

Contra Costa Mental Health Commission
Monthly Meeting
January, 27, 2011
Minutes – Approved 3.24.11

1. **CALL TO ORDER / INTRODUCTIONS**

The meeting was called to order at 4:32 by Chair McKindley-Alvarez. Introductions were made around the room.

Commissioners Present:

Peter Bagarozzo, District V (*left at 6pm*)
Evelyn Centeno District II
Peggy Kennedy, District III
Dave Kahler, District IV (arrived 4:23)
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

Attendees:

Ralph Hoffmann, NAMI, MHCC, MindFreedom
Marsha McInnis
Brenda Crawford, MHCC
Mariana Moore, Human Services Alliance
Al Farmer, NAMI
Quentisha Davis
Janie Anker
Brian Lindblom, Juvenile Justice Commission
Suzanne Davis-Lucey, Conservatorship
John Gragnani, Local One/MH Coalition
Geet Gobind

Commissioners Excused:

William Wong, District V
Supv. John Gioia, District I

Staff:

Linda Cipolla, Staff to MHC
Susan Medlin, OCE
Suzanne Tavano, MHA
Donna Wigand, MHA
Sherry Bradley, MHA
Mary Roy, MHA
Helen Kearns, MHA
Imo Momoh, MHA

2. **PUBLIC COMMENT**

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

Commissioner Centeno read notes regarding AB 3236 (*See document behind minutes*)

Commissioner Pereyra said she didn’t want her public comments from December to slip off the radar: Out of county placements where consumer’s Medi-Cal gets changed to the county of residence instead of Contra Costa County. She has heard a couple of possible solutions and will keep bringing it up.

Marsha McInnis said she was employed as a family support worker with CCMH and resigned. She read a document regarding the reasons behind her resignation. (*See document behind minutes*)

3. **ANNOUNCEMENTS**

- A. Annual Training for Advisory bodies – February 28th, 4:30 – 6:00pm, 651 Pine Street, Martinez
- B. Thank you to several Commissioners for attending the first Executive Committee meeting
- C. Future agenda items and Task List: the Executive Committee has not been able to do the agenda items or Task yet but will have it for the February MHC meeting.
- D. Planning Meeting discussion and wrap-up to be discussed at next Executive Committee meeting on February 8th. (Commissioner Yoshioka requested a formal wrap up of the 2011 Planning Meeting in December)
- E. Agenda Referral Form created at the Executive Committee was in the packet and copies were on the table. She asked the Commissioners to review the form and explained it is for use by community members as well as Commissioners. The deadline to get forms to the EA is the last business day of the month so the Executive Committee can respond a week after the meeting.
- F. Status of new applicants: There are two potential applicants at this time. According to the new By-Laws they will have to create a committee to respond to the process and report back to the Commission. Therefore a committee needed to be established that evening before the end of the meeting.
- G. Minutes format: Changing from verbatim notes back to the summarization style previously used.

4. **CONSIDER APPROVAL OF MINUTES**

November 9, 2010, MHC Monthly Meeting

- **ACTION: Motion made to approve the November 9, 2010 Monthly Meeting minutes: (M- Centeno /S- Overby/Passed, 9-0-1, Y- Centeno, Bagarozzo, Kahler, Kennedy, McKindley-Alvarez, O’Keeffe, Overby, Pasquini, Pereyra A-Yoshioka)**
Commissioner Yoshioka did not attend the 11.9.10 meeting so abstained from the vote.

December 9, 2010, MHC Monthly Meeting

Discussion:

The 12.9.10 minutes were incomplete because there was a recording malfunction. The document contained incomplete sentences which sometimes didn’t reflect the original meaning. The Commission concluded that they would provide edits to the Executive Assistant to improve the content. These edits would be noted by color or font so that in February, when voting on approval, the additions would be obvious. Also suggested was a description to explain that “---“ means the words were not captured. Specific requests were as follows:

Commissioner O’Keeffe noted that her comment from the 12.9.10 meeting (page 59 in minutes) regarding a small size font that was unreadable, needed to be clarified that she would file a grievance and that she felt dismissed when she made her complaint.

Also page 62, she clarified she “was uncomfortable with the appearance of asking permission but was in favor of collaboration (with MHA)

Commissioner Pereyra clarified a comment that she made on page 68 regarding ‘licensure, whether it be a California teacher’s credential, or any health care provider has a duty to report’ in reference to Juvenile Hall and the comment from the Contra Costa Times about the personnel problem.

- **ACTION: Motion made to discuss and approve the December 9, 2010 Monthly Meeting minutes, after content additions, in February Monthly meeting:** (M-Kennedy /S-Pereyra; Passed unanimously, 10-0-0)

Public Comment:

Commissioner Yoshioka who did not attend the November 9th meeting was dismayed reading the 11.9.10 minutes in regard to item 6 (*MHCC Hear Comments*) which was in response to former employee complaints. There were eight pages in the minutes which he felt was too much time to spend and isn’t the responsibility of the Commission to be dealing with the personnel affairs of a contracted organization. The amount of time given to that item eliminated the time for actual discussion.

5. **STANDING COMMITTEES – Carole McKindley-Alvarez**

- A. DISCUSS standing committee categories
- B. APPROVE standing committee categories and members
- C. DISCUSS workforce bullying referral to Quality of Care workgroup
- D. APPROVE exploring supportive services for agencies that employ consumers

Chair McKindley-Alvarez explained that the majority approved moving from workgroups to standing committees (*determined in the Planning Meeting - Kahler and O’Keeffe had been in opposition.*) There was further discussion and clarification at the January Executive Committee in which O’Keeffe got on-board with standing committees. Therefore there wouldn’t be open dialog about that change. She explained that the Item 5 discussion was about labeling and membership of the standing committees. Since the workgroups had been inactive as of the last month, they needed to outline and establish the committees that night so the work on hold could continue. She referred to the new By-Laws on page 6.

Vice Chair Kennedy explained the two suggested categories:

1. Keep the spirit of workgroups with 3 standing committees: Quality of Care, Capital/Facilities and Criminal Justice –which according to Donna would fit well with the upcoming MHA reorganization.
2. Return to the Standing Committee format from the past, by age groups (system of care) such as: Children’s and Transitional, Adult and Older Adult, and Criminal Justice.

Carole and Peggy had previously discussed the organizational choices with the MH Director so that they would be in alignment with MHA needs.

Discussion:

Commissioner Yoshioka thought that “Older Adults” would duplicate something that already exists. He suggested that it is working fine under CPAW so why not have a Commission member as a liaison at CPAW. The same could be said about the Justice Committee – it would be a duplication of the already existing Justice Commission. A Commission member could be a liaison to the Justice Commission instead of creating a standing committee for the same issue. That person could report back to the MHC.

He felt that a standing committee for Children and for Adult and Transitional age would not be duplicative unless either one already exists.

An additional committee he suggested was an Executive and Finance Committee which would require working with Donna and her structure. It would be good to have a liaison and therefore information flow coming from the MHA.

Commissioner Pasquini like Commissioner Yoshioka didn't want to duplicate efforts. She pointed out that the existing Justice Commission is for Juveniles only so there isn't a place to discuss adult issues. During the Executive Committee meeting she expressed concerned about bringing back traditional committees (system of care) and had done research about various County MH Commissions and stated the variations:

- Santa Clara committees: Adult system of care, Executive committee, Family, Adolescent and Children's, Minority Advisory, Older Adult, System Planning and Fiscal
- San Mateo: Traditional age focus committees
- Sacramento committees: MHSA, Budget, Education and Outreach, Performance Outcomes, Accessibility, etc.

Commissioner Pasquini felt it was difficult to go on with our annual plan and to determine committees until the MH Director's reorganization plan is apparent.

Commissioner O'Keeffe was uncomfortable with the system of care because some issues cut across age groups: housing, access to care, facilities available for all age groups, It would be duplicative and inefficient and all age groups might talk about the same issues without sharing information.

Commissioner Centeno said the By-laws are our mandate. The BOS won't approve the standing committees if the structure doesn't make sense. The Commission does different work than MH Administration. We will be discussing same things from different angles. She thinks duplicating is okay since the MHC does separate work than CPAW or the MHA

Commissioner Overby questioned Sam's comment that MHC have a liaison to CPAW. He wondered if Sam thought CPAW would make a formal report each month? He wondered how CPAW relates to the Commission.

Commissioner Kennedy said that even though the By-Laws refer to the system of care breakdown for standing committees, it actually states, "May include but are not limited to the following." She surmised that the BOS took the existing standing committees at the time and built them into the By-Laws.

Commissioner O'Keeffe added to Floyd's comments; if they have a representative (*rather than member*) at CPAW they don't have a vote, which would be ineffective.

Commissioner Pereyra explained that CPAW (Consolidated Planning and Advisory Workgroup) for the Mental Health Service Act is 'not the only game in town'. They still have the system of care and the MHSA was meant to add additional funds to provide more services and is integrated into the system of care, but is only a portion of it.

Chair McKindley-Alvarez asked if there was a motion regarding standing committees and that it could be established later in the meeting but that they could not leave the meeting without establishing them.

Also requiring discussion is the change in a previous motion to address workforce bullying because it will need to be given to a standing committee.

- **ACTION: Motion made to temporarily postpone the standing committees discussion due to time, in favor of allowing Dr. Walker to present:** (M-Kahler /S-O'Keeffe/Passed, 9-1-0, Y-Bagarozzo, Kahler, Kennedy, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra, Yoshioka; N-Centeno)

6. **DIVISION UPDATE – Dr. William Walker, Health Services Director**

Dr. Walker: The budget issues are and will be bringing challenges for the Health Services Department, the County, and the state. The Health Division is preparing to be in the best position possible with the upcoming health reform through re-structuring. The Medi-Cal waiver is currently being implemented. Many aspects of that waiver are negotiated every five years with Federal Government to get money for the state public hospital system. Many parts include integration, particularly recognizing issues integrating mental health and physical health. Their success rate will predicate how well they get funded.

Another aspect to integration is in regard to the state budget and the Governor's intention to realign programs down to more county control. If the same as the past with the previous realignment in 1991, there will be fewer resources to pay for programs. He is currently looking at the Health Services structure to best deal with that realignment, and to deal with Health Reform

In the 1980s, Alcohol & Drug, and Mental Health were combined in one division. A lot of other counties combine alcohol & drug with mental health into a behavioral health program. His concern evidenced by other counties with that structure is that services for drug & alcohol disappeared. There is also a third program, Homeless Residential Programs which is unusual for a health department to run; in many counties those programs are run by Social Services or Housing.

The Health Department inherited it in the early 1990s since the BOS thought they were not being managed well.

They have run the homeless shelters, transitional housing, health care for the homeless, etc. Often those who are homeless also have mental illness and drug and alcohol problems. It has been his concern with all those programs in one division that the needs of the patient may not come first in terms of addressing those issues. They will need to use limited funds with all programs more creatively and efficiently to fund the needs of patients.

A main concern is funds for alcohol and other drug programs are disappearing radically on the state and federal level. Proposition 36 which was the alternative to incarceration for those with substance abuse problems is gone. With the context of creatively and efficiently preserving these programs, he is proposing the following structure:

Create a division yet to be named but something like, 'Behavioral health and Homeless Programs' with a Division Director. Under that director would be three programs: Health services, Alcohol & Drug Services and Homeless Services.

It would be his demand that those departments work across silos; to use efficiencies with administration and better use of funding streams to fund those programs. He believes there are funding streams to take advantage of and some that haven't yet been explored. It is not his intent to get rid of jobs as a result of this integration. And he feels that there is management ability to do that. There will not be recruitment outside of the Health Services Department. There will be an open recruitment to all managers for his department which will take place in the next two months. He has informed the advisory bodies first and will inform the Board next

week. He appreciates any feedback. This plan is a work-in-progress and he couldn't provide details.

If the government ballot measures pass in June there will be deeper cuts from state support. He wants to be ready when these changes start happening to use resources as best they can.

Discussion:

There was a question about his integration plan. Dr. Walker said there is a concept but not a plan as yet. His intention is not to lose jobs. The result of what the state is doing could cause job-loss in a lot of areas across counties, which is out of his hands. But there won't be job loss as a result of the new organizational structure.

Commissioner O'Keeffe asked about the structure changes with the MH division and Dr. Walker said he didn't envision dismantling the structure of the MH division in order to accomplish the reorganization. 'The basic structure within MH will remain the same.'

Janie Anker introduced herself and said she was a former county employee. She found Dr. Walker's use of the words 'integration' and 'separation' confusing. (1:00:27)

Walker explained three issues:

1. That they have people across issues so that someone who is homeless, mentally ill and has alcohol and drug problems can get service across 'silos'.
2. Revenue flow into the programs: be more creative to bring down a higher federal match, more effective spending with limited dollars.
3. There will be abilities in having one administrative structure across three divisions to work more effectively.

He doesn't expect Line Staff roles to change dramatically

Commissioner Pasquini said she is a proponent of integration and patient focus. As a CPAW member and MH Commissioner she felt the community voice is critical with the changes. She was concerned that the realignment had gone to a level of discussion without hearing the community voice. She wanted the conversation to include the community not just senior staff level. Also, since it is the MHC's mandate to advise the MH Director, she also wanted to know where the MH Director's position would be in the new structure.

Dr. Walker said the vision will include all community and that he welcomes community insight.

Regarding structure, he explained: three divisions report to one director.

The Director of Behavioral Health & Homeless Services oversees the Mental Health Director, A&D Director and the Homeless Services Director.

Commissioner Yoshioka said of the 58 California counties, 50% have similar models of behavioral health care systems; with population in ascending order, the top populous 17 counties of those, 69% have behavioral health systems organized per the realignment. He felt it was important given the availability to identify evidence based models with similar populations. He also asked how will MH get integrated into what is called integration of primary health and mental health.

Dr. Walker said there are best practices available for the behavioral health model since it does exist in many counties. They need to look at best practices not just for structuring but also for delivery of services. In regard to the second question of BH integration, there are existing MH liaison clinics in

Pittsburg, Richmond and Martinez. They are looking at opening a physical center on the first floor of the Concord MH clinic for better services there, they are looking at another model in west county where there is a nurse practitioner who is working with the El Portal clinic to better integrate the physical health needs of those patients. That level of integration has to happen regardless of the realignment.

Brenda Crawford suggested that they look at relationship building during the realignment discussions. She was around when A&D and MH were separated. She has concern that aligning the two may create competition. She wants support for discussion among providers on developing relationships and partnerships to bridge services going forward. She saw competition occur when she worked in Alameda in the Alcohol & Drug division and when it got absorbed with mental health they were no longer viewed as equals.

Walker agreed with preserving integrity. He felt that viewing all three divisions as recovery services would aid partnership.

Geet Gobind said the difference between the mentally ill who have a roof over head and those who don't is almost always family. She asked Dr. Walker to address that issue.

Dr. Walker responded that when the families are not involved in an integral way with those that need care, they miss a great opportunity.

John Gragnani said as MH Coalition President, we are no strangers to systemic evolutions and downturns. He pledged his and his unit's expertise in working with other departments during the transition. He spoke for all the service providers including the MH Coalition in expressing disappointment and frustration with the lack of inclusion in the realignment conversation. He would appreciate and expect to be included in further discussion as the system is integrated and a potential vital transformation could occur. Dr. Walker responded that they will be involved.

Marianna Moore said separate from her role at the Human Services Alliance she also works with Non-profits on organization and change management. She said there are two models for reorganization, one is to go within and close the shutters to come up with a plan and the other is to go outward and seek information with which to make decisions. She urged Dr. Walker to be thoughtful and transparent and to take the second route and to invite discussion with critical stakeholders who can provide useful insight in planning the realignment. She echoed John Gragnani's comment and said there is a loss of trust. At the same time important partnership work is happening with CPAW and MHSA working together.

Dr. Walker expressed that it is his commitment to do so.

Ralph Hoffmann advised the term 'addiction' is a substitute for 'behavioral health.' Smoking gambling, food addictions etc. are behavioral health problems that are negative and can be shunned.

Commissioner McKindley-Alvarez thanked Dr. Walker for requesting to appear and explain the realignment vision. Now that they were informed about the basic MH organizational structure, could they go back to the standing committee conversation and make a motion.

Commissioner Pasquini moved to support what Donna and the Chairs agreed: Quality of Care, Capital/Facilities and Justice Committees be established tonight. Commissioner O'Keeffe seconded.

Discussion:

Commissioner Kennedy explained they would appoint members to each committee and each committee would then appoint their chair at a later date.

Commissioner O’Keeffe stated that task forces or workgroups would also exist within the standing committee structures. People in workgroup can come from various committees.

Commissioner McKindley-Alvarez clarified the difference between a workgroup and a task force. Workgroups consist of two to four commissioners (only) and a Task force can have outside advisory. A Commissioner can be a member on a workgroup that is not within the standing committee that he or she is a member as long as there are no more than four Commissioners.

Commissioner Yoshioka questioned the use of the word, ‘appoint’.

Commissioner Kennedy read from the By-Laws: “The Commission may appoint Commissioner members to standing committees.”

- **ACTION: Motion made to establish the following standing committees: Quality of Care, Capital Facilities and Criminal Justice (M-Pasquini /S- O’Keeffe/Passed, unanimously,10-0-0)**

Chair McKindley-Alvarez explained the need to get volunteers for these standing committees because they need to have mission statements and assigned chairs within 60 days. Through a show of hands the following committee members were established:

- Capital Facilities: O’Keeffe, Pasquini and Pereyra
- Quality of Care: Kennedy, O’Keeffe and Overby
- Criminal Justice: Centeno, Bagarozzo, Kahler and Yoshioka

Since Commissioner Wong was not in attendance, Chair McKindley-Alvarez said once he’d chosen, she’d default to the committee left with three members. The EA will help them to establish meeting times which do not overlap for EA’s posting workload and don't overlap each other’s meetings. Each committee will need a secretary and be able to provide minutes in order to make the monthly MHC meeting packet. Each group will have chair and minute taker because Linda (The EA) does not have the time to attend all of the standing committees.

Chair McKindley-Alvarez explained that the former motion referring the issue of workforce bullying to the Quality of Care workgroup (12-9-10) needed to be revisited after speaking with community members. There is now a better understanding of key issues (workforce bullying being an after-effect) and proposed something that improved the issue earlier, such as training and supportive services to organizations that employ consumers. So that they understand what it means to employ consumers, understand how to create policies and procedures etc. so ultimately consumers are not set up for failure.

Public Comment:

Quentisha Davis said there had been a lot of public comments on this issue in the past and she and others hadn’t been clear on MHC’s role. She learned that MHC is an advisory body and that MHC

doesn't have authority over personnel issues. It would have helped her if that had been explained sooner. Her hope for MHC is that they can discuss policy, that there is more than one resource available. Some agencies don't have HR and don't know how to support their consumers. She said even when policies and procedures are in place but aren't being correctly followed, where can Consumers go for help especially when they become symptomatic – not to turn their back on them and terminate them. To provide resources, to take a leave, transition to another place, etc. Her hope is the MHC can talk about how to make that happen so the consumers are getting the best of services and treatment.

Commissioner Bagarozzo left at 6pm.

Commissioner Pasquini disagreed that the bullying issue isn't under the MHC's purview. She suggested the Commission strongly consider the family member experience working in the system. She mentioned Marsha McInnis' experience (*who spoke earlier during public comment*) and said she brought Marsha's experience to CPAW last month. She called it a 'dirty little secret' and the stigma that is being perpetuated against family members is unacceptable. She's sad a family member had to resign after the loss of their Family Advocate. She gets a lot of calls from desperate family members wanting system navigation help. Whatever message the Commission gives around workforce bullying they need to include that the family members of adult mentally ill children are not getting the respect that they need.

Commissioner O'Keefe said the underlying reason for so many complaints needs to be investigated. Family members should be protected. Whatever policies are created should include family members as well as front line staff. She has been in a position of consumer provider and she believes there are situations where structure is needed to protect them (staff and consumer providers). She wants the goal of the motion to be expanded.

Ralph Hoffmann said there are laws against workforce bullying but consumers and family members may not be aware of them. There are no laws about social bullying and stigmatizing in schools, the press, in the public and that's where he would like to see the MHC emphasize.

Commissioner O'Keefe repeated that she's investigated and there are no laws against workplace bullying. One was submitted to California Legislature and it died in committee.

Suzanne Davis-Lucey from the conservator's office, said since they have had the opportunity to have consumers work in their department, she's noticed questionable relationships not only with those they serve but also those in-house. She believes there needs to be a supportive, creative way that rank and file and consumer employees have a place to go to share frustration and information. The jobs can be demanding and draining and can cause people to erupt. It would be terrific support if there was a resource for people in this situation.

MOTION: to shift from workforce bullying to supportive services that include training for organizations that employ consumers, family members as well as support for both around what it means to be employed, how to stay employed, etc. This is then sent to Quality of Care Standing Committee as opposed to workforce bullying.

Commissioner O'Keefe believed that "workforce bullying" needs to be left in the motion otherwise the issue will get whitewashed.

- **ACTION: Motion made to change former motion regarding workforce bullying to focus on training and support for consumers and family members around employment and working within an organization.** (M-Centeno /S- Pasquini/Passed, unanimous, 7-0-2, Y-Centeno, Kahler, Kennedy, McKindley-Alvarez, Overby, Pasquini, Pereyra, A-O'Keeffe, Yoshioka)
Commissioner Bagarozzo departed prior to this vote.

Commissioner Pasquini said that workforce education and training funds are available and she wasn't aware if they had been used but that could be explored.

7. **DIRECTOR'S REPORT – Donna Wigand, Mental Health Director**

A. HEAR update on state mandates and upcoming budget cuts

The MH Director said she would condense the information since the meeting was running over time. She was optimistic about the new State Department of Mental Health Director, Clifford Allenby, who she's known for 25 years. He came from Finance and she believed he had worked in every department except for mental health. He understands mental health financing and using mental health financing to preserve services during a state recession. He will support some of the initiatives that we are coming up with.

She spoke to the realignment in that it involves a variety of things including a huge realignment in Alcohol & Drug and Justice services including the courts. So the MHC creation of a justice committee is essential. It looks on paper as if they are aligning from the state funded justice initiatives down to the county level. Many individuals in those programs have serious psychiatric conditions and serious drug and alcohol problems.

That realignment will absolutely impact MH and our resources if the amount realigned is not sufficient. She described the MH portion of the realignment according to the three pots of money:

1. DPST – the funding on Young adult, TAY MH side. Basically Medi-Cal for 0-21. It funds most of the services in the public mental health sector for both contractors, partners and county wide clinics. The State general fund portion (the state has to match DPST) would be capped and realigned to us.
2. We get a certain amount of money right now for our managed care program. That traditionally is allocated separately by the State Department of Mental Health. She explained that the pot was capped in Medi-Cal managed care back in 1990s. That would be a true realignment in that money will not be an allocation as it is now.
3. AB3632 pot of money: The outgoing governor in October took off the mandate and blue penciled the funding stream. This county joined with 35 other counties for legal action asking a Sacramento Superior Court judge to validate, or not, that the county is no longer mandated to provide services to kids. The decision is still several months away.

In this realignment, the amount the State General fund has traditionally given to the counties to compensate for the cost of non-Medi-Cal, privately insured kids (because the insurance companies don't have to step up to the plate) when that money is realigned to us, we would still get federal IDA money which we get now. The concern is that those pots of money are not enough to fund the cost of uncompensated care. Cost is \$750,000, each month. That doesn't include the cost of the board and care residential. They have been back and forth with the BOS, with CAO, with County Counsel and this is a moving target and is very complicated. They are negotiating the proposal of \$104M of state fund money and the \$69M of federal IDA money, and once those funds are exhausted by the county mental health system, in the care of non-Medi-Cal 3236 kids, then cost would shift back to Education for the rest of the year. That's the compromise that is currently being worked out and changes by the week. It

could be a combination: with some amount of realigned and capped funding, once the county funds are exhausted the cost goes to Education. Originally the proposal was to shift the entire cost to Education, so this is a compromise so that Education doesn't get all the costs.

How will the State fund the realignment of DPSDT, managed care and 3632 to the counties?

They will take a one time \$861 Million out of MHSA, subject to repayment, five years from now. All of this is predicated on what Dr. Walker was talking about which is a special June ballot initiative which would have the realignment proposals on the ballot initiative which would also talk about the funding streams that the voters would have to decide to maintain the Vehicle license fee increase and maintain the sales tax increase for at least the next five years.

If that doesn't happen all the other stuff I talked about blows up. The Contra Costa Times says 2/3 will vote for the extended fees. The realignment is a mixed bag and it could be worse.

She mentioned that she was notified that she will lose about five people from her administration. She mentioned a huge loss would be Sherry Bradley who is leaving and asked Sherry to speak about that.

Sherry Bradley explained she will be retiring on June 30th. She said the decision was made for her since her husband is retiring and she wasn't letting him retire alone. She said they have been very fiscally frugal so there are more dollars. She invited everyone to attend the CPAW meeting next week. They discuss funding and programs and talk about gaps and needs and services. They have over \$11M in reserve and \$20M in unexpended funds which she will explain. They have ways to keep things going.

MH Deputy Director said there was an external quality review that week. They submitted 600 pages of documents before their arrival and a lot of people participated in the interviews. The written report will be available later and she will pass it on to the Commission for review and discussion.

This year they had difficulty convincing them of the – of their performance improvement project, They are challenging us on this, however this year they like the collaborative with CCRNC, crisis stabilization unit also know as psychiatric emergency services. That's been a great collaborative with the hospital, MH, and community providers. We have been given opportunity to participate with the Health Department in preparing the proposal for the health coverage expansion initiatives. It's California's step in preparing for the federal full implementation in 2014. They are excited and hope their proposal will be accepted.

Chair McKindley-Alvarez checked in since the meeting was going overtime (it was 6:28). Since the Stakeholders had been invited to speak they needed to ensure there was time for their updates.

MOTION: Commissioner Kahler motioned that they postpone the conversation about Tucson and Pasquini seconded.

Discussion:

There was discussion about creating a separate meeting, waiting until the Stakeholders had spoken and/or hearing the CPAW update first since there is a related action item in that discussion. There was concern that it shouldn't wait too long (no more than two weeks) and concern that there wasn't enough time to have a fruitful discussion that evening.

- **ACTION: Motion made to postpone Item 8, Tucson Tragedy: (M-Kahler /S-Pasquini/Passed, 8-1-0, Y-Centeno, Kahler, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra, Yoshioka; O-Kennedy)**

MOTION: Commissioner O’Keeffe motioned to have a separate meeting dedicated to the Tucson discussion and Pereyra seconded.

There was discussion about scheduling a separate meeting within two weeks or, to include in the Executive Committee meeting.

Vice Chair Kennedy said since there will be more discussion coming up with the CPAW report, and possibly with the Stakeholder reports. She didn’t want to vote yet because the topic could possibly piggy back on those discussions.

There was discussion about whether there was time for a discussion, whether a vote could be taken in response to the Stakeholder updates, that there were too many meetings and not to duplicate them and the Chair confirmed there would be no discussion in response to the Stakeholder updates. There was general agreement to hear the Stakeholder’s updates and postpone the Tucson Tragedy discussion.

- **ACTION: Motion made to postpone Item 8, Tucson Tragedy to be integrated in the Executive Committee meeting:** (M-O’Keeffe/S-Pereyra/Passed unanimously, 9-0-0)

POSTPONED 8. TUCSON TRAGEDY – Carole McKindley-Alvarez

- A. DISCUSS how this event informs our world
- B. DISCUSS next steps

9. MHSA UPDATE – Annis Pereyra and Teresa Pasquini

- A. CONSIDER in concept, joining CPAW members and community stakeholders to form an ad hoc planning committee to consider education and outreach to reduce stigma in light of recent events
- B. HEAR Housing Report Update

Commissioner Pasquini read: *(See document behind minutes)*

MOTION: She made a motion for the Commission to provide her the authority to partner with CPAW to develop an ad hoc committee, including all partners in public safety to unite around the serious need to educate the public around the facts and myths around mental illness.

Commissioner Pereyra seconded.

Commissioner Kennedy questioned the timing and whether the discussion could also happen at the Executive Committee to inform the CPAW decision.

Commissioner Pasquini said there wouldn’t be a decision yet, that she needed a ‘go ahead’ from the Commission that they (and CPAW) are working together in concept for education and outreach. She referenced the two articles in the packet. She said further discussion was fine per Kennedy’s question.

Janie Anker preferred the use of the word ‘discrimination’ rather than ‘stigma’ because it is a stronger term. She lives in Richmond.

- **ACTION: Motion to approve in concept the proposal for an anti-stigma campaign in partnership with CPAW:** (M-Pasquini /S-Pereyra/Passed unanimous,_9-0-0)

Commissioner Pereyra gave a quick housing update:

The report was included in the packet. She was impressed with Sandy Rose who recently came on board. It's disheartening to hear from experts from Alameda County about leveraging money. The redevelopment office is closing and it was an opportunity that they could have taken advantage of two years ago when the topic first arose.

She expressed hope that housing could help get things moving and that they are getting a better understanding of how to use those funds.

10. **STAKEHOLDER UPDATES**

Carole- apologized that Mariana's name was left off the agenda.

- A. Susan Medlin – Office for Consumer Empowerment (OCE)
- B. Al Farmer – National Alliance on Mental Illness (NAMI)
- C. Brenda Crawford – Mental Health Consumer Concerns (MHCC)
- D. John Gragnani – Local 1/MH Coalition
- E. Mariana Moore – Human Services Alliance

John Gragnani:

He echoed Donna, thanking the Commission for creating a criminal justice committee. There is positive progress with hospital administration at the Martinez detention facility for providing an extra MH staff. The largest MH treatment facility in the county, through years of attrition it has lost a lot of staff. The surviving staff felt there wasn't a sustainable level of staffing. Together with Hospital Administration they partnered to provide a plan for an extra staff position.

They look forward to identifying areas to bill and generating revenue. It's timely since they may be seeing more people and inmates requiring mental health and psychiatric services

Brenda Crawford:

She pointed out save the date cards for MHCC's 35th anniversary party held on June 11, 2011, at the Concord Hilton. Geet, Dave and others are on the planning committee and will send out letters for participation in event planning.

At MHCC the entire wellness and recovery center staff along with OCE staff received a four day training provided by Recovery Innovation. The focus was transformational advocacy, and staff is now embodying all of the principles of recovery.

There is an increase in people are coming to the centers and from different areas.

Board members instituted a holistic model nationally that is compatible with Cal-Med project with recovery coaches. A health and nutrition coordinator was recently hired temporarily to help with the nutritional aspect of the model.

They are working with Holly Page to design an evaluation process so they can look at the impact of combining recovery with health and nutrition.

The handbook is within 30 to 40 days of being completed and issued to employees. They are developing a new policy and procedure manual, and will be developing an employee assistance program. They are currently developing speakers bureaus- a series of 'lunch and learns.' She is pleased to announce there are two advance level reps/facilitators on staff

Susan Medlin:

OCE just started SPIRIT classes again and there are currently over 40 people attending. It's an exciting time for OCE and there is a lot of interaction in the classes.

There is a series of workshops for consumers and families to hear each other's recovery stories and to receive feedback so they are beginning recruitment for the Speaker's Bureau. February 4th is their first audition panel.

Her pet project is in partnership with MHCC and the Clubhouse to film recovery trainings, for various locations including clinic waiting rooms to inform folks of available services.

There are a large number of clients limited to medical care and don't know there are other services such as recovery treatment options. They are starting with four 30 minute episodes that concentrate on different aspects of recovery such as peer support, going back to work, the importance of independence and others. To start they are showcasing Rubicon, The Clubhouse, MHCC and the SPIRIT program with OCE. Interviews with staff and clients have already been filmed. They are giving tours, and including anti-stigma in each segment. Segments include cooking for nutrition, wellness tools to improve recovery, and a focus on wellness and holistic health.

Regarding consumer involvement and healthcare initiative, She talked about the transformational advocacy training with Recovery Innovation where they created 4 teams advocating for 4 projects. They are in the process of creating presentations to give to Donna, the MH management team, and then to HS administrators to educate people on self management, peer support, recovery ideals, improving consumer health and using practical recovery strategies in clinical care.

Mariana Moore: High level points for the Human Services Alliance (which has 22 members); A big focus is the realignment happening on all levels of government: healthcare reform, state realignment, and various shifts in local health services dept and other areas of county services delivery.

1. Business models
2. How do we work in partnership to ensure the quality of care doesn't suffer with all the shifts.
3. Countywide effort, across the local sector business community funders, non-profit providers, consumers etc. to connect and look at how to sustain and preserve the social and safety net in the county in light of budget cuts. There will be a small forum in April and from that plan to grow into a larger ongoing conversation. There are some things happening that are a cause for hope and bringing faith to partnerships.

Al Farmer: NAMI

They recently opened a new NAMI office and are celebrating at Crestwood Healing Center in Pleasant Hill. The open house is Sunday Feb 27th, 4-6pm. at Crestwood. There is a library and volunteers and making progress. He mentioned Peggy Kennedy has a writer's clinic there which has been well received.

Family to Family has been enthusiastically received, they are having their first presentation in Spanish. NAMI is chairing the third Monday 7-8:30pm support group at John Muir on Ygnacio Valley Road. The program, In Our Own Voice tells the individual consumer story and their progress. Veronica Gale/Vale, the coordinator gave over 50 presentations last year and is transitioning to ----.

A Broadway musical is at the Curran theater called, "Nearly Normal" which is well reviewed. There are two special groupings for NAMI and the Jewish support group: Sunday Jan 30th is sponsored by the Jewish center. Friday Feb 11th is sponsored by NAMI.

He recently wrote letter to Dr. Walker regarding Laura's Law which NAMI strongly supports which was also presented in their newsletter and provided to the Commission. He believes funding for Laura's Law could come from MH services Act.

Chair McKindley-Alvarez thanked everyone and noted it was 7:00pm exactly.

She reminded the Commission that a nomination and interview committee needed to be created. O’Keeffe and Yoshioka volunteered.

11. **FUTURE AGENDA ITEMS**

Any Commissioner or member of the public may suggest items to be placed on future agendas by using the Agenda Request Form

A. Suggestions for February 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

12. 6:30 **ADJOURN MEETING**

The next scheduled meeting will be Thursday, February. 24, 2011 from 4:30- 6:30 pm at the John Muir Behavioral Health Center, 2740 Grant Ave., Classroom A, Concord.

The next scheduled Executive Committee meeting will be February 8, 2011 from 3:30pm-5:00pm, location to be determined.

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

Respectfully submitted,
Linda Cipolla
Executive Assistant