



*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 • August 12, 2010 • 4:30-6:30 p.m.**  
**John Muir Behavioral Health • Classroom A • 2740 Grant • Concord**  
**\*\*\*\*\*NEW LOCATION\*\*\*\*\***

**AGENDA**

*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.*

*Participants agree to follow the Mental Health Commission Meeting Decorum Policy.*

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

1. 4:30 **CALL TO ORDER / INTRODUCTIONS**
2. 4:40 **PUBLIC COMMENT.**  
The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.
3. 4:50 **ANNOUNCEMENTS**  
A. Update on new meeting location
4. 4:55 **CONSIDER APPROVAL OF MINUTES**  
July 8, 2010 MHC Monthly Meeting
5. 5:00 **REPORT ON POLICIES AND PROCEDURES SURROUNDING SENTINEL EVENTS - David Cassell, Quality Improvement Coordinator**
6. 5:30 **DIRECTOR'S REPORT – Donna Wigand, Mental Health Director**  
A. Community Meeting on 20 Allen St. project – Tues. 8/31 Pleasant Hill Community Center, 5:00 – 7:00 pm  
B. Federal Healthcare Reform update



7. 5:45 **MHC COMMITTEE / WORKGROUP REPORTS**  
A. MHC Capital Facilities and Projects/IT Workgroup –Annis Pereyra  
i. Review the Workgroup’s report  
B. Quality of Care Workgroup – Carole McKindley-Alvarez  
i. Review the Workgroup’s report  
C. Diversity and Recruitment Workgroup – Peggy Kennedy  
i. Announcement of new Workgroup Chair.
8. 5:55 **MHSA UPDATE – Annis Pereyra and Teresa Pasquini**  
A. CPAW – consider the 8/5/10 Monthly Meeting report and any Committee reports  
i. Consider recommendation on support for Knightsen Bonita House facility.
9. 6:10 **REPORTS: ANCILLARY BOARDS/COMMISSIONS**  
None provided.
10. 6:10 **Consider approval of Candidates recommended by Executive Committee**  
A. William Wong, District V, At Large Member, through 6/30/11  
B. Lori Hefner, District IV – possible out of district placement for consumer seat.
11. 6:15 **CHAIRPERSON’S COMMENTS – Peter Mantas**  
A. Consider length of meetings  
B. Consider touring County operated programs  
C. Consider nominations for Healthcare Reform Workgroup and Quality Improvement Committee
12. 6:25 **FUTURE AGENDA ITEMS**  
*Any Commissioner or member of the public may suggest items to be placed on future agendas.*  
A. Suggestions for September Agenda **[CONSENT]**  
1. Steve Hahn-Smith, Research and Evaluation Mgr. – Report on Data Request Form  
  
B. List of Future Agenda Items:  
1. Rose King Presentation on MHSA  
2. Behavioral Court Presentation  
3. Case Study  
4. Presentation from The Clubhouse  
5. Creative ways of utilizing MHSA funds  
6. TAY and Adult’s Workgroup  
7. Conservatorship Issue  
8. Presentation from Victor Montoya, Adult/Older Adult Program Chief  
9. Presentation from Crestwood Pleasant Hill  
10. Presentation on Healthcare Partnership and CCRMC Psych Leadership  
11. 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

13. 6:30 **ADJOURN MEETING**

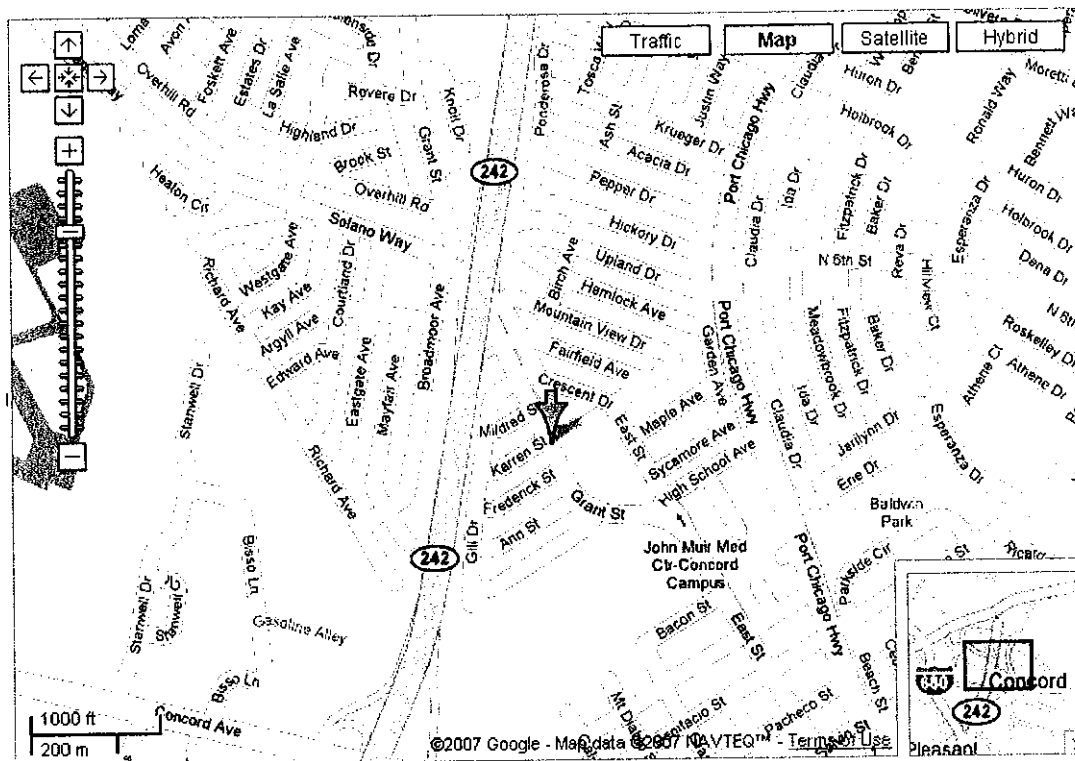
The next scheduled meeting will be Thursday, Sept. 9, 2010 from 4:30- 6:30 pm at the John Muir Behavioral Health Center, 2740 Grant Ave., Classroom A, Concord.

*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*

Mental Health Commission Meeting, 4<sup>30</sup>-6<sup>30</sup> pm  
JM, Behavioral Health Center  
2740 Grant Street, Classroom A  
Concord, CA 94520

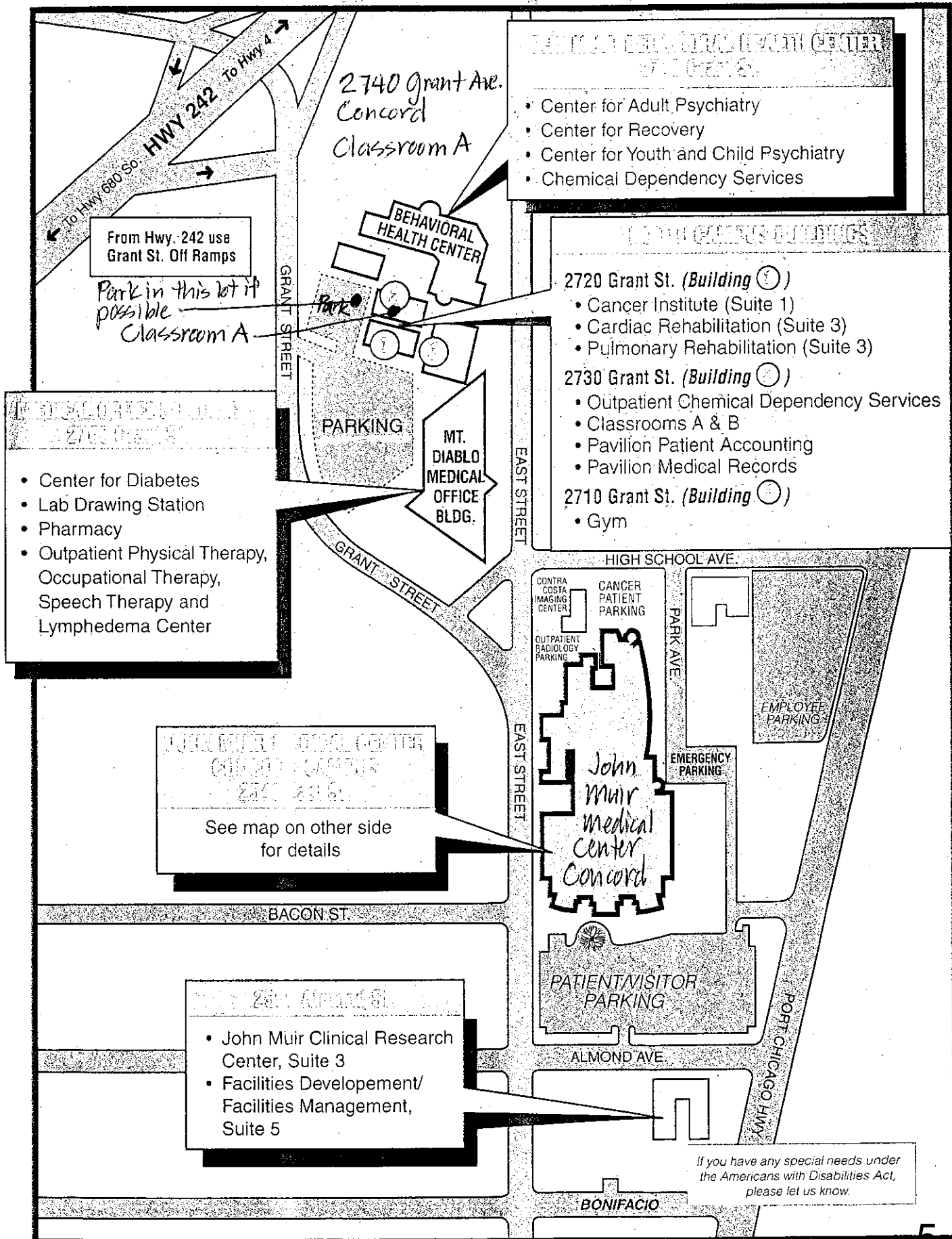
(925) 674-4100

(800) 680-6555



# John Muir Behavioral Health (not the hospital)

## JOHN MUIR MEDICAL CENTER, CONCORD CAMPUS



If you have any special needs under the Americans with Disabilities Act, please let us know.

*Mental Health Commission Meeting*  
~ DIRECTIONS TO THE JOHN MUIR BEHAVIORAL HEALTH CENTER ~  
*2740 Grant St., Concord Classroom A*  
From Walnut Creek, Pleasanton /Oakland

Take 680 North to Concord  
Take Hwy 242 (off to the right)  
Take Grant Street exit, Turn Right  
Get in the left lane and take first left into Driveway (Frederick Street) to  
2740 Grant St.

From Vallejo/Benicia

Take 680 South  
Get on Hwy 4 (going toward Pittsburg/Antioch)  
Take Hwy 242 South toward Concord  
Take Grant Street Exit. Turn left.  
Go past the traffic light, stay in the left lane  
Make left at Frederick Street 2<sup>nd</sup> light to 2740 Grant Street

From San Francisco/Richmond/Marin Area:

Take 80 North  
Take Hwy 4 (just outside Pinole) going towards Martinez  
Stay on Hwy 4 East, you'll pass I-680  
Take Hwy 242 South toward Concord  
Take Grant Street Exit. Turn left.  
Go past the traffic light, Stay in the left lane  
Make left at Frederick Street 2<sup>nd</sup> light to 2740 Grant Street

From Antioch/Pittsburgh Area

Take Hwy 4 West Toward Concord  
Take Grant Street Exit. Turn left.  
Go past the traffic light, Stay in the left lane  
Make left at Frederick Street 2<sup>nd</sup> light to 2740 Grant Street

# **Contra Costa County Mental Health Commission**

## **Meeting Decorum**

To participate in CC-MHC meetings, attendees agree to abide by the following rules:

- **A Commission meeting is a formal meeting.**
- **Upon arrival pick up a copy of the agenda and other materials provided at the door.**
- **Silence or mute the sound emitted from all electronic devices in their possession (including but not limited to cellular telephones, pagers, radios, personal data assistants, and hand-held or portable computers)**
- **Attendees recognize that the chair is in charge of the meeting, and will immediately abide by all calls for order.**
- **Attitude and behavior:**
  - **Attendees should treat each other with respect and be sensitive to the physical, informational, and social needs of others.**
  - **Demonstrate quiet and dignified behavior at all times.**
  - **Show respect for the speakers even if you disagree with them.**
  - **Devote full attention to the speaker. (No text messaging, sleeping, visiting with neighbors, etc. This is not a social activity with your friends.)**
  - **Avoid private conversations. They make it difficult for others to hear the proceedings.**
  - **There must be no outbursts. This includes commenting, whooping, shouting, booing, heckling, stomping feet or other inappropriate/suggestive gestures and/or disruptive behavior.**
- **During certain meetings the Chair may insist that attendees should wait until recognized by the chair before speaking and then address themselves to the chair (not to other speakers making previous comments), speaking only to the current issue.**
- **Commissioners should refrain from parliamentary maneuvering, political game playing, or attacking each other's motives.**





# DRAFT

Contra Costa Mental Health Commission  
Monthly Meeting  
Date 7/8/10  
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  
Annis Pereyra, District II  
Sam Yoshioka, District IV

### Commissioners Absent:

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

### Attendees:

Quentisha Davis  
Norbert Dickson  
Brenda Crawford, MHCC  
John Gragnani, Local 1  
Lori Hefner  
Lynda Kaufmann, Psynergy Programs  
Peggy Kennedy, MHA Older Adult Committee  
Mariana Moore, Human Services Alliance  
Janet Marshall Wilson, MHCC  
De'shawn Woolridge

### Staff:

Donna Wigand, MHA  
Anna Roth, CCRMC  
Suzanne Tavano, MHA  
Sherry Bradley, MHA  
Julie Kelley, CCRMC  
Dorothy Sansoe, CAO  
Suzette Adkins, Supv. Bonilla's office  
Nancy Schott, Staff to MHC

## 2. PUBLIC COMMENT.

Janet Marshall Wilson stated she is a family member of a consumer who is a full service partner in Santa Clara receiving special services for 90 days in crisis residential. She is grateful services are in place and available in other counties. She passed around a photo of herself and her family member.

To ensure an orderly meeting, Chair Mantas reviewed that anyone attending the meeting today agrees to abide by Meeting Decorum guidelines posted at the handout table.

## 3. 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 if interested in participating.  
There is a chance the meeting will be moved to 8/9/10.

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C. Reintroduction of the Task List Tracking Form: It will be brought back up at next meeting with updates. Please be prepared at the next meeting to provide comments. The colors on the original made the black and white copy in the packet unreadable; they will be removed for next month. Donna Wigand and Suzanne Tavano will be working with us to provide item updates.

## 4. CONSIDER APPROVAL OF MINUTES

- **ACTION: Motion made to approve the June 10, 2010 Monthly Meeting minutes: (M-Kahler/S-Overby/Passed, 6-0-1, Y-Kahler, Mantas, McKindley-Alvarez, Overby, Pasquini and Yoshioka/A- Pereyra (not at 6/10/10 meeting).**

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

CCRMC Update: She has worked with Dave Kahler and Teresa Pasquini, family members of The Healthcare Partnership. The Partnership began the process that is changing the face of CCRMC and inpatient behavioral health care services. She hopes the changes are reaching into the community and the entire mental health system. She first met Dave and Teresa during the process to review the care of heart failure patients. They discovered many people in the CCRMC system with heart failure also had depression, substance abuse challenges and pre-existing co-morbidities with mental health issues. They decided to bring patients and family members together on a Design Team and also powerful advocacy voices such as mental health advocates. Mental health advocacy has an established presence most other constituencies utilizing CCRMC services do not have. Within 2 days, the Design Team challenged CCRMC to create a central place for patients and family members to get information to navigate the hospital system and be linked up to outpatient/family services. Although the Information Center didn't endure, the work and team bonds formed grew in ways they did not imagine at the time.

After that, the Design Team formed the Healthcare Partnership. Areas CCRMC targeted for improvement included traditional medical issues such as surgical and the Emergency Room. It was the Healthcare Partnership, led by Teresa Pasquini, Dave Kahler, Colette O'Keeffe and Brenda Crawford, who challenged CCRMC to focus on behavioral health patient concerns. Taking on behavioral health issues was daunting due to previous history, lots of different parts, and the involvement of several divisions. There were also multiple stakeholder groups CCRMC did not have connections with including the MHC, clinic structures, Detention Division and other community partners that make up the CCC mental health system. CCRMC was merely hosting behavioral health patients through the system rather than understanding how to learn from them.

This led to a series of rapid improvement events or Kaizen (to tear down and put back together in Japanese) events. They took Toyota production methodology and applied it to behavioral health to drive a disciplined improvement effort. CCRMC began a series of Kaizen events; each event begins with a dream session or Value Stream Mapping. Rona Consulting was brought in to facilitate the Kaizen process and they commented they had never seen so many patients and family members on a Planning Team.

When faced with a crisis several years ago, CCRMC made a policy decision to lock the doors of the CSU to both ambulance entry and foot traffic and redirect mental health patients to the ER for admission. Rather than redesign the system, the patients were made to work around the

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existing system. Through the Value Stream Mapping process, the Planning Team was challenged on this issue; users of the system would rather enter CCRMC directly through the CSU. Around this same time period (Fall 2009), she was in attendance at a BOS meeting (having been CEO for approx. 60 days) and during public comment heard the heart wrenching story of his daughter's ER/CSU experience from her father. From their family's perspective, the experience was a series of unfortunate, low quality and uncaring events. What this family really wanted was to be together during their ER visit and there was a no visitation policy in place in CSU at the time. There was also testimony from 2 other families dealing with the same no visitation policy concerns, including children in restraints. The BOS meeting took place on a Tuesday morning and these issues were brought to The Healthcare Partnership at that afternoon's meeting. They responded with the charge to change the visitation policy. The doors to the CSU were opened up to the Design Team and the visitation policy was changed to adapt to the family member's perspective. It was huge step.

Although she receives a lot of credit for leading the LEAN effort, it's a team effort including Julie Kelly, Program Chief of Psychiatric Services. CCRMC has a team fully committed to this new culture. They work collaboratively with Donna Wigand, Suzanne Tavano and MHA as well as other community partners. After a series of traditional Rapid Improvement Events, The Healthcare Partnership appointed Teresa Pasquini and Brenda Crawford to the Executive Team for Hospital Operations Planning. They attend all the hospital planning meetings. All CCRMC Improvement Teams have been challenged to include patients and family members at their meetings for the next 30 days. There will be a Report Out available at the end of that time that can be brought back to the MHC next month.

At the spring strategy session, reopening the CSU door to ambulance traffic was discussed again. It's important to understand the evolution of where CCRMC has been and where it is now. Opening up the CSU doors was suggested for mid-July and patients and family members let CCRMC know summer was too far away. Patients and family members have been waiting for years for the doors to reopen and improve the quality of care. CCRMC Administration, she and Julie Kelly met with legal counsel to review the regulatory issues of the process while other teams, lead by patients and family members, began to deal with the logistic of opening the doors and physically changing the look of the entry to make it more welcoming. Dave Kahler and Brenda Crawford led the effort to remove the No Visitors sign and replace it with "Welcome" in large letters. Teams were then sent out simulating ambulance runs (engaging law enforcement, EMS and patient/ family member advocates). There have been both gains and back sliding, but forward movement continues. (This process of reopening the CSU doors was included in Kaizen #1 May 10 – 14, 2010.)

Kaizen #2 (June 14 - 18, 2010) focused on redesigning processes inside the CSU. The Kaizen #2 Opening Event was a momentous day, with largest group of stakeholders she's ever seen and an amazing contrast from a year ago when she was disheartened and ashamed to hear stories of the type of care being provided at CCRMC at the BOS meeting. Representatives from law enforcement, EMS, community providers and other counties were in attendance. Great improvements have been made and the foundation has been laid for the work to keep going. She gives all the credit to the staff, patients and family members. Other CCRMC Teams (including surgery suites, medical units and clinics) in the hospital are looking to Behavioral Health to be

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leaders for improvement and transparent patient-centered care. She thanked the MHC for its support and invites everyone to attend the Report Outs. Kaizen #3 (beginning July 26 with Report Out on July 31); will focus on discharge issues from CSU to home. *(Kaizen #1 and #2 Event Summaries follow minutes)*

Chair Mantas asked about the culture change before and after the introduction of the LEAN process (focusing on staff's acceptance of constructive criticism before and after the process was set in motion). Anna Roth responded it's hard for people to take constructive criticism and not get defensive. She feels the culture was one where the staff was afraid if something came up they would get in trouble and it would be held against them. The staff always came to work dedicated to doing the right thing, but the leadership didn't have a methodology to enable that type of process. We didn't know what we didn't know. The leadership culture changed to allow staff to feel more comfortable in bringing up issues and not fear negative consequences; less fearful of failure. Healthcare professionals are not trained to do things wrong and they feel badly when they do. Historically, the medical field has looked for bad apples when something goes wrong rather than looking at the system itself. CCRMC is experiencing a paradigm shift to allow for system change; going the extra mile to put patient first. Julie Kelley said she notices people bring up problems more easily and willingly now.

Donna Wigand said the process has gone to the next level: Dr. Walker and Pat Godley have been looking at the process happening at the CCRMC. Not just the dollars spent to bring in the program, but the effectiveness, and in the long run, how much it saves financially and in quality of care. Dr. Walker is interested in expanding the LEAN process to other divisions. Mental Health has been discussing being the first division to follow up on the LEAN process. She has discussed it with Rollie Katz of Local 1 what LEAN would look like for the Mental Health Division. Although there is a bit of hesitancy, things are moving forward. She has also discussed with her managers the Mental Health Division will decide as a group, from the ground up, what will be addressed first in terms of system change. Lots of conversations are taking place.

As an example of the positives that can come out of a creative and open environment, Chair Mantas asked Anna to share the story of terminally ill patient with family in Philippines who was going to pass away shortly and wished to communicate with his loved ones. Within 3 hours, a resident called upon Information Systems to set up Skype on a laptop in the patient's room and connected to in his family in the Philippines allowing him to say goodbye and die with dignity. It was an example of going the extra mile for a patient.

De'shawn Woolridge asked how the community is able to get involved, possibly as interns or volunteers. With budget cuts, volunteer labor is a great deal. Anna Roth said there are many ways to get the community involved, and asked if Brenda Crawford could speak for the community voice as Brenda has much more experience in that realm. Brenda replied MHCC consumers have felt empowered through this process of decision making and change centered on their needs and care. She gave an example of working with consumers and family members as they designed, planned and painted the new entrance to CSU; it was life altering for some of them.

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De'shawn Woodridge said our challenge is to make community members, who are not involved day to day, care about these issues. Los Medanos College has a nursing program with volunteers who might be interested in getting involved. (Brenda provided him with business cards.)

Vice Chair Pasquini said she has been invited in to CCRMC and her input is valued. Bringing everyone together to share ideas and brainstorm is critical. With dwindling resources, all the different cultures should embrace the LEAN concepts because they work. She would like Local 1 staff to experience the positives CCRMC staff has experienced through the process.

Commissioner Yoshioka would like to see structural and cultural changes; but asked how can the changes be sustained. Are we developing a training curriculum for the entire system and the rank and file staff to keep the changes going? Anna said the training and education structure is being reviewed and combined into the improvement and operations structure. Her intention is for CCRMC to become a living, learning lab as well as to innovate and find best practices. Her goal is to set an example and push those innovations out into the system, the community and beyond.

Commissioner Kahler said Anna Roth is the primary force in keeping the process moving forward.

Chair Mantas requested De'shawn Woolridge document any ideas he had about getting Los Medanos college volunteers involved and email to Nancy Schott. She will pass them along to the appropriate person.

## 6. **REPORT: MENTAL HEALTH DIRECTOR – Donna Wigand**

She referenced the handout "Shared Democratic Principles for Finalizing Budget". (*handout follows minutes*) It outlines areas of agreement between the Senate and Assembly Democrats on their response to the Governor's budget proposal. She met in Sacramento today with reps from other counties and DMH. The Counties feel even without a budget, not all cash flow should stop and the State agrees. MHSA funds should continue to flow as of 7/1/10 until a budget is settled. The State disagrees on other critical issues. Specifically, Counties assert even if the state portion is of a MediCal claim is withheld, federal funds for MediCal services for adults should not be withheld from the counties. As of today, the issue going up to State Dept of Healthcare Services and State Department of Finance. This issue is critical, especially for smaller/mid size counties, who don't have cash flow to keep services going if the State withholds all funds.

### **A. Funding of Community Mental Health: Role of Realignment – Suzanne Tavano Mental Health Funding 101.**

Donna Wigand said Community Mental Health funding has gotten more complicated over the years, even before MHSA was passed. There have been different pots of funding with different regulations and rules.

Suzanne Tavano gave the presentation including information on the history of mental health funding and realignment. (*PowerPoint slides included in agenda packet, pages 39-51*)

# DRAFT

For MediCal beneficiaries, funding comes from a combination of county money and federal money.

If Contra Costa is over the SMA (state maximum allowance), the County must overage with our own funds. Peggy Kennedy asked how CA's SMA (state maximum allowance) compares to other states. Donna Wigand said other states do not set this limit and they are cost reimbursed based on services billed. Peggy Kennedy asked why CA has this limit. Donna Wigand feels the state in the past has not wanted to maximize the federal dollars for mental health.

For uninsured adult consumers, federal funding is not available and county funds are used, primarily from realignment funds. MHSA funding allows for more flexibility in providing services to the uninsured. Other funding sources include SAMSHA and PATH grants.

Realignment Funding is divided into 3 categories: 1) State Hospitals (11 consumers in 2008-2009 down from 50 patients 10 years ago even though the County population has grown), 2) MHRC (otherwise known as IMD's 40 consumers in 2008-2009 down from 200+ 10 years ago) and 3) SNF (Skilled Nursing facilities - 110 consumers. Crestwood Patterson Pleasant Hill has contributed to the County's ability to reduce the number of MHRC beds by working to convert locked beds to residential beds and SNFs..) If more than 50% of the numbers of consumers in a SNF are being treated for mental health issues, federal money is not available and the County must cover the full cost of care.

Janet Marshall Wilson stated IMD (institute for mental disease) is a very offensive term. Suzanne Tavano agreed. (It is still used by the state and federal agencies.)

Contractors are paid for the services they provide; the SMA is built in to the way they operate. For county owned and operated facilities, it has not been built up that way. When they went over the SMA, county money was taken for the overage that could have been used to provide services. The way to come at or under the SMA is to manage revenues and costs. MHA didn't want to cut staff or programs, but rather to increase the number of services provided (and billed). Productivity standards were implemented in 2008 and for 2009-2010 Adult Services, the ratio of actual cost to SMA revenue should be almost even (in 2007-2008 was 114.6%). For Children's Services, the ratio of actual cost is still over the reimbursed SMA amount, but improvements continue to be made (from 177.2% over in 2007-2008 to 122.4% over projected for 2009-2010).

Annis Pereyra requested clarification on several abbreviations: JAS- Juvenile Assessment Services and MRG-Mobile Response Team (provided by Seneca).

Mental Health Division does not administer the CCRMC CSU and Ward 4C services (CCRMC is not contracted, but provides the services), but MHD is responsible for the costs of all services for MediCal and uninsured patients for both areas.

The majority of County dollars go toward funding CSU/4C. The balance goes toward outpatient services.

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Lori Hefner asked about the SNF budget amount on page 9 of the handout. In touring the SNF's she feels they are problematic due to lack of mental health services being offered. Donna Wigand clarified that most of the SNF's include STF's (special treatment programs for psych). Lori Hefner will follow up with Suzanne Tavano directly.

Suzanne Tavano passed out Mental Health Matters newsletter that highlights MHA staff and clinics and the work they accomplish for the county. She hopes to prepare something similar for contract providers in the future.

## **B. Understanding the Governor's May Revise Impact – Donna Wigand**

Regarding how budget cuts may affect the ability to provide services, one of the Governors' proposals was to cut 60% of Realignment funding to county. For example, if Contra Costa received \$36 million from the state, which would result in a \$21,600 million cut in funding, basically devastating the system. Realignment money is used to match to bill for services; without the match, we cannot bill. For the adult system of care; the system would begin to crumble. She doesn't think the Assembly and Senate feel that is feasible.

Health Services has put together a Healthcare Reform Task Force and Mental Health has been invited to participate. Dr. Walker will be inviting people in as needed. There are lots of changes between now and 2014 to put in place. There is still a question of how much Behavioral Health and Alcohol/Drugs will actually be included in federal healthcare reform.

## **7. MHC COMMITTEE / WORKGROUP REPORTS**

### **A. MHC Capital Facilities and Projects/IT Workgroup –Annis Pereyra**

At 6/25/10 Joint Cap Facility and Quality of Care Workgroup meeting, it was recommended the MHC would use the "Ask Yourself" questions from the Handbook for Conservators and MHC site visit form. She would like to consider using the Contract Evaluation-Adult Mental Health Programs form instead because it includes Review Standards and a Scorecard (pg. 53-66 in the meeting packet). She would like to request we use this form (not including the 2 day schedule on pg. 67-68 as it was discussed our site visits would be half a day) exclusively for one visit. After the visit, the Handbook for Conservators could be reviewed in case there are quality of care issues to be included on future site visits. The first site visit will be an experiment on the use of the site evaluation tool which can then be reviewed for effectiveness. She would also like to have a defined amount of time in discussion directly with consumers during site visits for input on how things are working and how they could be improved.

Chair Mantas clarified Commissioner Pereyra would like to table the recommendation approved at the joint meeting and use the new document instead at an initial site visit. Commissioner Pereyra agreed.

- **ACTION: Motion made to table the motion from the Joint Cap Facilities and Quality of Care Workgroup meeting and use the Contract Evaluation-Adult Mental Health Programs form (excluding the 2 day schedule). (M-Pereyra/S-McKindley-Alvarez/Passed, 6-0-1, Y- Mantas, McKindley-Alvarez, Overby, Pereyra, Pasquini,**

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**Yoshioka/A-Kahler) (Commissioner Kahler not part of either Workgroup and did not vote)**

- **ACTION: Motion to adopt the Contract Evaluation-Adult Mental Health Program Annual Site Review Standards and Score Card evaluation tools for use at adult site evaluations. (M-Pereyra/S-Pasquini/Passed, 7-0-0, Y-Kahler, Mantas, McKindley-Alvarez, Overby, Pasquini, Pereyra, Yoshioka)**

Discussion:

Donna Wigand asked if Commissioner Pereyra proposed to use this form for all mental health site visits or just adult programs. Commissioner Pereyra said since she proposes to visit 2 adult sites this year, we'll start with this one and adjust as necessary.

Commissioner Yoshioka asked if there is a record using this form in the past. Sherry Bradley said it had been used by past Commissions in the late 1990's or early 2000's.

Commissioner McKindley-Alvarez asked if this same form was used for adults, older adults and children. Sherry Bradley recalled this form was only for adults and once the site visit report was finished, the Commission met with the Mental Health Director and then the Contractor for follow-up. Commissioner McKindley-Alvarez suggested since we voted to use the other tools at the joint meeting, could both tools (1/2 of group uses the tools originally recommended at the joint meeting and 1/2 uses the new tool) and discuss afterwards which was most effective. Commissioner Pereyra considered that idea, but thought it would be difficult to use different tools at the same time. She would prefer to use the new tool for the first site visit. Commissioners could keep the questions from the original tool in mind as they are talking to residents.

Commissioner McKindley suggested the Handbook for Conservators questions could be part of site visit training to keep the thoughtful flavor of the questions in mind.

Brenda Crawford asked what types of agencies were evaluated using this tool in the past. Were they only agencies that provide billable services or were community based contracted agencies involved as well? Sherry Bradley thought they were billable services agencies. Brenda Crawford asked were the tools or questions based on consumer driven services. Sherry Bradley didn't know. Brenda Crawford is concerned billable services agencies provide very different services than those provided than by consumer driven service agencies and there should be a separate evaluation tool.

Commissioner McKindley-Alvarez would also like to make sure different tools are developed for children's and older adult facilities. Commissioner Pereyra said the two sites scheduled for visitation this year are Crestwood Patterson Pleasant Hill and Crestwood Angwin.

Brenda Crawford would like to make sure contracted consumer driven services are not excluded from evaluation and a separate, more applicable evaluation tool is developed.

Commissioner Yoshioka asked if consumer driven services are explicitly noted in the contract. Brenda Crawford said yes.



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Chair Mantas suggested Commissioners should be prepared for site visits by reading the documents the Cap Fac Workgroup has provided. After the site visit, thoughts on the evaluation tool and the actual site will be discussed and evaluated.

Commissioner Pereyra would like input for scheduling the site visit from Commissioners: days of the week and time of day (morning to include lunch or afternoon to include dinner). Email Nancy Schott with availability.

Chair Mantas clarified the Quality of Care workgroup handed off responsibility for site evaluations to Cap Facilities and Projects/IT. Cap Facilities is responsible for the site visit process and Quality of Care can provide feedback.

## **B. Quality of Care Workgroup – Carole McKindley-Alvarez**

The Workgroup did not meet on 6/25 so a report is not available. They are meeting 7/9 with Vic Montoya and Vern Wallace on adult and children's services. They will meet on 7/23 to discuss the presentations from 7/9.

Chair Mantas said the Bylaws Workgroup is waiting for the IOC to review the Bylaws. No further work for now. Once the Bylaws are ratified, work on Policies and Procedures will begin. With 3 new Commissioners hopefully being appointed, he will ask for additional participation on the Diversity Workgroup.

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

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

Commissioner Overby said he didn't find the training very useful: the start time was listed incorrectly and the presentations weren't very useful for work Commissioners do. The most useful session was LMHC/B Roles and Responsibilities. The best chance for action is to unite on specific issues, consult with MH Administration and take those issues to the BOS.

Commissioner Yoshioka thought the self-management of mental illness session was useful. The presenter, Conard House, based their program on a Stanford book based on self-management of chronic medical conditions he thought contained good information. He looked up a study from the University of Illinois, the study on mental illness and self-management using WRAP (wellness recovery action planning) and thought it worthwhile. He sent both references to Nancy Schott; contact her if interested. He also thought the LMHB/C Roles and Responsibilities presentation would be very helpful to include in new commissioner training. Chair Mantas said materials had been requested from CiMH and would be distributed when available.

Chair Mantas said the experience of meeting other Commissioners, discussing common challenges and learning about best practices was more valuable than the presentations. Many counties (with the exceptions of San Bernardino, Santa Cruz and San Mateo counties) seem to have similar challenges as Contra Costa does, except for. The California Association of Mental Health Boards/Commissions (statewide organization of mental health boards/commissions) Board had a meeting at the end of that week meeting. He participated and was elected a director

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(1 of 5) from the Bay Area Region (1 of 4 statewide regions). The Board agreed to focus on: 1) CiMH should make presentations to state and local mental health directors and local Boards of Supervisors on the statutory responsibilities of Mental Health Boards/Commissions, 2) a membership person from CAMH/B should communicate with local Boards/Commissions and develop stronger regional relationships (including regional meetings to discuss best practices), 3) get up to date contact information from each local Mental Health Commission/Board and 4) establish regional meetings every quarter or at least every 6 months

## **A. Mental Health Coalition – Teresa Pasquini – none**

**B. Human Services Alliance – Mariana Moore** – The Contra Costa Funders Forum has been having conversations around the safety net provided by mental health, other health services and social services and how the government funding of services is declining. Interaction Associates has been hired by the Funders Forum to create a community-wide conversation around creating the type of community we would like to see in a time of diminishing resources focusing on how could non-profits, government, private and regular citizens could work together in new ways to provide the necessary services. She feels there would be a role for either the Commission as a whole or commissioners individually. She'll provide updates as available.

**C. Local 1 – John Gragnani**- He discussed mental health services at the Martinez detention facility. He passed out a CC Times article on a County staffed yoga and meditation group conducted in the mental health unit at the jail (*article follows minutes*). The jail has a mental health module for more extreme inmates/patients. It is usually full and overflow inmates/patients are cared for in the general population. The approx. number of inmates/patients on medication is 250; County staff provide services including initial screenings and assessments for anyone on medication or with mental health and/or suicidal history, care for suicidal inmates (ranges from safety cells to less restrictive care options), overflow inmate transportation between jails, crisis calls from deputies (inmates with a serious diagnosed mental illness is not a mandated to be on medication so they are typically placed in the least restrictive setting if they are behaviorally manageable), review of judges orders for mental health screenings and calls from the public. There is a psychiatrist on site during the week and on call coverage is available on the weekends. Mental health staff is also available on call during the weekends. At one point contracting out jail mental health services was considered, but the proposal was not executed.

Commissioner Kahler asked what the total population of jail? John Gragnani said 600; 200 inmates either with mental health diagnosis or taking meds (approx. 40%).

Suzanne Tavano said the Detention mental health care is under CCRMC not MHA.

Vice Chair Pasquini suggested the community (possibly through a different group than the MHC) start a justice committee as it's an important issue. Jail is the one place a person guaranteed health care; it's a de facto place of care. Chair Mantas suggested John Gragnani provide any thoughts to Commissioner Mc-Kindley-Alvarez for Quality of Care Workgroup for possible action. Vice Chair Pasquini suggested also bringing to Julie Kelly of CCRMC.

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**D. Mental Health Consumer Concerns (MHCC) - Brenda J. Crawford-** MHCC going through its own rapid improvement processes. Last year her focus was external, trying to establish/maintain a place at the policy table. This year it's been internal. Staff began a training process (July-Dec.) 4 hours training per week by CASRA (California Association of Social Rehabilitation Agencies); training open to any Community Support Workers and County staff. The management team is undergoing training as of 8/1/10 to increase effectiveness. The Board of Directors will also be trained in September, including a focus on increasing diversity. Their personnel policies and job descriptions are undergoing revision to reflect the changes that occur when an organization goes from being volunteer run to fully funded. An FSP Recovery Specialist has been hired in Richmond 30 hours a week; FSPs are now fully integrated at MHCC in Richmond. Daily attendance has increased and the facility is too small. MHCC will be offering limited scholarships (for consumers only) to the Alternative Conference in September. MHCC will be sending 2 staff members to Mary Ellen Copeland approved training WRAP. MHCC will be one of the few Northern California agencies with the ability to certify other WRAP facilitators. She handed out flyers for MHCC activities that allow for interaction between consumers, family members and providers leading to community connections. Activities include an anti-stigma poster contest, choir, softball team and peer support group for mood disorders). *(handouts follow minutes)*

## **E. National Alliance on Mental Illness (NAMI) – none**

**F. MHSA CPAW – Annis Pereyra -Housing Report** – No action item now, but need to have future action items regarding Vic Montoya's request for authority regarding purchase of new properties due to current conditions of the real estate market and the need to make purchasing decisions quickly. ANKA is being fast tracked for approval from the state to allow them to move quickly when a property becomes available. If the MHC is interested in having the opportunity for more review of housing purchases, we must make our feelings known now. Chair Mantas suggested the Cap Facilities and Projects/IT Workgroup meet, develop a plan and bring recommendations to MHC for action. If timing is critical, a special MHC meeting can be called. It is not an agenda item today.

Vice Chair Pasquini asked which Workgroup is responsible for Housing issues. Chair Mantas replied yes it has always been Cap Facilities and Projects/IT Workgroup. At the January Planning Meeting, splitting up Quality of Care Workgroup's (included Housing issues at that time) duties into 2 separate Workgroups was discussed but not acted upon. The Quality of Care Workgroup recommended and the MHC voted to move the responsibility for housing/site visits to Cap Facilities and Projects/IT Workgroup. He feels once more Commission seats are filled, the work can be more evenly divided.

Commissioner Pereyra feels very strongly support services should be located close to housing. At this point there is no allocation of MHSA funds for supportive services in conjunction with MHSA funded housing.

Chair Mantas suggested this is an example of why a process should be developed to allow the MHC to be integrated into the planning process rather than decisions being made through CPAW and brought to the MHC late in the process. Sherry Bradley said a funding availability

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notice was posted several months ago for 30 day input for the approx. \$9 million MHSA housing funding.

## **a. Authority of the MHC liaisons to CPAW**

Vice Chair Pasquini referenced Anna Roth's blog, <http://safetynethospital.blogspot.com>, and a recent posting by Anna and John Stenger on ethics beyond right and wrong. Conflicts of interest discussions are being held statewide. The IOC meets in August and the BOS has suggested a conflict of interest policy be developed and presented to them. She thinks it's important the MHC also have a conflict of interest position in place prior to the meeting. At the IOC and CPAW there were references to the First Five Commission to consider as a model for CPAW. She would like CPAW and MHC to avoid a grand jury report similar to the one included in the packet as well as the email from San Diego (documents on First Five Grand Jury Report and San Diego County included in the packet pg. 97 - 107).

Vice Chair Pasquini is already a member of the CPAW Planning Committee and the position she is requesting may be temporary as the Planning Committee has been given 3 more months.

- **ACTION: Motion made to authorize Teresa Pasquini to represent the MHC at CPAW Planning Committee and bring any MHC approved priorities to its attention for consideration. Teresa will report on CPAW Planning Committee meeting at the next available MHC meeting for consideration. The MHC authorizes Teresa to vote as an individual member of the Committee. (M-Pasquini/S-Pereyra/Passed, 6-0-1, Y-Kahler, Mantas, McKindley-Alvarez, Pasquini, Pereyra, Overby/A-Yoshioka)**

Discussion:

Chair Mantas clarified no individual Commissioner can represent the MHC as a whole at another group; anyone participating in other groups will be voting as an individual.

Vice Chair Pasquini said she and Commissioner Pereyra haven't been voting at CPAW meetings to avoid the perception of conflict of interest. They have been trying to represent the MHC position, but it's also important for there to be voting members of CPAW. She would be a family member representative when voting at CPAW.

Chair Mantas MHC representatives cannot represent the MHC position on any advisory body because the MHC's position is not known until it takes action. The MHC's position will be finalized when the representatives come back to the MHC, present their findings and ask for the MHC to take a position via vote. Once taken the representative will take the position back to the advisory body.

Commissioner Yoshioka said due to receiving CPAW report so recently, he has not had time to digest it; he will abstain.

Vice Chair Pasquini said in trying to reach out to CPAW offered to attend a meeting to discuss the MHC's role. There was some discussion at the CPAW Planning Committee meeting about whether or not the MHC had authorized Peter Mantas to attend. She would like to formalize his

# DRAFT

authority to go to CPAW if it acceptable to the CPAW Planning Committee and an invitation is extended.

- **ACTION:** Motion made to authorize Chair Mantas to attend a future CPAW meeting to advise MHC roles and responsibilities as outlined by the CiMH training manual (“training manual” refers to the Local Mental Health Board/Commission’s Roles and Responsibilities presentation from the 6/15/10 Bay Area Region Training, pg. 83 – 92 in the 7/8/10 MHC Meeting packet). M-Pasquini/S-Overby/5-0-1, Y-Kahler, Mantas, Pasquini, Overby and Pereyra/ A-Yoshioka (Commissioner McKindley-Alvarez had left the meeting and did not vote.)

Discussion: None.

## **b. Reports on CPAW workgroups and monthly meeting of July 1**

Vice Chair Pasquini said there was discussion at the last CPAW meeting about Donna Wigand’s discomfort with the appointment process. There was discussion of an appointing committee, but one has not yet been formed. She would like to recommend the MHC has a liaison to any interview group. She withdrew the motion until an interview Workgroup may be formed.

## **c. MHC Position on Conflict of Interest**

- **ACTION:** Motion made to recommend to the BOS IOC at their August Meeting, that a written policy on conflict of interest be developed for CPAW which supports the Grand Jury Recommendations #1 and #2, on the First Five Commission, as follows: 1. CPAW members shall not be affiliated with agencies most likely to be awarded significant funding, thereby minimizing perceptions of impropriety. 2. CPAW members having financial interests in MHSA contracts shall recuse and physically remove themselves from meetings where their programs are under consideration. Also, Ethics/Conflict of Interest violations as defined by State Fair Political Practices Commission AB1234 and Government Code 1090 should be considered for CPAW members as they are for MH Commissioners. MHC recommends that Ethics trainings be provided to CPAW members. (M-Pasquini/S-Pereyra/Passed 5-1-0, Y-Kahler, Mantas, Pasquini, Pereyra, Overby, N-Yoshioka.)

Discussion:

Donna Wigand read public comment composed by Donna Wigand and Sherry Bradley regarding item 8.F.c:

“My public comment is regarding the inclusion of two items in the agenda packet for this evening’s meeting, specifically regarding Item 8-F-c, which is being used to support the Mental Health Commission’s position on Conflict of Interest. Those two items are: an enclosure on First Five Commission, and an “example” from San Diego County.

We applaud the Mental Health Commission in its work to develop a recommendation to the Board of Supervisors IOC regarding conflict of interest as it pertains to any mental health stakeholder planning group. We are, however, respectfully urging you to consider carefully whether or not you would use the documents included in your packet as those which you would

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use as a platform upon which you build your position on conflict of interest (as it pertains to CPAW).

In the first instance, First Five Commission is an independent, stand-alone, decision making agency which is established by Contra Costa County Ordinance. This is a body that itself awards contracts, has its own budget, employs its own staff, etc. Government Code Section 1091.3, and California Govt. Code 1090, is partially inapplicable to this body because it is not an “entity of the county”. The conflict of interest issues they have been encountered are based upon the existing statutes noted. Strictly advisory volunteer stakeholder workgroups, such as CPAW, are not required to make attestations to the government codes on financial conflict of interest, because they do not, in and of itself, award any contracts, employ staff, etc.

True, there was a Grand Jury Report issued on a number of matters where there was concern, and not just on conflict of interest. However, they found there was no wrongdoing, and acknowledged that positive changes had been made based upon their interviews with the agency. In the second instance, the memorandum from Shirley Bard to San Diego County Department of Mental Health, dated June 29, 2010, has just been sent to them. There’s been no opportunity for San Diego County to respond to the complaint. The memorandum is one person’s opinion of perceived wrong doing, accusing county staff of not complying with existing State Fair Political Practices Commission AB1234 and Government Code 1090.

This same matter has been raised by Ms. Bard on three separate occasions (this being the fourth time) and according to Alfredo Aguirre, San Diego County’s Mental Health Director, and also Dr. Phillip Hanger, San Diego County’s Executive of the MHSA Team, there is no basis to the claim, and the charges are, according to both parties, unfounded. The accusations have been tested in the past, internally by review, then by the State (Fair Political Practices Commission), then by the San Diego County Grand Jury, which most recently said that there was no conflict. I am providing you with a copy of the San Diego County Grand Jury Report titled “Proposition 63 – Mental Health Services Act”, filed by the Grand Jury on May 20, 2010.

We don’t oppose having conflict of interest guidelines in place for volunteer mental health stakeholder planning groups, such as CPAW. We would, however, like to see the Mental Health Commission do more due diligence in gathering information which would be more suitable to consideration of the present situation.

Thank you.”

Mariana Moore said she echoes much of what Donna said. Although Human Service Alliance supports guidelines and ethics training, CPAW is different from the First Five Commission. She feels it is very important to have all stakeholders at the table and something would be lost if those stakeholders went away. She acknowledged she is speaking from a position of self interest on behalf of the Alliance members, but she is very concerned about the process as well. She urges more examination of other sources and consider another path.

Vice Chair Pasquini appreciated the comments and wondered about some of the same issues. Not being an attorney or having a research staff, she took a stab. She agrees the richness of the stakeholder body is important, but feels the MHC has almost a fiduciary responsibility to the tax

# DRAFT

payers to make sure funds are spent properly. Advisory body or not, CPAW's recommendations matter to the community. Some of the public comments attached to the CC Times articles were inflammatory (she did not discuss them), but several stated "this doesn't pass the smell test." She feels the bottom line is although efforts are being made and have been made recently, to clear up the perceptions of conflicts of interest, they need to continue.

Chair Mantas said this motion is a recommendation and can be revised in the future based on feedback from Donna Wigand, Sherry Bradley or others. The Commission is requesting a transformation in the process of how CPAW engages with the MHC. It should not be taken as a negative. Something may have been overlooked, but it is a good first step. The make-up of CPAW should be reviewed along with potential undue influence issues. He hopes a process is developed by CPAW that can be reviewed by MHC and everyone can move forward as the process is streamlined.

Vice Chair Pasquini suggested removing the motion language referring to the requirement for Ethics Training since it cannot be mandated per information in Donna Wigand's public comment. Chair Mantas suggested leaving it in as it can be removed at a later date if necessary. She agreed to leave in.

## 9. **CHAIRPERSON'S COMMENTS – Peter Mantas**

### **A. Consider holding a public hearing on the revised MHSA draft Technological Needs Project Proposal**

Chair Mantas has taken the MHC position that every plan submission or plan update goes through a public hearing. As there are no substantive changes to the plan for this revision, he recommends not holding a public hearing. The only plan change is the County will house the data rather than outsourcing it to a vendor; the rest of the plan remains the same.

- **ACTION: Motion made not to hold a public hearing for the MHSA draft Technological Needs Project Proposal. (M-Yoshioka/S-Pasquini/Passed, 6-0-0, Y-Kahler, Mantas, Pasquini, Overby, Pereyra and Yoshioka. (Commissioner McKindley-Alvarez had left the meeting and did not vote.)**

Discussion: None

### **B. Clean-up and Prioritize Future Agenda Item List – moved to next meeting**

### **C. Appoint Workgroup to Develop MHC Fact Book (to be used in review meetings with appointing Supervisors)**

Chair Mantas requested Commissioner Kahler chair a temporary workgroup to develop a Fact Book for use between Commissioners and their appointing Supervisors. Commissioner Kahler agreed. Once the Fact Book is developed, Nancy Schott to physically create them. Anyone interested in being a part of the Workgroup contact Commissioner Kahler directly and let Nancy Schott as well.

Chair Mantas confirmed the MHC is still interested in having Dave Cassell present at the next meeting. Donna Wigand said she would confirm he is available.

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Donna Wigand requested Steve Hahn Smith attend the next meeting as well to discuss the new Data Request Form and memo issued today. Nancy Schott will forward both documents.

## 10. 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: Next meeting

1. Develop MHC Fact Book to be used in review meetings with appointing Supervisors
2. Review Meetings with appointing Supervisors

Chair Mantas requested Commissioners consider having commission meetings 3 hours rather than 2 hours at the next meeting.

## 11. ADJOURN MEETING

- **ACTION: Motion made to adjourn the meeting at 7:47 pm (M-Pasquini/S-Pereyra/Passed, 6-0-0, unanimous)**

➤

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*

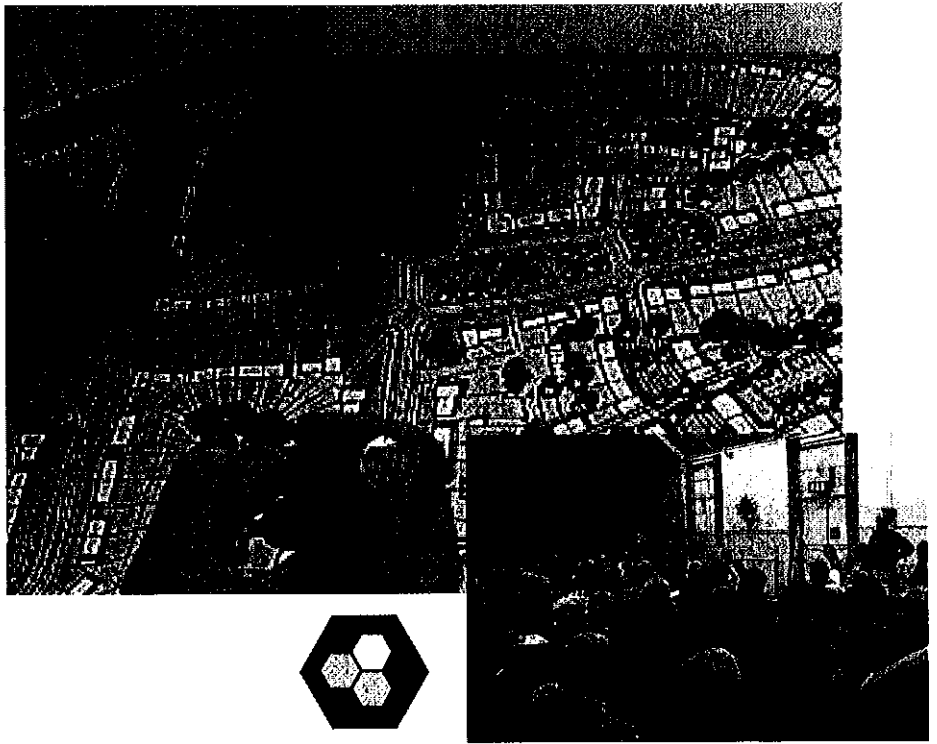


## *Save the Date*

Tuesday,  
August 31, 2010  
5pm—7pm

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Pleasant Hill  
Community Center  
Parkside Room  
320 Civic Drive,  
(off Taylor Blvd.)  
Pleasant Hill, Ca 94523



# Mental Health Planning Meeting 20 Allen Street Facility

**Last chance for Public  
Comment!**

Help Contra Costa Mental Health  
move forward with the Mental  
Health Services Act Capital  
Facilities Component.



## **Transportation County Van Shuttles from Pleasant Hill BART**

Departing PH BART:

- 4:30 PM
- 4:40 PM

**Shuttle transportation  
arrangements from East and  
West Contra Costa County can  
also be made by contacting:**

- Mental Health Consumer Concerns  
at 925-521-1230 ext. 201
- Putman Clubhouse - ask for Tamara  
at (925) 691-4276

For More Information, Contact: David Carrillo, 925-957-5150



**MHC Capital Facilities Workgroup Report**  
**Prepared by Annis Pererya for the 8/12/10 MHC Meeting**

The Consolidated Planning Advisory Workgroup (CPAW) met on July 27<sup>th</sup>. It was announced that there will be a community forum to discuss the Mental Health Services Act (MHSA) funds which have not been used for Capital Facilities to date. The forum will be hosted by Mental Health Administration (MHA). It will be held on August 31, 2010, at the Pleasant Hill Community Center from 5 pm to 7 pm. Shuttles to and from BART will be organized.

Please refer to the attached CPAW Capital Facilities and IT Committee DRAFT Memo ,

The MHC Capital Facilities and Projects/IT Workgroup met on Friday, July 30<sup>th</sup>. In view of comments made at the CPAW Cap Fac meeting, the Workgroup will ask for more data to be provided than the 6 items listed above, which would include:

- Data on recidivism thru CSU, by age groups (7/08 – 6/10)
- Suicide rates by age group (7/08 – 6/10)
- Number of children's group home placements including: location, ages of consumers placed, length of placement, and data on outcome or disposition after consumer left the group home placement (7/08 – 6/10)
- Data on number of county clients who enter Criminal Justice system as juveniles (7/08 – 6/10)
- Data on the number of adults discharged from CSU to shelters, to family homes, or any other placement. List of types of "other placements."

This data was requested from MHA on 8/2/10.



# MEMO – Draft

**TO:** CPAW  
**FROM:** CAPITAL FACILITIES AND INFORMATION TECHNOLOGY  
COMMITTEE OF CPAW  
**SUBJECT:** JULY 27, 2010  
**DATE:** AUGUST 5, 2010



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## **Attention Item:**

- The Mental Health Director has asked that a meeting be organized regarding the 20 Allen community. This meeting is to gain additional input on uses for 20 Allen Street and discuss new information on the environment, and fiscal climate. A meeting will be held at the Pleasant Hill Community Center. On Tuesday, August 31, 2010, 4pm-6pm. Shuttles will be organized from Bart.

## **Topics Discussed:**

### **Capital Facilities**

1. Committee members discussed new recommendations for use of Capital Facilities funds. Sherry Bradley informed the committee that the funds were put on hold until the 20 Allen meeting on August 31, 2010. There is a possibility this group can have a conference call and discuss recommendations. Funds are on hold pending the State budget in Sacramento. The outcome won't be known until the budget is released in November 2010. Deputy Director emailed everyone with the information
2. Recommendations from Capital Facilities workgroup for the Mental Health Commission are:
  - ❖ Hard Data provided to support any decision making process from this time on
    - Crisis Residential –Age Adult
    - Visits by age
    - Capacity by age
    - 4C inpatient
    - CCRMC Mobile response for kids
    - Gender and race, to make state or comparable data (fy) back 3yr for trends
  - ❖ Regional Medical Center psychiatric staff needs to be included in order to gather necessary input about discharges. CCRMC needs to have a place at the table in regards to what they go through when discharging, with the lack of ability to find a place to discharge to.
  - ❖ Sherry will contact the MH Director about extending an invitation for CCRMC CEO and Staff to participate in discussion regarding 20 Allen/Capital Facilities Recommendations. (CEO Anna Roth) she would determine which of her staff would participate.

## **MEMO – Capital Facilities & Technology Needs Mtg. 7/27/10**

3. Committee discussed how 120 out of 150 youth/TAY ages 0-21 are going through the emergency room a month; that is a lot of kids not being served, particularly those that are 18-22 who are eligible for EPSDT funding. Who can't get into the adult system? Children are being lost to suicide or criminal justice system. Several kids get sent back home once they turn 18 and go into crisis and end up incarcerated, which could have been avoided. The county is lacking service which can be reimbursed for.

### **Technology Needs**

1. Tony Sanders declared a conflict of interest-Tony Sanders is involved in the IT Database project
2. Meaningful Use Requirements (Federal IT) and possible expansion of it to include Psychologists, LCSW's American Recovery & Reinvestment Act (ARRA) funding has incentives for IT.
  - Contra Costa has issues with being more compatible with multi-systems
  - Electronic records
  - Mental health oversight is now inclusive
  - Money will increase as County gets into meaningful use, 63.5 K per person(MD, Physician, NP)
  - County dealing with tight time line
  - Need to meet requirement to get money for specific metrics for meaningful use.
  - Stage one of this project will end in 2012
3. Update on Behavioral Health System (BHS) Information Technology Project implementation: Steve will let us know who is on the team
4. Committee discussed update on submission to State DMH re: Technology Needs Project Proposal:
  - 30 day public comment & review period ended on 7/19/10. County received no comments. Project proposal was submitted to the state last week, State promises quick review.
  - Contract will be done at the end of September for the 2 year Project.
  - Received approval to back fill staff

## **Quality of Care and Quality of Life Assurance Workgroup**

**July 9 and July 23, 2010**

July 9, 2010

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

Presentations on Adult System of Care by Vic Montoya and Children's System of Care by Vern Wallace.

Discussion: Overview of Adult and Children's system of care. Discussed level of care decision process, MHSA funding, impact of diminishing revenue, current services, how MHC could support programs, and areas of concern identified by the Directors.

July 23, 2010

Attendees: Carole McKindley-Alvarez, Chair  
Peter Mantas, Vice Chair  
Floyd Overby  
Invited guest: Dave Kahler

Discussion:

- Overview of past presentations by Steve Hahn-Smith, Sherry Bradley, Vic Montoya, and Vern Wallace. Discussed areas of focus which directly connect to the workgroups three priorities. Identified Assessment and Evaluation of Quality versus Quantity of care as priority which would include MHC involvement in Quality Improvement and/or Quality Management meetings.
- Dave discussed current county system structure.

Next meeting: August 13, 2010





## **MHC Housing Committee Report**

**7-30-2010**

**Prepared by Annis Pereyra**

The MHC Cap Facilities Workgroup discussed housing issues at their meeting on 7-29-2010. An item of concern was the appeal that was submitted to the County Planning Commission by local residents who are opposed to the Bonita House Residential Farm in Knightsen. The proposed program would house 10 consumers.

**Action Item:** Consider sending a letter from the MHC to the BOS in support of the Knightsen Bonita House facility.

Additionally all Supervisors should be informed and asked for their support.

There is no new information on the Phoenix Apts. on Clayton Road. One month is left for the sale of the complex to another organization similar to ANKA, which would retain the status quo. In September, the unit will go on the open market, which could displace all residents.

I attended the CPAW Housing Committee meeting on July 18. Vic Montoya was unable to attend. Sherry Bradley was to report back the workgroup about the source of the funding for the Housing Coordinator Position, which she thought was included in CSS, not part of the Housing funds.

Sherry also explained that the request from MHA for a housing provider was in the form of what is known as a NOFA (Notice of Funding Availability) and ANKA was the only organization that responded. Additionally it was asked if the application process was closed and Sherry responded that it is not, and that the forms are available in her office. Further discussions will be held at the next meeting to discuss the roles of the Housing Coordinator.

I asked Vic Montoya a few questions after the meeting, and the assistant positions for housing will be filled with licensed staff, with one person for each of the 3 regions. The preliminary interviews for the Housing Coordinator position were held, and Vic will do the final interviews this Thursday, 8-5-2010. The decision on his first choice will be made Thursday or Friday.

Bonita House, Inc.  
Land Use Permit Hearing  
Contra Costa County Planning Commission  
Tuesday July 13, 2010

On April 12, 2010 a forum called "Raising the Roof" took place in these same Board of Supervisor chambers. The purpose of the forum was to discuss the challenges of Contra Costa County not having enough housing for people living with a psychiatric disability. Panelist at the meeting included; **Kara Douglas** from the Contra Costa County Department of Conservation and Development, **Vic Montoya** from the Contra Costa County Department of Mental Health, and **Ann Cory** from the Corporation of Supportive Housing.

Points that were raised at the meeting included:

- The #1 concern of all public mental health clients and their family members in Contra Costa County was the need for housing
- Due to the lack of available housing in Contra Costa County many people have to leave their families to get housing outside of the County
- The County has lost over 100 housing slots in the County over the past nine years due to a lack of public funding
- An 18 unit housing facility in Clayton donated by the Clayton Valley Presbyterian Church and operated by the non profit organization Eden Housing has a waiting list over 2 years long

The opportunity before you tonight is to allow a housing program with supportive services to begin to address these very needs. This is an opportunity that is made possible by generous private financial donations and endless volunteer hours. In these difficult financial times for government agencies to meet the needs of the frail in our community and opportunity such as this does not come around often.

As the power point presentation tonight demonstrates Bonita House over its 40 year history has proven itself as a leader in the field of providing housing and supportive services for thousands of individuals living with a mental illness. None of the housing we own and operate has created a nuisance or police enforcement problem within the neighborhood or community. No properties near homes owned by our agency have adversely suffered loss of property values. No neighbors of any of our houses have been harmed by people living in our houses. We have built an excellent reputation for both programmatic and fiscal responsibility. I invite anyone to allow me to take you on a tour of our agency owned and operated houses.

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Files\OLK66\ContraCostaPlanningCommission071310.doc

Our reputation is why we were selected by the non profit organization *A Beautiful Night* to carry out their dream of developing a therapeutic farm community in Knightsen. There are numerous therapeutic residential farms across US where people diagnosed with a mental illness can find hope and healing.

In summary it is our belief that:

- Based upon our 40 years of programmatic experience there is not a need for double coverage 24 hours a day for a 10 bed housing facility. This far exceeds the standard established by the State of California Division of Community Care Licensing and will make the project financially unfeasible.
- The proposed project is consistent with the Contra Costa County Housing Element Section 6 of the County Plan which prioritizes Contra Costa County governments' support of permanent supportive housing for special needs populations.
- The proposed project is consistent with the State of California Chapter 633, Statutes of 2007 that requires jurisdictions to treat supportive housing as a residential use, subject only to those restrictions on residential uses contained in the same type of structure.
- **The proposed project will not be detrimental to the health, safety and general welfare of Contra Costa County.** The proposed 10 bed housing project will provide much needed housing for people living with a mental illness in Contra Costa County. The 40 year history that Bonita House has established in providing housing of this type will ensure a successful operation
- **The proposed project will not adversely affect the orderly development of property in Contra Costa County.** The proposed use will retain nine acres of agricultural use. The development pattern of Knightsen will remain unchanged and the facility will conform to the existing agricultural character of the area.
- **The proposed project will not adversely affect the preservation of property values and tax base in Contra Costa County.** Our 40 years of excellent experience with managing residential facilities has shown that properties near our agency owned housing do not experience lower property values. We have revitalized the Knightsen property that had been vacant for a number of years.
- **The proposed project will not adversely affect the policy and goals set by the Contra Costa County plan.** The proposed project plans to utilize the existing agricultural property to help residents through "working" the land. The project will be consistent with the Agricultural Lands General Plan.
- **The proposed project will not create a nuisance within the Knightsen community.** We have operated housing facilities for 40 years and have an excellent respectful and responsive relationship with our neighbors. All of our properties are in excellent condition

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- **The proposed project will not encourage marginal development in the area.**  
The agricultural setting is the unique characteristic of the property. An adult residential facility that provides an alternative to city housing is an option not found in East Contra Costa County. The site possesses an underutilized small farm and existing single family home that with some improvements can provide a home for 10 adults. Such a facility, located in a rural setting is a special opportunity which can be particularly beneficial to the health and well-being of individuals who make this their home.

Thank you for considering this great opportunity made possible by generous private contributions to help meet a glaring housing need in Contra Costa County.

Rick Crispino  
Executive Director  
Bonita House, Inc.

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Good Evening, my name is Teresa Pasquini. I am the Vice Chair of the Mental Health Commission of Contra Costa County and hold affiliations with numerous advisory bodies of our county's health and mental health system. Tonight, I speak as a family member of two seriously mentally ill consumers who are clients of Contra Costa Mental Health. I am the mom of Danny, a consumer, who resided at Bonita House in Berkeley. He was placed there by Kaiser after years of failing in other programs through out our northern state. A look at his last eleven years of failed placements would reflect tremendous fiscal and human waste in locked facilities, the highest level of care and the most expensive.

The Knightson Farm Project would offer an alternative to those consumers who have not been allowed to learn to recover from their medical illnesses in a supported and therapeutic community setting. It is not only a best practice model, but it is a federally protected right to allow the mentally disabled to reside in a structured community placement. Bonita House, Inc will offer this county and the Knightson community an opportunity to provide support to our most vulnerable and allow them to live, recover and thrive in a humane, safe, environment.

I understand the fears and concerns of the Knightson community because our society has failed to educate the public on the truth about those who suffer with these debilitating illnesses. The truth is that most mentally ill are not violent predators. The truth is that most mentally ill are not criminals. The truth is that most mentally ill are not dangerous. The truth is that most mentally ill are just looking for a safe place to call home and receive help.

My son spent only two months at Bonita House. I remember driving away from that home on his first day. The tears flowed down my face because it was the first time that I was leaving him in a homelike setting with people who were trained to help him help himself. Two months later I would return for a graduation ceremony called a Rock Ceremony. I heard the residents and the staff describe their experiences of living and learning with Danny. I heard Danny describe his appreciation to the residents and staff for their recovery support. It was the first time in years that I felt hope for my son's chances to recover in the community.

Bonita House gave my son an opportunity to live and contribute in the community. Please give our county the opportunity to provide this service to other consumers.

I am committed to working with any community organization or members of the Knightson Community to inform you of the benefits this farm could offer. Thank you.

## Testimony from David Kahler at the Bonita House Planning Commission hearing

My name is David Kahler and I am a member of NAMI . . .

The National Alliance on Mental Illness. There are 1200 affiliates across the country.

NAMI Contra Costa is an organization of nearly 300 families in Contra Costa that each have a family member that suffers from a serious and chronic mental illness. They know mental illness first hand. They have been advocating for the mentally ill for 30 years.

NAMI was a strong supporter of the Crestwood Healing center in Pleasant Hill 7 years ago. We spoke out loud and clear at every Pleasant Hill Planning Commission meeting and then at the City Council.

Those in opposition made unfounded claims that the presence of a mental health facility in the Poet's Corner area of Pleasant Hill would bring:

Danger, violence, or worse

That babies would be snatched from the yards

Rapes would occur

That violence and disruption occur routinely in and around mental health facilities.

And . . . The value of the neighbors' homes would lose over 50% of their value

Of course . . . None of this is true, not accurate and does not routinely occur.

Unfortunately the effort to secure the permit went on for two years because the officials, appointed and elected did not ask for documentation of each of the claims.

That would not have happened if everyone making claims, both for and against, would have been asked to furnish documentation. You would very quickly separate the wheat from the chaff.

If someone did some responsible research, they would find that the incidents of violence occur at no higher rate than in the general population. In the field . . . that is known and accepted.

And most graphic and easy to illustrate, are the real estate values of the homes in the neighborhood . . . AFTER the new mental Health facility has opened.

Specifically, the values in the Poet's Corner neighborhood, *increased* at a slightly higher rate than the nearby markets. It is shown in this article printed nearly two years after Crestwood had opened.

Go to Vallejo, Angwin, Berkeley, Fremont and Concord.

All have mental health homes or facilities and their presence is simply not a factor.

Anyone arguing the opposite should be asked for the level of documentation shown in this article.

A short time after the Knightsen facility is opened, it will be a non-issue just as the 80 bed Crestwood facility has been for 6 years.

## **Testimony from Annis Pereyra at the Bonita House Planning Commission hearing**

My name is Annis Pereyra, and I have been a lifelong resident of Contra Costa County. I grew up in Danville during the time it was still a rural community, much like Knightsen still is today. My son and I spent happy hours picking fruit at the U-picks out here in the 80's and 90's, and both my father and my sister owned property near here. We had many adventures boating and fishing in the waters of the delta.

My son was and still is the all American boy. He was the kid that delivered the Contra Costa Times to your doorstep at 5:30 in the morning. He held the county track record for the mile, and was an all-star first baseman. He was the first in Contra Costa County to enlist in the US Army after 9-11.

He developed symptoms of his disability in grade school, and they worsened over time. He knew that he was different than his peers which drove him into social isolation by the time he was 16. His friends didn't know how to deal with him because symptoms like his are not well understood by members of our society. Even our school officials and educators are untrained in recognizing the signs and symptoms that a student is struggling with bio-chemical imbalance of the brain.

Too much of our perception of mental illness comes from TV crime drama and over-sensationalized news stories, not from the true-life stories of those who struggle with the hardships of their illnesses. Add on the fact that those with these illnesses fully feel the harshness of how society perceives them, and you might get an inkling of why someone like my son thinks that there is really no place on earth for him.

Life in the Army was hard on my son. He received what they call a "blanket party" where members of his unit attacked him, and one of the blows was with the side of a trenching shovel that cut across his eyebrow and lacerated his eyeball. His entire body was covered with bruises. That was stigma in action. That was the result of a society that chooses to be ignorant about mental illness, and has little tolerance.

My son returned home broken. His noble intentions to serve his country and make him feel like his existence is significant were shattered. He spent many long months in psychiatric facilities, and as a family, we had to drive as far away as Delhi, below Modesto, to see him because Contra Costa County residents have long refused to take care of their own near their homes.

A curious thing happened during the public outcry of “NOT IN MY NEIGHBORHOOD” when a residential treatment facility was being planned for Pleasant Hill. A co-worker had seen my son walking down the street by her home in Vallejo. She asked me, “Why is it, Annie, that you can send your son to Vallejo to live in my neighborhood for treatment, but your neighbors are too good to let him live in yours? I have no answer to her question, but have heard it in San Joaquin County, Solano, Alameda, Napa, and Marin, all counties that have also housed my son in treatment facilities, but unfortunately, none here in Contra Costa.

My son stayed for almost a year at Bonita House in Berkeley. It was the “glue” that finally put his pieces back together. He struggled with isolation at first, but went on to make the first lasting friendships he had had in almost 10 years. He learned to function independently, and to become more self sufficient. He volunteered at the computer resource center and began to enjoy his life again. It was the most beneficial treatment he has EVER received. He began to believe that his life mattered again.

After he left Bonita House, the property here was purchased. Being involved in creating a new Bonita House here in Knightsen was a great pleasure for him. He wanted to be involved in the process. He helped me do research along with agricultural experts, to determine what was best to plant on the property, the quality of the soil and water, and he also contacted locals about purchasing animals he wanted to keep on the property. He loves fishing and the closeness to the delta waters was an added plus. He was ecstatic about the possibilities a residential facility like this would provide for this county.

Would you deny my son the right to pursue his dreams because he was born with a disability? Is it right to send him off to another county now that his brain is broken because community members, don’t want him here? He doesn’t think that is right, nor does the rest of his family. He was born here, he was raised here, and this is his home. If denied, he is back to wondering “is there really no place on earth for me.”



**Email String from Teresa Pasquini regarding the Knightsen Bonita House use permit proposal**

Hi Peter,

I wanted to share this email exchange and the attachments with you. Briefly, there was a Planning Commission meeting this past Tuesday evening where a use permit for a new Residential Facility for the mentally ill was being considered for the second time on the Planning Commission's agenda. I was proud to attend and speak to the Commissioners about my views of the need to develop housing options in our county. I was also able to share my personal experiences, as a family member, with the services provided by the Bonita House, Inc. Dave Kahler, resident of District 4 and Annis Pereyra, resident of District 2 also spoke. We all spoke as either NAMI members or family members. However, I would like to point out that we are all also Mental Health Commissioners for our County. I am proud to be a Commissioner with these two individuals who took their time to advocate on behalf of all families in our county's mental health community. I have attached the testimonials to the Planning Commission along with an article that appeared in the CC Times.

I was struck by the fact that there were no members of the consumer organizations present to fight the serious myths about what it would be like to live next door to "10 schizophrenics." There was no representation from our county mental health division to support the first adult residential facility being proposed in our county of its kind being operated by one of the most awarded Dual Diagnosis programs in our State. There were no CPAW members who could attest to the planning being attempted around housing options using MHSA Housing Funds. There was no Community Based Organization who is funded by our county to serve the seriously mentally ill consumers who need housing to stay out of locked facilities or homeless shelters. There was nobody but Annis, Dave, and I to speak for our consumers. According to Rick Crispino, we made the difference in convincing the Commission to support the use permit. However, the fight is not over, as Rick believes that the neighbors will file an appeal to the BOS.

I want to proudly acknowledge the heroic efforts of Gloria Hill, the Contra Costa County Family Advocate who was present. Gloria was not allowed to speak at this hearing because she had spoke at the previous hearing held in May. Gloria is the champion of this facility and has fought with several other volunteers to bring this home to our community. Gloria worked all day at Contra Costa Mental Health on Tuesday and then came to support the three family members who would be speaking. Gloria was unable to share that her own son, who has schizophrenia, is now living in a facility in Florida where her family may soon relocate. He is there because there is no place for him in Contra Costa County.

I want to urge our Commission to be aware of this effort to establish a therapeutic farm on a ten acre piece of property in CCC. There is no current plan to partner with Bonita House Inc. on this facility. Why not? Rick Crispino, the Executive Director of Bonita House Inc. showed a power point presentation that included an array of housing options that his non profit has established in Alameda County over the past 40 years. My son was privileged to reside in one of those homes for two months. It helped him tremendously. The testimony of Annis Pereyra attached demonstrates the effectiveness of their services for her son.

Housing has been identified as a key issue in reducing high cost hospitalization, incarceration. Dual Diagnosis services are sorely lacking in this county. We have only one treatment facility for the dual diagnosed and nobody is addressing this issue in any organized way. Please consider how we can approach this issue with our community partners to address this gap of service and shine a light on the horrific nimbysism that is occurring in our county.

Thank you...Teresa

-----Original Message-----

From: Rick Crispino <[rick@bonitahouse.org](mailto:rick@bonitahouse.org)>

To: Teresa Pasquini <mamap2536@aol.com>  
Sent: Wed, Jul 14, 2010 2:13 pm  
Subject: Bonita House Receives Contra Costa Planning Commission Approval  
Hi Teresa,

I want to thank you again for attending the hearing last night. As my email below states, I think your testimony was the "tipping point" for the commissioners to approve our plan.

Thanks again.

Rick Crispino  
Executive Director

Bonita House, Inc.  
6333 Telegraph Ave. Ste. 102  
Oakland, CA 94609  
Phone: 510-923-1099 ext. 311  
Fax: 510-923-0894

visit our website at [www.bonitahouse.org](http://www.bonitahouse.org)

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-----Original Message-----

From: Rick Crispino [mailto:[rick@bonitahouse.org](mailto:rick@bonitahouse.org)]  
Sent: Wednesday, July 14, 2010 11:01 AM  
To: Friends  
Subject: Bonita House Receives Contra Costa Planning Commission Approval

Hi,

You are receiving this email because of your past interest in the effort of Bonita House to obtain a use permit from Contra Costa County to open a licensed adult residential facility in Knightsen. This effort is to bring to fruition the earlier efforts of the Reynolds and the rest of the A Beautiful Night board and donors.

Last night was the second hearing of our August 2008 use permit application before the County Planning Commission. Attached is a copy of my testimony. I also presented at the hearing a power point presentation about the array of housing services Bonita House, Inc has developed over the past 40 years.

Susan Weiner, John Debenham, Milton Fuji and Dolores Ragusa from our Board of Directors attended the hearing.

Gloria Hill, Adult Family Coordinator for Contra Costa County Mental Health Department also attended and invited members from the local chapter of the National Alliance for the Mentally Ill (NAMI). Three members of NAMI spoke eloquently from their heart and two were able to speak about their children's successful treatment at the Bonita House residential treatment facility in Berkeley. In my opinion their testimony was the "tipping

point". The commissioners were impacted by the comments of the family members speaking about the dearth of housing options in Contra Costa County for people living with a mental illness.

Ultimately the vote was 4-2 in our favor.

I anticipate the neighbors will appeal the planning commission's decision to the Board of Supervisors.

Rick Crispino  
Executive Director

Bonita House, Inc.  
6333 Telegraph Ave. Ste. 102  
Oakland, CA 94609  
Phone:510-923-1099 ext.311  
Fax:510-923-0894

visit our website at <<http://www.bonitahouse.org>> [www.bonitahouse.org](http://www.bonitahouse.org)

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# Group home proposal clears another hurdle

**Knightsen facility to aid mentally ill adults wins county planners' approval**

By Rowena Coetsee

[rcetsee@bayareanewsgroup.com](mailto:rcetsee@bayareanewsgroup.com)

**KNIGHTSEN** — Plans to open a group home here for mentally ill adults cleared a hurdle this week with the Contra Costa County Planning Commission's decision to let the project proceed despite some residents' objections.

In a 4-2 vote, commissioners agreed to issue the facility's operator a two-year land-use permit and require only one supervisor to be on site around the clock.

The latter move overruled the county zoning administrator, who previously had determined that the home needed two employees providing 24-hour supervision.

Bonita House, an Oakland-based nonprofit agency, wants to open a 10-bed residence for men and women with bipolar disorder, schizophrenia and other mental disabilities on a parcel that it owns just off Byron Highway on Penny Lane.

The facility would be Bonita House's first in Contra Costa County; the organization runs nine sites in Alameda County that offer a range of help from day programs to intensive residential treatment.

Fearing for children's safety and the effect the home could have on property values, some Knightsen residents have indicated that they would appeal approval to county supervisors.

But Bonita House Executive Director Rick Crispino was elated nonetheless, noting that he's been trying to get the project started since his organization applied for a zoning permit in August 2008.

The site currently is zoned for agricultural use.

Crispino credits representatives from the National Alliance on Mental Illness for their support.

Three of them spoke on behalf of the project at the meeting, including two mothers with adult children who are mentally ill and had stayed at a residential treatment center Bonita House runs in Berkeley before moving out on their own.

"These people were talking about how their sons — before they went in to the program — had never gotten proper treatment," Crispino said. "They were talking from the heart."

Crispino previously has said that Bonita House does criminal-background checks on prospective clients and won't accept registered sex offenders.

Assuming that county supervisors uphold the commissioners' vote if there's an appeal — and he expects they will — Crispino said it still will take the better part of a year before the home is ready to open.

Bonita House needs to upgrade the septic system and must get a building permit before it can enlarge the three-bedroom, two-bathroom house, he said.

Contact Rowena Coetsee at 925-779-7141.

BONITA HOUSE

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COMMUNITY DEVELOPMENT DIVISION

July 23, 2010

Community Development Division  
Application and Permit Center  
651 Pine Street  
Second Floor, North Wing  
Martinez, CA 94553

SUBJECT: APPEAL OF COUNTY PLANNING COMMISSION'S APPROVAL OF A LAND USE PERMIT  
FOR BONITA HOUSE COUNTY FILE #LP08-2042

Dear Board of Supervisors:

We are appealing the Planning Commission's decision to approve a conditional land use permit for the Bonita House on behalf of many concerned citizens and neighbors. Our appeal is based on several factors. In general, both the Bonita House and the Commission's conditions for approval have failed to adequately address serious issues which have been raised regarding:

- a. Concerns for the safety of the potential residents due to lack of services and the remote/dangerous location
- b. Concerns over the severe reduction of fire services in far East Contra Costa County as well as the limited sheriff resources for a very large geographic area
- c. Concerns for the safety of the neighbors due to the "co-occurring disorder" of substance abuse that is likely to be found in the residents and the need for residents to stay on their medication with no way to enforce it
- d. Concerns over the Commission's decision to overturn the Zoning Administrator's requirement that the Bonita House should have two full-time staff present which will most certainly leave some of the ten residents alone at times with no supervision at all.
- e. Concerns over the fact that there is no way to enforce/monitor the behavior of the Bonita House to keep up the property
- f. Concerns that the quality, volume and pressure of the water supply necessary for eleven residents and for fire protection (fire sprinklers) was not evaluated prior to the approval of the permit

The issues that we raised above will be addressed by stating that the Bonita House has failed to meet the required conditions for approval (specifically #1, #3, #5). In addition, as concluded in the Supplemental Staff Report for the July 13, 2010 meeting, the County is within its legal right to deny the appeal under the Housing Accountability Act (*See Appendix A for the Staff's Reasons for Denial.*)

It is important for the Board of Supervisors to know that we understand the need for Contra Costa County to provide housing for those with psychiatric disabilities. We simply do not

believe there is enough information to support that a ten bed residential facility in rural Knightsen is the right place for such a home. There are too many concerns that have been ignored to approve this permit to use the land for something other than what was initially agreed upon. It is our hope that you will see in this appeal that the Commissioners have allowed the convenience of the fact that the land was donated to the Bonita House to cloud their judgment as to whether a rural location so far away from services is an appropriate location for those with both mental disabilities and potential substance abuse issues.

According to *Code 26-2-2008 Variance, conditional use and special permits – Conditional use permit standards*, "An application for a conditional use permit is an application to establish a conditional land use within a land use district which does not allow establishment by right, but does allow the granting of a land use permit after a public hearing. The division of the planning agency hearing the matter either initially or on appeal, shall find the following before granting the permit:"

We believe that the Bonita House has not met the conditions in subsections #1, #3, and #5. Therefore, we believe that the Board of Supervisors should overturn the approval of the land use permit.

**#1 That the proposed conditional land use shall not be detrimental to the health, safety, and general welfare of the county:**

- a. The home that has been donated to Bonita House is located on Byron Highway and Penny Lane, just south Sunset Road. This is a very narrow two-lane road that is heavily traveled by residents and large trucks. There are no street lights anywhere along this road, nor are there sidewalks or any safe places for individuals to walk on the road. In addition, there are active railroad tracks just east of the property. According to the Director, residents are not restricted in their movements by the staff of the facility. If a resident chose to leave the facility and walk on the busy road or railroad tracks, the chances of injury and death are very great. At the July 13<sup>th</sup> hearing Lt. Mike Burton who is responsible for staffing the sheriffs who patrol the area in question stated that any drain on his already reduced resources causes him grave concern. He further stated that if one of the residents were to wander, it would completely deplete all the sheriff's resources available to find the resident. There simply is not enough coverage in rural Knightsen to run the risk of putting ten potentially volatile people in one location out of the jurisdiction of City police and fire. Neither the Bonita House nor the Commission has addressed these safety concerns. Just because the land is free to the organization does not mean that it is an appropriate location for the residents. Even if it is argued that the rural location is what is desired, it is fair to question the judgment placing residents (who will have to walk to get places because they won't own vehicles) in a home that is bordered by a very busy highway with no sidewalks, lights or bus services. There are no services like parks, stores, movie theaters or restaurants anywhere near the proposed facility.

- b. Recently, two Far East Contra Costa Fire Departments were closed. While the Knightsen station remained open, it will now have to cover a much greater geographic area. Any drain on its resources to have to tend to medical emergencies will be a serious concern. The Commissioners did not adequately address this issue, but rather told neighbors we should feel lucky the Knightsen station was remaining open and that we only needed to be concerned if multiple fires broke out at the same time. The inappropriate comment completely ignored the fact that the Fire Department not only responds to fires, but to medical emergencies as well. The serious reduction of their services is a grave and valid concern.
- c. The Bonita House's website states that they are well-known for their treatment of "co-occurring disorders." According to their website, *"Services: Bonita House, Inc. provides expert specialized services to some of society's most vulnerable members – people living with co-occurring disorders. Most people we work with have more than two major conditions that significantly impact their lives. Someone with schizophrenia and alcohol dependence may also have PTSD, and use crack cocaine and marijuana. All of these issues must be recognized and addressed at the same time, and in the same place. "Dual Diagnosis Residential Treatment Program: Our program is unique in that it is specifically designed to treat both disorders concurrently with staff cross-trained in both mental health and substance abuse intervention and recovery." (See Appendix B for documents from their website.)* Given the fact that residents are likely to have substance abuse problems, neighbors and Commissioners asked at a meeting, "How will you know if a resident is using drugs?" The response from the Bonita House Director was "We'll just know." The record from that meeting will indicate the Commissioner who asked the question did not feel it was answered adequately. It has yet to be answered. Instead, the Commissioners simply dropped the issue. It goes without saying that it is still a grave concern for those that live in the neighborhood.
- d. At the hearing on November 16, 2009 when asked by the Community Development staff member what the qualifications are of the staff of the proposed house, the Director of the Bonita House responded that, "The people have Master's Degrees." Then he went on to say they interview the people hired for the facility, and "they know what is needed." He did not answer the question about what qualifications the supervising staff member must have. This is a critical piece of information that has not been fully addressed. The Board of Supervisors and concerned neighbors should be given the opportunity to fully understand the required training of the on-site staff before a permit is granted to ensure that they will be protected.
- e. The Zoning Administrator's original requirement indicated that *"With the added staffing and screening of clients staff has determined that this use will not be detrimental to the health, safety and general welfare of the County."* However, the Director of the Bonita House had the County insert the verbiage "as allowed by law" to the requirements to screen and remove residents immediately who are problematic. There has been no legal review as to whether or not this added verbiage completely negates the screening and removal process of residents. If, indeed, it does, then the County's conclusion that *screening* will make the facility non-detrimental is no longer valid. Moreover, the

Planning Commissioners negated the Zoning Administrator's call for *added staffing* (they reduced the requirement to one full-time staff person) which clearly implies that there may, indeed, be a detriment to our health, safety and welfare. A minimum of two staff should have to be present. This will ensure that if some of the residents have to be transported somewhere those remaining will be supervised.

- f. On numerous occasions concerned residents have asked about whether the potential residents are required to stay on their medications. The Bonita House has not addressed this concern adequately. It has been stated that residents cannot be forced to take their medication. However, there is not a documented procedure that has been shared with us as to what happens if they choose to go off of their medications. If behavior becomes a problem, what is the procedure? What are the consequences? Who enforces it? Who oversees the enforcement to make sure it is handled properly?

Clearly, the approval of this permit will likely be detrimental to the health and safety of the residents, the neighbors and other County residents who may lose services so that the Bonita House can be served.

**#3 That is shall not adversely affect the preservation of property values and the protection of the tax base within the county.**

- a. If this land use permit is approved, property taxes will not immediately drop in the area. Initially, the County will be able to garner the same revenue that is has in the past. However, experienced and respected realtors state otherwise (*See Appendix C*). Should the Bonita House be approved and in operation, the ability to sell homes in the surrounding area will, more than likely, be negatively impacted. The price will have to be dropped in order for buyers to have interest in purchasing property near such a facility. At that point, there will be a significant loss to the current home owner in property sales value as well as to the County in future taxes. If given the choice, a potential buyer would not elect to buy a parcel of land in the country near a psychiatric facility. The realtors cited provide specific examples of this happening.

The Planning Commission immediately stated that it would not accept this point of contention and cited examples of where "contrary" facilities were approved and property values did not drop. However, it is well known that until recently, our County enjoyed escalating values everywhere. Unfortunately, this is no longer the case. Property values have dropped substantially from several years ago. It is no longer a seller's market, and for the Commissioners to completely disregard the concern current residents have about their property values being negatively impacted is short-sited and naïve. Trying to sell a property next to an Adult Residential Facility will obviously complicate the sales process and reduce the number of interested buyers. Granting this permit is unfair to the home owners who purchased their homes in good faith with an understanding of what would be allowed in the surrounding area. The Board would be



changing, in a very substantial way, what is allowed, and cannot ensure current home owners that their values will not be negatively affected.

- b. The information packet from the Bonita House cites many studies with regard to residential facilities having no impact on property values. However, *not a single one of the studies* evaluates this possibility in a **rural setting**. Instead, the studies cite:
  - a. Philadelphia
  - b. Metropolitan Toronto
  - c. Two residential neighborhoods – one urban, one suburban
  - d. Neighborhoods in Scarsdale, N.Y.
  - e. New York City
  - f. Louisiana metropolitan area

In general, those who look for a home with property (most parcels in the area are at least 10 acres) in a rural, country location choose to live in a rural setting to “get away from ‘city’ problems and issues.” A logical conclusion could be drawn that a psychiatric facility housing those with mental disabilities who may also have drug and alcohol addictions as secondary issues would be the type of potential problem that a “country person” is looking to get away from. Prior to approval, the Board of Supervisors should demand studies on such facilities in rural areas to know for sure what impact this residential facility would have on current County rural property values. The study should also indicate the potential to be able to sell nearby rural properties with no impact on sales price.

**#5 That it shall not create a nuisance and/or enforcement problem within the neighborhood or community.**

- a. The only entity that can give confidence that the facility will not create a nuisance or enforcement problem is the County Sheriff’s Department. Lt. Mike Burton who is responsible for staffing the patrol of the area is not in support of the project. The Board of Supervisors should insist on further studies related to this concern. Staff prepared a report about facilities in Brentwood, but full details were not available. Additional studies about enforcement issues at other adult residential facilities should be completed before a permit is granted.
- b. A condition of approval is that *“The operator/applicant shall ensure the subject property is not unsafe, unsightly or poorly maintained at all times.”* The Bonita House has allowed the property to become an eyesore and proven that they do not treat the neighborhood with respect (*See Appendix D*). The dead vineyards are overgrown; the weeds are high; the excess bark and stumps have been left on the side of the road; no road improvements have been done. The property has been left a mess the entire time the Bonita House has owned it. A Planning Commissioner did not think this was a valid point because, “It could be cleaned up in a weekend,”

according to him. The point is, they have owned it for years and done nothing. If it is as easy as is suggested to get the property in decent shape, then why has the company not made an effort to do anything at all?

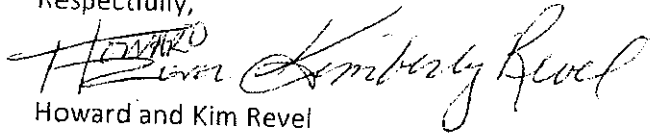
Moreover, if the permit is approved and conditions do not improve in a speedy manner, to whom do the neighbors complain? This would no longer be just a family trying to stay on top of their yard work, but a corporation bringing down the area. Bonita House states: *"Shade trellises will be added to cover a portion of an existing outdoor paved area. The fenced yard around the house will be landscaped with shrubs and trees for windbreaks and fruit trees and a garden for resident use. The garden area will also allow for the residents to care for small farm animals. In addition, a small outbuilding is planned to provide tool storage where residents may do small carpentry projects, ceramics and photography."* The Board of Supervisors should insist that the property be made to look like, at a minimum, the above description before any residents can move in and money can be collected.

- c. The Planning Commission's conditions required that the Bonita House staff, residents and visitors use the Byron Highway entrance as opposed to the Penny Lane entrance. This makes sense for two primary reasons. One, the end of Penny Lane has an elementary school bus stop on it and residents with serious mental disorders who are not required to stay on their property and medications should not be allowed near unsupervised children. Two, Penny Lane is a dirt road that should not have to withstand the added traffic of ten new residents, staff and visitors without insisting that the Bonita House pave the road. The Bonita House does not agree with the condition to use the Byron Highway, however. The Commissioners were unwilling to have the Bonita House fence off their entrance on Penny Lane. Given that, neighbors are concerned that if Penny Lane is used how are we to report the violation of the permit? If there is no mechanism in place to hold the Bonita House accountable for this condition, then we believe the Board of Supervisors should require the Bonita House to improve Penny Lane with paving as a condition of permit.
- d. The results of the last two planning commission meetings were troubling. When we met in May, the Commissioners were opposed to the project stating that the Bonita House did not alleviate neighbor concerns. Our concerns are still not alleviated, yet four of the six commissioners changed their position even after the sheriff's lieutenant went on record as saying he was concerned about the potential safety issues. Moreover, they agreed to *reducing* the number of required staff that was required by the Zoning Administrator and County Staff. The decision to grant the permit for two years and then re-assess the decision in the most recent meeting was intended to make us feel good about the permit decision. However, there has been no explanation of what facts will be tracked over the two year period. What, specifically, would constitute the need for removal of the permit? To whom do neighbors report problems? What organization is going to be responsible for tracking the data to evaluate in two years? There is not a structure in place to make

the two-year trial period legitimate. Before the Board of Supervisors grants a permit to use land for something that formerly wasn't allowed, it should have a formal process in place with standards to assess if it is working well for the residents and the neighbors.

We respectfully request that the Board of Supervisors review this request for appeal and re-evaluate if the property at 2950 Penny Lane in Knightsen, CA is the best location for the proposed Bonita House adult residential care facility. While we understand the house was donated to the non-profit agency, we conclude that a different location within the County with police and public services closer by would be a much better alternative. There are simply too many questions, contradictions and uncertainties given the remote, rural location with such limited services nearby. We thank you for your consideration.

Respectfully,

A handwritten signature in cursive script, appearing to read "Howard and Kim Revel". The signature is written in dark ink and is positioned above the printed names.

Howard and Kim Revel

Residents at 2830 Penny Lane in Knightsen