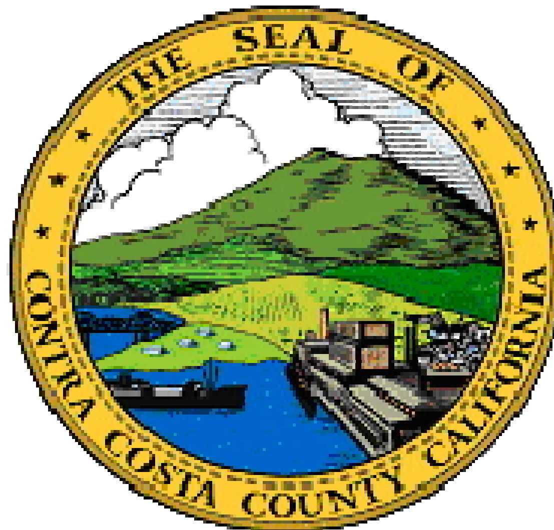

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION

SEPTEMBER 2011 MEETING PACKET

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION

Thursday ♦ September 22, 2011 ♦ 4:30-6:30 p.m.

John Muir Behavioral Health ♦ Classroom A ♦ 2730 Grant ♦ Concord

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. To obtain a copy of the full packet, contact the MHC staff, Karen Shuler at 925-957-5140.

1. 4:30 **CALL TO ORDER / INTRODUCTIONS**

2. 4:35 **PUBLIC COMMENT**
   The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.

3. 4:45 **ANNOUNCEMENTS**
   A. Due to the Thanksgiving and Christmas Holidays, the November and December monthly meetings of the Mental Health Commission will be on the THIRD THURSDAY (November 17 and December 15).

4. 4:50 **CONSIDER APPROVAL OF MINUTES FROM AUGUST 25, 2011**

5. 4:55 **ACTING MENTAL HEALTH DIRECTOR'S REPORT – Dr. Suzanne Tavano**

6. 5:15 **HOUSING REPORT presentation by Victor Montoya and Sandy Rose.**

7. 5:30 **ANCILLARY REPORTS**
   A. CPAW – Teresa Pasquini and Annis Pereyra
   B. Patient's Rights – Janet Wilson
   Beginning discussion of concerns regarding inclusion and monitoring of our out-of-county placements.

8. 5:45 **APPROVE** Stakeholder report parameters for MHC meetings regarding invitations, frequency, timing, length and possible written reports as a requirement.

9. 6:00 **STANDING COMMITTEE UPDATES**

Nominating Committee:

A. **ACTION:** Recommendations to the Commission include setting up a mentoring process for new Commissioners. This would be in addition to the New Commissioner Orientation.

B. **ACTION:** The Nominating Committee forwards its recommendations for Chair and Vice Chair of the Commission.

Quality of Care Committee:

No recommendations for ACTION. See attached report.

Quality of Care Consumer Workforce Supportive Services Task Force:

No recommendations for ACTION. See attached report.

Capital Facilities Committee:

A. **ACTION:** In regards to where MHSA housing funds will end up with all the changes at the state level, Vic Montoya reported that he would rather see the funding left with Cal HFA than to have it re-assigned to JPA, as long as Cal HFA is willing to loosen restrictions. RECOMMENDATION: To defer expertise to Vic and Sandy as the regulations are very complex.

Criminal Justice Committee:

No recommendations for ACTION. See attached report.

10. 6:30 **ADJOURN MEETING**

The next scheduled meeting will be Thursday, October 27, 2011 from 4:30- 6:30 pm at the John Muir Behavioral Health Center, 2740 Grant Ave., Classroom A, Concord.

Upcoming scheduled MHC meetings are posted at:
http://www.cchealth.org/groups/mental_health_com/meeting_schedule.php

October Committee and Task Force Meetings:

Date/Time	Meeting	Location	Room
Wednesday, October 5 10:15-11:45	Quality of Care Committee	Concord Police Department	Community Room
Wednesday, October 5 11:45-12:45	Q of C: Consumer Workforce Supportive Services Task Force	Concord Police Department	Community Room
Wednesday, October 5 3:00-5:00	Capital Facilities Committee	Concord Police Department	Community Room
Wednesday, October 12 3:00-5:00	Criminal Justice Committee	Concord Police Department	Community Room
Thursday, October 13 2:00-3:00	Executive Committee	1340 Arnold Drive, Ste. 112	1st Floor Conference Room
Thursday, October 27 3:00-4:00	Nominating Committee	John Muir Behavioral Health	2730 Grant Street Classroom A
Thursday, October 27 4:30-6:30	MENTAL HEALTH COMMISSION	John Muir Behavioral Health	2730 Grant Street Classroom A

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
Monthly Meeting ♦ August 25, 2011
MINUTES – FINAL DRAFT

1. CALL TO ORDER / INTRODUCTIONS

The meeting was called to order at 4:31 by Chairperson Carole McKindley-Alvarez. Introductions were made around the room.

Commissioners Present**:**
Evelyn Centeno, District II
Dave Kahler, District IV
Peggy Kennedy, District III, Vice Chair
Carole McKindley-Alvarez, District I, Chair
Colette O'Keeffe, MD, District IV
Floyd Overby, MD, District II
Teresa Pasquini, District I
Annis Pereyra, District II
Gina Swirsding, District I
Sam Yoshioka, District IV

Commissioners Absent:
Supv. John Gioia, BOS Representative

Commission Staff:
Karen Shuler, Executive Assistant

Attendees:
Brenda Crawford, Exec. Director, MHCC
Geet Gobind, Visitor
Mariana Moore, Human Services Alliance
Carolina Salazar, District IV Representative
Jennifer Tuipuloth, OCE
Janet Marshall Wilson, MHCC
(Note: There were other attendees who did not sign in.)

Mental Health or County Administration:
Cynthia Belon, Director, Behavioral Health Services
Holly Page, Health Services Planner/ Evaluator
Dorothy Sansoe, Deputy County Administrator
Suzanne Tavano, Acting Mental Health Director

2. PUBLIC COMMENT

- Teresa Pasquini, one of the MHC representatives at the Behavioral Health Facilitator Selection Team Meeting, reported there was a good cross-section of stakeholders at the meeting. The term "trauma induced system" was used to describe how many providers, family members and others are overwhelmed by all the changes from the state and federal levels. She referred to a communication from Cynthia Belon stating that after considering all the comments from Representatives, the Team unanimously accepted the recommendations given and "Zia Partners was selected to provide the technical assistance, training and guidance that will transform our existing systems of care into a behavioral health system of care."
- Brenda Crawford stated that in times of great turmoil there is opportunity for great creativity. She said she thinks the system is not broken but severely wounded at this

point and that we need to look at the gaps causing some who need the services most not to be served. She added the supplantation clause being lifted provides a rare opportunity to plug holes in the system. She encouraged the MHC to join with others in promoting a spirit of collaboration and partnership.

- Janet Wilson told of her working on out-of-county placements. She expressed great concern over what happens when a Contra Costa County patient dies out-of-county in a locked facility. There needs to be more oversight. Contra Costa County personnel and relatives are left wondering what happened.
- Brenda Crawford added to Janet's comments, stating there is a responsibility to review the rights of the conserved patients and to notify Contra Costa County about hearings and all rulings involving the out-of-county client.

3. **ANNOUNCEMENTS**

A. Peter Bagarozzo's resignation from the Commission was announced.

B. MHC Executive Assistant Linda Cipolla has left for another job opportunity and has been replaced by Karen Shuler, who previously had served as Executive Assistant. At this time Karen is assigned on an interim basis.

C. Carole told Commissioners to be aware that redistricting will impact the MHC and we will be monitoring it. Dorothy Sansoe added that the issue of how to handle Commissioners whose District will change will go before the BOS Internal Operations Committee. The matter will then go to the full meeting of the BOS. She will advise Karen on the IOC meeting date.

4. **APPROVAL OF MINUTES**

- June 29, 2011 Special MHC Meeting
  - **<u>ACTION:</u> Motion made to approve the June 29, 2011 Special MHC Meeting Minutes. M-Sam Yoshioka/S-Teresa Pasquini. Approved 9-0-0.**
- July 28, 2011 Monthly MHC Meeting
  - **<u>ACTION:</u> Motion made to approve the July 28, 2011 MHC Meeting minutes. M-Sam Yoshioka/S-Teresa Pasquini.**

    Peggy relayed the following corrections to Staff:
    - p. 5, Item 6, 1st bullet under Highlights: add "each year" after "County".
    - p. 10, Item 8, 3rd bullet: add "After the vote" before "it".
    - p. 11, Item 10, 2nd bullet, 2nd paragraph: add "re: transportation, accessibility of medical and dental care services" after "analysis".

    Approved as corrected 9-0-1 (Evelyn abstained because she wasn't in attendance.)

(Note: Peggy arrived late and was not present to vote on the Special Meeting Minutes but was present for the vote on the MHC Minutes.)

There was brief discussion on the need to update a task follow-up list to prevent items from falling through the cracks. Gina requested more information about why the County wasn't applying for grants.

5. **ACTING MENTAL HEALTH DIRECTOR'S REPORT – Dr. Suzanne Tavano**

A. Vacancies in Mental Health

Vacant clinical and clerical positions have been filled, but there are still 7 out of 14 management positions that have not been filled. Requests to open exams for the positions have been made to Contra Costa Human Resources, but to date there is no action on the following positions:

- Mental Health Program Manager – 7 positions
- Quality Management Program Coordinator – 1 position
- Mental Health Family Services Coordinator – 1 position
- Accounting Technician – 1 position
- Nursing Program Manager – 1 position

Suzanne mentioned it can take a year or more to go through the process of filling a position.

B. AB102

Suzanne distributed the Draft Transition Plan for the transfer of Mental Health Medi-Cal and EPSDT programs from the State Department of Mental Health to the State Department of Health Care Services. It contains resource information. Suzanne mentioned that counties need to remember that we provide specialty mental health services, not basic mental health services. Quoting from the Draft Transition Plan: "California provides basic mental health services via its Medi-Cal fee-for-service system or Medi-Cal managed care, and it provides *specialty mental health services through county-managed mental health plans (MHP's)*." Suzanne stated the State Plan was a good historical document. Dave asked what was happening with the Department of Mental Health. Suzanne responded that it is being dismantled, but that State hospitals are remaining, but may be renamed. All non-Medi-Cal, non-EPSDT are not a part of mental health, but it's not sure where they will be placed.

There are two parallel processes (two stakeholder groups) – one for non-Medi-Cal/MHSA issues and one group of Medi-Cal/EPSDT. Suzanne responded to a question from Annis about why MHSA is not being included since they have Medi-Cal billable services by saying MHSA is being treated separately from Medi-Cal (two separate planning processes). Brenda asked where certification for peer support falls, and Suzanne stated there are ongoing conversations regarding this. Carole spoke of the need for advocacy regarding the process the two stakeholder groups – asking that they not be split.

C. Statewide Projects

The Cal/MHSA JPA has announced the awardees of MHSA funds for statewide PEI programs.

D. MHSA

Suzanne said they are trying to step back and look at everything. Background information was distributed. Regarding quality of care, Suzanne referred to a report generated for the Commission on Gap Analysis re: MHSA.

6. **MHSA FUNDING PROCESS AND CONSUMER/FAMILY INVOLVEMENT**
CONSIDER next steps and APPROVE prioritizing within standing committees or task force.

- Carole said we need to create an opportunity to have a dialogue about funding – who's actually being served and who should be served. Are the people MHSA was created for receiving the services? She emphasized this conversation does not negate the good work that is being done by providers of mental health services.
- Gina asked who is covered under MHSA. Suzanne responded: Medi-Cal/Medicare (Medi-Medi); uninsured; Medi-Cal; some Medicare; some privately insured.
- Carole asked Commissioners to outline the issues around the way the MHSA dollars are being spent.
    - Reference was made to papers reporting opinions from D.J. Jaffe regarding concerns over how funds were distributed.
    - Teresa stated she is hearing for the first time about the efficiency of committees and changing things. She feels the system of care is in crisis. Teresa also said she believes the process needs to be opened and that funding streams need to be blended, not separate. She read from a report she had given: "While other stakeholders on CPAW may be identified family members that deserve respect for their lived experiences, I question their ability to clearly identify with the current crisis levels if their consumer or family experience is not with the Contra Costa public mental health system. Plus, if they are also Administrators, employees and MHSA funded contractors, I worry about the ability to separate conflict and maintain objectivity. This takes us back to the IOC item and the discussion about the balance of contractors/ staff to consumers, families and stakeholders who do not receive funding. This conversation was highlighted again at the July NAMI General meeting when two moms were invited to share their lived experiences with the CCC system of care and MHSA."
    - In response to the Jaffe articles, Evelyn said there is a lot of violence that happens to people who are outside the system for some reason. She said the Criminal Justice Committee should make sure education is in place so law enforcement would always check with mental health, and the court system needs to be involved as well. Evelyn added that people don't necessarily have

to have Contra Costa County mental health experience to help solve the problems.
  - Colette expressed concern that so much money is being used for analysis, planning, trainings, etc. instead of actually providing frontline care. She questioned how much is actually being spent on providing care?
  - Peggy stated that originally Prop 63 was implemented to address the severely mentally ill. She said we need to start with the original intent of Prop 63 – seven years later, are we doing what we promised?
  - Gina agreed with Evelyn's comments and added that we need to address the needs of the homeless, mentally ill, and those not in the system.
  - Brenda agreed with Teresa, stating we can't put consumers at the table and say it's a consumer-driven process without providing the leadership and training that's needed to be an effective stakeholder – the same with family members.
  - Annis said she has been involved since the beginning of MHSA, and the intent was to make things better in the old system. But people who need help (the severely mentally ill) don't get services.

Dave asked where AB 100 fits in to bring the decision-making process down to the County level. Suzanne responded that it helps us. There are many obstacles, but she hopes it will work out. Dave answered that the Department of Mental Health says it's county-led. Suzanne stated there are component mandates with time limits.

- Carole asked what action the Commission should take for adults and children as well as older adults – how do we get knowledgeable stakeholders at the table? How do we move forward and have some impact on how we're using dollars here in Contra Costa County? She added that we are going to appreciate and honor what we've done, but we do need to push for some changes. What actions do we need to take?
  - Colette said we need to get figures to see how effective we've been.
  - Teresa spoke about the Welcoming Project and said 1) We need to go, see and experience what family members and consumers experience; 2) We need to see how the system is being analyzed – sustainability audit? gap analysis?; and 3) We need data/information – not just Mental Health Administration's opinion – we need to have everybody at the table.
  - Carole said we need to be touching people who are not touched – Where are the homeless? Where are the repeat offenders? Who are the chronically mentally ill in the streets and in the system? How we gather all this information needs to be creative and out of the box.
  - Colette mentioned that the SPIRIT program is producing many educated consumers.
  - Evelyn agreed with the need for data. She also expressed the need for increased housing and said we need to know what it will take to move it forward.

- Peggy said she agrees with the need to get figures, but that we need a sense of direction, flesh out how we get there – how we find the people so we are dealing with real figures to make sure we can get to where we want to go.
- Gina mentioned that a lot of non-profits don't provide for everyone and that needs to change. There needs to be provision for people on the streets.
- Suzanne said there's a document posted each month that's based on what stakeholders were asking for. She said we need to start by looking at that document. There are plans to do a needs assessment involving response from County Staff and she would like to proceed.
- Brenda mentioned that the ER should be a place consumers are not afraid to go. They are already fearful and the hospital should be seen as a place of healing.
- Cynthia said 1) there needs to be a better way to communicate. We need to think about how to dialogue person-to-person. 2) If we isolate MHSA, it will create another silo. We need not to just make MHSA the focus but look at the bigger picture.

➢ **Carole made a motion to create a Task Force because it's too big an issue to be discussed in MHC meetings.**
M: Carole McKindley-Alvarez/S: Evelyn Centeno.

Discussion: Teresa said she didn't know where it would go or for how long it would be scheduled for – Would other people be brought in? Who? How many meetings? Peggy said it should have a stated purpose approved by the MHC before being formed. Gina thought it was a good idea, and would like contractors brought in. Annis opposed the idea, saying there needs to be a larger group focusing on this than just the MHC, that it makes more sense to have combined meetings. Brenda agreed with Annis, stating she found last Friday's process was good, with lots of different groups displaying similarities rather than differences. Cynthia stated she wasn't sure if a task force would be effective – that the issues need to be integrated into a larger group. Carole said we must ensure that this conversation is a part of the MHSA integration project. Cynthia responded that we needed to make sure everyone has the same information.

Carole withdrew her motion.

- Carole stated we'll do fact-finding, develop historical information, gather stats, and do a gap analysis to make sure MHSA funds are being implemented in a right way.
- Gina disagreed with withdrawing the motion.
- Teresa said we need to work with CPAW on making the MHSA 101 information available as that will help get us grounded on the history.

- o Carole asked that Agenda Item #6 be placed on next month's agenda -- Commissioners should be up to speed on the basics of MHSA and we can have a dialogue on how to actually open this up to conversation to lead into next steps.
- o Cynthia felt we need to do something more than just look at MHSA 101. At some point there should be a dialogue that includes other opinions not necessarily held by staff.

7. **STAKEHOLDER REPORTS**
   - **CPAW** – Teresa Pasquini and Annis Pereyra

In the interest of time, no report was given.

8. **APPROVE STAKEHOLDER REPORT EXPECTATIONS AND PARAMETERS FOR MHC MEETINGS REGARDING INVITATIONS, FREQUENCY, TIMING, LENGTH AND POSSIBLE WRITTEN REPORTS AS A REQUIREMENT.**

Item was tabled until we know where we'll be going as a Behavioral Health System.

9. **STANDING COMMITTEE REPORTS**
   (Criminal Justice and Capital Facilities committees did not meet in August.)

   A. Nominating Committee – Sam Yoshioka
   - o The Committee is waiting for the Board of Supervisors to make their decision regarding how to place Commissioners in their right districts following redistricting before actively recruiting new members for the Commission. One new application has been requested.
   - o The Committee discussed a proposed mentoring program. Carole reminded Sam that all proposals need to be presented to the Commission for approval. Gina is interested in joining the Nominating Committee.
   - o The Committee will be checking with Dorothy Sansoe and representatives from the BOS about the 2008 agreement regarding the application process.

   B. **Quality of Care Committee – Peggy Kennedy**
   A report was received from Steve Hahn-Smith discussing current resources for public transportation, which included:
   1. Mobile Response Team and Wrap-around services for children – transportation available
   2. Personal assistance for family/friends for a few adult/TAY clients
   3. Case managers for weekday business hours for about 15% of adult and most TAY clients.

   Overall, 70-90% adults have no assistance, and 90% of TAY clients with no assistance after business hours and weekends.

Erin and Steve will make sure that County bus transit maps and information telephone numbers will be posted in each clinic and on each clinic's website.
Medical and dental services are sparse.

Colette will give an update on the Consumer Workforce Supportive Service Task Force next month. Quentisha Davis was elected as Vice Chair and Roberta Roman was elected as Secretary. We're fine-tuning the goals.

10. **ADJOURN MEETING**
The meeting was adjourned at 6:32 p.m.

Respectfully submitted,
Karen Shuler, Interim Executive Assistant
Contra Costa County Mental Health Commission

Proposed Items for September Agenda:
1. MHSA Funding Process and Consumer/Family Involvement--CONSIDER next steps and APPROVE prioritizing within standing committees or task force.
2. Place Brenda's and Janet's comments regarding out-of-county placement on September MHC or Executive Committee Agenda.
3. Place names into Nominations for Chair and Vice Chair.

MHC Follow-Up:
1. Gather statistics showing people with Mental Illness experience suicide at higher rates than the general population. Also check rates among out-of-county placed clients.
2. Ensuring the rights of out-of-county clients and their families. (Janet)
3. Advocacy against the CDMH proposal to divide the MHSA process into two stakeholder groups.

Materials Distributed at 8.25.11 meeting:
Note: all materials distributed at Mental Health Commission meetings are available to the public. Call 925-957-5140 with your request.
1. Agenda Item #2 (Public Comment - Teresa's comments)
   E-mail from Cynthia Belon re: "BHS Facilitator Selection Meeting 8.9.11"
2. Agenda Item #5 (Mental Health Director's Report):
   A-D Acting Mental Health Director Suzanne Tavano's Report

B Department of Health Care Service's Draft Transition Plan for the transfer of Medi-Cal related specialty Mental Health Services from the Department of Mental Health to the Department of Health Care Services, effective July 1, 2012
Organizational Chart for the current Department of Health Care Services
Organizational Chart for the proposed Department of Health Care Services

C The Cal/MHSA JPA list of the awardees of MHSA funds for statewide PEI programs.

D California Department of Mental Health Vision Statement and Guiding Principles for DMH Implementation of the MHSA 2.15.2005
Copy of the Welfare & Institutions Statute defining the MHSA
Community Services and Support Home page
Description of the MHSA in Contra Costa County
Memo from Suzanne Tavano in response for MHC Quality of Care Committee request for a gap analysis

3. Agenda Item #6 (MHSA Funding Process and Consumer/Family Involvement - 3rd Bullet)
    - Opinion by D.J. Jaffe: In California's system of care for the mentally ill, leadership is lacking
    - Opinion by D.J. Jaffe: Obama left out Jared Laughner and his mom
4. FYI Handouts:
    - Save the Date Flyer for AOD Programs Stakeholder Regional Meetings
    - State "Trigger Cuts" Loom as State Revenues Fail to Match Budget Projections – Funding for Education and Social Programs Could be Reduced
    - Fact Sheet: 2011-12 Budget "Trigger Reductions"
    - Trigger Cuts Summary
    - Contra Costa Times Article: Contra Costa County and its Midlevel Managers Reach Labor Deal

MENTAL HEALTH COMMISSION COMMITTEE REPORTS FOR SEPTEMBER 2011

Nominating Committee:

C. One new application has been received from a District III Consumer. It will be processed once the Board of Supervisors makes a decision on what to do about Commission members who are affected by the redistricting. Dorothy Sansoe will keep staff informed of discussions regarding this decision.
D. Recommendations to the Commission include setting up a mentoring process for new Commissioners. This would be in addition to the New Commissioner Orientation.
E. New Commissioner Orientation will be done by the Executive Assistant and will commence as soon as the Orientation Manual is updated.
F. The Nominating Committee forwards its recommendations for Chair and Vice Chair of the Commission.

Quality of Care Committee:

A. Creating a list of recommendations for improving transportation for county consumers to present to a proposed Transportation Task Force
B. Developing a list of questions regarding consumer medical care gap analysis to discuss with CCHP representative at QC November meeting. Target populations will be clarified.
C. Reviewing and discussing racial breakdown and specialties of doctors and nurse practitioners serving Contra Costa's cultural communities
D. Discussing development of a quality improvement action plan to be submitted to the MHC by December.

Capital Facilities Committee:

A. In regards to where MHSA housing funds will end up with all the changes at the state level, MHA Adult/Older Adult Program Chief Victor Montoya stated he would rather see the funding left with Cal HFA than to have it re-assigned to JPA, as long as Cal HFA is willing to loosen restrictions. JPA would require CCC to take on banking responsibility. He specifically mentioned problems that might be encountered if the funds were assigned to JPA, which included the possibility that fees would be charged, lack of ability to work with "bundled providers" who provide bridge $ because they know how to work with Cal HFA but not JPA. Small counties might like JPA, but it won't work for CCC. Cal HFA is cumbersome, but it limits liability of the county and also protects rents for the 20 year time period as they cannot be raised. The recommendation that will be brought forth to the MHC is to defer expertise to Vic and Sandy as the regulations are very complex. Victor assured us that if changing to JPA becomes the right thing to do, he will come back to the committee to suggest the change.
B. The Committee is planning a site visit to Angwin Crestwood.

Criminal Justice Committee:

A. A review of the Site visit to Juvenile Hall was conducted and everyone agreed that it is a very well-managed facility -- And that Sharon Cabalding is an exceptional administrator.
B. David Kahler and Brain Lindholm will seek a visit with the Concord Chief in order to raise the awareness of the website "5150crisis.com"
C. The group will look into another information card for officers to carry.

Re: Out of County Placements – Brenda Crawford

Basically I have asked Janet to take on out-of-county placements as a special project and to write a report on not only the financial cost, but the emotional cost which includes disruptions of families and uprooting consumers from their county of residence. It seems that when folks are out of county, they are out of mind.

It may be a violation of the W&I code that speaks to community accessible services. If not, it seems to me that we have a moral obligation to make sure all in-county solutions have been explored before we place folks out-of-county, and our primary goals should be to bring folks home as soon as possible and to make sure that we have support in place to assure that they stay home!

Re: Out of County Placements – Janet Wilson:
I am responding to you with an outline of the project which Brenda Crawford and I have discussed and planned. I will be writing a report [timeline probably due by early January] which will cover the following issues [for adults first]:

1. Financial impact of sending clients out of county on LPS conservatorship [cost of contracts with the various facilities]. I have been promised these figures by Friday.
2. Highlight of tragedies and serious issues.
3. Sampling of family members to survey their feelings about having their loved ones placed out of county.
4. Sampling of consumers to survey their feelings about being placed out of county.
5. Discussion of conservatorship [temporary and full] with Olmstead case implications.
6. Recommendations
   a. Coordination of services between out-of-county placement and home county services. Recovery/resiliency model.
   b. Creative options such as crisis residential facility in CCC.
   c. Board of Supervisors passing WIC 5270, so that fewer temporary conservatorships will be sought, and time needed for stabilization will not result in temporary conservatorships/out-of-county placements/full conservatorships.
   d. CCC Public Guardian office to notify the Patients' Rights Program of all conservatorship proceedings, as is done in Napa County, so that CCC Patients' Rights may assist conservatees in establishing that they are no longer "gravely disabled" or assist in placement hearings. Conservatees should not be sent to an out of county facility for the rest of their lives, to die there.
   e. Compare how other counties which have no long-term facilities handle this concern.
   f. Work to develop supported housing for mental health consumers in Contra Costa County.
7. Conclusion

FYI…from Teresa Pasquini

A full circle experience...Last Friday I had the pleasure of joining several community leaders to consider two candidates who may help Contra Costa County's newly formed Behavioral Health Division become a truly integrated partnership. Most in the room were skeptical and unsure of the process and concerned about our power in this decision. By the end of the first interview we all knew that the power was within each of us and that we needed to get into the hope business. There were chills experienced and inspiration was renewed.

I had felt this before back in July of 2009 when I attended my first NAMI National Convention and heard a workshop by Dr. Ken Minkoff. I reported on that to both NAMI Contra Costa and also the Contra Costa Mental Health Commission(see attached). I had been so totally blown away by this workshop as I was in a trauma induced state from years of fighting the system. I needed to go into the hope business.

Coincidentally, I was invited to participate in my first Kaizen at Contra Costa Regional Medical Center a couple of weeks later. I carried Dr. Minkoff's change challenge into that Kaizen and shared some of his comments with the team. I watched change happen that week just by sharing my story of pain and struggle to help my son and learning the story of the CCC providers who were coming to work everyday trying to deliver a welcoming and hopeful medical experience to their patients. Out of that week the Healthcare Partnership was born and a Vision of Hope was created along with our mission to "Make Healthcare more Welcoming and Accessible for all."

The Healthcare Partnership is currently involved in our Welcoming Project and had the wonderful experience of joining some amazing Contra Costa Consumers at MHCC's Concord Center last week. I have heard words like "inspiring" and "so impressed" used to describe that discussion by a few of my Healthcare partners. It was a very inspiring window of hope and a true lesson on welcoming from the experts of our system, the consumers. It reinforced how important this work is to the recovery of our system and our patients/consumers.

The interview team did recommend Zia Partners(Dr. Kenneth Minkoff and Dr. Chris Cline)to Cynthia Belon and she will be taking that recommendation back to her executive team. We are hopeful that the contract process and work will begin in the next couple of months. I got teary during my reflections of the day yesterday because I have been waiting and hoping to spread a vision of hope to my friends and partners in the outpatient divisions of behavioral health. I had tried to splatter this vision over the past couple of years but the time wasn't right. Now the hope business is coming full circle and it will change the way we work together, learn together and heal together. I so ***welcome*** this change and the leadership of Cynthia Belon.

Here is a link to the website of Zia Partners, http://www.ziapartners.com/http://www.ziapartners.com/ and below is a post written by one of its partners, Dr. Chris Cline. I think this reinforces the work of the Healthcare Partnership and prepares us to join with our Behavioral Health System partners to make healthcare more welcoming and accessible for all.... Looking forward to our HCPmeeting this afternoon to discuss the visit to MHCC and next steps in our Welcoming Project....Best, Teresa

Welcoming: An Essential Practice for Systems Recovery

Feb 10, 2011 No Comments by Team Zia

Dr. Chris Cline and ZiaPartners were featured in a recent issue of the Homelessness Resource Center newsletter:

High morbidity and mortality rates affect people with co-occurring disorders. In response to this, Chris Cline of ZiaPartners works with behavioral health systems to reorganize organizational policies and practices. At the center of this kind of systems change is the concept of “welcoming.” Welcoming requires that service providers believe in the people who seek help. Chris believes that a system must be welcoming at every level.

Dr. Chris Cline is the former Medical Director for the Behavioral Health Services Division of the Department of Health for the state of New Mexico. During her tenure, she observed higher outcomes of death for people who had complex medical conditions. The morbidity and mortality reviews indicated that some people living with co-occurring disorders were dying within four to six weeks of “knocking on” what she calls “the behavioral health door.”

Most of the deaths documented in the reviews were a result of complications with poorly managed chronic diseases. They did not tend to be related to suicide, or other behavioral health matters.

Chris posed the question, what is behind the “behavioral health door”? “There is a large population of people who are extremely vulnerable. They struggle to just make it through day-to-day survival. A person in this situation will get to a point where they think, ‘perhaps I should ask for help?’” says Chris. Within this desire for help is the hope that someone at a behavioral health center will offer inspiration.

“The first interaction has the potential to be a lifesaving one. People must feel welcomed. They need to feel like they have help to make it through,” says Chris. The work of welcoming is not simply about healthcare access. “We may have many practices that work. But if we haven’t inspired people to stay, then we haven’t helped anyone,” says Chris.

Chris now works with her partner, Ken Minkoff, at ZiaPartners. They help public behavioral health systems build welcoming, recovery-oriented and integrated systems of care to support both providers and people who live with co-occurring substance use and mental illness disorders.

Recently Chris was asked if welcoming is an evidence-based practice (EBP). She says that she believes in the importance of EBPs, but she feels they cannot live in a vacuum. “For an EBP to help someone, the person must first feel welcomed. EBPs must live in the context of people wanting to work in partnership with each other. The more a person needs services, the less likely this person will be welcomed. He or she may not be in control of behaviors. He or she may not be able to request help in a way that will be heard,” says Chris.

If a person does not feel welcomed, there is no opportunity to build a long-term relationship in which evidence-based practices could be effective.

Chris explains that it is vital that systems do not add to the challenges faced by people experiencing co-occurring disorders. “We can hold high and hopeful expectations that everyone we meet with can have the life they want. If we don’t believe in people and don’t believe in their capacity, we become a

hindrance," says Chris. This is the essence of welcoming. "How do we help people to live with dignity and meaning in everything they do? How do we do this even when it is difficult to see this potential?" says Chris.

"We are teaching providers not to fix people in need of services, but to get to know them." The concept of welcoming must be replicated at every level of every agency within a system. "It is about coming to work in the right spirit. How people are treated at work and how they feel at the job they do, affects everyone in this community of care."

"Many providers tell us, 'the paperwork is killing and crushing us.'" In response, Chris asks providers to examine how to change policies and paperwork that are not welcoming. Systems transformation for integrated treatment for people with co-occurring disorders duplicates the process of recovery for the individual at the systems level. "We make a parallel between systems recovery and individual recovery, and we cannot lower our standards in terms of what we hope for either for individuals or systems," says Chris.