

Contra Costa Mental Health Commission
Monthly Meeting
March 11, 2010
Minutes – Approved 4/8/10

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:35 pm by Chair Peter Mantas.

Commissioners Present:

Dave Kahler, District IV
Peter Mantas, District III
Carole McKindley-Alvarez, District I
Colette O’Keeffe, MD, District
Floyd Overby, MD, District II
Teresa Pasquini, District I
Annis Pereyra, District II
Supv. Gayle Uilkema, District II (left at 5:20 pm)

Attendees:

Evelyn Centeno
Brenda Crawford, MHCC
Robert Heaston
Anne Heavey, NAMI
Ralph Hoffman, NAMI
Connie Steers, MHCC

Staff:

Suzanne Tavano
Sherry Bradley, MHA
Susan Medlin, MHA OCE
Erin McCarty, MHA
Holly Page, MHA
Caroline Sison, MHA
Cindy Downing, MHA
Elvira Sarlis, MHA

Commissioners Absent:

Anne Reed, District II-Excused
Sam Yoshioka, District IV-Excused

Introductions were made around the room.

Supv. Uilkema introduced herself as the MHC Supervisor for 2010 and requested 20 minute appointments approx. every 4 months with Commissioners to keep up date on the focus of the MHC so she can communicate, if necessary with the other Supervisors.

2. 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.

Ralph Hoffmann: Appreciates Supv. Uilkema attending the meeting.

3. APPROVAL OF THE MINUTES

- **ACTION: February 11, 2010 MHC Monthly Meeting Minutes – Motion made to approve the minutes. (M-Pasquini/S-Pereyra /Passed, 7-0, Y-Pasquini, Mantas, O’Keeffe, Kahler, Overby, Pereyra, McKindley-Alvarez, A-Uilkema)**

- **ACTION: January 8, 2010 MHC Planning Meeting Minutes – Motion made to approve the minutes. (M-Pasquini /S-Overby /Passed, 7-0, Y-Pasquini, Mantas, O’Keeffe, Kahler, Overby, Pereyra, McKindley-Alvarez, A-Supv. Uilkema)**

4. **CHAIRPERSON’S COMMENTS – Peter Mantas**

A. Update on CSU Admissions Process – Teresa Pasquini: After the 2/11/10 MHC meeting approved a motion endorsing the reopening of CSU doors. Vice Chair Pasquini gave a history of the closing of the Psych Emergency door 4 years ago and going through medical clearance through ED to accommodate Title 22 regulations. During the past 4 years, stakeholders, CPAW and NAMI advocated for reopening the doors and having consumers medically cleared through a separate Psych Emergency room and not going through ED (still complying with Title 22 regulations). CCRMC has heard the families, consumers and community requests to reopen the CSU doors and made the announcement at the Healthcare Partnership the Psych Emergency; the goal is for 5/17/10 to reopen doors. CCRMC psych emergency will be redesigned via Value Stream Mapping. She and Brenda Crawford are part of the new Patient and Family Advisory Council that meets every 3rd Thursday with CCRMC leadership. The reopening of the CSU doors is a positive step for everyone.

There is also a new visitation policy for psych emergency; family members and non-family advocates will now be allowed at CSU.

Chair Mantas mentioned the LEAN process is based on value from the perception of the “people receiving services”. The LEAN project goals include cutting waste, identifying ways to improve the process and improving the quality of care at CCRMC.

Bob Heaston asked how are patients educated on how to advocate for their own rights. Commissioner O’Keeffe said there is a Patients Rights Advocate assigned to CCRMC; possibly that role can be expanded. Bob Heaston suggested the staff could be educated on the process.

Commissioner O’Keeffe expressed her frustration the hospital based Patients Rights Advocate wasn’t invited to the Patient and Family Advisory Council meeting to represent the Consumer voice. Brenda Crawford responded disclosure is a personal issue and whether or not a consumer self-proclaims in a public setting is up to him or her.

B. Membership in Child and Adolescent Task Force (CATF) - Chair Mantas read the following comments: “At a previous MHC meeting we decided to request for membership in a number of community task forces to reduce duplication of effort while allowing more voices to be heard. As can be seen in the email sent to the Chair of the Child and Adolescent Task Force (CATF), I requested permission for the MHC to appoint a representative to the task force.

The CATF responded as follows: ‘The Child and Adolescent Task Force (CATF) discussed at length your request to appoint a Mental Health Commissioner to attend our meetings in order to “...provide valuable input to the Commission ... and facilitate bidirectional information exchange.” The decision of the group was to remain an invitation only body.’

There is a general concern by numerous community stakeholders, including myself, of county staff meeting with the public where they pick and choose who they are meeting with. The concern is elevated to higher levels when a group is being promoted as an advisory body to the administration. It should also be noted that CATF is meeting in county facilities, uses county administrative support and is

attended by two to four MHA managers. With this background, I would like to propose the following motion:"

- **ACTION: Motion made to request the Board of Supervisors Internal Operations Committee assess and determine if the practice of the following is appropriate, acceptable and recommended:**
- 1. Using County facilities for private invitation only advisory groups**
 - 2. County providing administrative support for private invitation only advisory groups**
 - 3. County staff participating in meetings of private invitation only advisory groups**
 - 4. County utilizing private invitation only groups in an advisory capacity**

It is the strong recommendation of the Mental Health Commission that the Board of Supervisors instruct the Mental Health Division to require that it only support and use public accessible advisory bodies that function under the Brown Act and County Better Government Ordinance. (M-Pasquini /S-Pereyra /Passed, 5-1-2, Y-Pasquini, Mantas, Kahler, Overby, Pereyra/ N-McKindley-Alvarez/ A-Uilkema, O'Keeffe)

Discussion:

Supv. Uilkema suggested taking a different approach by asking staff to determine the legality of each item (including coordination with County Counsel if necessary) and report back to the MHC at the next meeting. Proceeding in that manner may allow information to be obtained more quickly than referring the matter to the Internal Operations Committee.

Commissioner McKindly-Alvarez questioned the email statement that no one on the Commission had an avowed passion for children's services as the reason for refusal to accept a Commissioner on the Committee. Commissioner McKindly-Alvarez has been involved with children's and adolescent's issues for 15 years, so the statement by the CATF chair is inaccurate since she joined the Commission. Might it be beneficial for CATF to be made aware of her expertise and passion in this area?

Vice-Chair Pasquini considers herself a child advocate and supports the Motion because the Mental Health Coalition visited several Supervisors recently and this issue came up in discussions with them. Mariana Moore, Brenda Crawford and Dave Kahler were also present at those meetings. Other community partners have expressed concerns how the CATF was formed. It was suggested by several Supervisors the issue be referred to the Internal Operations Committee for discussion, along with the issue of the make-up of CPAW membership. There has been a contentious history with CATF that lead to the recommendation to bring this issue to the MHC.

Supv. Uilkema said she understands this issue has a history, but sometimes finding out answers before proceeding further (including to the Internal Operations Committee) can be a good idea as well.

Vice-Chair Pasquini respects CATF for their child advocacy efforts and wishes the MHC still had a Children's Committee, but the MHC cannot do everything and must rely on other advisory bodies for information. She was disappointed with the response from CATF and felt it was adversarial in nature. Chair Mantas said the CATF Chair's comment noting the lack the child advocates on the MHC was a concern to many on the MHC, some of whom have children involved in the CC mental health system. The MHC has been seeking answers for several months; it is time to elevate the issue to the BOS level for clarification.

Commissioner McKindley-Alvarez requested the Motion be read again. After reading it, Chair Mantas commented if the issue rises to the BOS level from the Internal Operations Committee, the motion includes the MHC recommendation the County use advisory groups that are open to the public so the comments of a few people (selected by the CATF) will not determine recommendations for major programs.

Commissioner McKindley-Alvarez asked if a response has been sent by the MHC to the offer of sending a CATF member to MHC meetings to avoid looking non-responsive. Chair Mantas said no response has been sent other than the MHC meetings are open meetings; anyone can attend. CATF wants to send someone to MHC meetings and bring information back to them. The MHC is trying to establish whether or not a group should be called an advisory body if they are meeting in private. If Commissioner McKindley-Alvarez wishes add something, the Motion can be amended before voting.

Gail Hunt asked if it would be a good idea to let CATF know we now have a child and adolescent specialist.

Commissioner McKindley-Alvarez initially did want to send a response to CATF, but although she is a child and adolescent specialist, she realizes there already were Commissioners with similar specialization whether through professional work or working with their own families. After hearing this discussion, she now thinks there is more to the CATF chair's email than just the lack of a specialist in child and adolescent issues on the MHC. She does not wish to amend the motion, but requests the MHC keep its responses to other groups with which we work thoughtful even if those we receive are not.

Chair Mantas expressed his interest in having the Internal Operations Committee review the issue not only specific to CATF membership, but how advisory bodies operate in general within the County

Suzanne Tavano appreciates Supv. Uilkema's comments and would welcome a legal opinion on the meeting policy and act accordingly.

(Supv. Uilkema left the meeting at this point)

C. Membership in MHSA Consolidated Planning & Advisory Workgroup (CPAW) -

Chair Mantas requested attendees refer to the handout and read the following comments taken from the MHSA website: 'The Consolidated Planning Advisory Workgroup (CPAW) replaces previous Mental Health Services Act (MHSA) stakeholder Workgroups. The current Workgroup participants include stakeholders from previous stakeholder Workgroups including Adult, Children, Transition Age Youth, Older Adult, Prevention & Early Intervention and Workforce Education & Training.'

Looking at the membership of the group, there were several people for whom he was unable to determine affiliation, but the affiliations are generally:

Consumer or Family Member	24%
Works for agency that receives funds from the county	32%
County Employee	36%
Affiliation unknown	8%

There is a general concern by numerous community stakeholders, including myself, that having an advisory body whose make up is primarily county staff and staff of agencies which receive funds from the County is problematic at best. Even though during the last meeting of CPAW, members did their best to voice potential conflicts of interest, it does not go far enough. The general perception, and in many cases, reality shows that conflict exists.

Here are some examples of potential conflict: How can staff vote against what their job or boss expects without fearing repercussions or loss of job? Even if the issue voted on does not present a conflict for a service provider, how can that service provider vote against the issue when she knows that Mental Health Administration is expecting her support? Would this service provider not feel threatened and consequently vote for the issue?

With this background, I would like to propose the following motion:"

➤ **ACTION: Motion made to request the Board of Supervisors Internal Operations Committee assess and determine if the practice of the following is appropriate, acceptable and recommended:**

1. **Allowing county employees to participate on advisory boards of the same department.**
2. **Allowing county employees to participate on any county run advisory boards.**
3. **Allowing county contracted service providers to participate on any county run advisory boards.**
4. **Allowing county contracted service providers to participate on advisory boards in a nonvoting capacity.**
5. **Allowing county employees to participate on advisory boards in a nonvoting capacity.**

(M-Pasquini /S-Pereyra /Passed, 7-0, Y-Pasquini, Mantas, O’Keeffe, Kahler, Overby, Pereyra, McKindley-Alvarez)

The wording below was originally included as the final part of the motion, but after discussion this portion was tabled for possible reintroduction in the future.

It is the strong recommendation of the Mental Health Commission that the Board of Supervisors instruct the Mental Health Division to require that CPAW and other advisory bodies for MHSA have the following structure:

1. 33% of its members are consumers (and/or consumer advocates- deleted during discussion) – Voting members
2. 33% of its members are family members – Voting members
3. 34% of its members are members at large (this may include contracted service providers and/or county employees) – Non-voting members

Discussion:

Anna Lubarov said some CPAW members who are noted as working for an agency that receives County funds are also consumers and not included in the consumer count.

Commissioner Pereyra requested confirmed the contracted service providers (34% recommendation) would be in an advisory capacity only. Chair Mantas said their knowledge is important to the group, but to eliminate the conflict of interest, they would be non-voting members.

Commissioner O’Keeffe thinks even people in non-voting advisory positions are still open to employer repercussion because meetings are open. Also consumer advocates should not be eligible for the consumer positions because anyone can define himself/herself as a consumer advocate and direct consumer representation is already lacking in most groups. Groups seem to always be short of direct consumers.

Chair Mantas offered to amend the motion to remove “consumer advocates” in number 1 of the structure of CPAW section. Vice-Chair Pasquini and Commissioner Pereyra agreed to the amendment.

Gail Hunt wondered if the MHC was not interested in discussing this issue, why not, but appears as though discussion will take place today.

Vice-Chair Pasquini said similar discussions in MHSA stakeholder groups are being held statewide and not unique to CC County. She has emails from counties around the state that are complaining about the perception of conflict of interest in the MHSA process. She wants all voices in the stakeholder process to be heard and is not sure how to go about redefining the process, but it isn’t working. This issue was also discussed in talks with the Supervisors. Some Supervisors are interested in education on the MHSA planning process about what information is being vetted through their advisory body, the MHC (a statutorily bound advisory body). This is a way to elevate this discussion to the BOS IO Committee and provide some education. She mentioned the balance of the Pest Management Board advisory body was discussed at the recent IO Committee meeting. Members of the community were concerned about conflict of interest among the members. A Board Order was approved at the 3/9/10 BOS meeting that cut the number of voting seats held by County employees and prohibited County contractors from serving on the Pest Management Board. The community has perception issues with advisory bodies and a discussion should be conducted.

Brenda Crawford is concerned about having artificial distinctions (consumer vs. consumer advocate or family member or family member advocate) when serving on Boards. Some people are listed incorrectly on the list of people and affiliations shown on Chair Mantas’ handout. It’s difficult to take the spirit of MHSA - to transform the mental health system and increase the voice of consumers and family members - and have these distinctions. Also very difficult to enforce.

Chair Mantas apologized for the meeting running late. The MHC is set up having 1/3 of seats for consumers, 1/3 family members and 1/3 members at large. He thinks something similar to that could be defined for CPAW.

Anna Lubarov said most consumers who can be advocates are employed in some capacity by Contra Costa; although they are paid by the County, they are paid to watch the system do the right thing. Their expertise should not be excluded because they are County employees. There would need to be a great deal of outreach to locate people who would be well informed and consider volunteering on Boards if employees of contract agencies were to be excluded.

Susan Medlin is supportive of more consumers and family members on CPAW and other advisory groups. She cautions a person self-identifies himself or herself as a consumer or a family member.

Evelyn Centeno said family members and consumers need to be represented on advisory bodies and percentages should be distributed equally. She does not hear anything in the motion against the County or who benefits from County funding. The best advice comes from outsiders looking in.

Commissioner McKindley-Alvarez supports the motion. Does the IO Committee have the capacity to accept additional referrals from the MHC to their Committee?

Chair Mantas said yes and the IO Committee has requested the referrals be sent on to them if the MHC felt strongly about this issue. The IO Committee would assess the issue not only for Mental Health issues but for County-wide Commissions and other advisory groups.

Bob Heaston asked if it is appropriate to table the motion as there seems to be a great deal of discussion on it and bring back at another meeting.

Susan Medlin asked if members at large also be consumers or family members? Chair Mantas said that would need to be defined.

Sherry Bradley said she has worked with CPAW for the past year and this issue has been coming up all over the state. When MHSA came about 5 years ago, one of the pushes was to get more consumers and family members employed and used in the system to be heard, so MHSA has worked in this respect. She wishes the MHC had requested a presentation on CPAW before coming to this point; there is some misunderstanding about what CPAW is. CPAW is another stakeholder group put together as a result of 5 years of stakeholder groups being integrated. There has been great difficulty in recruiting consumers; those consumers that did attend found to be a contentious setting. They've also attempted to get youth involved. She would like to urge the MHC not to vote today as she feels the MHC doesn't understand how CPAW was set up. It is the result of the description of what stakeholders are and based on regulations. The regulations do not state that County staff or County contractors are excluded. The people involved have participated in earlier stakeholder processes.

Commissioner O'Keefe supports Anna Lubarov's comments and wonders if it is legally possible to create a percentage for County employees or contract agencies? It would hopefully increase the voice of the consumers.

Vice-Chair Pasquini would like to consider amending the motion to exclude the percentage breakdown portion and let that discussion go forward to the Internal Operations Committee. She and Commissioner Pereyra agreed to remove the second part of the proposed motion and leave the rest of the motion as is. She is a proud member of CPAW and does not want anyone excluded, but would like to remove the perception of conflict of interest by having the BOS, and County Counsel if necessary, review the issue.

Brenda Crawford requested if the composition of CPAW is going to be reviewed (based on family members, consumers, etc.) we should work to reflect the ethnic and cultural diversity of the county as well. Let's not use just family member vs. consumers but look at diversity in general.

Chair Mantas said when CPAW was first brought up, the MHC recommended to MHA to have family members and consumers make up over 50% of the group. It seems not to have been heard.

Sherry Bradley disagreed with Chair Mantas' statement. In the beginning, an analysis was done and presented to CPAW; it was more than 50% family members and consumers.

5. **FUTURE AGENDA ITEMS**

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

A. Suggestions for April 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

6. **ADJOURN MEETING**

- **ACTION: Motion made to adjourn the meeting at 5:50 pm. (M-Pasquini/S-Overby/Passed 7-0; unanimous)**

Public Hearings on the MHSA 2010/2011 Annual Plan Update and Capital Facilities Project Proposal will be held Monday, April 5, 2010 from 4:30 – 8:30 pm at 651 Pine Street, Room 101 in Martinez.

The next scheduled MHC meeting will be Thursday, April 8, 2010 from 4:30- 6:30 pm at the Concord Police Department, Community Room, 1350 Galindo.

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

Respectfully submitted,

Nancy Schott
Executive Assistant

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Meeting Handouts

**The following document was presented
at the 3/11/10 MHC monthly meeting
(but not included in the agenda packet)**

**For all other materials reviewed and
discussed at the 3/11/10 meeting, please see
the agenda packet on the MHC Meeting
Agendas and Minutes webpage at**

http://www.cchealth.org/groups/mental_health_com/agendas_minutes.php

Mental Health Services Act Consolidated Planning Advisory Workgroup (CPAW) <http://cchealth.org/groups/cpaw/>

The Consolidated Planning Advisory Workgroup (CPAW) replaces previous Mental Health Services Act (MHSA) stakeholder workgroups. The current workgroup participants include stakeholders from previous stakeholder Workgroups, including Adult, Children, Transition Age Youth, Older Adult, Prevention & Early Intervention [PEI 0-25, PEI 26+], Workforce Education & Training [WET], Capital Facilities, Information Technology. Previous stakeholder workgroups were comprised of mental health consumers, their family members, service providers, representatives from Education/Schools, Law Enforcement, Social Services, and others. New members have been added to broaden stakeholder representation to include some specific target populations, including LGBTQ, Native Americans, and others. Applications for participation in CPAW are being sought on an ongoing basis; interested parties are encouraged to apply.

The California Department of Mental Health (DMH) mandates that a Community Program Planning Process (CPP) serve as the basis for all MHSA Planning. To date, there have been multiple MHSA Stakeholder Workgroups in Contra Costa, as noted above. The next major planning phase for Contra Costa Mental Health's MHSA Program is to develop an integrated 3-year plan for all components of MHSA that updates the existing plans, improves their quality, and integrates them into a single planning cycle. CPAW serves to assist CCMH with integrated planning, as well as to increase the transparency of MHSA efforts, including streamlining MHSA community planning input and processes. CPAW will help plan future MHSA efforts and will advise the Mental Health Division on how to integrate MHSA principles and practices. This group gives members from the mental health community an opportunity to provide input for system growth and change.

Membership

Consolidated Planning Advisory Work Group members

Brenda J. Crawford	Susan Medlin
Gary Cristofani	Mariana Moore
Courtney Cummings	Ryan Nestman
Mark Gagan – Sheriff's Office	Teresa Pasquini
John Gragnani	Annis Pereyra
Molly Hamaker, M.A., Ed.s	Tony Sanders
Rhonda Haney	Bob Sessler - Consultant, Long-Term Care
Peggy Harris	Connie Steers
John Hollender	Candace K. Tao, MFT
Ron Johnson	Wayne Thurston, Psy.D
Beatrice Lee	Kathryn R. Wade
Anna Lubarov	
Susanna Marshland	
Kathi McLaughlin	

Affiliation

	% of Membership
Consumer or Family Member	24%
Works for agency which receive funds from the county	32%
County Employee	36%
Affiliation unknown	8%