

Contra Costa Mental Health Commission
Monthly Meeting
Date 6/10/10
Minutes – Approved 7/8/10

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:35 pm by Chair Mantas. Introductions were made around the room.

Commissioners Present:

Dave Kahler, District IV
Peter Mantas, District III
Carole McKindley-Alvarez, District I
Floyd Overby, MD, District II
Teresa Pasquini, District I
Sam Yoshioka, District IV

Commissioners Absent:

Supv. Gayle Uilkema, District II
Colette O'Keeffe, MD, District IV
Annis Pereyra, District II
Anne Reed, District II

Attendees:

Peter Bagarozzo
David Bragen
Luu Anna Carroll
Evelyn Centeno
Becca Cohen
Karen Cohen
Suzanne Davis, Conservatorship
Al Farmer, NAMI
Brenda Crawford, Mental Hlth Consumer Cons.
John Gragnani, Local 1
Peggy Kennedy
Anil Kumar
Paula Neely
Agatha Sharpe
Katy Roele
Janet Marshall Wilson

Staff:

Donna Wigand, MHA
Suzanne Tavano, MHA
Sherry Bradley, MHA
Dorothy Sansoe, CAO
Nancy Schott, Staff to MHC

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.

Luu Anna Carroll: The Phoenix apartments are being sold. Is there a new owner? She is concerned about where the residents will live, if they will be given assistance in finding a new place and about being homeless. She was told they would be provided vouchers for housing but is worried about that too.

Paula Neely: The residents are more than numbers on a piece of paper; they are a community of people with disabilities who do not want to lose their homes. They care for and watch out for each other and the thought of being uprooted is very disturbing.

Agatha Sharpe: She has lived in the Phoenix Apartments for the past 8 years. The residents are like a family and she is worried about being uprooted or homeless. She worked as a nurse but had to quit her job due to health issues. She is hoping to get help to relocate if they have to move.

Katy Roele: She has known some residents since 1991. Those who have cars help out those who do not. The current area has amenities such as stores, restaurants and bus lines that are very helpful. When she received notice of the sale in December, she called 8 apartments on Clayton Road and none of them took Section 8 vouchers. She feels lost and panicked.

Karen Cohen: She is a family member and NAMI member. She read her statement "As we all know, there has been a lot of improvement in treatment of mental illnesses, but there is still a lot that we don't know. It is a well-known fact, however, that stable housing with support services and having a community of friends nearby is important to successful treatment. The Phoenix Apartment complex in Concord has provided stable housing and community for people with mental illness for more than 20 years; 7 of them are here. Many of the residents have bonded with each other and the complex is very accessible. It is an easy ride to the Contra Costa Clubhouse. It is also convenient to many other amenities. Unfortunately, it is for sale.

As far as I can determine, it is now being offered only to agencies that will operate it in the same way it is being operated now. If it is not purchased by an agency by Sept. 10, 2010, it will go on the open market and if it is sold, the residents will receive Section 8 vouchers and have one year to find individual Section 8 housing. Livable Section 8 housing is not easy to find and more importantly would not offer the support and community that the residents now have. There has been no explanation about why the property is being sold; in fact, residents have not been officially told of the possible sale; they only received a notice from the management company sent out last December saying that HUD did not intend to renew the Section 8 contract for the property.

I request that the Commission find out why the property is being sold, (I have heard different things from different agencies) what the chances are that a nonprofit agency would buy it. Most important, I urge you to do whatever is possible to ensure that either ANA, the present owner continues to operate it or that it remains as supported housing owned by someone else so that the residents of Phoenix Apartments can continue to have the health and quality of life they now enjoy or find something similar where they can have this sense of community. Contra Costa is sorely lacking in supported housing for people with mental illness. It would be tragic to lose one of the few successful projects it has. If it ain't broke, let's continue to use it."

Becca Cohen: She is a consumer who was permanently disabled since she was 25, before that she worked full time as a bookstore manager. She was on the list for Phoenix Apartments and has lived there for a year. Living there has given her confidence in accepting the responsibility of living on her own and she really appreciates the community of people. She is unable to get on waiting lists at other similar facilities because the lists are so long. She wants people to know how saddened she would be if they had to leave and she doesn't know where she would live. Living there keeps her from going into a locked facility or an assisted living facility.

Janet Marshall Wilson: She acknowledged the potential loss of supported housing and MHCC's residential advocate, Connie Steers, may be able to do some problem solving with them. She has been trying to find out the line item amount of the IMD budget for out of county placements on conservatorship for older adults and children (MHRC's). When money is saved somewhere, it is spent somewhere else by sending people to out of county placements such as Crestwood facilities in Angwin and elsewhere. This figure used to be public knowledge. The new supervisor in District IV, Karen Mitchoff, is aware of her concerns. She requests each Commissioner ask their supervisors for that line item amount annually and track it over the years.

Vice Chair Pasquini acknowledged the public speakers and the issue has been brought forward to CPAW. She also read a statement: "I have reflected, since the IOC meeting of May 10th, the NAMI Walk, and a couple of community stakeholder meetings on how to move forward and achieve the culture shift that is needed. I believe Supervisors Piepho and Bonilla sent a strong message and desire to see efforts made to reconcile differences and work collaboratively and constructively. I wanted to do my part and I decided that a meeting with Donna was a first step. This was to help me re-frame my relationship with Donna and her staff.

I met with Donna as a family member and private citizen and it was a woman to woman, gut level sharing. I believe that we had a good meeting to acknowledge and accept differences and reconcile feelings. It was a first step of walking on a new path.

I do have great respect for all who work in this field. I don't want to be an enemy, although I can't control those who refuse to learn that I am more than a negative commissioner. My entire adult life has been profoundly influenced by serious mental illness. I have a brother who is seriously mentally ill, living alone, a county client and not doing well. I have elderly parents who can no longer adequately help my brother. I have a son living in a Super Board and Care, in another County and he is in constant crisis. I have to maintain my own health and my own credibility in order to remain at the tables where system change and improvements are taking place. I want to ensure that the family voice and experience is heard and understood.

I want to be a change maker, an influencer and that requires respectful dialogue. It also often requires difficult dialogue that can be perceived by others as negative and rude. In my advocacy, I often struggle with how hard to push and how long to wait before pushing harder. There will continue to be differences of opinions, but I intend to avoid comments that cause shame and pain. It is really not who I am or who I want to be. I am committed to working on my own

presentation and will take responsibility for my own style and message.

With my experience with Lean and the Healthcare Partnership, I have been privileged to go and see that caring and hard working folks are doing their very best with a very broken system. The commitment to system improvement, patient and family centered care and transparency is very real. I want that experience in the outpatient mental health division and I am hopeful that Donna does as well.

I look forward to continuing my work with the Commission, consumers and families, line staff and management and community partners by walking a new path and taking us all closer to a system that rises above mediocrity. I invite others to join me.

Donna Wigand: She appreciated Commissioner Pasquini's comments and the meeting they had. She looks forward to walking a new path as well.

Commissioner Yoshioka: He is concerned about the agenda and the IOC packet (revision is not the same as the original.) He feels we need a committee to develop the agenda to allow for more diversity in the agenda. Regarding Vice Chair Pasquini's comment, it is time to move on from the negativity toward recovery and focus on improving the system. Opening the CSU doors was a big accomplishment and involved people from the MHC and MHA. He hopes everyone can work together on hopes and dreams for the system without the sole focus being on money. We need to be more creative in reaching out to others (ie. Garamendi) and pulling together to secure additional funding for projects.

3. **ANNOUNCEMENTS**

A. Regional Training for Local Mental Health Board & Commission Members, June 15th at the Hilton Airport, Oakland, 10:00 am – 4:00 pm.

Vice Chair Pasquini suggested inviting potential MHC appointees. Chair Mantas said those in attendance will take notes and report back to the MHC.

B. 7/24/10 Data Outcomes training for the Contra Costa and Alameda MHCs will be held at the Bisso Lane facility.

C. 6/18/10 Report out at CCRMC on the second Kaizen event 10:00 am.

D. 21st annual picnic of the Contra Costa Network of MH Clients on 6/18/10 at Pleasant Hill Park in Pleasant Hill. It is sponsored by many agencies that provide services to consumers.

4. **CONSIDER APPROVAL OF MINUTES**

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

May 13, 2010 MHC Monthly Meeting: (Passed, 5-0-1, Y-Kahler, Mantas, McKindley-Alvarez, Pasquini and Yoshioka/A- Overby (not at meeting).

May 27, 2010 Special Commission Candidate Interview Meeting: (Passed, 6-0-0, Y-Kahler, Mantas, McKindley-Alvarez, Overby, Pasquini and Yoshioka)

Commissioner Yoshioka wanted to make a public comment about the 5/27/10 Special Meeting, but Dorothy Sansoe clarified although public comment can be made on any item on the agenda, the only item on the agenda about the 5/27/10 Special Meeting was the approval of minutes not the subject matter of the meeting. Chair Mantas suggested if he would like to add an item to a future agenda, it could be discussed at the end of the meeting. The opportunity for public comment on items not on the agenda was at the beginning of the meeting.

5. MHC COMMITTEE / WORKGROUP REPORTS

A. Diversity and Recruitment Workgroup – Commissioner Yoshioka presented as Commissioner Reed was not at the meeting.

Commissioner Yoshioka referenced the report Commissioner Reed prepared and said they had met one time in October 2009. His thoughts were CCC is unique in that the BOS requests the MHC review and validate applicants. In other counties the BOS takes direct responsibility for approval and appointment of Commission members. When he spoke with other counties about diversity issues, it doesn't click for them about why CCC is having a Diversity Recruitment Workgroup, but we need to address it.

Brenda Crawford said at the first Workgroup meeting access issues that would allow the diverse community of CCC to be a part of the MHC were discussed including the availability of resources for close captioning, videotaping audio phones, changing the text size on the website, etc. Possible participants include people with physical and mental disabilities and for instance, if someone was hearing impaired, he/she couldn't fully participate in today's meeting as there. There was also discussion that the interview process around selection of Commissioners should be reviewed. Some candidates referred to Supervisors from the Consumer population were rejected and the Workgroup wondered what the criteria were for selection and rejection. It's difficult to develop a diversity plan to recruit without knowing criteria are that would allow recruitment from various communities.

Chair Mantas suggested in order for the Workgroup to proceed with gathering information on its objectives, it might ask the County what resources are available. Once the information has been gathered, it's brought back to the MHC for possible action. Monthly meetings should be taking place. He also suggested not over generalizing findings. His experience from speaking with other Boards and Commissions is that they interview candidates and then forward to their BOS.

Brenda Crawford said one reason meetings are not taking place is many volunteers have full time jobs and may be a problem of resources. She thinks the Workgroup was looking for guidance on what resources are available to enhance the ability to recruit from populations such as the hearing impaired and disabled communities. Also, what is the

selection and rejection process? She gave an example that MHCC conducted leadership training and put forth a consumer candidate who was rejected without any reason being given. Chair Mantas suggested any Workgroup's task is to seek answers to questions, by gathering information, rather than asking the Commission for answers. For example, other counties could be consulted. He offered his assistance.

Brenda Crawford apologized for her delivery, but said it was frustrating not knowing what the criteria are for appointment to the MHC, particularly around Consumers. As she mentioned earlier, a Consumer candidate excelled at leadership training, had her interview and was rejected. The Workgroup wanted to know what the criteria are before attempting to recruit from diverse communities. She doesn't want to set up people for rejection.

Chair Mantas said if she was interested in discussing a specific candidate's experience, she could speak with him directly to try to come up with solutions.

Vice Chair Pasquini thinks there is a different comfort level among the different Supervisors regarding appointments of Consumers and will take some education. It troubles her that after receiving direction from MHA on increasing diversity, she went to MHCC in West County, assisted Brenda Crawford in recruiting efforts, but the applicants were rejected at the supervisorial level.

Commissioner Yoshioka clarified he was directed to contact 2 counties in the Bay Area not counties all over the state regarding diversity issues. Additionally, at the 5/27/10 Special Candidate Interview Meeting, two of the candidates rejected happened to be Consumers. Chair Mantas suggested Commissioner Yoshioka was out of order in bringing this issue up at this time.

Vice Chair Pasquini stated she is concerned about the inference that the MHC conducted a meeting, interviewed applicants and Consumers were not recommended "just because". She is also concerned about insinuations such as this being presented in a public meeting without having direct discussions with the parties involved first.

Evelyn Centeno said the special meeting involved all the Commissioners and recommendations made. In her interview with Supervisor Uilkema she, said not all Supervisors will interview applicants and may rely on the MHC recommendation. It seems like the process was fair.

Commissioner McKindley-Alvarez would like to move off the topic and respect the work of the Diversity Workgroup and know that the interview process is something that needs to be reviewed.

B. MHC Capital Facilities and Projects/IT Workgroup –Vice Chair Pasquini presented as Annis Pereyra was not at the meeting.

She referenced the CPAW Workgroup Report in the packet and handout on the 6/3/10 CPAW monthly meeting since most of the recent information has been shared there. She asked Donna Wigand to speak to the update on the 20 Allen project. The Governor's May Revise Budget included a proposal to take 60% of Realignment funds and give that to Social Services programs (food stamps and foster care). Concurrently all adult mental health services, other than psychiatric inpatient beds and outpatient medication visits would be eliminated throughout the state. Both Senate and Assembly budget committees rejected that proposal, but until the state budget is passed, the County's ability to build any new programs focusing on services other than inpatient hospitalization and outpatient medication visits came to a halt. She has heard the Governor has threatened not to sign the budget until November. Any new programming at 20 Allen is on hold until the budget is passed although she will be trying to convince the County officials otherwise.

Vice Chair Pasquini said CPAW and MHC are available to assist in advocacy and to let the MHC know what it can assist with.

The site visit sheets will address at a combined meeting of Quality of Care and Cap Fac and Projects/IT Workgroups to formulate a revised site visit form.

C. Quality of Care Workgroup – Carole McKindley-Alvarez

The Workgroup is in information gathering mode and working with MHA. They have had presentations from Sherry Bradley and Steve Hahn-Smith. There was an additional meeting with Steve and Suzanne Tavano regarding how the county evaluates programs, selects the evaluative measures and considering if the evaluative measures take the diversity of the County into consideration. There is a Quality Improvement Committee and Quality Management Committee. It was suggested to possibly involve a Commissioner on that Committee(s) to be more involved with programs and evaluative tools that are selected. Currently the Workgroup is meeting twice a month and the minutes from the second June meeting will be submitted next meeting. The next meeting will be 6/25/10 in collaboration with MHC Cap Fac and Projects/IT Workgroup.

Vice Chair wanted to be present at a Quality of Care Workgroup meeting to present information she has received from community members and will coordinate with Commissioner McKindley-Alvarez which meeting would be best, probably the July 9 Workgroup meeting.

Vice Chair Pasquini recommends accessing and utilizing the CPAW committee reports, such as the CPAW Data Committee report that discusses the Quality Management Committee, as resources for the MHC. *(CPAW and CPAW Committee Reports, once approved, are available at either websites: <http://www.cchealth.org/groups/cpaw/> [CPAW general meetings] or <http://www.cchealth.org/groups/cpaw/committees.php> [CPAW Committee meetings. The minutes portion of the website is being updated.]*

D. MHSA Stakeholder and Planning Process Taskforce

Chair stated that this subject was discussed at the April MHC meeting. He had a meeting with Sherry Bradley yesterday to discuss the task force. He would like to appoint a task force to research and propose MHSA planning process changes. Tasks will include: 1) MHC involvement prior to and during the planning process and prior to the posting of plan for review. 2) Recommend stakeholder advisory body 3) Recommend stakeholder advisory body voting rights and 4) Other subject matter issues identified. Proposed members include the Commissioners who already volunteered and others. (*See handout following minutes for proposed list of voting members.*) He proposed he and Sherry get together to identify other potential members. Chair Mantas volunteers to Chair the Task force. The time period would be for 3 months.

Dorothy requested information on task #2 Recommend stakeholder advisory body: advisory body to whom? Chair Mantas replied to the MHC. They would gather information and make recommendations for action to the MHC. Results would be forwarded to Donna Wigand, Suzanne Tavano, Sherry Bradley and the BOS.

Commissioner McKindley-Alvarez was interested in additional information on the evolution and usefulness of this item before voting. Chair Mantas said at the April meeting the formation of a task force to assist in framing what the issues are around the laws/statutes on the stakeholder process (examples of issues may be whether a single advisory body (CPAW) should include County members, contractors, family members and consumers and/or how to involve the MHC earlier in the MHSA planning process to allow for their input prior a plan being posted for 30 day review)

John Gragnani commented Suzanne Davis has worked as line staff but is also a member of the Local 1 Mental Health unit; what hat will she be wearing? Chair Mantas said she would be an individual rather than a representative of a particular group.

Vice Chair Pasquini feels this is a loaded topic and it may be premature. She feels there was clear direction from the IOC to move in a more collaborative fashion and there hasn't had been time for that to take hold. If a task force were to move forward, she would like to see independent facilitation to assist in the process.

Brenda Crawford agrees it is a loaded issue. We need to learn to work in partnership and with the history of adversarial relationships, time is needed to heal and work together. Learning to bridge those gaps has only begun and this type of proposal would only widen the gaps.

Chair Mantas asked Sherry Bradley's opinion. Sherry said after meeting yesterday, she agrees the MHC needs to be brought into the planning process earlier in the process. She advised against going into anything around CPAW and make up of an advisory board, to allow the IOC process to finish, and still feels that way. Although two Commissioners are seated on CPAW, the state guidelines are sometimes issued so late it has been a challenge to get the MHC involved earlier in the process. Commissioners who are the appointed MHC representatives to CPAW can participate in discussions, but roles/responsibilities become difficult when looking at conflicts of interest. Chair Mantas

agrees there are assumptions and other issues keeping us from getting things done and thinks good ideas will come out of a task force. If the task force isn't working, it should be scrapped.

Brenda Crawford said there is a different feeling working in partnership than working on a task force. Given the contentious relationships held in the past, she doesn't feel development of a task force would be beneficial.

Commissioner Yoshioka agrees with Brenda Crawford. Would it be in the best interest of everyone to have a neutral facilitator to chair the task force? He feels more would be accomplished.

Vice Chair Pasquini said she feels Chair Mantas could be an objective Chair, but she still feels it would be a better use of time not to go move forward with a task force. Still feels it is premature. The selection of a facilitator is successful only when roles are defined and a spirit of equity is felt.

Chair Mantas requested if Commissioners feel he is not impartial enough to be the MHC Chair, it needs to be discussed. Regarding the listing of himself as the Appointed Chair in the handout, it was an error; he meant Proposed Chair. The reason for the task force is to allow non-Commissioners the ability to vote. He withdrew the request for the Motion.

Commissioner Kahler said he felt Chair Mantas would be a neutral Task Force Chair.

6. REPORTS: ANCILLARY BOARDS/COMMISSIONS

A. Mental Health Coalition – Teresa Pasquini -none

B. Human Services Alliance – Mariana Moore - none

C. Local 1 – John Gragnani – The MH Unit of Local 1 issued the management evaluation because after the 2008 budget reductions, they felt efforts to engage with MHA to work together on managing the system with reduced resources. At the same time aggressive enforcement of a productivity policy was put in place. The survey results presented in February 2010 found generally low confidence in Donna Wigand, Susanne Tavano and Vern Wallace including high productivity but low morale; management seemed out of touch with workplace realities. Local 1 has been working with MHA and the short term process may be coming to an end. The MH Unit passed a motion that progress on improving relations with MHA to date was unacceptable. The MH Unit feeling frustrated, angry and confused about the lack of progress on the 5 main issues so far. The productivity issue is moving in a positive direction. Donna Wigand and Suzanne Tavano has made efforts to come out to the community which is appreciated. The line staff is hoping for a workplace culture change but it is still an issue. For example, in 8/08 Children's direct service providers were told to close cases with the promise of more cases and referrals to come, but although not anyone's fault, they didn't materialize and at the same time, the productivity policy was instigated (not across all regions). Almost all productivity grievances have been cleared. The MH unit would like to avoid any additional unnecessary grievances as they waste time and resources. Regarding workplace culture change, as direct service providers, they would like

agreements that do not cause unnecessary additional stress as they face the regular challenges of their duties.

D. Mental Health Consumer Concerns (MHCC) - Brenda J. Crawford - none

E. National Alliance on Mental Illness (NAMI) – Al Farmer- successful Walk and picnic on May 22; it is their main source of fundraising: 2000 people representing 7 NAMI units to allow for sharing of costs.

F. MHSA CPAW – Vice Chair Pasquini reported as Commissioner Pereyra was not at the meeting. *(6/3/10 CPAW Meeting and 5/25/10 CPAW Cap Fac and Technology Needs Committee Reports present and follows minutes.)* – She requests people read the report as it reflects the effort being made to improve relations between CPAW and MHC. Having the facilitator at CPAW meeting is very helpful. She will refer the recommendation in her report until next month's MHC meeting.

She referred to the CPAW Housing Workgroup Report on pg. 23 of the meeting packet. Information has been brought forward to CPAW by Commissioner Pereyra, who has been in contact with a parent of a Consumer from Phoenix Apartments, by Veronica Vale, from the CPAW Housing Workgroup and from an ANKA representative on CPAW. She believes the ANKA information has been shared with the residents. The community the residents have found at Phoenix Apartments is very important and the MHC and CPAW will do everything within their scope of responsibility to assist; probably advocacy. She read Commissioner Pereyra's request from the CPAW Housing Workgroup report: "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." Vice Chair Pasquini said the residents would be informed as things progressed.

Sherry Bradley said the letter from ANKA's Wayne Thurston provided to CPAW may not have been given to the residents. She will request Wayne Thurston provide the letter to the residents tomorrow.

Brenda Crawford would like to request ANKA representatives meet directly with the residents rather than just issuing a letter. Dealing with an issue such as the loss of housing should be handled with sensitivity.

Donna Wigand said MHA staff has met with ANKA/Phoenix sharing the same concerns. While ANKA/Phoenix has the right to put the property on the market, the fears and anxiety of the residents should be respected. MHA hopes a non-profit agency purchases the property and keeps it as Section 8 housing. If that doesn't happen by 9/8/10 and it is sold on the open market, there will be a year transition and MHA will do all they can to assist residents.

Commissioner Kahler brought up if ANKA is involved in other MHSA supported housing projects, could that possibly be used as leverage? Vice Chair Pasquini said businesses need to make business decisions and Wayne Thurston made the process very clear in his letter. They need to make it clear to the residents as well.

Commissioner McKindley-Alvarez asked if any collaborative work has been done to locate another CBO to purchase the property. Donna Wigand said conversations have taken place with ANKA on who has been contacted and they know more housing resources than the County knows. MHA has offered to be a resource to ANKA as the process goes forward.

Chair Mantas suggests the Workgroup research the issue further and bring back information to the next MHC meeting.

Commissioner Kahler brought up that ANKA is requesting funding for another project. Vice Chair Pasquini clarified that the project is question has not been brought up to CPAW Housing Workgroup for approval.

Commissioner McKindley-Alvarez requested clarification on whether Workgroup Chair Pereyra wanted the MHC vs. Workgroup to look into the issue further. Chair Mantas requested the MHC Cap Fac and Projects/IT investigate and report back to MHC.

Suzanne Tavano clarified MHA does not technically have anything to do with this housing project and they became involved intermediaries to request ANKA explain the situation to the residents. MHA does not provide funding for this type of housing.

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

A. Funding of Community Mental Health: Role of Realignment -- Suzanne Tavano
Due to time constraints postponed until the 7/8/10 MHC meeting.

B. Understanding the Governor's May Revise Impact – Donna Wigand
Mental Health Funding¹⁰¹ takes 20 minutes plus any questions; she would really appreciate all Commission members be present for the presentation. She requests it be postponed until July.

Donna Wigand said based on information she received in Sacramento today, the state budget is a moving target and usually until a budget is passed, there is a triangle of Governor-Republicans-Democrats that goes on for months. This year is a square Governor-Republicans-Assembly Democrats and Senate Democrats. The Democrats are split on their proposal for the budget (Assembly Democrats proposal brings in \$9 billion from the CA Beverage Recycling Fund and the Cal Works programs would be reinstated. The Senate Democrats brings in \$5 billion revenue through taxes on alcohol, vehicle license fees, corporations and income and they shouldn't be viewed as tax hikes since the current tax structure remains the same. The Republicans response is no additional taxes: they favor downsizing social programs and will not tax and spend. The Governor reaffirmed he will not sign a budget unless it includes pension reform. He will hold the budget until summer, fall or even after his administration leaves office. She will keep the MHC updated as budget developments occur.

Suzanne Tavano said until a budget is signed, counties will not receive any funds, except for MHSA funds, which creates a cash flow issue.

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

A. Consider update on Board of Supervisors Internal Operations Committee
Chair Mantas clarified the IOC Record of Action received in the MHC packet included speaker notes collected by Chair Mantas. The revised IOC Record of Action includes speaker notes collected by the BOS. The revised IOC Record of Action dated 6/7/10 contains the official speaker notes.

9. **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**

Next meeting will include Anna Roth. The mental health funding presentation from Donna Wigand and Suzanne Tavano may be included as well.

Commissioner Yoshioka requests the interview process be placed on the agenda. After discussion, Chair Mantas said the interview process is outlined in the current bylaws and will continue to be used. Furthermore, the amended bylaws submitted to the BOS for ratification provide for procedural changes. Once a decision is made on the revised bylaws we can revisit the process. However, the diversity workgroup can provide recommendations if it wishes.

Commissioner McKindley-Alvarez -- with Anne leaving, she would like a report on who will be taking over Chairmanship because the interview process should be addressed.

Suzanne Tavano expressed concern that although she understands the presentation was cancelled today, she feels it should take place at the next monthly meeting, rather than a special meeting.

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

- **ACTION:** Motion made to adjourn the meeting at 6:45 pm (M-Pasquini/S-McKindley-Alvarez/Passed, 6-0, Y-unanimous)

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

Meeting Handouts

**The following documents were presented
at the 6/10/10 MHC monthly meeting
(and not included in the meeting packet).**

**For all other materials reviewed and
discussed at the 6/10/10 meeting, please
see the agenda packet on the MHC
Meeting Agendas and Minutes webpage
at**

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

I would entertain a motion to:

Appoint Taskforce to research and propose MHSA planning process changes. This will include:

1. MHC involvement prior to and during the planning process and prior to the posting of plan for review.
2. Recommend stakeholder advisory body
3. Recommend stakeholder advisory body voting rights
4. Other subject matter issues identified

Voting members will include:

2. Commissioner Mantas
3. Commissioner Kahler
4. Commissioner Overby
5. Commissioner Pereyra
6. MHSA Program Manager – Sherry Bradley
7. Line Staff – Suzanne Davis
8. CPAW Member (Peter & Sherry to identify and Peter to appoint)
9. Contractor (Peter & Sherry to identify and Peter to appoint)
- Consumer** 10. ~~Family~~ Representative (Peter & Sherry to identify and Peter to appoint)
11. Family Representative (Peter & Sherry to identify and Peter to appoint)

Timeline:

Three months

Chair Appointed *(Proposed)*

Peter Mantas

CPAW Report for 6/3/10 Meeting
Prepared by Teresa Pasquini
CPAW member and Liaison to MHC

NOTE: This report was shared with the CPAW Facilitators, Sherry Bradley, Donna Wigand and Annis Pereyra for input, corrections and collaboration. This is an effort to establish transparency, shared communication, and build trust with MHA, MHC, and CPAW.

The CPAW monthly meetings reconvened at their regular meeting location at the newly renovated site at 2425 Bisso Lane in Concord, CA.

New members to CPAW were introduced:

- Dave Kahler representing NAMI.
- Sam Yoshioka representing the Asian Pacific Islander community and a family member.
- Ralph Hoffmann is a mental health consumer stakeholder, with particular interest in the aging/older adult community members impacted by isolation, and advocating for public transportation as a way to decrease isolation.
- Lori Larks will represent stakeholder interests from Social Services, specifically Adult Protective Services and Area Agency on Aging, interests in aging and older adults. She is also parent of child/TAY, and a member of the LGBTQ Community.

The new CPAW facilitators, Grace Boda and Leigh Martz invited discussion on ways CPAW can best create a satisfying structure for meetings. To help make conversations more focused and effective, they recommended that reports be prefaced with a statement of the action being requested of CPAW:

- Input to Inform
- Discussion to Building understanding
- Approval of Recommendations

In cases where information is being reported in one-direction and no action is required, they recommend that it be delivered via an informational memo in advance of the meetings.

Additional suggested agreements were provided by CPAW members including the need to encourage all members of CPAW to participate in discussion items in order to fully establish the deep democracy that MHSA strives to achieve, provide background materials in advance of meetings in order to fully inform decisions and actions, and to avoid assumptions.

The survey taken by 15 CPAW members produced key themes regarding challenges CPAW must address to be effective, as follows:

- Time Pressures
- Timely Provision of appropriate background information



CONTRA COSTA HEALTH SERVICES

DATE OF REPORT: 6/3/2010



SUBJECT: Report to Consolidated Planning Advisory Workgroup

FROM: **Capital Facilities and Technology Needs Committee of CPAW**

Approved Charge of Committee: To bring the peer and family Perspective to the program design for both components (Capital Facility and also Technology Needs), including increased access to services.

Date Charge Approved/Revised by CPAW: 12/03/09

- **CPAW:** Brenda Crawford, Teresa Pasquini, Annis Pereyra, Tony Sanders, Ryan Nestman
- **Members of the Public:** Sam Yoshioka
- **STAFF:** Cesar Court, Steve Hahn-Smith, Sherry Bradley, Suzanne Tavano, Brandi Draper, Elvira Sarlis

THE FOLLOWING IS REPORTED FROM THE May 25th, 2010 COMMITTEE MEETING OF Capital Facilities and Technology Needs Committee of CPAW.

- ✓ Item Number 1: Suzanne Tavano reported that the state had approved the county's Capital Facilities Plan for an Assessment and Recovery Center (ARC). Teresa, Annis and Brenda expressed concern that a Crisis Residential Facility (CRF) was not included in the plan. Annis state her understanding from the last Health and Human Services Board of Supervisors meeting was that both facilities would be possible. There was discussion that \$4million might not cover the cost of both. It was asked if a CRF could be substituted for the ARC. Teresa expressed support for the ARC. Suzanne stated she did not know if Health Services Administration was open to revising the plan or what the required processes might be. Donna Wigand will be meeting with CFO Pat Godley on May 25, 2010. Suzanne Tavano has agreed to report any updates back to committee, if possible, prior to Committee meeting date.
- ✓ Item Number 2: Committee approved separating the meeting as follows: 10:30am-11:15am for Capital Facilities, 11:15am-12pm for Technology Needs.
- ✓ Item Number 3: Steve Hahn-Smith shared with committee that we were originally going to host the Information Technology (IT) system server with vendor, however during the continued negotiations with the higher-level County officers, it was decided that we could host the system in-house, rather than with the vendor. The following positions will have temporary staff while current employees are reassigned to the IT system project: Provider Relations and Utilization Review in Care Management, Evaluation manager, Quality Improvement for IT, Mental Health clerical staff, Mental Health Clinical Specialist, IT Specialist, Project Manager, and a Vendor Project Manager. Backfill will be funded for duration of project.
- ✓ Item Number 4: Committee discussed federal stimulus legislation for IT. Federal payment would be one-time payment of \$63k per Psychiatrist and Family Nurse Practitioners. Further clarification and

DATE OF NEXT MEETING: Fourth Tuesday of the Month, June 29th 2010 Location: TBA

Item CoF



CONTRA COSTA HEALTH SERVICES

DATE OF REPORT: 6/3/2010

discussion would be needed before the Committee is able to make a recommendation to CPAW regarding federal IT funding.

RECOMMENDATIONS TO CPAW:

- The Committee decided upon a sequence of questions they would recommend to CPAW:
 1. Is the County open to changing the Capital Facilities & Technology Needs Component Plan?
 2. If so, how is the local and state process defined?
 3. If this is firm, move forward with ARC and advocate for CRF, possibly in one of the other regions of the County?

DATE OF NEXT MEETING: Fourth Tuesday of the Month, June 29th 2010 Location: TBA

Item OK

INTERNAL OPERATIONS COMMITTEE

Supervisor Mary N. Piepho, Chair

Supervisor Susan A. Bonilla, Vice Chair

Record of Actions – Revised 6/7/10

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 *and oversee* 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; and 5) Health Services to explore the use of “lean” methodology in the Mental Health Outpatient Division. 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~~ *obtain* 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. **Reporting to IOC:** *The Mental Health Director will report back to the IOC on the following: a) Composition and/or representation of CPAW, and what other counties' "CPAW"-like structure is; b) Explore how conflict of interest is handled by other organizations (such as First Five), or other county models, and develop written guidelines regarding conflict of interest; c) Provide an update on the work that CPAW's new facilitator is doing; d) Membership analysis which will also include actual CPAW attendance as well as membership overall*
8. **Reporting to FHSC and BOS:** *The Mental Health Director will report back to the Family and Human Services Committee and to the Board of Supervisors as a whole (the latter via the consent calendar) regarding MHSA services/CPAW successes, i.e. function, what's being heard, what's being done.*
9. **Record of Action:** Approved Record of Action for April 19, 2010.

5-10-10
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.

Welfare and Institution Code

5604.2. (a) The local mental health board shall do all of the following:

- (1) Review and evaluate the community's mental health needs, services, facilities, and special problems.
- (2) Review any county agreements entered into pursuant to Section 5650
- (3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.
- (4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- (5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.
- (6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
- (7) Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
- (8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

5611. (a) The Director of Mental Health shall establish a Performance Outcome Committee, to be comprised of representatives from the PL 99-660 Planning Council

and the California Conference of Local Mental Health Directors. Any costs associated with the performance of the duties of the committee shall be absorbed within the resources of the participants.

(b) Major mental health professional organizations representing licensed clinicians may participate as members of the committee at their own expense.

(c) The committee may seek private funding for costs associated with the performance of its duties.

5608. The local director of mental health services shall have the following powers and duties:

(a) Serve as chief executive officer of the community mental health service responsible to the governing body through administrative channels designated by the governing body.

(b) Exercise general supervision over mental health services provided under this part.

(c) Recommend to the governing body, after consultation with the advisory board, the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division.

(d) Submit an annual report to the governing body reporting all activities of the program, including a financial accounting of expenditures and a forecast of anticipated needs for the ensuing year.

(e) Carry on studies appropriate for the discharge of his or her duties, including the control and prevention of mental disorders.

(f) Possess authority to enter into negotiations for contracts or agreements for the purpose of providing mental health services in the county.

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.

5-10-10 IOC Meeting

Comments
From Teresa Pasquini
on CPAW

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.

5-10-10
IOC Meeting

Comments from
Teresa Pasquini
on Survey

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.

Taylor

My son has been on the streets of Pleasant Hill for 15 years. He suffers from a severe and chronic case of schizophrenia and is unintelligible at times. He is there, AS WE SPEAK, in the area behind a strip mall in Pleasant Hill

My name is Debbie Taylor and I live in District ^{III} IV in Brentwood. Mary Piepho is my supervisor.

Through the years I have tried everything I could think of to get my son into some form of treatment. He became 40 years old on April 15. He has a severe case of psoriasis among other medical problems.

He was 5150ed March 13, of this year. He was held at the county hospital on a medical ward and then released. He was told he was "good to go."

He went to College Park High school, but the problems had already begun and he did not finish. He did get his GED at the March Creek Detention facility where he served a six month sentence.

He has cycled through the Martinez Detention facility, the West County Jail and the county hospital.

The Pleasant Hill Police department has quite literally been his life saver. He had an occasion when he had a serious infection on his leg and an off duty officer took him to emergency. It saved his life.

The Pleasant Hill police have been the only part of the system that has been there for him.

It is not that there is some question whether he is seriously mentally ill. A child could make the diagnosis.

It is just that there is no way to persuade or force him into some kind of treatment after which he would stand some possibility of having a life.

I will not give up, but I don't know what to do.

Comment Made To The Internal Operations Committee

5/10/10 David Kahler, Speaking as an Individual

1110 St Francis Drive, Concord, CA, 94518

925- 676 5771 E mail: dk122932@aol.com MS1010823

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 the 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." Let's frown, make a few comments and move on.

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!

To: Internal Operations Committee -
Supervisors Piepho and Bonilla
From: Dr. Michael Cornwall
May 10, 2010

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 Tavanno 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



To The Contra Costa County Board of Supervisors:

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.

Al Farmer, President
NAMI Contra Costa

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Contra Costa County Board of Supervisors

Internal Operations Committee Meeting May 11, 2010

Art Honegger, concerned citizen, former Mental Health Commissioner

1. The Welfare and Institutions code requires the Mental Health Administration (MHA) to work with and consult with the Mental Health Commission (MHC) on matters concerning services and facilities, including planning (Section 5604.2.(a), and 5608). This relationship has been fiercely resisted by the MHA, in spite of aggressive and persistent attempts by the MHC to arrange such a working arrangement.
2. The chronic dishonesty with which the MHA has been treating the MHC and concerned citizens is terribly destructive. I personally have no confidence that this will ever change under the current MHA leadership.