CONTRA COSTA
HEALTH SERVICES

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CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

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 • July 8, 2010 • 4:30-7:30 p.m.

***** Attention: NEW LOCATION! *****

651 Pine Street Room 101 • Martinez, Ca 94553

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. 4:35 **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. 7/24/10 Data Outcomes Training: Bisso Lane Conf. Room, 10:00 am – 4:00 pm
   B. 8/2/10 IOC meeting: 651 Pine St., Room 101, 10:30 am
   C. Reintroduction of the Task List Tracking Form

4. 4:55 **CONSIDER APPROVAL OF MINUTES**
   June 10, 2010 MHC Monthly Meeting

5. 5:00 **REPORT: CEO, Contra Costa Regional Medical Center - Anna Roth**

6. 5:30 **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

7. 6:15 **MHC COMMITTEE / WORKGROUP REPORTS**
   A. MHC Capital Facilities and Projects/IT Workgroup –Annis Pereyra

Review the Workgroup's report and consider any recommendations

B. Quality of Care Workgroup – Carole McKindley-Alvarez
Review the Workgroup's report and consider any recommendations

8. 6:30 **REPORTS: ANCILLARY BOARDS/COMMISSIONS**

- Feedback from 6/15/10 Regional Training for Local Mental Health Board & Commission Members

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
Review report and consider any recommendations
   a. Authority of the MHC liaisons to CPAW
   b. Reports on CPAW workgroups and monthly meeting of July 1
   c. MHC position on conflict of interest
      i. See enclosures on First Five Commission
      ii. Example from San Diego County

9. 7:15 **CHAIRPERSON'S COMMENTS – Peter Mantas**
A. Consider holding a public hearing on the revised MHSA draft Technological Needs Project Proposal
B. Clean-up and Prioritize Future Agenda Item List
C. Appoint Workgroup to Develop MHC Fact Book (to be used in review meetings with appointing Supervisors)

10. 7:25 **FUTURE AGENDA ITEMS**
Any Commissioner or member of the public may suggest items to be placed on future agendas.
A. Suggestions for August Agenda ***[CONSENT]***
   1. Presentation from Health Services Department on the policies and procedures surrounding sentinel events – David Cassell

B. List of Future Agenda Items:
   1. Rose King Presentation on MHSA
   2. Behavioral Court Presentation
   3. Case Study
   4. Discussion of Service Provider Contract Review.
   5. Presentation from The Clubhouse
   6. Creative ways of utilizing MHSA funds
   7. TAY and Adult's Workgroup
   8. Conservatorship Issue
   9. Presentation from Victor Montoya, Adult/Older Adult Program Chief
   10. Presentation from Crestwood Pleasant Hill
   11. Presentation on Healthcare Partnership and CCRMC Psych Leadership
   12. Presentation on non-traditional mental health services under the current PEI MHSA programs

C. List of Future Action Items:
   1. Develop MHC Fact Book to be used in review meetings with appointing Supervisors
   2. Review Meetings with appointing Supervisors

11. 7:30 **ADJOURN MEETING**

The next scheduled meeting will be Thursday, August 12, 2010 from 4:30- 6:30 pm. Location to be determined.

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

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
Jan-09	Mental Health Coalition request to support adding new members. Voted to accept in concept enlarging the MH Coalition.	Await report back from the Coalition before making a final determination.			Monthly	MH Coalition - Pending
26-Feb-09	Letter from Teresa Pasquini regarding incident involving her son...	Mental Health Director asked to provide a corrective action document.	Staff: Follow-up with Donna.		23-Mar-09	MHA - Pending
	Peter requested that a corrective action plan be developed... Donna agreed... Peter asked staff to follow up within 3 weeks on progress	Donna reported to the MHC on the county's corrective action procedure and policy. She suggested inviting David Cassell to the April MHC meeting if more information is desired.				
		Peter awaits the corrective action plan as agreed by MH Director.				
26-Feb-09	Family Steering Committee's Letter of Concerns	The Commission was asked to respond to the letter, along with a letter from NAMI in support of the concerns expressed by the Family Steering Committee. Response received from Donna. Commission has not responded.	Commission does not have enough information to take a position and respond.	TBD		MHA - Pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
26-Mar-09	Family Steering Committee's 2nd Letter of Concerns	Set up a Special MHC Meeting to discuss this issue.	Awaiting date/time.	TBD		MHA - Pending
26-Feb-09	Medicare as a possible revenue source for outpatient clinics	Future agenda item	To decide date of discussion	Jun-09		MHC - Pending
26-Feb-09	Expediting the filling of positions funded by MHSA monies	Staff: Set up an appointment for Peter, Dorothy Sansoe and Donna Wigand to meet	Donna requested holding off until she received a list of all positions with status timelines.	TBD		MHA - Pending
26-Feb-09	Request for PHF assessment information - Letter 1	Letter sent to Donna Wigand with a list of questions.	MHA			MHA - Pending
26-Mar-09	Request for PHF assessment information - Letter 2	Letter sent to Donna Wigand with a list of questions.	MHA			MHA - Pending
Apr-09	Bylaws Proposed Amendments	Send to County Counsel for Review	Sent Bylaws proposal to BOS May '10 - Sent to IOC for review June '10		8/1/2010	BOS - MHC Completed - Awaiting decision from BOS

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
Apr-09	Letter to Supv. Bonilla et al re: Capital Facilities	Letter sent	No response from Supv. Bonilla. Response received from the OAC. Copy of response to Supv. Bonilla received from Donna.			BOS - Pending
May-09	Follow-up letter to Supv. Bonilla et al re: Capital Facilities	Letter with comments from Minutes sent.	No response from Supv. Bonilla.			BOS - Pending
Apr-09	Continuum of care for TAY	Request change of regulations to enable TAY to receive continued medical, housing.	Place on tracking list.			Pending
May-09	Senior Disabled Bus Pass	Draft letter to CCCTA requesting reduced fare bus pass and permission to have a representative from MHC attend the Operations & Scheduling Committee	In process of drafting letter		Nancy to check with Collette to see if this was done	MHC - Pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
May-09	Track MHSA Plan Public Hearing agreement - Approve the plan updates assuming the		Staff: Follow up with Sherry Bradley		5/18/2009	MHA - Pending
	1) There be balanced representation on CPAW (county staff, mental health staff are at a minimum on CPAW and a significant portion is made up of family and consumer representatives to get more people involved in					
	2) There is heavy involvement of family and consumer members not only in discussion but also decision making (CPAW)					
	3) Mental Health Administration will work with all stakeholders, especially the Mental Health Commission to develop quantitative and qualitative analysis of MHSA program performance by August 31, 2009.					
	4) All noted substantive comments get addressed in the plan update with Mental Health Commission involvement – for discussion and review before it's submitted.					
9/3/09	Ambulance transfers	Is an ambulance required for patient transfer between CCRMC and a separate facility (ie. CCRMC and a PHF next door)	Staff: follow up with MHA		10/2/2009	MHA - Pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
9/3/09	Info. on the number of CCC patients sent out of the county for treatment and length of stay	Donna Wigand to provide information.	Staff to follow-up with Donna			MHA - Pending
9/3/09	Info. on which larger counties have PHF's and how many counties have both PHF's and inpatient.	Donna Wigand to provide information.	Staff to follow-up with Donna Wigand			MHA - Pending
10/8/09	Chart of Locked Long-Term Subacute Care Providers dated 10/7/09	Add financial information/costs to chart and re-submit to the MHC.	Staff to follow-up with Suzanne Tavano			MHA - Pending
10/8/09	Letter to BOS regarding suicide of West County consumer.	Acting Chair is to write a letter requesting the BOS ask the Mental Health Director lead an internal investigation into the circumstances surrounding the suicide of a West County consumer. Further request a response to the BOS from the Mental Health Director be made within 60 days of receipt of the letter.	Staff to follow up with Acting Chair. Motion wording may require confirmation at 11/12/09 MHC monthly meeting.		11/12/09: on hold until 11/30/09 meeting at MHCC takes place.	MHC - Pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
11/12/09	Review of policies and procedures around sentinel events	Invite one or more Health Services representatives to educate the MHC on policies and procedures surrounding sentinel events using Victor Montoya's suggestions and guidance on different reporting structures.	Staff to follow up with Acting Chair and county staff.	2010 MHC meeting		MHC - pending
12/10/09	Investigation Report on West County Suicide in Sept. 2009	Motion passed to request the written report be distributed to the MHC.	Staff to follow up with MHA	TBD		MHA - pending
1/8/10 Planning Meeting	Public Comment: costs of out of county/out of state placements	Janet Marshall Wilson: She would like the MHC to understand the financial resources spent out of county/out of state for placement of mh clients: 1) children in residential placement and community treatment facilities, 2) adults in short-term acute care, 3) adults in long-term locked care under conservatorship and 4) adults in board and care residential setting.	Quality of Care and Quality of Life Assurance workgroup			MHC Pending: MHC was informed 6/10/10 the amount was included in the presentation handout from Suzanne Tavano (to be confirmed)

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
1/8/10 Planning Meeting	Public Comment: Site Visits	Connie Steers: She requests the Commission make site visits to some extremely problematic residential homes within the County, especially unlicensed board and care homes, where the residents are vehement that Patients' Rights not get involved due to fear of retaliation.	Quality of Care and Quality of Life Assurance workgroup to review issue	1-Jul-10		MHC will Start Site Visits July 2010
1/14/10	Allegations of serious unlicensed residential conditions in East County brought up by Janet Marshall Wilson	She would like to MHC to review the allegations	The Quality of Care and Quality of Life Assurance Workgroup	TBD		MHC - Pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
1/14/10 Public Hearing 2009-2010 Annual Update	2009/2010 Annual Plan Update	Plan approved assuming the following:				MHA - Pending
		1. Requested the May 2009 Performance Outcomes and Quality Improvement (POQI) Report be sent to MHC.	1. 2009 POQI Report sent to MHC 2/5/10.			
		2. Requested the 2009-2010 PEI Outcome Measures be sent to MHC.	2. the Final PEI Outcome Measures dated 1/27/10 was sent to MHC.			
		3. Requested MHA review the MHSOAC Evaluation of CCC's MHSA Three Year Expenditure Plan dated 3/7/06 to see if suggestions have been incorporated into the plans.	3. Staff to send MHSOAC Evaluation to Sherry Bradley.			
		4. all substantive comments brought up need to be addressed by MHA.	4. Staff to follow up with Sherry Bradley if any comments brought up at the hearing were substantive enough to require a program change.			

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
2/11/10	MHSA Housing Coordinator	Dorothy Sansoe offered to look into status of hiring for the position. Update: 6/10/10 CPAW Report from Comm. Pereyra reported the application period closed and a small number of applicants moved to the interview process.	Staff to follow up with Dorothy			CAO & MHA - Pending; per CPAW Housing Comm. Mtg. 6/16/10, interviews to begin soon.
4/5/10 Public Hearing 2010-2011 Annual Update	Per capita funding per program (ie. for MHCC vs. Clubhouse)		Staff: follow-up with Mary Roy on per capita funding per person served per program.			MHA - pending
4/5/10 Public Hearing 2010-2011 Annual Update	WET staff trainings for MHA staff vs. line staff	Carolyn Sison has the information in chart form.	Staff: follow up with Carolyn Sison to obtain the chart			MHA - pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
4/5/10 Public Hearing 2010-2011 Annual Update	MHSA 2010-2011 Annual Plan Update	Plan approved with the following provisions:	Staff: follow-up with Sherry Bradley			MHA & MHC Quality of Care Workgroup - Pending
		1. with the provision that there be included program evaluation for efficaciousness, for qualitative and quantitative data, and look at qualifications of contractors.				
		2. the condition that the Commission revisit the performance contracts and make recommendations as a Commission if it is believed that those contractors lack the capabilities to deliver on the contract				
		3. the minor conditions that substantive comments be brought up and included in the Plan by MHA.				

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
4/5/10 Public Hearing 2010-2011 Annual Update	MHSA Capital Facilities Project Proposal	Plan approved with the following provisions:				BOS - Pending
		1. there is a commitment by the County that the Crisis Residential Facility is not just placed on the table, but acted on appropriately				
		2. substantive comments be brought up and included in the plan by MHA.				
4/8/10	Location for MHC meetings with better public transportation access	Determine other possibilities, Commissioner O'Keeffe mentioned she spoke with Supv. Bonilla's office and there are other options closer to transportation hubs.	Staff: look into other options and follow up with Commissioner O'Keeffe.			Pending
5/10/10	CiMH	Determine what training and other assistance they offer	IOC suggested assignment - Peter Mantas took the assignment from Supervisor Bonilla		9/1/2010	MHC Chair - Pending
5/13/10	new Older Adult Task Force	Determine if the new Older Adult Task Force is in place; appoint a Commissioner to attend the meetings.	Staff: follow up and to work with Chair.			MHC Chair - Pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
5/21/10	MHC Participation at Quality Improvement Committee (QI)	Dr. Suzanne Tavano will research and report back				MHA - Pending
5/21/10	MHC Participation at Quality Management Committee (QM)	Dr. Suzanne Tavano will research and report back				MHA - Pending
6/5/10	MHA staff meeting	Chair requested permission to participate and/or present at MHA staff meeting	Mental Health Director to respond directly to Chair.			MHA - Pending
6/5/10	CPAW Meeting	Chair requested permission to present at CPAW meeting	Sherry Bradley responded to Chair on 6/28/10- invitation not extended at this time.		9/28/2010	MHA - Pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
2/26/09	Request from Rubicon to explain how we are going to integrate CBO's, especially in West County.	Request Donna to give a written response. Donna responded to Steve from Rubicon at the March meeting.	Staff: Follow-up with Donna.	16-Mar		Completed Verbally during March 26 MHC meeting.
2/27/09	Recommendation for MHC appointment of Floyd Overby.	Send letter of recommendation to Supv. Uilkema. Letter sent 3/3/2009	Appointed May 5th			Completed
2/26/09	Support of a Behavioral Health Court Grant	Letter was sent to Sheriff Rupf in support of the Behavior Health Court Grant.	Staff: Request an update from Marti Wilson and/or Lt. Mitch LeMay.	28-Feb	11/1/09, 12/3/09	Completed. As of 12/3/09, Sheriff still waiting to hear.
2/26/09	How many clients using outpatient clinics have Medicare as a possible source of payment for services.	Donna to report in writing with report outlining the number of clients. The number of 200 was referenced however source information was not provided even though it was promised by Donna.	Follow-up with Donna.			Completed

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
3/26/09	Letter in opposition to Prop 1E	Peter is to draft a letter to be sent to the individual members of the BOS requesting their support for the Commission's position.	Await receipt of letter to place on letterhead and send to each member of BOS.			Completed
Mar-09	Recommendation for MHC appointment of Anne Reed	Send letter of recommendation to Supv. Uilkema	Appointed May 5th			Completed
Mar-09	MHC Questionnaire	Discuss distribution to county employees	At the printer	TBD		This task was cancelled
Apr-09	Reappointments of Peter, Dave and Teresa	Notification of term expirations - letters sent to appointing Supervisors	Check status		17-Jun	Completed
4/23/09	Transcript of 3/26/09 Minutes	Staff is instructed to present a transcript of the Minutes	Staff: Transcribe Minutes			Completed
10/8/09	Mental Health Coalition Talking Points	Verify if and when MHC adopted the Talking Points.	Staff			Completed 8/13/09 MHC monthly meeting: a motion was passed to adopt them.

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
11/12/09	List of MHC standing committees, task forces or workgroups	Staff to provide a list to Commissioners.	Staff	By 12/10/09		Completed
8/13/09	California Institute for Mental Health	Determine what training they offer.	Staff to follow-up with Sherry Bradley; training may be offered by CA. Mental Health Planning Council.		9/29/09; 11/12/09: Sherry Bradley still waiting for information.	Cancel - New Assignment taken by Peter Mantas
Sept. 3, 2009	Chair Mantas requested Dr. Walker look into the ED to CSU situation to improve transition	Dr. Walker to update the Commission on his findings.	Staff to follow-up with Julie Freestone?			Completed - Phych Emergency Doors Reopened - May 2010
Oct 8, 2009	Needs Assessment Survey prepared by MHC-CPAW Capital Facilities Workgroup	A motion was passed supporting a survey be created, sent out and used to determine the community's input on uses for MHSA Capital Facilities funds.		12/1/09 - sent out; surveys to be returned by 12/11/09.	tbd	Completed

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
2/11/10	Local 1 Survey and Local 21 Response	Motion passed to refer the Local 1 survey to the BOS Internal Operations Committee as soon as possible.	Staff to coordinate letter w/Chair			Completed; Letter sent 2/18/10.
3/11/10	County Use of Private Invitation Only Groups in an Advisory Capacity (ie. CATF)	Motion passed to refer the issue to the BOS IOC Committee as soon as possible.	Staff to coordinate letter w/Chair			Completed; Letter sent 3/18/10. Referred to IOC at 4/13/10 BOS Meeting.
3/11/10	County Employee Participation on County Advisory Groups (ie. CPAW)	Motion passed to refer the issue to the BOS IOC Committee as soon as possible.	Staff to coordinate letter w/Chair			Completed; Letter sent 3/18/10 Referred to IOC at 4/13/10 BOS Meeting.
1/14/10	Reopening of CSU doors	Motion passed to write a letter to Anna Roth endorsing the reopening of CSU doors	Staff to coordinate letter w/Chair.			Completed; doors opened 5/17/10

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
5/13/10	Possible use of federal health care reform dollars for mental health electronic records HR 5025	Motion passed to have the Chair write a letter from the MHC to the Chair of the legislative Subcommittee and send an informational email blast to stakeholders and community partners. Per the 6/10/10 CPAW Cap Fac and IT report prepared by Comm. Pereyra , Steve Hahn-Smith reported this bill, if adopted, would not pay for the acquisition of the IT system, but rather cover several hundred thousand dollars of annual expenses.	Staff: work with Chair.			No longer needed?
5/27/10	2010-2011 State Budget Advocacy	Motion passed to have the Chair write a letter to state legislators to advocate against proposed budget cuts to mental health system funding.	Staff: work with Chair on letter. Also create an email blast with letter and legislators' addresses for mass distribution to community partners.			Letter to legislators: complete 6/10/10; Email blast complete 6/15/10.

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up	Resolution
3/11/10 Public Hearing Draft Technologies Project Proposal	MHSA Draft Technologies Project Proposal	Plan approved with the minor conditions that substantive comments be brought up and included in the Plan by MHA.	Staff: follow-up with Sherry Bradley			Completed
3/11/10 Public Hearing Draft Innovation Plan	MHSA Draft Innovation Plan	Plan approved with the minor conditions that 1. all comments provided be considered substantive, whether or not a change in Plan is required and included in the Plan 2. the County is to seek continued funding separate from this MHSA program.	Staff: follow-up with Sherry Bradley			Completed

Contra Costa Mental Health Commission
Monthly Meeting
Date 6/10/10
Minutes – Draft

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 we 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 papers; 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 is remains as supported housing owned by someone else so that the residents of Phoenix Apartments is 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 pubic 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 or 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 is 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.

- **<u>ACTION</u>: 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

Community Mental Health: History and Funding

Presentation for the Mental Health Commission
June 10, 2010

Suzanne Tavano, BSN, Ph.D.

Community Mental Health Development Through the Years

1969 – California Community Mental Health Services Act

A. De-institutional-ization

B. Focus on Community-based treatment

C. State was to assign savings from decrease in state hospital costs to counties, but never fully occurred.

1971- SDIMC Program (Pilot)

A. Mental Health Services eligible for Federal Medical (FFP)

B. Expanded revenue available to fund Mental Health Services

1989 – California Mental Health Directors Association

A. Advocacy for Mental Health Services

B. Independent from State Department of Mental Health, so could lobby

1991- Realignment Bronzan-McCorquodale Act

A. Changed funding for Mental Health services from SGF to tax revenue(s):
1. ½ sales tax
2. Vehicle license fees

B. Shifted risk from State to County

C. Included:
1. All Outpatient MH services
2. Civil Commitments to State Hospitals
3. IMDs

D. Distributed monthly up to prior year maximum

E. Dependent on taxes

F. "Growth" goes to Social Services first.

G. No COLA to Mental Health

1993 – State Plan Amendment Rehabiltation Option Services

Moved system from clinic to community model & greatly expanded services to include: Mental Health Services, Day Treatment Intensive, Day treament Rehabilitative, Crisis Intervention, Crisis Stabilization, Adult Residential, Crisis Residential, Psychiatric Health Faciliy, Case Mgmt/ Linkage & Brokerage , Medical Support Services

1915B Waiver – Freedom of Choice

1995–Phase I of MediCal Consolidation - Hospital

A. First step of Managed Medi-Cal

B. Moved responsibility of hospital authorization & payment from State FFS to County Managed Care

C. Used a bench mark year for annual allocation

D. No growth. Reduction in 2009/10

E. County became a Managed Care entity: Prepaid Hospital Insurance Plan (PHIP)

F. As PHIP, many Federal regulations were added

1998 – Phase II of Med-Cal Consolidation - Outpatient

A. County responsible for all MediCal Mental Health Services (Inpatient + Outpatient)

B. More Federal Regulations:
1. 24-Hour Access Hire
2. State-Wide responsibiity for beneficiaries
3. Beneficiaries Protections

C. Able to expand services beyond what had been provided under FFS

D. Care managed from least restrictive (Private Provider Network) to most restrictive (State hospital)

2005 – Mental Health Services Act

A. Components
1. Community Services & Supports
2. Prevention & Early Intervention
3. Workforce Education & Training
4. Capital Facilities & Technology Needs
5. Innovation
6. Housing

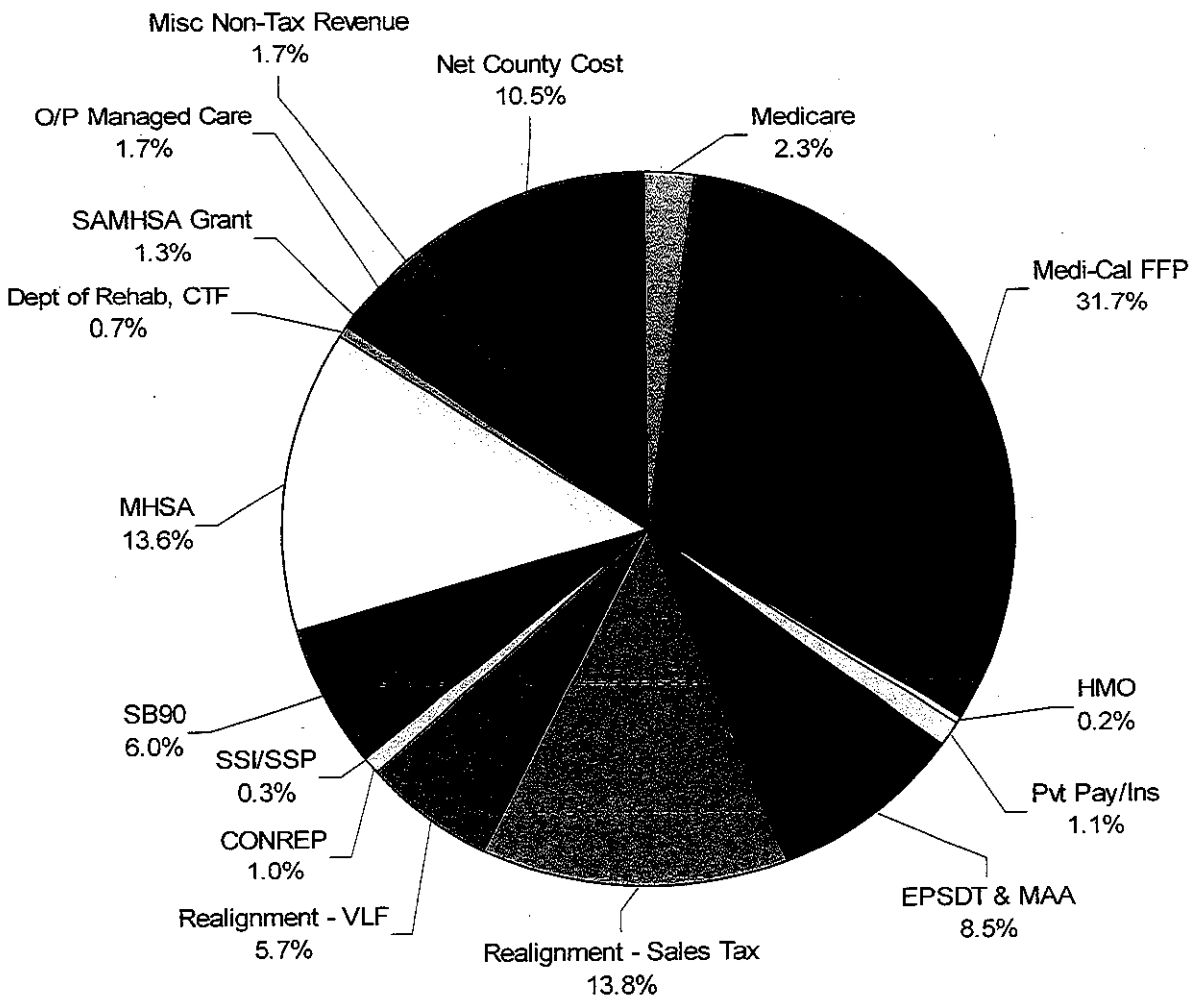
B. Funds could be used for uninsured

C. Funds could be used for 'match' to draw down FFP

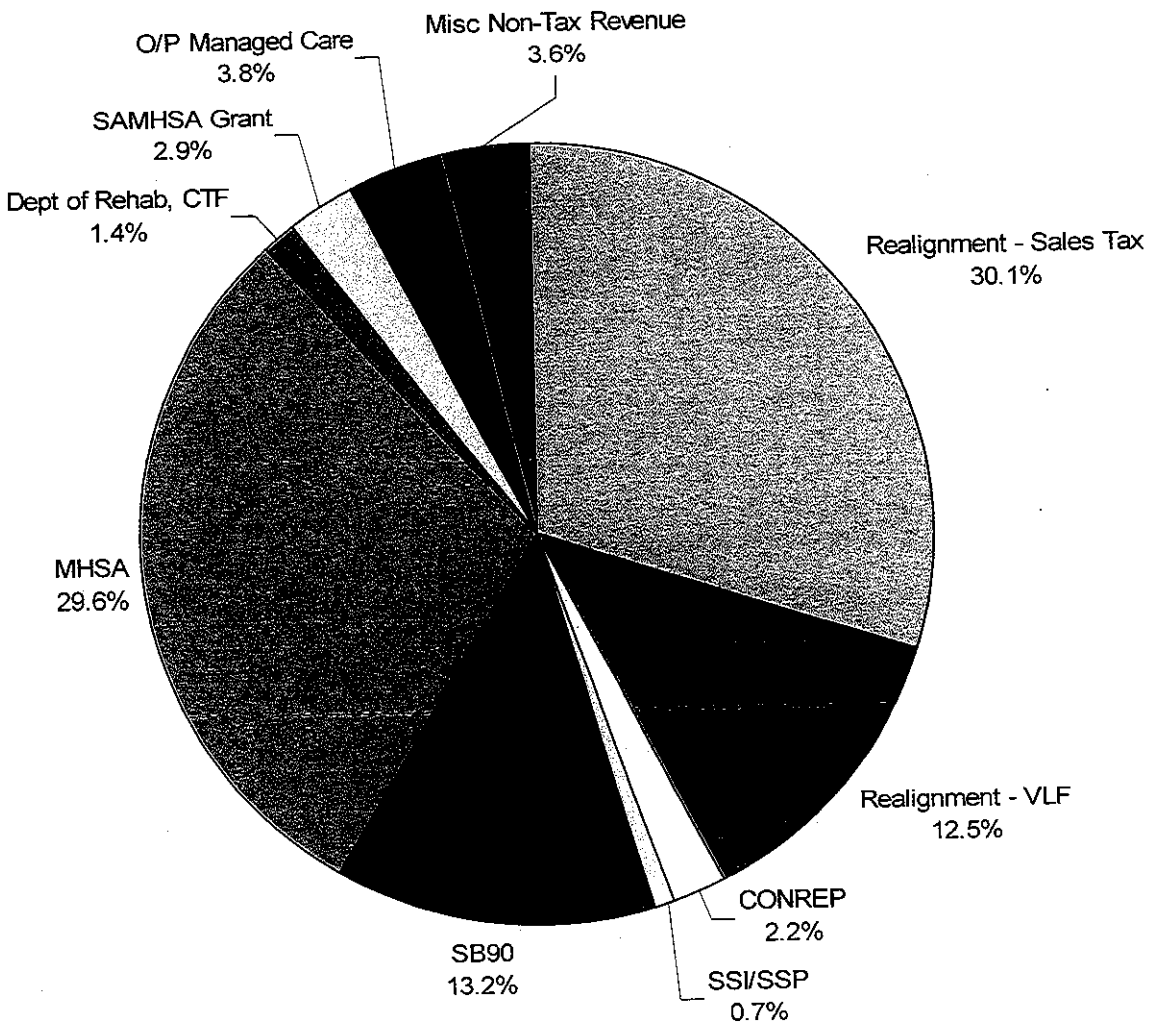
FY 08-09 Revenue from Services and Grants

Account #	*Description*	*FY 08-09 Closing (Actuals)*
9781	Medicare	$3,030,683
9785	Medi-Cal FFP	$40,854,885
9786	HMO	$230,566
9782	Pvt Pay/Ins	$1,361,390
9306	EPSDT & MAA	$10,985,204
9310	Realignment - Sales Tax	$17,778,091
9311	Realignment - VLF	$7,386,863
9281	CONREP	$1,296,341
9307	SSI/SSP	$402,284
9429	SB90	$7,773,721
9956	MHSA	$17,485,320
9435	Dept of Rehab, CTF	$842,599
9558	SAMHSA Grant	$1,712,743
9785	O/P Managed Care	$2,241,552
9975	Misc Non-Tax Revenue	$2,151,376
	TOTAL	$115,533,618
	Net County Cost	$13,491,160

Mental Health Revenue and Grants – FY 08-09 Closing (Actuals)

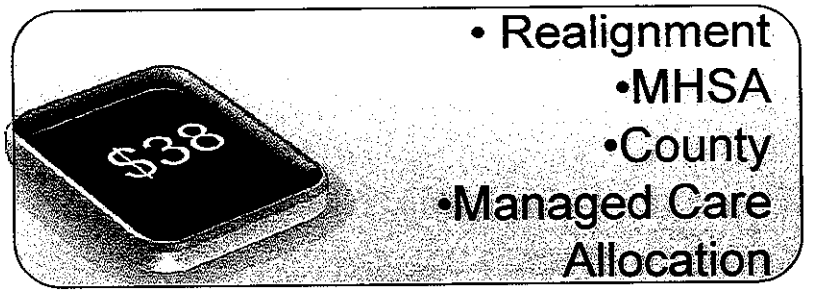


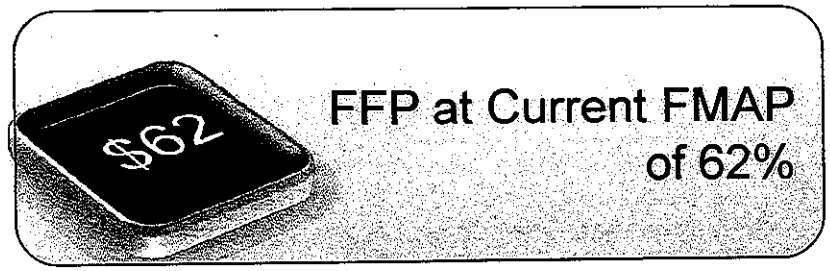
Revenue from Grants/Allocation – FY 08-09 Closing (Actuals)

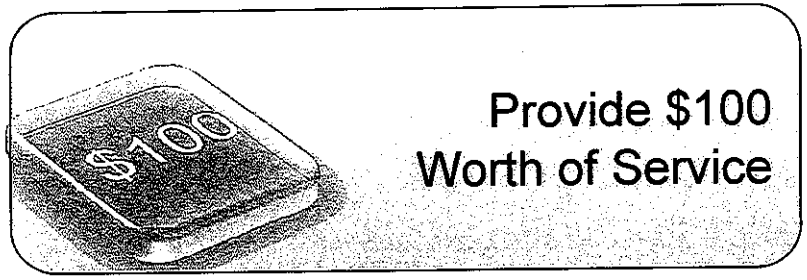


MediCal Beneficiares - Adults

SMA = $100

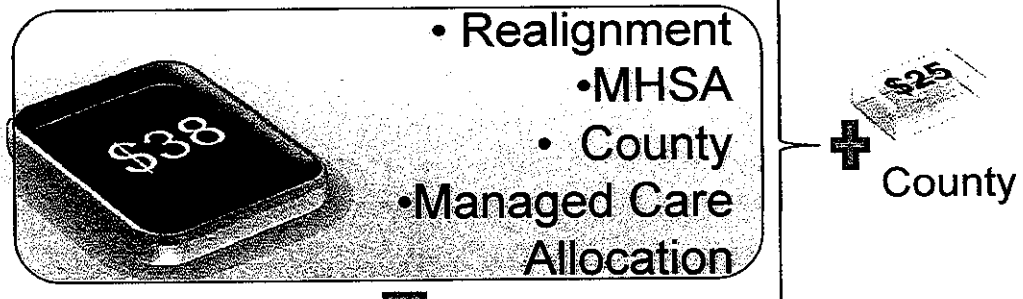


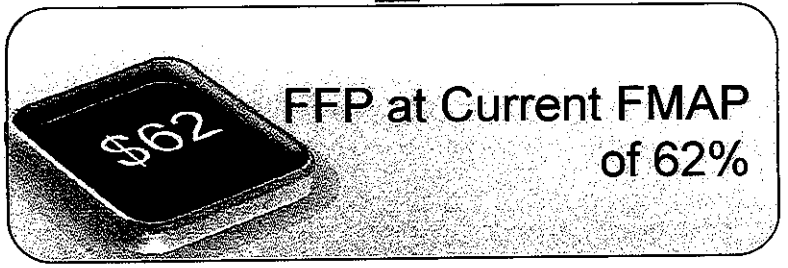


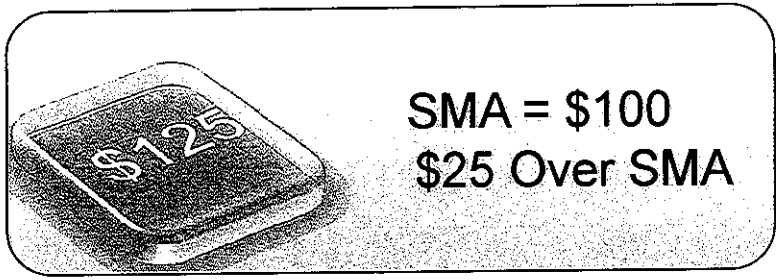


e.g. Over SMA

SMA = $100 $25 Over SMA

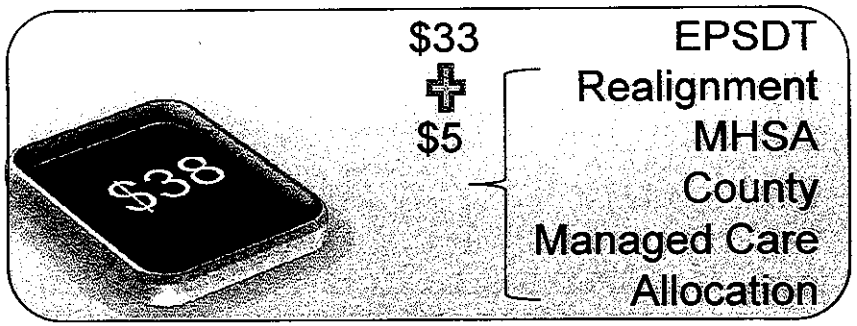


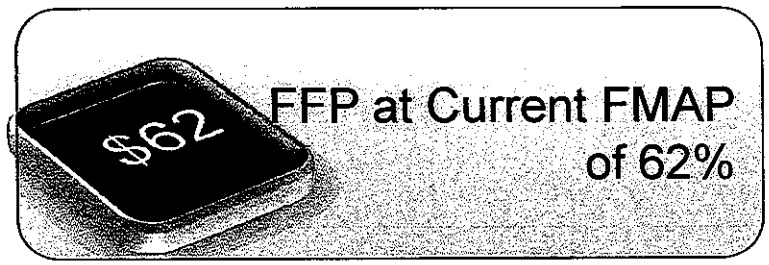


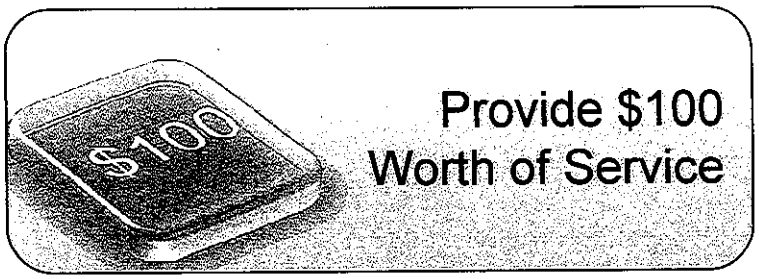


MediCal Beneficiares – Child/Adolescent (21 and younger)

SMA = $100

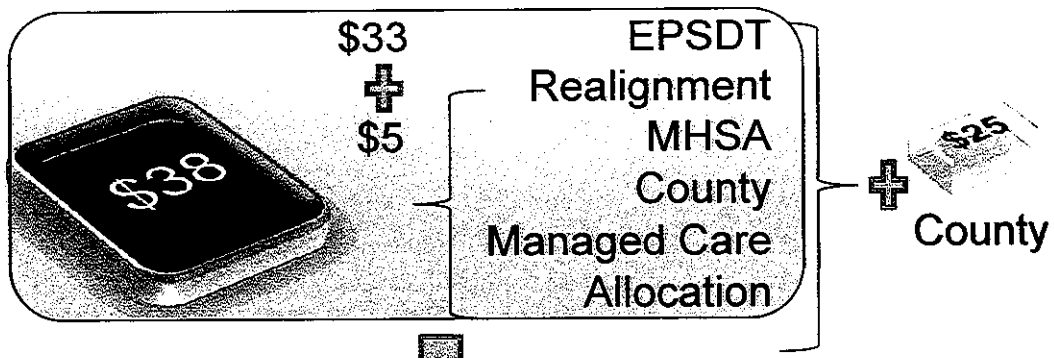


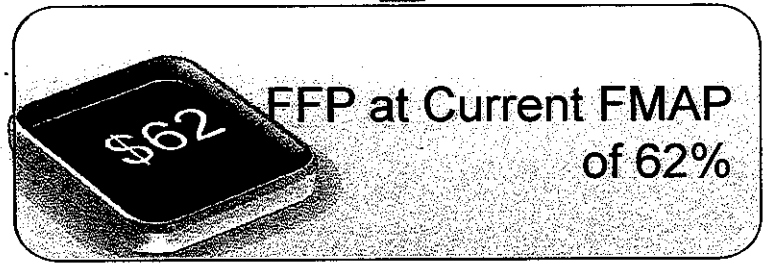


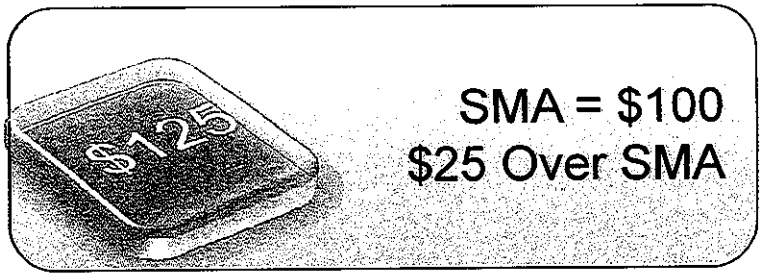


e.g. Over SMA

SMA = $100 $25 Over SMA



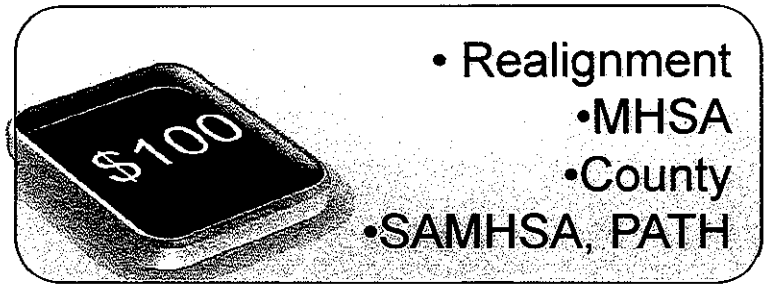


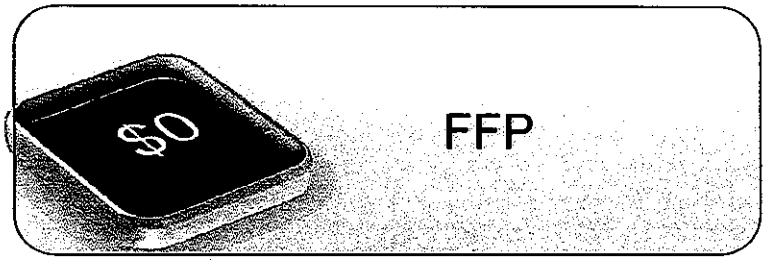


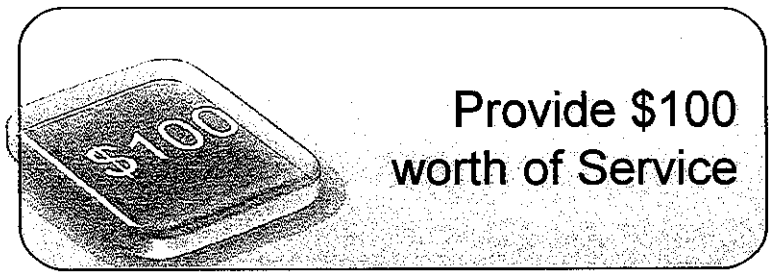
Uninsured

Adults

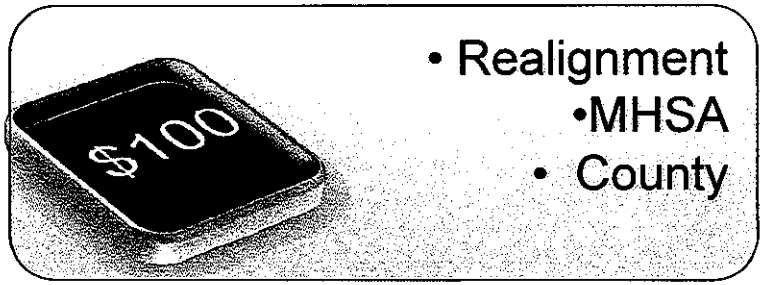
SMA = $100

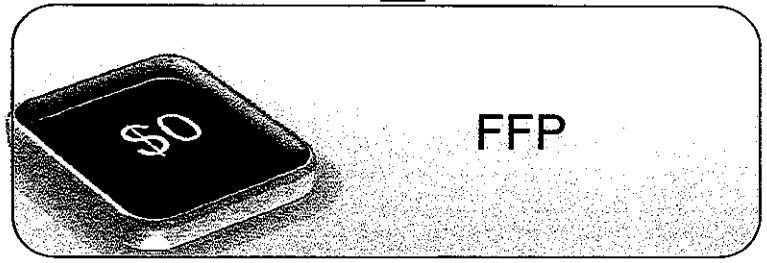


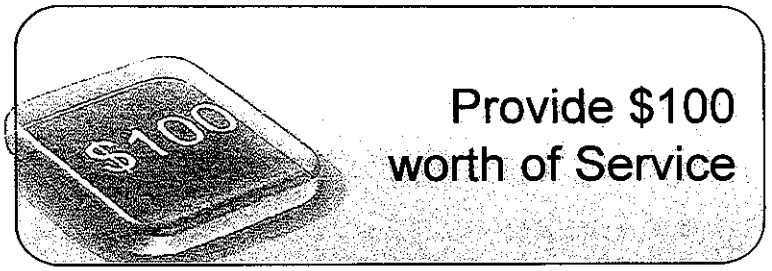




Child/Adolescent





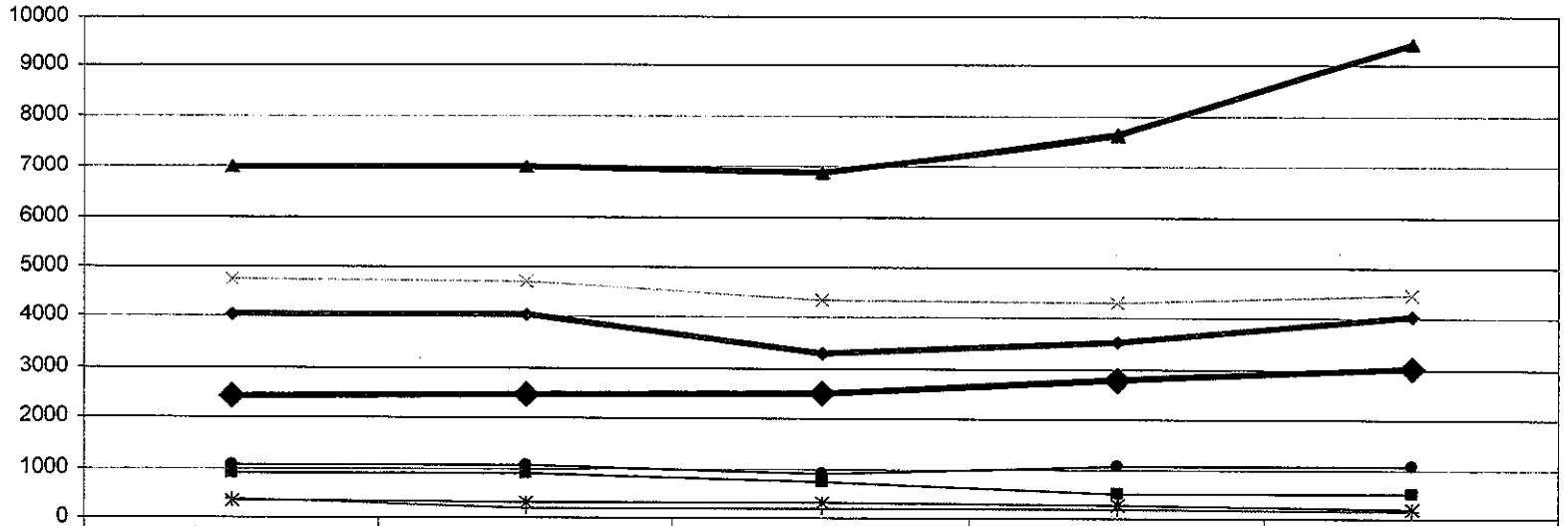


Realignment

FY 2008-2009

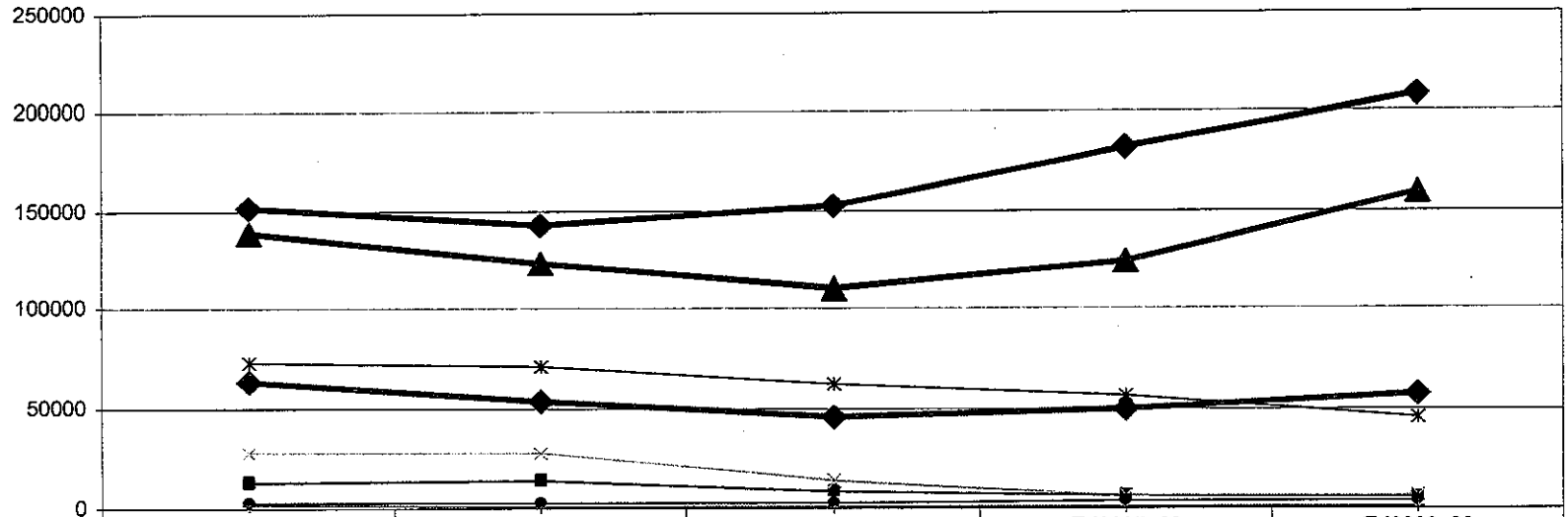
$1,806,108	State Hospital (11 consumers)
$2,048,679	MHRC (40 consumers)
$1,630,138	SNF (110 consumers)

Clients by Provider Type (FY Trends)



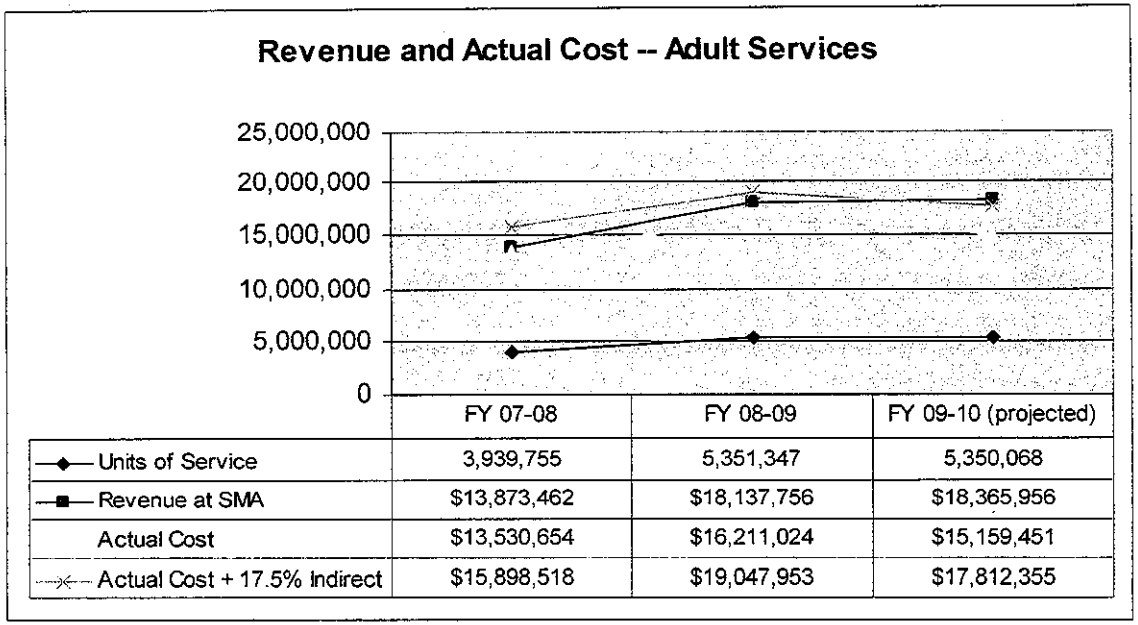
	FY2004_05	FY2005_06	FY2006_07	FY2007_08	FY2008_09
Contract	2426	2465	2514	2797	3051
County Hospital	925	894	735	512	518
County-Owned & Operated	6992	7011	6903	7649	9465
Crisis	4760	4739	4359	4324	4470
IMD/MHRC	362	330	308	269	211
JAS	1057	1065	912	1049	1049
MRT	379	194	188	199	154
Network (Indiv+Org)	4043	4053	3296	3548	4071

Services by Provider Type (FY Trends)



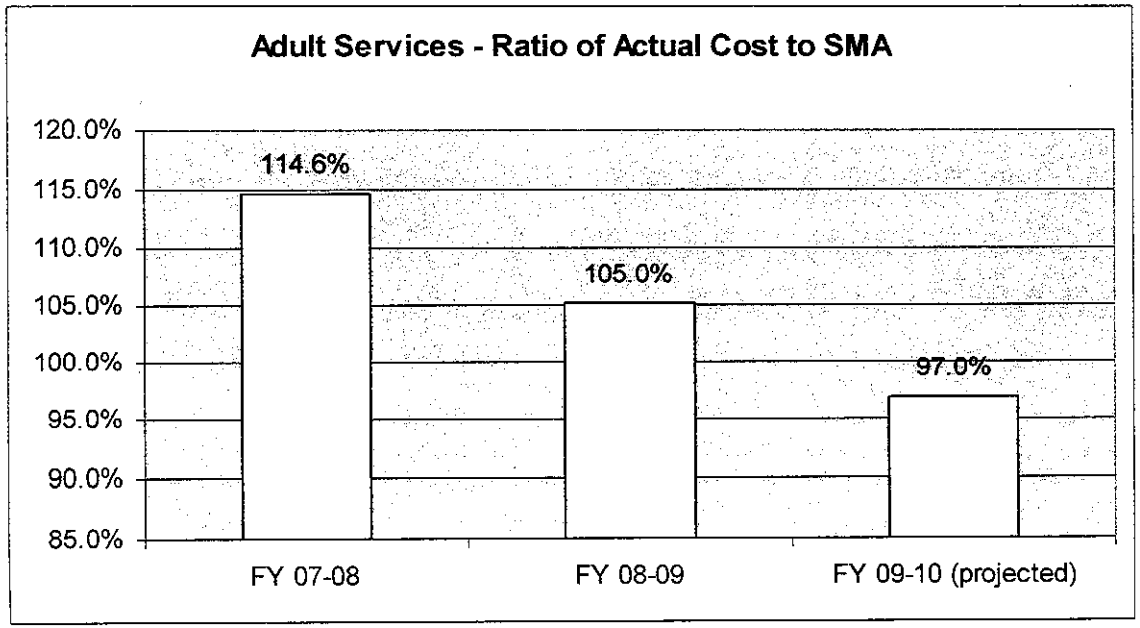
	FY2004_05	FY2005_06	FY2006_07	FY2007_08	FY2008_09
Contract	151234	143173	152366	182296	207672
County Hospital	13138	14100	9217	6843	5591
County-Owned & Operated	139049	123096	110030	124380	159784
Crisis	27453	27392	13768	6498	6684
IMD/MHRC	73875	71388	63094	56783	46531
JAS	2871	2773	2850	3580	4351
MRT	2041	1001	1090	1019	801
Network (Indiv+Org)	64027	54210	45892	50084	58441

Adult Services – Revenue vs. Costs



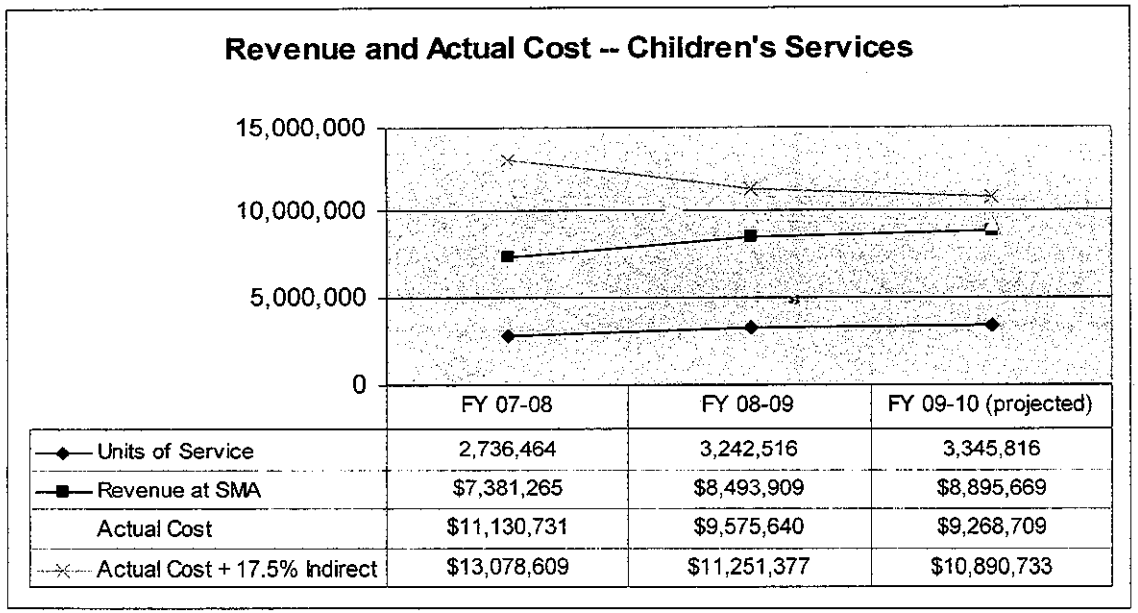
	FY 07-08	FY 08-09	FY 09-10 (projected)
Units of Service	3,939,755	5,351,347	5,350,068
Revenue at SMA	$13,873,462	$18,137,756	$18,365,956
Actual Cost	$13,530,654	$16,211,024	$15,159,451
Actual Cost + 17.5% Indirect	$15,898,518	$19,047,953	$17,812,355

The total units of service from FY 07-08 to FY 09-10 (projected) increased 35.8%, with an expected revenue increase of 32.4%. The actual + indirect costs increased 17% between FY 07-08 and FY 09-10, although there was a decrease in cost between FY 08-09 and FY 09-10.

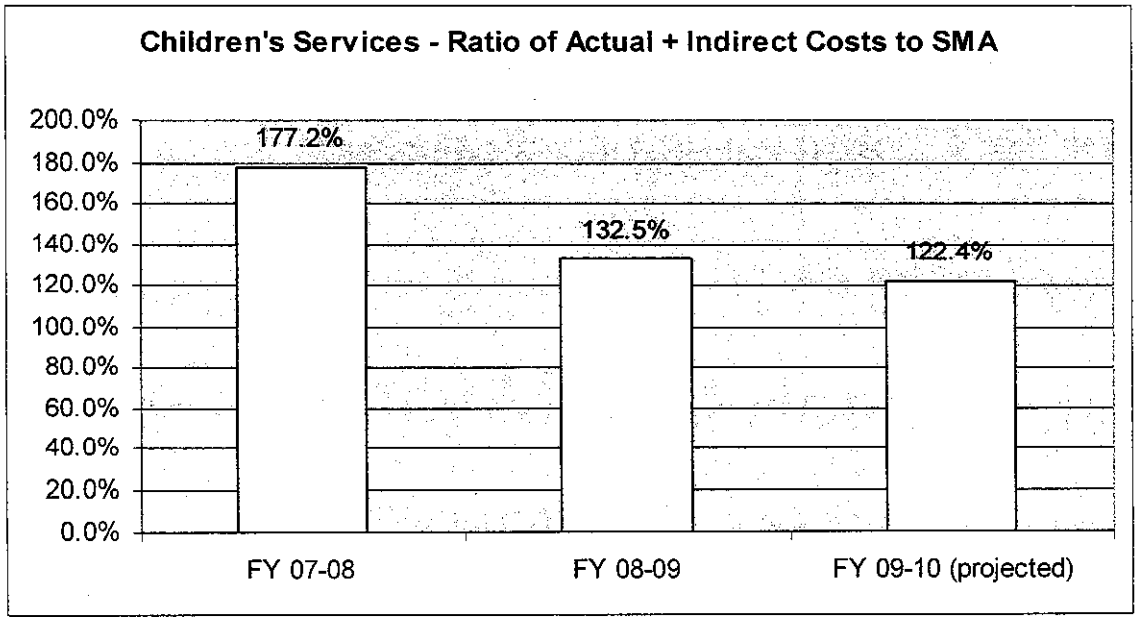


The ratio of the actual cost to revenue at SMA decreased from about 115% in FY 07-08 to 97% expected in FY 09-10, a decrease of almost 18 percentage points and lower than the 100% benchmark goal.

Children's Services – Revenue vs. Costs



	FY 07-08	FY 08-09	FY 09-10 (projected)
Units of Service	2,736,464	3,242,516	3,345,816
Revenue at SMA	$7,381,265	$8,493,909	$8,895,669
Actual Cost	$11,130,731	$9,575,640	$9,268,709
Actual Cost + 17.5% Indirect	$13,078,609	$11,251,377	$10,890,733



The total units of service from FY 07-08 to FY 09-10 (projected) increased 22.3%, with an expected revenue increase of 20.5%. The actual + indirect costs decreased by 16.7%.

The ratio of the actual cost to revenue at SMA decreased from about 177% in FY 07-08 to 122% expected in FY 09-10, a decrease of almost 55 percentage points. The goal is to reach 100% ratio where costs = revenue.

Combined Capital Facilities/Quality of Care Workgroups Meeting 6/25/10
Prepared for the 7/8/10 MHC Meeting

A combined meeting of both workgroups was held on Friday, June 25th. Discussions were conducted about the division of responsibility during site inspections. It was proposed that the Capital Facilities Workgroup would focus on inspecting aspects of the facility while the Quality of Care Workgroup would focus on the quality of care provided. This will allow specialized focus by a few commissioners on each aspect, covering more in a shorter time frame.

Various checklists had been provided for review from both the last MHC packet and a mailing for this meeting. Additionally, a newly discovered tool was presented as a handout at the meeting. It was proposed that the Quality of Care Workgroup would use the ***Handbook for Conservators*** "Ask Yourself" questions for their evaluation, while the Cap Facilities Workgroup would use the MHC site evaluation tool. The first site to be inspected will be the Crestwood Patterson facility in Pleasant Hill, with Crestwood Angwin being the second site. These 2 sites provide different levels of care for CCC consumers, and will additionally serve to educate Commissioners about the spectrum of components in the care system. The tools mentioned will be used at initial visits to assess their effectiveness and then revisions may be made in the future to tailor them to cover the needs of each different type of facility inspected and to make them more user friendly.

A motion was passed to recommend evaluation tools to be used on MHC site visits:

- **ACTION: Motion made to use the "Ask Yourself" questions provided in the Handbook for Conservators (p. 4-10 in the 6/25/10 Joint Workgroup Meeting packet) as well as MHC site evaluation form (p. 25 -26 in the 6/25/10 Joint Workgroup Meeting packet) as the site evaluation tools for the first site visit. After the visit, modifications may be made as appropriate to the forms. The scope of purpose of the site visit to include: assessment of quality of care, education of the commissioners and assessment of the overall facility. (M-Pasquini/S-Mantas/ Passed 7-0 (Kahler Mantas, Mc-Kindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra, Yoshioka)**

Recent reductions in funding to mental health and to CCC in general have curtailed the development of the piece of property purchased for the Capital Facility project using MHSA funds at 20 Allen Street, adjacent to CCRMC. Donna Wigand had suggested that the MHC needed to consider a plan for advocating to move forward with a plan for these funds because there is a possibility that they could be in jeopardy due to state deficits. CCRMC had not been an active stakeholder in previous Capital Facilities meetings, and it was suggested that they needed to have a seat at the table in any future discussions. It was proposed that an open meeting of stakeholders be held as soon as possible so that all could be in attendance. Donna suggested that she will convene the meeting, which will be facilitated by Grace Boda.

Submitted by Capital Facilities and Projects/IT Workgroup Chair Annis Pereyra
June 29th, 2010

CONTRACT EVALUATION – Adult Mental Health Programs

PROGRAM REVIEW STANDARDS
(Excludes Medi-Cal Certification Survey Standards)

CATEGORY A – FACILITIES AND COMMUNITY ACCESS	
EVALUATION CRITERIA	STANDARD TO BE MET
1. Physical plant is comfortable, physically and psychologically, for the population served.	The facility is well lighted, the visibility is good, the color scheme appropriate (i.e., no harsh colors, or no extremely dark colors, etc).
2. Facility is clean and well maintained.	Hallways are clear, floors and restrooms cleaned, building maintained.
3. Facility is situated within reasonable proximity to public transportation.	Facility is situated within four (4) blocks of a bus route.
4. There is adequate parking for consumers and/or clients.	The number of spaces for client is based upon the number of clients seen at the facility on an hourly basis.
5. Facility is visible from the street and situated in such a way as to be clearly identified.	Signage is located at the street to identify the building(s), and the building is clearly marked and visible from the street. There are no obstructions in front of the building, and directions to the facility are clearly marked.

CATEGORY B – POLICIES AND PROCEDURES	
EVALUATION CRITERIA	STANDARD TO BE MET
1. There is a client Admission Policy.	According to the Medi-Cal Certification Survey Guidelines for Organizational Provider Facility Sites, the facility shall have policies and procedures that address client records, and allow relevant personnel to efficiently access client data, whether that is computer data or hard-copy files. In addition to these requirements, County requires that there is a client admission policy on file, that there are emergency protocol in place fore personnel and client safety, that there is a written grievance policy and process, and that there are emergency protocols in place for medications.
2. There are emergency protocols in place for personnel and client safety.	
3. There is a written Grievance policy and process.	
4. There are emergency protocols in place for medications.	

PROGRAM REVIEW STANDARDS
(Excludes Medi-Cal Certification Survey Standards)

CATEGORY C: ORGANIZATION AND OPERATIONS	
EVALUATION CRITERIA	STANDARD TO BE MET
1. Psychiatrist/physician services are available on the premises or by referral.	Provider shall have a written procedure for referring clients to a psychiatrist when necessary. If a psychiatrist is not available, a physician may be utilized in this capacity. The provider shall maintain a list of psychiatrists and physicians available to provide consultation or direct service.
2. There is a job description in place for each employee position.	There must be a job description for each position in the organization.
3. The agency meets the minimum qualifications for the positions utilized.	Minimum qualifications are met for licensed staff.
4. The agency maintains personnel records for its employees.	Current personnel file is maintained for each employee. The personnel file should contain the job application, copies of performance appraisals, references, resume, copy of license as is appropriate.
5. There is a system for regular performance appraisals of all staff.	Regular performance appraisals should be done at least annually, and signed by the employee and evaluator. A plan for correction (when applicable) should be included, and for each year, performance objectives and education/training obtained should be documented.
6. The agency adheres to an established Employee Orientation Procedure.	Each new employee receives orientation at the start of employment. Orientation must include, at a minimum, policy and procedure review, work regulations, confidentiality issues and Recovery philosophy.
7. The agency employs, or actively recruits, culturally and linguistically competent staff members.	There is a demonstrated program that actually recruits culturally and linguistically competent staff members.
8. Staff training is required and documented.	There is on-going relevant staff training which includes the Recovery Model, Medications, Cultural Sensitivity, Sexual Harassment, and sensitivity to a Hostile Work Environment.
9. Staff training includes culturally relevant	There is a demonstrated program where culturally relevant information is presented to staff on an

components.	ongoing basis.
10. Consumer providers are employed by the agency.	Effort to hire consumer providers is documented by the agency.

CATEGORY D – UTILIZATION OF STAFF TIME	
EVALUATION CRITERIA	STANDARD TO BE MET
1. 70% of direct staff time is spent in client contact.	70% of staff time must be involved in direct service provision for clients.
2. Family members are involved in the client's treatment as appropriate.	The Service Plan must include documentation indicated family involvement in the client's treatment, as appropriate.

CATEGORY E – CLIENT INTAKE PROCEDURES	
EVALUATION CRITERIA	STANDARD TO BE MET
1. Agency complies with County requirements for Referral sources.	The contract includes source of referral information.
2. Referral agency records are requested and utilized.	Copy of records from the referral source is maintained in the client" file, or a note is in the client file, stating why it is not present.

PROGRAM REVIEW STANDARDS
(Excludes Medi-Cal Certification Survey Standards)

CATEGORY F: CASELOAD INFORMATION	
EVALUATION CRITERIA	STANDARD TO BE MET
1. The population served is described in Agency's Service Work Plan.	The Contract's Service Workplan includes a description of the population the Contractor is serving.
2. Population groups excluded by policy?	Eligibility standards are in place for the program.
3. Average admission and discharge rates are reported to the contract monitor.	Reports are submitted to the County at the interval(s) stated in Contract.
4. The average length of time in treatment for clients discharged is reported to the contract monitor.	Reports are submitted to the County at the interval(s) stated in the contract.
5. Clients are discharged to follow up services as outlined in the service work plan.	Client's chart includes information regarding discharge to follow up services as outlined in the client's service plan.
6. There is a plan to assure smooth client transition to follow up services.	There is a plan to assure smooth client transition to follow up services as evidenced in charting in client's chart.
7. There is a process to assure that the client is followed up on by the agency when client is referred to another agency.	There is a plan to assure smooth client transition to follow up services as evidenced in charting in client's chart.

CATEGORY G: CLIENT RECORDS	
EVALUATION CRITERIA	STANDARD TO BE MET
1. There is an assessment and Service plan in place for the Client.	The client's Service Plan is complete, signed and dated.

PROGRAM REVIEW STANDARDS
(Excludes Medi-Cal Certification Survey Standards)

CATEGORY H – PROGRAM OUTCOMES	
EVALUATION CRITERIA	STANDARD TO BE MET
1. When clients have terminated 95% of them have completed service plan goals.	(Refer to the Contract's Service Work Plan for Outcome Measures to be evaluated).
2. Of the clients terminated, less than 5% have dropped out of the program.	(Refer to the Contract's Service Work Plan for Outcome Measures to be evaluated).
3. There is a plan in place to assess, and follow up on, the reasons for client terminating the program.	A termination form is completed and shows the needs and referrals (the closing summary would indicate the follow up, etc.). Contact Case Manager.
4. How many clients were hospitalized since admission to the program (during the most recent quarter)? What percentage were readmitted/continued in the program following hospitalization.	(Data are reported to the County Contract Monitor or the PSP system is used to generate a report to provide this information).
5. What factors are seen as contributing to success and lack of success with clients?	(Data are reported to the County Contract Monitor or the PSP system is used to generate a report to provide this information).

CATEGORY I – UNITS OF SERVICE	
EVALUATION CRITERIA	STANDARD TO BE MET
1. Annual individual billable Contacts of services for each Program element are documented in the Service Work Plan of the Contract, and reported to the contract monitor.	See Service Work Plan of contract.
2. Cost per unit of service in each program element is documented in the Service Work Plan and reported to the contract monitor. Compare with State's	See Service Work Plan of contract.

maximum allowable costs (where applicable).	

CATEGORY J: PLANNING CAPABILITY	
EVALUATION CRITERIA	STANDARD TO BE MET
1. There is an annual planning Process.	There is an annual planning process that includes the Board of Directors, Executive Director, Staff, County, Community, and Clients.
2. The agency sets annual goals and objectives.	There is a process or system to set goals and objectives.
3. The goals and objectives are periodically reviewed.	There is a process or a system to evaluate whether or not the objectives are being met.

CATEGORY K: GRIEVANCE PROCESS	
EVALUATION CRITERIA	STANDARD TO BE MET
1. The grievance policy and Process includes posting Telephone numbers for Patients' Rights Advocate.	Patient's Rights Advocate telephone numbers are posted in the view of clients.

CATEGORY L: PHARMACEUTICAL SERVICES	
EVALUATION CRITERIA	STANDARD TO BE MET
1. Staff are regularly trained on New medications and their side effects.	Regular inservices or training is conducted to provide staff information about new medications and their side effects.
2. Clients' medications and side effects are regularly evaluated.	Regular evaluations of medication side effects are conducted.
3. Clients received assistance for the side effects of medications.	Clients receive assistance (education, etc.) for the side effects of medications.
4. Medications of clients are reviewed regularly.	Regular review of client's medication(s) are(is) conducted.
5. Procedures are in place to	Medication compliance procedures are in place.

insure medication compliance.	

CATEGORY M – NUTRITION	
EVALUATION CRITERIA	STANDARD TO BE MET
1. There is a system in place to Plan nutritionally balanced menus, which follow the guidelines of the ACS & AHA.	The reviewer will tour facility and review meal service for clients. Staff food storage areas are not surveyed.
2. There are vegetarian and ethnic alternatives available.	
3. Meals are attractively served in a pleasant atmosphere.	
4. Regular meal hours are established (when applicable).	
5. Nutritious snacks are available when appropriate.	
6. Clients are provided with nutritional training.	

CATEGORY N – PHYSICAL HEALTH CARE	
EVALUATION CRITERIA	STANDARD TO BE MET
1. Health evaluations are made At intake when appropriate.	As appropriate, and when Contractor requires physical health evaluations, dental care, physical fitness programs, regular exercise for clients, etc., the facility will comply with its own regulations.
2. Client referred to dental care as appropriate.	
3. Physical fitness program is provided when appropriate.	
4. Clients are encouraged to establish regular exercise habits.	

CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)

CONTRACT PROVIDER:_____

CONTRACT NUMBER:_____

TERM OF CONTRACT: From:_____ To:_____

ADDRESS/LOCATION OF CONTRACTOR:_____

_____

REVIEWER NAME:_____

REVIEW DATE:_____

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY A - FACILITIES AND COMMUNITY ACCESS					
1. Physical plant is comfortable, physically and psychologically, for the population served.					
2. Facility is clean and well maintained.					
3. Facility is situated within reasonable proximity to public transportation.					
4. There is adequate parking for consumers and/or clients.					
5. Facility is visible from the street and is situated in such a way as to be clearly identified.					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY B - POLICIES AND PROCEDURES					
1. There is a client Admission Policy.					
2. There are emergency protocol in place for personnel and client safety.					
3. There is a written Grievance Policy and Process.					
4. There are emergency protocol in place regarding medications.					

CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY C - ORGANIZATION AND OPERATIONS					
1. Psychiatrist/physician services are available on the premises or by referral.					
2. There is a job description in place for each employee position.					
3. The agency meets the minimum qualifications for the positions utilized.					
4. The agency maintains personnel records for its employees.					
5. There is a system for regular performance appraisals of all staff.					
6. The agency adheres to an established Employee Orientation procedure.					
7. The agency employs, or actively recruits, culturally and linguistically competent staff members.					
8. Staff training is required and documented.					
9. Staff training include culturally relevant components.					
10. Consumer providers are employed by the agency.					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY D - UTILIZATION OF STAFF TIME					
1. 70% of direct service staff time is spent in client contact.					
2. Family members are involved in the client's treatment as appropriate.					

CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY E – CLIENT INTAKE PROCEDURES					
1. Agency complies with County requirements for referral sources.					
2. Referral agency records are requested and utilized.					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY F – CASELOAD INFORMATION					
1. The population served is described in Agency's Service Work Plan.					
2. Population groups excluded by policy?					
3. Average admission and discharge rates are reported to the contract monitor.					
4. The average length of time in treatment for clients discharged is reported to the contract monitor.					
5. Clients are discharged to follow up services as outlined in the service work plan.					
6. There is a plan to assure smooth client transition to follow up services.					
7. There is a process to assure that the client is followed up on by the agency when client is referred to another agency.					

CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY G – CLIENT RECORDS					
1. There is an assessment and service plan in place for the client.					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY H – PROGRAM OUTCOMES					
1. When clients have terminated, 95% of them completed service plan goals.					
2. Of the clients terminated, less than 5% have dropped out of the program.					
3. There is a plan in place to assess, and follow up on, the reasons for client terminating the program.					
4. How many clients were hospitalized since admission to the program (during the most recent quarter)? What percentage were readmitted/continued in the program following hospitalization.					
5. What factors are seen as contributing to success and lack of success with clients?					

CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY I – UNITS OF SERVICE					
1. Annual individual billable contacts of services for each program element are documented in the Service work plan of the contract, and reported to the contract monitor.					
2. Cost per unit of service in each program element is documented in the Service Work Plan and reported to the Contract Monitor. Compare with the State's maximum allowable costs (where applicable).					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY J – PLANNING CAPABILITY					
1. There is an annual planning process.					
2. The agency sets annual goals and objectives.					
3. The goals and objectives are periodically reviewed.					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY K – GRIEVANCE PROCESS					
1. The grievance policy and process includes posting telephone numbers for Patients' Rights Advocate.					

CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY L - PHARMACEUTICAL SERVICES					
1. Staff are regularly trained on New medications and their side Effects.					
2. Clients' medications and side effects are regularly evaluated.					
3. Clients received assistance for the side effects of medications.					
4. Medications of clients are reviewed regularly.					
5. Procedures are in place to insure medication compliance.					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY M - NUTRITION					
1. There is a system in place to plan nutritionally balanced menus, which follow the guidelines of the ACS & AHA.					
2. There are vegetarian and ethnic alternatives available.					
3. Meals are attractively served in a pleasant atmosphere.					
4. Regular meal hours are established (when applicable).					
5. Nutritious snacks are available when appropriate.					
6. Clients are provided with nutritional training.					

CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY N – PHYSICAL HEALTH CARE					
1. Health evaluations are made at intake when appropriate.					
2. Client referred to dental care as appropriate.					
3. Physical fitness program is provided when appropriate.					
4. Clients are encouraged to establish regular exercise habits.					

CONTRACT EVALUATION – SITE VISIT SCHEDULE

Program Evaluation Site Review

Categories to be Evaluated:

A. Facilities and Community Access
B. Policies and Procedures
C. Organization and Operations
D. Utilization of Staff Time
E. Client Intake Procedures
F. Caseload Information
G. Client Records
H. Program Outcomes
I. Units of Service
J. Planning Capability
K. Grievance Process
L. Pharmaceutical Services
M. Nutrition
N. Physical Health Care

CONTRACT PROGRAM REVIEW – SAMPLE SITE VISIT SCHEDULE

<table>
<tr><th colspan="2">DAY I</th></tr>
<tr><td colspan="2">8:30 – 9:00 a.m. – Entrance Interview with Administrator(s) of Program</td></tr>
<tr><td>9:00 – 10:00 – Facility & Community Access Review</td><td>9:00 – 11:00 – Organization & Operations Review and Utilization of Staff Time Review</td></tr>
<tr><td>10:00 – 11:00 – Policies & Procedures Review</td><td rowspan="3">11:00 – Noon - Caseload Information Review and Client Records Review</td></tr>
<tr><td>11:00 – 11:30 – Nutrition Review</td></tr>
<tr><td>11:30 – Noon – Physical Health Care Review</td></tr>
<tr><td colspan="2">12:00 – 1:00 p.m. – Lunch Break</td></tr>
<tr><td>1:00 – 2:00 – Planning Capability</td><td rowspan="2">1:00 – 4:00 – Pharmaceutical Services Review</td></tr>
<tr><td>2:00 – 3:00 – Grievance Process Review</td></tr>
</table>

<table>
<tr><th colspan="2">DAY II</th></tr>
<tr><td>9:00 – 12:00 – Review of the Following:
• Program Outcomes Review (9-10)
• Units of Service Review (10-11)
• Client Intake Review (11 – 12)</td><td>9:00 – 12:00 – Client Interviews and Focus Groups will be conducted throughout the morning, including review of Recovery Concepts.</td></tr>
<tr><td colspan="2">12:00 – 1:00 – Lunch Break</td></tr>
<tr><td colspan="2">1:00 – 2:00 – Wrap Up and Scoring Compilation by Committee</td></tr>
<tr><td colspan="2">2:00 – 3:00 – Exit Interview with Administrator(s) and Committee</td></tr>
</table>

7/8/10 MHC Monthly Meeting
Prepared by Commissioner Colette O'Keeffe

6/15/10 Regional Training for Local Mental Health Boards/Commissions

The training, facilitated by CiMH, was largely unsatisfactory due to:

1. The printed information on start and finish times stated 10 am – 4 pm; actual time was 8:30 am – 5 pm.

2. The printed information on self-management of mental illness was an infomercial for Conard House in San Francisco. (Conard House is a nonprofit outpatient recovery services center that assists people self-manage mental and medical illness, including housing resources.)

3. The presentation on LMHB/C roles and responsibilities under MHSA was simply a regurgitation of the W&I Code already in place.

4. She left before the presentation on the benefits and side effects of medical marijuana as the presenter was president of MediCann, Inc. and she thought it would be another infomercial. (MediCann is an organization of clinics that specialize in alternative health practices and pain management, including recommendations for medicinal use of marijuana.)

CiMH
Helping You Make the Difference

California Institute for Mental Health

PRESENTS

"Self Management and Mental Illness"

A REGIONAL TRAINING FOR LOCAL MENTAL HEALTH BOARDS AND COMMISSIONS

Bay Area Region

Tuesday, June 15th 8:30-5:00
Oakland Airport Hilton
1 Hegenberger
Oakland, CA 94621

AGENDA

8:30AM-9:00AM	**Registration, Networking.** *Continental Breakfast*
9:00AM-9:30AM	**Welcome** *Sabine Whipple, MA, CiMH* *James McGhee, President CALMHBC*
9:30AM-10:15AM	**San Francisco County Report Out and Updates** *Bob Cabaj, M.D., Director, San Francisco Community Behavioral Health Services*
10:15AM-12:15PM	**Self Management of Mental Illness** *Richard Heasley, Executive Director, Conard House*
12:15PM-1:00PM	**Buffet Lunch**
1:00PM-1:45PM	**LMHB & C Roles and Responsibilities under the Mental Health Services Act (MHSA)** *Sabine Whipple, MA, Project Director Regional Partnerships CiMH*
1:45PM-2:30PM	**Public Mental Health Work Force Development: Opportunities afforded by MHSA** *Sabine Whipple, MA, Project Director Regional Partnerships, CiMH*
2:30PM-2:45PM	**Break**

2:45PM-4:45PM	**Benefits and Negative Side Effects of Medical Marijuana for Psychiatric Disorders – Issues related to client-driven decisions for self care.** Dr. Jean Talleyrand, MD, *President, MediCann, Inc.* Dr. Pablo Stewart, MD, *Clinical Professor of Psychiatry at the UCSF School of Medicine.*
4:45PM-5:00PM	**Future Training Needs/Wrap Up**

Thank you for your attendance today!

Self Management with Health and Behavioral Health Concerns

Robert P. Cabaj, MD
Director, San Francisco Community Behavioral Health Services

Introduction

- Health issues for persons with serious mental illness and/or serious and persistent substance abuse problem:
  - Diabetes
  - Heart conditions
  - High blood pressure
  - 25 year reduced life expectancy

Why more health concerns?

- Not seeking primary care services
- Difficulty accessing primary care services
- Side effects of some medications
- Consequences of chronic alcohol or drug use/abuse
- Consequences of personal neglect during times of emotional distress
- Genetics and family patterns

Self Management and Health Maintenance

- Be aware of health risks—family patterns; diet; medications; alcohol use; drug use
- Ask for basic health care screening at behavioral health sites: blood pressure checks; weight; lab tests
- Ask about medication side effects and management
- Ask for referral to primary care when needed

How can primary care be delivered?

- Primary care services located at behavioral health clinics
- Co-located behavioral health and primary care clinics
- Integrated primary care and behavioral health care clinics
- Health Care Homes:
  - Federal Health Care reform
  - 1115 B Medi-Cal waiver

Health Care Homes—risks and challenges

- If primary care the lead, may "cut" or reduce behavioral health care to support primary care
- If all funding/revenue through FQHC (federally qualified health center) may reduce or neglect managed mental health care through the Mental Health Plans that cover mental health/Short-Doyle Medi-Cal

Health Care Homes—risks and challenges continued

- Behavioral health staff who are there to support the primary care provider may have limited time to address behavioral health needs
  - Focus on the "here and now" and not address more serious or persistent concerns
  - May fail to screen for suicidal thinking if not the immediate concern
  - May not obtain full behavioral health care history (drug/alcohol use; medications; etc.)

Health Care Homes—risks and challenges continued

- Busy primary care providers may try and provide all care, even complex behavioral health care medications, without adequate consultation with psychiatrists
- Referral to specialty behavioral health care may not happen:
  - Too difficult to set up
  - Not enough remaining behavioral health services due to move to primary care staff

Self Management in Health Care Homes

- Ask for a behavioral health care referral if feel one is needed
- Ask for on-site consultation with a psychiatrist or behavioral health care specialist if feel one is needed
- Discuss the various medications and possible side-effects and management
- Advocate for adequate behavioral health care locally
- Work with local Mental Health administration and see if Behavioral Health Clinics can be Health Care Homes

CONARD HOUSE

WORKING DEFINITIONS OF SELF-MANAGEMENT

Self-management is the positive effort of an individual to seek, access, oversee and participate in his or her health care to optimize health, prevent complications, control symptoms, and minimize the intrusion of illness into a healthy productive life.

Supported self-management is the collaborative effort of an individual with one or more chronic conditions and each member of his or her health care team to shift the focus of care from an overemphasis on formal diagnosis, prescriptive treatment and passive compliance to the positive effort of the individual to seek, access, oversee and participate in his or her health care and the positive effort of team members to support the individual's daily decisions that improve bio-psycho-social functioning and overall stability.

Community-supported self-management is the social contract between individuals with chronic health conditions, health care providers, employers, landlords, friends and family that validates and encourages self-management and self-efficacy among health care consumers and confers the value of healing and recovery in the daily lives of everyone touched by chronic illness.

4/05/10

Forward

The Chronic Disease Self-Management Program (CDSMP) was developed at Stanford University Patient Education Research Center as a collaborative research project between Stanford and the Northern California Kaiser Permanente Medical Care Program. The primary developers of the program are Kate Lorig, DrPH, Virginia González, MPH, and Diana Laurent, MPH, all of whom are at Stanford.

Several assumptions underlie the CDSMP:

- People with chronic conditions have similar concerns and problems.
- People with chronic conditions must deal not only with their disease(s), but also with the impact these have on their lives and emotions.
- Lay people with chronic conditions, when given a detailed leaders manual, can teach the CDSMP as effectively, if not more effectively, than health professionals.
- The process or way the CDSMP is taught is as important, if not more important, than the subject matter that is taught.

In a five-year research project, the CDSMP was evaluated in a randomized study involving more than 1000 subjects. This study found that people who took the program, when compared to people who did not take the program, improved their healthful behaviors (exercise, cognitive symptom management, coping, and communications with physicians), improved their health status (self-reported health, fatigue, disability, social/role activities, and health distress), and decreased their days in the hospital.

The Chronic Disease Self-Management Workshop is designed to be used with the book, *Living a Healthy Life with Chronic Conditions*, by Kate Lorig, Halsted Holman, David Sobel, Diana Laurent, Virginia González and Marian Minor. Books can be ordered from Bull Publishing Company, P.O. Box 1377, Boulder, CO 80306, phone 1-800-676-2855. An abridged version of the book is also available on audio CD. Bull Publishing also distributes audio tapes/CDs designed for use with the relaxation exercises in this course for both leaders and participants. Order forms for books and tapes/CDs can be found in the appendix and on our web site (http://patienteducation.stanford.edu).

Chart 2

Workshop Overview						
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Overview of self-management and chronic health conditions	•					
Making an action plan	•	•	•	•	•	•
Using your mind to manage symptoms	•		•		•	•
Feedback/problem-solving		•	•	•	•	•
Difficult Emotions		•				
Fitness/exercise		•	•			
Better breathing			•			
Pain			•			
Fatigue			•			
Nutrition				•		
Future plans for health care				•		
Communication				•		
Medications					•	
Making treatment decisions					•	
Depression					•	
Working with your health care professional						•
Working with the health care system						•
Future plans						•

Conard House

Frequently Asked Questions and Answers

What is Conard House?

- Conard House is a community mental health organization serving adults in San Francisco.

What does the organization do?

- Our flagship site was San Francisco's first psychiatric half-way house opened in 1960. It continues to operate today as a 16-bed **residential treatment** facility for adults.
- We also provide **supportive housing** for about 500 adults, **supportive employment** services for nearly 200 of our residents and **money management** for about 1400 SSI and other Social Security beneficiaries requiring Rep Payee services living elsewhere in the community.

Who founded the organization and why?

- In 2010 we are very proud to be celebrating our 50th Anniversary and remembering our founder, a restless social worker and social activist named Elaine Mikels.
- We are proud to have been an early pioneer in the deinstitutionalization movement, a long-time advocate of psycho-social rehabilitation and a charter member of CASRA.
- Elaine not only self-managed her own recurring mental illness but, fifty years ago, held the view that clients are capable of doing much more for themselves than most people believe – underestimated by their providers, their families, themselves.

How is the organization funded?

- Conard House operates on an annual budget of $12 million funded primarily through contracts with the San Francisco Departments of Public Health, Human Services and Aging and Adult Services, client fees and rents from tenants, foundation grants and donations.

Contacts

For information about the services and history of Conard House, go to our website: www.conard.org.

For information about Chronic Disease Self-Management Workshops in Supportive Housing contact:

Conard House Health Education Project
2441 Jackson Street
San Francisco, CA 94115
christian@conard.org

For information about the Chronic Disease Self-Management Program at Stanford University, contact:

Stanford Patient Education Research Center
1000 Welch Road, Suite 204
Palo Alto CA 94304 USA
self-management@stanford.edu

CONARD HOUSE

2009 ANNUAL REPORT

FOR THE YEAR ENDED JUNE 2009

HELPING PEOPLE SELF-MANAGE MENTAL ILLNESS SINCE 1960

1385 Mission Street, Suite 200, San Francisco, CA 94103 415-864-7833 www.conard.org

OUR MISSION *is to develop resources that help people self-manage mental illness. We focus on those critical resources, both tangible and intangible, needed in the recovery process by adults living with chronic mental illness, concurrent substance disorders and other disabilities and medical conditions. We strive to create welcoming, caring and empowering communities. Our commitment is to foster personal insight and restore hope.*

FULFILLING OUR MISSION

2008	2009	
2,133	2,002	Number of people Conard House served in the twelve months ended June 30.
652	641	Adults who lived in supportive housing we own, lease or support.
1,221	1,271	People who received Conard House money management services but lived in non-Conard housing.
85	90	People who entered our residential treatment program.
8	7	Number of supportive housing buildings: 5 owned, 1 master leased, 1 support services only.
21	21	Number of shared apartments at sites all over San Francisco.
$12.9	$14.9	Million – annual federal income assistance we helped clients manage.
58	78	Average number of Conard House clients employed by Conard House.
111	103	Average number of Conard House clients employed by others.
$9,273	$10,931	Average annual wage earned by a working client, a major supplement to their maximum annual federal income assistance of $11,148.

SUPPORTING OUR MISSION

Many thanks to these Friends of Conard House for their generous support during the year ended June 30, 2009.

Foundations:
BofA Charitable Foundation
Michelson Foundation
Mt. Zion Health Fund
Richard & Rhoda Goldman Fund
San Francisco Foundation
Society for Community Work
SVB Foundation
Tides Foundation (Match)

Community Partners:
Gelfand Partners Architects
Veteran's Taxicab Co.

Individuals:
Anonymous – San Francisco Foundation
Craig Adelman
Judith Anderson
Suzanne Artemoff
Annie Bogue
Ron Bowen
Erin Brand
Rebecca Brian
John Camp
Alfred Cheung
Takashi China
Martha Crawford & Jeffrey Schneider
Joan Crotty
Bradford Dickason
Marie Edmison
Don Falk
Barbara & Neil Falconer
Eileen (Grace) Fischer
Karin Forrest
Tom & Lyn Genelli
Roselyn Goldstein
Judy Graboyes
Carolyn Greene
Mary Hennessy
Olivier Hubert
Eric Jensen
Alexandra Kutik
Rosalie Lack
Laurence & Samantha Lyons
Richard Magary
Eve Renee Meyer
Sam Nolly
Ila Rosenzweig
Joan Ross
Margaret Rowland & Pamela Sawyer
Brian Schlesinger
Alan Shipley
James Spalding, Jr.
Janet Spears
Patricia Suppes
Reiko True, Ph.D.
Kathryn Vizas
Jeff Wagner
Mylea & Mark Walther
Steven Wasserman
Dorothy Witt
Ned York, III

Alexandra Kutik - In Memory of Blair G. Newman

In-Kind:
Michelle Aldrich
Todd Binkley
Jeff Byers
Mary Feeley
Mylea & Mark Walther

First Unitarian Universalist Church and Center
Girl Scouts
Intercontinental Hotel San Francisco
Kick-Start Consulting
Michael Lukso
Noah's Bagels
Off the Wall
Paul Maher-Paul Maher Gallery
Peet's Coffee
Rainbow Grocery
Safeway
San Francisco Food Bank
Trader Joe's
Tulley's

Every donation from every donor is important to us. Please let us know of any omission and kindly accept our apology.

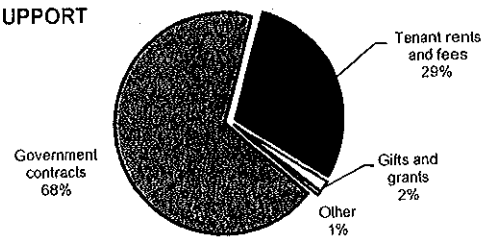
CONARD HOUSE, INC. and Affiliated Housing Corporations

2009 ANNUAL REPORT

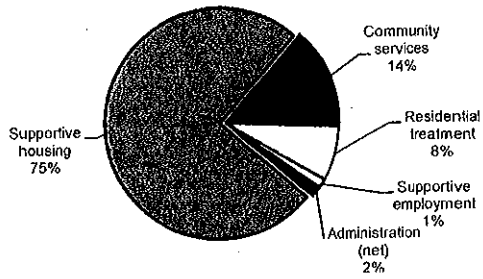
FY10 OPERATING BUDGET - CONSOLIDATED

for the year ending June 30, 2010

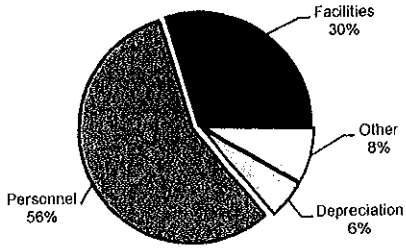
	FY09 Actual[1] year ended June 30, 2009 Unaudited	FY10 Budget[1] year ending June 30, 2010	Pct.
SUPPORT			
Government contracts [2]	$ 9,996,956	$ 8,904,678	68%
Tenant rents and fees	2,215,713	3,782,862	29%
Gifts and grants [3]	130,549	214,500	2%
Other	389,390	86,135	1%
	$ 12,732,607	$ 12,988,174	100%



EXPENSE by PROGRAM			
Supportive housing	$ 9,708,646	$ 10,100,247	75%
Community services	1,908,521	1,886,566	14%
Residential treatment	1,006,375	1,025,949	8%
Supportive employment	292,496	166,622	1%
Administration (net)	289,450	202,118	2%
	$ 13,205,489	$ 13,381,503	100%



EXPENSE by FUNCTION			
Personnel	$ 7,492,433	$ 7,588,582	56%
Facilities	3,554,189	3,996,894	30%
Other	1,404,792	1,048,638	8%
Depreciation	754,075	747,390	6%
	$ 13,205,489	$ 13,381,503	100%



CHANGE IN NET ASSETS	(472,882)	(393,329)	-3% of Support
NET ASSETS, beginning	$ 1,734,722	$ 1,261,840	10% of Support
NET ASSETS, ending	$ 1,261,840	$ 868,511	7% of Support

ASSETS	
Current assets	$ 1,297,105
Property and equipment, net	17,309,293
Other assets	2,911,118
Total assets	$ 21,517,516
LIABILITIES and NET ASSETS	
Current liabilities	$ 1,096,512
Long-term debt, net	15,644,910
Other liabilities	3,514,253
	20,255,675
Minority interest in partnership	1,062,072
Net assets, unrestricted	(3,787,847)
Net assets, temporarily restricted	3,987,615
Total net assets	199,769
Total liabilities and net assets	$ 21,517,516

[1] FY09 and FY10 Budget are shown without intercompany eliminations.

FY09 Source: Conard House, Inc. and Related Organizations Consolidated Financial Statements Report (Unaudited) for the Year Ended, June 30, 2009. A copy of the unaudited report is available upon request to Richard Heasley, Executive Director, Conard House, Inc.

[2] FY09 and FY10 Contracts with the San Francisco Department of Public Health - Community Behavioral Health Services, the San Francsico Human Services Agency, the San Francisco Housing Authority, the San Francisco Redevelopment Agency and the Mayor's Office of Housing.

[3] FY09 includes grants from the Band of America Charitable Foundation, the Richard and Rhoda Goldman Fund, the Michelson Foundation, the Mount Zion Health Fund of the Jewish Community Endowment Fund, The San Francisco Foundation, the Society for Community Work, the SVB Foundation and the Tides Foundation.

Conard House Presenters
CALMHBC June 15, 2010

Richard Heasley, Executive Director

Richard Heasley was appointed Executive Director of Conard House in 1995. He has worked in the nonprofit human services sector for more than 40 years, providing executive and financial management leadership. He is a member and past President of the San Francisco Mental Health Contractors Association and serves on the Steering Committee of the San Francisco Human Services Network. Other current affiliations include the San Francisco Department of Public Health Community Benefits Committee and the Supported Housing Employment Collaborative. He holds a BA in Philosophy, Wittenberg University, Springfield, Ohio; Master's in Public Administration, California State University, Hayward, California.

Alan (Mickey) Shipley, Secretary, Conard House Board of Directors

Mickey Shipley is a mental health consumer, spokesperson and advocate. He is an Advocate Intern for the San Francisco Community Behavioral Health Services Client Council. He serves on the Executive Committee of the California Association of Social Rehabilitation Agencies and the local Oversight Committee for implementation of the Mental Health Services Act. His past affiliations include serving on the San Francisco Mental Health Board, representing San Francisco on the California Local Mental Health Boards and Commissions, serving on the Board of the California Network of Mental Health Clients. He completed his initial Conard House Board service in 2005 and was re-appointed in 2007.

Alexandra Kutik, Consultant

Alex Kutik is a former member of the Board of Conard House and is currently serving as a strategic planning and management consultant. Her consulting practice, focused in the nonprofit sector, spans nearly 20 years. Her Bay Area clients have included educational, health and human services, arts and media organizations. Previously, Alex was a member of KQED's management team for 15 years. She has been self-managing bipolar disorder for 30 years. She fulfilled a life-long dream at age 50, when she entered Smith College as a full-time undergraduate student. Four years later, in 2000, she graduated with a BA in religious studies, *Phi Beta Kappa, magna cum laude*.

California Institute for Mental Health

LMHBC Regional Training

Bay Area Region

Hilton Airport Oakland, CA

June 1, 2010

Sabine Whipple

California Institute for Mental Health

Mental Health Boards

Overview

Statutory Authority: The statutory duties of MHB/Cs are outlined in Welfare and Institutions Code Section 5604.2.

The Brown Act: The Brown Act is the law which guarantees the public's right to attend and participate in meetings of local legislative bodies. The Brown Act governs the actions of MHB/Cs. Information about the Brown Act can be accessed at: www.thefirstamendment.org/brownact.html.

MHB/Cs Relationship to Local Mental Health Program, Local Mental Health Director and County Board of Supervisors:

- The local MHB/C is a citizen board mandated by State law.
- Members are appointed to the Board by the local county governing body (i.e. Board of Supervisors (BOS)).
- MHB/Cs are advisory to both the BOS and the local mental health director regarding any aspect of local mental health programs.

Mental Health Boards

Overview

MHB/C function to:

- Oversee and monitor the local mental health system
- Advocate for individuals with serious mental illness
- Provide advice to the BOS and the local mental health director
- Ensure the development of improved services, access to services and the best mental health program possible.
  - Review, evaluation and advise on recommendations

Roles and Responsibilities

- **CALIFORNIA CODES WELFARE AND INSTITUTIONS CODE SECTION 5650-5667**

  5650. (a) The board of supervisors of each county, or boards of supervisors of counties acting jointly, shall adopt, and submit to the Director of Mental Health in the form and according to the procedures specified by the director, a proposed annual county mental health services performance contract for mental health services in the county or counties. (b) The State Department of Mental Health shall develop and implement the requirements, format, procedure, and submission dates for the preparation and submission of the proposed performance contract.

Purpose, Powers, and Authority

Per Welfare and Institutions Code Section 5604.2

The local mental health board shall do all 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 WIC 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 the local director of mental health services. The Commission 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 the Mental Health Commission.
9. Each year the mental health program shall prepare and submit a three-year plan that shall be updated at least annually and approved by the department after review and comment by the Oversight and Accountability Commission.
   The MHB shall conduct a public hearing on the draft plan and annual updates at the close of the 30 day comment period. The MHB shall review and make recommendations for revisions to all draft plans and plan updates to the county mental health department.

Review and Evaluate

Review the mental needs of the community

- Hold community forums
- Conduct community surveys
- Interview key stakeholders/informants
- Conduct focus groups
- Review community data
- Review previous needs assessments

Review and Evaluate

Evaluate the public mental health services to assure they will meet the needs of the community

- Have presentations by various agencies, contractors, community groups, program managers
- Participate on the county mental health program's QI Committee and other special task groups
- Review facilities and services through site visits
- Review results of existing surveys and assessments
- Survey service recipients
- Survey service providers

Review any County agreements

- **Review performance measures**
  - Performance Outcome Data
  - Includes reports covering MHSA programs
- **Per Welfare and Institutions Code Section 5650.**

Advise Governing Body

Advise the governing body (Board of Supervisors) and the local mental health director as to any aspect of the local mental health program;

- Provides the MHB with a platform to advocate (i.e. Resources; Policies; Practices)
  - Testify at Board of Supervisors meetings and workshops
  - Advocate with individual supervisors
  - Provide written reports and advice
  - Review and comment on community planning processes and plans, proposed changes in service types and amounts and review and comment on the mental health budget
- This is one of the most critical responsibilities

Ensure citizen and professional involvement by:

- Holding public meetings and hearings
- Encouraging community input at Board meetings
- Participating as partners with the local mental health program in all aspects of community planning processes
- Holding focus groups on program and service planning
- Serving on health and human service committees, both internal and external to the local mental health program

Reporting

Submit an annual report to the governing body

- The MHB/C's goals and objectives for the year
- A description of the Board's activities and any findings resulting from these activities
- Focus of review and evaluation for the year
- Highlighting of exemplary practices or services
- Recommendations to improve and strengthen the mental health program
- Goals and objectives for the coming year
- Some personal "success" stories from consumers help to make the annual report more "real", interesting and meaningful

Mental Health Director Appointment

- Review and make recommendations on applicants for the appointment of the local director of mental health services.
- The Commission shall be included in the selection process prior to the vote of the governing body.

Comment on Performance Data

- Review and comment on the County's performance outcome data and communicate its findings to the California Mental Health Planning Council.

Limitations

- Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to the Mental Health Commission

Review Plans

- Conduct public hearings on drafted plans
- Review and make recommendations on adopted or updated plans

California Institute for Mental Health

Important "Need to know" topics for Local Mental Health Board Members

Working with Board of Supervisors

- Communication to the Board is most effective when the Board speaks as one voice through the MHB Chairperson or President.
- Common courtesy calls for notifying the Mental Health Director before approaching the Board of Supervisors.
- Law requires that the Chairperson on the Board be in communication with the Mental Health Director.

Individual Board Member Key Requirements

- Attendance
- Ethics training
- Familiarity with laws
- Self-evaluation

Mental Health Board Attendance:

- Local boards establish within their bylaws the requirements for attendance of mental health board members.
  - i.e. Any appointed member of the MHB shall not exceed three unapproved absences within one calendar year.
  - Requirement to inform the MHB liaison of absences.
- I.e. Riverside drafted policy states:
  - Members of advisory groups serve at the pleasure of the BOS. Not withstanding a specified length of a term for a member, the board may remove any member at any time for any reason.

AB 1234: Ethics training

Importance of complying with the Mandatory Ethics Training

- Requires that all members of MHB/C's receive training in ethics.
  - Training once every two years.
  - Free online training course which meets the requirement. (http://ag.ca.gov/ethics/interactive.php)

Awareness of Laws and Policies

- W&I Section 5604.5 - MHB/Cs shall develop by-laws and requires certain elements to be included in them.
  - number of members consistent with the subdivision (a) of Section 5605.
  - composition of the mental health board represents the demographics of the county as a whole to the extent feasible.
  - quorum be one person more than one-half of the appointed members.
  - the chairperson of the mental health board be in consultation with the local mental health director.
  - The Board may establish that there be an executive committee
- Board of Supervisors Policy
  - i.e. http://rivcocob.com
- Mental Health Policy
  - i.e. http://mentalhealth.co.riverside.ca.us/opencms

By-Laws

- By-laws are the ruling documents of the board.
- They tell the board how to conduct business.
- However, because by-laws are more or less set in stone, it is in the interest of the board to keep them as brief as possible.
- By-laws should set forth the basic structure and abilities of the board. Everything else, such as policy recommendations, should be kept elsewhere.
- It is strongly recommended that all board members be familiar with the by-laws in addition to being familiar with their local Board of Supervisor policies and their local Department of Mental Health policies.

Attention to Board Functioning

- The Importance of Establishing Annual Goals and Objectives
  - Establishes annual expectations of the Board for its priorities and performance.
  - Focuses the work, time, attention and structure of the Board.
  - Board goals are translated into the annual Board work plan to ensure that they are actually implemented by the Board and its committees.
  - The work plan is the primary tool used by the Board to enable it to anticipate matters which it will consider during the year and to track the status of these matters at the Board and standing Committees.
- Each Board committee should develop a goals and work plan for approval by the Board, based on approved Board goals / work plan.
- A tracking process should be established for all work plans to support goal achievement and performance measurement.
- The Board work plan used in combination with the Board goals provides the benchmark for annually evaluating the performance of the Board in relation to its roles and responsibilities.

The Mental Health Services Act

- In November 2004, voters in the state of California passed Proposition 63, the Mental Health Services Act (MHSA)
- Designed to expand and transform California's county mental health service systems.
- The MHSA addresses six components of building a better mental health system to guide policies and programs.
  1. Community Program Planning
  2. Community Services and Supports
  3. Capital (buildings) and Information Technology
  4. Workforce Education and Training (human resources)
  5. Prevention and Early Intervention
  6. Innovation

In Considering the Mental Health Services Act:

- MHB/C's benefit from a wide diversity of knowledge and skills and cultural backgrounds reflecting the wider community. This diversity includes racial, ethnic, and cultural representation that reflects the composition of your community. It is not sufficient to get representatives but also to create an environment that *welcomes* diverse points of view and allows for diverse cultural expressions.
- Board members also need to work with the local Mental Health Director to try to get consistent and active participation from a member of the Board of Supervisors.

Making Meetings Work

Meetings are effective when:

- They achieve their objective.
- They use time efficiently.
- They leave participants feeling satisfied that a sensible and fair process has occurred.

Handling Conflict Constructively

Where there is a conflict, there is a problem.

By resolving conflict successfully, you can solve many of the problems that it has brought to the surface.

Steps in Conflict Resolution:

- Pick your battles
- Make sure that good relationships are the first priority
- Keep people and problems separate
- Listen first; talk second
- Set out the facts
- Find solutions

Positive Advocacy

- Prioritize your issues
- Advocate for what will make things better, stronger and/or more effective (rather than focusing on what is wrong, not working and/or ineffective).
- Be clear about your message.
- Know what you want to accomplish.
- Do your homework.
- Develop strategic partnerships.
- Speak from personal experience or tell compelling stories to illustrate your message.
- Show your passion, but control your emotions.
- Listen actively.
- Be respectful and courteous.
- Know when and how to negotiate.

Questions & Other Thoughts?

California Institute for Mental Health

Thank you!

California Institute for Mental Health

CPAW Housing Report Prepared for 7/8/10 MHC Meeting

The CPAW Housing meeting was held on June 16th for further discussions about MHSA housing. At a previous meeting, with only a few members present, there had been a discussion about locating housing close to support services to assist those who obtained the housing. It was suggested that housing be close to the Clubhouse and/or MHCC to possibly provide the option of involvement in the array of activities of these organizations. This was followed by an article in the Contra Costa Times about clusters of foreclosed housing in various neighborhoods, which prompted a conversation with Vic Montoya about thinking in terms of "cluster housing" rather than "scattered site" housing. There are many models of such clustered housing, which provide an ease of building social networks, and providing core services at one site with other housing units close by. This was again discussed at the June meeting.

The application process for the Housing Coordinator resulted in interest from many applicants, and the interview process will now begin. The interviews are slated to be attended by MHA staff only. Hopefully, the long-delayed position will be filled, and the coordinator will soon be ready to work on providing more housing options. The MHC should ask who the Coordinator will report to, and if the 2 assistant positions will be filled. The monthly salary of the Coordinator is between $5,746 and $6,984. Additionally, the MHC needs to know if the funding for these positions comes out of the MHSA Housing money or from another funding source.

Vic Montoya reported that ANKA is currently applying for an expedited approval process from the state to allow them to move quickly when a property becomes available. Timing in real estate is currently even more critical than it has been in the past because investors are positioned to snap up well-priced properties with cash transactions. Vic indicated that he would like the authorization to act quickly when a good property becomes available. Both the Commission and CPAW need to know what the policy will be in terms of an approval process prior to commitment to purchase.

Additionally, I raised a question about providing data to support the decision process of allocation of housing by age group. As always, there are advocates for each different age group, and I suggested that there needs to be some type of plan based on the numbers of clients from each age group the housing will serve to make the distribution equitable.

I would also suggest that a query be made about the decision that ANKA will be the agency involved in MHSA housing. Was there some type of Request for Proposal (RFP) that was put out to attract multiple housing agencies? Is it possible for another agency to approach MHA about housing or has ANKA been given an exclusive right to CCC MHSA Housing Funds?

The sale of the Phoenix Apartment building by ANKA was again discussed, and it was agreed that it was unfortunate that ANKA did not follow up on the commitment they made at the CPAW to meet with the residents to provide explanations of what the process of the sale would mean to them. This resulted in excessive concern and stress to the

residents, which understandably comes from the loss of housing, which is the core of stability. The meeting has now been held, and the residents have been informed by Jenny Dillingham of ANKA that the apartment unit will remain on the market until September for a sale to another organization similar to ANKA, which would result in little change to the residents. After that time, it the property has not sold, it will be up for sale to any investor, and the residents will be issued Section 8 vouchers to find their own housing. Residents remain unclear about use of the Section 8 vouchers, and are concerned about the time period they will be given to find appropriate housing. The residents remain committed to maintaining the support system that has developed between them and would like to find a way for that to continue. ANKA has committed to coming to the resident's monthly meeting to answer future questions.

It is my belief that providing housing without also creating support services linked to that housing is a recipe for failure. Sherry Bradley reported to the Housing Committee and to the larger CPAW body there is no allocation of MHSA funds for supportive services to support future housing. I would propose that the MHC support a position that funding needs to be carved out of future Community Services and Supports allocations or some other source to ensure that any new housing provided will have funding directed toward supportive services to provide better opportunities for success. This links back to the concerns of the Phoenix Apartment residents about the loss of the support system that has developed over time among the residents in that project.

Submitted by Commissioner Annis Pereyra
June 29th, 2010

Re: Would like to request participation on a future agenda of CPAW and MHA Staff Meeting

Sherry Bradley to: pamantas 06/28/2010 12:47 PM

Cc: Donna.Wigand, mamap2536, Nancy Schott, bcrawford, moore_mariana, Kathimclaughlin, John Gragnani, Donna Wigand, Suzanne Tavano

Good Morning, Peter:

I hope this finds you doing well, and staying out of this very hot weather we are experiencing! I am just returning from vacation, so I apologize for not providing you with a response earlier.

As I had indicated in an earlier email to you, I did take your request to be on a future CPAW agenda (to present information about the role of the Mental Health Commission) to the CPAW Planning Committee on June 17th. This has been the CPAW committee working with the facilitator/consultants in developing the CPAW agendas. While the committee very much appreciated your offer, they are respectfully declining the offer for the present time. Since they have just begun working with the new facilitator/consultants, they would like to get further down the road around what the pressing MHSA-related items are, and getting those most pressing items prioritized first, before taking on any new items.

They did, however, want me to convey appreciation for the offer, and to relay to you an official "thank you" to you, and to the Mental Health Commission.

Best regards,

Sherry

Sherry Bradley, MPH
MHSA Program Manager
CCHSD-Mental Health Division
1340 Arnold Dr. #200, Martinez
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sbradley@hsd.cccounty.us

"Peter A. Mantas" Dear Donna: 06/08/2010 03:08:33 PM

From: "Peter A. Mantas" <pamantas@gmail.com>
To: <Donna.Wigand@hsd.cccounty.us>, <Sherry.Bradley@hsd.cccounty.us>
Cc: <grace@vital-partner.com>, <leighmarz@sbcglobal.net>, <NSchott@hsd.cccounty.us>, <mamap2536@aol.com>
Date: 06/08/2010 03:08 PM
Subject: Would like to request participation on a future agenda of CPAW and MHA Staff Meeting

Dear Donna:

I'm following up on my request to participate in one of your staff meetings to open up a discussion on the role of the MHC. I would also like to do the same at a future CPAW meeting as well. I believe this will give people an opportunity to get answers to questions they have about the MHC and me.

Please provide your thoughts.

Sincerely,

Peter

Peter A. Mantas
Contra Costa Mental Health Commission
30 Douglas Drive, Suite 240
Martinez, CA 945539
925.784.8178 - Mobile
925.887.6603 - Fax
pamantas@gmail.com
http://www.cchealth.org/groups/mental_health_com/

Contact: Ron Tervelt
Foreman
(925)957-5638

Contra Costa County Grand Jury Report 1007

FIRST 5 COMMISSION

Can We Count on Accountability and Oversight?

TO: First 5 Contra Costa Children and Families Commission
Contra Costa County Board of Supervisors

SUMMARY

In 2009, the Contra Costa County Civil Grand Jury received significant complaints regarding the First 5 Contra Costa Children and Families Commission (First 5 Commission). While acknowledging the beneficial work that the First 5 Commission does to facilitate the provision of essential services to children and the families of children from prenatal to age five, the Grand Jury determined that the Commission would greatly benefit from closer County oversight and scrutiny. Specifically, the Grand Jury encourages the First 5 Board of Commissioners to exercise greater diligence to avoid conflicts of interest and the appearance of impropriety in the process of awarding contracts. In addition, the Grand Jury determined that the First 5 Commission would greatly benefit from regular manager and employee training on employment law and best policies and practices.

BACKGROUND

California Proposition 10 established the California Children and Families Act of 1998. The purpose of the Act was to promote the healthy development of children from prenatal to age five

and to ensure their readiness to enter school. The Act established the California Children and Families Program. The Program is funded by a tax on tobacco products. The Act requires participating counties to establish local county commissions that allocate the Program funds to local service providers. The Act further requires that the county commission adopt a Strategic Plan for the support and improvement of early childhood development. The Strategic Plan is to be reviewed annually.

Contra Costa County Ordinance Code Chapter 26-14 established the County's First 5 Commission to implement the provisions of Proposition 10. The Commission is composed of nine commissioners and nine alternates, all appointed by the County Board of Supervisors. The Commission's by-laws regarding Board membership require that:

- One commissioner shall be a member of the Board of Supervisors.
- Three commissioners shall be appointed from among persons responsible for management of certain County functions (i.e., children's services, public health services, behavioral health services, social services and substance abuse prevention and treatment services).
- The remaining five commissioners shall be appointed from:
    - recipients of services
    - educators specializing in early childhood development
    - representatives of a local child care resource, referral agency or coordinating group
    - representatives of a local organization for prevention or early intervention for families at risk
    - representatives of community based organizations that have the goal of promoting and nurturing early childhood development
    - representatives of local school districts

Pursuant to California Government Code Section 1091.3, California Government Code Section 1090 (which generally covers government employees' conflict of interest requirements) is partially inapplicable to the First 5 Commission. A First 5 commissioner can legally have a

significant financial interest in a provider contract. A Commissioner who has a financial interest in the awarding of a contract is required to disclose the interest and recuse him or herself from the vote. He or she is not required, however, to abstain from the discussion or to leave the room during the vote.

The First 5 Commission Strategic Plan is required to include recommendations to address:

- Areas of critical need
- Best and promising practices
- Goals and objectives
- Key strategies for implementing the plan

The Strategic Plan is to be written in consultation with:

- Community-based organizations
- Parents
- Professionals from government
- Private non-profit agencies
- Private business and academia

In fiscal year 2008-2009, the Commission had an annual budget of $15,200,000, a Sustainability Fund of $32,600,000, and a Special Reserve Fund of $5,200,000. The Commission has a staff of 23 employees.

Complaints received by the 2009-2010 Grand Jury regarding the First 5 Commission alleged Board of Commissioners' self-dealing, conflicts of interest, misappropriation of funds in the awarding of contracts, general dereliction of fiduciary duties, and unethical conduct. In addition, complaints alleged illegal or inappropriate employment practices, including discrimination, manager bias and favoritism, sexual harassment and the cover-up of such behavior. Due to the number and nature of the complaints, the Grand Jury conducted an investigation.

METHODOLOGY

The Grand Jury interviewed First 5 Commissioners, employees and County personnel. Grand jurors attended a Commission meeting. The Grand Jury reviewed First 5 governing documents, including By-laws and Procedures, Conflict of Interest Code, Employee Handbook, Financial Statement, and Strategic Plan. In addition, the Grand Jury reviewed State statutes and County ordinances pertinent to the First 5 Commission. Finally, the Grand Jury researched policies, procedures and best practices of First 5 Commissions in other counties.

FINDINGS

1. The First 5 Commission of Contra Costa County is an independent, stand alone, decision-making agency, fully State funded and established by County ordinance. The Commission is neither a County department nor a Special District.

2. The Commission's funds are received from the State and disbursed through the County Treasurer's office.

3. The Commission's Sustainability and Special Reserve Funds are invested under the management of the County Treasurer.

4. The Commission's payroll is processed by the County and employees participate in the County's health and retirement benefit programs.

5. Grand Jury research revealed that, unlike First 5 Contra Costa, more than half of the First 5 Commissions in California operate as units of county government.

6. The Commission utilizes multiple contracts to meet its goals. Some of these contracts are awarded as a result of a Request for Proposal (RFP) process. An examination of the RFP documents and procedures revealed the process to be efficient and effective.

7. Since Commissioners who have a financial interest in a contract are allowed to be present during the discussion and vote on the contract, there is potential for improper or undue influence of Commissioners.

8. The Commission's Executive Committee meets monthly with the Executive Director. It is comprised of four members, two of whom are employed by agencies that receive significant funds from First 5 Contra Costa.

9. The Grand Jury investigation revealed that neither employees nor management clearly understand the First 5 Commission's policies and procedures related to employee complaints and grievances as well as other provisions specified in the Employee Handbook.

10. The Grand Jury investigation revealed that neither employees nor management receive regular, appropriate training regarding best or preferred employment practices.

11. There is no requirement that the First 5 Commission change auditors from time to time. However to enhance accountability it is prudent that the audit firm be changed periodically. First 5 has engaged the same independent auditor for more than five years.

CONCLUSIONS

The Grand Jury commends the First 5 Commission for the beneficial work it has done to provide essential services to children and the families of children from pre-natal to age five. The Grand Jury concludes the Commission would greatly benefit from closer County oversight and regular employee training. By following the Grand Jury's recommendations, the Commission can engender even greater confidence in its role in the community.

RECOMMENDATIONS

1. The Board of Supervisors shall appoint commissioners not affiliated with agencies most likely to be awarded significant funding, thereby minimizing perceptions of impropriety.

2. First 5 Commissioners having financial interests in contracts before the Board of Commissioners shall recuse and physically remove themselves from meetings while the contracts are being considered.

3. First 5 Commission shall select a new independent auditor through a competitive bid process.

4. First 5 Commission shall provide annual training to all employees on Employee Handbook procedures and provisions.

5. The Board of Supervisors shall pursue inclusion of the First 5 Commission as a unit of County government.

8/3 BOS Approval

Fwd to Opposite 7/7

REQUIRED RESPONSES

Findings

Contra Costa County Board of Supervisors: 1-11
First 5 Commission Contra Costa County: 1-11

Recommendations

Contra Costa County Board of Supervisors: 1-5
First 5 Commission Contra Costa County: 1-5

Grand jury report cites appearance of conflict of interest in First Five

By Rick Radin
Contra Costa Times
Posted: 06/26/2010 04:02:37 PM PDT
Updated: 06/26/2010 05:43:49 PM PDT

A recent Contra Costa County civil grand jury report criticized First Five Contra Costa for what it said is an appearance of a conflict in interest in awarding contracts, but commissioners say they already comply with a key recommendation.

"A Commissioner who has a financial interest in the awarding of a contract is (now) required to disclose the interest and recuse him or herself from the vote," according to the report. He or she is not required, however, to abstain from discussion or leave the room during the vote, the report said.

"Take a board member who gets $1 (million) or $2 million for his business and he is able to be in on the discussion and then he's there when the vote takes place," said jury foreman Ron Tervelt. "There could be an intimidation factor, the appearance of an ethics violation."

First Five Contra Costa invests Proposition 10 tobacco tax revenues in local health and education programs for expectant parents and children birth to age 5.

Commissioners who may be awarded contracts are required to recuse themselves from discussion and votes on the contracts, said Supervisor Susan Bonilla, of Concord, the board's representative on the commission.

Since March, commissioners have also had to leave the room when these discussions and votes take place, said First Five Executive Director Sean Casey.

Tervelt said First Five may have made the changes because of the questions jurors asked during the investigation.

Casey said commissioners made the changes based on what they learned was going on in other counties during an annual review of conflict of interest issues with county counsel.

The probe was done last fall and the report was released April 28.

The panel asked that Contra Costa's First Five avoid appointing commissioners who would be likely to bid on contracts.

However, First Five's governance structure mandates that service providers fill some commission seats because they have critical expertise, said Sherry Novick, head of the statewide First Five association.

The grand jury also recommended that the commission change auditors periodically to assure an independent assessment of First Five's finances.

The panel undertook the probe because it received complaints about the commission, according to the report.

The complaints included allegations of conflict of interest, misappropriation of funds, manager bias, favoritism and sexual harassment.

The grand jury report found no wrongdoing in these areas.

First Five Contra Costa and the board of supervisors will issue replies to the report in late July or August, Bonilla said.

Contact Rick Radin 925-952-5053.

CONTRA COSTA FIRST FIVE COMMISSIONERS

- Susan Bonilla, county supervisor
- John Jones, CEO of We Care Services for Children
- Joan Means, early childhood education instructor
- P.J. Shelton, county arts commissioner
- Joe Valentine, county welfare director
- William Walker, county health services director
- Michael Zwerdling, pediatrician in private practice

First Five preschool program draws criticism

By Rick Radin
Contra Costa Times
Posted: 06/26/2010 02:59:29 PM PDT
Updated: 06/27/2010 04:23:21 AM PDT

A 12-year-old program to aid low-income children with money from a tobacco tax has come under criticism for some spending practices amid a continuing campaign to redirect the locally controlled money into the state general fund.

At issue is whether First Five California is spending its money wisely and whether the more than $500 million it takes in every year could be better applied to paying for children's programs threatened by state budget cuts.

The program's chief critic in the Legislature has been state Sen. Dave Cox, R-Fair Oaks, who thinks First Five's money should be spent for the state's Healthy Families program and Medi-Cal, which are paid for out of the general fund.

"We would like to see that money put to work to help solve the fiscal crisis the state is facing," said Kevin Bassett, Cox's chief of staff. "They are doing some good work but there is some issue about whether they are using each dollar to its highest and best use."

Some have criticized what they called belly dancing classes in San Diego County which First Five California says were exercise classes for pregnant teens.

Bassett said money for preschool swimming lessons in Sacramento County ultimately went to a soccer club for older kids.

The head of First Five Sacramento said she is not sure where the allegation came from, but said it could have been based erroneously on a $5,000 grant for a children's play group.

A group of parents with police
help cleaned up a downtown Sacramento park, making it safe for the groups to use, Executive Director Toni Moore said.

"After improvements to safety at the park, a soccer club installed a soccer field, but we didn't give them any money," she said.

The size of First Five's reserve has also drawn fire, given the state budget crunch.

The reserves are needed to keep programs in place long-term since the tobacco tax has been identified as a declining revenue source, said Sherry Novick, head of the statewide First Five association in El Cerrito.

About half of the $2 billion is designated for existing programs and about $500 million is for new programs adopted by local commissions, she said.

Cox has attempted to move First Five money to the general fund several times, but lack of support has kept his proposals from moving out of committee consideration.

A year ago, California voters slammed the door on Proposition 1D, which would have done the same thing. The measure, one of four backed by Gov. Arnold Schwarzenegger to help balance the state budget, garnered only 34 percent of the vote.

Contra Costa County's welfare director said Prop. 10, the initiative that created First Five in 1998, was very specific that the program's money remain separate from the rest of the state's finances.

"It's always more effective for the money to remain at the local level," said Joe Valentine, who is worried about proposed state budget cuts that would slash welfare services. "First Five gives us the opportunity to invest in preventing problems, rather than servicing ones that already exist."

Valentine also is a First Five commissioner.

Contact Rick Radin at 925-952-5053

TO: SAN DIEGO COUNTY DEPARTMENT OF MENTAL HEALTH --MHSA/ PROP 63

FROM: SHIRLEY BARD AARP CHAPTER 239 ENCINITAS PROJECT HOPE AND MHSA OLDER ADULT MENTAL HEALTH SYSTEM OF CARE ADVISORY COUNCIL MEMBER

SUBJECT: THIRTY DAY PUBLIC REVIEW MHSA PEI STATEWIDE PROGRAMS ASSIGNMENT AGREEMENT
DATE: JUNE 29, 2010

ETHICS/CONFLICT OF INTEREST STILL A PROBLEM IN SAN DIEGO COUNTY. It is strongly urged that future Mental Health Services Act (MHSA- Prop 63) funds be withheld from any California county perceived to be at risk of ethics/conflict of interest violations in the administration of Prop 63 -as defined by State Fair Political Practices Commission AB 1234, and Government Code 1090. The Mental Health Services Act is based on laws. When county officials trusted to administer Prop 63, admittedly circumvent these laws for political reasons it hampers the State's ability to effectively finance critical Prop 63 funded services. The mentally ill are too often deprived as a result. County politicians enabling Prop 63 violations should be held *accountable for any resulting Prop 63 funding losses.*

Unethical behavior by Department of Mental Health (DMH) officials also erodes public confidence in county provided mental health services. Those dependent upon such services are among the most vulnerable-some without the ability to represent themselves. All have the right to trustworthy/fiduciary representation by public officials in charge.

The public comments provided herein are based on first hand witnessing and reporting of actual/perceived ethics/ conflict of interest violations observed while a member of the MHSA Older Adult Mental Health System of Care Advisory Council (OAMHSOC) dating back to the council's inception in 2006. In good faith, and to the best of my belief, I am prepared to swear under oath that the information both herein and in the March 20, 2010 ethics/conflict of interest complaint filed with the San Diego County Board of Supervisors are true.

NOTE: When reporting ethics violations it is only necessary to establish *perceived* violations. However, included in the Board of Supervisors complaint certain evidence was submitted to substantiate examples of actual violations.

Early on in the implementation of Prop 63 in San Diego ethics violation complaints were reported to the DMH- escalating to the MHSA Oversight/Accountability Commission in Sacramento. This effort backfired because apparently *complaints are just sent back to the county for resolution.* There has been no evidence of any kind of independent investigation. Complaints do not really get resolved because without complainant testimony county officials are able to, without opposition, declare themselves innocent of allegations. Then, the Health and Human Services Director, County Compliance Officer and even the Chief Administrative Officer, use this self-exoneration tactic as a basis to justify their "innocent" plea to ongoing continuously unresolved county ethics/ conflict of interest allegations.

ETHICS/ LOCAL GOVERNMENT AND THE COUNTY GRAND JURY: When local county officials fail to govern *ethically* county grand juries are in place to report those failings to the people. In 2010 San Diego and Fresno County Grand Juries published reports on conflict of interest/ethics issues related to their local county officials.[1] The County Board of Supervisors and the County DMH administer Prop 63 and the Mental Health Board oversees the Department of Mental Health.[2] In San Diego ethics problems are exacerbated because most all county officials consistently deny that ethics/conflict of interest violations even exist in San Diego County.

Certain San Diego County officials have gone so far as to use their positions of authority to interfere with a sitting grand jury in order to preclude a possible grand jury investigation: Prior to the 2009/2010

Grand Jury report, County officials in San Diego had compromised the 2008/2009 San Diego County Grand Jury by threatening a "grand jury tainting" charge if that grand jury published a report relating to the Department of Mental Health. This was done just because I was serving on the grand jury at the time. As a member of the MHSA Older Adult Mental Health System of Care Advisory Council I had been protesting potential ethics/conflict of interest violations within the DMH.
The grand jury is the watchdog for the people. It has the responsibility of ensuring that county officials govern ethically and/or lawfully. However, grand juries are bound by strict rules protecting officials from frivolous/untrue allegations. For example: 12 out of the 19 grand jury members would first have to vote that a particular investigation be conducted. Then this majority would have to condone the evidence manipulation (tainting) necessary to achieve a specific outcome. This did not happen. On the other hand, it is clear that county officials, through their threat, did use their position of authority to compromise a sitting grand jury. A precedent has now been set for others to follow who have reason not to want a particular county department scrutinized. County officials currently have no real oversight/accountability.

(Page Two-30 Day Public Comments MHSA PEI Statewide Programs Assignment Agreement - June 29, 2010)

In March 2010 I, representing AARP Chapter 239 Encinitas Project Hope, filed a complaint with the San Diego County Board of Supervisors containing specific details calling attention to perceived Prop 63 ethics/conflict of interest violations -- as interpreted from Fair Political Practices Commission (AB1234) training and Government Code 1090. The San Diego County Council, Compliance Officer, Chief Administrative Officer, Health and Human Services Director all deny ethics/conflict of interest problems even exist within San Diego County government. The Board of Supervisors did not even acknowledge the complaint. There is nowhere else to go for help now, but outside San Diego County.

BLACKBALLING/RETALIATION AGAINST SENIOR VOLUNTEER STAKEHOLDERS In San Diego volunteer stakeholders serving on MHSA advisory councils who protest against ethics/conflict of interest violations are blackballed and retaliated against. MHSA law says that stakeholders at all levels must participate in recommending and approving county Prop 63 funded programs. Those who serve on MHSA advisory councils are used by the director of mental health to help fill the stakeholders participation requirement. The director of mental health has total authority over who gets to serve as "stakeholder" advisory council, so he controls voting outcomes for Prop 63 programs. Members who protest against "irregularities" are blackballed from serving. Truly independent stakeholder membership is avoided. There are only token gestures simulating stakeholder recruitment/participation. The County "hypes" public forums/ meetings, etc., to demonstrate stakeholders' participation. However, publicity is so lacking that attendance usually consists of only 20-30 people—including the presenters. Few consumers/family members attend, just mostly contractors/professionals.

Dr. Abe Krems, founder of Project Hope, was first to be blackballed from the Older Adult Mental Health System of Care Advisory Council. Now I am. AARP Chapter 239 Encinitas notified the DMH that I have again been named by the AARP chapter to continue to be the chapter representative to serve on the OAMHSOC council. However, the Director of Mental Health rejected my continued membership. Both Dr. Krems and I have now been blackballed from membership. **Reason:** We advocate for older adults, as the name of the "older adult advisory" council specifies, (instead of county politics.).
Bottom line: San Diego County officials are not complying with MHSA law relative to stakeholder participation. Politicians are in almost total control of hundreds of millions of Prop 63 dollars. Conditions in San Diego are so bad that the Mental Health Board (MHB) has initiated a "Critical

Incidents Committee" to follow up on the many reports of mental health related tragedies occurring in San Diego. I have personally witnessed time after time victim's family members appearing before the MHB to plead for critically needed mental health services in San Diego.

RECOMMENDATION: *Do not reward counties who do not comply with applicable ethics/conflict of interest laws.*

1. Withhold Prop 63 funding from San Diego until compliance with ethics/conflict of interest laws is confirmed.
2. Appeal to the The Fair Political Practices Commission to resolve potential enforcement of ethics/conflict of interest violations in San Diego.
3. Follow up on the San Diego County Grand Jury recommendation that independent ethics/conflict of interest oversight and enforcement be provided for San Diego County officials.
4. Guard against discrimination/bias against older adults. The blackballing of **senior volunteer** members from membership on the ***Older Adult*** Mental Health System of Care Advisory Council prevents older adults from equal opportunity in being able to advocate for their own unique mental health services needs.

UNLAWFUL DISCRIMINATION/BIAS AGAINST OLDER ADULTS: The San Diego mental health director comes from a background dedicated primarily to mental health services for children. That could explain the apparent insensitivity to older adults . Kids are expected to just do what they are told. Older adults do what their life experience says is right for them. They should not be retaliated against for self advocating and not always voting for the DMH director's recommendations.

DUTY OF MENTAL HEALTH BOARD

The Mental Health Board has a duty to participate in the selection of county mental health directors. Those of us who have served on the **Older Adult** Mental Health System of Care Advisory Council from the beginning have witnessed degradation in County attitude towards mental health benefits for seniors. Older adults keep receiving less and less share of the Prop 63 pie. Further, co-mingling of adults/older adults mental health related statistics in county reports distort the true status of older adults. And complaints about the co-mingling of statistics go ignored in spite of the DMH spending $26 million (+/-) on a Prop 63 funded computer system the county said is capable of providing complex information.

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[1] 2009/2010 San Diego County Report: *Ethical Political Practices* and Fresno County Report: *Fresno County Mental Health Board*

[2] *Welfare and Institutions Code 5604*

CONTRA COSTA HEALTH SERVICES

Go Beyond!

June 18, 2010

Mental Health Services Act Update

Contra Costa Mental Health Division is seeking public comment on the Mental Health Services Act (MHSA) draft Technological Needs Project Proposal

The 30 day public comment period begins on
June 18, 2010, and ends on July 19, 2010

The draft Executive Summary of the Technological Needs Project Component Proposal follows. The draft Executive Summary Project Proposal and the public comment form are available on the CCHS website on the Mental Health Division's MHSA page at:
http://www.cchealth.org/services/mental_health/prop63/capital_facilities_it.php

This is a re-posting of the draft project proposal due to a deviation from the original submission, to clarify that the County will host the data rather than contract with a vendor to host the data. This resulted in additional stakeholder dialogue, and subsequently, a revised Executive Summary and Summary Budget Exhibit. Therefore, the entire Technology Needs Project Proposal is being re-submitted for review and comment by the public for the required 30 day period. No public Hearing is required.

Copies of the executive summary draft proposal also are available at the CCHS Mental Health Administration Offices, located at 1340 Arnold Dr., Suite 200, Martinez, CA 94553. The public may also request a copy of the proposal sent via mail by calling 925-957-5150.

Comment should be using the MHSA Technological Needs Public Comment Form, and can be hand delivered or mailed to CCHS Mental Health Administration, MHSA Program Manager, 1340 Arnold Dr., Suite 200, Martinez, CA 94553. The public can also send comments via email to:

MHSA@hsd.cccounty.us
or via fax to:
(925) 957-5156

The Technological Needs Project Proposal is a part of the Capital Facilities & Technological Needs Component of MHSA for which Contra Costa Mental Health is conducting a community planning process. For questions, please contact:

MHSA Program Manager
(925) 957-5114; mhsa@hsd.cccounty.us

Contra Costa County MHSA Technological Needs Project Proposal
Executive Summary (Revised for Re-Posting)
June 18, 2010

What is Being Requested: Contra Costa Health Services/Mental Health Division requests MHSA funding for a Technological Needs Project Proposal in the amount of $6.2 million. This is a deviation in the Capital Facility and Technology Need Component Proposal which was approved in February 2009. The deviation is a shift on the back-end database of the application from a vendor-hosted SaaS (ASP) model to a locally hosted model. The amount requested remains the same at $6.2 million. The deviation is further explained later in the Executive Summary.

Why the Technological Needs Project Proposal is Being Re-Posted for the 30-Day Public Review and Comment Period: The County originally posted the MHSA Technological Needs Project Proposal funding request for the required 30 day public review and comment period from February 5, 2010 through March 8, 2010. Subsequent the 30 day public review and comment period, the Mental Health Commission conducted a Public Hearing on the Draft Technological Needs Project Proposal on Thursday, March 11, 2010.

No public comments were received during the 30 day public review and comment period. There were 3 public comments made during the Public Hearing on March 11, 2010, and when the Public Hearing was closed, Mental Health Commission members commented on the draft proposal. All of the comments were reviewed by staff, and while none of the comments resulted in any changes to the Technological Needs Project Proposal, the comments received from the Mental Health Commission were helpful to staff who will be working on the implementation phase of the proposed new system. Those comments have been provided to the County's BHS (Behavioral Health System) Implementation Team.

The Technological Needs Project Proposal was then submitted to the California State Department of Mental Health for review and approval on March 15, 2010.

During the time that State DMH was reviewing the county's request, Mental Health Administrative staff were notified by the Mental Health Director that during continued negotiations with the vendor of choice, it was determined to be more favorable to the County to host the system in-house, rather than contracting with another vendor to host the data. Because of this situation, it was necessary to obtain additional stakeholder input in the process, therefore the re-posting of the draft project proposal.

This new information was provided to Stakeholders at the MHSA Capital Facility and Technological Needs (CFTN) Committee meeting on May 25, 2010 , and also at the MHSA Consolidated Planning Advisory Workgroup (CPAW) meeting on June 3, 2010. The MHSA CFTN Committee is a standing stakeholder committee for the purpose of ongoing planning, monitoring, and evaluating the respective projects. The MHSA CPAW is an integrated stakeholder planning group which serves as an advisory group to the Mental Health Director for all things related to MHSA. Stakeholders from both groups did not disagree with the need to have the county host the data; however, they wanted to be sure there were no changes

to the various components to be included in the project proposal (see the four primary components, listed later in the Executive Summary). They also suggested that the county pursue whether or not federal stimulus legislation for IT funding would be available for the project. Staff is following up and monitoring that, although thus far, it doesn't appear that there is funding approved for outpatient mental health. If this does change, however, stakeholders have asked to be notified as soon as the information becomes available.

The county is, therefore, re-posting it's Technological Needs Project Proposal with the revised information, for a period of 30 days public review and comment period. The 30 day public review and comment period is June 18, 2010 through July 19, 2010.

What is Included in the Draft Technological Needs Project Proposal Request: Contra Costa County's MHSA IT Proposal includes four primary components:

1) Implementation of an Electronic Health Record (EHR) to replace its current paper-based charting of clinical records, including shared decision-making functionality;
2) Implementation of e-prescribing to replace its current paper-based pharmacy orders;
3) Implementation of a Personal Health Record (PHR) system to allow clients to access parts of their medical record, make appointments and communicate with providers; and
4) Implementation of computer resources in the different regions of the county to allow consumers access to their PHR, and other resources available through the Internet.

The Electronic Health Record: The first priority of the proposal is the Electronic Health Record (E.H.R.). The Electronic Health Record will transform the current method of clinical charting that is paper-based, inefficient, and inconvenient to clients because it is tied to the physical location of sites. The paper-based system is also clinically inferior to an electronic system where clinical documentation can be centralized and made accessible to all members of a consumer's treatment team. In addition to the standard EHR, our goal is to also include shared decision-making functionality.

The EHR is a major overhaul to the system of care for a number of reasons: 1) The existing claims system will need to be replaced because the services in the EHR are tied to a different practice management application; 2) Providers on the fee-for-service managed care network will be part of the system so that clients served by network providers are better integrated into the overall system of care; 3) Provisions for integration with contract providers will need to be made to allow for exchange of their clinical and billing information with our system. Each of these components will be integrated into the project work plan for the 21-month duration of the project.

E-prescribing: The e-prescribing component of the IT proposal will allow doctors to submit their pharmacy orders electronically rather than the current method of paper to fax. E-prescribing has several advantages over paper-based systems, many of which are the same as the Electronic Health Record: 1) increased efficiencies through the use of electronic pharmacy orders; 2) reduction in possible medical errors (e.g., faulty faxes, difficult to read orders); and 3) the ability for physicians to make better

decisions about their prescriptions (e.g., with knowledge of existing health conditions, flagging drug-drug interactions, etc.). Under the Contra Costa IT plan, e-prescribing is integrated with the EHR, thereby making pharmacy information available to individuals who are involved with the consumer's ongoing clinical care.

Personal Health Record: The PHR component of the IT proposal involves the ability for clients to access part of their medical record, to make appointments, and to communicate with their treatment providers in a secure environment. Additional clinical documents, such as WRAP plans, would be accessible to clients who choose to use this tool as part of their recovery goals. Given the tie-in with the clinical documentation and ongoing care of the consumer, the PHR is considered an integral part of the consumer's Electronic Health Record.

Computer Resources and Internet Access for Consumers/Family: Since many consumers may not have access to computers and this is essential for the utilization of the Personal Health Record, the Contra Costa IT plan calls for making computers and Internet access available to clients in each of the regions across the county. The availability of computer resources and Internet access will have many benefits to clients in addition to accessing their PHR, including access to health-related information on the Web, finding resources in the community that can be of benefit, and accessing other resources that can positively impact the consumers' well-being in other areas such as vocational training, enhanced education, and increasing computer literacy skills.

In summary, the proposed MHSA IT plan for Contra Costa County will fundamentally change the way clinical data is obtained, stored, and accessed for consumers. Clinical information will be centralized and accessible to care providers involved in a client's care. Consumers will be able to access part of their clinical record and communicate more directly with their providers, fostering more engagement in their recovery goals.

Explanation of the Deviation in Funding Requested from that Originally Approved Capital Facilities and Technological Needs Component Proposal: The county's Capital Facilities and Technological Needs (CFTN) Component Proposal was approved in February 2009 by State DMH, for the following: $8.2 million for capital facilities, and $2.0 million for technology needs.

There has, however, been a deviation from the originally approved Capital Facilities and Technology Needs Component Proposal. Since Contra Costa's CFTN Component Proposal was approved, there has been a lot of additional stakeholder involvement in the planning for both a technology needs project and a capital facility project. Since March 2009, there have been numerous MHSA stakeholder meetings to plan for the potential future projects. Those stakeholders included the Mental Health Commission (and its workgroups); ongoing MHSA stakeholder planning committees; meetings of consumers, family member meetings, capital facility and also technology needs written surveys; consumer and family member focus groups, public forms, and multiple community meetings.

The county's Technology Needs Project Proposal now includes a request for $6.2 million to be funded for the county's project. The deviation from the original funding request has been driven by the stakeholders in a lengthy year long planning process. Stakeholders had the following concerns: 1) changes in the economy affecting funding and operations costs, 2) the dire need for Contra Costa to replace its very outdated behavioral health information system, and 3) that the basic information infrastructure for mental health would be inadequate to support not only the business needs of the county, but also the client/consumer/family needs to have accurate and updated information immediately available for clinical and wellness and recovery planning purposes. At the same time, stakeholders were also concerned regarding sustaining program operations in what had originally been planned for the capital facility portion of the allocation to Contra Costa. Stakeholders ended up recommending construction of a more scaled down capital facility project, which would be sustainable.

After more than a year of stakeholder planning meetings to prepare project proposals for both Technology Needs and Capital Facilities, stakeholders ultimately recommended to the Mental Health Director that instead, $6.2 million be requested for Technology Needs Project Proposal funding, and $4.0 million be requested for Capital Facilities Project Proposal (and that has been submitted separately from this project proposal). Contra Costa's MHSA Stakeholders drove a change in how the funds available would be appropriated between capital facilities and technology needs based upon updated information, new information, and revised cost estimates – all of these factors resulted in their final recommendation to the County.

The Mental Health Division is one of 11 Divisions in the Health Services Department. Information systems, technology needs, analysis, etc., are centralized for the entire department. Through the Chief Information Officer (CIO), all of the department's technology needs are included in five-year strategic planning cycles. The systems/technology needs for Mental Health have now been factored into the Department's broader 5 year strategic plan.

The total project cost is projected to be approximately $6.9 million, even though the MHSA funding request is $6.2 million. Any overage above the $6.2 million will be covered by the County's Health Services Department. The high level project plan originally called for a 21-month implementation process to begin May 1, 2010, however, that implementation process start date has been adjusted accordingly, pending approval of this IT project proposal.

The Budget Worksheet in the attachment is based on the most recent estimates provided by the preferred vendor. Negotiations have been ongoing with the preferred vendor, thus the budget is considered an estimate, as a starting point to request funding.