



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

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
Thursday • June 10, 2010 • 4:30-6:30 p.m.
Concord Police Department Community Room • 1350 Galindo Street • Concord

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

AGENDA

*Public Comment on items listed on the Agenda will be taken when the item is discussed.
Times are approximate; items may be taken sooner than noted or out of the order listed.*

1. 4:30 **CALL TO ORDER / INTRODUCTIONS**
2. 4:40 **PUBLIC COMMENT.**
The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.
3. 4:50 **ANNOUNCEMENTS**
A. Regional Training for Local Mental Health Board & Commission Members, June 15th at the Hilton Airport, Oakland, 10:00 am – 4:00 pm.
4. 4:55 **CONSIDER APPROVAL OF MINUTES**
May 13, 2010 MHC Monthly Meeting
May 27, 2010 Special MHC Meeting
5. 5:00 **MHC COMMITTEE / WORKGROUP REPORTS**
A. Diversity and Recruitment Workgroup – Anne Reed
 - a. Review the Workgroup's report and recommendation
 - b. Consider approval of the workgroup's recommendations
B. MHC Capital Facilities and Projects/IT Workgroup – Annis Pereyra
 - a. Review the Workgroup's report and recommendation
 - b. Consider approval of the Workgroup's recommendations



- C. Quality of Care Workgroup – Carole McKindley-Alvarez
 - a. Review the Workgroup’s report and recommendation
 - b. Consider approval of the workgroup’s recommendations
 - D. MHSA Stakeholder and Planning Process Taskforce
 - a. Review the Chair’s report and recommendation
 - b. Consider approval of the Chair’s recommendations
- 6. 5:35 **REPORTS: ANCILLARY BOARDS/COMMISSIONS**
 - A. Mental Health Coalition – Teresa Pasquini
 - B. Human Services Alliance – Mariana Moore
 - C. Local 1 – John Gragnani
 - D. Mental Health Consumer Concerns (MHCC) - Brenda J. Crawford
 - E. National Alliance on Mental Illness (NAMI) – Al Farmer
 - F. MHSA CPAW – Annis Pereyra
- 7. 5:50 **REPORT: MENTAL HEALTH DIRECTOR – Donna Wigand**
 - A. Funding of Community Mental Health: Role of Realignment – Suzanne Tavano
 - B. Understanding the Governor’s May Revise Impact – Donna Wigand
- 8. 6:20 **CHAIRPERSON’S COMMENTS – Peter Mantas**
 - A. Consider update on Board of Supervisors Internal Operations Committee
- 9. 6:25 **FUTURE AGENDA ITEMS**

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

 - A. Suggestions for July Agenda **[CONSENT]**
 - 1. Anna Roth (CEO CCRMC – Update)
 - B. List of Future Agenda Items:
 - 1. 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
 - 2. Rose King Presentation on MHSA
 - 3. Behavioral Court Presentation
 - 4. Case Study
 - 5. Discussion of County Mental Health Performance Contract & Service Provider Contract Review.
 - 6. Presentation from The Clubhouse
 - 7. Discuss MHC Fact Book
 - 8. Review Meetings with Appointing Supervisor
 - 9. Creative ways of utilizing MHSA funds
 - 10. TAY and Adult’s Workgroup
 - 11. Conservatorship Issue
 - 12. Presentation from Victor Montoya, Adult/Older Adult Program Chief
 - 13. Presentation from Crestwood Pleasant Hill
 - 14. Presentation on Healthcare Partnership and CCRMC Psych Leadership
 - 15. Presentation on non-traditional mental health services under the current PEI MHSA programs

10. 6:30 **ADJOURN MEETING**

The next scheduled meeting will be Thursday, July 8, 2010 from 4:30- 6:30 pm at the Concord Police Department.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours

Contra Costa Mental Health Commission
Monthly Meeting
May 13, 2010
Minutes – Draft

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:33 pm by Chair Peter Mantas.

Commissioners Present:

Dave Kahler, District IV
Peter Mantas, District III
Carole McKindley-Alvarez, District I
Anne Reed, District II
Teresa Pasquini, District I
Annis Pereyra, District II
Sam Yoshioka, District IV

Attendees:

Peter Bagarozzo
Evelyn Centeno
Barbara Eisenberg
Steven Grolnic-McClurg
Ralph Hoffman, NAMI
Lisa Kaye Klekar
Peggy Kennedy
Mariana Moore

Commissioners Absent:

Colette O'Keeffe, MD, District IV
Floyd Overby, MD, District II
Supv. Gayle Uilkema, District II

Staff:

Donna Wigand, MHA
Suzanne Tavano, MHA
John Allan, MHA
Dorothy Sansoe, CAO
Suzette Adkins, Staff to Supv. Bonilla

Introductions were made around the room.

2. PUBLIC COMMENT.

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Lisa Kaye Klekar is seeking guidance from individuals who have had contact with police departments, specifically Concord. She has issues with the response provided and the use of force when she contacted Concord Police. Her son has a mental illness, is developmentally delayed and has other health issues well. She contacted them for help in March; her son ended up being 5150'ed and was tased, even though the police were told he has a heart condition and it could kill him. She was arrested in her own home coming to her son's aide. She will not call Concord Police if she needs help in the future. She wonders if someone has recommendations on how to get help and support. This was especially alarming to her as she has provided education to various police departments on how to interact with clients with mental health and developmental issues.

Commissioner Kahler and John Allen offered to speak to her outside of the meeting setting. Commissioner Yoshioka commented on an article sent to Commissioners on best practices on integration of primary care into behavioral health care in Harrisburg, Texas. Also there is a

monthly Diversity film series at Contra Costa Crisis Center. He found an article on Kaiser being ranked 1 for diversity and will provide the handout to Commission Staff.

3. **ANNOUNCEMENTS**

A. Behavioral Health Rapid Improvement Event - Friday, May 14th at 10am, CCRMC
She was imbedded this week in the Rapid Improvement team as they prepare for the grand re-opening of the exterior CSU doors. The Kaizen process is to plan without spending new money or staff and juggle what already have and brainstorm how to work best from patients' perspective. The Report Out on the week will take place tomorrow at CCRMC and the ribbon cutting ceremony on Monday 5/17. The Commission advocated for the re-opening of the CSU doors and it's a great improvement for our consumers.

Commissioner Kahler mentioned Commissioner Pasquini was a primary mover in bringing the issue of reopening the CSU doors to Anna Roth's attention

B. Older Adult Open House 6/10/10; see flyer.

Commissioner Pereyra reminded the Commission there is no MHC representative to the Older Adult Task Force. Donna Wigand said there is an Older Adult Task Force, but it not exactly the same as before where they were reaching to John Muir and Kaiser. Most of the same people are involved. She feels the MHC should have a representative.

To Do: Staff to follow up on the new Older Adult Task Force; put on a future agenda to appoint a Commissioner.

C. Regional training for MHB/MHC's in Oakland for Commissioners on June 15. Any suggestions for agenda items should be sent to Chair Mantas tonight or tomorrow. Commissioners can go online to register. The interaction with other Mental Health Board/Commission members was very valuable at last year's state conference.

4. **APPROVAL OF THE MINUTES**

- **ACTION: Motion made to approve the following minutes (M-Reed/S-Kahler) (One motion for all 3 sets of minutes; see votes below based on who attended each meeting.)**

April 5, 2010 Public Hearing MHSA 2010/2011 Annual Plan Update: (Passed, 7-0-2, Y-Kahler, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra/A-Reed and Yoshioka (not at meeting)

April 5, 2010 Public Hearing MHSA Capital Facilities Project Proposal: (Passed, 6-0-3, Y-Kahler, Mantas, McKindley-Alvarez, Overby, Pasquini, Pereyra/ A-O'Keeffe, Reed and Yoshioka (not at meeting)

April 8, 2010 MHC Monthly Meeting: (Passed, 8-0-1, Y-P, Kahler. Mantas, O'Keeffe, Pasaquini, Pereyra, Overby, Reed, Yoshioka/(A- McKindley-Alvarez not at meeting)

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

She thanked Chair Mantas for attending the BOS meeting to accept the May is Mental Health Awareness Month proclamation.

NAMI walk is Sat. 5/22/10 at Speedway Meadows in Golden Gate Field in San Francisco to raise awareness and fund raiser. Everyone is welcome to attend and walk: 1 mile and 3 mile walks. Children and pets are welcome.

Budget update: 1:00 pm 5/14/10 Governor will issue the May Revise budget that revises the budget issued in January. The budget gap projected in January to now is \$20 billion. There was an assumption in January the economy would pick up faster than it has and the April income tax revenue fell short of expectations due to high unemployment.

There is speculation on which programs would be cut or eliminated in the May Revise: 1) Cal Works (California's welfare to work program that allows mental health and drug/alcohol treatment as part of vocational training to be provided to help them get ready to go to work. There are many (30) contractors who provide those services whose contracts would be eliminated.), 2) Healthy Families (insurance plan for kids and families at less than 300% of the poverty level and 3) In Home Supportive Services (assisting aging and disabled so they can stay in their homes and avoid going to nursing homes). All three programs draw down federal dollars and the Governor says the state can't afford the state match any more and will leave the federal dollars on the table.

Also, in January the Governor suggested taking the State general fund match to mental health EPSDT and mental health managed care and put it toward the general fund then backfill with MHA funds. The proposal didn't go anywhere, but still the deficit is still there. It is unclear how the state would eliminate EPSDT because it is a federal mandate for children. The bigger threat is elimination of the outpatient adult mental health managed care benefit. The governor

The third rumor is the suspension for a year or repeal of AB3632 that mandates Counties to provide mental health services to kids in schools. The mandate would shift from the Counties back to (State Departments of) Education; Education could contract with a County to provide those services or set up their own contracts with their own provider network. The privately insured AB3632 kids would not be eligible for County services. In CCC, 2/3 of AB3632 kids are privately insured; this change would free up those spots for Medi-cal or uninsured kids. Having most of the AB3632 patients privately insured is a huge financial drain because the County must obtain permission from the privately insurance patients to allow them to bill their private insurance. The County provides many more services per child than private insurance does (usually a certain number of inpatient and outpatient days per year) therefore parents would rather have the County provide the services.

She discussed the 11-15 Waiver, a talking paper from the California Department of Health Care about what California's federal health care waiver does around medical care: regarding access and care management coordination. What does it mean for behavioral health and drug/alcohol treatment? Mental Health and Drug/Alcohol are trying to get a seat at the table because most of the planning centers on medical care.

Suzanne Tavano mentioned health reform and new parity laws at the federal level. At the state level is the 11-15 waiver that is really under the hospital waiver. They have been reviewing the cost of care for consumers with high health and mental health needs who are in fee for service care rather than managed care and how to move them to managed care. The State will most likely do pilot projects around the state as they determine how best to roll the program out.

There is a focus on integration of care and there are several initiatives in which CCC is already participating including an ambulatory care clinic in the adult mental health clinic in Concord. She is also applying for a grant in West County to locate a physical health clinic in the El Portal mental health clinic. Donna Wigand said there is already ambulatory care psychiatry at 38th Street in Richmond. By having 3 different pilot programs of integrated health reform, hopefully CCC will be positioned as a player as integrated health reform is rolled out.

Ralph Hoffman commented he is suspicious of the timing of release of budget.

Commissioner Reed requested an explanation of an email sent by Staff regarding the possibility of federal dollars being used for a portion of the cost of electronic health records. Donna Wigand clarified when health care reform law passed, federal dollars may be used for electronic health records for health care side, but not the mental health care side. Congress may be looking to pass a bill folding mental health and drug/alcohol electronic health records into the medical health record mix and access federal dollars. In theory MHSA money set aside for electronic health records could be freed up to do something else. Commissioner Reed asked what the freed up money might be used for. Donna Wigand said the County would go back to the planning process and determine the best use for the funds.

Commissioner Reed requested Chair or the Chair of the Cap Fac Workgroup to prepare an email blast with specific link to what to do next. Get to our Representatives now while the bill is still in Subcommittee.

Chair Mantas asked if the MHC would like to formulate an advocacy letter? (.

- **ACTION: Motion was made to add an urgency item (creation of a letter/email blast regarding the use of federal health care reform dollars for mental health electronic records) to the agenda : (M-Reed/S-Pereyra Passed, 7-0, unanimous)**
- **ACTION: Motion was made to have the Chair write a letter from the MHC to the Chair of the legislative Subcommittee supporting House Bill (HR5025) and send an informational email blast to stakeholders and community partners encouraging them to contact their representatives. (M-Reed/S-Pereyra Passed, 7-0, unanimous)**

Discussion:

Vice Chair Pasquini encourages the motion as it would possibly free up 6 million from MHSA to use for other cap fac projects and not have to choose between an Assessment Recovery Center or Crisis Residential Facility.

Commissioner Reed was suggesting an informational email blast rather than a letter, but liked the idea of both. She amended her motion to include both ideas.

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

A. Consider update on Board of Supervisors Internal Operations Committee meeting 5/10/10:

The update will be postponed until the Record of Action has been published and approved by the Chair of the IOC. It will then be sent out to the MHC. They were in meetings for 3 hours with lots of ideas and positive outcomes.

B. Clarification of emergency agenda item added at April MHC meeting:

After receiving a communication from Mariana Moore and meeting with her. Chair Mantas realized that he inadvertently violated the Brown Act by adding an urgency information item incorrectly to last month's MHC meeting. The process used during the June 2009 MHC involved the entire MHC in deciding to add an urgency item, not just the Chair.

He apologized for the error. He will not add urgency items at future meetings until he sees the language from the Brown Act supporting urgency item actions. He is concerned about inadvertently causing problems by adding urgency items improperly.

Dorothy said she emailed him the language today.

C. Commissioner Updates

1. Annis Pereyra will seek re-appointment for District II.
2. Anne Reed will not seek re-appointment for District II.
Chair Mantas asked Commissioner Reed if she would like to make any comments and she preferred to prepare something for next month's meeting.
3. Consider approval of Commission Candidates recommended by Executive Committee
 - a. Peggy Kennedy, District III, Member-At-Large, through 6/30/13
 - b. Peter Bagarozzo, District V, Family Member, through 6/30/13
 - c. Evelyn Centeno, District II, Member-At-Large, through 6/30/13

Chair Mantas informed the Commission that he inadvertently violated the Brown Act by not properly agendaizing the Executive Committee Interviews. He stated, "To all involved, I apologize for my error. We have now established the appropriate process of conducting interviews. To remedy this particular inadvertent infraction we will conduct the interviews again."

Chair Mantas proposed to expedite the applicant process the Exec. Committee be given authority to decide for the Commission He would like to get something done in 2 weeks. Once the Bylaws amendments are completed, there may be a different process for the future.

Motion was made for the Executive Committee be given the authority to decide for the Commission candidate disposition at a properly agendaized meeting. All Commissioner participate in the interview process as voting members for this round of interviews. (M-Pereyra/S-Kahler) (motion amended and seconded; see below)

Dorothy if have a quorum of the Commission, it must be posted and noted as s Special Meeting of the Commission. She suggested rephrasing the motion:

- **ACTION: Motion made to have the MHC hold a Special Meeting to hold interviews for appointments. (M-Pereyra/S-Kahler, Passed, 5-2, Y-Pasquini, Mantas, Kahler, Pereyra, Yoshioka /N-Reed and McKindley-Alvarez.)**

Discussion:

Commissioner Reed: She will be voting against it and suggests we approve the Bylaws first then have the Nominating Committee conduct the interviews. Dorothy Sansoe said the problem with that idea is timing. The Bylaws will not be effective until the BOS approves the BOS until at least mid-June.

McKindley-Alvarez confirmed all the Commissioners would be present and candidate decisions would be made by the Commission that day. Dorothy Sansoe confirmed a quorum must be present at the Special Meeting.

Commissioner Yoshioka confirmed that no matter whether or not there is a quorum, the meeting would be noticed.

Commissioner McKindley-Alvarez wondered if applicants were always subject to interviews in a public setting where a variety of issues may be explored. Chair Mantas agreed in an agenda meeting, there is a chance a member of the public may attend. We need to follow the Bylaws and this process will support them as currently written.

Vice Chair Pasquini confirmed this is the way it has been done in the past. She has only had 1 member of the public attend in 4 years of being on the Commission. Technically (since there are no standing committees) the Bylaws state the Exec. Committee consists of the Chair and Vice Chair, but Chair Mantas was trying to be inclusive by inviting the Workgroup chairs.

Evelyn Centeno asked about closed session. Dorothy Sansoe said advisory bodies can only hold closed sessions for legal and personnel issues.

Commissioner McKindley-Alvarez wanted to make sure applicants, some of whom were present, realized the public aspect of the interviews and asked about the applications being made public. Dorothy Sansoe said the applications will be made public when go to the BOS. Commissioner McKindley-Alvarez also asked if all the candidates were to be re-interviewed since recommendations had already been made by the Exec. Committee. Chair Mantas said there weren't any other candidates for their vacancies so it shouldn't be an issue.

Commissioner Reed would like to request the most comfortable and private interview space as possible. She will not be voting for Commissioner Pereyra's motion and would rather entrust 2 or 3 people to interview and bring forward recommendations to full MHC.

Commissioner Yoshioka read from the current Bylaws and feels since we don't have any standing committees to participate on the Exec. Committee; the solution is to have the entire MHC involved.

Chair Mantas clarified the Exec. Committee is in place as the only current standing committee based on the Bylaws, but he thinks having a Special Meeting is the best solution. He asked if those who will be voting against it would participate in the interview process. Commissioner Reed said yes, if during the evening.

4. Workgroups Comment by Commissioner Yoshioka

Commissioner Yoshioka concerned we are working with Workgroups when they are not itemized in the Bylaws.

Chair Mantas said Commissioner Yoshioka is right; Workgroups are not noted in the current Bylaws. The MHC received guidance from County Administrative Office to proceed working with Workgroups months ago. Based on this guidance we will continue working with workgroups until the Bylaws are amended.

Commissioner McKindley-Alvarez asked if the question of the use of workgroups could be posed at the Bay Rea Regional MHC Training. Chair Mantas said it could be a good topic.

Vice Chair Pasquini said although she has concerns about Workgroups (specifically the lack of a noticing requirement), understanding the history of the use of Workgroups is important. There was a mass exodus from the MHC in 2008; 3 of the 4 resignations were Standing Committee chairs. The Standing Committees were put in abeyance, (no longer meeting, but technically still part of the Bylaws). She referenced a letter from Dorothy Sansoe, dated 6/26/08, written as the MHC was approaching amending the Bylaws. Dorothy advised "the most notable suggestion is the elimination of Standing Committees. Over the past year or so it has become apparent that many of the Committees are requesting the same information and staff reports by the same individuals on the same subjects. These issues of broad interest should be presented to the full Commission for the education of all members. Other issues are being discussed in a vacuum without consideration of the impact of a particular issue may have on other areas of the system of care. By involving all Commissioners in the discussion of all issues, a broader depth and perspectives may be achieved. When the need arises, the Commission may still appoint ad hoc committees or a task force to deal with specific issues." Vice Chair Pasquini believes the letter came out after the Standing Committees were put into abeyance. There were other issues going on at the same time that contributed to the decision to use Workgroups as the method of working. She has reservations about Workgroups and agrees it is a topic for discussion, but urges questions be asked of Commissioners who were here at the time.

Chair Mantas said a Workgroup does the work and brings recommendations to MHC for action; Workgroups do not make decisions. He understands Commissioners' concerns, but he believes Workgroups will make the MHC more dynamic and nimble if the Workgroup process is allowed to work.

Commissioner McKindley-Alvarez wanted confirmation if Workgroups are an acceptable method of working. Will the issue of Standing Committees be coming up again or are we working with Workgroups and the discussion is finished. Chair Mantas said the

Workgroup concept will continue for now. Once the Bylaws are reviewed by the BOS, the discussion can be reopened.

Vice Chair Pasquini asked for Dorothy's guidance on the subject. Dorothy Sansoe said the MHC is not violating current Bylaws by establishing Workgroups. A Workgroup is a small group of Commissioners, authorized by the MHC, to gather information and bring recommendations back to the full Commission.

7. **MHC COMMITTEE / WORKGROUP REPORTS**

A. Bylaws Workgroup Update – Peter Mantas

- a. Review the Workgroup's recommendation in response to County Counsel's recommendations on the Commission's approved bylaws amendments
- b. Consider approval of the workgroup's recommendations

The Bylaws workgroup met on 3/25/10 and reviewed County Counsel's recommendations. The Workgroup agreed with some recommendations and disagreed with others as listed.

ACTION: Motion made to accept the Workgroup's recommendations as is with the exception of removal of the phrase "in California" from all 3 categories of membership from Article III, Membership, Section 1. Membership, Item B. (M-Pasquini/S-Pereyra, P-6-0-1, Mantas, Pasquini, McKindley-Alvarez, Kahler, Pereyra, Reed/ N-0/A-Yoshioka) (pg. 85 of the meeting packet, version dated, 3-30-10)

Discussion:

Commissioner Yoshioka requested tabling the motion. Special meeting held 4/6/09 with 7 members. Several members have left; currently we have 5 of 7 who were part of the 7 present at the 4/6/09 meeting. He requests the process be re-opened to newer Commissioners with additional perspectives so they can have an opportunity to have an impact. Chair Mantas asked if there was anyone who wanted to support the table the motion. No one wanted to support the request to table the motion.

Vice Chair Pasquini concerned at the request to keep reviewing the Bylaws. The Bylaws have been amended to allow for flexibility and reflect many hours of work and the thoughts of family members and consumers.

Chair Mantas said the process has been thorough. The Bylaws Workgroup met, made revisions, sent them to County Counsel, reviewed County Counsel's recommendations and issued a response to those recommendations. The Workgroup also received guidance from the CAO's office during the process.

Commissioner Reed asked about Article VII Committees, Section 5 Membership/Nominating Committee, A, Mission Statement. If a member of the Nominating Committee is himself/herself nominated, he/she should recuse himself/herself from that portion of the Membership/Nominating Committee's responsibilities to avoid any conflict of interest.

Commissioner Yoshioka suggested the Membership/Nominating Committee should not include the MHC Chair or Vice Chair to avoid self-perpetuation of leadership and/or recusion issues. Commissioner Reed said she was not interested in revising the

Committee composition, but rather put in language to avoid any conflict of interest for that specific responsibility.

Chair Mantas said that specific ideas such as these can be covered in an MHC Policy and Procedures Manual that is to be written.

Commissioner Yoshioka suggested the Membership/Nominating Committee is key to interviewing all the applicants. All Exec. Committee meetings should be noticed.

Commissioner Yoshioka asked about Membership Article III, Section 1 Membership, B (p. 85 in the meeting packet). Are we putting things in over and above the W&I Code? The Family member currently reads "...of consumers who are receiving or have received mental health services in California, preferably in Contra Costa County." He feels that is exclusionary; applicants who have not received services in California may have a great deal to contribute.

Commissioner Reed asked if the W&I Code requires a member of the Commission to be a resident of California? Dorothy Sansoe said not to the best of her knowledge, although she would have to go back and read it.

Vice Chair Pasquini said when the Bylaws were being amended, there was a great deal of discussion that Commissioners were to represent the County constituency and County clients. It was to encourage people to apply who have experience with services in Contra Costa. She asked if leaving the language the way it is would exclude Commissioner Yoshioka from serving? Dorothy Sansoe clarified the way it is written, the family member's consumer would have to have received or be receiving services in California, preferably in Contra Costa County, so yes he would be excluded. She suggests putting "preferably" in front of California rather than in front of Contra Costa County. By removing the words "in California" the MHC still retains the option to provide preference through the interview process, but not be confined to it.

Commissioner Reed said the Contra Costa County preference could be vetted during the interview process.

Chair Mantas thought the MHC had previously approved the Bylaws and only those portions of the commented on by County Counsel were being considered today. He's not sure if deleting "in California" would negate the previously approved portions. Dorothy Sansoe said the MHC previously approved the Bylaws as drafted to be sent to County Counsel. So today, any amendment can be made today through the motion. Chair Mantas is not sure, but he will accept Dorothy Sansoe's recommendation.

Commissioner Yoshioka asked if language revision would be extended to Member at Large and Consumer membership categories as well?

Commissioner McKindley-Alvarez questioned if the Consumer membership requirement to have received services in Contra Costa County was being deleted? She wasn't comfortable with that. All membership categories must be residents of Contra Costa

County; that has not changed. Dorothy Sansoe stated as amended the language will say “preferably in Contra Costa County.”

Vice Chair Pasquini said it is important have experience and knowledge of the current system in Contra Costa to allow for the best informed Commissioners providing advice to the BOS. Is having experience from another County, possibly years previously, going to be the best help in advising the BOS on this County for this State? Commissioner Yoshioka suggested Commissioners with outside experience may have valuable input. Dorothy Sansoe suggested given the MHC’s difficulties in keeping and filling the seats, it would be prudent to less restrictive. The Contra Costa County preference can be given through the nominating and interviewing process, but not limited by it.

Vice Chair Pasquini amended the motion and Commissioner Pereyra seconded it.

Dorothy Sansoe will work with Staff to get clean and marked up versions of revised Bylaws to submit to BOS for hopefully the first meeting in June. She will let the MHC know the BOS meeting date in case someone wishes to watch the proceedings.

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

- c. Review the Workgroup’s report and recommendation
- c. Consider approval of the Workgroup’s recommendations

She invited Commissioners to do site visits in June – Crestwood in Pleasant Hill and then Vallejo. She will send out an email once she has scheduled the visits.

- **ACTION: Motion made to begin site inspections in June in Crestwood Pleasant Hill followed by Crestwood in Vallejo with notice to all Commissioners so may they attend. (M-Pereyra/S-Reed/P, 7-0 unanimous)**

Discussion:

Chair Mantas asked why concentrating on Crestwood. Commissioner Pereyra said they house a great many consumers.

Staff to send site visit sheets to Commissioners Pereyra and McKindley-Alvarez.

Suzanne Tavano said MHA and MHCC are visiting all board and cares and they may have a site inspection sheet.

At the 4/8/10 meeting, Donna Wigand suggested the MHC begin advocating for CRF in conjunction with the 20 Allen project. Vice Chair Pasquini suggested waiting for additional info from the Kaizen event before doing so. May be there is a way to carve out some discreet space within the hospital, at least temporarily.

If IT funding is available from another source (federal), the decisions regarding splitting of the Cap Fac/IT funding would need to be reanalyzed. Timing of the bill needs to be investigated.

B. Quality of Care Workgroup – Carole McKindley-Alvarez

More to report next month. Working with the County to get additional information.

The Workgroup will meet with Sherry Bradley in June and Steve Hahn-Smith.

C. Diversity and Recruitment Workgroup – Anne Reed

Commissioner Reed will not be giving her report today as she doesn't want to be rushed; the issues are important and require discussion. The Chair Comments take up so much time, the Ancillary Boards and Workgroup Reports run out of time. She suggests the Ancillary and Workgroup Reports be moved above the Chairperson's reports at the June meeting.

Chair Mantas agreed to Commissioner Reed's request to move Ancillary and Workgroup Reports to the beginning of the agenda.

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

- A. Mental Health Coalition – Teresa Pasquini
- B. Human Services Alliance – Mariana Moore – Human Alliance 5/20, 5-7 pm JFK University on candidates forum + candidates for District 4 offices.
- C. Local 1 – John Gragnani
- D. Mental Health Consumer Concerns (MHCC) - Brenda J. Crawford
- E. National Alliance on Mental Illness (NAMI) – Al Farmer
- F. MHSA CPAW – Annis Pereyra

9. **FUTURE AGENDA ITEMS**

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

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

- 1. No presentations; focus on Workgroup presentations.

B. List of Future Agenda Items:

- 1. 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
- 2. Rose King Presentation on MHSA
- 3. Anna Roth (July?)
- 4. Behavioral Court Presentation
- 5. Case Study
- 6. Discussion of County Mental Health Performance Contract & Service Provider Contract Review.
- 7. Presentation from The Clubhouse
- 8. Discuss MHC Fact Book
- 9. Review Meetings with Appointing Supervisor
- 10. Creative ways of utilizing MHSA funds
- 11. TAY and Adult's Workgroup
- 12. Conservatorship Issue
- 13. Presentation from Victor Montoya, Adult/Older Adult Program Chief
- 14. Presentation from Crestwood Pleasant Hill
- 15. Presentation on Healthcare Partnership and CCRMC Psych Leadership
- 15. Presentation on non-traditional mental health services under the current PEI MHSA programs

10. **ADJOURN MEETING**

- **ACTION:** Motion made to adjourn the meeting at 6:50 pm (M-Reed/S-McKindley-Alvarez/Passed, 7-0, Y-Kahler, Mantas, McKindley-Alvarez, Pasquini, Pereyra, Reed, Yoshioka)

The next scheduled meeting will be Thursday, June. 10, 2010 from 4:30- 6:30 pm at the Concord Police Department

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

**Contra Costa County Mental Health Commission
Special Commission Candidate Interview Meeting
Thursday ♦ May 27, 2010 ♦ 2:00-5:30 p.m.
Minutes-Draft**

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 2:00 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 IV
Floyd Overby, MD, District II
Teresa Pasquini, District I
Annis Pereyra, District II
Sam Yoshioka, District IV

Commissioners Absent:

Anne Reed, District II
Supv. Gayle Uilkema, District II

Attendees:

Peter Bagarozzo
Evelyn Centeno
Ralph Hoffman
Peggy Kennedy
Sharon Torrey

Staff:

Nancy Schott, Staff to MHC

Introductions were made around the room.

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.

There was none.

3. CHAIRPERSON'S COMMENTS - Peter Mantas

The interview questions were reviewed. In the future, the interview questions may be reviewed and revised.

4. INTERVIEW APPLICANTS

2:15 Evelyn Centeno-Dist. II, Member at Large
2:45 Peggy Kennedy-Dist. III, Member at Large
3:15 Peter Bagarozzo-Dist. V, Family Member or Member at Large
3:45 Ralph Hoffmann-Dist. III, Consumer
4:15 Sharon Torrey-Dist. V, Consumer or Member at Large

5. CONSIDER RECOMMENDATION OF APPLICANTS FOR SUBMISSION TO APPOINTING SUPERVISORS.

- **ACTION:** The MHC voted to recommend Evelyn Centeno to Supv. Gayle Uilkema for the Dist. II Member at Large seat, effective 7/1/10 – 6/30/10. (Passed, 6-2)
- **ACTION:** The MHC voted to recommend Peggy Kennedy to Supv. Mary Piepho for the Dist. III Member at Large seat, for term ending 6/30/10 and continuing into a full term 3 year term 7/1/10 – 6/30/10. (Passed, 6-1-1)
- **ACTION:** The MHC voted to recommend Peter Bagarozzo to Supv. Federal Glover for the Dist. V Family Member seat, for term ending 6/30/10 and continuing into a full term 3 year term and continuing to a full term 7/1/10 – 6/30/10. (Passed, 7-1)
- **ACTION:** The MHC voted to recommend Ralph Hoffmann to Supv. Mary Piepho for the Dist. III Consumer seat, for term ending 6/30/11 6/30/10. (Failed, 2-4-2)
- **ACTION:** The MHC voted to recommend Sharon Torrey to Supv. Federal Glover for the Dist. V Consumer or Member at Large seats both terms ending 6/30/11. (Failed, 3-4-1)

6. 2010-2011 BUDGET ADVOCACY

- **ACTION:** Motion made to authorize the MHC chair to advocate against proposed 2010-2011 Budget cuts to mental health system funding. Advocacy can be accomplished, but not limited to letter writing to California legislators and the Governor. (M-Kahler/S-Yoshioka, Passed 7-0, unanimously) Commissioner McKindley-Alvarez left the meeting prior to the vote.

7. ADJOURN MEETING

- **ACTION:** Motion made to adjourn the meeting at 5:30 pm (Passed 7-0, unanimously) Commissioner McKindley-Alvarez left the meeting prior to the vote.

The next scheduled meeting will be Thursday, June. 10, 2010 from 4:30- 6:30 pm at the Concord Police Department.

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

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION Diversity and Recruitment Workgroup

On-Going Action Items for Workgroup (for MHC information only)

1. Contact other county MHC to see how they address the diversity issue - determine if they have marketing materials, specific interview questions, look at website, find out what other resources have they used to assist in the inclusion process.
2. Determine what resources are available to other Contra Costa County commissions and committees to accommodate members and visitors with challenges - include close captioned videotaping of meetings, audiophones, changing the size of the text on our website, translation services.
3. Create a list of underrepresented communities within Contra Costa County and pre-existing organizations serving those communities which can be leveraged for greater MHC exposure.

Discussion/Action Items for MHC Meeting - June 10, 2010

1. Understand that public meetings are a critical form of marketing the MHC - how we conduct ourselves in public meetings can discourage a potential Commissioner from joining the MHC. Commissioners should affirmatively commit to conduct themselves in a respectful, professional manner.
2. Recommend that Chair to designate an individual or individuals to conduct exit interviews for Commissioners who have left in the last two years and further request that the Workgroup develop a set of exit interview questions designed to enhance our understanding of our current diversity challenges and opportunities.
3. Encourage all commissioners to privately speak with the Chair and/or Vice-Chair if there is a disability which prevents them from fully participating in MHC meetings.
4. Ask for volunteer among the current Commissioners to meet with their individual supervisors. This will allow the MHC to clearly understand each supervisor's needs, expectations and priorities when sourcing for, interviewing and recommending new Commissioners. Workgroup will work with Chair and Vice-Chair to develop an outline to be used in these meetings.

Item 5A

Quality of Care and Quality of Life Assurance Workgroup

May 21, 2010

Attendees: Carole McKindley-Alvarez, Chair
Peter Mantas, Vice Chair
Floyd Overby
Sam Yoshioka

Presentation on County evaluative measures by invited guest Steve Hahn-Smith accompanied by Suzanne Tavano.

Discussion: Process of selection and implementation of evaluative measures, how to move from collection of quantitative measures to qualitative measures, how measures are prioritize (based on funding), information being provided to Mental Health Commission (MHC) for review and discussion, current measures in place, inclusion of MHC on committees where evaluative measures are discussed, how cultural factors are considered within the selection and implementation process, and how contracted facilities are monitored for quality of care concerns.

Through the rich discussion the following was requested:

- Process for evaluation of contracted facilities
- Samples of reports sent to State [Performance Outcome Data]
- Discussion of MHC being involved in committees where evaluative measures are discussed with necessary parameters in place.
- Discussion on utilizing measures that move from quantitative to qualitative data
- Revive the process of MHC receiving copies of reports done by County for funding sources.
- Inclusion of Mental Health Commissioners on the Quality Improvement Committee (QIC) and/or Quality Management Committee (QM)

CPAW Workgroup Reports and CPAW Report for 6/10/10 Mental Health Commission Meeting

CPAW Housing Workgroup:

The application period closed and a small number of applicants moved on to the interview process for the MHSA Housing Coordinator. Hopefully we will hear the outcome in June, but things move slowly towards any hiring throughout the county structure.

ANKA has been chosen by MHA to do scattered-site housing with the MHSA funds which remain. A couple of the members of the housing workgroup approached Vic Montoya to ask that he and the new Housing Coordinator consider locating the housing in close proximity to one another and to the Clubhouse or MHCC sites. Vic agreed that the social aspect of having housing close to activities is a great idea. A site tour of Coolidge Court in Oakland was conducted. The site is run by Fred Finch for TAY (Transitional Age Youth). Additional models that involve social activities of residents in more than one housing unit are located in the Bay Area. I have visited several of these. Kirker Court is a housing unit that Connie Steers thinks is an excellent model.

A NAMI member and mother of a resident of the Phoenix Apartments on Clayton Road, Concord, has raised concerns about the 12 residents of the apartments who may be displaced from their housing this year. ANKA owns the property and it has been on the market since March. It is hoped that it will be sold to another housing provider, but if no sale is made within 6 months, the unit will be sold on the open market and the residents will be displaced. The residents are extremely apprehensive. They have built social networks amongst themselves, and have better outcomes because of their social links. Vic Montoya has stated that the residents will be given individual housing vouchers if the unit is sold on the regular market, but it is enormously stressful for the current residents not to have answers to a host of questions including how much notice will they be given before displacement, how long they will have to obtain housing elsewhere, who will help them move, and who will help them navigate the complex problems of finding housing elsewhere. The whole process is creating instability among these consumers because they are losing the foundation created by stable housing in the "housing first" model claimed by Contra Costa County.

I ask that the Commission seek answers to the questions that plague and unsettle this group of our most vulnerable community members, and assist them in finding answers and solutions to this problem.

CPAW :

A facilitator has been hired and introduced to the members of CPAW at the May 6th meeting. A poll was sent out by email after the meeting and will be discussed at the June meeting on Thursday the 3rd. A verbal report of that meeting will be given at the MHC meeting.

Capital Facilities/ IT:

At the last MHC meeting, commission member Reed brought to our attention a House Bill that would hopefully allow Mental Health access to Federal HIT funding. Steve Hahn-Smith is leading the IT project for CCC mental health, and he reported to the CPAW workgroup for Cap/IT that this bill, if adopted, would NOT provide MH with the IT system that is planned using MHSA Cap/IT funds. At the last MHC meeting, hope was expressed that this bill would fund our IT system and the funds dedicated from MHSA could then be used as part of the Cap project. The bill, at most will cover a couple hundred thousand of annual expenses for the IT project, but will not cover acquisition of the system.

Additionally, it was reported by Donna Wigand last week that the county commitment to the 20 Allen project has been retracted due to further budget cuts. The remaining funding will not be put to use until there is further evaluation of where Mental Health funding will stand after the next round of cuts. There has been talk from Sacramento that one option that may be considered would be a "relaxing" of the regulations regarding use of MHSA funds, so that monies could be put to use providing services that otherwise will have to be cut. This would mean that we would have to rethink all proposed funding to redirect monies towards core services that are essential.

Site Inspections:

A site inspection check off sheet was provided by MHA and is included in your packet. Additionally, a packet of inspection sheets were provided by Janet Wilson, and a combination of these tools will be used for site inspections which will commence this month. An email will be sent out to all commissioners notifying them of the time and place of our first inspection. Doing these inspections will also serve to familiarize commissioners with facilities that serve the consumers we represent, so I am hoping that all will take advantage of this opportunity.

Prepared by Annis Pereyra

June 2, 2010

**Contra Costa County
MENTAL HEALTH COMMISSION**

PROGRAM SITE VISIT – EVALUATION FORM

Location of Site Visit: _____

Address: _____

City/County: _____

Date of Site Visit: _____

Type of Facility:

- ☐ Housing (ie, Board and Care)
☐ Day Treatment
☐ Inpatient Facility
☐ Other _____

PHYSICAL PLANT/CONDITION OF FACILITY (Circle Selection):

CATEGORY:	Not Applicable	Unsatisfactory	Less than Satisfactory	Average	Satisfactory	Highly Satisfactory
General Appearance	<input type="checkbox"/>	1	2	3	4	5
Cleanliness	<input type="checkbox"/>	1	2	3	4	5
Safety	<input type="checkbox"/>	1	2	3	4	5
License Posted & Visible	<input type="checkbox"/>	1	2	3	4	5
Patients Rights Information Posted	<input type="checkbox"/>	1	2	3	4	5
Other physical structures:	<input type="checkbox"/>					
• Ramp	<input type="checkbox"/>	1	2	3	4	5
• Patio Areas	<input type="checkbox"/>	1	2	3	4	5
• Parking	<input type="checkbox"/>	1	2	3	4	5
• Other	<input type="checkbox"/>	1	2	3	4	5

Comments: _____

PERSONNEL/STAFF (Circle selection):

CATEGORY:	Not Applicable	Unsatisfactory	Less than Satisfactory	Average	Satisfactory	Highly Satisfactory
Adequate Staffing (ie, Ratio of residents to staff adequate for facility)	<input type="checkbox"/>	1	2	3	4	5
Professional Credentials of Staff	<input type="checkbox"/>	1	2	3	4	5
Interns	<input type="checkbox"/>	1	2	3	4	5
Recreational Therapists	<input type="checkbox"/>	1	2	3	4	5

Comments: _____

WITHIN THE FACILITY (Circle selection):

CATEGORY:	Not Applicable	Unsatisfactory	Less than Satisfactory	Average	Satisfactory	Highly Satisfactory
Laundry Facility Present	<input type="checkbox"/>	1	2	3	4	5
Laundry Facility Maintained	<input type="checkbox"/>	1	2	3	4	5
Kitchen Facility	<input type="checkbox"/>	1	2	3	4	5
Bathroom(s) Facility	<input type="checkbox"/>	1	2	3	4	5
Client Bedrooms:	<input type="checkbox"/>					
• Size adequate	<input type="checkbox"/>	1	2	3	4	5
• Windows in room	<input type="checkbox"/>	1	2	3	4	5
• Closet space adequate	<input type="checkbox"/>	1	2	3	4	5
• Configuration	<input type="checkbox"/>	1	2	3	4	5

Comments: _____

CONTENT OF PROGRAM (Circle selection):

CATEGORY:	Not Applicable	Unsatisfactory	Less than Satisfactory	Average	Satisfactory	Highly Satisfactory
Scheduled Daily Activities	<input type="checkbox"/>	1	2	3	4	5
Organized Games in Evening	<input type="checkbox"/>	1	2	3	4	5
Chores Assigned to Residents	<input type="checkbox"/>	1	2	3	4	5

Comments: _____

OVERALL EVALUATION OF PROGRAM SITE (Check choice):

☐ Unsatisfactory ☐ Less than Satisfactory ☐ Average ☐ Satisfactory ☐ Highly Satisfactory

ADDITIONAL COMMENTS REGARDING YOUR VISIT:

SUGGESTIONS FOR ANY IMPROVEMENTS TO PROGRAM/SITE:

Program Evaluator: _____
Signature Date

INTERNAL OPERATIONS COMMITTEE

Supervisor Mary N. Piepho, Chair

Supervisor Susan A. Bonilla, Vice Chair

Record of Actions

May 10, 2010

Room 101, 651 Pine Street, Martinez

1. Introductions

The meeting was called to order by Chair Piepho. Vice Chair Bonilla was in attendance. Staff and the public introduced themselves.

2. Public Comment: None

3. Nominations for Appointment: The Internal Operations Committee approved the appointment to the Hazardous Materials Commission, one seat, as recommended by staff.

4. Review of Survey Conducted by Public Employees Union Local One of the Mental Health Administration: The Internal Operations Committee accepted the report, considered public and staff comments and directed 1) County Administrator Office staff to work with the Health Services Department on the issues involved, 2) Health Services staff to report back to the Committee on the status of and outcomes of the recommendations; 3) Health Services staff to communicate to the Mental Health Commission any proposed changes in mental health programs and services and report back to the Internal Operations Committee; and 4) Health Services to request technical assistance from the State – California Institute for Mental Health. The Health Services Department and County Administrator were also directed to report back to the Internal Operations Committee in approximately three months with an update.

5. Use of Private, Invitation Only Advisory Groups – Child and Adolescent Task Force: The Internal Operations Committee accepted the report, considered public and staff comments and directed the Health Services Department to utilize a variety of stakeholder groups, individuals, community organizations and other interested parties as possible when implementing, revising, planning, or operating programs for services. In addition, directed Health Services staff to clarify the role of staff in

relation to community groups, encourage cooperation between the Child and Adolescent Task Force and the Mental Health Commission, and consider the use of an outside facilitator to assist in resolving the issues and creating a cooperative environment.

6. **Employee Participation on County Advisory Groups – Consolidated Planning Advisory Workgroup:** The Internal Operations Committee accepted the report, considered public and staff comments and directed the Health Services Department to develop guidelines on conflicts of interest, gather information on how other counties have organized their MHSA stakeholder groups, and report back to the Internal Operations Committee. In addition, the Internal Operations Committee requested that the Health Services Department report to the Family and Human Services Committee on the work of the Consolidated Planning Advisory Workgroup with a follow up report on the Board of Supervisors' calendar.
7. **Record of Action:** Approved Record of Action for April 19, 2010.

***Notes from Speakers at the
May 10, 2010 IOC Meeting***

Notes of Peter Mantas for the Management Assessment Agenda Item
Items in red were not read

Our country is going thru some significant challenges. Many of us are asking how could the financial meltdown not been seen? We have regulators in place to identify potential problems... Why could they not see this coming?

It is my humble opinion that numerous people did see it coming and even warned about it. These individuals were likely called: negative, alarmists, idiots, etc. Fast forward to today... We are asking why nothing was done.

We need not go far to answer that question... How many people have come forward to present concerns over the running of our own mental health system before we take action? We have heard from:

- ❖ Ednah Friedman in December of 2008 (to Supervisors Bonilla & Glover)
- ❖ Dr. Nancy Ebert (Supervisor Bonilla)
- ❖ Dr. Scott Weigold (Supervisor Bonilla)
- ❖ 132 Mental Health Professionals' concluded that they "lack confidence in this administration."
- ❖ Many other professionals, consumers and family members have done the same in the past.
- ❖ Mental Health Commission
- ❖ More have provided testimony today
- ❖ Furthermore... We have lost people to suicide and almost lost others to multiple attempts with minimal to no corrective action.

Line staff and others describe a culture of a combative and punitive management style... If one talks about problems they get demoted... Retaliation and cover up is pervasive. Management's response to line staff's assessment is consistent with the responses I have received from the same senior managers. If I provide constructive criticism I am "being negative or pointing the finger". Supervisor Bonilla has felt this directly; at a meeting Ms. Wigand stated that people were pointing fingers... Supervisor Bonilla responded we are talking accountability.

It should be noted that there is a stark contrast between responses to stakeholders' constructive criticism between CCRMC and MH management. The former embrace criticism and ideas as healthy and supportive of transformation while the later take it as personal attack. While CCRMC is creating a collaborative atmosphere with the MHC; Mental Health Division is creating an adversarial atmosphere with the

same MHC. For example; it has taken a few months for CCRMC to deal with difficulties in the Crisis Stabilization Unit admissions while the Mental Health Division gave the MHC months of excuses on the same issue.

In public Administration plays the victim of strong words... What administration does in its own circles is ridiculing its perceived nemesis... It vilifies people and plots against them. Administration dismisses people and their concerns.

This is a fantastic opportunity for us to assess the system, management style and its 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. How many times have we heard complaints of lack of transparency, accountability, presence of an adversarial attitude and culture, dismissive environment, etc. Our options are simple... Either management will change... Or it is time to change management...

I would like to suggest that the Board of Supervisors convene a committee; similar to a Grand Jury which will conduct anonymous interviews of staff. The committee should include members of the Mental Health Commission. The committee will assess the following and provide a recommendation within two months:

1. Division's culture
2. Division's retaliatory practice against whistle blowers
3. Allegations of fraudulent practices of changing records to cover up negligence

During the June 11, 2009 meeting Dr. Walker attended the MHC meeting stating the following:

Having staff at the Commission's meetings is not the highest or best use of their time. He also stated that he hoped the Commission will be planning how best to use the energy in the room and added warfare gets us no where. Dr. Walker said Julie Freestone will attend future MHC meetings.

After Dr. Walker and Julie Freestone attended numerous MHC meetings; Dr. Walker found that the meetings were productive and instructed staff to participate in the meetings once again.

Notes of Peter Mantas for CATF Agenda Item

Items in red were not read

For those that believe that I used too strong of words... I apologize if I offended anyone. However the message delivered by the MHC was clear. We asked the IOC to assess current practices.

It is interesting how ultra sensitive individuals are to strong words when the message is in opposition to their own. However, these same individuals are perfectly comfortable using even stronger words to counter the message but to also vilify and discredit the messenger. My saving grace is that the folks in this room can see through this muck.

What an interesting statement is that the facility is not owned by the County and therefore the rules don't apply? Are there different tax dollars being used to pay for rent vs purchase?

Furthermore it should be noted that during the June 11, 2009 Mental Health Commission meeting which Dr. Walker attended the MHC meeting stating the following:

Having staff at the Commission's meetings is not the highest or best use of their time. While Dr. Walker made these statements, MH Admin was attending CATF meetings which are not part of its statutory responsibility. Beyond that the division was providing county paid administrative support. The question is why?

It should also be noted that to reduce duplication of effort while allowing more advocate voices to be heard, the Mental Health Commission (MHC) requested for membership in a number of community task forces. One such task force which is used by the Mental Health Division in an advisory capacity is the Child and Adolescent Task Force (CATF). The MHC requested permission to appoint a representative to the task force. The Chair of CATF advised the MHC that the decision of the group was to remain an invitation only body. The perception here is what you control the membership and therefore you control the message.

Notes of Peter Mantas for CPAW Agenda Item:

Items in red were not read

I would like to go on the record as saying that we need to have staff's and contractors valuable voices and ideas in the discussion. The question is how?

In a culture driven by a combative and punitive management style it is difficult to believe that individuals that are tied to county money can't be influenced by its authority. Consequently if you have 67% to 79% of the body with that potential influence and potential of conflict of interest how can you trust that an unbiased resulting recommendation will be?

It should be noted that since the MHC brought this issue to the attention of the BOS there has been an effort made by division managers to discuss conflict of interest at the CPAW meetings. However this does not go far enough to prevent it. I believe that it extremely difficult to impassible to prevent under this structure.

We need to develop a better way of getting the ideas from employees and contractors to development of MHSA programs.

Please also note that the MHC has established a task force that will meet during the next three weeks to make recommendation on CPAW's make up and the Commissions involvement in the plan development process. Representatives from the Commission, MHA and Contractors will be involved. Any suggestions that the IOC has to provide will be appreciated and shared with the Task Force.

TOTALS IN EACH CATEGORY:	Old	New	MHA
New Members	3		
Removed Members	3		
% Employees	36%	33%	25%
% Contractors	32%	46%	42%
% Consumers & Family	24%	21%	33%
% of Members Connected to County Money & Influence	68%	79%	67%

A motion was passed on a 7-0 vote that this matter be referred to the Internal Operations Committee. The attached letter and draft board order provide background as well as formalize this request. Paper copies will be mailed today.

This report was referenced during my unscripted comments of how other County Boards operate and common issues.

June 18 – 20, 2009

To: Contra Costa Mental Health Commission

From: Peter A. Mantas
Chair – Mental Health Commission

Report – Statewide Mental Health Boards & Commissions Conference

Presented by CiMH (California Institute for Mental Health) and CALMHB/C
(California Mental Health Boards and Commissions)

The Conference included members from 30 counties and Panels on the following subjects (presentations will be printed and distributed to all commissioners):

1. MHSA – WET and PEI updates
2. Spirituality as part of the therapy process
3. Veterans PTSD
4. Keynote Speech - Leadership, Inclusion and Collaboration During a Perfect Storm
5. Co-occurring disorders
6. Foster care
7. Veterans receiving mental health services
8. Justice system and mental health court
9. Performance outcomes

My most memorable parts of the conference were the keynote speech presented by Mr. Allan Rawland – Director San Bernardino County Department of Behavioral Health and Justice System and Mental Health Court by Judge Steven Manley – Santa Clara County.

Mr. Rawland started his keynote presentation by introducing his bosses that were present. These included the five members of the San Bernardino County Mental Health Board followed by a mention of the County's Board of Supervisors.

After presenting the budget numbers, as were presented by Dr. Walker for us, he described the opportunity for all of us to work together. The opportunity included the following:

1. Develop strong voices to describe the personal impact of proposed cuts and the risk of proposed cuts.
2. Build partnerships among mental health leaders
3. Build partnerships outside of mental health
4. Create social networks and supports

He then described Leadership:

1. The process of influencing human behavior and organizational culture in the interest of meeting specific goals and outcomes for the agency
2. Further... Leadership is also about giving up power and creating an environment that everyone is mutually energized and empowered to achieve the mission of the agency. (Rawland, 2009)
3. He described how he and the Mental Health Board share in the leadership role
 - a. He shares with the MHB all but personnel information – in some cases even that
 - b. Not only is the MHB involved in the interview and hiring process for his position but all his senior staff
 - c. All contracts are reviewed and approved by the MHB
 - d. MHSA public hearings are described to be run as our last public hearing

He then defined two types of leaders:

1. Transitional Leadership – does not require a common goal for the leader and the follower; instead, diverse interests are recognized, and the leadership process becomes a kind of accommodation agreement in pursuit of separate but complimentary purposes.
2. Transformational Leadership – is based on the idea of a unified effort, where the leader and the follower both work together on behalf of goals to which they agree – occurs when one or more persons engage with others in such a way leaders and followers boost one another to higher levels of motivation and achievement. (Rawland, 2009)

Rawland's top 10 reasons for Inclusion and Collaboration:

10. Will "level the playing field"; we will all start on the same page!
9. Will encourage everyone to find a "common ground"
8. Encourages the exchange of diverse ideas and different points of view
7. Facilitates participation and actively reaches out for input
6. Avoids making assumptions and misunderstandings through open communication and sharing of information! We don't want any surprises!
5. Discourages apathy and alienation
4. Acknowledges everyone's contributions and strengths
3. Develops positive and pro-active working relationship and partnerships
2. Assures cooperation among those involved in developing "mutual solutions" to issues and concerns shared by everyone
1. Allows everyone to express their own opinion, be heard, be respected, be valued, be accountable, and be Empowered!

Judge Steven Manley of Santa Clara County Behavioral Court talked about his court and his recognition of how co-occurring disorders impact his clients. It is for this reason that he involves County Mental Health along with County Drugs and Alcohol.

His focus is on helping his clients not putting them in jail. He asks that clients come back to see him if they need help and opens up resources to make sure they are taken care of.

He provided statistics that 65% of all individuals incarcerated have serious mental illness. He further states that these people are not getting any help and come out worse than they go in. His approach has freed up four hundred beds in his county jail that are now becoming revenue generators housing other counties' people.

At the end of his presentation he showed us a video of his courtroom. The video was so moving that it sent people to tears (including me). What a powerful presentation and what a wonderful person.

Interaction with others Commissioners and Board Members

Out of those that I spoke to San Bernardino County, San Mateo County and Santa Cruz Counties were communicating positive things. When asked how they handled public hearings their replies were very similar with ours. Their understanding of the W&I Code is congruent to ours. They all are involved in review and approval of contracts. However, they all stated that they don't spend a significant amount of time reviewing them. Each of these Boards receives all the information that they ask for and feel that the Department is totally open and inclusive of them.

San Bernardino County MHB was the most involved of all Boards. The Director routinely gets them involved in the interview process of senior Department Staff. They are welcomed at staff meetings. They are also heavily involved in review of contract facilities' performance.

Santa Clara was most dissatisfied with their relationship with the Department. I will not go into many details as to why. The basic details are as follows: They are excluded from participation and not given information they request. They get very little respect.

To: Contra Costa County Board of Supervisors

From: Linda A. Foster MFT, MHCS, JACS Program

Re: MH Leadership

We have a crisis in leadership for this county's MH department. It is rampant with corruption and noncompliance in many areas. For the JACS program alone we are noncompliant with Title 15, with AB3632, and with the BBS intern supervision regulations. I have personally brought all of these issues to the attention of MH management, to no avail except our program manager, Sandy Marsh, was forced to "start" cosigning intern progress notes which she hadn't signed for over 4 years. She is doing so retroactively which is also illegal and invalid. This could cost an intern his license. I have met with Sandy Marsh, Vern Wallace, and Suzanne Tavano. I have also written to Dr. William Walker. We have had a meet and confer with Local 1, and no changes have been made. It appears no one is concerned about the illegal activities in our program. There has been no disciplinary action taken against those responsible and there has been retaliation. I was fired from my position as UR Team Leader after bringing up these issues and have filed a grievance against Sandy Marsh. I am not optimistic ANY of these issues will be resolved, as the MH leadership in this county is ineffectual at best. I am hoping you will rise to the occasion and enforce compliance and a change in leadership, along with the necessary disciplinary actions.

Notes of Teresa Pasquini on Management Assessment

Good Afternoon Chair Piepho and Supervisor Bonilla, my name is Teresa Pasquini, I am the Vice Chair of the Mental Health Commission, my comments today are as a Community member.

The Recommendation by the CAO to this Committee should be rejected. Continuing to work with the labor representatives on the issues addressed in the survey will exclude the members of the public who use these services and are affected by these serious allegations. This is not a labor issue, it is a system issue. The Local One Evaluation of the upper management of the MH division was not an attempt to negotiate. It was a brave whistle blowing document speaking truth to power.

The Health Services Administration, CAO, and MH Division have tried to make this about line staff productivity when it is really about leadership accountability. After months of meetings, the Local One MH Unit declared unanimously, in a recent meeting, that there have been “**NO TANGIBLE RESULTS**”. The assessment can not be adequately addressed by a matrix of deliverables. While management is looking to negotiate their way out of this public relations problem, line staff is looking for a CHANGE IN CULTURE.

The public relations problem was first addressed by Local 21's response to the Management Assessment. I am extremely disappointed in the mischaracterization that the 4 top Managers, who helped Mr. Britton craft the letter of response, are NOT local 21 members. This causes me to question the integrity of the response.

I personally viewed the Local One Management Assessment as a failing grade in the upper management of the mental health **division**, lead by the Mental Health Director and the Deputy Mental Health Director. My personal grades mirror the assessment and are as follows:

Failure to lead proactively instead of reactively.

Failure to create a strategic plan to address service gaps that will outline a process to address the current state of systemic crisis.

Failure to follow up on those who have lost services or experienced reduction of services.

Failure to adequately support and oversee contract services which account for the majority of our programs.

Failure to consider the morale of the rank and file who are in the trenches.

Failure to consider the Lean Methodology before the damning survey was released and it was forced upon them as a way to heal the wounds of the broken line staff who were brave enough to risk their careers.

Several top managers operate as if the basic public service rules/mandates don't apply to them. When line staff or even Team Leaders question upper management, they appear to be targeted. This is a recognized problem as Congressman George Miller, recently said that it's "deeply troubling that workers still face retaliation for reporting fraud and other

serious matters. With the enormous investments now being made to save or create jobs, and the reforms intended to shed Wall Street of its culture of reckless greed, waste and mismanagement, we must protect workers who come forward at great risk trying to save lives and stop corruption."

I urge an immediate INDEPENDENT AUDIT, that is not mired in the special interests of labor, the mh division, and health services department. The public system must be accountable to the public it serves. **We can not expect a government agency to process criticism of the same service they deliver.**

I respectfully request a plan from the Board of Supervisors that will show us a way out of this crisis of management and address the suffering of the consumers, their families, and your line staff.

The following are examples of top administration's inability to resolve the serious issues before their line staff and the public. There seems to be inconsistent communications of policies, procedures, roles and responsibilities, and a failed leadership structure to address serious concerns. The following comments were made to Teresa Pasquini, by Community members, current and former staff:

- No official "on the Job Training" for Community Support Workers.
- Need for annual Safety Training for Rank and File.
- Staff have not been 5150 trained and certified since 2007
- Lack of Communication and Vision shared with Mental Health Employees.

- Line staff and community members have reported concerns about the treatment of Ray Neuman, a 33 year veteran who built the West County Children's Program. Mr. Neuman's clinic was the most culturally diverse and most closely matched to the needs of the community.

- Aniece Jackson, of Hercules, called expressed grave concern about the current state of the mh system based on her knowledge as a former County Employee and Mental Health Commissioner. Her agency (Westwind Foster Family Agency) expressed their concerns through a letter to Dr. Walker protesting the situation with Neuman and asked for a remedy to the situation but they have been ignored. She also expressed that there were many other letters from the community and staff sent to Dr. Walker echoing their concerns. It was reported to me that Mr. Neuman, one of the managers who received very high rating by the Local One Survey was demoted, out of retaliation, because he questioned the Children's Program Chief about decisions he has made that are not in the best interest of West County Mental Health and the community. I understand that he is engaged in an arbitration process currently and we hope he returns to his position shortly.

- The documents provided by Linda Foster, current MFT at Juvenile Hall, support the above claims regarding concerns about retaliation. Her documents also raise additional concerns that are potentially serious breaches of procedures, policies, and

violations of law. These allegations suggest terrible lapses in patient care and extreme county liability and financial risk. See all documents provided. Some of Ms. Foster's concerns preceded the Local One Survey. Her attempts to communicate to upper management go back to February 09 based on the documents that she sent to me and that I will provide to the Board and the Mental Health Commission.

- In December 2008, Ednah Friedman, former Program Manager of the Probate/Conservator's Office, challenged MHA, Dr. Walker, the MHC and the BOS to consider her grave concerns about staff's morale and understaffed programs. Her staff was threatened for speaking out to the Board's Health and Human Services Committee in support of Ednah. Ednah publicly accused Suzanne Tavano of threatening her staff at the NAMI General Meeting in December of 2008. Suzanne and Ednah debated each other before the public, but Ms. Friedman's concerns were never properly addressed in any official way by the Administration, CAO, or BOS. Those of us with loved ones under the Conservator's Office may have wanted a more public response to those concerns since the LPS and Probate Conservatees are arguably the most fragile and vulnerable, along with children.
- Exit interviews of Dr. Nancy Ebert and Dr. Scott Weigold with Supervisor Bonilla.

Notes of Teresa Pasquini on the CPAW agenda item

There is a flaw in the CPAW makeup which is dominated by personal and organizational conflicts. How can the same people who are paid to plan and implement programs be the same who evaluate the quality of services? There must be some independent evaluation built into the local Mhsa oversight process. I believe the MHC/Boards have an existing statutory foundation and mandate to provide that oversight of all programs, including MHSA. This is outlined in several California Mental Health Director's Association White Papers (See Providing for the MHSA Integrated Plan and Annual Update). It is also a discussion state wide including San Diego, Santa Barbara, and Santa Clara counties.

There are some counties who have recognized the need to use the MHC/Board as a neutral evaluator for MHSA. Shasta County is an example. A recent DMH MHSA Implementation Study also sites several examples of "...how to create a structure and process for real oversight." Even the State MHSOAC was made independent from the perceived conflict with DMH by the trailer bill last year AB3x(?).

There have been many assumptions made and misinterpretations of the Commission's Motions to the IOC. I would like to help dispel those rumors and myths.

1. The Commission's motion arose out of conversations with Supervisors who wanted clarity on the role, responsibilities and goals of the various advisory groups coming before the Board.
2. This request followed several contentious communications around CATF, CPAW and the MHC.
3. There had been numerous emails to the CAOs office, MHA, and to the Coalition members seeking assistance and partnership in resolving the problems among the stakeholders. Some of those were shared with CPAW. Most of them were not. CPAW members have NO knowledge of the efforts made by the Commission to seek solutions to adversarial stances. The Commission has been vilified for doing their job and seeking answers to system questions.
4. The Commission has statutory responsibility duties that must be followed. The Commission is made up of community volunteers who have enormous personal burdens but are trying to perform their due diligence regarding the oversight of the entire system AND the implementation of MHSA.
5. The Commission does not want to eliminate CPAW and I have been very vocal about the good work being performed by this body. BUT, the Commission would like to consider the ethical and organizational conflicts that may be preventing the best use of MHSA funding and other revenues that are being leveraged.

There must be a better coordination of information between the CPAW and the MHC. The Commission should not be receiving information after it has been approved and often rubber stamped by CPAW. This should be considered by the BOS and a policy recommended.

Comments Made To The Internal Operations Committee

5/10/10

David Kahler, Speaking as an Individual

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We should be operating as if our Hair was on fire.

We are dealing with issues that are our county's response to the needs of the mentally ill. Our loved ones! I have been involved with this mental health system since 1995 when my son was diagnosed as having a bipolar disorder.

I joined the family's organization NAMI—The Alliance on Mental Illness. I went to a great many meetings and endlessly discussed the failures of the mental health system. If you had asked me, At that time, if you had asked me who is your supervisor I might have replied What is a supervisor?

I found out, got to know Mark DeSaulneir, enjoyed his restaurant and went to many meetings where we discussed the ongoing problems of the mental health system.

After many of those meetings, someone would say "that was a good meeting." It was said because the person was able to vent emotions and felt better. The meeting was being used for her own therapy. When asked later what did that meeting accomplish . . . The answer was always nothing.

After 16 years of working with the system, I have to say it is more dysfunctional now that it was when I started.

People do not usually say that out loud. They don't want to hurt the feelings of the career bureaucrats that manage the system on a daily basis.

This is the time to toss hypersensitivity out the window.

The people managing the system are not the culprits. They did not spend us into insolvency and then brutalize the budgets. They did not author the LPS laws.

We hand them a system that is a mess to start with.

So we go and point out them multitude of problems and the immediate and standard response is: "It's the budget . . . there is nothing we can do!"

Wrong, Wrong, Wrong!

Attitude and management style is not part of a budget.

In April of 2007 Teresa Pasquini and I attempted to pass a motion at the Mental Health Commission that stated

" The Contra Costa mental health system is in systemic crisis!" It failed to get enough votes to pass. After the meeting each of the commissioners said that they completely agreed that the system is in crisis but that motion would not be "Politically Correct!"

Politically Correct Indeed! And so our loved ones dire needs continue to go essentially UNADDRESSED!

Well surely the staff, those that work in the field every day would see the problems and speak up. The process of intimidation is such that practically never happens. I will listen to a staffer. sometimes a very senior person go on at length about the failures of the system . . . And I say, will you come with me to the Supervisor's office and tell them. Sometimes their face turns white and they say no. No they can't do that. Of course not, there are mortgages to pay, funds for college to build, careers to further. Jobs to be held on to. Nothing immoral about all that.

Anyone who does not know that is the way it is . . . Should immediately conduct an investigation.

The time for platitudes must be over. What we need is action.

If there is any merit to Local 1's evaluation Survey of the management of the Mental Health Division, And there is . . . The Board of Supervisors should conduct its own investigation in a timely manner and report its findings to the public

Report that the mental health system is being operated in an admirable manner . .

Or that it is not being operated in an admirable manner. Reflecting the feelings on 132 professionals.

For the past two decades it seems that the policy of the Board is one of "Benign Neglect." In years 2000 and 2001 the Grand Jury issued very negative reports on the mental health system. We all thought "now something will improve." Nothing improved.

From time to time a family will make their frustrations known and some attention will be given, especially if it gets on the 6:00 pm news.

But systemically, the system is worse than it was 16 years ago. I speak from personal experience.

My son, John Henry Kahler took his own life in May of 2003.

I truly believe that if we had had at least a mediocre mental health system he would be with us today.

Are we to aspire to mediocrity.

You can see a lot of smoke in all this . . . If you conduct a timely investigation I assure you, you will find some fire.

To leave these issues unaddressed will be to leave them to fester and worsen while the mentally ill suffer!

Comments of Dr. Michael Cornwall May 10, 2010 IOC Meeting

I come before this Committee today hoping to help inform you about why 132 professional staff in the Health Services Dept. Mental Health Division chose to complete the Management Performance Evaluation Survey that you are focused on today and to offer my perspective on the prospects for the successful resolution of the issues it raises.

During my 28 years of service as a therapist in county mental health, I served for eight consecutive two year terms as the Unit President of the Mental Health Unit of Public Employees Union, Local One. I also served as Chairperson for 12 years of the Contra Costa County Mental Health Coalition.

In 2007 I was the co-recipient of the Board of Supervisors "Spirit of Caring" Award with the late and great Herb Putnam for our work in forming the Mental Health Coalition 15 years ago.

Let me start by going on record to say that the root causes of why that survey was done have not been addressed by Mental Health Administration and that the Local One leadership also bears responsibility for not bringing the core issues of the survey to Mental Health Administration during their meetings.

So why did the survey happen in the first place?

About a year ago, John Gragnani, the current Mental Health Unit President, phoned me and said that something awful was happening in the Mental Health Division and that he and the Vice-President Deborah Sell would like to meet with me for lunch to consult with me about the possibility of initiating either a Management Performance Evaluation Survey or a vote of no-confidence petition on Donna Wigand, Suzanne Tavano and Vern Wallace. John and Deborah were calling me, their old friend, out of retirement because I had written and circulated a vote of no confidence on a previous Mental Health Director that resulted in his replacement. As Unit President I had also initiated a Management Performance Evaluation that, almost identically to the one you have before you now, produced dramatically negative ratings of the Mental Health Director. That survey resulted in the resignation of the Mental Health Director and blocked an unacceptable successor from replacing her.

John and Deborah went on to tell me that an unprecedented number of staff had been written up recently for poor performance and they added, to my surprise, that many of them were being threatened with the Skelly process which would have resulted in their losing a week's pay. The next step in this process is the threat of termination.

In my 28 years at the county, I had never seen anything so dramatic being done to line staff. John and Deborah said that they felt that the unit was under a hostile assault by MHA. They told me that Ray Neumann, the beloved and strongly union-identified Children's Director of west county, was being demoted on trumped up charges.

I recommended that the union do a Management Performance Evaluation Survey immediately in response. I was informed a couple of weeks later that all of the Skelly disciplines had been dropped due to a ruling by a high ranking decision maker in the Health Services Personnel Dept. who deemed that they were unjustified and indefensible.

When the survey was released, I saw the enormous number of staff who had completed it compared to what I had seen in previous years when, at the most, 50 or 60 staff would complete their ballots for unit elections, let alone something like a Management Performance Evaluation. I knew that staff felt so mistreated and afraid that

unless some surprising shift in management's regard for them occurred, the relationship between management and staff was probably damaged beyond repair.

I am sad to say that is still my belief today for the following reasons. When Dr. Walker and the Mental Health Administration met for the first time to discuss the survey with union leadership, instead of expressing concern for his 132 staff who were obviously so demoralized, he angrily denounced their cry for help – so evident in the survey – as “character assassination.” In the next meeting, speaking for Dr. Walker and Donna Wigand, Dr. Tavanno even went further and denounced line staff's heartfelt concerns as being “slanderous” and demanded that the survey be withdrawn from public view immediately.

When the survey was discussed as an agenda item in a public meeting before the Mental Health Commission, Donna Wigand sat silent through the whole meeting and did not speak a word.

In the *Contra Costa Times* story on that Commission meeting, Dr. Walker and Donna shifted into full damage control mode and started to treat the survey as a public relations problem. Their cynical and patronizing quotes in the *Times* article about staff simply being upset because of years of “tough budget cutbacks” did not redress their previous hostile responses to the survey.

Union leaders, for their part, have also been negligent in not bringing forth the hurt, angry and frightened feelings that prompted so many line staff to risk completing the survey in the first place in response to the hostile offensive of the bogus Skellys.

I have been privy to internal union communiqués in which Larry Edgington, Rollie Katz and John Gragnani decided to keep the survey out of the public view because they feared a public fight with MHA would result in the Board of Supervisors and the public getting fed up and calling for union staff mental health services to be contracted out. As a disciple of Henry Clarke, I don't accept Local One's advocacy for staff being based on the failed principles of appeasement of Neville Chamberlain. That is why I took this survey to Sandy Kleffman of the *Contra Costa Times*.

Despite what you may hear today about how the union is making progress with management about the survey, in actuality the union does not view Mental Health Administration as a good faith partner in healing the wounds that were inflicted by MHA that prompted the survey in the first place. Instead, out of fear of reprisals from a furious Dr. Walker, the union leadership is being cynically opportunistic in extracting some minor concessions in the staff productivity process and getting things off their “wish list” of deliverables such as IT and software goodies.

So don't be surprised today if you hear calls from others for a change in leadership in Mental Health Administration, but not from Local One. Rollie Katz has said in response to the prospect of the union pushing for Donna's replacement, “it is better to dance with the devil you know than the devil you don't know.”

In conclusion, the failure of Dr. Walker and Mental Health Administration, and the union leadership, to address the real causes of a severely demoralized workforce in the Mental Health Unit continues. Please believe me as a front line therapist myself, that this workforce is daily distracted and impaired in being fully present with the high risk consumers that they serve due to the hostile and intimidating work environment created by management.

I believe that if you were to repeat this survey now, in 3 months, in 6 months or a year from now, you would see the same bleak picture of a staff who provide face to face services feeling intimidated and devalued by this set of managers. Only two weeks ago, at their unit meeting, line staff unanimously voted through a motion that stated that it was "unacceptable" that there were no tangible results in the current process of the meetings with MHA that addressed the core survey issues of all time low morale and lack of confidence in management. This motion passed to the chagrin of union leaders who had been publicly announcing "progress" in the meetings, despite their failure to actually address the survey issues.

In the next meeting with Mental Health Administration when without elaboration Rollie Katz announced the passage of this motion, Donna Wigand again sat silent and did not respond.

I believe that because of the personal limitations of the managers in question that without their replacement, an optimal environment for the service of consumers is not possible.

Charles Martin read on behalf of Al Farmer, as President of NAMI Contra Costa

The Board of Directors of NAMI Contra Costa strongly recommends that the Local One Survey of Contra Costa Mental Health Senior Staff Evaluation be given serious consideration. We believe the issues raised are indicative of a serious systemic issue that requires the investigative attention of the Board of Supervisors. The NAMI Board supports the motion of the Mental Health Commission to refer this survey to the BOS Internal Operations Committee and request that that Committee consider this matter and discuss ways to re design this MH system in accordance with the recovery values and guidelines set forth in the Mental Health Service Act Law. This may include reorganization of departments and a paradigm shift for Contra Costa County's Mental Health System.

NAMI CC strongly supports the line staff of the Local One MH unit and its efforts to serve consumers and families facing mental health issues. We seek partnership and collaboration with all community partners in moving our system closer to the ideals stated in the NAMI Grading of the States recommendations. We believe our county system can transform only with the recognition that a system redesign effort must be embraced and implemented.

As a partner with Contra Costa Regional Medical Center's Healthcare Partnership redesign efforts, our Board and members would welcome the opportunity to partner with all layers of the Health Services Division to help create an integrated, comprehensive system of care. We urge that the BOS take immediate steps to analyze the leadership issues raised by Local One in an attempt to create positive and constructive systemic change in the Mental Health System of Contra Costa County.