

Contra Costa Mental Health Commission
Monthly Meeting
Date 9/9/10
Minutes

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:30 pm by Vice Chair Pasquini. Introductions were made around the room.

Commissioners Present:

Peter Bagarozzo, District V
Evelyn Centeno, District II
Peggy Kennedy, District III
Dave Kahler, District IV
Peter Mantas, District III, Chair
Carole McKindley-Alvarez, District I
Colette O'Keeffe, MD, District IV
Floyd Overby, MD, District II
Teresa Pasquini, District I, Vice Chair
Annis Pereyra, District II
Sam Yoshioka, District IV

Commissioners Absent:

Supv. Gayle Uilkema, District II

Attendees:

Neisha Becton
Nancy Borchland
Quentisha Davis
Nimfa Gamez
Geet Gobind
John Gragnani
Virginia Graham
Ralph Hoffmann
Lynda Kaufmann
Stephen Marks, MHCC
Janet Marshall Wilson, MHCC
David Poss
Roberto Roman
Roberta Sanders
Patricia Snider
Sue VanLandingham, MHCC
Willie Wong

Staff:

Suzanne Tavano, MHA
Sherry Bradley, MHA
Susan Medlin, MHA
Jennifer Tuipulotu, MHA
Nancy Schott, Staff to MHC

2. PUBLIC COMMENT

Commissioner Yoshioka recognized Nancy Schott for her work with the MHC this past year as she prepares to leave her position as Executive Assistant. In Chair Mantas' absence, Vice Chair Pasquini presented Nancy Schott a Health Services Division Service Excellence Award. Cindy Downing, MHA, will temporarily assist the MHC while a permanent replacement is sought.

Commissioner Pereyra was shocked to understand consumers placed in high density living situation facilities are not given flu shots. Her son is in an out of county facility and was going

to a clinic to pay \$35.00 for the vaccination. She feels consumers placed in residential facilities and board and cares should have access to flu shots provided by a county clinic. Flu shots should be given by October.

Commissioner O’Keeffe agreed and mentioned both the flu and H1N1 vaccine should be given.

3. ANNOUNCEMENTS

- A. Appointment of William Wong as District V At-Large Member at the 9/14/10 BOS Meeting. Chair Mantas welcomed him as a soon to be appointed Commissioner
- B. Putnam Clubhouse – dinner fundraiser event 10/4/10, 5:00 – 8:30 pm. Vice Chair said it was a very enjoyable event last year.

Steven Marks announced the Many Moods support group through MHCC that meets Thursdays at 6:00 pm. It provides all types of support for consumers and family members.

4. CONSIDER APPROVAL OF MINUTES

- **ACTION: Motion made to approve the August 12, 2010 Monthly Meeting minutes: (M-Kahler/S-Pasquini/Passed, 11-0-0, Y- Bagarozzo, Centeno, Kahler, Kennedy, Mantas, McKindley-Alvarez, O’Keeffe, Overby, Pasquini, Pereyra and Yoshioka)**

5. REPORT ON MHA DATA REQUEST FORM – Steve Hahn-Smith, Research and Evaluation Manager

The Evaluation unit receives many requests for data (ie. general demographics, planning needs, and regionalized differences). The new form was developed to focus the data requests to be more effective and specific. Requests may be from Managers, contract agencies or members of the public. Data contained in any reports is high level, aggregate data that does not include identifying information on clients or specific cases.

Commissioner McKindley-Alvarez asked how soon a response would usually take. Steve said approx. a week for a response, but the data report may take longer.

6. REPORT: MENTAL HEALTH DIRECTOR – Donna Wigand

A. 8/31/10 Community Planning Meeting - Sherry Bradley presented on Donna Wigand’s behalf as she was in Sacramento. Sherry passed out a Memo outlining stakeholder recommendations (*memo follows these minutes*) and a graphic recording of the public comments. Sherry thought the meeting was successful with both heartwarming and heart wrenching stories; there was a feeling of encouragement and unity among consumers and family members. The consensus was prioritizing between the two options presented was not acceptable; everyone wanted both the ARC and CRF. The other consensus was Alcohol and Other Drugs services (substance abuse issues) should be integrated into the new programs; it is critical. The Mental Health Director encouraged people to become involved politically as the final decision is not hers, but the BOS’. She requested consumers and family members let the BOS know their feelings. Next steps: Donna asked CPAW to review the comments from the community meeting and make a recommendation to her. Vice Chair Pasquini has a report on the meeting and the MHC may choose to make a recommendation to Donna.

Commissioner O’Keeffe said given Donna Wigand has said we may receive only one program, how does that reconcile with the recommendation for 2 programs? Sherry Bradley said there has not been any confirmation of one program only. MHA did request both programs be placed at the 20 Allen property. CCC has received approval from the State DMH for \$4 million to build the ARC, but the BOS must still approve any project or projects.

Public Comment:

Ralph Hoffmann said although Donna Wigand recommended political action at the County level, there is also opportunity at the city level. This might include the Martinez City Council race and police candidates since they are involved with mental health consumers on 5150’s.

Sue Van Landingham supports both the CRF and ARC.

Janet Marshall Wilson would like to see both components (ARC and CRF) included at 20 Allen and reminded everyone both types of facilities were included in the motion from the 4/5/10 MHC public hearing. She also requested clarification on an item from the 9/2/10 CC Times article by Sandy Kleffman. The article noted a patient could stay at the CRF for up to 4 weeks rather than 90 days as was earlier discussed. Sherry Bradley wasn’t able to provide clarification specific to the project, but based on licensing requirements, stays can be up to 90 days. Specifics such as length of stay will be part of the program input process.

Commissioner Yoshioka asked if the CRF project would be for 15 or 16 beds. Sherry Bradley confirmed the proposal is for 16 beds.

Stephen Marks supports both ARC and CRF. MHCC would like to see a strong consumer presence in the ARC and the CRF be consumer driven. MHCC would like to see a strong presence in both facilities of family members and consumers.

B. Budget update – no update as of today.

7. MHC COMMITTEE / WORKGROUP REPORTS

A. MHC Capital Facilities and Projects/IT Workgroup –Teresa Pasquini

Vice Chair Pasquini noted the minutes from the 8/27/10 meeting are on pg. 23 of the packet. Commissioner Pereyra resigned as the Workgroup Chair and Vice Chair Pasquini agreed to temporarily resume position as Chair; Commissioner Pereyra will be Vice Chair and Commissioner Centeno will be secretary. The site visit to Crestwood Pleasant Hill will take place on 9/17 and will be noticed. Following that comment, Chair Mantas clarified the site visit assessment will be attended by Commissioners without any discussion after the visit at the site and therefore noticing is not required. A noticed meeting will be scheduled to discuss the visit and the public may participate. A report will then be provided to the MHC for possible further action.

Commissioner O’Keeffe asked if the Workgroup would receive a copy of the signed contract between Crestwood and CCC prior to the site visit. Vice Chair Pasquini said that request is

included in her Workgroup report. Commissioner O’Keeffe requested a copy of the Angwin contract as well, but that request will be postponed until it is determined if Angwin will be visited. No MHC motion is required; the Workgroup can request the contract directly from MHA. *(copy of contract sent to Workgroup Chair on 9/19/10)*

Vice Chair Pasquini said she was honored to hear the testimonies from family members and consumers at the Community Meeting. She appreciated that family members and Commissioners were invited to the pizza pre-party with consumers and thought it was a great tool to bring people together and build on the feelings of unity. She suggested NAMI do something similar in the future. She also appreciated that the MHA Director recommended political action to the BOS.

- **ACTION: Motion made to supports the recommendation of the Mental Health Director to advocate to Dr. William Walker, Pat Godley (CFO) and the Board of Supervisors for both proposed programs, the ARC and the CRF, to be built on 20 Allen with programming consistent with the above themes and the handout provided by Sherry Bradley at the 9/9/10 MHC meeting. That advocating will include the following: visits to BOS offices, letters, emails, and partnerships with consumer, family and providers. This recommendation is consistent with the Commission's previous recommendation at our April public hearing. It was also the clear consensus of the stakeholders who attended the forum.**
(M-Pasquini/S-Centeno/Passed, 9-1-1, Bagarozzo, Centeno, Kahler, Kennedy, Mantas, McKindley-Alvarez, Overby, Pasquini, Pereyra/N-O’Keeffe/A-Yoshioka)

Discussion:

Commissioner Pereyra suggested outreach within the community to encourage support. Groups might include the Diablo Democrats, support groups at Christ the King in Pleasant Hill, etc. Encourage more community support to be provided to the BOS to make the message more powerful.

Commissioner Centeno said if the MHC approve the recommendation, she would like an action plan and a single day for all the stakeholders to appear before the BOS and request action.

Vice Chair Pasquini Commission said she and Donna Wigand will be receiving the Mental Illness Awareness Week proclamation at the 10/5/10 BOS meeting at 9:30 am. That would be a good meeting to have a strong presence from the community. The Commissioners can stand with them at the podium and she thinks members of the public as well. Opportunity for public comment will come after receipt of the proclamation. She recalled that approximately a year ago a West County consumer committed suicide and the community brought the issue to the Supervisors at a BOS meeting in a very powerful way.

Chair Mantas said if the motion passes, the Commission and/or Workgroups can advocate in any and all ways for the ARC and CRF. He echoed the positive statements from other Commissioners about the Community Meeting. Working together provides a chance to reflect on the discussions and the debate the MHC, stakeholders and members of the public provided regarding programming choices on 20 Allen property. He welcomes everyone’s support.

John Gragnani said he will continue to advocate the ARC be open 24 hours to assist consumers with substance abuse and dual diagnosis issues. Most substance abuse crises arise between midnight and 8:00 am and most substance abuse patients are discharged once stabilized in CSU. He would like the new programs to work in concert with current offerings to better serve our adult population. Vice Chair Pasquini said she agrees with the 24 hour issue, but respectfully disagrees with the concept that everyone is shown the door from CSU.

Commissioner O'Keeffe supports the extension of hours and even without the extension, there is always the question of accessibility. Most consumers don't have cars. A shuttle system is needed to get people there and once discharged, to make sure someone isn't stranded there. What good is a 24 hour facility if consumers are unable to get to the facility.

Chair Mantas suggested amending the motion to include 24 hour operation at the ARC. Vice Chair Pasquini said her motion is a capital facilities motion rather than a programming motion. She is open to include the addition though.

Commissioner O'Keeffe requested adding accessibility for consumers be a priority whether 16 or 24 hour operation.

Commissioner Centeno said the motion is getting convoluted; trying to advocate for the 2 programs and the programming details can be worked out later.

Commissioner O'Keeffe feels strongly transportation issues should be included.

Commissioner Kennedy would like to add the 24 hour requirement because if it's not there at the start, it may not be included later.

Ralph Hoffmann would like to combine Commissioner O'Keeffe's accessibility transportation comment and Donna Wigand's political action comments. Efforts can be combined to lobby the CC Transit bus system to provide one line between county hospital and BART station from 5 am to 11 pm.

Chair Mantas asked if Vice Chair Pasquini was interested in amending the motion.

Vice Chair Pasquini said she was not opposed to including transportation language, but not sure if securing a bus route was within the MHC or BOS's scope.

Commissioner O'Keeffe clarified she was interested in a CCC Mental Health Division shuttle not a county bus line.

Chair Mantas said the MHC can't request specifics, but can request accessibility issues be assessed. We can ask for 24 hour accessibility.

Vice Chair Pasquini said her motion stands as presented. She would like to secure the building then take the next steps.

Commissioner Centeno said she thinks 2 programs will be built. She offered to work with Commissioner O’Keeffe on transportation accessibility issues.

Commissioner O’Keeffe said unless accessibility is in the basic proposal, it will get pushed aside.

Chair Mantas requested Sherry Bradley take back the 24 hour request and accessibility issues to MHA.

B. Quality of Care Workgroup – Carole McKindley-Alvarez

A data outcomes training was held on 7/24/10 regarding the State data outcome Workbook. The Workgroup was charged to prepare the Workbook and they met to discuss the process and timeline.

- **ACTION:** Motion made that the Quality of Care Workgroup would be responsible for completing the Mental Health Board and Commission Workbook and preparation of final report. Colette O’Keeffe would be invited to join the workgroup to participate in this process. She would attend meetings in September and October. The Quality of Care Workgroup would use data from fiscal year July 1, 2009-June 30, 2010. Data from 2006-2009 will be used as a lens to understand current data and illustrate possible trends. The workbook only requires quantitative data. While answering each question the Quality of Care Workgroup will also indicate areas where qualitative data would create more meaningful findings.

The deadline for completion of the workbook and submission of the final report is November 24, 2010 (4 months after the date of the training). The Quality of Care Workgroup would provide an update to the MHC during the October meeting. The Quality of Care Workgroup would submit a draft of the report to the Mental Health Commission during the November meeting for approval. The Quality of Care Workgroup would make any corrections suggested and approved by the MHC prior to final submission.

(M-McKindley-Alvarez/S-Pasquini/Passed, 11-0-0, Bagarozzo, Centeno, Kahler, Kennedy, Mantas, McKindley-Alvarez, O’Keeffe, Overby, Pasquini, Pereyra and Yoshioka.)

Discussion:

None.

The QOC receives many requests action. At the October meeting, she will present a referral form to be used by anyone with a question or concern for the QOC. The QOC will determine if request is for QOC, the MHC or another Workgroup.

Chair Mantas asked if Commissioner O’Keeffe would accept the invitation to participate in the Workgroup for the data outcomes Workbook project. She agreed.

C. Diversity and Recruitment Workgroup -- Peggy Kennedy

The Workgroup had their first meeting 8/23/10. She reviewed the Mission Statement and Areas of Interest (pg. 37 in the meeting packet). They are starting off with recruitment. Using data received from Steve Hahn-Smith at the 7/24/10 data outcomes training, they reviewed the current Commission make up compared to the Consumer population in CCC. MHC should be encouraging more Hispanic and consumer representation (there are open Consumer seats in Districts 1, 3 and 5).

Commissioner Kennedy said Commissioner Yoshioka requested any action item be postponed for further discussion as he was not able to attend the meeting. She would like to proceed with the motion and have Commissioner Yoshioka ask questions or request clarifications as part of the discussion.

- **ACTION:** Given the Diversity and Recruitment Workgroup current makeup of the Mental Health Commission, the Workgroup would like authorization to outreach to groups underrepresented on the MHC. (M-Kennedy/S-O'Keeffe/Passed, 8-2-1, Y-Bagarozzo, Centeno, Kennedy, Mantas, O'Keeffe, Overby, Pasquini, Pereyra/N-Kahler, Yoshioka/A-McKindley-Alvarez)

Discussion:

Commissioner Yoshioka asked why the Workgroup is working with consumer population rather than county population.

Chair Mantas confirmed the W&I Code states consumer population is to be used for reference not county population.

Commissioner Yoshioka asked if only 10% of the county population uses County services, what about the 90% that may use private facilities such as John Muir or Kaiser; how are they represented? He requested postponing the motion until next meeting to allow for discussion of this within the Workgroup.

Chair Mantas said since there is a motion on the table, a new motion requesting tabling of the current motion must be put forward.

Commissioner O'Keeffe believes there are several consumers providing applications and possibly one tonight.

Chair Mantas said there was one individual who reapplied for a consumer position.

Commissioner Centeno would like to table the motion, discuss in the Workgroup and present it again in October. She would like to consider Commissioner Yoshioka's points.

- **ACTION: Motion made to table the earlier motion. (M-Yoshioka/S-Centeno/Failed, 3-7-1,Y-Centeno, Kahler, Yoshioka/N-Bagarozzo, Mantas, Pasquini, McKindley-Alvarez, Pereyra, Overby, O’Keeffe/A-Kennedy)**

Discussion on the tabling motion:

Commissioner Yoshioka said currently the only vacancies are for Consumer seats and yet the MHC currently lacks Hispanics based on Consumer population numbers. Does that mean the MHC will recruit Hispanics to fill the Consumer vacancies or recruit for the best qualified Consumers applicants?

Chair Mantas said the W&I Code does not mandate the ethnic makeup requirements, but is a guide. The representation from various populations will fluctuate. The only mandate is the breakdown of 5 Consumers, 5 Family Members and 5 At Large Members. The MHC promotes participation to engage in the process, but cannot require people apply. This is the first time in recent history the MHC is actively recruiting consumers from the community and it is a very positive issue. He believes the motion is clear and does not hold the MHC hostage to specific representations.

Vice Chair Pasquini said she appreciates the work of the Workgroup and the data presented. Commissioner Yoshioka has raised specific points and we are a Commission of not only the public mental health system but the private system as well. If the data only represents the County consumer population, it is an inaccurate reflection of the MHC’s charge. The MHC mission statement states the MHC represents the entire community. She believes the W&I Code says 50% of the total Commission must be Family Members/Consumers; CCC has a higher standard than the state and requires 5 from each category. She has previously advocated within the Consumer community and applauds any and all efforts to recruit the best Consumer candidates possible.

Commissioner McKindley-Alvarez said having conversations about diversity is difficult and she appreciates the work. There is wording in the Mission Statement regarding ethnic diversity, yet the population data provided is a racial breakdown. There is a difference between ethnic and racial diversity. When exploring which consumers are using vs. not using services (ie. Native Americans), she would like to explore groups who do not seek services (possibly for reasons of stigma or cultural beliefs) as they still need to be represented when we look at diversity and who we recruit.

Commissioner Kahler urges tabling the motion.

Susan Medlin suggested there is reason for encouragement. She counted 13 consumer advocates in the meeting. It may be a lack of knowledge and the word is getting out to consumers.

Virginia Graham said she is a SPIRIT graduate and didn't know about the MHC meetings until Susan phoned. This is an awakening for her to realize there is a place at MHC meetings for Consumers. She has been involved with MHCC, but if Consumers do not participate in programs such as MHCC, they may not know about the MHC.

Commissioner Kennedy sees outreach to the community as a big part of the Workgroup's charge.

Commissioner Bagarozzo said the MHC must get out into the Communities. Recruitment needs to be extensive and intensive. He would like to table it for the language, but for action would like to vote and get something going now.

Suzanne Tavano said MHA just submitted their Cultural Competency Plan to the state and she can provide a copy to the Workgroup as background. Chair Mantas requested a copy be sent to both the Quality of Care and Diversity Workgroups. She would also like the opportunity to present it to the MHC at a future meeting.

Chair Mantas suggested not tabling but rather voting on the motion today and begin outreach now if it passes. The motion language can be modified to reflect what the MHC wishes and he suggested eliminating the Mission Statement from the motion.

(The tabling motion failed and discussion on the original motion resumed as noted below.)

Additional discussion on original motion:

The phrase "**Community organizations that make sense to reach those underrepresented consumer populations.**" was deleted from the original motion and seconded by Commissioner O'Keefe.

Commissioner McKindley-Alvarez asked if the Workgroup will define what underrepresented means? Chair Mantas said Hispanics are one of the primary underrepresented groups as a starting point, but it will be further defined.

Commissioner Kennedy said it will be an ongoing process; Commission makeup will change.

Commissioner McKindley-Alvarez asked if voting against the motion stop current outreach efforts. Chair Mantas indicated it would stop being a MHC condoned function, but individuals can recruit as they see fit.

Commissioner Yoshioka said it is unfortunate to be looking at Hispanics only for recruitment. The African American population is also underrepresented.

Vice Chair Pasquini said she didn't hear in the motion the Hispanic consumers are being specifically recruited. She agrees with Commissioner Yoshioka MHC outreach shouldn't be based on the numbers presented and doesn't want only accept Hispanic Consumer applicants.

Chair Mantas said per the data, Hispanics and African Americans are underrepresented for now and outreach could be directed toward those groups. If county population is analyzed, he thinks the numbers of both groups will be even greater so the outreach efforts will not be misplaced. He urged support of the motion as presented to get the process started. There are currently candidates who meet both criteria who have voiced interest.

Commissioner Kennedy said the next workgroup meeting on Mon. 9/13.

8. MHSA UPDATE – Annis Pereyra and Teresa Pasquini

A. CPAW – See Vice Chair Pasquini's Report on the monthly 9/2/10 meeting presented as a handout. *(Report follows minutes)* Vice-Chair Pasquini reported on the CPAW meeting. Her handout complements the Innovation Workgroup's recommendation presented at the 9/2/10 CPAW meeting. There was only 1 no vote at the CPAW meeting. The person didn't think there had been an appropriate gap analysis and wondered why programs such as these were proposed rather than for the seriously mentally ill. It was agreed a gap analysis should and would be done. The lack of dental and podiatry services was brought up and MHA has now taken on that issue. She thought the presentation by Molly Homacher on consensus building within stakeholder groups with diverse opinions was valuable.

- **ACTION: Motion made to support the Innovation Workgroup's 4 recommendations brought up at the 9/2/10 CPAW Meeting. (M-Pasquini/S-Pereyra/Passed, 11-0-0, Y-Bagarozzo, Centeno, Kahler, Kennedy, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra and Yoshioka.)**

Discussion:
None.

Sherry Bradley said the action allows MHA staff to develop work plans. The Work plans will come back to the MHC after 30 day public review for a public hearing so there will be opportunity for additional input.

Chair Mantas said the MHC had concerns it wasn't receiving plans early enough to make comments. Hearing the recommendations at this point allows for earlier feedback from the MHC to Sherry Bradley/Donna Wigand to take back to CPAW.

Commissioner Pereyra mentioned in the CPAW Capital Facility Report CSS funds have been out for 5 years. She feels it's time to review all the programs for effectiveness and determine if funds should be redirected elsewhere if current programs not functioning as envisioned.

9. REPORTS: ANCILLARY BOARDS/COMMISSIONS

None provided.

10. CHAIRPERSON'S COMMENTS – Peter Mantas

A. November Meeting Date: Chair Mantas noted the scheduled date for the November meeting falls on Veteran's Day which is a holiday the County honors. One option is to switch to

Tuesday, Nov. 9, 4:00 – 6:00 pm to allow for County staff to participate. Based on general consensus, the meeting will be held on 11/9.

B. IOC meeting update and next step: A packet was provided to each Commissioner today. He requests it be reviewed prior to the October MHC meeting for discussion. Please be prepared to discuss suggestions for the BOS on what the MHC thinks of the material provided by MHA.

C. Receive nominations for:

i. Quality Improvement Committee – Commissioner McKindley-Alvarez is currently the only nominee for the Quality Improvement Committee.

Willie Wong asked the difference between MHA QI Committee and QOC Workgroup. Chair Mantas said the QI Committee is a county Division committee that reviews all quality aspect of services delivered by the county including sentinel events.

Commissioner O’Keeffe volunteered to be an alternate candidate. Willie Wong asked if it would be appropriate for him to be the main appointee or an alternate. Chair Mantas suggested having mental health background would be very helpful for the main appointee. Willie Wong decided to put his name forth as an alternate candidate. Mantas appointed Commissioner McKindley-Alvarez as the MHC representative. In October there will be an election for the alternate position between Commissioner O’Keeffe and soon to be Commissioner Willie Wong.

TO DO: hold election in October for alternate between Commissioners O’Keeffe and Wong

ii. Healthcare Reform Committee – Vice Chair Pasquini and Commissioner Centeno are interested in the process. Vice Chair Pasquini is interested in being the primary representative. Commissioner Centeno would like the primary position, but would take the alternate.

TO DO: election in October between Commissioners Pasquini and Centeno for main and alternate.

Chair Mantas said Donna Wigand invited him to present at a staff meeting and he will be giving the CiMH presentation at that meeting. Donna and he agreed to work on a joint presentation on the different responsibilities of all the different stakeholder groups in the county, including the MHC and CPAW. For example, when the MHC makes a recommendation, it is made to the BOS and Donna Wigand, not to CPAW.

During the October meeting, the Executive Committee will be presenting a slate for Chair and Vice Chair for next year. Any one interested in nominating someone or his/her own name, please send to Chair Mantas or Vice Chair Pasquini. Although officially there isn’t an Executive Committee because we don’t have Standing Committees at this time, Commissioners could also give their nominations to Commissioners McKindley-Alvarez and Kennedy. Please confirm with the person before submitting a name. The Executive Committee will act as the Nominating Committee.

Chair Mantas announced he will be resigning both as Chair and from the Commission at the end of October for personal reasons. He will be offering a letter of resignation to Supv. Piepho in the next several days and work towards a smooth transition, including the October elections and a November

planning session. The MHC continues to improve the process and increase participation. He offered to be a resource in the future as the MHC continues its important work. He requests the Commissioners think about presenting a unified position to the community once a decision is made by the full Commission. The MHC's voice is more powerful when unified.

11. 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.

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. ADJOURN MEETING

- **ACTION: Motion made to adjourn the meeting at 6:?? pm (M-Centeno /S-Kennedy/Passed, 11-0-0, unanimous)**

The next scheduled meeting will be Thursday, October 14, 2010 from 4:30- 6:30 pm at the John Muir Behavioral Health Center, 2730 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

Meeting Handouts

**The following documents were presented
at the 9/9/10 MHC monthly meeting
(and not included in the meeting packet).**

**For all other materials reviewed and
discussed at the 9/9/10 meeting, please
see the agenda packet on the MHC
Meeting Agendas and Minutes webpage
at**

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



Contra Costa Mental Health

Memo

To: Donna M. Wigand, LCSW, Mental Health Director
From: Sherry Bradley, MPH, MHSA Program Manager *SB*
CC: Suzanne Tavano, PhD, Deputy Director
Date: 9/9/2010
Re: Stakeholder Recommendations from 8/31/10 Community Planning Meeting

On Tuesday, August 31, 2010, from 5-7 p.m., Contra Costa Mental Health held a Community Planning Meeting to discuss a Capital Facilities Project Proposal for Mental Health Programs at 20 Allen Street in Martinez. Approximately 150-200 mental health stakeholders attended this meeting to state their preference for program options to be developed and receive MHSA funding:

1. Assessment & Recovery Center (ARC)
 - 16-Hour: 8 am –Midnight, or 10 PM
 - Urgent Care: prescription, counseling, ect.
 - Services across all age groups
 - Discrete entrance, waiting area
2. Crisis Residential Facility (CRF)
 - 16-beds
 - Voluntary, unlocked
 - 24/7 service

Twenty-six (26) stakeholders in attendance at the Pleasant Hill Community Center requested to speak at the meeting. The strong consensus that emerged from the input given (see attached graphic recording) was that **both options, ARC and CRF, are highly valued and needed by consumers and family members in Contra Costa County at this time.** Several speakers urged the Mental Health Director during the meeting to work with county officials in order **to re-explore ways in which both the ARC and CRF can be pursued simultaneously.**

Background

The August 31 Community Planning Meeting follows a lengthy public planning process for potential mental health capital facilities. The original capital facilities project that was proposed included four levels of 24/7 care from multiple programs operating in three separate buildings. Other program ideas received from the community contributed during the process were also considered. Over the past year, however, the cost of developing the entire package called for in the capital plan became more expensive, and according to Contra Costa County's Finance Department was no longer feasible to accomplish on the limited MHSA funds available. The Mental Health Director was asked by the County to stage capital development efforts so that highest priority programs would be developed first. The hope is that all aspects of the plan would eventually be implemented in approximately three or four years, given an improved economy.

20 Allen Psychiatric Pavilion

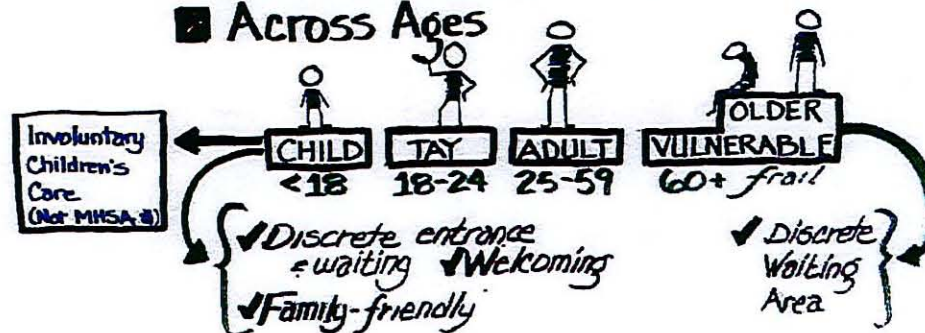
PSYCHIATRIC HOSPITAL FACILITY

- 16-Bed
- Involuntary
- Locked
- 24/7



ASSESSMENT & RECOVERY CENTER

- 16-Hour: 8A-Midnight or 10PM
- Urgent Care
 - ✓ Prescription
 - ✓ Counseling
 - ✓ Other
 - ✓ Business Ops
- Across Ages



CRISIS RESIDENTIAL FACILITY

- 16-Bed
- Voluntary
- Unlocked
- 24/7



+ GREAT IDEA

+ 24 HOUR CARE IS GREAT

• PUT ASSESSMENT INTO CRF

• RESOURCES FOR M.H. BEGINNERS

• PARENT/FAMILY COMPONENT

• 90-DAY FULL SERVICE PARTNER (SACRED MHA)

- client centered
- family centered
- include Assessment

+ NEED THIS - HAD NOWHERE TO GO WHEN LOOKED AT SUICIDE

• DON'T FORGET THE CHILDREN

+ KEEP PEOPLE IN THE COUNTY

CRF

• WOULD BE DIFFICULT TO KNOCK ON DOOR

+ NICE TO HAVE 16 BEDS - "TOYOTA"

• CRF IS A "SAFE HOUSE"
- especially if using meds

• SUBSTANCE ABUSE - HARD
- dehydration issue

+ GREAT IDEA

• NEED TRANSLATORS ON SITE

• DUAL DIAGNOSIS ISSUE

- kept out causing using drugs
- mental illness & drug addiction

• BE WITHOUT FEAR HERE
BE WITH PEERS & FAMILY

• LEVERAGE FUNDING

• USE PEER SUPPORT

• INTEGRATE W/ MEDICAL HOME MODEL

YOU CAN PUT YOUR COMMENTS
HERE TOO!

I like the ARC
option the best.

SP
(Sean PUTTS)



and one more
thing...

- Both ARC & Crisis Res.
Cover the ~~same~~ some of the cost for
employees with mft & psych interns at the ~~ARC~~ ARC
use ~~vol~~ peer volunteers & family volunteers at
crisis residential.
also contract out employees to non-profits
then non-profits can fundraise for the
facility.

CPAW Report on 9/2-10 Meeting
Prepared by Commissioner Pasquini

The monthly meeting was held. Expressions of appreciation about the Community meeting were shared.

Presentation on Consensus Building: Molly Homacker discussed the history of the CPAW decision making process and stated that we had never had an opportunity to be informed on what the Consensus Building process means. Molly shared two handouts and walked the workgroup through the differences between Roberts Rules of Order and Consensus Building.

It was a team building exercise that taught us to learn from minority decisions and use the discussions as a learning opportunity. I had never thought of Robert's Rules of orders as a win/lose decision making process. I had previously been frustrated by CPAW's consensus building process because it felt wishy washy and lacked commitment. After this presentation, I clearly support and find the value in the consensus building process and feel that the process will be richer going forward. It is less divisive and the winner/loser outcome of a yes/no vote can be harmful to ongoing relationships. I **recommend** that the Commission could consider a presentation on consensus building to improve our communications during our discussions.

We were presented the **Innovation Workgroup's four recommendations, which were included in the Commission's packets.** The Innovation workgroup has spent many hours perfecting their process for prioritizing and decision making. They are also working diligently to stream line the process in order to ensure that funding is not lost to reversion. The recommendations were all accepted through the process of consensus building.

Only one project had a No vote from one individual. That member expressed concern about the failure to provide an Innovative Program for the Seriously Mentally Ill. The member felt that many of the MHSA projects were dealing with the "worried well" vs the serious mentally ill. There was a discussion/debate that resulted in the group reaching clear consensus to support the recommendations. However, there were suggestions to consider the failure to provide dental, vision, and podiatry services due to Medi-cal cuts and the other gaps. Sherry Bradley and Mary Roy agreed that a gap analysis could be performed and provided to assist in future recommendations for all MHSA funding projects.

Based on the process of the Innovation Workgroup along with the consensus building process of the full CPAW, I recommend that the MHC support all of the recommendations put forth by the Innovation Workgroup as indicated in handouts in packet.