



**CONTRA COSTA COUNTY
MENTAL HEALTH COMMISSION**

**OCTOBER 2010
MEETING PACKET**



CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

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

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
Thursday • October 14, 2010 • 4:30-6:30 p.m.
John Muir Behavioral Health • Classroom A • 2730 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. IOC meeting discussing MHC Issues is scheduled for November 22, 9:30am to 11:00am, in Room 101
 - B. MHC Planning Meeting for 2011 will be held November 6, 2010 at 8:00am to 5:00pm.
 - C. Stigma enters the Richmond Mayoral Race – Vice Chair Teresa Pasquini
Review information received and consider possible action.
4. 4:55 **CONSIDER APPROVAL OF MINUTES**
September 9, 2010 MHC Monthly Meeting
5. 5:00 **DIRECTOR'S REPORT – Donna Wigand, Mental Health Director**
 - A. General update
 - B. Introduction to the November 5, 2010 Mental Health Services Act (MHSA)
Outcomes Event – One day conference



6. 5:15 **MHC COMMITTEE / WORKGROUP REPORTS**
 - A. MHC Capital Facilities and Projects/IT Workgroup – Teresa Pasquini
 - i. Accept Workgroup’s report and consider recommendations.
 - ii. Consider approving recommendation to review and further study, the matter of the exclusions regarding the Use Permit at Crestwood, Pleasant Hill.
 - B. Quality of Care Workgroup – Carole McKindley-Alvarez
Accept Workgroup’s report
 - C. Diversity and Recruitment Workgroup – Peggy Kennedy
Accept Workgroup’s report
7. 5:30 **MHSA UPDATE – Annis Pereyra and Teresa Pasquini**
 - A. CPAW – Consider the 10/7/10 Monthly Meeting report and any Committee reports
Consider recommendation and actions taken by CPAW as outlined in
CPAW Committee Reports included in packet and further recommendations by
MHC Liaisons to CPAW.
8. 5:40 **NOMINATIONS FOR MHC OFFICERS**
 - A. Chair
 - B. Vice Chair
9. 5:45 **ELECTIONS**
 - A. Health Reform Committee Member
 - i. Evelyn Centeno
 - ii. Teresa Pasquini
 - B. Health Reform Committee Alternate (Runner up to be appointed)
 - C. Quality Improvement Committee Alternate
 - i. Dr. Colette O’Keeffe
 - ii. Dr. William Wong
10. 5:50 **IOC Referrals Update and Action - Consider information received from MHA, IOC and DMH in developing a recommendation to Mental Health Director and Board of Supervisors on the following subjects:**
 - A. Local 1 Management Assessment Referral
 - B. County Staff and Contractors Participation on Advisory Committees Referral
 - C. Private Task Force Referral
11. 6:30 **CHAIRPERSON’S COMMENTS – Peter Mantas**
 - A. November meeting on Tuesday, November 9th at 4:00 pm will include:
 - i. Elections of the MHC Chair and Vice-Chair
 - ii. Review MHC Proposed Legislative Platform
 - iii. Comment on 2010 Annual Report DRAFT
 - iv. Vote on MHC 2011 Plan
 - B. MHC Task List Tracking Form Update
 - C. Departing comments

12. 6:40 **ADJOURN MEETING**

The next scheduled meeting will be **Tuesday, November 9, 2010 from 4:00 - 6:00 pm** at the John Muir Behavioral Health Center, 2730 Grant Ave., Classroom A, Concord. *****Please note date change*****

13. **FUTURE AGENDA ITEMS**

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

A. Suggestions for November Agenda

B. List of Future Agenda Items:

1. Rose King Presentation on MHSA
2. Behavioral Court Presentation
3. Case Study
4. Presentation from Putnam 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

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

Contra Costa County Mental Health Commission

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.**



Ross, Andy

510-412-2040

From: [REDACTED]

Sent: Tuesday, October 05, 2010 12:12 PM

To: [REDACTED] and Ross column

Subject: FW: News Conference at 2PM

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

From: [REDACTED]

Sent: Tuesday, October 05, 2010 12:08 PM

To: Metro Desk

Subject: News Conference at 2PM

FOR IMMEDIATE RELEASE
October 5, 2010

Contact:

Mary Jo Rossi OR JOEY SCHLEMMER (RPOA)
925-768-7207 510-703-6731

Press Conference Scheduled TODAY at 2 p.m. at Richmond City Hall

Richmond Police & Firefighters Unveil Campaign to Voters on Incumbent Mayor McLaughlin's Bankruptcy, Default on \$100,000 In Student Loans & Self-Described "Serious Psychiatric Disabilities"

Richmond - Police officers and firefighters from the Richmond Police Officers Association and Richmond Firefighters' will publicly unveil their campaign which starts tomorrow (Wednesday) to inform voters about Incumbent Mayor Gayle McLaughlin's past history just years before she ran and won election to Mayor by a 279-vote margin.

According to public court documents, McLaughlin herself describes decades of suffering from "serious psychiatric disabilities" which she says have left her unable to hold down a steady job. The documents show that just a year before she ran for City Council in 2004, McLaughlin filed for bankruptcy to avoid paying \$100,000 in student loans.

"When Mayor Gayle was elected by 279-votes in 2006, the voters didn't know

10/5/2010

Item 3.C

her very well," said Sergeant Andre Hill, President of the Richmond Police Officers Association. "We didn't know that, after years of joblessness and a series of bankruptcy filings, being elected Mayor was her first full-time job."

The Richmond Police and Firefighters launch their public campaign tomorrow to educate Richmond voters about the "Real Mayor Gayle." Included in this campaign will be mail and email to voters, a cable television commercial and a website entitled www.TheRealMayorGayle.com which will provide full documentation of public records of all items outlined in their campaign.

The entire campaign, including cable TV commercial will be available for the media at today's press conference at the main entrance court yard of Richmond City Hall, 450 Civic Center Plaza in Richmond at 2:00 p.m. today.

Richmond First Committee, sponsored by Richmond Police Officers Association and International Association of Firefighters Local 188, P.O. Box 1669, Richmond, CA 94801 ID #1247021
Not authorized by a candidate or committee controlled by a candidate.

Richmond First Committee, Sponsored by Richmond Police Officers Association and International Association of Firefighters Local 188
Major Funding/Expenditures Directed by: Richmond Police Officers Association
International Association of Firefighters Local 188

Mary Jo Rossi
Big Picture Coaching
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10/5/2010

From: Butt, Tom <tom.butt@intres.com>

Sent: Tue, Oct 5, 2010 2:02 pm

Subject: TOM BUTT E-FORUM: TOM BUTT E-FORUM: Desperate Mayoral Challengers Get Personal

Lacking a compelling campaign issue and trailing in the polls, mayoral challenger Nat Bates closed his eyes and heaved off a dirt bomb for the end zone. In a matter that is a bit of old news to many, Nat Bates dredged up and circulated via email yesterday a decade-old public record of a Chapter 11 bankruptcy action involving Mayor Gayle McLaughlin, who at the time was having trouble paying off a \$100,000 student loan debt.

The bankruptcy was discharged in 2001, but the document circulated by Bates was what turned out to be an unsuccessful effort to include the student loan debt in the bankruptcy action. As background for the difficulties involved in paying off the student loan, the document describes medical challenges going back nearly four decades to McLaughlin's 20s and 30s, which she ultimately overcame and obtained a bachelor degree in psychology.

Bates' email justified the distribution as follows:

This information landed in my email this morning. To what extent it is accurate is unknown although the information appear to be a legal document. Also, to what extent it will affect the November Mayoral election is questionable. If this information is true, it is a good example of candidates coming into a city relatively unknown and swaying voters who do not know them. To John Z and myself credit, both of us having lived in Richmond most if not all of our life, you will find our lives have been an open book because anything and everything about us is known in the community. It is most unfortunate such a situation has occurred but in politics, anything and everything goes.

Following Bates' lead, the Richmond Police Officer's Association picked up the ball and ran with it, announcing a 2:00 PM press conference today clearly designed to initiate a massive character assassination campaign against Mayor McLaughlin. The press release is signed by the "Richmond First Committee," made up of both the RPOA and the Association of Firefighters Local 188. Both of these organizations have long ties with Darrell Reese, Nat Bates and Chevron and have been obsessed for years with winning total control of the City Council for their own purposes.

[Click here](#) for a copy of the entire bankruptcy court document. [Click here](#) for the RPOA press release.

Gayle McLaughlin has been too modest to discuss it in much detail, but her life story is one of overcoming substantial adversity, including being a multiple victim of crimes, personal losses, debilitating illnesses and deaths of close family members. Through it all never lost her vision of a better America, completed her education, emerged from health and financial challenges and successfully served as a City Council member and mayor.

She is no longer on any disability status and is paying off her decades old student loans. She became a stronger and better person in the process, her strengthening making her a wiser and more compassionate woman, leader and public servant. Even bankruptcy is something shared with many in the recent past, including such American icons as General Motors, Chrysler, Washington Mutual, PG& E and Lehman Brothers. Some, like Gayle, emerged to survive; others did not.

It is not the adversity that one faces, but how one emerges from that adversity and overcomes one's challenges that define a person.

The word on the street is that Gayle's opponents will make this slice of her history the centerpiece of a media campaign to unseat her. This kind of campaigning – attacking with personal information – has damaged our political process across the nation, and has contributed to the cynicism and powerlessness with which too many people regard government. Good people are discouraged from becoming active in public life.

I feel, however, that that Richmond voters will continue to support candidates on the basis of their values, ideas, and vision. They will look at Gayle's record in office over the last six years and judge her on the merits of her consistent hard work and achievements, not by a challenging time in her personal life that she overcame.

I will be standing with Gayle at a press conference at 5:30 PM today at City Hall in which she will address and respond to the attacks.

WANT TO RECEIVE TOM BUTT E-FORUM AND OTHER ACTION ALERTS ON RICHMOND POLITICAL AND COMMUNITY ISSUES DELIVERED TO YOUR EMAIL ADDRESS? EMAIL YOUR NAME AND EMAIL ADDRESS AND/OR THE NAMES AND EMAIL ADDRESSES OF OTHERS WHO WOULD LIKE TO BE PLACED ON THE MAILING LIST AND THE MESSAGE "SUBSCRIBE" TO tom.butt@intres.com. COMMENTS, ARGUMENTS AND CORRECTIONS ARE WELCOME. TOM BUTT IS A MEMBER OF THE RICHMOND CITY COUNCIL. WHEN OPINIONS AND VIEWS EXPRESSED, WITHOUT OTHER ATTRIBUTION, IN TOM BUTT E-FORUM, THEY ARE THOSE OF TOM BUTT AND DO NOT REFLECT OFFICIAL VIEWS OR POSITIONS OF THE CITY OF RICHMOND OR THE RICHMOND CITY COUNCIL UNLESS OTHERWISE NOTED. VISIT THE TOM BUTT WEBSITE FOR ADDITIONAL INFORMATION ABOUT TOM BUTT'S ACTIVITIES ON THE RICHMOND CITY COUNCIL: <http://www.tombutt.com>. PHONE 510/236-7435 OR 510/237-2084. SUBSCRIPTION TO THIS SERVICE IS AT THE PERSONAL DISCRETION OF THE RECIPIENT AND MAY BE TERMINATED BY RESPONDING WITH "UNSUBSCRIBE." IT MAY TAKE A FEW DAYS TO REMOVE ADDRESSES FROM THE DISTRIBUTION LIST

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

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

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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.

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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

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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.

Vice Chair Pasquini said she was honored to hear the testimonies from family members and consumers at the Community Meeting. She appreciated that some family members and some 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 that the MHC, stakeholders and members of the public provided regarding programming choices on 20 Allen property. He welcomes everyone's involvement and support.

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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 those in attendance to show interest in supporting improved public transportation access and 24 hour ARC accessibility. The response was unanimous by all in attendance. 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.

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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.

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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.

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- **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 we have 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.

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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'Keeffe.

Commissioner McKindley-Alvarez asked if the Workgroup will define what underrepresented means? Chair Mantas said Hispanics and African Americans are the primary underrepresented groups regardless what definition is used. This is a good starting point.

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 in joining the MHC.

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(The motion passed.)

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.

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:

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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.

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.

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 outside of Chair and Vice Chair because we don’t have Standing Committees at this time, Commissioners can also give their nominations to Commissioners McKindley-Alvarez and Kennedy as Chairs of respective workgroups. 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 election nominations 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 that the Commissioners think about presenting a unified position to the community once a decision is made. After a debate has culminated to a decision we all need to support that decision instead of our personal position. 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 October Agenda **[CONSENT]**

1.

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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 6:40 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 document was presented
at the 9/9/10 MHC monthly meeting
(but not included in the agenda 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 *SPB*
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

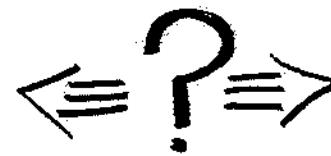
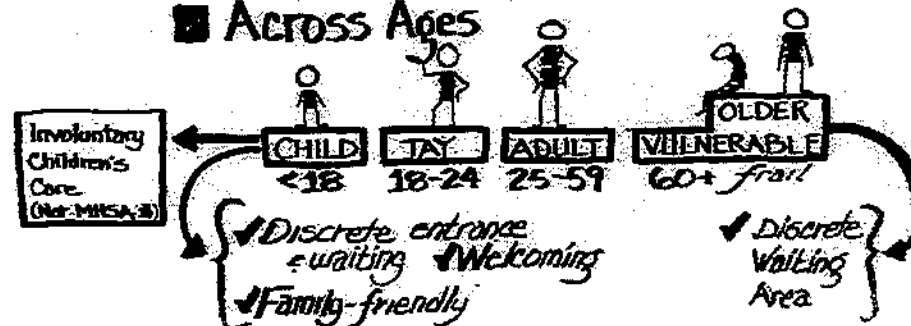
PSYCHIATRIC HOSPITAL FACILITY

- 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 MOUNTAIN)
 - 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



- 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 Potts)



and one more
thing...

- Both ARC & Crisis Res.
cover the ~~same~~ 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.

Contra Costa Mental Health Commission
Capital Facilities Workgroup Meeting
September 28, 2010
Minutes – Draft

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 3:00 pm by Chair Teresa Pasquini.

Capital Facilities Workgroup Members Present:

Peter Bagarozzo, District V
Evelyn Centeno, District II
Teresa Pasquini, District I, Work Group Chair
Annis Pereyra, District II

Attendees:

Janet Wilson, Mental Health Consumer Concerns
Cindy Mataroso, Crestwood Pleasant Hill.
Tom Gilbert, Shelter, Inc.

Commissioners Present:

Floyd Overby, MD, District II
Sam Yoshioka, District IV

Staff:

Cindy Downing, Mental Health Administration

Capital Facilities Workgroup Members: Absent:

Pasquini

Colette O'Keeffe, MD, District IV

Commissioners Absent:

Dave Kahler, District IV
Peggy Kennedy, District III
Peter Mantas, District III
Carole McKindley-Alvarez, District I
Supv. Gayle Uilkema, District II

Work Group Chair Pasquini called meeting to order at 3:03pm.

Chair Pasquini opened the meeting by reading the Mental Health Commission Mission Statement.

Introductions were made around the room.

Chair Pasquini explained that there were two reasons for noticing the Capital Facilities Workgroup meeting; first, there may have been public interest in hearing about the Capital Facilities Agenda item, and second, the number of Commissioner's attending the Crestwood site review had to be reduced, and Quality of Care Workgroup had to be omitted from the site review. Noticing the meeting would allow them a chance to be at today's meeting. Additionally, Chair Pasquini heard that Crestwood Pleasant Hill Administrator, Cindy Mataroso wanted to attend today's meeting.

2. PUBLIC COMMENT.

The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the

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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.

No public Comment.

3. ANNOUNCEMENTS

A. BOS meeting of October 5, 2010 has been cancelled. Presentation of Mental Illness Awareness Month changed to BOS October 12, 2010 meeting.

Mental Health Commission Chair Mantas has asked Vice Chair Pasquini to join the Mental Health Director at the Board of Supervisor's Presentation of Mental Illness Awareness Week in his absence. Any commissioners who are present at the Presentation are welcome to come up to the podium. Typically, the Commission Chair and Mental Health Director say a few words. Vice Chair requested that the Mental Health Director use this opportunity to show partnership with all stakeholders by extend invitations directors of departments that provided services to mental health clients, members of the Consolidated Advisory Planning Work Group (CPAW), members of hospital leadership team, and others.

4. REPORT ON CPAW CAPITAL FACILITIES MEETING

Receive Verbal report from Annis Pererya and Teresa Pasquini, as Commission Liaisons to the CPAW Capital Facilities Workgroup, from CPAW Workgroup meeting held Tuesday 9/28/10 morning. Discuss and consider any differences in the MHC position decided at September meeting.

At the time agenda was prepared, it was assumed that the CPAW Capital Facilities/Information Technology Work Group meeting would have happened today, but it was cancelled by Mental Health Administration last week. The meeting was cancelled because MHA is conducting a feasibility study and waiting for data from the hospital for CSU. Hoping to bring recommendations from CPAW Capital Facilities Workgroup to this meeting to possible help inform the recommendations we'd make.

Pages 2 to 6 from the draft meeting minutes of the September 9, 2010 meeting were distributed. (*Draft minutes from September 9, 2010 Mental Health Commission Meeting follows minutes*). Chair Pasquini referred to the MHC's motion to support the Mental Health Director in advocacy for both Assessment and Recovery Center (ARC) and Crisis Residential Facility (CRF) programs at the 20 Allen site to Health Services Director, Dr. William Walker, and Health Services Chief Financial Officer, Pat Godley.

In light of this feasibility study being done by Mental Health Administration, Chair Pasquini suggested that the Work Group reconsider this motion. The data gathered and findings from the study could enhance advocacy efforts by strengthening the argument that both programs are needed.

➤ **ACTION: Motion to hold on advocacy efforts to build both Assessment & Recovery Center (ARC) and Crisis Residential Facility (CRF), until Mental Health Administration has completed their feasibility study. M-Centeno/S-Pasquini/Passed, 4-0 unanimous**

Discussion:

This motion will go to Mental Health Commission at next the next monthly meeting on October 14th. There will be a Board of Supervisor's meeting 2 days prior to the MHC meeting, on October 12th, so the

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full Commission will not have an opportunity to hear and accept the motion before the Board of Supervisor's meeting. Commissioners can comment individually, at the Board of Supervisor's meeting, about this recommended motion.

Commissioners Bagarozzo and Centeno expressed concerns about the timely delivery of results from MHA study, and suggested setting a deadline for MHA, or narrowing the Commission's request for data.

Chair Pasquini spoke of the history of the Capital Facilities Component planning process, sharing that there has been requests for data from MHA from the beginning. MHA is now trying to work with the Contra Costa Regional Medical Center (CCRMC) to gather data to support the recommendation for both ARC and CRF, and to support the public's wishes. Having spent extensive amount of time at CCRMC with the hospital leadership team, Chair Pasquini understands that while it may be improving, this County has really poor data collection. Chair feels that it is paramount that the Commission supports the data collection that will allow for MHA's feasibility study, however long it takes - though she does not believe it will take long.

5. **DISCUSS AND CONSIDER RECOMMENDATIONS ON SITE VISIT** CHAIR PASQUINI

A. Receive Evaluations from individual Commissioners who attended 9/17/10 visit to Crestwood Pleasant Hill. *(Site Review Score Cards follows minutes)*

Five Commissioners of the Capital Facilities Workgroup, Commissioner Bagarozzo, Centeno, O'Keeffe, Pasquini and Pereyra, conducted a site assessment at Crestwood Pleasant Hill on September 17, 2010. The site visit served as a learning experience, since a site visit had not been done by the Commission in quite some time. The Commissioners' Site Review Score Cards were distributed. The Commissioner's shared their scores and comments. In Commissioner O'Keeffe's absence, Commissioner Centeno read her scores and comments to the group.

Cindy Mataroso, Administrator of Crestwood Pleasant Hill joined the meeting and was invited by Chair Pasquini to sit at the table with the Work Group and provide comment.

Category A – Facilities and Community Access.

Item #2: Facility is clean and well maintained.

Cindy Mataroso commented that new hot water heater and circulating system was installed, so this issue has been addressed. All three main areas of showers have tile. Bridge west is served by one hot water heater. Tanks are sufficient to provide hot water, but may run out during high usage periods. She'll make a work order for hot water shortage to be inspected and obtaining a new screen door. Food is double bagged once opened. Floor is cleaned every day after dinner is served; the floors may have been dirty but not littered with anything.

Chair Pasquini heard residents complained of a lack of protein during breakfast, but otherwise received positive comments about food. Residents were concerned about having too much carbohydrate with the continental breakfast that is served, and they would like more vegetables.

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Cindy stated that the residents already have fruit available for snack, but would be happy to add vegetables.

Category A – Facilities and Community Access.

Item #4: There is adequate parking for consumers and/or clients.

Janet Wilson commented that she believed that Crestwood's agreement with the city of Pleasant Hill restricted consumers from having cars. Cindy Mataroso confirmed that the Use Permit prevents residents from having personal vehicles.

Commissioner Pereyra added that the facility had good parking for family and friends.

Category A – Facilities and Community Access.

Item #5: Facility is visible from the street and is situated in such a way as to be clearly identified.

Cindy told the Work Group that a sign for inside the parking lot has ordered, but there isn't a sign on the street.

Category B – Policies and Procedures

Item#2: There is emergency protocol in place for personnel and client safety.

Commissioner Pereyra was impressed by Crestwood's level of participation in disaster preparedness. She suggested that they get more disaster supplies. Cindy said there are 5 first aid kits throughout the facility including one in each of the three vans.

Commissioner Pereyra asked about resident's access to flashlights, and Cindy answered that there are 20 flashlights, and batteries are checked quarterly.

Commissioner Centeno changed her score from "Adequate" to "Adequate +" and asked to have the record reflect this change.

Chair Pasquini's comments were similar to others'; she was impressed with their involvement with the County Emergency preparedness. She would like to **recommend in the report, that Mental Health Commission invite the County Emergency Preparedness program to make a presentation on plans for consumers in the county.**

Chair Pasquini asked if Mental Health was well represented in the Emergency Preparedness Program. Cindy clarified that this was a particular task force for Mental Health, and not for the entire County. Every month, Crestwood participates in drills. Chair Pasquini still feels that it's be beneficial for the Commission to receive an update, possibly consider it at the Annual Planning meeting to put as a priority for next year.

Commissioner Pereyra forewarned of the threat of bed bugs, which has become an epidemic in California. She added that the cost of addressing bed bugs after the fact is enormous. Cindy said that the mattresses at Crestwood are like hospital beds, and easier to clean. They are regularly brought out in to the sun and sprayed down. Cindy will speak to their safety committee/nurse about the potential threat of bed bugs.

Category C: Organization and Operations

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Item#1: Psychiatrist/physician services are available on the premises or by referral.

Commissioner Pereyra noted that the 24 hour on call physician is exceptional coverage, she is very much aware that even locked facilities have very limited psychiatrist time.

Cindy thanked Commissioner Pereyra, stating that they agree and feel blessed they are able to provide it.

Category C:

Item#2: There is a job description in place for each employee position.

Commissioner Centeno was unable to find the description posted anymore.

Commissioner Pereyra explained that Cindy mentioned earlier in the site visit, that job descriptions are all posted online, along with any openings.

Cindy added that the descriptions are reviewed every year with employees, so that any changes are brought to them in a timely manner.

Cindy explained that Crestwood's minimum qualifications are those required by licensing, and that they exceed their licensing by leaps and bounds. Licensing requires someone who is 18; they require their Service Coordinator position to have 3 years of experience and/or education in the mental health or related field.

Chair Pasquini looked on-line for Commission of Accreditation of Rehabilitation Facilities (CARF) report for Crestwood Pleasant Hill, but did find the 189 page document of regulations, showing that these facilities are thoroughly reviewed, as Commissioner Yoshioka mentioned during the Site Visit. This is why she references the CARF document in her comments on her Score Card. She would have like to have been able to review parts of the CARF document before the site visit, and it would help inform the Commissioners before they come into a facility.

Chair Pasquini felt that the "Annual Site Review Score Card" tool had no standard, which made it difficult to be consistent in grading.

Commissioner Yoshioka asked when the last time licensing made a visit.

Cindy believes that they were at Crestwood about 3 to 4 months ago, and that CARF was there last year, adding that CARF is a very rigorous review process. Cindy will forward the last licensing report and CARF report to the Commission's assistant for distribution.

Commissioners heard from many residents that Connie Steers is greatly missed. Resident Council, most especially, misses her and her assistance in facilitation and follow up. She strongly **recommends that Mental Health Consumer Concerns (MHCC) consider to having Connie return to Crestwood to at least facilitate, because she's sorely missed.**

Janet Wilson commented that Connie's placement was a specific decision by the Executive Director to take Connie out of Crestwood office and serve the Crestwood clients in the MHCC Wellness and Recovery Centers. Connie has regular hours at each wellness and recovery center.

Category F – Caseload Information

Item #1: The population served is described in Agency's Service Work Plan

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Commissioner Pereyra stated that any placement is controlled by MHA and has nothing to do with Crestwood.

Cindy agreed that she doesn't have any ability in most of these areas to make any changes, and it's absolutely not by choice.

Category F – Caseload Information

Item #1: The population groups excluded by policy

Chair Pasquini shared her comment on this item from her Score Card: 'Policy is vague and inconsistently applied. ED referred to Use Permit issued by City of Pleasant Hill which set certain admission requirements. The ED and County Liaison mentioned exclusions for clients who had charges of assaultive behavior filed or pending. Service Plan states 2 week assault free requirement. This needs to be clarified. Also, reference made to adherence to Harm Reduction Recovery Model, however "no active using" would be allowed. Need definition for "active using" and clarity on this conflict with Harm Reduction model.'

Cindy followed by stating that their exclusionary criteria are set very clearly by the use permit, and they can't change that.

Chair Pasquini responded that she does not think that the exclusionary criteria are clear. The Use Permit says no active using?

Cindy replied that the Use Permit says primary diagnosis of mental health.

Chair Pasquini agrees that there shouldn't be anyone on the Crestwood site that is using, however, her concern is that the majority of clients are dual diagnosed. She asked if no one with that diagnosis is allowed.

Cindy answered that admission process has everyone pre-screen with County Mental Health. Once County Mental Health has approved clients, they are referred to Crestwood for admission process. If someone has a primary diagnosis of substance abuse, they will not be referred. If they have a primary diagnosis of mental health and also have substance abuse issues, that is OK. Crestwood serves many people that have dual diagnosis issues and they have programming to support that. If people are found using on site, then that is brought up immediately to County and immediately start care-planning and determining if this is the right placement for them. If someone is actively using and not following service plans, which will always state something about staying clean and sober, then the person will be referred out.

Chair Pasquini identified this as a problem with the harm reduction model.

Cindy responded that Crestwood cannot have a harm reduction model, because they cannot have people using. She continued by stating that their Use Permit very much discriminates against many mental health consumers, and it's a horrible thing that they don't support.

Commissioner Centeno suggested that exclusion could possibly stem from Crestwood being located in a residential neighborhood.

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Chair Pasquini responded that there are a lot of dual diagnosis facilities in residential areas, and there are no issues. She heard that Crestwood adhered to harm reduction model, and her understanding of harm reduction, is that you don't punish for using. She believes this is the new philosophy in treating addiction. While she believes zero using is the message that needs to be sent, the reality is that people slip all the time. She is concerned about the discrepancy in harm reduction philosophy and the use permit, and consumers being punished for their disease of addiction.

Cindy offered that individuals have to be committed to their sobriety to live with at Crestwood. Their policy is not harm reduction. A 'slip' in sobriety by the resident means Crestwood immediately into service planning with the resident, the County and other stakeholders. If a consumer is able to get back on the wagon and, recommit to sobriety then it's documented and treatment continues. If that is not the case, then Crestwood actively tries to place in another facility. Can't define "actively using" - it's not clear - but county interprets it, and looks at it rigorously.

Commissioner Bagarozzo asked what the connection was between the harm reduction model and the exclusions in the Use Permit.

Chair Pasquini understands that there are couple exclusions in the Use Permit, one being clients who are actively using.

Cindy agrees that it's not clear what "actively using" means in the Use Permit, but she knows how the County interprets it. The county looks at 'actively using' pretty rigorously.

Chair Pasquini continued that there are exclusions, and they are active users and someone who's been assaultive.

Cindy clarified that it's not 'assaultive', but someone who's cause harm to another person. If the County knows that a person has caused harm, that person will meet that exclusionary criterion.

Chair Pasquini is very much concerned by exclusions, and fears that a large amount of people are being excluded.

Cindy would not only be willing but welcoming of opportunity to sit with whomever it may be, to look at how some of these things are defined.

Janet Wilson added that an attorney with Disability Right California was offering to look and re-open the conditions in the Use Permit, and there was much advice to not do that because it could result in the User Permit being pulled.

Cindy echoed Janet's statement, saying that they cannot open up the conditions without opening use permit. There are different time periods for different things, before a client is eligible an offense. These times are not set up by the County but are specified in the Use Permit. For instance, sex offences don't go away, smoking inside/setting fire is a year, causing harm is either 6 months or a year.

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Commissioner Bagarozzo stated that 'exclusion' and 'discrimination' are red flags that an issue needs follow up, even to the extent to filing law suits if it's appropriate and necessary.

Commissioner Pereyra added that a part of the focus on the Use Permit is knowing that the Use Permit for Bonita House property in Knightsen will be up for discussion soon. So we must be extremely cautious not to make the criteria there so narrow that they can't find any one to place there, because that neighborhood is really being unrealistic.

As some may know, Crestwood operated under that restrictive configuration for 5 years, with a 50 % vacancy rate due to it. Cindy's been advised by their attorney, county mental health and the city of Pleasant Hill not to re- open it.

Chair Pasquini's Lean training has trained her to question everything, a law, a policy, five times.

- **ACTION: Motion to refer to the Mental Health Commission for review and further study, the matter of the exclusions regarding the Use Permit at Crestwood Pleasant Hill.**
M-Bagarozzo/S-Centeno/Passed, 4-0 unanimous

Commissioner Bagarozzo also suggested that the work group ask the commission to authorize workgroup to have the discussion with Crestwood, Mental Health Administration, and extend an invitation to an attorney to consult the work group. (*Original Motion passed.*)

Commissioner Pereyra commented that there is a difference between investigating criteria that Mental Health Administration uses to place people, as opposed to going back and rechecking the Use Permit, because MHA has total control over who the put there, and some of the exclusions or problems with placement may be driven by decisions made at Mental Health Administration and not necessarily by stipulations in the Use Permit.

Category F: Caseload Information

Item#4: Average length of time in treatment for clients discharged is reported to the contract monitor.

Commissioner Pereyra asked if this was totally managed by MHA.

Cindy said that their biggest barrier is safe affordable housing, without a doubt. Folks are often ready to discharge, and have met their service goals, but there's nowhere for them to go that's safe and affordable.

Category J: Planning Capability.

Item#1: There is an annual planning process.

Chair Pasquini referred to the CARF and QIP for Crestwood's annual planning process.

Cindy mentioned that twice a year, they conduct a survey to consumers and staff as well as meeting with County weekly. Also, they get a lot of ideas from Resident Council; a lot of changes have come about based on feedback from them.

Category J: Planning Capability.

Item#3: The goals and objectives are periodically reviewed.

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Commissioner Pereyra added that Quality of Care Work Group may want to review the follow up that's done when a resident does not meet goals and objectives.

B. Discuss process and consider a formal recommendation to Quality of Care Workgroup for their site assessment process.

Due to time constraints, Chair Pasquini did not read her entire report. She will include her report as her individual comments. (*Report follows minutes*).

Chair Pasquini felt it was a great test for establishing a procedure for future site visits. She was concerned and really struggled with her ability to come into the Site Visit objective. She worked through the conflict in her mind, because her son has a 12 year history the Crestwood facilities and she's been vocal and not always positive. She wondered if there was a conflict of interest and determined that as a family member representative from the Commission, she can't always remove her family experience. She has to weigh it and balance it. She very much wanted to come to this facility because she had not been able to go on a Site Visit before. She was extremely moved and extremely grateful for this facility to be in our community. Consumers who are at this facility are blessed to be there, our community is blessed to have it. She is concerned for those who aren't allowed to be there.

Chair Pasquini read the following personal comments from her report: We must all work together to promote additional facilities that can offer recovery and support in our own county. I believe the development of supported housing must be the number one priority of all stakeholders. The lack of housing creates a bottleneck in higher levels of care that wastes money and time that a consumer can never get back. Those consumers placed in this facility are very lucky compared to those in other poorly run, poorly managed board and cares and programs. The Commission must find ways to advocate for additional resources for creating housing options in this county.... Our Workgroup should reach consensus on a report to the MHC on this site visit. I move that we provide copies of our individual evaluations and unite on a positive and appreciative tone for the service this facility provides our community. I further believe that the lessons learned by Crestwood PH and CCC could be used as a model to encourage future housing developments such as the one in Knightsen which the Commission supported. I am not a fan of Super Board and Cares because of the institutional like setting provided, however, I am a fan of having consumers in safe, supported housing and this facility provides that to some very lucky CCC consumers.

Commissioner Centeno commended Chair Pasquini for her objectivity.

Chair Pasquini apologized for going over time, and asked if everyone was agreeable to continuing the meeting.

The Commissioners unanimously agreed.

Commissioner Overby asked what the census was like at Crestwood.

Cindy answered that Crestwood has finally achieved census.

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Commissioner Overby felt that it is a blessing to have Crestwood, so that we don't have to send people out of county.

Chair Pasquini read her recommendations from her report. *(Report follows minutes)*

Commissioner Bagarozzo felt that a new evaluating tool is needed. The idea of a new tool is very relevant and important especially for future reviews, to compare facilities.

Commissioner Overby asked about the number of empty beds at Crestwood, and why they are not filled.

Cindy explained that the Use Permit specifies that Crestwood serves 80 people.

C. Discuss and consider final Capital Facilities Workgroup Recommendations on Crestwood Site Assessment Report to MHC.

➤ **ACTION: Motion to forward the following recommendations, along with individual Commissioner evaluations to the Mental Health Commission:**

- **Future Site Visits should be lead by one Commissioner, either the Chair or one appointed by the Workgroup to lead the visit as a formal meeting. This is not a tour, but rather a formal review per WI Code requirements.**
- **Commissioners should come prepared and knowledgeable of the evaluation tool. This should be thoroughly discussed and reviewed before the visit. This tool was adequate, but further tools should be explored.**
- **Contracts should be reviewed prior to visit and Workgroup should be knowledgeable of areas in contract that are pertinent to the visit.**
- **All accreditation surveys, QIPs, number and types of Sentinel Events, number and type of complaints should be provided to the Commission in advance of visit. We should have some knowledge of problems and efforts to correct before coming on site. Additionally, number of people being excluded.**
- **Commission should review/analyze system impact of loss of MHRC beds and how that might affect recidivism. How did the loss of the MHRC at Crestwood PH impact the continuum of care for our consumers? Are they being placed in a level of care that is lower than their needs dictate? Are higher acuity levels being tolerated in the community placements which can negatively impact other consumers who are further along in their recovery and more stable?**

M-Pasquini/S-Bagarozzo/Passed, 4-0 unanimous

Chair Pasquini emphasized that while it was a Crestwood site visit, it's a partnership review. It's working together as community partners with Mental Health Administration, Mental Health Commission, families, consumers, providers. The last thing she would want is for the facility to close down, but she also doesn't want to be controlled by fear.

Commissioner Bagarozzo complimented Cindy Mataroso, stating that her candor and openness is exceptional, and it made it easier, as new commissioner, to listen and get knowledge.

6. **SET NEXT MEETING DATE: October 26, 2010, 3pm to 5pm.**

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Location to be determined.

7. ADJOURN MEETING

Chair Pasquini closed the meeting at 5:12pm.

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 72 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours

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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.

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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

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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.

Vice Chair Pasquini said she was honored to hear the testimonies from family members and consumers at the Community Meeting. She appreciated that some family members and some 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 that the MHC, stakeholders and members of the public provided regarding programming choices on 20 Allen property. He welcomes everyone's involvement and support.

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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 those in attendance to show interest in supporting improved public transportation access and 24 hour ARC accessibility. The response was unanimous by all in attendance. 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.

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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'Keefe 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.

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

CONTRACT PROVIDER: Crestwood Behavioral Health - Pleasant Hill

CONTRACT NUMBER: _____

TERM OF CONTRACT: From: _____ To: _____

ADDRESS/LOCATION OF CONTRACTOR: 550 Patterson Blvd., Pleasant Hill, CA 94523

REVIEWER NAME: Peter Bagarozzo

REVIEW DATE: 8/24/10

Capital Facilities Workgroup

Quality of Care Workgroup

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY A – FACILITIES AND COMMUNITY ACCESS					
1. Physical plant is comfortable, physically and psychologically, for the population served.		✓			I would prefer softer but lighter colors.
2. Facility is clean and well maintained.		✓			HOT WATER ISSUE, SHOWER LOCATION COULD BE BETTER.
3. Facility is situated within reasonable proximity to public transportation.	✓				ONE SHOWER COULD USE UPGRADE.
4. There is adequate parking for consumers and/or clients.	✓				
5. Facility is visible from the street and is situated in such a way as to be clearly identified.		✓			

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY B – POLICIES AND PROCEDURES					
1. There is a client Admission Policy.					
2. There are emergency protocol in place for personnel and client safety.	with program	✓			REGULAR TRAINING FOR RESIDENTS?
3. There is a written Grievance Policy and Process.					
4. There are emergency protocol in place regarding medications.		✓			THERE IS NOTEBOOK AS FALL SAFE OPTION

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

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY C – ORGANIZATION AND OPERATIONS					
1. Psychiatrist/physician services are available on the premises or by referral.		✓			
2. There is a job description in place for each employee position.		✓			TOLD THERE IS BUT WAS NOT VIEWED. THERE IS FOR EACH POSITION
3. The agency meets the minimum qualifications for the positions utilized.		✓			TOLD IT MEETS ALL STANDARDS/QUALIFIES.
4. The agency maintains personnel records for its employees.		✓			"
5. There is a system for regular performance appraisals of all staff.		✓			"
6. The agency adheres to an established Employee Orientation procedure.		✓			TOLD THERE IS ONE IN PLACE.
7. The agency employs, or actively recruits, culturally and linguistically competent staff members.		✓			IT APPEARS EFFORT IS MADE
8. Staff training is required and documented.		✓			MEETS AND PROVIDES TRAINING
9. Staff training include culturally relevant components.					
10. Consumer providers are employed by the agency.		✓			EMPLOYED - NOT SURE

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

CONTRACT EVALUATION: Adult Mental Health Program
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(Excludes Medi-Cal Certification Survey Criteria)

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

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

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

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
1. [REDACTED]					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
1. [REDACTED]					
2. [REDACTED]					
3. [REDACTED]					
4. [REDACTED]					
5. [REDACTED]					

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

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

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY J – PLANNING CAPABILITY					
1. There is an annual planning process.		✓			NOT CLEAR PLAN WAS REVIEWED BUT
2. The agency sets annual goals and objectives.		✓			DISCUSSED "
3. The goals and objectives are periodically reviewed.		✓			"

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

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

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

CONTRACT EVALUATION: Adult Mental Health Program
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(Excludes Medi-Cal Certification Survey Criteria)

EVALUATION CRITERIA		Excellent	Adequate	Poor	N/A	Comments:
EXPIRATION DATE/RENEWAL DATE						
1.						
2.						
3.						
4.						

CONTRACT EVALUATION: Adult Mental Health Program
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(Excludes Medi-Cal Certification Survey Criteria)

CONTRACT PROVIDER: Crestwood Behavioral Health - Pleasant Hill

CONTRACT NUMBER: _____

TERM OF CONTRACT: From: _____ To: _____

ADDRESS/LOCATION OF CONTRACTOR: 550 Patterson Blvd., Pleasant Hill, CA 94523

REVIEWER NAME: Evelyn Conteno

REVIEW DATE: 8/24/10

Capital Facilities Workgroup

Quality of Care Workgroup

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

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY B – POLICIES AND PROCEDURES					
1. There is a client Admission Policy.	✓				
2. There are emergency protocol in place for personnel and client safety.		✓			✓ will every quarter every shift. Certificated by fire marshal
3. There is a written Grievance Policy and Process.		✓			
4. There are emergency protocol in place regarding medications.	✓				ready in big cart

Every year check & fire marshal

See CARF website

Dr. Anubh on call
 Item 6.A 24/7 or CSM

CONTRACT EVALUATION: Adult Mental Health Program
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(Excludes Medi-Cal Certification Survey Criteria)

*Requested for Staff
Assignment Review*

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY C – ORGANIZATION AND OPERATIONS					
1. Psychiatrist/physician services are available on the premises or by referral.		✓			
2. There is a job description in place for each employee position.					Didn't see
3. The agency meets the minimum qualifications for the positions utilized.	✓				
4. The agency maintains personnel records for its employees.		✓			Patient Rights posted Has Resident Government
5. There is a system for regular performance appraisals of all staff.		✓			Didn't hear
6. The agency adheres to an established Employee Orientation procedure.		✓			
7. The agency employs, or actively recruits, culturally and linguistically competent staff members.		✓			
8. Staff training is required and documented.					
9. Staff training include culturally relevant components.			✓		
10. Consumer providers are employed by the agency.				✓	Don't know

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

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

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

* Use permit does not allow admittance of people who have violent + criminal background, fire setting (harm to other people), primary active substance abuse.
 Can only serve Contra Costa family.

DIPs - Quality Improvement Plans reported 2x at CRRP

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Item 6.A

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EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
EXERCISES, TOGETHER RECORDS					
1. [REDACTED]					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
EXERCISES, TOGETHER RECORDS					
1. [REDACTED]					
2. [REDACTED]					
3. [REDACTED]					
4. [REDACTED]					
5. [REDACTED]					

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

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

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

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

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

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EVALUATION CRITERIA		Excellent	Adequate	Poor	N/A	Comments:
CATEGORY 1 - PHYSICAL HEALTH CARE						
1.	Physical health care services are provided to all patients in a timely manner.					
2.	Physical health care services are provided to all patients in a timely manner.					
3.	Physical health care services are provided to all patients in a timely manner.					
4.	Physical health care services are provided to all patients in a timely manner.					

CONTRACT EVALUATION: Adult Mental Health Program
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(Excludes Medi-Cal Certification Survey Criteria)

CONTRACT PROVIDER: Crestwood Behavioral Health - Pleasant Hill

CONTRACT NUMBER: _____

TERM OF CONTRACT: From: _____ To: _____

ADDRESS/LOCATION OF CONTRACTOR: 550 Patterson Blvd., Pleasant Hill, CA 94523

REVIEWER NAME: Collette O'Keeffe

REVIEW DATE: ~~8/24/10~~ 9/17/10

Capital Facilities Workgroup

Quality of Care Workgroup

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY A – FACILITIES AND COMMUNITY ACCESS					
1. Physical plant is comfortable, physically and psychologically, for the population served.		✓			
2. Facility is clean and well maintained.			✓		Kitchen food storage area clust, food on floor; refrigerator not amenable to easy cleaning
3. Facility is situated within reasonable proximity to public transportation.		✓			2) showers - mold & cracks in grouting 1 of 2 showers for all women no hot water per consumers report
4. There is adequate parking for consumers and/or clients.		✓			3) Laundry - needs caulking at plumbing access points
5. Facility is visible from the street and is situated in such a way as to be clearly identified.	✓				4) Bird cage in common area filthy - not healthy for birds for nor people

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY B – POLICIES AND PROCEDURES					
1. There is a client Admission Policy.		✓			1) continued - flour in paper bags (not cockroach proof)
2. There are emergency protocol in place for personnel and client safety.		✓			5) a) lunch servers - no hair nets - 1 server had long hair & was bending over
3. There is a written Grievance Policy and Process.			✓		b) scoop for ice in drinks handle was stuck in to the ice & repeatedly held by clients serving themselves ice
4. There are emergency protocol in place regarding medications.		✓			

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EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY C – ORGANIZATION AND OPERATIONS					
1. Psychiatrist/physician services are available on the premises or by referral.		✓			
2. There is a job description in place for each employee position.		✓			
3. The agency meets the minimum qualifications for the positions utilized.			✓		unclear on minimum qualifications for service co-ordinators
4. The agency maintains personnel records for its employees.					
5. There is a system for regular performance appraisals of all staff.					
6. The agency adheres to an established Employee Orientation procedure.		✓			
7. The agency employs, or actively recruits, culturally and linguistically competent staff members.		✓			
8. Staff training is required and documented.					
9. Staff training include culturally relevant components.					
10. Consumer providers are employed by the agency.			✓		There is no on-site consumer rights advocate

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

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

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY F – CASELOAD INFORMATION					
1. The population served is described in Agency's Service Work Plan.		✓			
2. Population groups excluded by policy?		✓			
3. Average admission and discharge rates are reported to the contract monitor.		✓			
4. The average length of time in treatment for clients discharged is reported to the contract monitor.	✓				
5. Clients are discharged to follow up services as outlined in the service work plan.		✓			
6. There is a plan to assure smooth client transition to follow up services.		✓			housing placement is not available
7. There is a process to assure that the client is followed up on by the agency when client is referred to another agency.		✓			

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EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
1. [REDACTED]					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
1. [REDACTED]					
2. [REDACTED]					
3. [REDACTED]					
4. [REDACTED]					
5. [REDACTED]					

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EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY I – UNITS OF SERVICE					
1. Annual individual billable contacts of services for each program element are documented in the Service work plan of the contract, and reported to the contract monitor.		✓			
2. Cost per unit of service in each program element is documented in the Service Work Plan and reported to the Contract Monitor. Compare with the State's maximum allowable costs (where applicable).			✓		Huge augmentation fee paid by county Not much evidence that services provided warrant this

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

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

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

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

**CONTRACT EVALUATION: Adult Mental Health Program
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EVALUATION CRITERIA		Excellent	Adequate	Poor	N/A	Comments:
COMMUNITY MENTAL HEALTH CARE						
1.	Community mental health services are available to all eligible individuals in the community.					
2.	Community mental health services are provided in a timely manner.					
3.	Community mental health services are provided in a culturally competent manner.					
4.	Community mental health services are provided in a safe and secure environment.					

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CONTRACT PROVIDER: Crestwood Behavioral Health –Pleasant Hill

CONTRACT NUMBER: 24-933-26

TERM OF CONTRACT: From: 7-1-09 To: 6-30-10

ADDRESS/LOCATION OF CONTRACTOR: 550 Patterson, Pleasant Hill, CA

REVIEWER NAME: Teresa Pasquini, Family Member, District 1

REVIEW DATE: 9-17-10

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY A – FACILITIES AND COMMUNITY ACCESS					
1. Physical plant is comfortable, physically and psychologically, for the population served.		X			I was very impressed with the overall wellness and healing ambiance of the facility.
2. Facility is clean and well maintained.		X			Consumer complaints about lack of hot water for showers. Also, complained about lack of protein for breakfast during week. Stated Continental Breakfast only is served during week. Mostly positive comments about food.
3. Facility is situated within reasonable proximity to public transportation.		X			Bus access was close by and BART is in reasonable proximity.
4. There is adequate parking for consumers and/or clients.		X			
5. Facility is visible from the street and is situated in such a way as to be clearly identified.		X			

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY B – POLICIES AND PROCEDURES					
1. There is a client Admission					

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	Policy.				
2.	There are emergency protocol in place for personnel and client safety.		X		Qtly drills performed for each shift.ED stated that Fire Marshall had coordinated plan and that County ER Preparedness had provided her w/ further education and awareness of County ER plan that could involve Crestwood PH. Recommendation: MHC invited County ER Preparedness Program for Presentation on plan for consumers in county .
3.	There is a written Grievance Policy and Process.				
4.	There are emergency protocol in place regarding medications.		X		Per regulations.

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY C – ORGANIZATION AND OPERATIONS					
1. Psychiatrist/physician services are available on the premises or by referral.		X			Psychiatrist onsite 30hours/wk
2. There is a job description in place for each employee position.		X			ED referred to Crestwood website
3. The agency meets the minimum qualifications for the positions utilized.		X			See CARP Accreditation
4. The agency maintains personnel records for its employees.		X			Same as above
5. There is a system for regular performance appraisals of all staff.		X			Same as above
6. The agency adheres to an established Employee Orientation procedure.		X			Same as above
7. The agency employs, or actively recruits, culturally and					Recommend referring items 7-10 to QOC since

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linguistically competent staff members.					Commissioners from Cultural Diversity WG sit on that Workgroup.
8. Staff training is required and documented.					
9. Staff training include culturally relevant components.					
10. Consumer providers are employed by the agency.	X				SPIRIT Grads employed

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

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

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY F – CASELOAD INFORMATION					
1. The population served is described in Agency's Service Work Plan.		X			See Contract L3 pg1-10
2. Population groups excluded by policy?			X		Policy is vague and inconsistently applied. ED referred to Use Permit issued by City of Pleasant Hill which set

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					certain admission requirements. The ED and County Liason mentioned exclusions for clients who had charges of assaultive behavior filed/pending. Service Plan states 2 wk assault free requirement. This needs to be clarified. Also, reference made to adherence to Harm Reduction Recovery Model, however "no active using" would be allowed. Need definition for "active using" and clarity on this conflict w/ Harm Reduction model.
3. Average admission and discharge rates are reported to the contract monitor.		X			Driven by resources and MHA-need clarity. County and Contractor in partnership and ongoing collaborative communication around successful treatment plans.
4. The average length of time in treatment for clients discharged is reported to the contract monitor.		X			See above comment
5. Clients are discharged to follow up services as outlined in the service work plan.		X			Unable to review/verify
6. There is a plan to assure smooth client transition to follow up services.		X			Linked to clinics per ED
7. There is a process to assure that the client is followed up on by the agency when client is referred to another agency.		X			90 day follow up. Open door to graduates.

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

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

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

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

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

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

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

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

TPasquini Comments on Crestwood PH Site Visit:
9-28-10 Cap Fac Workgroup Meeting:

I believe that the Crestwood PH site visit was a great test for establishing a procedure for future site visits. I was determined to attend this visit with as much objectivity as possible and wear my Commissioner Hat and not my Mom hat. I had revealed to Cindy Mataraso my desire to not be influenced by any negative experiences that my son or family has experienced at a Crestwood Facility over the past 12 years. I disclose that I have had conflicts with various Crestwood placements over the years. I have also had positive experiences. I did not want to allow those experiences to cloud my view of this facility; one my son has never been placed. I considered recusing myself from this visit based on potential conflicts of interest, but I feel very confident in my objectivity and believe that my family member position on this Commission requires that I balance my personal experiences with the commissioner's job to consider the needs of the community.

I believe my comments in my evaluation are based on what I observed and reviewed from documents such as the Contract and the CARF survey. I was unable to locate the actual Crestwood PH CARF survey online. I was able to ascertain that they have received the highest accreditation of three years. I scanned the 189 page document that provides guidelines to the facility for continuous improvement, prepares the facility for the survey and accreditation process, and offers education and best practice recommendations.

Examples from the CARF:

- A QIP(Quality Improvement Plan) must be completed within 90 days of accreditation and specify the current and future efforts to address areas for improvement identified in the survey.
- CARF also performs unannounced visits and may require new QIP if problems are identified. CARF also defines and regulates Sentinel or Significant Events and requires a 30 day communication.

Although there were some anecdotal stories of concern provided by a couple of consumers who met with the Commissioners privately, following the site visit, I believe the overall consensus from the consumers interviewed was one of gratitude, recovery, and hope. I was extremely impressed by the site visit and the facility. I think we are very fortunate to have this facility in our county. It is a very precious resource.

We must all work together to promote additional facilities that can offer recovery and support in our own county. I believe the development of supported housing must be the number one priority of all stakeholders. The lack of housing creates a bottleneck in higher levels of care that wastes money and time that a consumer can never get back. Those consumers placed in this facility are very lucky compared to those in other poorly run, poorly managed board and cares and programs. The Commission must find ways to advocate for additional resources for creating housing options in this county. It is unacceptable to have so many consumers, families, and providers competing for precious few beds.

Our Workgroup should reach consensus on a report to the MHC on this site visit. I move that we provide copies of our individual evaluations and unite on a positive and appreciative tone for the service this facility provides our community. I further believe that the lessons learned by Crestwood PH and CCC could be used as a model to encourage future housing developments such as the one in Knightsen which the Commission supported. I am not a fan of Super Board and Cares because of the institutional like setting provided, however, I am a fan of having consumers in safe, supported housing and this facility provides that to some very lucky CCC consumers.

My Recommendations:

- Future Site Visits should be lead by one Commissioner, either the Chair or one appointed by the Workgroup to lead the visit as a formal meeting. This is not a tour, but rather a formal review per WI Code requirements.
- Commissioners should come prepared and knowledgeable of the evaluation tool. This should be thoroughly discussed and reviewed before the visit. This tool was adequate, but further tools should be explored.
- Contracts should be reviewed prior to visit and Workgroup should be knowledgeable of areas in contract that are pertinent to the visit.
- All accreditation surveys, QIPs, number and types of Sentinel Events, number and type of complaints should be provided to the Commission in advance of visit. We should have some knowledge of problems and efforts to correct before coming on site.
- Commission should review/analyze system impact of loss of MHRC beds and how that might affect recidivism. How did the loss of the MHRC at Crestwood PH impact the continuum of care for our consumers? Are they being placed in a level of care that is lower than their needs dictate? Are higher acuity levels being tolerated in the community placements which can negatively impact other consumers who are further along in their recovery and more stable?

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CONTRACT PROVIDER: Crestwood Healing Center Pleasant Hill _____

CONTRACT NUMBER: _____

TERM OF CONTRACT: From: _____ To: _____

ADDRESS/LOCATION OF CONTRACTOR: _____

REVIEWER NAME: Annis Pereyra

REVIEW DATE: September 17, 2020

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY A – FACILITIES AND COMMUNITY ACCESS					
1. Physical plant is comfortable, physically and psychologically, for the population served.		X plus			Spacious facility, lots of room to spread out, larger rooms give residents personal space. Comfortable except for showers, which continue to be poor as residents reported that showers still do not have adequate hot water even after installation of new water heater
2. Facility is clean and well maintained.		X			Definite odor of urine in the Bridge side of building due to age of facility and odors permeated into sheetrock, etc. Kitchen area storeroom floor was not clean, yet food items were well sealed. The screen door did not close properly (no interior handle) so that it was

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					ajar, and the bottom of the door was short of the threshold allowing space for flies mice, rats, lizards. Etc. to access kitchen.
3. Facility is situated within reasonable proximity to public transportation.		X plus			Walking distance to BART for some, okay bus service, on route to DVC, WC and PH BART
4. There is adequate parking for consumers and/or clients.	X				
5. Facility is visible from the street and is situated in such a way as to be clearly identified.		X			Was signage a stipulation from the city?

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY B - POLICIES AND PROCEDURES					
1. There is a client Admission Policy.					
2. There are emergency protocol in place for personnel and client safety.		X			See notes
3. There is a written Grievance Policy and Process.					
4. There are emergency protocol in place regarding medications.		X			Adequate supply on hand, disaster cart with 3 day supply

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY C - ORGANIZATION AND OPERATIONS					
1. Psychiatrist/physician services are available on the premises or by referral.		X			MD by referral, psychiatrist on call 24/7, plus on site 30 hr/week
2. There is a job description in place for each employee position.		X			Available on website for review. Updated annually
3. The agency meets the minimum qualifications for the positions utilized.					To be reviewed from website information
4. The agency maintains		X			Stated to be doc. on

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

personnel records for its employees.					training, evaluations, job description, in-services, 20 hour updated training per year
5. There is a system for regular performance appraisals of all staff.		X			Annual plus self-appraisals, review of job description, personal goals
6. The agency adheres to an established Employee Orientation procedure.		X			Not reviewed---director stated 40 hr formal training, incl. 20 hr crisis de-escalation, emphasis on medications, safety/disaster, then 20-40 hr job shadowing
7. The agency employs, or actively recruits, culturally and linguistically competent staff members.					
8. Staff training is required and documented.		X			20 hrs/year Clinical supervision monthly *documents not reviewed
9. Staff training include culturally relevant components.					
10. Consumer providers are employed by the agency.		X			Mostly Spirit graduates + starting group for consumer providers

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

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
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CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)

CATEGORY E – CLIENT INTAKE PROCEDURES					
1. Agency complies with County requirements for referral sources.					
2. Referral agency records are requested and utilized.					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY F – CASELOAD INFORMATION					
1. The population served is described in Agency's Service Work Plan.		X			Placement by MHA referral only—all are target population
2. Population groups excluded by policy?		X			Limited by strict protocol set by neighborhood: to exclude those with felony or misdemeanor charges including violence, sexual, fire-related. "no harm to another person" no active drug use, no primary dx as substance abuse, no detox available
3. Average admission and discharge rates are reported to the contract monitor.		X			Driven by MHA and resources available, influenced by Public Defender, case manager, etc.
4. The average length of time in treatment for clients discharged is reported to the contract monitor.				X	Totally managed by MHA
5. Clients are discharged to follow up services as outlined in the service work plan.		X			Continuous plan kept in resident's chart
6. There is a plan to assure smooth client transition to follow up services.		X			*copy of plan given to be attached to final report—plan linked to services in community—medical/psych/meds/activities/transport/client finds own placement—Director noted extreme shortage of housing

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

					options in CCC. Follow up appointments scheduled before discharge.
7. There is a process to assure that the client is followed up on by the agency when client is referred to another agency.		X			Staff from CCC MH follow up plus facility support for 3 months after discharge. Activities for graduate,,: ex: Thanksgiving dinner

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

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY H - PROGRAM OUTCOMES					
1. When clients have terminated, 95% of them completed service plan goals.					
2. Of the clients terminated, less than 5% have dropped out of the program.					
3. There is a plan in place to assess, and follow up on, the reasons for client terminating the program.					
4. How many clients were hospitalized since admission to					

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

the program (during the most recent quarter)? What percentage were readmitted/continued in the program following hospitalization.					
5. What factors are seen as contributing to success and lack of success with clients?					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY I - UNITS OF SERVICE					
1. Annual individual billable contacts of services for each program element are documented in the Service work plan of the contract, and reported to the contract monitor.		X			No billable amount for individual elements—flat rate per bed used /day. Empty beds NOT charged to CCC.
2. Cost per unit of service in each program element is documented in the Service Work Plan and reported to the Contract Monitor. Compare with the State's maximum allowable costs (where applicable).				X	Note that the Pathway program is MediCal billable while Bridges program is flat rate.

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
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CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)

CATEGORY J – PLANNING CAPABILITY					
1. There is an annual planning process.		X			Planning is on-going and continuous.
2. The agency sets annual goals and objectives.		X			Constant monitoring to re-evaluate facility goals and objectives to improve services.
3. The goals and objectives are periodically reviewed.		X			See above NOTE: Qual of Life workgroup should review what follow-up is done when individual resident does not reach goals and objectives

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

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

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

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

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

Additional Notes
MHC Site Inspection, Crestwood Healing Center, 9-17-2010
Prepared by Annis Pereyra

Category A1: Kitchenette---Kitchen area is provided yet there is no microwave, stovetop, or oven present, and refrigerator is non-functional. Refer to Quality of Life Workgroup to determine if shopping, meal preparation skills are taught to residents to enhance independent living skills.

Category B2: Safety---There is a security buzzer at the main door which alerts staff of all entry and exits from the building. All bedroom sliding doors are sealed shut for security, preventing entrance from the outside, especially during night hours. While regulations determine that only one staff member needs to be present, facility is staffed with 3 to 4 at night, and the outside perimeters of the building is walked every half hour, internal hallways as well.

Facility is involved in county-wide disaster planning. Building evacuation charts are clearly posted and residents instructed in following exit plans. Evacuation Assembly Points were not viewed to check for clearly designated areas with signs posted. It is suggested that Disaster Preparedness Lists be consulted to have additional supplies on hand, especially in view of the fact that school-aged children may also come to the site in the event of a disaster. There is a First Aid Kit in the medication room for 25 persons, however it lacks many of the supplies on the lists provided by resources, especially bandages larger than a bandaid, and is inadequate for the number of residents and staff. It was estimated by the Director that there are 100 people in the building during the daytime, and over 80 people during the night. Simple supplies like flashlights could be added to the cart that will be rolled outside during a disaster.

Note that under **C8**, staff is taught verbal crisis de-escalation skills as a method of mediation.

Additional comment---is there any protocol in place regarding bed bugs considering the increasing prevalence of this pest nation-wide?

Category B4: The medication cart and charts are ready to be rolled out of the facility in the event of a disaster, providing a 3-day supply of

medications. Availability of water/cups should be reviewed as emergency water supply is located in the facility kitchen, which could be rendered inaccessible.

Category F2: Note that background checks with CCC records are done before placing a client at this facility.

Notes on comments made at meeting with residents: staff not present

Too little hot water in showers--- At 6:30 am, water is cold but gets "warmer" in 2-3 minutes, but by 7:30 it isn't even warm---warmer in evenings---cleaned by janitors on Thursdays---in Bridge side of facility there is no hot water on west side so 30 people use one shower

In Pathways, there is mold in the shower---(floor mat missing in left shower as it was taken out to clean) One resident noted mold on the ceiling in the right shower on Pathway side of building

Residents request waste basket in bathrooms. Waste baskets are full all the time and no one empties them

Most food is healthy and tasty, but a complaint was made that breakfast is continental style with focus on carbohydrates, consisting of cereal and sweet pastry, which resident stated was not a healthy breakfast for anyone. Eggs are served only on weekends, and residents would like choices such as yogurt. Some meals have no vegetables at all, and one resident makes trips to the nearby Safeway to make personal purchases with limited financial resources to supplement vegetable intake.

Numerous comments were made about how spotty follow-up is from Resident Council, and residents would like to advocate for the return of Connie Steers to lead their meetings and help residents put forth their suggestions and complaints.

Mental Health Consumer Screening. The applicant shall admit only Contra Costa residents referred by the County. The applicant shall use all reasonable efforts not to admit any mental health consumer at the facility who is 1) a registered sex offender as defined in Penal Code Section 290; 2) a person committed to the custody of the State as a "mentally disordered sex offender" as referenced by Welfare and Institutions Code Section 6300 et seq. or any related successor legislation; 3) a person who has been adjudged to be a sexually violent predator as defined by Welfare and Institutions Code Section 6600 et seq.; 4) a person who has been convicted of a felony involving physically abusive or assaultive behavior (sexual or non-sexual) as determined by the County, that results in serious physical harm to another; 5) a person who has exhibited

Adopted August 4, 2003

2

two or more instances of aggressive and violent behavior within the previous one year period that results in physical harm to others including sexual or non-sexual harm and no instances of aggressive and violent behavior within the previous six month period that results in physical harm to others including sexual or non-sexual harm; 6) a person who the County determines has abused alcohol or controlled substances within the previous three month period; or 7) a person who has a primary diagnosis of alcohol or controlled substances abuse. For purposes of this condition, "Physical harm" shall be determined by the County.

Any mental health consumer that fails a drug or alcohol screening, or who is found to be using, abusing or selling controlled substances or alcohol, or providing alcohol to minors, will be promptly removed from the facility. In addition, any consumer who exhibits violent, physically abusive or physically assaultive behavior will be promptly removed from the facility.

Mental Health

**Diversity & Recruitment Workgroup
September 13, 2010**

Attendees: Peggy Kennedy, Chair
Dave Kahler
Peter Bagarozzo
Peter Mantas

Absent: Sam Yoshioka
Evelyn Centeno

Discussion: Sam Yoshioka has decided to step down from the Diversity and Recruitment Workgroup.

Peter Mantas presented an overview (attached) of Welfare & Institution Codes 5600, 5604, and 5604.5 for clarification as to goals for the Workgroup. In addition, he provided a comparative breakdown of the current makeup of the Commission, figures from the 2008 Contra Costa County Census, and 2010 county client population. The breakdown highlights that Hispanics or Latinos and African Americans are the most underrepresented groups on the Commission when considering both the county's general population and client populations.

We unanimously agreed that since our Workgroup's Areas of Interest (below) accurately represent our group's' focus and goals, a Workgroup mission statement is redundant and unnecessary.

Workgroup action items:

Dave and Peggy will outreach to La Clinica de la Raza
Peter B. will outreach to community colleges
Evelyn will outreach to groups she identifies

Next meetings are scheduled for Monday, 10/18, 11/8 and 12/6 at 1:00 pm.

Areas of Interest

Recruitment

- * Identify underrepresented groups
- * Determine outreach opportunities to provide MHC information to those communities

Selection

- * Clearly set forth expectations for candidates
- * Review interview process to ensure that questions are relevant and presented in a professional manner
- * Confirm that the MHC selection criteria is aligned with the Board of Supervisors' criteria

Orientation

- * Timely and flexible commissioner training
- * Provide user-friendly commissioner orientation binder
- * Assign a mentor
- * Create a standard list of commissioner resources including:
 - + Key websites and sources of information
 - + Key people and departments within the Contra Costa mental health community
 - + A list of current MHC topics of interest

Retention

- * Assist commissioners in overcoming personal obstacles such as transportation or disability issues
- * Conduct exit interviews with departing commissioners

Race	State 2008 Census	County 2008 Census	County Client	Diff	Commission	Comm Vs Census	Comm Vs Client Base
White persons not Hispanic	42.30%	50.80%	43.50%	-7.30%	67.00%	16.20%	23.50%
Black	6.70%	9.70%	25.70%	16.00%	8.00%	-1.70%	-17.70%
Hispanic or Latino	36.60%	22.90%	19.00%	-3.90%	0.00%	-22.90%	-19.00%
Asian	12.50%	13.70%	5.70%	-8.00%	25.00%	11.30%	19.30%
American Indian & Alaska Native	1.20%	8.00%	0.00%	-8.00%	0.00%	-8.00%	0.00%
Native Hawaiian & Other Pacific Islander	0.40%	0.50%	0.00%	-0.50%	0.00%	-0.50%	0.00%
Other/Unknown	-	-	5.50%	-	-		
Totals	99.70%		99.40%				

UNDERREPRESENTED

The objective of the Diversity Workgroup is not to appoint commissioners but rather to reach out to the community to promote participation through education. If we engage with the community we achieve more participation and ultimately address this issue. As MHC seats open up we will have a more diverse candidate pool to interview with the ultimate objective to selecting the best candidates, while attempting to address the racial diversity suggested by the W&I Code. Ultimately it is the responsibility of the Board of Supervisors to make desired appointments.

We should keep in mind that given the small number of Commission seats it is highly unlikely that we can meet suggested racial diversity. Deductive reasoning would let us believe that this is the reason why this is not a mandate.

Our oversight is of the public mental health system. This includes all county and county contracted facilities.

- ❖ “5600. (a) This part shall be known and may be cited as the Bronzan-McCorquodale Act. This part is intended to organize and finance community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs.”
- ❖ The public health system is what the Governing Body (Board of Supervisors) is in control of. (The public mental health system includes public hospital, clinics and private contracted facilities. If the county doesn't have a contract with a public provider the MHC doesn't have oversight.)
- ❖ The Commission make-up is defined by 5604. It is unfortunate that the legislature didn't use similar language throughout the section.
- ❖ 5604.5 specifies the development of the bylaws not the make up of the MHC
- ❖ 5604.5 (a) refers back to 5604. 5604 provides our umbrella.
- ❖ 5604 defines the intent of the law and its reach.

The Mental Health Commission Chairperson shall conduct meetings, maintain order and decorum, and decide questions of procedure as required by the Brown Act and the Contra Costa County Better Government Ordinance.

Given that the MHC's charter is to oversee the County's Public Mental Health system as described above... The county client data should be used to assess under-representation on the Commission. However, based on available resources the MHC may at its discretion reach out to American Indian and Pacific Islander populations.

The 10/7/10 CPAW Monthly Meeting Report is not included in the meeting packet, but will be distributed as a handout at the 10/14/10 MHC Meeting.

The following CPAW Committee Reports will be referenced in the 10/7/10 CPAW Monthly Meeting Report

WILLIAM B. WALKER, M.D.
Health Services Director
DONNA M. WIGAND, L.C.S.W.
Mental Health Director



**CONTRA COSTA
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September 29, 2010

TO: Consolidated Planning Advisory Workgroup
FROM: CPAW Planning Committee
SUBJECT: WHITE PAPER – Leadership Development as System Transformation

The following information is provided for discussion, and for the purpose of seeking input, so that CPAW can advise Mental Health Administration on the interest of this endeavor, and for funding under CSS – Systems Development, Transformation Training.

The CPAW Planning Committee discussed the positive transformation which has occurred in CPAW with the assistance of the consultants. The committee began having a conversation on how these changes would be sustainable and how to build the capacity of our stakeholders. This dove-tailed with a project to support consumer development as advocates in the mental health system. The group explored the possibility of a training project which would involve stakeholders at all levels, consumers, family members, county and CBO staff to identify and develop their leadership skills. This model could potentially bridge some of the current silos and result in making steps toward the system transformation we were hoping for in MHSA.

Thank you.

cc: Donna M. Wigand, LCSW, Mental Health Director





CONTRA COSTA HEALTH SERVICES

DATE OF REPORT: Tuesday, September 14, 2010

SUBJECT: Report to Consolidated Planning Advisory Workgroup

FROM: Innovation Committee of CPAW



Approved Charge of Committee (Approved/Revised by CPAW - 9/2/10):

- **Establish a process for submission and review of innovation ideas**
 - Attend Innovation Committee meetings.
 - Recommend Committee membership and identify Committee membership gaps.
 - Come up with a process for evaluating ideas (original and ongoing).
 - Review originally submitted and new ideas.
 - Recommend priorities (original and ongoing) to CPAW.
 - Suggest implementation process (e.g., RFP/RFI/staff run).
 - Recommend innovation ideas to CPAW for submission to the Mental Health Director.
 - Review proposed plans sent to the State for approval.
- **Review Projects and Outcomes**
 - Review project outcomes and learning goals on a quarterly and annual basis.
 - Liaison with the Data Committee.
 - Liaison with Innovation Project Managers.
 - Recommend to CPAW post-project actions and sustainability options.

Reported from the **September 14, 2010** Meeting of the Innovation Committee:

Participants of Meeting:

- **CPAW Members:** Eileen Brooks, Brenda Crawford, Kathi McLaughlin, Tony Sanders.
- **Staff:** Sherry Bradley, Cindy Downing, Elvira Sarlis
- **Facilitator:** Judith Macbrine
- **Absent:** John Hollender, Anna Lubarov, Susan Medlin, Ryan Nestman.

RECOMMENDATIONS TO CPAW: (Indicate type: Inform/approve/clarify/input needed)

- **Approve:** The Committee recommends to CPAW that an RFI be created for theme INN-02. Addressing Child Custody Issues for Mothers Experiencing episodes of mental illness.
- **Inform:** The Committee recommends that the revised Innovation Idea Form be accepted, with agreed upon changes.

Topics of Discussion



CONTRA COSTA HEALTH SERVICES

DATE OF REPORT: Tuesday, September 14, 2010

- Item Number 1: The Committee requested that a change be made to Item 4. INN-02 (Addressing Child Custody Issues for Mothers Experiencing Episodes of Mental Illness) was substituted for INN-05 (Use of Technology to Inform, Connect and Provide Access).
- Item Number 2: Regarding Agenda Item 4: INN-02, Brenda will be speaking as a stakeholder and from her lived experience. Brenda abstained from voting. Regarding Agenda Item 7: Original Fast Track Ideas, Kathi identified herself as the Native American fiscal agent for the School District.
- Item Number 3: The following change was made to the fifth bullet under Topic, Align on Process of Delivery: "Placing ideas in the "Parking Lot." The Committee may place an idea in a holding position (parking lot) if it is believed. With this change the notes were approved.
- Item Number 4: The Committee recommends to CPAW that an RFI be created for theme INN-02. Addressing Child Custody Issues for Mothers Experiencing episodes of mental illness.
- Item Number 5: The Committee directed staff to make the agreed upon changes to the RFI Outline. Identifying the program as countrywide, and indicating interest and openness to a variety of programs in response to this RFI. The program will serve youth of diverse sexual orientations, and gender as well as youth with special needs and serve transitional age youth up through 25 years of age.
- Item Number 6: Make sure this project integrates and coordinates with the County and other existing services. The following were discussion themes:
 - If there are existing people doing this kind of service, use them and don't reinvent the wheel (e.g., JO Prochaska, smoking cessation expert with the Mental Health population, is training many people in the County; Portal; Clubhouse).
 - West County has a great need for services. The "innovative" part of this project is putting it into a clinical setting.
- Item Number 7: The Committee recommends that the revised Innovation Idea Form be accepted, with agreed upon changes.

DATE OF NEXT MEETING:

October 12, 2010 – 10:30am to 12pm – 1340 Arnold Drive Ste 112 Martinez, Ca

WILLIAM B. WALKER, M.D.
Health Services Director
DONNA M. WIGAND, L.C.S.W.
Mental Health Director



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September 29, 2010

TO: Consolidated Planning Advisory Committee

FROM: Innovation Committee

SUBJECT: Draft Summary of INN02 – RFI – Addressing Child Custody Issues for Mothers Experiencing Episodes of Mental Illness

The Innovation Committee, at its meeting of September 14, 2010, is recommending to CPAW at the meeting of October 7, 2010, that it concur with, and approve, the following recommendation to the Mental Health Director:

Create and Send Out Request for Expression of Interest (RFI) for Theme INN02, Addressing Child Custody Issues for Mothers Experiencing Episodes of Mental Illness.

Background/History: While this theme has previously been approved by the Mental Health Director (on the recommendation of CPAW) for Innovation Workplan development, staff encountered difficulties in developing the project with an interagency collaboration focus and learning outcome. The Innovation Committee was asked to re-visit the theme, and approach the project with different learning objectives in mind, and also with a return to what had originally been intended when the ideas for this theme were submitted.

Revised Key Concepts of the Workplan and the RFI: The Innovation Committee is recommending that the following key concepts be included in the Workplan and an RFI:

- Provide peer support to parents/guardians who are about to lose custody of their children;
- Peer support would be in the form of recovery-based services and substance abuse support;
- Peers would have a similar lived experience, i.e., "been there, done that, successful";
- Support services would also be available to the children in these situations;
- Access to this program would be provided to all regions of the County.

Goal of the RFI: To contract with County Agency(ies) and/or Community Based Organization(s) to:

- Develop/adapt peer support services for parents/guardians who are experiencing episodes of mental illness as well as child custody issues, and



Contra Costa Substance Abuse Services • Contra Costa Emergency Medical Services • Contra Costa Environmental Health • Contra Costa Health Plan
Contra Costa Hazardous Materials Programs • Contra Costa Mental Health • Contra Costa Public Health • Contra Costa Regional Medical Center • Contra Costa Health

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- Test the effectiveness of these services.

Defined Learning Goal(s) and Some Required Indicators for Measuring the Goal (ex, degree of trauma, custody status, risk behaviors, change in attitudes, #linkages, #services, wellness, recovery, etc):

- Does providing peer support to parents/guardians struggling with child custody issues and experiencing mental illness reduce the trauma associated with potential loss and/or loss of custody?
- Do peer support services improve the wellness and recovery of the parents/guardians utilizing the services?
- Do parents/guardians who attend peer support services gain or retain custody of their children?

Workplans should be one-year pilots.

In their responses, county agency(ies) and/or CBO(s) will have to define:

- Data to be collected to inform/support strategies and services;
- Outreach/engagement strategy;
- Service model to be developed/adapted;
- Program
- Target Population
- Location and type of services
- Qualifications
- Evaluation plan including: Indicators, how data will be collected and reported; who it will be shared with.
- Budget
- Timeline

Thank you.

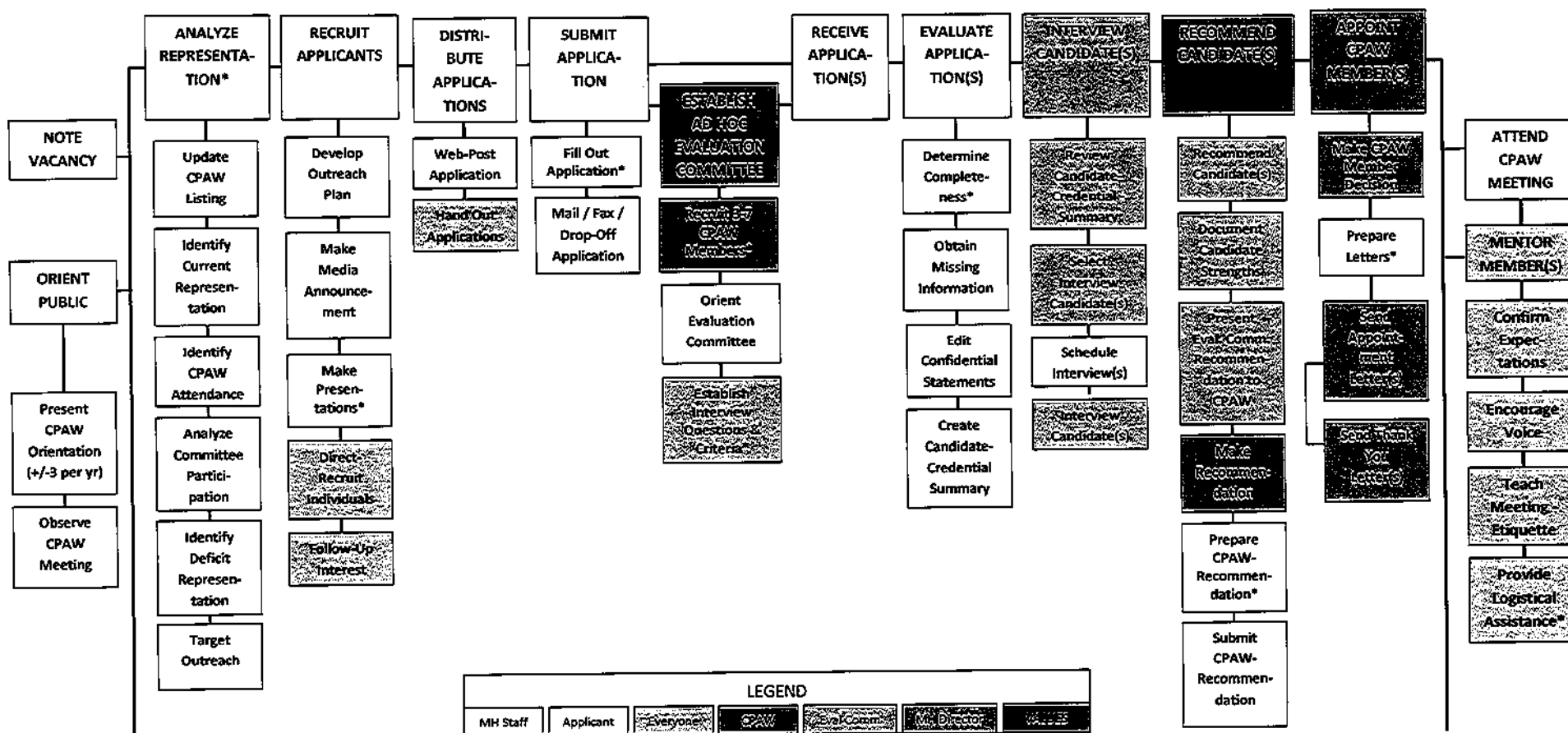


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CPAW MEMBER NOMINATION PROCESS: 09-29-10_{v2}

(Modified Functional Analysis System Technique (FAST) Diagram)

ENSURE TRANSPARENCY	USE EXPERIENCE EXPERTISE	REPRESENT AGE- GROUPS
SUPPORT DIVERSITIES	ENCOURAGE STAKEHOLDERS	REPRESENT REGIONS



CPAW MEMBER NOMINATION PROCESS: 09-29-10v2

*Added Details

ANALYZE REPRESENTA- TION*

ANALYZE REPRESENTATION:

- Expand to include participants of Greater Middle East decent
- Expand to include minority faiths (e.g., Muslim, Jewish...)
- Expand to include participants of Samoan decent
- Expand to include retired law enforcement
- Where gaps continue to exist in CPAW membership, recruit Subject Matter Experts, orient them to CPAW and use on a regular basis:
 - Law enforcement (active or retired)
 - Interfaith Council
 - Contra Costa County Departments (e.g., Alcohol & Other Drug Services)
 - Family and Services Advisory Commission
 - Family and Children's Trust (FACT)
 - Age-specific

Recruit 3-7 CPAW Members*

Recruit 3-7 CPAW Members:

- 1 from prior Eval Comm
- 1 Long-time CPAW member
- 1 short-time CPAW member
- 1 Family – Child
- 1 Family – Adult
- 1 Provider
- 1 Consumer
- Has Interviewing Skills

Fill Out Application*

Fill Out Application Identifying:

- MH Voice
- Lived Experience
- MH Planning Experience
- Personal Demographics
- Contact Information
- MH Commitment

Make Presenta- tions*

Make Presentations:

- Meetings
- Stakeholder Groups
- Talks
- Orientation

Determine Complete- ness*

Determine Completeness:

- Filled Blanks
- Meets Core 27 Gaps
- Meets Diversity Gaps

Establish Interview Questions & Criteria*

Establish Interview Questions & Criteria:

- Has Own MH Voice
- Represents one or more identified constituencies
- Sees Broader MH Issues
- Shows Commitment
- Has Time
- Has Group Skills

CPAW MEMBER NOMINATION PROCESS: 09-29-10.v2

***Added Details**

Page 2

**Prepare
CPAW-
Recommen-
dation***

Prepare CPAW-Recommendation:

- Recommend Candidates
- Identify Candidate Strengths
- Provide Minority Opinion
- Provide Reasons for Non-Recommendation Others Not Chosen

**Prepare
Letters***

Prepare Letters

- If Approved:
 - Congratulations
 - Confirmation of Constituency Representing
 - Recognition of Other Voices Representing
- If Declined:
 - Thank You
 - How Not Meet Criteria
 - Hold Application for Future Opening

**Provide
Logistical
Assistance***

Provide Logistical Assistance* (e.g., transit information)



CONTRA COSTA HEALTH SERVICES

DATE OF REPORT: October 7, 2010

SUBJECT: Report to Consolidated Planning Advisory Workgroup from meeting, on September 23, 2010

FROM: CPAW Aging and Older Adult Subcommittee



Charge of Committee:

- 1) Focus on the Mental Health needs, the health and well being of the aging and older adult population.
- 2) To assure that the Charge must be, mental health, medically, and culturally competent, and that accessible Mental Health services are provided for the aging and older adult population.
- 3) Support seniors by providing a full array of services that supports healthy and engaged living.
- 4) To be the voice for the most invisible and underserved (aging and older adult.)
- 5) To develop and create a mental health continuum of services meeting the highly specialized needs of the older adult population.

Date Charge Approved by CPAW: Initially approved: January 2, 2010

Amended and Approved with Charge and Goals to be achieved: April 1, 2010

Participants of Meeting: (list names/affiliation)

Committee Members: Lori Hefner, Ralph Hoffman, Brenda Crawford

Members of the Public: Colette O'Keefe

County Staff: Sherry Bradley, Cesar Court, Caroline Sison, Sol Silverman, Raihana Fakhry, Angela Pride

RECOMMENDATIONS TO CPAW: (Indicate type: Inform/approve/clarify/input needed)

1- Request additional funds to reduce isolation in the Aging and Older Adult Population.

The current PEI plan includes funding which is aimed at reducing isolation/improving access for A/OA population. Isolation has an incredibly negative impact on seniors, we can expand our reach, however, we cannot fill the whole gap. It is recommended that additional funds be expended to further reduce isolation for the Aging/Older Adult population.

2- Consumer run dispatch service to transport Mental Health Older Adult clients to their appointments.

This increases access and reduces disparity. MH will check with the County to see if there are underutilized/available vehicles to use for this service. A/OA should advocate for this under CSS and PEI at the next annual MHSA update.



CONTRA COSTA HEALTH SERVICES

DATE OF REPORT: October 7, 2010

Perhaps MH can team up with Links (a current service in the public transportation system.)

Note: Collette encouraged A/OA members to preserve existing bus lines operated by the local bus transit system.

Note: Lori mentioned that there's a transportation subcommittee through AAA.

- 3- **Staff is under-educated/untrained in serving the A/OA population. It is recommended to increase training through PEI Training, Technical Assistance, and Capacity Building funds.**

Help A/OA population age in place, advocacy, increase self management, decrease hospitalization, increase staff knowledge, increase training to providers at all levels, and increase training to peer providers.

- 4- **Request PEI funding for Ways to Support IHSS to Isolated older adults with psychiatric and physical impairments.**

What the support component looks like: peer provided services to include shopping, running errands, cleaning, take for a walk (to other services), engage to improve psychiatric-emotional well being.

This will increase the number of peer providers and their availability, increase employment, increase connection of A/OA, and increase collaboration with other agencies.

- 5- **Recommend to add to the S.P.I.R.I.T. curriculum the following: a Recovery component, that looks at the psychological and emotional needs of A/OA population, with specific goals for this age group.**

- 6- **Transform the existing CPAW A/OA committee by:**

Recommending to Mental Health Administration, that the existing CPAW A/OA Committee be transformed or transfigured to a broader committee with agency partners and community members, for the purpose of creating a Mental Health Older Adult System of Care Committee. It's also recommended that the Committee be embedded/structured with MHSA principles to drive its work, including emphasis on recovery concepts, including peer-driven and peer run activities, family-driven and family-run activities, and provider services with those principles in mind. It is also recommended that a professional facilitator, at least initially, be utilized to put structure and process in place.

A/OA committee will produce a 1-3 page invitational document to engage in this new venture, with core foundational concepts, that must be agreed upon by all parties involved. MH cannot be marginalized.

This will increase peer and family involvement, based on the Kaizen Model.



CONTRA COSTA HEALTH SERVICES

DATE OF REPORT: October 7, 2010

Topics of Discussion

1. Since the only member attending the July meeting, Lori Larks, was not present at today's meeting, the minutes could not be approved. An amendment was requested, however, to ask that attendance of committee members needs to be reflected on the report. The approval of the minutes will be postponed to the next meeting.
2. Ralph Hoffman expressed interest in becoming a Reducing Health Disparities (RHD) group member. He'll report feedback between the Aging and Older Adult Committee (A/OA) and RHD.
3. Lori Hefner is a member of the Advisory Committee on Aging ("ACA"). She volunteered to report between the ACA and A/OA, and she'll have an update next month on the member structure of the ACA.
4. The workgroup reviewed their roles and responsibilities as a committee. They also reviewed the Charge, and assessed current and ongoing needs. There was consensus that, because Older Adult Services are so new, data gathering is difficult at this point in time, but will be reported as it's available.
5. It was recommended that a Fact Sheet on transportation options be crafted, and that it be distributed to clinics for mental health client use.
6. There was consensus that the wealth of information compiled thus far needs to be aggregated, and that the website be robust with information. The website should contain studies, grants, products, Suicide Prevention literature, information to advocate, diet/exercise info, unique services that are underutilized. Other tidbits of important info such as free tuition at Cal State Schools for adults who are 60 or better. Elders and management who work with elders can utilize the information and tools. Staff will work on updating the A/OA webpages

WILLIAM B. WALKER, M.D.
Health Services Director
DONNA M. WIGAND, L.C.S.W.
Mental Health Director



**CONTRA COSTA
MENTAL HEALTH**

1340 Arnold Drive, Suite 200
Martinez, CA 94553-4639
Ph 925/957-5150
Fax 925/957-5156
MHSA@hshd.cccounty.us

September 29, 2010

TO: Consolidated Planning Advisory Workgroup

FROM: CPAW Aging and Older Adult Committee

SUBJECT: Summary of Proposed Recommendations from CPAW's Aging and Older Adult Committee – for CPAW Meeting of 10/7/10

By way of background, the CPAW Aging and Older Adult Committee, at its meeting of September 23, 2010, is recommending to CPAW at their meeting of October 7, 2010, that it concur with, and forward the following recommendation (s) to the Mental Health Director:

- Expansion of Prevention and Early Intervention (PEI) funding, for the following purposes:
 - As part of PEI Project 5, "Supporting Older Adults", by increasing funds available for the purpose of reducing isolation and improving access for the aging and older adult population. Isolation has an incredibly negative impact on seniors, and the out-reach can be expanded, but the entire "gap" cannot be filled. The request would be for further reducing isolation for this population.
 - As part of PEI Project 5, "Supporting Older Adults", by increasing funding to support in-home supportive type services to isolated older adults with psychiatric and physical impairments. The support component would include: peer provided services, such as shopping, running errands, cleaning, taking a walk (to other services), and engaging to improve psychiatric-emotional well being.
- Expansion of Community Services and Supports , under either the Older Adult Workplan or Systems Development Activities, Transportation Infrastructure, to increase funding to create consumer-run dispatch service to transport mental health older adult clients to their appointments. The purpose of this initiative would be to increase access and reduce disparities for this target population.
- Request new funding through Prevention and Early Intervention Training, Technical Assistance, and Capacity Building (PEI-TTACP) for FY 10/11, currently no approved



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Contra Costa Hazardous Materials Programs • Contra Costa Mental Health • Contra Costa Public Health • Contra Costa Regional Medical Center • Contra Costa Health

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Health Services Director
DONNA M. WIGAND, L.C.S.W.
Mental Health Director



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plan for this funding, for the purpose of training staff and providers about Geriatric Mental Health issues (to focus on the needs of this vulnerable population).

There were two other recommendations:

- Recommend adding to the SPIRIT curriculum the following: "A recovery component that looks at the psychological and emotional needs of the aging and older adult population, with specific goals for this age group."
- Recommend that the existing CPAW Aging and Older Adult Committee be transformed or transfigured to become a broader committee with agency partners and community members, for the purpose of creating a Mental Health Older Adult System of Care Committee. The committee proposed that the new committee be embedded and structured with MHSA guiding principles to drive its work, including an emphasis on recovery concepts, which include peer driven and peer run activities; family-driven and family run activities; and provider services with those principles in mind. It is also recommended that a professional facilitator, at least initially, be utilized to put structure and process in place.

Thank you.

cc: Donna M. Wigand, LCSW, Mental Health Director



Contra Costa Mental Health



White Paper - Proposal for Prevention and Early Intervention Funding

Update to the FY 10/11 Annual Plan Update

Multi Family Group Therapy

Intensive Early Psychosis Intervention was one of the target populations identified in our Stakeholder process under the Fostering Resilience in Communities Initiative. This Initiative was not developed in our initial Prevention and Early Intervention Plan but was included as an initiative which we would develop. In reviewing the literature on evidence based practices which improve treatment outcomes in Schizophrenia, Multi-Family Group therapy has demonstrated effectiveness. The improvements include decreasing incidence of relapse and hospitalizations, decreasing amounts of medication and increasing medication compliance, higher employment rates and improved social functioning. Additionally, evidence demonstrates a reduction in both positive symptoms (hallucinations, delusions, disorganized thinking) and negative symptoms (anhedonia, apathy, attention deficit and loss of motivation). The negative symptoms mentioned tend to increase with each successive hospitalization and form the basis of the functional impairment that is so devastating in schizophrenia. Additionally, the physical health outcomes of both consumer and participating family members were improved. The central tenets of Multi-Family Group Therapy include:

- **Psychoeducation** for the consumer and their family. Both consumer and their family engage in the recovery process. This decreases blame and shame and increases participant understanding regarding how the neurobiology and the environment interact to either support or exacerbate the symptoms of schizophrenia. The Multi-family groups create a **social network** for both the consumer and their family. This reduces social isolation, which correlates with recovery outcomes and improved support on the emotional and practical level.
- The **therapeutic process** connects people who have faced common challenges, helps to normalize the experience and provides an opportunity to anticipate situations and cope with them more effectively. This shared experience helps to reduce stigma, improves communication and treatment adherence, reduces the use of recreational drugs, reduces crisis and reduces arousal and anxiety in the family. The group problem solving and modeling format builds capacity in both consumer and family through improved family communication and problem solving. Replicated studies utilizing the multi-family group therapy model demonstrate a 50 to 75% decrease in hospitalization compared to control groups.

CIMH is recommending rather than implement this multi-family group therapy, as a stand-alone project, that counties adopt the Portland Identification and Early Referral, (PIER) Program Model. The PIER Program encompasses the multi-family group therapy model and focuses on the prodromal phase of the illness, when psychotic disorders are highly treatable and outcomes for a long term prognosis are very good (Arthur, Gillett, & Cornblatt). This model targets young people between 12 and 25 years old. This is a team approach, which includes a Psychiatrist or Nurse Practitioner, a Social Worker or Nurse, an Occupational Therapist and an Employment Specialist. This model provides a continuum of services including:

- **Community Outreach** to educate and train the community (schools, health care professionals and mental health clinicians) about the early warning signs of severe mental illness and establish an early detection and intervention system for young adults experiencing prodromal symptoms or the first onset of psychosis. This includes engagement with community stakeholders.
- **Assessment:** Clients are identified utilizing the Structured Interview for Prodromal Syndromes (SIPS). The Occupational Therapist assesses the consumer's cognitive and functional performance and recommends needed supports and accommodations in order to reduce stress under periods of vulnerability.
- **Treatment:** This includes, **Family Psychoeducation**; with the following identified stages, 1) Joining, 2) Family Education Workshop, 3) Community Re-entry and 4) Social/Vocational Re-engagement. The treatment protocol includes a low dose medication management protocol.

Multi Family Group Therapy

Conclusion: The development of a Multi-Family Group Therapy Program would be a significant addition to our continuum of care. It would improve treatment outcomes, decrease hospitalization and preserve the family support system of those individuals with psychosis. The Multi-Family Group Approach has also demonstrated effectiveness with Bi-Polar Disorder and other serious mental illness as well as, with clients which had not been compliant with medication.

The Internal Operations Committee (IOC) Agenda and Meeting Materials for the 8/2/10 were distributed at the 9/9/10 Mental Health Commission meeting.

The **IOC 8/2/10 meeting document** (223 pages) can accessed on-line, at the following link:

<http://ca-contracostacounty.civicplus.com/DocumentView.aspx?DID=4744>

The **Internal Operations Committee** website can be accessed here:

<http://ca-contracostacounty.civicplus.com/index.aspx?NID=2289>



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.

February 18, 2010

Supervisor Mary Piepho
Board of Supervisors, District III
Chair Internal Operations Committee
309 Diablo Road
Danville, CA 94526

Supervisor Susan Bonilla
Board of Supervisors, District IV
Vice Chair Internal Operations Committee
2151 Salvio Street, Ste. R
Concord, CA 94520

Re: Referral of Local One Survey of Mental Health Staff to the Internal Operations Committee

Dear Supervisors Piepho and Bonilla:

In November 2009, Local One conducted a survey of Health Services Department Mental Health Division staff. The results indicated significant issues with morale, confidence in senior management staff and the growing belief management is out of touch with concerns of staff.

Professional & Technical Engineers, Local 21's response letter to Dr. William Walker, Director of Health Services Department raised concerns with the survey's objectivity and methodologies used.



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers.

At the February 11, 2010 Mental Health Commission meeting, both the Local One survey and Local 21 response were discussed. The culmination of this discussion was a motion passed on a seven to one vote that the matter of the survey and the response to it be referred to the Internal Operations Committee as soon as reasonably possible for a thorough review and possible recommended actions.

The Mental Health Commission respectfully requests this item be placed on an upcoming Board of Supervisors agenda at the earliest opportunity. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter A. Mantas', enclosed within a large, loopy oval shape.

Peter A. Mantas, Chair
Contra Costa County Mental Health Commission

cc: Members of the Board of Supervisors: John Giola, Gayle Uilkema, Mary N. Plepho, Federal D. Glover
Rich Seithel, County Administrator's Office
Dorothy Sansoe, County Administrator's Office

TO: **BOARD OF SUPERVISORS**

FROM:



**Contra
Costa
County**

DATE:

SUBJECT: Referral of Local One Survey of Mental Health Staff to the Internal Operations Committee

SPECIFIC REQUEST(S) OR RECOMMENDATION(S) & BACKGROUND JUSTIFICATION

RECOMMENDATION(S):

REFER to the Internal Operations Committee the review of the survey of Health Services Department Mental Health Division staff conducted by Public Employees Local One and the response to the survey from Professional & Technical Engineers, Local 21.

FISCAL IMPACT:

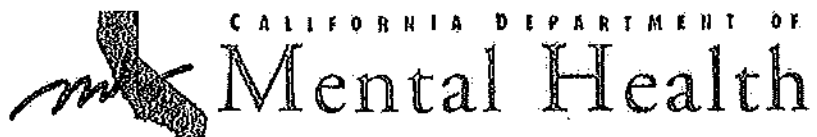
None.

BACKGROUND/REASON(S) FOR RECOMMENDATION(S):

In November 2009, Local One conducted a survey of 189 employees of the Health Services Department Mental Health Division and received 132 responses. This survey -- An Evaluation of Contra Costa County's Mental Health Senior Staff and the Mental Health Administration's Policies and Procedures - indicated significant issues with morale, confidence in the senior management staff, and the growing belief management is out of touch with concerns of staff.

In a letter dated January 26, 2010 addressed to William Walker, M.D., Director of the Health Services Department, Professional & Technical Engineers, Local 21 raised concerns with the survey, its objectivity and the methodologies used to conduct the survey.

On February 11, 2010, the Contra Costa Mental Health Commission discussed the recent survey conducted by Local One of Mental Health Division staff regarding the Mental Health Division Administration, and the response to this survey by Local 21. At the end of this discussion a motion was made and passed on a seven to one vote to ask that the Board of Supervisors refer the matter of the survey and the response to it to the Internal Operations Committee for a thorough review and possible recommended actions.



1600 9th Street, Rm. 410, Sacramento, CA 95814
Ph (916) 651-3838 FAX (916) 651-3921

September 1, 2010

Donna M. Wigand, LCSW
Contra Costa County
Mental Health Administration
1340 Arnold Dr. Suite 200
Martinez, CA 94553

Subject: Questionable Medi-Cal Billing (QMB)

TRACKING #: 09-006

RE: Notice of Completed QMB Review

Dear Ms. Wigand:

The State Department of Mental Health (DMH) conducted a review of the Questionable Medi-Cal Billing (QMB) allegation 09-006 regarding three (3) CCMHP programs: Juvenile Assessment Counseling Services (provider #07DU), Chris Adams Girls Center (provider #07DM), and the Youth Offender Treatment Program (non-Medi-Cal program).

The allegation focused on the alleged signing of progress notes by a Marriage and Family Therapy (MFT) Intern without any supervision and/or without any licensed supervisory authority counter signing the notes from 2001 through 2009.

A summary of the findings is given below:

LIST OF DOCUMENTS REVIEWED

- CCMHP QMB response letter dated May 26, 2010

INTERVIEWS CONDUCTED

- Not applicable

SUMMARY OF FINDINGS

- CCMHP conducted an investigation of the allegation that included a review of the applicable regulations (Title 9, 16, 42) and statutes (CA Business and Professions code), interviews with program managers of the aforementioned programs and a review of 5% of the charts claimed to Medi-Cal by the MFT intern.

RECEIVED

SEP 14 2010

CONTRA COSTA COUNTY
MENTAL HEALTH ADMINISTRATION

- The CCMHP confirmed with the California Board of Behavioral Sciences (BBS) that the physical presence of the qualified clinical supervisor is not required for a registered MFT intern eligible to take the licensing exam when working in a governmental/public/non-profit program.
- CCMHP also confirmed that the BBS and Medi-Cal regulations do not require progress notes documenting services rendered by an MFT intern be counter-signed by a qualified clinical supervisor.
- A randomized chart audit conducted by CCMHP of 5% of the services claimed to Medi-Cal at the aforementioned programs complied with all pertinent Medi-Cal regulations.
- CCMHP's investigation of the allegation concluded that all BBS requirements and applicable state and federal statutes and regulations for supervision of the MFT intern during 2001 through 2009 were met in all programs.

CONCLUSIONS

- DMH has concluded that the allegation of QMB at CCMHP providers' #07DM and #07DU is not substantiated. All BBS requirements and applicable state and federal regulations and statutes for supervision of the MFT intern during 2001 through 2009 were met in all programs.

RECOMMENDATIONS / ACTIONS

- No further action required. Case closed.

As a result, the Department has taken the following action(s):

☐ Request additional information as follows .

- 1.
- 2.
- 3.
- 4.

☒ No further action is required

☐ Case has been referred Department of Health Care Services (DHCS)
Audits & Investigations (A & I) on [Date]

Donna Wigand, Director, Contra Costa Mental Health Plan
Page 3

If you have any questions or need additional information, please contact 916-651-3838 and provide the Tracking number at the top of this letter.

Sincerely,

Carol Sakai, LCSW

Carol Sakai, Chief
Medi-Cal Oversight

cc: Rollin Ives, Deputy Director, Program Compliance Division
Lanette Castleman, Program Administrator, Program Compliance Division
Mark Hellman, Acting Deputy Director, Community Services Division
Sean Tracy, Assistant Deputy Director, Community Services Division
Mieko Epps, Assistant Deputy Director, Financial Services
Chief, County Programs Technical Assistance
Heidi Lehrman, Office of Legal Services

9/1/2010 (F)



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.

March 18, 2010

Supervisor Mary Piepho
Board of Supervisors, District III
Chair Internal Operations Committee
309 Diablo Road
Danville, CA 94526

Supervisor Susan Bonilla
Board of Supervisors, District IV
Vice Chair Internal Operations Committee
2151 Salvio Street, Ste. R
Concord, CA 94520

Re: County Employee Participation on County Advisory Groups

Dear Supervisors Piepho and Bonilla:

There is a general concern by numerous community stakeholders, including myself, that having an advisory body whose make up is primarily county staff and staff of agencies that receive funds from the county is problematic at best. Even though during the last meeting of the Consolidated Planning Advisory Workgroup (CPAW) members did their best to voice potential conflict of interest; it does not go far enough. The general perception and in many cases reality show that conflict exists.

Here are some examples of potential conflict: How can staff vote against what their job or boss expects without fearing repercussions or loss of job? Even if the issue voted on does not present a conflict for a service provider, how can that service provider vote against the issue when she knows that Mental Health Administration is expecting her support? Would this service provider not feel threatened and consequently vote for the issue?

CPAW replaces previous Mental Health Services Act (MHSA) stakeholder workgroups. The current workgroup participants include a small number of stakeholders from



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previous stakeholder workgroups. CPAW replaced stakeholder workgroups such as Adult, Children, Transition Age Youth, Older Adult, Prevention & Early Intervention and Workforce Education & Training.

The membership in CPAW is as follows:

Consumer or Family Member 24%

Works for agency which receive funds from the county 32%

County Employee 36%

Affiliation unknown 8%

At the March 11, 2010 Mental Health Commission meeting we discussed this issue at length. The culmination of this discussion was the following motion that passed on a 7-0 vote.

The Mental Health Commission requests the Board of Supervisors Internal Operating Committee assess and determine if the practice of the following is appropriate, acceptable and recommended:

1. Allowing county employees to participate on advisory boards of the same department
2. Allowing county employees to participate on any county run advisory boards
3. Allowing county contracted service providers to participate on any county run advisory boards
4. Allowing county contracted service providers to participate on advisory boards in a nonvoting capacity.
5. Allowing county employees to participate on advisory boards in a nonvoting capacity.

The Mental Health Commission respectfully requests this item be placed on an upcoming Board of Supervisors agenda at the earliest opportunity. Please feel free to contact me if you have any questions.

Sincerely,



Peter A. Mantas, Chair

Contra Costa County Mental Health Commission

cc: Members of the Board of Supervisors: John Gioia, Gayle Uilkema, Federal D. Glover
Rich Setthel, County Administrator's Office
Dorothy Sansoe, County Administrator's Office

TO: **BOARD OF SUPERVISORS**

FROM:

DATE:

SUBJECT: Referral of County Employee Participation on Advisory Groups to the Internal Operations Committee



**Contra
Costa
County**

SPECIFIC REQUEST(S) OR RECOMMENDATION(S) & BACKGROUND JUSTIFICATION

RECOMMENDATION(S):

REFER to the Internal Operating Committee to assess and determine if the practice of the following is appropriate, acceptable and recommended:

1. Allowing county employees to participate on advisory boards of the same department
2. Allowing county employees to participate on any county run advisory boards
3. Allowing county contracted service providers to participate on any county run advisory boards
4. Allowing county contracted service providers to participate on advisory boards in a nonvoting capacity.
5. Allowing county employees to participate on advisory boards in a nonvoting capacity.

FISCAL IMPACT:

Unknown

BACKGROUND/REASON(S) FOR RECOMMENDATION(S):

There is a general concern by numerous community stakeholders, including myself, that having an advisory body whose make up is primarily county staff and staff of agencies which receive funds from the county is problematic at best. Even though during the last meeting of the Consolidated Planning Advisory Workgroup (CPAW) members did their best to voice potential conflict of interest, it does not go far enough. The general perception and in many cases reality show that conflict exists.

Here are some examples of potential conflict: How can staff vote against what their job or boss expects without fearing repercussions or loss of job? Even if the issue voted on does not present a conflict for a service provider, how can that service provider vote against the issue when she knows that Mental Health Administration is expecting her support? Would this service provider not feel threatened and consequently vote for the issue?

At the end of this discussion a motion was made and passed on a 7-0 vote to ask that the Board of Supervisors refer this matter to the Internal Operations Committee for a thorough review and possible recommended actions.

The Consolidated Planning Advisory Workgroup (CPAW) replaces previous Mental Health Services Act (MHSA) stakeholder workgroups. The current workgroup participants include stakeholders from previous stakeholder Workgroups, including Adult, Children, Transition Age Youth, Older Adult, Prevention & Early Intervention and Workforce Education & Training.

The membership in CPAW is as follows:

Consumer or Family Member 24%

Works for agency which receive funds from the county 32%

County Employee 36%

Affiliation unknown 8%

There is a general concern by numerous community stakeholders, including myself, that having an advisory body whose make up is primarily county staff and staff of agencies which receive funds from the county is problematic at best. Even though during the last meeting of CPAW members did their best to voice potential conflict of interest; it does not go far enough. The general perception and in many cases reality show that conflict exists.

Here are some examples of potential conflict: How can staff vote against what their job or boss expects without fearing repercussions or loss of job? Even if the issue voted on does not present a conflict for a service provider, how can that service provider vote against the issue when she knows that Mental Health Administration is expecting her support? Would this service provider not feel threatened and consequently vote for the issue?

With this background, I would like to propose the following motion:

The Mental Health Commission requests the Board of Supervisors Internal Operating Committee assess and determine if the practice of the following is appropriate, acceptable and recommended:

1. Allowing county employees to participate on advisory boards of the same department
2. Allowing county employees to participate on any county run advisory boards
3. Allowing county contracted service providers to participate on any county run advisory boards
4. Allowing county contracted service providers to participate on advisory boards in a nonvoting capacity.
5. Allowing county employees to participate on advisory boards in a nonvoting capacity.

It is the strong recommendation of the Mental Health Commission that the Board of Supervisors instruct the Mental Health Division to require that CPAW and other advisory bodies for MHSA have the following structure:

1. 33% of its members are consumers and/or consumer advocates – Voting members
2. 33% of its members are family members – Voting members
3. 34% of its members are members at large (this may include contracted services providers and/or county employees) – Nonvoting members

Mental Health Services Act Consolidated Planning Advisory Workgroup (CPAW) <http://cchealth.org/groups/cpaw/>

The Consolidated Planning Advisory Workgroup (CPAW) replaces previous Mental Health Services Act (MHSA) stakeholder workgroups. The current workgroup participants include stakeholders from previous stakeholder Workgroups, including Adult, Children, Transition Age Youth, Older Adult, Prevention & Early Intervention (PEI 0-25, PEI 26+), Workforce Education & Training (WET), Capital Facilities, Information Technology. Previous stakeholder workgroups were comprised of mental health consumers, their family members, service providers, representatives from Education/Schools, Law Enforcement, Social Services, and others. New members have been added to broaden stakeholder representation to include some specific target populations, including LGBTQ, Native Americans, and others. Applications for participation in CPAW are being sought on an ongoing basis; interested parties are encouraged to apply.

The California Department of Mental Health (DMH) mandates that a Community Program Planning Process (CPP) serve as the basis for all MHSA Planning. To date, there have been multiple MHSA Stakeholder Workgroups in Contra Costa, as noted above. The next major planning phase for Contra Costa Mental Health's MHSA Program is to develop an integrated 3-year plan for all components of MHSA that updates the existing plans, improves their quality, and integrates them into a single planning cycle. CPAW serves to assist CCMH with integrated planning, as well as to increase the transparency of MHSA efforts, including streamlining MHSA community planning input and processes. CPAW will help plan future MHSA efforts and will advise the Mental Health Division on how to integrate MHSA principles and practices. This group gives members from the mental health community an opportunity to provide input for system growth and change.

Membership

Consolidated Planning Advisory Work Group members

Brenda J. Crawford

Gary Cristofani

Courtney Cummings

[REDACTED]

Molly Hamaker, M.A., Ed.s

[REDACTED]

Beatrice Lee

[REDACTED]

Susanna Marshland

Kathi McLaughlin

[REDACTED]
Mariana Moore

[REDACTED]
[REDACTED]
[REDACTED]

Bob Sessler - Consultant, Long-Term Care

[REDACTED]

Wayne Thurston, Psy.D

[REDACTED]

Affiliation

**% of
Membership**

[REDACTED]	24%
Works for agency which receive funds from the county	32%
[REDACTED]	36%
Affiliation unknown	8%



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.

March 18, 2010

Supervisor Mary Piepho
Board of Supervisors, District III
Chair Internal Operations Committee
309 Diablo Road
Danville, CA 94526

Supervisor Susan Bonilla
Board of Supervisors, District IV
Vice Chair Internal Operations Committee
2151 Salvio Street, Ste. R
Concord, CA 94520

Re: County Use of Private Invitation Only Groups in an Advisory Capacity

Dear Supervisors Piepho and Bonilla:

In an effort to reduce duplication of effort while allowing more advocate voices to be heard the Mental Health Commission requested for membership in a number of community task forces. One such task force that is used by the Mental Health Division in an advisory capacity is the Child and Adolescent Task Force (CATF).

I requested permission for the MHC to appoint a representative to the task force. The Chair of CATF advised the MHC that the decision of the group was to remain an invitation only body.

There is a general concern by numerous community stakeholders, including myself, of county staff meeting with the public where they pick and choose who they are meeting with. The concern is elevated to higher levels when a group is being promoted as an advisory body to administration. It should also be noted that CATF is meeting in county facilities, uses county administrative support and is attended by two to four MHA managers.



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers.

At the March 11, 2010 Mental Health Commission meeting we discussed this issue at length. The culmination of this discussion was the following motion that passed on a 5-1-2 vote.

The Mental Health Commission requests the Board of Supervisors Internal Operating Committee assess and determine if the practice of the following is appropriate, acceptable and recommended:

1. Using County facilities for private invitation only advisory groups
2. County providing administrative support for private invitation only advisory groups
3. County staff participating in meetings of private invitation only advisory groups
4. County utilizing private invitation only groups in an advisory capacity

It is the strong recommendation of the Mental Health Commission that the Board of Supervisors instruct the Mental Health Division to require that it only support and use public accessible advisory bodies that function under the Brown Act and County Better Government Ordinance.

The Mental Health Commission respectfully requests this item be placed on an upcoming Board of Supervisors agenda at the earliest opportunity. Please feel free to contact me if you have any questions.

Sincerely,



Peter A. Mantas, Chair
Contra Costa County Mental Health Commission

cc: Members of the Board of Supervisors: John Giola, Gayle Uilkema, Federal D. Glover
Rich Seithel, County Administrator's Office
Dorothy Sansoe, County Administrator's Office

TO: **BOARD OF SUPERVISORS**

FROM:

DATE:

SUBJECT: Referral of Private Advisory Task Force Matter to the Internal Operations Committee



**Contra
Costa
County**

SPECIFIC REQUEST(S) OR RECOMMENDATION(S) & BACKGROUND JUSTIFICATION

RECOMMENDATION(S):

REFER to the Internal Operating Committee assess and determine if the practice of the following is appropriate, acceptable and recommended:

1. Using County facilities for private invitation only advisory groups
2. County providing administrative support for private invitation only advisory groups
3. County staff participating in meetings of private invitation only advisory groups
4. County utilizing private invitation only groups in an advisory capacity

It is the strong recommendation of the Mental Health Commission that the Board of Supervisors instruct the Mental Health Division to require that it only support and use public accessible advisory bodies that function under the Brown Act and County Better Government Ordinance.

FISCAL IMPACT:

Unknown

BACKGROUND/REASON(S) FOR RECOMMENDATION(S):

In an effort to reduce duplication of effort while allowing more advocate voices to be heard the Mental Health Commission (MHC) requested for membership in a number of community task forces. One such task force which is used by the Mental Health Division in an advisory capacity is the Child and Adolescent Task Force (CATF).

The MHC requested permission to appoint a representative to the task force. The Chair of CATF advised the MHC that the decision of the group was to remain an invitation only body.

There is a general concern by numerous community stakeholders of county staff meeting with the public where they pick and choose who they are meeting with. The concern is elevated to higher levels when a group is being promoted as an advisory body to administration. It should also be noted that CATF is meeting in county facilities, uses county administrative support and is attended by two to four MHA managers.

At the end of this discussion a motion was made and passed on a 5-1-2 vote to ask the Board of Supervisors refer this matter to the Internal Operations Committee for a thorough review and possible recommended actions.

Peter Mantas Notes for 3.11.10 MHC Meeting

At a previous MHC meeting we decided to request for membership in a number of community task forces to reduce duplication of effort while allowing more voices to be heard. As can be seen in the email sent to the chair of the Child and Adolescent Task Force (CATF) I requested permission for the MHC to appoint a representative to the task force.

The CATF responded as follows: "The Child and Adolescent Task Force (CATF) discussed at length your request to appoint a Mental Health Commissioner to attend our meetings in order to "...provide valuable input to the Commission...and facilitate bidirectional information exchange." The decision of the group was to remain an invitation only body."

There is a general concern by numerous community stakeholders, including myself, of county staff meeting with the public where they pick and choose who they are meeting with. The concern is elevated to higher levels when a group is being promoted as an advisory body to administration. It should also be noted that CATF is meeting in county facilities, uses county administrative support and is attended by two to four MHA managers.

With this background, I would like to propose the following motion:

The Mental Health Commission requests the Board of Supervisors Internal Operating Committee assess and determine if the practice of the following is appropriate, acceptable and recommended:

1. Using County facilities for private invitation only advisory groups
2. County providing administrative support for private invitation only advisory groups
3. County staff participating in meetings of private invitation only advisory groups
4. County utilizing private invitation only groups in an advisory capacity

It is the strong recommendation of the Mental Health Commission that the Board of Supervisors instruct the Mental Health Division to require that it only support and use public accessible advisory bodies that function under the Brown Act and County Better Government Ordinance.

Email Exchange regarding request to appoint a Commissioner to the CATF

From: kathimclaughlin@comcast.net [mailto:kathimclaughlin@comcast.net]

Sent: Monday, February 01, 2010 12:37 PM

To: pamantas@gmail.com

Cc: Judy Pearl; Diana Collier; Brandy Draper; Anthony Sanders; Mary Roy; Jacque McLaughlin; DWigand@hsd.cccounty.us; rwelsgal@hsd.cccounty.us; vwallace@hsd.cccounty.us; sthomas@ehsd.cccounty.us; lashondal@crisis-center.org; stavano@hsd.cccounty.us; czarofgolf@aol.com; msarracino@jatconsulting.com; dsans@cao.cccounty.us; russell1626@juno.com; Elaine@chd-prevention.org; rsnestman@comcast.net; moore mariana; vmontoya@hsd.cccounty.us; cresenza@aol.com; amerritt@ecmhp.org; judymccahon@mac.com; smarsh@hsd.cccounty.us; jjones@wecarebmcc.org; carol hatch; THasan8897@aol.com; lhanover@hsd.cccounty.us; shahn@hsd.cccounty.us; jgbanjo@yahoo.com; cfrank@ecmhp.org; mrdjeans@sbcglobal.net; jkegler@hsd.cccounty.us; frankmigs@att.net; Dcarrillo@hsd.cccounty.us; capccarol@sbcglobal.net; petercaldwell@aol.com; justlio@comcast.net; Nancy Schott; Teresa Pasquini
Subject: Re: CATF(Child and Adolescent Task Force) Meeting tomorrow

Dear Mr. Mantas:

The Child and Adolescent Task Force (CATF) discussed at length your request to appoint a Mental Health Commissioner to attend our meetings in order to "...provide valuable input to the Commission...and facilitate bidirectional information exchange." The decision of the group was to remain an invitation only body.

However, in order to address your request to provide input to the Commission and to facilitate an information exchange we would be pleased to appoint someone from CATF to attend the Commission's Children's Committee (if/when such a committee is established). In the interim we will be happy to appoint someone (on a rotating basis) to provide a report to the Mental Health Commission at your monthly meetings. We would anticipate that we could attend and report on a quarterly basis, unless there are critical items that need immediate attention. If this process meets with your approval please let me know the dates of the meetings at which you would like to receive a report and where we are on your agenda so that we can confirm a CATF member's attendance.

Thank you,

Kathi

Kathi McLaughlin
McLaughlin Consulting
P. O. Box 1535
Martinez, CA 94553
(925) 372-6886--office
(925) 348-1110--cell
kathimclaughlin@comcast.net--email

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

From: "Peter A. Mantas" <pamantas@gmail.com>

To: kathimclaughlin@comcast.net

Cc: MRoy@hsd.cccounty.us, jmac@jacquemclaughlin.com, jacquemcl@yahoo.com, DWigand@hsd.cccounty.us, rwelsgal@hsd.cccounty.us, vwallace@hsd.cccounty.us, sthomas@ehsd.cccounty.us, lashondal@crisis-center.org, stavano@hsd.cccounty.us, czarofgolf@aol.com, keshuler@frontiernet.net, msarracino@jatconsulting.com, dsans@cao.cccounty.us, russell1626@juno.com, Elaine@chd-prevention.org, rsnestman@comcast.net, "moore mariana" <moore_mariana@yahoo.com>, vmontoya@hsd.cccounty.us, cresenza@aol.com, LINDAJMEZA@earthlink.net, amerritt@ecmhp.org, mceln@ehsd.cccounty.us, judymccahon@mac.com, smarsh@hsd.cccounty.us, jjones@wecarebmcc.org, "carol hatch" <carol.hatch@sbcglobal.net>, THasan8897@aol.com, lhanover@hsd.cccounty.us, shahn@hsd.cccounty.us, jgbanjo@yahoo.com,

cfrank@ecmhp.org, mrdjevans@sbcglobal.net, jkegler@hsd.cccounty.us, franknmigs@att.net, Dcarrillo@hsd.cccounty.us, capccarol@sbcglobal.net, petercaldwell@aol.com, justilo@comcast.net, "Nancy Schott" <NSchott@hsd.cccounty.us>, "Teresa Pasquini" <mamap2538@aol.com>
Sent: Tuesday, January 26, 2010 2:05:08 PM GMT -08:00 US/Canada Pacific
Subject: RE: CATF(Child and Adolescent Task Force) Meeting tomorrow

Dear Ms. McLaughlin:

Thank you very much for your timely response to my email. I will look forward to hearing the Task Force's decision on including a Commissioner to its membership roster. As soon as you approve the addition of the Commissioner, I will seek a volunteer.

It should also be stated that I don't know of any MHC Family Member who is not interested in seeing Children's/TAY's services improved. If we didn't, we would not be investing our time as members of the Commission. Furthermore, I hope that CATF recognizes that while past MHCs approved the PHF Plan in concept, without children's services, the current MHC did not.

Sincerely,

Peter

From: kathlmclaughlin@comcast.net [mailto:kathlmclaughlin@comcast.net]
Sent: Tuesday, January 26, 2010 1:34 PM
To: pamantas@gmail.com
Cc: MRoy@hsd.cccounty.us; jmac@jacquemclaughlin.com; jacquemcl@yahoo.com; DWigand@hsd.cccounty.us; rwelsgal@hsd.cccounty.us; vwallace@hsd.cccounty.us; sthomas@ehsd.cccounty.us; lashondat@crisis-center.org; stavano@hsd.cccounty.us; czarofgolf@aol.com; keshuler@frontiernet.net; msarracino@jatconsulting.com; dsans@cao.cccounty.us; russell1626@juno.com; Elaine@chd-prevention.org; rsnestman@comcast.net; moore mariana; vmontoya@hsd.cccounty.us; cresenza@aol.com; LINDAJMEZA@earthlink.net; amerritt@ecmhp.org; mcelrn@ehsd.cccounty.us; judymccahon@mac.com; smarsh@hsd.cccounty.us; jfones@wecarebmcc.org; carol hatch; THasan8897@aol.com; lhanover@hsd.cccounty.us; shahn@hsd.cccounty.us; jgbanjo@yahoo.com; cfrank@ecmhp.org; mrdjevans@sbcglobal.net; jkegler@hsd.cccounty.us; franknmigs@att.net; Dcarrillo@hsd.cccounty.us; capccarol@sbcglobal.net; petercaldwell@aol.com; justilo@comcast.net; Nancy Schott; Teresa Pasquini
Subject: Re: CATF(Child and Adolescent Task Force) Meeting tomorrow

Dear Mr. Mantas:

The Child and Adolescent Task Force (CATF) is currently an invitation only group of passionate and committed child advocates. Our group includes parents, educators, community based organization, as well as county, staff from various departments and agencies that serve children). I re-convened the group (which was established over 20 years ago) a little less than a year ago after waiting (for about the same length of time) to see if the Mental Health Commission would re-establish a Children's Committee. After meeting with various advocates and staff it became clear that without a dedicated Children's Committee, there was a lack of advocacy around children's issues in Contra Costa County. No one from the Mental Health Commission was invited to join because I/we felt that no one on the current commission had that avowed passion for children's services that CATF represents. That being said, I will bring up your request to the other members of CATF and will let you know the outcome. It may be helpful for the members to know who might be appointed as the liaison since it would be important that the liaison share our commitment to children.

Thank you,
Kathi

Kathi McLaughlin
McLaughlin Consulting
P. O. Box 1535
Martinez, CA 94553
(925) 372-8886--office
(925) 348-1110--cell
kathimclaughlin@comcast.net--email

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

From: "Peter A. Mantas" <pamantas@gmail.com>
To: kathimclaughlin@comcast.net, "Nancy Schott" <NSchott@hsd.cccounty.us>, "Teresa Pasquini" <mamap2536@aol.com>
Cc: MRoy@hsd.cccounty.us, jmac@jacquemclaughlin.com, jacquemcl@yahoo.com, ronazollinger@yahoo.com, DWVlgand@hsd.cccounty.us, rwelsgal@hsd.cccounty.us, vwallace@hsd.cccounty.us, sthomas@ehsd.cccounty.us, lashondat@crisis-center.org, stavano@hsd.cccounty.us, czarofgolf@aol.com, keshuler@frontiernet.net, msarracino@jatconsulting.com, dsans@cao.cccounty.us, russell1628@juno.com, Elaine@chd-prevention.org, rsnestman@comcast.net, "moore mariana" <moore_mariana@yahoo.com>, vmontoya@hsd.cccounty.us, cresenza@aol.com, LINDAJMEZA@earthlink.net, amerritt@ecmhp.org, mcelrn@ehsd.cccounty.us, judymcMahon@mac.com, smarsh@hsd.cccounty.us, jjones@wecarebmcc.org, "carol hatch" <carol.hatch@sbcglobal.net>, THasan8897@aol.com, lhanover@hsd.cccounty.us, shahn@hsd.cccounty.us, jgbango@yahoo.com, cfrank@ecmhp.org, mrdjevars@sbcglobal.net, jkegler@hsd.cccounty.us, franknmigs@att.net, Dcarrillo@hsd.cccounty.us, capcarol@sbcglobal.net, petercaldwell@aol.com, justilo@comcast.net
Sent: Monday, January 25, 2010 5:16:50 PM GMT -08:00 US/Canada Pacific
Subject: RE: CATF(Child and Adolescent Task Force) Meeting tomorrow

Dear Ms. McLaughlin:

I was forwarded a copy of your Task Force email and would like to take a couple of minutes of your time to make a request and also comment on the content of your email.

First... The MHC has decided to utilize existing community committees and/or task forces to get input to the Commission as it discharges its responsibilities under the Welfare and Institution Code. Your task force has been cited as one that can provide valuable input to the Commission. Having said this, I would like to ask your permission to assign a Commissioner to facilitate bidirectional information exchange. Please let me know if CATF is interested and willing to support the MHC's request.

Second... I have to advise you that you have been misinformed about the decision of the Mental Health Commission on the PHF/Pavillon/20 Allen Project. You are correct that the Commission did vote to recommend to the Board of Supervisors that we purchase the property to be used for Mental Health Services. However, the MHC did not vote on specific programs because the commission has not been given a revised plan on programs. The MHC's Capital Facilities Workgroup is continuing to work with MHA/CPAW and other stakeholders to help facilitate further discussions on appropriate services for the proposed facility. Even though the debate on the services has not started due to the deficiency of pertinent information; the workgroup has received data that strengthens the need for children's services to be provided at the proposed facility. Frankly the lack of children's services in the original plan concerned all past and present Commissioners.

If you have any questions of me or the Commission please feel free to contact me directly or through Nancy Schott. I also welcome your participation at the MHC meetings.

Sincerely,

Peter Mantas

Chair

Contra Costa Mental Health Commission

BCC - Board of Supervisors

----- Forwarded Message -----

From: "kathimclaughlin@comcast.net" <kathimclaughlin@comcast.net>
To: "Sanders, Anthony" <asanders@hsd.cccounty.us>; "Roy, Mary" <MRoy@hsd.cccounty.us>;
"McLaughlin, Jacque" <lmac@jacquemclaughlin.com>; "McLaughlin, Jacque" <jacquemcl@yahoo.com>;
ronazollinger@yahoo.com; DWlgand@hsd.cccounty.us; rwelsgal@hsd.cccounty.us;
vwallace@hsd.cccounty.us; sthomas@ehsd.cccounty.us; lashondat@crisis-center.org;
stavano@hsd.cccounty.us; czarofgolf@aol.com; keshuler@frontiernet.net;
msarracino@latconsulting.com; dsans@cao.cccounty.us; russell1626@juno.com; Elaine@chd-
prevention.org; rsnestman@comcast.net; moore_mariana@yahoo.com; ymontoya@hsd.cccounty.us;
cresenza@aol.com; LINDAJMEZA@earthlink.net; amerritt@ecmhp.org; mcelm@ehsd.cccounty.us;
judymccahon@mac.com; smarsh@hsd.cccounty.us; fionas@wecarebmcc.org; carol.hatch@shcglobal.net;
THasan8897@aol.com; lhanover@hsd.cccounty.us; shahn@hsd.cccounty.us; tgbario@yahoo.com;
cfrank@ecmhp.org; mrdlevans@shcglobal.net; jkegler@hsd.cccounty.us; franknims@att.net;
Dcarrillo@hsd.cccounty.us; capccarol@shcglobal.net; petercaldwell@aol.com; justlio@comcast.net
Cc: "Shuler, Karen" <kareneshuler@gmail.com>
Sent: Mon, January 25, 2010 9:34:27 AM
Subject: CATF(Child and Adolescent Task Force) Meeting tomorrow

Hi Everyone:

This is a reminder of the meeting tomorrow at 3:30 for CATF. The meeting will be at 1340 Arnold in Suite 200 (MH Administration). Also, please mark your calendars with another very important date: Monday, February 1st at 1:00 the Family and Human Services Committee of the Board of Supervisors will be meeting and 20 Allen is on the agenda. It appears that although the Mental Health Commission voted to recommend that the property be used for Mental Health Services they voted to REJECT MH Administration's recommendations for the specific programming, INCLUDING USE OF THE PROPERTY FOR NEW MH SERVICES FOR CHILDREN! So, it is critical that children's advocates attend the meeting to indicate our support for these critically needed services for children. We will be discussing our strategy regarding our advocacy at our meeting tomorrow. Hope to see you there! Donna and Vern will be there to answer any questions.

Thanks,

Kathi

Kathi McLaughlin
MUSD Board of Trustees
CSBA Delegate
P. O. Box 1535
Martinez, CA 94553
(925) 372-6886--home office
(925) 348-1110--cell
kathimclaughlin@comcast.net--email

MHC Task List Tracking Form

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

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by incomplete)
Apr-09	Bylaws Proposed Amendments	Send to County Counsel for Review	Sent Bylaws proposal to BOS May '10 - Sent to IOC for review June '10		8/1/2010	To be reviewed by IOC; meeting date pending
Apr-09	Continuum of care for TAY	Request change of regulations to enable TAY to receive continued medical, housing.	Place on tracking list.			Pending
9/3/09	Info. on the number of CCC patients sent out of the county for treatment and length of stay	Donna Wigand to provide information.	Staff to follow-up with Donna			MHA - Pending
10/8/09	Chart of Locked Long-Term Subacute Care Providers dated 10/7/09	Add financial information/costs to chart and re-submit to the MHC.	Staff to follow-up with Suzanne Tavano			MHA - Pending
10/8/09	Letter to BOS regarding suicide of West County consumer.	Acting Chair is to write a letter requesting the BOS ask the Mental Health Director lead an internal investigation into the circumstances surrounding the suicide of a West County consumer. Further request a response to the BOS from the Mental Health Director be made within 60 days of receipt of the letter.	Staff to follow up with Acting Chair. Motion wording may require confirmation at 11/12/09 MHC monthly meeting.		11/12/09: on hold until 11/30/09 meeting at MHCC takes place.	MHC - Pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black-Closed by Incomplete)
12/10/09	Investigation Report on West County Suicide in Sept. 2009	Motion passed to request the written report be distributed to the MHC. Suzanne believes it is protected under the evidence code. NS to check with David Cassell.	Staff to follow up with MHA	TBD		MHA - pending
1/8/10 Planning Meeting	Public Comment: costs of out of county/out of state placements	Janet Marshall Wilson: She would like the MHC to understand the financial resources spent out of county/out of state for placement of mh clients: 1) children in residential placement and community treatment facilities, 2) adults in short-term acute care, 3) adults in long-term locked care under conservatorship and 4) adults in board and care residential setting.	Quality of Care and Quality of Life Assurance workgroup		3) Per the 6/10/10 MH Funding handout from Dr. Tavano, the cost of out of county adults in long-term care (MHRC or IMD) is \$2,048,679.	MHC - Pending for 1), 2) and 4)
1/8/10 Planning Meeting	Public Comment: Site Visits	Connie Steers: She requests the Commission make site visits to some extremely problematic residential homes within the County, especially unlicensed board and care homes, where the residents are vehement that Patients' Rights not get involved due to fear of retaliation.	Quality of Care and Quality of Life Assurance workgroup to review issue	1-Jul-10		MHC - Pending
1/14/10	Allegations of serious unlicensed residential conditions in East County brought up by Janet Marshall Wilson	She would like to MHC to review the allegations	The Quality of Care and Quality of Life Assurance Workgroup	TBD		MHC - Pending

MHC Task List Tracking Form

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

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by Incomplete)
2/11/10	MHSA Housing Coordinator	Dorothy Sansoe offered to look into status of hiring for the position. Update: 6/10/10 CPAW Report from Comm. Pereyra reported the application period closed and a small number of applicants moved to the interview process.	Staff to follow up with Dorothy			7/28/10 Interviews have begun. 8/12/10 Per Annis roles and responsibilities need to be clarified with Vic Montoya before resuming interviews.
4/5/10 Public Hearing 2010-2011 Annual Update	Per capita funding per program (ie. for MHCC vs. Clubhouse)		Staff: follow-up with Mary Roy on per capita funding per person served per program.			MHA - pending
4/5/10 Public Hearing 2010-2011 Annual Update	WET staff trainings for MHA staff vs. line staff	Carolyn Sison has the information in chart form.	Staff: follow up with Carolyn Sison to obtain the chart			MHA - pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by Incomplete)
4/5/10 Public Hearing 2010-2011 Annual Update	MHSA 2010-2011 Annual Plan Update	Plan approved with the following provisions:	Staff: follow-up with Sherry Bradley			MHA & MHC Quality of Care Workgroup - Pending
		1. with the provision that there be included program evaluation for efficaciousness, for qualitative and quantitative data, and look at qualifications of contractors.				
		2. the condition that the Commission revisit the performance contracts and make recommendations as a Commission if it is believed that those contractors lack the capabilities to deliver on the contract				
		3. the minor conditions that substantive comments be brought up and included in the Plan by MHA.				
4/5/10 Public Hearing 2010-2011 Annual Update	MHSA Capital Facilities Project Proposal	Plan approved with the following provisions:				BOS - Pending
		1. there is a commitment by the County that the Crisis Residential Facility is not just placed on the table, but acted on appropriately				
		2. substantive comments be brought up and included in the plan by MHA.				

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by Incomplete)
5/10/10	CIMH	Determine what training and other assistance they offer... CIMH not interested in facilitating meetings... Is interested in training and will follow-up when staff has time	IOC suggested assignment - Peter Mantas took the assignment from Supervisor Bonilla			CIMH Pending
5/13/10	new Older Adult Task Force	Determine if the new Older Adult Task Force is in place; appoint a Commissioner to attend the meetings. The group has been replaced by CPAW Older Adult Workgroup	MHC Chair			MHC Chair - Pending
5/21/10	MHC Participation at Quality Management Committee (QM)	Dr. Suzanne Tavano will research and report back				
6/5/10	CPAW Meeting	Chair requested permission to present at CPAW meeting	Sherry Bradley responded to Chair on 6/28/10 - invitation not extended at this time		9/28/2010	MHA - Pending
6/10/10	Sale of Phoenix Apartments by ANKA	Capital Facilities and Projects/IT to Workgroup review and determine if MHC can assist.	Annis Pereyra			Workgroup-Pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by Incomplete)
7/8/10	Written conflict of interest policy for CPAW	Request BOS IOC at the 8/2/10 meeting that a written policy on conflict of interest be developed for CPAW which supports the Grand Jury Findings on the CCC First Five Commission. Also ethics/conflict of interest violations as defined by the SFPPC be considered for CPAW members as well as Ethics training.	Staff to send minutes to IOC staff for IOC review prior to 8/2/10 meeting.		To be completed by 7/29/10.	
8/2/10	Data Reports requested by the MHC Capital Facilities Workgroup	Requested, via approved form, 6 reports to review to aid in recommendation process for 20 Allen Street property prior to 8/31/10 Community Meeting.	Per Annis Pereyra, Sherry Bradley would be following up with Research and Evaluation.			
Aug-10	MH Director and MHC Chair to develop Joint Presentation	Presentation to outline the responsibilities of MHA, MHC, CPAW, etc. Peter has volunteered to help if needed.				
Aug-10	MHA and MHC to work on the development of full system Qualitative Metrics.	Current limited qualitative metrics are designed for specific MHSA programs vs full system. We should be looking at qualitative measure across the continuum of care. Sentinal events should provide the initial target areas for meauser.				
9/9/10	CIMH Data Outcomes Workbook	prepare workbook	Quality of Care Workgroup	draft to be presented at 11/9/10 MHC meeting		

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by Incomplete)
26-Feb-09	Expediting the filling of positions funded by MHSA monies	Staff: Set up an appointment for Peter, Dorothy Sansoe and Donna Wigand to meet	Donna requested holding off until she received a list of all positions with status timelines.	TBD		MHA - Pending
26-Feb-09	Request for PHF assessment information - Letter 1	Letter sent to Donna Wigand with a list of questions.	MHA			MHA - Pending
26-Mar-09	Family Steering Committee's 2 nd Letter of Concerns	Set up a Special MHC Meeting to discuss this issue.	Awaiting date/time.	TBD		MHA - Pending
26-Mar-09	Request for PHF assessment information - Letter 2	Letter sent to Donna Wigand with a list of questions.	MHA			MHA - Pending
Apr-09	Letter to Supv. Bonilla et al re: Capital Facilities	Letter sent	No response from Supv. Bonilla. Response received from the OAC. Copy of response to Supv. Bonilla received from Donna.			BOS - Pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by Incomplete)
May-09	Follow-up letter to Supv. Bonilla et al re: Capital Facilities	Letter with comments from Minutes sent.	No response from Supv. Bonilla.			BOS - Pending
May-09	Track MHSA Plan Public Hearing agreement - Approve the plan updates assuming the 1) There be balanced representation on CPAW (county staff, mental health staff are at a minimum on CPAW and a significant portion is made up of family and consumer representatives to get more people involved in the decision-making process. 2) There is heavy involvement of family and consumer members not only in discussion but also decision making (CPAW) 3) Mental Health Administration will work with all stakeholders, especially the Mental Health Commission to develop quantitative and qualitative analysis of MHSA program performance by August 31, 2009. 4) All noted substantive comments get addressed in the plan update with Mental Health Commission involvement – for discussion and review before it's submitted.		Staff: Follow up with Sherry Bradley		5/18/2009	MHA - Pending
9/3/09	Ambulance transfers	Is an ambulance required for patient transfer between CCRMC and a separate facility (ie. CCRMC and a PHF next door)	Staff: follow up with MHA		10/2/2009	MHA - Pending

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black - Closed by Incomplete)
9/3/09	Info. on which larger counties have PHF's and how many counties have both PHF's and inpatient.	Donna Wigand to provide information.	Staff to follow-up with Donna Wigand			MHA - Pending
2/26/09	Request from Rubicon to explain how we are going to integrate CBO's, especially in West County.	Request Donna to give a written response. Donna responded to Steve from Rubicon at the March meeting.	Staff: Follow-up with Donna.	16-Mar		Completed Verbally during March 26 MHC meeting
2/27/09	Recommendation for MHC appointment of Floyd Overby	Send letter of recommendation to Supv. Uilkema Letter sent 3/3/2009	Appointed May 5th			Completed
2/26/09	Support of a Behavioral Health Court Grant	Letter was sent to Sheriff Rupf in support of the Behavior Health Court Grant.	Staff: Request an update from Marti Wilson and/or Lt. Mitch LeMay.	28-Feb		Completed. As of 12/3/09, Sheriff still waiting to hear.
2/26/09	How many clients using outpatient clinics have Medicare as a possible source of payment for services	Donna to report in writing with report outlining the number of clients. The number of 200 was referenced however source information was not provided even though it was promised by Donna.	Follow-up with Donna			Completed
3/26/09	Letter in opposition to Prop 1E	Peter is to draft a letter to be sent to the individual members of the BOS requesting their support for the Commission's position.	Await receipt of letter to place on letterhead and send to each member of BOS.			Completed

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by Incomplete)
Mar-09	Recommendation for MHC appointment of Anne Reed	Send letter of recommendation to Supv. Uilkema	Appointed May 5th			Completed.
Mar-09	MHC Questionnaire	Discuss distribution to county employees.	At the printer	TBD		This task was cancelled
Apr-09	Reappointments of Peter, Dave and Teresa	Notification of term expirations letters sent to appointing Supervisors	Check status			Completed
4/23/09	Transcript of 3/26/09 Minutes	Staff is instructed to present a transcript of the Minutes.	Staff: Transcribe Minutes			Completed
10/8/09	Mental Health Coalition Talking Points	Verify if and when MHC adopted the Talking Points.	Staff			Completed. 8/13/09 MHC monthly meeting: a motion was passed to adopt them.
11/12/09	List of MHC standing committees, task forces or workgroups	Staff to provide a list to Commissioners.	Staff	By 12/10/09		Completed
8/13/09	California Institute for Mental Health	Determine what training they offer	Staff to follow-up with Sherry Bradley; training may be offered by CA. Mental Health Planning Council.			Cancel - New Assignment taken by Peter Mantas

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black-Closed by incomplete)
Sept. 3, 2009	Chair Mantas requested Dr. Walker look into the ED to CSU situation to improve transition	Dr. Walker to update the Commission on his findings.	Staff to follow-up with Julie Freestone?			Completed - Phych Emergency Doors Reopened - May 2010
Oct.8, 2009	Needs Assessment Survey prepared by MHC-CPAW Capital Facilities Workgroup	A motion was passed supporting a survey be created, sent out and used to determine the community's input on uses for MHSA Capital Facilities funds.		12/1/09 sent out; surveys to be returned by 12/11/09.		Completed
2/11/10	Local 1 Survey and Local 21 Response	Motion passed to refer the Local 1 survey to the BOS Internal Operations Committee as soon as possible.	Staff to coordinate letter w/Chair			Completed : Letter sent 2/18/10.
3/11/10	County Use of Private Invitation Only Groups in an Advisory Capacity (ie. CATF)	Motion passed to refer the issue to the BOS IOC Committee as soon as possible.	Staff to coordinate letter w/Chair			Completed; Letter sent 3/18/10. Referred to IOC at 4/13/10 BOS Meeting.
3/11/10	County Employee Participation on County Advisory Groups (ie. CPAW)	Motion passed to refer the issue to the BOS IOC Committee as soon as possible.	Staff to coordinate letter w/Chair			Completed; Letter sent 3/18/10. Referred to IOC at 4/13/10 BOS Meeting.

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by Incomplete)
1/14/10	Reopening of CSU doors	Motion passed to write a letter to Anna Roth endorsing the reopening of CSU doors	Staff to coordinate letter w/Chair.			Completed; doors opened 5/17/10.
4/8/10	Location for MHC meetings with better public transportation access	Determine other possibilities, Commissioner O'Keeffe mentioned she spoke with Supv. Bonilla's office and there are other options closer to transportation hubs.	Staff: look into other options and follow up with Commissioner O'Keeffe.			Completed 8/12/10
5/13/10	Possible use of federal health care reform dollars for mental health electronic records HR 5025	Motion passed to have the Chair write a letter from the MHC to the Chair of the legislative Subcommittee and send an informational email blast to stakeholders and community partners. Per the 6/10/10 CPAW Cap Fac and IT report prepared by Comm. Pereyra, Steve Hahn-Smith reported this bill, if adopted, would not pay for the acquisition of the IT system, but rather cover several hundred thousand dollars of annual expenses.	Staff: work with Chair.			No longer needed.

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by Incomplete)
5/21/10	MHC Participation at Quality Improvement Committee (QI)	Dr. Suzanne Tavano will research and report back				Completed 8/12/10
11/12/09	Review of policies and procedures around sentinel events	Invite one or more Health Services representatives to educate the MHC on policies and procedures surrounding sentinel events using Victor Montoya's suggestions and guidance on different reporting structures.	Staff to follow up with Acting Chair and county staff.	2010 MHC meeting		Completed: 8/12/10 MHC meeting.
5/27/10	2010-2011 State Budget Advocacy	Motion passed to have the Chair write a letter to state legislators to advocate against proposed budget cuts to mental health system funding.	Staff: work with Chair on letter. Also create an email blast with letter and legislators' addresses for mass distribution to community partners.			Letter to legislators: complete 6/10/10; Email blast complete 6/15/10.
3/11/10 Public Hearing Draft Technologies Project Proposal	MHSA Draft Technologies Project Proposal	Plan approved with the minor conditions that substantive comments be brought up and included in the Plan by MHA.	Staff: follow-up with Sherry Bradley			Completed

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by Incomplete)
3/11/10 Public Hearing Draft Innovation Plan	MHSA Draft Innovation Plan	Plan approved with the minor conditions that 1. all comments provided be considered substantive, whether or not a change in Plan is required and included in the Plan 2. the County is to seek continued funding separate from this MHSA program.	Staff: follow-up with Sherry Bradley			Completed
6/5/10	MHA staff meeting	Chair requested permission to participate and/or present at MHA staff meeting	Mental Health Director to respond directly to Chair.			Completed 8/27/10
May-09	Senior Disabled Bus Pass	Draft letter to CCCTA requesting reduced fare bus pass and permission to have a representative from MHC attend the Operations & Scheduling Committee	In process of drafting letter			Complete; 7/22/10 per Colette letter written and she attends monthly CCTA meetings. Reduced fare bus passes voted down by CCTA.
8/12/10	Advocacy for Bonita House Knightsen facility	Motion made to have the Chair write a letter from the MHC to BOS in support of the Bonita House Knightsen facility. Staff to reference family testimony, Bonita House brief and work with Rick Crispino on talking points to include in letter.	staff to draft letter and Chair will review and submit to BOS	by Sept. 15		Completed

MHC Task List Tracking Form

Date	Subject	Proposed Action	Follow-up Assignment	Timeline	Follow-up (Grey Completed)	Resolution (Black Closed by Incomplete)
9/9/10	Elections for MHC alternate to QI Committee	To be held 10/14/10; nominees: Willie Wong and Colette O'Keeffe	MHC Chair	10/14/10 meeting		Completed
9/9/10	Elections for MHC representative and alternate to Healthcare Reform Committee	To be held 10/14/10; nominees: Teresa Pasquini and Evelyn Centeno (winner will be representative and the other candidate the alternate)	MHC Chair	10/14/10 meeting		Completed
9/9/10	Recruitment of underrepresented groups for MHC	Outreach to underrepresented groups	Diversity and Recruitment Workgroup			Ongoing



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.

September 17, 2010

Supervisor John Gioia
Board of Supervisors, Chair, District I
11789 San Pablo Avenue, Suite D
El Cerrito, CA 94530

Re: Support of the Bonita House Knightsen Facility Application

Dear Supv. Gioia:

At the regular monthly meeting of the Contra Costa Mental Health Commission on August 12, 2010, the Commission voted (11-0-0) to support the Planning Commission's approval of the Bonita House Knightsen land use permit application under appeal to the Board of Supervisors.

Background

This recommendation follows public testimony by family members, NAMI members and mental health advocates at the July 13, 2010 Planning Commission meeting and the subsequent appeal filed by neighbors following approval of the permit by the Commission at that meeting.

At the April 12, 2010 "Raising the Roof" forum held at the Board of Supervisors chambers it was noted that; The #1 concern of all public mental health clients and their family member 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 the County. The County has lost over 100 housing slots 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.

Housing for people living with a mental illness is sorely lacking in East County. No matter where a site is proposed for the facility there will be public opposition. This proposal is made possible without public funds.



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers.



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The proposal is made possible by private financial donations and endless volunteer hours. Given the stress that our public mental health system is under it is critical that we take advantage of this project.

The facility will be licensed by the State of California Community Care Licensing who has the responsibility to oversee the facility and safety of the residents. This type of facility is consistent with the Contra Costa County Housing Element passed by the Board of Supervisors.

Conclusion

Bonita House, Inc. has an excellent 40 year reputation providing housing and supportive services for thousands of individuals living with a mental illness. The Mental Health Commission asks that the Board of Supervisors upholds the Planning Commission's approval of the land use permit and seize the opportunity to provide housing options in Contra Costa County to dually diagnosed consumers living with mental illness. The MHC applauds and supports the efforts of A Beautiful Night and Bonita House.

Thank you for your consideration of this important matter.

Respectfully,

Peter A. Mantas, Chair
Contra Costa Mental Health Commission

cc: William Walker, MD, Director Health Services
Donna Wigand, LCSW, Mental Health Director
Board of Supervisors: Susan Bonilla, Federal Glover, Mary Piepho and Gayle Uilkema



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