Contra Costa Mental Health Commission
Public Hearing-Capital Facilities Project Proposal
4/5/10
Minutes – Approved 5/13/10

## 1. CALL TO ORDER/INTRODUCTIONS

Commissioners Present:
Dave Kahler, District IV
Peter Mantas, District III, Chair
Carole McKindley-Alvarez, District I
Floyd Overby, MD, District II
Annis Pereyra, District II
Teresa Pasquini, District I, Vice Chair

Attendees:
Brenda Crawford, MHCC
Helen Geddes
Tom Gilbert, Shelter, Inc.
Ralph Hoffmann, NAMI
Marianna Moore, Human Services Alliance
Connie Steers, MHCC
Janet Wilson, MHCC

Commissioners Absent:
Colette O'Keeffe, District IV
Anne Reed, District II-Excused
Supv. Gayle Uilkema, Dist. II
Sam Yoshioka, District IV

Staff:
Donna Wigand, MHA
Suzanne Tavano, MHA
Sherry Bradley, MHA
Vern Wallace, MHA
Susan Medlin, MHA
Cindy Downing, MHA

Sherry Bradley had the interpreters from IEC introduce themselves: Thuy Trinh-Vietnamese, Marcela Morales-Spanish, and Barry Barlow-American Sign Language Spanish interpreter. If no one identifies or arrives to use their services within the first 10 minutes, they are free to leave.

Introductions were made around the room.

Chairperson Mantas opened the public hearing at 7:10pm

## 2. OPENING COMMENTS BY MENTAL HEALTH COMMISSION (MHC) CHAIR

## 3. MHSA DRAFT - CAPITAL FACILITIES PROJECT PROPOSAL by MHSA Program Manager Sherry Bradley

*(PowerPoint presentation handout at the end of minutes)*

She presented an overview on what the State Department of Mental Health (DMH) allows MHS Capital Facilities funds to be used for and how Contra Costa County (CCC) has proposed to allocate those funds. The DMH Information Notice 08/09 is the source document for both Capital Facilities and Technology funding. She reviewed Allowable expenditures for Renovation and examples of Allowed costs; she also presented examples of Costs Not Allowed.

The Capital Facility/Technology Component Proposal was approved 2/09 by State DMH, which functioned as a letter of intent showing CCC planned to use some funds for capital facilities and some for technology. The approved proposal included "new construction on property adjacent to CCRMC in the form of freestanding multi program mental health center with a continuum of services that will

provide a comprehensive recovery focused setting and a rapid response at entry including immediate mental health care which would lead to less restrictive levels of care more quickly".

The Component Proposal also said CCC would attempt to close gaps in the traditional medical model hospital based psychiatric unit by providing a continuum from restrictive to less and less restrictive settings and the location is on a frequently used public transportation line. The campus would serve adults, children and transition age Full Service Partners, older adults and other mental health consumers. The location was chosen because multiple programs could be sited there, including a more restrictive PHF if the County chose to build one, but the idea was to do less and less restrictive setting.

The proposed Capital Facilities project being reviewed tonight would propose a mental health Assessment and Recovery Center (MHARC) at County-owned 20 Allen St. It would be 6,000 sq. ft. and mixed use on demand. It would include business and operations support needed to support the new facility: parking spaces, medical records, dietary, housekeeping and a staff lounge.

Services provided at the MHARC would include voluntary urgent mental health care up to 16 hours per day for all ages and for discrete involuntary children's mental health care services. (MHSA funding is not being sought for the involuntary children's mental health portion of the site as the County would need to provide funding because it is a restrictive setting). It would also include an assessment center with a separate waiting room and entrance for children youth and separate entrances for adults and older adults.

Chair Mantas asked specifically what parts of the Project Proposal are not covered by MHSA funds. Sherry Bradley said MHSA funds cannot be used for the restrictive part of the children's involuntary setting. The County would have to fund it. Chair Mantas asked if there was knowledge of the level of BOS interest in funding the project. Suzanne Tavano said there was interest and it would not be completely at County sponsored program as there would be some revenue since most of the youth coming in on 5150 holds are Medi-Cal eligible.

Any deviations from the approved Component Proposal to the Project Proposal must be explained to State DMH. The deviation is the recommended change in funding distribution between Capital Facilities and Technology needs at the request of stakeholders to $4 million for Capital Facilities construction and $6.2 million for Technology Needs. State DMH says as long as the stakeholders agree to the deviation, CCC has met the requirement. Stakeholders were also concerned about the sustainability of a larger scale mental health facility as discussed in the earlier Component Proposal.

The Project Proposal is consistent with the five fundamental concepts inherent in MHSA.

## 4. PUBLIC COMMENT ON PLAN

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 Hoffman: Would very much like to recommend for consideration as a location that is very transportation-friendly, the new Pleasant Hill Transit Village, at Pleasant Hill BART. There are about a dozen buses that serve that area as well and there will both commercial and residential

buildings that are going to be opening this spring in one big complex, both for purchase and lease. I understand this (funding) is for purchase only. Route 19 serves Concord John Muir, Route 18 serves CCRMC, Route 15 serves MHCC in Concord; it would be a very good location for a number reasons. It would be new construction so it would in very good condition, for earthquakes and there are Section 8 housing requirements in transit villages. Down the road, there are transit villages planned for Walnut Creek and Concord. You may be particularly interested in Concord, but they both have about the same number of buses serving those transit villages. These 3 locations we have planned for Transit Villages are designed because they are extremely transit accessible by all kinds of people.

Chairperson Mantas: As a point of clarification, the location is not up for debate, right? It's 20 Allen. There's no other provision to look at any other location outside of that.

MHSA Program Manager: Correct, because the county owns the property.

Ralph Hoffman: I'm mainly talking about how this is a 3-year project and this may be getting more funding down the road?

MHSA Program Manager: No, it's allocated for a 10 year period.

Janet Wilson: I am the Director for Patient's Rights for Contra Costa with Mental Health Consumer Concerns, and I came and stayed to speak in support of a Crisis Residential Facility (CRF), which was under consideration but now is not, due to the ARC. I think I may have a sense of why, because of all the accessibility of the Assessment and Recovery Center (ARC) maybe taking more space for Children, Adults and Older Adults. Still, I really wanted to put it out there how important a transitional crisis residential service would be to our county. We only have one, Neireka, it's over used, it has limited capacity. It would just be so important to the continuum of care in the County, for those wishing and willing to avoid acute hospitalization and everything that that means from seclusion and restraint to forced medication to everything that an involuntary hold means, for those wishing to avoid that, and able to avoid that, when outpatient care isn't sufficient. I want to bring attention to an article put out by the California Mental Health Planning Council on crisis residential programs. It was put out by the Adult System of Care Subcommittee of Crisis Residential Study report, it's a 7 page documents, but I wanted to read the ending paragraph. "Recovery, resilience, wellness and community have always been the cornerstones of the crisis residential program model and they are entirely congruent with federal and state mandate for community based mental health services. The economy and effectiveness they represent makes the need to mainstream them in the community as an essential priority for every County Mental Health Department startling the two worlds of human needs and fiscal constraints. Finally, Crisis programs are a time-tested, yet long under-utilized model, whose time has come."

Based on last week's Kaizen study, which took time and motion study of the Emergency Department 5150s and Crisis Stabilization Unit, one of the problems noted was the whole system is under-resourced, "the care of patients presenting to CCRMC for behavioral health needs is provided in a complex, sometimes disorganized, and under-resourced community environment". This would really be an important aspect of the continuum of care, if only it would not be left behind, if only there were not space considerations. Lastly, I do understand the need for the money for the technology. I really do understand that, for the needs of the Mental Health Division to do its Medicare and Medi-Cal billing, but I wish that the Crisis Residential would not be left behind. It'd be an important aspect of the continuum of care. Wish the CRF would not be left behind.

Brenda Crawford: I don't really need to say much more, since Janet so eloquently stated the need for a Crisis Residential, and I am so proud to be her co-worker. There's just a need. There's a need for alternative services in the County. We are not talking as though there isn't a need for an

electronic health record; we all know the benefits of that and we all know the benefits of upgrading a IT system, but for mental health consumers not to have choice between involuntary commitment and a place to go that would allow them the freedom that is recovery-based, in a county that is known for its creativity and courage, I can't fathom why that was taken off the table. I personally intend to go to Phoenix to experience it myself, in real time. I'm trying to work out the details of having them sort of admit me so I would know. I also know from an intellectual and heart level, that we need to create more opportunities for our consumers than we currently have.

Helen Geddes: I wanted to piggy back on the Crisis Stabilization Unit that Brenda brought up, I think it's something near and dear to my heart, having alternatives to hospitalization in Contra Costa is something that I'd like to see more of.

5. **CLOSE PUBLIC COMMENT ON PLAN**

6. **MHC COMMENT ON THE PLAN**

Commissioner Pereyra: I was very, very surprised when I went back and read the documentation, because I was involved in the split of IT and Capital Facilities funds. We were assured, even at that meeting with the CFO before the Board of Supervisors, that the funding was still going to be available for the CRF, that if the split of changed, so that more funds went into the IT component, which got an additional 4 million dollars, that the Pavilion Project, and Donna has now told me to not call it a 'pavilion', but that is what they referred to it all along, they assured us the Crisis Residential was still part of the package. Now in reading this, it says *if* the CRF is approved by the Health Services and the Board of Supervisors, and I almost feel like we got snookered, because we thought, all the people who were participating in the Capital Facilities and IT, that we were getting the Crisis Residential, that the only thing that had dropped off was the Psychiatric Health Pavilion. Yet, at the same meeting, before the Health and Human Services (Committee), I did hear Donna Wigand say that the Psychiatric Health Pavilion was back on the back burner, which means that they are still considering the PFH and quite frankly, if it ends up that we lose the CRF and end up with a PHF, I'm going to be ballistic, because it was not what we were told. We were told that if the Mental Health Director and if the County Administrator's Office has stated that this is the way it's going to be that we had to trust them that they would keep the CRF as a part of the package.

MHSA Program Manager: I want to give you some clarification. I actually tried to clarify this when Brenda Crawford brought this up at CPAW, and I said the 16-bed CRF is not off the table. I tried to say it then, and I'm going to repeat it again. I know that it is on the table. The reason that the plan was written the way it was is because any Capital Facilities construction has to be approved by the Board of Supervisors. That's why we were told we had to say 'if', because we don't have a crystal ball, we don't know what the Board of Supervisors will do. So everything that we do around Capital Facilities is pending whatever the Board of Supervisors wants to do, even requesting this money, they still have to approve the Capital Facility. That's all I have to say, the CRF is not off the table. Suzanne Tavano probably knows more about it, since I haven't been going to those meetings.

MH Deputy Director: I don't know anything more about it.

Chairperson Mantas: If we can refrain from this rebuttal, we'll go ahead and hear more Commissioner comments and come back.

Vice Chair Pasquini: Is there a quick clarification that you'd like to make, Suzanne?

MH Deputy Director: It wasn't a rebuttal actually. As you all know, I very much supported Crisis Residential and I don't think it hurts to advocate for it. We need it.

Vice Chair Pasquini: My understanding was that it wasn't in the plan, and so I understand Commissioner Pereyra's frustration. We sat in so many meetings and tried to work through it all, so I won't be recommending the ARC over the CRF. And Janet Wilson spoke very well of the California Mental Health Planning Council document that came out just last week, and actually, I'm not sure that you referred to the peer-run services, that they are emphasizing peer-run crisis residential programs. Based on our experience last week at Regional (CCRMC) and being embedded in the CSU (Crisis Stabilization Unit) and watching the number of hours that our consumers are waiting for beds, and whether they are in-patient beds or transitional beds. We don't need to have consumers waiting in a Crisis Stabilization Unit longer than necessary, when we have the ability to offer an alternative. I absolutely support everything that Janet said, and definitely would recommend the CRF over the ARC, if we have to prioritize. If we get one or the other, that would be my recommendation.

Commissioner Pereyra: I did notice that in paperwork that we got, that it is stated that $2 million/yr out of CSS would go to repair and maintenance of the facility, and then another $500K for program management. Is there that much wiggle room in CSS that you are going to be able to come up with 2 million dollars a year? Is it going to mean that there's less funding available?

MHSA Program Manager: If an individual is a Full Service Partner (FSP) and they are going to use this facility, this facility has to support MHSA supported programs and individuals like a FSP, whether a child, TAY, or Adult, that operating expense has to be covered out of CSS funds, so up to 2 million has been set aside for that purpose.

Commissioner Pereyra: It specifically stated that 2 million per year would be used out of CSS.

MHSA Program Manager: You were looking at the Component Proposal part of the package, which was included. When we did the Component Proposal that was a part of it. It was part of the Component Proposal, occurred 14 months ago, and had to be provided in this Plan. The Plan is updated; everything is included on the budget page.

MHSA Program Manager: Just so you all know, the recommendation from the stakeholders to do both the Mental Health Assessment and Recovery Center (ARC) and the Crisis Residential Facility (CRF) did go to Health Services. And my understanding is that a Board Order will be drawn, and it'll be up to the Board of Supervisors to make that decision about how that gets funded. But they do know and are very aware that there is strong support for a CRF. As soon as we know that the Board Order is ready, we will let you know. It's supposed to be coming up very soon; we actually thought it would happen before this public hearing.

Commissioner Overby: It's going to cost $600,000 for an architect to design a 6000 sq foot building, and $400,000 for landscaping. I'm wondering if these architectural fees include some extension later, for adding another unit or something? Isn't that out of portion?

MHSA Program Manager: We requested $200,000 in pre-development because through the architect, we also have to do the local environmental. I can't remember the term for it, but a lot of it is picked up by the architect and contracted through the architect. They have to get soil engineering and do assessment before building.

Commissioner Overby: Are they going to be tearing down the existing building and doing some landscaping?

MHSA Program Manager: I would think they would have to tear down the existing building eventually. If you see the property right now, there's parking lot, there's a building off to one side up the hill. So whether the existing building needs to be demolished for this construction has to be determined; that's not included in this.

Vice Chair Pasquini: What the Commission may want to know and I believe I'm correct is that I believe that the 20 Allen Project was part of the Hospital Master plan for hospital. I believe there were plans to purchase that property, initially that plan included the Psychiatric Pavilion.

MH Deputy Director: No, it's not a part of Contra Costa Regional Medical Center's Master Plan, but when the property was being assessed, they did all of the surveys, etc., and the property is large enough to hold all 3 of the original projects that were discussed: the PFH, the ARC and the CRF. This would be apart from the hospital campus.

Vice Chair Pasquini: The parking situation involved with 20 Allen is linked with the Master Plan in some way. There are also trees coming down too. There's a little bit of scuttlebutt going on about the trees on CCRMC's campus.

Commissioner McKindley-Alvarez: What was the purpose of the Mental Health ARC – the Assessment Recovery Center for children and youth? We have assessments that happen for children and youth in community, through contracted services? What was the thinking behind having this particular site be an assessment center for children and youth?

Child & Adolescent Program Chief: There is no 5150 Children's receiving center in the county. This is something, that in working on our continuum of care over the last 30 years, we have never had the ability to really assess and hopefully be able to hold kids for 23 hours and avoid hospitalization with work from our Mobile Response Team (MRT), or really adequately do a kid's assessment. This would be a first for this County. Currently, we have a mobile response team, part of the thinking behind this, is to really have a collaborative program with the Mobile Response Team sitting there, so that when families come in with their youngster, they are not having to necessarily look at hospitalization. We can send them home with MRT. The other piece is that we have situations where kids have had to spend lengthy periods of time sitting at CSU, in an environment that really isn't appropriate for them. Our population has grown and we have a lot more kids going through our current CSU than we had even 5 years ago.

Commissioner McKindley-Alvarez: So it's on the table that we have to pick between the two of these? I understand that this is how it's being presented in the Plan, and that there's some dialogue about us being able to have the CRF, and I'm a little skeptical when hearing that there's a plan that is coming down somewhere for a CRF, as opposed to that is something that is actually being articulated and presented to us today. Both populations really need the services, without a doubt. Children sitting within the CSU is just unthinkable, it's scary and more traumatizing than whatever they may be experiencing in that moment, but not having different level of care for the adults is also unthinkable, having one place to go , which is a place we'll have to visit because there have been complaints about one place. It's just not acceptable. I'm concerned that we're being presented with a plan that is just one thing, and that we're not addressing both issues at this time.

MHSA Program Manager: The problem is that the funding only can do so much. We can include things in the plan, but the State is only going approve funding for what we recommend.

Vice Chair Pasquini: Having been on the unit last week, with Janet Wilson and Dave Kahler, we observed adolescents and it's absolutely not ideal. However they were two adolescents on the unit when we were there and they are definitely segregated.

Brenda Crawford: I agree with Commissioner McKindley-Alvarez. I trust that the CRF is not a closed conversation, but to have it not be a part of the ongoing conversation in a way the ARC has now become a part of it, the Adult and Children and the Older Adult, so the CRF is off in the corner somewhere, but we know that it's not a done deal. If that is the case, and I have no reason not to believe that, that we come out and have it as a priority. That we look at that in the same light that we are looking at the Assessment Recovery Center.

Chairperson Mantas: Vern, on CRF, I'm hearing the provision for a 72 hour hold is there – is there any provision for extended hold, for a 5150, if an adolescent needs to stay longer?

Child & Adolescent Program Chief: Kid would come though the unit and go to a contract hospital. There will not be an inpatient unit for children. We would basically have the ability to hold

them for 23 hours, but in counties that have this type program, such as Alameda County, they are able to divert about 64% of their kids from hospitalization by having Mobile Response there with the County clinicians, and transitioning them back home with support. So no, we're not proposing an inpatient unit.

Chairperson Mantas: So if a private hospital declines to take an adolescent for inpatient services, what happens to the adolescent, in the proposed plan?

Child & Adolescent Program Chief: The same type of situation would exist in terms of having to find an open bed in a contract hospital.

Chairperson Mantas: So in other words, still haven't solved that problem?

Child & Adolescent Program Chief: We haven't solved that problem, but we will certainly solve the problem of having this many children go to hospitalization, or be handled in a unit where no one has children's experience and there isn't an attending psychiatrist that has children's certification. So that problem will be resolved.

Vice Chair Pasquini: How can you hold someone 23 hours at a facility that's open 16 hours?

MH Deputy Director: The reality is if we are receiving children on 5150 and there is a child there, that there would have to be care provided for the 23 hours. We would have provisions for that.

Child & Adolescent Program Chief: We don't get into situations that often where we have to hold children 23 hours.

Commissioner McKindley-Alvarez: So you would have provisions in place?

Child & Adolescent Program Chief: Yes

Chairperson Mantas: Why wasn't that challenging issue addressed to this process? Is it because MHSA funding doesn't support it? Why would we not solve this since we're on the playing field?

MH Deputy Director: For acute inpatient care, that's considered involuntary, it's not covered under MHSA unless the consumer is enrolled in a Full Service Partnership and then there is an exception for 30 days, but it's considered restrictive care. That's why you can't use it for a hospital; that's why when the whole discussion was going on about PHF, which would have been locked, MHSA money couldn't be used for that either.

Chairperson Mantas: You mentioned that the CRF is not funded by MHSA

MHSA Program Manager: Right, that's why it's not included in this Project Proposal. It's referenced and mentioned, however the recommendation that was made by the stakeholders, and there were several recommendations, that was forwarded by Donna Wigand to the Health Services Department, to Dr. Walker and Mr. Godley, to be included. They are aware that's the recommendation, to include the Crisis Residential Facility and include 16 beds.

Chairperson Mantas: Is there a price tag to the CRF?

MHSA Program Manager: When proposal was made to have this multi-program campus that had a CRF, and the PHF and ARC, the entire campus cost was around $23 million dollars. So you could back those numbers out, the ARC is $4 million, so $19 million for the CRF, but that was for both the PHF and the CRF.

MH Deputy Director: The PHF would have been the most expensive of the facilities because it'd be 24 hour, acute care.

MHSA Program Manager: So even if you split it, and you guessed that $11 million was the PHF and $8 Million would be the CRF, approximately. I'm not sure, I've never gotten information about what a CRF would cost.

Chairperson Mantas: If there's a proposal going to the Board of Supervisors, how can they vote on this thing without having a price tag?

MHSA Program Manager: Peter, I'm sorry, I'm not involved in those discussions, it has nothing to do with the MHSA so I can't answer your question.

Vice Chair Pasquini: So this is seed money for a project, is that what this basically is?

MHSA Program Manager: This would only pay for one mental health program on that campus
Commissioner Pereyra: And only part of that one program, right?
MHSA Program Manager: Because the involuntary part cannot be paid for by MHSA funds.
Brenda Crawford: So to Peter's point, how can the Board of Supervisors make decisions on services when they have so little information about the price tag of a Crisis Residential Facility and they have, to my knowledge, I don't even know if they have any information about the impact, or knowledge about the programs in similar states. How can they make the decision in the absence of all of that information?
Chairperson Mantas: Let me just make a quick statement as to why I'm asking this. I'm trying to form an opinion, a recommendation and a personal decision. Without the CRF, I mean, this is nice but, it's virtually useless, as far as I'm concerned.
Commissioner Pereyra: Can I interject another comment, because perhaps Commissioner Overby has been involved in this before, but having served in health care my entire career, to have a project get built and have the ARC up and running and then to be adding on the CRF to it at a later date, is enormously disruptive. And why, if they were going to do it, and they were committed doing it, why are they not doing the whole building at one time instead of doing it piece meal? It's very problematic.
MH Deputy Director: We've not been in the continuing conversations, once everything started getting so complicated, but the architect that was involved in assessing the property and coming up with a basic proposal of what 3 buildings could be located there, because the whole discussion was that it shouldn't be a big block of a building, that if there were a PHF, it should be separate and distinct. The ARC, should be separate and distinct and the CRF, since it should be home-like, it should be a house, not a concrete building. So they came up with architectural plans for each and my guess is that they were able to break out the cost of the 3 different facilities and that's what they are going off of. So it was costed out as a full project but with the different components.
MHSA Program Manager: And the numbers that are in the package were provided by Health Services Finance, so I'm sure that they had all that information.
Chairperson Mantas: This Commission is responsible for review of all of this stuff, not just MHSA. And we're providing an opinion with less than perfect data. How can we do that? This is the frustrating part of all of this. We have moving targets. I am frustrated with this and I find that this project without the CRF, as I said before, I feel it's useless. Maybe I'm wrong.
Vice Chair Pasquini: I totally disagree that it's useless.
Chairperson Mantas: So what are getting that we don't have now?
Vice Chair Pasquini: We're getting discrete services for Children and Older Adult that we don't have now. We can debate whether that's priority or not. I was willing to continue to discuss that, however at the Family and Human Services Committee, it was clearly indicated that they (the Board) weren't interested in any more dialogue. The back conversation ended and the Board Order is going forward, so now we have a choice of whether or not to support the current suggestion or not and I personally, I would like to send a statement that we absolutely do not support. I don't have enough information to support an ARC over a CRF. I didn't have it then and I don't have it now.
Chairperson Mantas: I'm not sure that we necessarily need to oppose the ARC, because the ARC is getting funds from MHSA.
Vice Chair Pasquini: But the CRF could too.
MHSA Program Manager: Yes, part of the funds, you could only get $4 million. Then you'd still be right where you are right now which is that you don't know what you don't know, because you still don't know if they (the Board of Supervisors) are going to cover the rest.

Chairperson Mantas: And we don't know how much that is, so we don't know if we would be unrealistic for asking. For me personally, I would say that I'm in favor of the proposal with the provision that the CRF is part of the plan. If it's not, then we need to revisit.

MHSA Program Manager: You can certainly recommend that, absolutely and then your message goes forward.

Chairperson Mantas: I'm asking for your thoughts.

Vice Chair Pasquini: I'm still opposed to the process that took place. I don't like the way it ended up. I don't like the conclusion and so I would have preferred to have additional answers given. Especially since I was (part of the value-streaming event at CSU), and I know that people can get annoyed that I continue to bring it up, but for me it was very valuable to scientifically sit and be on the Unit and watch the process, rather than have numbers that seem to change. I don't have facts. I don't have enough scientific evidence to support this.

Commissioner Overby: I don't think it's ideal, but I think anytime we get something for mental health we should take advantage of it, if there is money available to do so.

Commissioner Pereyra: You have to convince Commissioner Kahler of that, with all the PEI and Innovation money.

Commissioner Kahler: Me? I'm the one who voted September 3rd for the $22 million project, and right there, this Commission torpedoed it. And now we are scrambling around the edges of what's left.

Vice chair Pasquini: Can we take a motion?

Chairperson Mantas: I don't know what motion to take. I offered up my thoughts. What does everyone else want?

Commissioner Kahler: I agree with your thoughts

Chairperson Mantas: It didn't sound like it a minute ago

Commissioner Pereyra: So you're putting a 'if and only if' clause in any motion, that the only way that we could support it, is if and only if the CRF is included in the package?

Chairperson Mantas: Yes, that's my current motion

Commissioner Kahler: How do you feel? Do you support that? Let's get a consensus here and go home.

Chairperson Mantas: Carole, any thought?

Commissioner McKindley-Alvarez: No, I'm conflicted. I'm saddened that we're at this crossroads. Again, I believe that the children need the service and if it was just us talking about the children getting the service and it wasn't then negating another really important service, it would be easier.

Chairperson Mantas: I feel exactly the same way. The only reason that I even made the statement that I feel that this plan is useless is because I know that with proper engineering, the CSU could probably handle some of this, as they are doing now. I have faith in that process now. The Lean process I believe to actually development something that can be a lot more than what we have now. However, I believe that if we don't go forward and say to the Board of Supervisors that, here's how we feel, we feel so strongly about the CRF, they may not put so much time and attention to it. That's my feeling.

Vice Chair Pasquini: I make a motion that we support a CRF over an ARC.

Commissioner Kahler: Second

Chairperson Mantas: Be careful with the way that we start motions here. Allow me the opportunity to acknowledge that you're going to be making a motion. (To Vice Chair Pasquini) Can you frame it? I don't understand what you're trying to say. Are you opposed?

Vice Chair Pasquini: I'm opposed the priority being the ARC. And I'm making a motion that the Commission make a recommendation to the Board that a peer-driven, peer-run, CRF be given priority at 20 Allen.

Chairperson Mantas: (To Vice Chair Pasquini) And you're opposing the plan?

Vice chair Pasquini: That's what I just said.

MH Deputy Director: I am certainly a supporter of having a CRF, but I also am a supporter of the ARC because in addition to the specialized services for children and adolescents for 5150 care that Vern Wallace was talking about, we do not urgent care availability in the county now, for adults, children and adolescents after hours. The only thing (after hours) is if someone is going to the CSU; the CSU shouldn't be for people that don't need to be hospitalized. There should be a place where people can go where it's 5, 6, 7, 8, 9, 10 o'clock at night, if they're having crisis, to go to. CSU can only claim Crisis Stabilization services; they can't claim individual treatment, medication services, crisis intervention, etc. I wouldn't want the value of the ARC to be overlooked. Also in terms of medication support services, part of the thinking was, that there is such a long wait to get into see a psychiatrist following a hospital and IMD discharge, at the ARC, there would be able be short term psychiatric medication management services also.

Brenda Crawford: Tom (Gilbert, Shelter Inc) and I were just talking about a facility that he is aware of that he and Victor Montoya (Adult Services Program Chief) could consider for shared housing. So I would just ask that we be open to the possibility of a CRF in this County, that the County embrace that idea and that there are ways of doing that. Tom Gilbert just talked about a property where we could do that. I know we're at a crossroads, and I too am at a crossroads. I don't want children to have to go into the normal unit and have to be subjected that additional trauma. I also have a feeling for older adults, I know what isolation does to older adults and I know how underserved that population is. I also know that adults in this county need an alternative to what we currently have.

Commissioner Pereyra: Sherry, can you clarify for them about housing money?

Tom Gilbert: We don't want to use housing money. This is a 9 bedroom house on 2 acres in Concord for under a million dollars.

Chairperson Mantas: Sherry, is there County money that's going into the ARC?

MHSA Program Manager: Yes.

Chairperson Mantas: How much, approximately?

MHSA Program Manager: I don't know. I'm sorry, I wasn't told what that amount would be, but I was told that the facility would be constructed, the amount would have to be prorated and then that has to be reported to the state in another process.

Chairperson Mantas: If there isn't a significant amount of money from the County that needs to be invested in the ARC, then it would be foolish of us to make the recommendation that we don't want the ARC. But if it's significant and would inhibit us from getting funds for the CRF, then we would have to make a decision on what we feel is more appropriate, the highest need. That's my feeling right now, so how can we make that decision

Commissioner Pereyra: Do we have enough information to make a decision or do we need to delay this so that we can get more information that can provide us with the answers before we're forced to make a decision.

MHSA Program Manager: I have to give you one more clarification, I was supposed to do this at the start, but the meeting got to be so long, but I need to say this, because I don't want this to be something that I did not say. Dorothy Sansoe from the CAO's office, recommended that we make an announcement at the beginning of the public hearing that we are not required to have this public hearing per the State Department of Mental Health guidelines, because the public hearing actually occurred during the Component Proposal presentation in February of 2009,

actually it was January of 2009. Because of that, the State Department of Mental Health is going to look at this, and even if you say you support it or you don't support it or whatever, I just need you to know that there is that disclaimer that we need to say to them, while a public hearing was not required, the Mental Health Commission held one. I'm just telling you that, so that whatever you decide, I will have to put that in there.

Chairperson Mantas: I'm glad that you made that statement and as a citizen of this County, I will go to the OAC and I will make my comments known there and I will also put a motion in a future meeting in this Commission to basically challenge those decisions because the law is clear. We have made a significant change to the presentation that we made before the prior public hearing. We don't even have numbers to look at now. If this is just a game and this means nothing, then we can go ahead and adjourn the meeting.

MHSA Program Manager: It's your choice. It's not a game.

Chairperson Mantas: Commissioners, what would you like to do?

Commissioner Overby: Could we table it for discussion at another time?

Chairperson Mantas: We could, but I don't know what good it's going to do.

Commissioner Overby: You say you don't have the information that's necessary to make a vote.

Chairperson Mantas: Or we can go ahead with a motion that Teresa was proposing a little while ago. I don't want to go through a motion and we end up wasting time going back and forth on this stuff. What do you feel about Teresa's comments? No Comment. What do you feel about my position that we approve it with the condition that the CRF is a part of the plan?

Commissioner Overby: I think that's logical

Chairperson Mantas: So Dave?

Commissioner Kahler: I'd be more inclined to agree with Floyd and table it and get more information.

Chairperson Mantas: Carole?

Commissioner McKindley-Alvarez: I don't know

Chairperson Mantas: Teresa

Vice Chair Pasquini: I already said initially that I opposed the way this process has been, almost from the beginning and process-wise, I let go of this on whatever day that was that we sat at this table with Supervisors Uilkema and Glover up there, telling us that, you know. I let go of this, I've moved on. I'm aware of the DMH guidelines but I'm also appreciative of Peter's desire to have this conversation again because there was not satisfaction after months and months and months of hard Commissioner work. I am ready to go home and I'm done. So if we're not going to do anything, I'm ready to go. I'm going to walk out.

MH Deputy Director: If there was some way that we could figure out to get both, I think that would be the best strategy for the consumers of this county. I'm concerned that if this falls apart here, then we're back to losing all possibilities rather than using some negotiating power to get both.

Vice Chair Pasquini: Then I would really recommend that there be effort made to bring the Commissioners back in, because there was a falling off. I was present. I have given hours and hours and hours and I'm not willing to give anymore hours to chit chat about something that I'm going to be told is a done deal.

Chairperson Mantas: Here's my responsibility. My responsibly under Welfare and Institution Code 5848…Teresa, I'm sorry you're uncomfortable with this.

Vice chair Pasquini: I am.

Chairperson Mantas: 'The Mental Health Board established pursuant to section 5604 shall conduct a public hearing on the draft plan and annual updates at the close of the 30-day comment period required by..' so on. I'm doing my job. This what the WIC communicates to me.

MHSA Program Manager: This is not a draft plan or an annual update.

Chairperson Mantas: It's an update.

MHSA Program Manager: It's not considered that by the State Department of Mental Health.
Chairperson Mantas: So what are we calling it?
MHSA Program Manager: It's a project proposal. I'm sorry. It's not my terminology. I don't write the regulations.
Chairperson Mantas: Terminology continues to change. What was it called back then?
MHSA Program Manager: It was called the Component Proposal.
Brenda Crawford: So Peter, if your motion about seeing if we can have it all, and if there are ways we can have it all for less amount of money, if there are way that we can bring ideas together. I mean, Tom and I were just talking about a piece of property and it's not housing money and it's significantly less money than what is being proposed right now. So all I'm asking is that we be creative because we know that there's a need for a CRF here. And it doesn't have to be done in the context of this process, if we can be open to talking about different ways of getting these services. That's what we need, we need the services. If there's a way of doing that without holding up this process, I think that's the way we should go. It doesn't serve consumers for us to send this back. Whether we get the ARC, or it's children consumers or adults consumers, not following through on this process doesn't serve consumers. It serves consumers if we can be creative about how to meet the needs of all target groups in this area.
Commissioner Overby: Do we have a quorum?
Chairperson Mantas: We do.
Commissioner McKindley-Alvarez: We do.
Chairperson Mantas: How do we want to approach this?
Commissioner McKindley-Alvarez: What's your motion again? Or what motion needs to come from someone else?
Chairperson Mantas: My preference is that we approve the plan with the caveat that the CRF is a part of the final plan submitted to the OAC, to the State. Which means that the Board of Supervisors, if they wanted to follow the recommendation, would have to have the CRF funding along with the ARC.
Commissioner McKindley-Alvarez: Within the MHSA money? Or as a part of the plan?
Chairperson Mantas: MHSA money and as a part of the plan. So that's one option, the other is table or the other one is oppose the current plan and go with the CRF rather than the ARC, which is what Vice Chair Pasquini is recommending.
Vice Chair Pasquini: You can frame a motion requiring something when there isn't funding there. There is not enough funding.
Chairperson Mantas: What I heard was that if the Board of Supervisors approves the funding for the CRF, it will become a part of the plan, correct?
Vice Chair Pasquini: (Sherry) has no financial information.
MHSA Program Manager: I cannot answer that question. I'm sorry. I don't have that information.
MH Deputy Director: I think that if we advocate together, we can probably get more out of the county than when we don't.
Vice Chair Pasquini: I agree.
Chairperson Mantas: (Suzanne) Do you have a recommendation?
MH Deputy Director: The ARC was seen as the starting point. I know that's how the County is looking at it. I don't think it is going to work to say scrap the ARC and do a CRF instead. I think there is negotiating power right now by saying both are needed.
Vice Chair Pasquini: That's been said for month. We need everything.
MH Deputy Director: At that last meeting that you referenced, Teresa, I think what happened was that there was strong advocacy for the children adolescent sector and the ARC. What would have

been nice is if at that same meeting, there would have been strong advocacy for the CRF and then both would have been a part of the package.

Vice chair Pasquini: We had already made a recommendation, Suzanne. And there had been a breaking down of discussions, if I recall. There was a recommendation coming forward from CATF but the Commission had also made a recommendation, our Capital Facilities workgroup had made a recommendation. Our recommendation at that point was overwritten.

Chairperson Mantas: This is the last comment and then we need to act.

Susan Medlin: On behalf of consumers, it'd be wonderful if we could come out as one force with advocates, consumers, family members at the Board of Supervisors meeting advocating for both and it was backed up by your recommendation. Or vice versa, and we'd be backing you up, to include both. It's an important priority that you have heard from consumers and family members that it's an important priority that we do both.

Commissioner McKindley-Alvarez: I'm going to move that we accept the proposal for the ARC only with the condition that we have a commitment from the county that the CRF is not just placed on the table but is acted on appropriately.

Chairperson Mantas: Any comments?

7. **DEVELOP LIST OF SUBSTANTIVE COMMENTS AND RECOMMENDATIONS TO THE COUNTY MENTAL HEALTH ADMINISTRATION (MHA) AND TO THE BOARD OF SUPERVISORS (BOS)**

NOTE: The MHA does not have to follow the MHC's recommendations. However, the MHA must incorporate MHC recommendations as part of the adopted plan along with appropriate analysis.

**ACTION: Motion made to approve the Capital Facilities Project Proposal only with the condition that there is a commitment by the County that the Crisis Residential Facility is not just placed on the table but acted on appropriately, and on the minor conditions that substantive comments be brought up and included in the Plan by MHA. (M-McKindley-Alvarez/S-Pasquini/P-Unanimous, 6-0, Kahler, Mantas, McKindley-Alvarez, Overby, Pasquini, Pereyra)**

8. **CLOSE PUBLIC HEARING**

- **ACTION: Motion made to close the public hearing at 8:46pm (M-Overyby/S-Kahler/P-Unanimous, 6-0, Kahler, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra)**

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

# Meeting Handouts

**from the 4/5/10 MHSA 2010/2011 Annual Plan Update and Capital Facilities Project Proposal Public Hearings are posted separately on this web page**

**(but not included in the agenda packet)**

**For all other materials reviewed and discussed at the 4/5/10 public hearings, please see the agenda packets on the MHC Meeting Agendas and Minutes web page at**

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