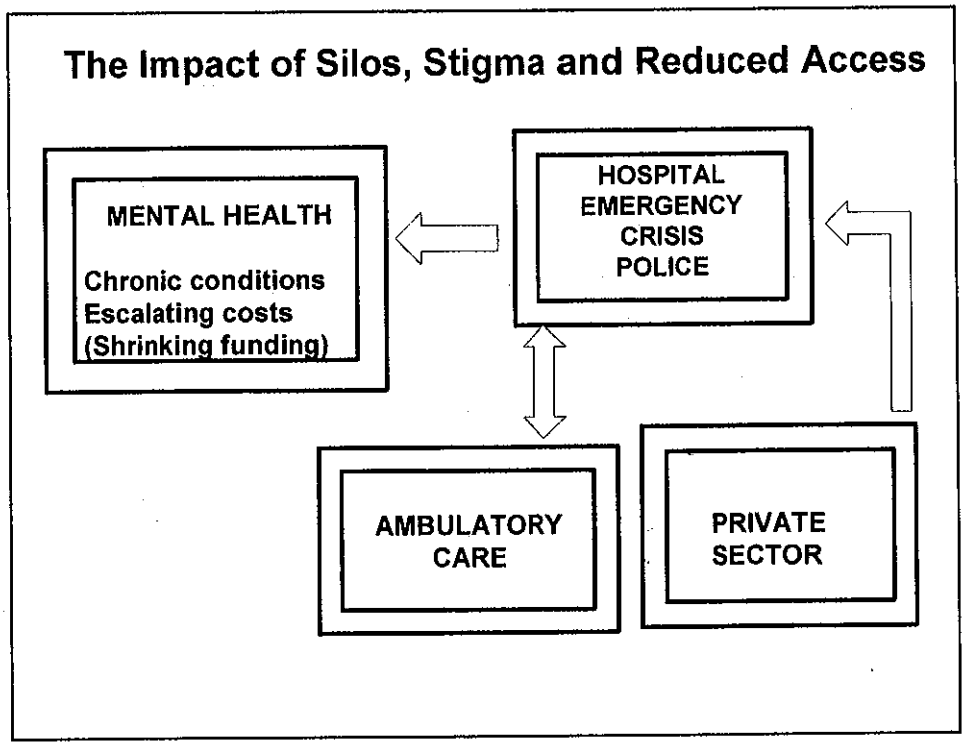
Common Cold High Blood Pressure Diabetes COPD Cancer

(In 2010,
50% of cancer is treatable)

A Self-Perpetuating Cycle




SILOING
Mental Health
Alcohol and Drugs
EHRD
Health with Ambulatory Care and Hospital (CCRMC)
Contra Costa County: Now undergoing change


The Impact of Silos, Stigma and Reduced Access
MENTAL HEALTH
Chronic conditions
Escalating costs
(Shrinking funding)
HOSPITAL
EMERGENCY
CRISIS
POLICE
AMBULATORY CARE
PRIVATE SECTOR

REASONS FOR HOPE

STRENGTHS IN THE COUNTY

- ❑ Advocacy for Primary Health Care for people with SPMI
- ❑ The Regional Health Foundation

RESEARCH

- ❑ Newer medications
- ❑ Neuroplasticity of brain & CNS
- ❑ Early intervention into psychosis

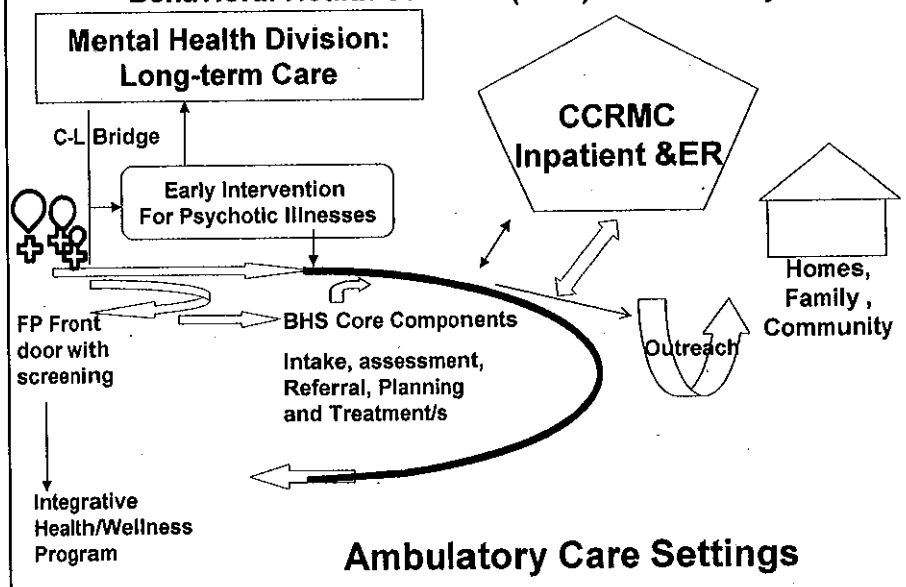
ADVOCACY TO REDUCE STIGMA

- ❑ NAMI
- ❑ APA
- ❑ Film:

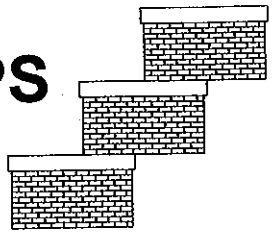
Snakepit (1948) — One Flew Over the Cuckoo's Nest (1970) — Beautiful Mind (2001) — The Soloist (2009)

Integration of

Behavioral Health Services (BHS) With Primary Care



NEXT STEPS



PHASE 1: 2010-2011

PILOT SITES

- Embedded Primary Care Team-Concord Adult Mental Health
- Consultation-Liaison Expansion: Richmond and Pittsburg
-

PLANNING ACTIVITIES

Contra Costa Regional Health Foundation

- Business Plan
- Large Funding Request for Infusion for Behavioral Health in Ambulatory Care
- Other funding underway (SFF) or pending

PHASE 2: 2011-2020

- Program & System Development Countywide

Email Exchange between Dr. Michael Cornwall and Vice Chair Pasquini

-----Original Message-----
From: dr n <drmh@att.net>
To: mamap2536@aol.com
Sent: Mon, Feb 8, 2010 8:03 pm
Subject: Re: Contra Costa County employees criticize mental health director | ContraCostaTimes.com Forums

Hi Teresa,

You're welcome. Yes, I would like my Times story comment and this note to you provided to the commission as a non-anonymous comment if you and Peter wish. John Gragnani could confirm what I am claiming about what Dr. Walker and Dr. Tavanno said about the management performance evaluation if he wants to go on the record. He was in those meetings.

As could Rollie Katz verify what I am sharing. It was Rollie who responded to Dr. Tavanno's demand that the 'Slanderous evaluation be retracted at once!' by saying--'That isn't going to happen. If you don't believe the evaluation is valid you should come to one of our mental health unit membership meetings and hear how your staff really feel!'

I'm very glad that the commission is going to discuss the evaluation at your next meeting. Having worked as a therapist for the county for almost 30 years before retiring 3 years ago, I believe the current commission that you and Peter are leading is probably the strongest so far.

I know that staff morale has never been lower. As unfortunate as that is for staff, the real victims are the always very high risk clients who deserve an energized staff serving them in the clinics and hospital who are not distracted by hostile and undermining behavior by their managers.

None of he 132 professional staff who completed the survey are M.D's or nurses as you know. They do no medical procedures or prescribe medication. Instead they provide the sometimes intangible but essential face to face compassion, guidance, understanding and support that helps reduce incredible emotional suffering and often saves lives.

But mental health staff, no matter how dedicated and professional-- simply can't provide the best possible effort for the sake of those they serve under the working conditions so sadly highlighted in the management performance survey.

Because of the deteriorated situation, way too many staff are stressed out, anxious, angry, exhausted and hate not being able to be as open hearted and emotionally present for their clients who come to them for vitally need care.

I have known Bill Walker for almost 30 years and Donna Wigand for half that long. I have deep affection for them both. They have been as dedicated to the well being of clients in the mental health system as any who serve at the line staff level. They have devoted their whole lives to the same mission.

But they have sadly lost their way the past couple of years. I am writing this because it is unacceptable for the clients in need and in emotional pain to bear the brunt and price for their measurable failures of leadership. I have imagined trying to mediate a reconciliation between Bill and Donna and their staff. I believe it would be possible.

Handout at meeting

Someone told me Teresa, that you are a close relative of the late, great Henry Clarke. If so, you may enjoy knowing that as I am typing this to you-- right next to me are two photos of Henry. One photo is of the two of us together at his retiremant party and the other is a photo of him in his office on Alhambtra avenue in Martinez which was at his memorial service in 2007. I first met Henry there in Martinez with John Allen almost 30 years ago. Henry was one of 2 men who were spiritual fathers, mentors to me during my life. How I miss him.

Sincerely, Dr. Michael Cornwall

From: "mamap2536@aol.com" <mamap2536@aol.com>
To: drmh@att.net
Cc: pamantas@yahoo.com
Sent: Mon, February 8, 2010 6:28:00 PM
Subject: Re: Contra Costa County employees criticize mental health director | ContraCostaTimes.com Forums

Thank you for sending this link. I had already read your comment online. However, I don't know if other commissioners have read it. Would you like your comment provided to the Commission as an anonymous public comment? Peter, I assume this is allowed????

Thank you.

Sincerely,
Teresa Pasquini

-----Original Message-----
From: dr n <drmh@att.net>
To: pmantas@yahoo.com
Cc: mamap2536@aol.com
Sent: Mon, Feb 8, 2010 4:58 pm
Subject: Contra Costa County employees criticize mental health director | ContraCostaTimes.com Forums

http://forums.contracostatimes.com/topic/contra-costa-county-employees-criticize-mental-health-director - Sent Using Google Toolbar

Posted on Saturday, 2/06/2010 - 5:42 p.m. PST - By dr mh

dr mh

Joined: Feb 2010
Current Posts: 1

[illegible] angrily dismissed the Mental Health Division manager's evaluation completed by 132 professional staff with an average tenure of 15 years of [illegible] Health Department he heads as being 'Character Assassination' when meeting with some of them recently. Speaking on behalf of Donna [illegible] Deputy Director Tavanno indignantly claimed the evaluation of management by 132 subordinate staff who provide direct services is even [illegible] to 'Standard'--and should be rescinded, withdrawn from public view at once. So, it is the most cynical spin and damage control for Dr. [illegible] to disgard or now pretend that they are available to take seriously their subordinate staff's brave and honest evalution of senior [illegible] clinical performance. Their cynical and patronizing remarks in this article confirm the lack of respect that they have shown to their Health [illegible] Department staff that prompted staff to finally make public their plight through the vehicle of the management performance evaluation.

My Comments on Local One Survey
Teresa Pasquini, Mental Health Commissioner, District 1
February 10, 2010

Timeline:

- I received a call in December discussing the Senior Staff Survey conducted by Local One's Mental Health Unit. I announced this call at the December meeting of the Commission and stated that I may receive a copy of the Survey.
- After that meeting, on December 10th, I was asked by a Union Rep to consider not reading the survey, if I did receive it. I did not agree to this request.
- In November, as Acting Chair of the Commission, I had requested a meeting, with Donna Wigand, to seek solutions and collaborate with MHA and discuss ways to build partnerships with Community groups and reduce adversarial posturing. That meeting was agreed to and scheduled for 12-22-09. Donna Wigand failed to attend that meeting, and offered no apology. I drove to Martinez that day after I had just learned of another death of a NAMI Family member's child. These are the issues that we all need to work on together to prevent.
- I received the Local One MH Division Survey, anonymously, the last week of December. I contacted Peter Mantas, Chair of the Commission, and asked him to meet and discuss its content.
- Peter and I agreed to contact Julie Freestone, Dr. Walker's Assistant, and request a meeting in order to show respect for the seriousness of the survey and to hear his perceptions.
- Peter and I received Local 21 Response, by email, mid January.
- Received a new edited Survey from Local One to provide to Commission and the Public.

While we have been asked to allow the Unions and the MH Division to have their "internal" process and not fight this out in the public or media, I believe this document should be vetted publicly by the Mental Health Commission. This survey corroborates what I have observed and others have observed about the leadership of this division. The Local One MH Division has performed a public service by documenting this information. It needs to be scrutinized by the public in a public meeting.

I have great respect for the line staff in the Mental Health Division. I don't know of any more challenging and difficult job. Family members know what staff is dealing with on a daily basis. The staff is trying to do a job without the necessary resources. No dual diagnosis beds or programs, no decent board and care homes, no housing programs developed, no functioning IT system, no Patient Assistance Program that would provide free medications. No respect! Just abusive, stressful, and punitive productivity standards that demean their efforts and challenge the quality of their work.

Handout from meeting

I am aware of the productivity plan and understand the need to increase revenue through billable hours. While this has increased revenues, it has created a divisive atmosphere and created an environment of fear. According to W. Deming, an American Leader of Quality Improvement Management, "Management by fear is devastating. It nourishes short-term performance, annihilates long-term planning, builds fear, demolishes teamwork, and nourishes rivalry and politics. It leaves people bitter, crushed, bruised, battered, desolate, despondent, dejected, feeling inferior, some even depressed, unfit for work for weeks after receipt of rating, unable to comprehend why they are inferior. It is unfair, as it ascribes to the people in a group differences that may be caused totally by the system that they work in."

Our MH line staff has been working in such a system. Those that don't produce to the required 55% are not thinking about the best needs of the client, they are thinking of what is billable and what isn't. However, this is not a black and white service delivery. There are things beyond the case manager's control such as when children are out of school, vacation, etc, and staff can not locate them. Where is the Recovery Model that the top managers profess, in this process? Where does the Contra Costa Client Network stand on this issue? How about NAMI CC whose mission is to support the consumer and family?

Why can't the Mental Health Division have a vision, a plan? Why do we lose those leaders who come to our county with a desire to create up front services that are preventive and could eliminate the human and financial drain that the full blown illness brings? Why didn't our county consider the EDAPT model in the MHSA PEI Programs? This is a scientific preventative and intervening approach to stopping the human and financial waste of serious and persistent mental illness? Instead we ended up with programs d'jour, often untested, not evidence based.

We need a system re-design in the Mental Health Division. Our greatest resource is the staff and our community partners. We also have an amazing volunteer force. We can't create innovative transformative programs if we continue with a crisis driven model that demoralizes the consumers, the families, and the staff. We need a vision of hope, shared power, and learning that the Lean methodology is bringing to CCRMC. We need a real community partnership not one that is stacked with Administrative favorites and those with self interests.

Top administrative staff has claimed that they don't have a 1 year, 5 year or 10 year plan because they have had to deal with budget issues and lack of resources. What about MHSA resources? The millions of MHSA dollars could have been used more effectively and expanded existing programs without supplantation. This was the intent of the law. Other counties recognized this opportunity. CCC MH system has received $52 million in MHSA dollars in the

past 5 years. This is a net gain of $25 million dollars not a $25 million dollar reduction, as MHA focuses.

Housing is critical and backlogs our entire system, yet we have failed to hire a housing coordinator to actually create housing programs that really provide recovery oriented and supportive services. This is what Alameda County has done. Instead we spend millions of dollars to a for profit company with some questionable outcomes and continue the institutional living that the Federal Olmstead Act was supposed to end.

The Commission's Capital Facility Workgroup sent out a survey to County Staff, Managers, and CBOs for their input on Capital Facility needs. I had a top manger tell me that the staff could not believe that they were actually being asked their opinion. They didn't think anyone cared what they thought. I care, families care and I hope the commission will care and provide moral support for the workers who help the consumers stay alive day in and day out. They know what our system needs.

Our line staff needs a safe way to help us transform this system and bring quality of care and continuity of care back to CCC. Our Mental Health community needs Dr. Walker and the Board of Supervisors to support and defend their workers. They need and deserve support not divisive, paternalistic discipline.

The Mental Health Administration needs to get creative and stop micro managing. They need to reduce waste and improve quality. The consumers, families, and line staff could benefit along with the bottom line.

I strongly urge this Commission to support this brave effort. I recommend that the Commission hold a special meeting to probe deeper into the questions raised by this survey, hear plans to rectify the issues, and consider the systemic issues that caused 132 white collar, health care professionals to risk everything by this damning evaluation of the Mental Health Director and some of her top managers. I personally reject that this is a union issue, a productivity issue, or a personnel issue. This is a system issue and should not be settled at a bargaining table, but in the full view and scrutiny of the public this mental health system is supposed to serve.

CPAW Review for MHC meeting 2-11-2010

Prepared by Annis Pereyra

The Consolidated Planning Advisory Workgroup (**CPAW**) met 2-4-2010, Commissioner members Pasquini and Pereyra present, and Commissioners Kahler and Yoshioka observing.

A meeting of the CPAW Cap Fac/IT committee was held 1-27. At that meeting there was a decision to allocate 60 % of the $10.2 million in MHSA funds to IT for a replacement of our antiquated computer system. The original dedication of funds was $2 mil, but it was later found that that amount would be inadequate to provide all the necessary components of the desired package. The remaining $4 mil would be used for the 20 Allen Pavilion, which was also approved.

These 2 recommendations were brought to the full body of CPAW on the 4th, which CPAW voted to support. Both MHC members refrained from supporting this decision due to the conflict with the MHC position that the Commission was lacking information to complete their review.

Additionally, CPAW voted to approve the second of 5 programs from Innovation Funds, which addresses Child Custody Issues for Mothers (and/or Female Guardians) Experiencing Episodes for Mental Illness. The 1st approved program was for social supports for Lesbian, Gay, Bi-Sexual, Transgendered, Questioning (LBGTQ) Youth/TAY around issues of sexual orientation/gender identification. Future considerations will include 3) Cultural competency to reach isolated and underserved communities (including older adults) 4) Trauma services for sexually exploited female youth, and 5) Use of technology to inform, connect, and provide access to mental health services.

The CPAW Housing committee met on Jan. 20th. It was reported that the hiring process for a Housing Coordinator is still stalled. This is a matter that the Family Steering Committee addressed in the Memorandum of Concerns a year ago. It has been brought to the MHC on several occasions, the last being a request to "fast track" the hiring process at the MHC meeting in December. Supervisor Piepho was not in attendance, but her staff representative took our message to the Supervisor.

A sub-group of the housing committee is working towards presenting a Housing 101 presentation. The lack of housing in this county has been a persistent obstacle to recovery for many of our consumers, and the MHC has long advocated on focusing to provide more housing units. It is expected that the MHSA housing funds will only be able to put about 40 more consumers into housing. The Housing Coordinator is a key component in the development of a comprehensive housing plan, and this position needs to be filled as soon as possible in order to accelerate this process. Research has provided me with the information that a considerable number of counties have been working on this process for ***years*** in anticipation of these MHSA funds.

Handout at meeting