

**Contra Costa County Mental Health Commission  
02.23.2012 MINUTES – Final Draft**

**I. Call to Order/Introductions**

Vice Chair Peggy Kennedy called the meeting to order at 4:30 p.m.

Commissioners Attendees:

Dave Kahler

Peggy Kennedy

Carole McKindley-Alvarez (arrived at 5:20 p.m.)

Supv. Karen Mitchoff

Colette O’Keeffe

Floyd Overby

Teresa Pasquini

Gina Swirsding (arrived at 4:55 p.m.)

Sam Yoshioka

Evelyn Centeno (Excused absence)

Annis Pereyra (Excused absence)

Juliet Scott (Excused absence)

Monique Tarver (Excused absence)

Non-Commissioner Attendees:

Peter Bagarozzo, Visitor

Lia Bristol, Supv. Mitchoff’s office

Andrea Clark, Anka Behavioral Health

Brenda Crawford, Mental Health Consumer Concerns

Shane Kaleo, Anka Behavioral Health

Mary Roy, Acting MHSA Program Manager

Dorothy Sansoe, Senior Deputy CAO

Karen Shuler, MHC Executive Assistant

Suzanne Tavano, Acting Mental Health Director

Jennifer Tuipulotu, Office of Consumer Empowerment

**II. Public Comment**

- Peter Bagarozzo brought focus to an incident that happened in Berkeley this week when it was thought Berkeley police did not respond quickly enough and a man died. He said he could relate to it because of his experience when his daughter was 5250'd. At that time he was told by Berkeley PD they only respond to "emergencies." He said this system needs to be fixed.
- Brenda Crawford read a statement on behalf of Janet Wilson, who was unable to attend (Brenda provided a copy to staff for entry here): “One of the statutory duties of mental health boards/commissions is (WIC 5604.2[a][4] ‘Review and approve the procedures used to ensure citizen and professional involvement in all stages of the planning process.’ The extra money coming from MHSA being allotted to housing is sorely needed in Contra Costa County. What is needed is not isolated scattered site units but rather clustered housing, individual units [as client and family member

stakeholders stated loud and clear several years ago] with supports. The supports should be peer supports such as MHCC's Tender Loving Care Program linked with clinical supports, so that if residents are in crisis they have trained people to interface with. The Canadian model is permanent housing, such as Kirker Court Apartments rather than a 2-week stay at Nierika House. The main thing for the Commission to understand is that it must not be left out of the planning process for purposes of expediency. This is important both to avoid hospitalization as well as to Bring People Home from out-of-county conservatorships."

- Brenda Crawford also reported that the 10 week Leadership Academy is beginning tomorrow and distributed flyers. She publicly thanked all who stepped up to the plate to help make this possible.

### **III. Announcements**

- 1 New Executive Committee meeting dates  
The Executive Committee will meet monthly on the 2nd Wednesday from 12:30-2 p.m. beginning March 14th.
- 2 Rotating Mental Health Commission meetings. Have had discussion about rotating it to East and West County.  
Sites are still being looked at so holding the meetings outside Central County in March and April may have to wait.
- 3 March 13<sup>th</sup>: If approved, Presentation of Annual Report to the Board of Supervisors. Dorothy Sansoe asked who had set up the presentation date with the BOS. Lia Bristol at Supv. Mitchoff's office had processed the request from the Commission.

### **IV. Approval of the Minutes from January 26, 2012**

- A motion was made by Karen Mitchoff and seconded by Floyd Overby to accept the 02.26.2012 Minutes. Discussion: Concerns were raised over the wording of Mary Roy's CPAW Update report. Because Mary had not yet arrived at the meeting, it could not be clarified with her. Staff will review the tape. Karen Mitchoff withdrew the original motion and made a motion to continue the approving of the January minutes to the March meeting. Floyd Overby seconded the motion. Approved unanimously.

### **V. Mental Health Commission Committee Reports**

#### **1 Quality of Care Committee**

Peggy Kennedy reported the Committee has begun creating an action plan based on their 2012 goals.

#### **2 Capital Facilities Committee**

Teresa Pasquini reported that representatives from Anka had visited their meeting. She also requested that the building plans for 20 Allen be distributed to the Commissioners. Her Committee is going to be recommending site visits to 20 Allen and PES and 4C. They will formalize an action plan at their next meeting.

Recommend that the MHC and stakeholders be told of the cost benefits of dipping into the Prudent Reserve.

- A motion was made by Teresa Pasquini and seconded by Karen Mitchoff that a recommendation be made that the MHC and stakeholders should receive

information on the cost benefits of dipping into the Prudent Reserve regarding the Crisis Residential Facility. Discussion: Because the BOS has done a consent item putting it out to bid for construction, which are due back March 1st and 15<sup>th</sup>, it was felt it might be premature to proceed until we know what the bids are. The motion was withdrawn. Teresa said she will take it back to the Capital Facilities Committee and then it will be brought back to the MHC in March or April.

### **3 Criminal Justice Committee**

Approve 2012 Goals

- a. To do Site Visits to:
  - 1) Behavioral Health Court
  - 2) West County Detention Center
  - 3) Marsh Creek Detention Facility
- b. Encourage law enforcement agencies to have the officers take CIT Training.
- c. Monitor How AB109 Realignment is Affecting Contra Costa County
  - A motion was made by Dave Kahler and seconded by Teresa Pasquini to approve the 2012 Criminal Justice Committee Goals. Discussion: The Committee was asked to report back to the Commission each month regarding AB 109. In light of Berkeley incident, a desire was expressed to have the MHC give the CIT Training goal a high priority and strongly advocate rather than just encouraging officers to take the training. It was felt the Commission needs to do more education and partnering with the community and that prioritizing calls and utilizing CIT training need to be looked at. By a vote of 7-0-1, the Goals were approved as presented.

### **4 Nominating Committee**

Sam said he decided to step down from the Nominating Committee. Colette O’Keeffe is the new Chair and Floyd Overby is the Vice Chair.

Update on recommended appointment of Dale L. Brodsky

Staff reported that it is being handled by the supervisor's offices.

### **5 Executive Committee**

The Executive Committee will meet the 2<sup>nd</sup> Wednesday of each month from 12:30-2 beginning March 14<sup>th</sup>. Location TBA.

## **VI. Consider Proposed Board of Supervisors Legislative Platform -- Dorothy Sansoe, Sr. Deputy CAO**

Dorothy explained that if the MHC wants to advise the BOS on a piece of legislation – they can advise, but not advocate against it. It was clarified that it does not apply to individual advocacy. Highlighted items were things that were changed. A question was asked regarding the BOS position on realignment. Karen Mitchoff said the BOS is very supportive of realignment and the Governor's position.

## **VII. Approve the 2011 Mental Health Commission’s Annual Report**

- A motion was made by Sam Yoshioka and seconded by Teresa Pasquini to approve the 2011 MHC Annual Report. Discussion: Under “Collaboration,” items 6 and 7 were removed because these were individual efforts by Commissioners who were not directly representing the Commission. By a unanimous vote of 9-0, the Report was

approved as corrected.

### **VIII. Create a Systemic Process to Make Sure Integrity is Held Within the MHC**

#### **Conflict of Interest.**

Information was brought to the Executive Committee about how people were heard and how decisions are being made in Committees-- whether they are being made on behalf of the MHC or other affiliated organizations. There was discussion on how Commissioners ensure that when they are in Committees, what they are representing is the mission of the MHC and what that means for them in their appointed positions. It was suggested that when Commissioners attend a Committee of the Commission or another organization, they make a statement that they on the MHC but I are representing their own views at that meeting. Carole stated that some bodies may differ in their opinions from the MHC, and the MHC should not be used to push through other organization's positions. It was clarified that conflict of interest refers to other organizations and other advocacies. Carole asked the Commission to recognize, understand and move forward. No action was needed.

### **IX. Standing and Nominating Committee Membership**

#### **Assignment and reassignment of Committee members**

- Carole asked that the makeup of the Nominating Committee be placed on the Executive Committee Agenda.
- Sam asked that the Commission consider changing the Bylaws to increase membership on Committees to 5. This will be placed on the Executive Committee Agenda.

### **X. Mental Health Director's Report – Suzanne Tavano BSN/PhD.**

1. Educationally Related Mental Health Services (ERMHS) -- AB100. As an update to January's report on this issue, three of the SELPAs signed the MOU. However, the Contra Costa SELPA representing 16 school districts has not yet signed. We are hopeful this will occur in a timely manner.
2. Obtaining construction bids for the Assessment and Recovery Center (ARC) and the Adult Crisis Residential Training program (CRT) is in progress, as was already discussed (in the report from the Capital Facilities Committee).
3. Construction bids were obtained for remodeling of the West County Mental Health Clinic located at El Portal Drive. Remodeling will support the move of psychiatrists and mental health nurses from the 38<sup>th</sup> Street Health Clinic, allowing more efficient utilization of services. The Health Center at 38<sup>th</sup> Street will be moving to the newly constructed Health Center to be located adjacent to Doctor's Hospital.
4. See Behavior Health Director's Report below.
5. The Consolidated Planning and Advisory Work Group (CPAW) remains an active planning group. Concurrently, a design team chaired by Mary Roy is forming and will meet for about 8 weeks to review the existing planning process and make recommendations for possible future restructuring of related activities. Participants the this design team were invited to participate based on their affiliations with portions of the stakeholder community specified in the original Act.
6. We received preliminary notification from CMS that our proposal for a demonstration

project allowing us to claim federal dollars for adult (age 22-64) Medi-Cal beneficiaries and Low Income Health Plan enrollees remains in consideration for award of funds. We anticipate final decisions regarding awardees will occur in the next month.

**XI. Advocacy for Filling Family Advocate Position ASAP**

Karen Mitchoff said she has spoken to the County Administrator about this, but said getting the electronic tracking system is taking all the resources. An opinion was expressed that this is unacceptable was expressed because 27 consumer support staff have been hired while families are struggling so whatever method is being used to hire consumers should be used to hire family advocates. Carole asked for regular updates. No motion was needed.

**XII. Behavioral Health Director's Report – Cynthia Belon, LCSW**

Cynthia was not in attendance. Suzanne discussed Item 4 of her report.

4. The Steering Committee for Behavioral Health Integration has formed. The first meeting was held and the next is scheduled for the second Tuesday in March. Suzanne said it includes people from AOD and the Homeless program. She also explained that the design teams are small and time limited.

**XIII. Mental Health Services Act Report – Mary Roy, LMFT**

1. Update on MHSA funding

In terms of budget – Mary Roy reporter we are expecting a 10% increase in MHSA revenues this year, but will plan for 20% as well in case additional revenues come in. We are looking at MHSA expansion.

2. CPAW Update

Carole asked how people were selected for the design teams. It was explained that they looked at the original rules and then reached out to stakeholder groups. Concern was expressed that there is no Commissioner on the MHSA design team and no consumer organization is represented.

- On a side note: Sam asked how the MHC could conduct public hearings or even speak about the Annual MHSA plan when it's over 300 pages long. He showed an update from Orange County that's only 60 pages long. He asked for the 200 page report to be simplified to be something the public would enjoy reading.
- Also, concern was raised over how bad the El Portal facility looks when there is a new facility next to doctor's hospital, and that mental health seems to be treated badly. Others agreed that mental health and physical health should not be separate silos.

Carole asked how a member of the MHC could be on the design team. Suzanne agreed there should be a Commissioner on the design team. They'll meet for 6-8 weeks. Mary said they're looking for an additional consumer. Carole suggested that Teresa be a part of that design team. Teresa and Gina will work together.

**XIV. CPAW Representatives Report**

There was no report this month.

**XV. MHSA Social Inclusion Committee Report**

There was no report this month.

**XVI. Integration Steering Committee**

Select a member to represent the MHC

This committee is being put together to help our behavioral integration process. It will meet once a month and address the need to understand collaboration. It could last for several years. Sam volunteered.

- A motion was made by Peggy Kennedy and seconded by Gina Swirsding to appoint Sam Yoshioka. Discussion included the directive that the Commission receive monthly reports. By a unanimous vote, Sam Yoshioka was selected to represent the Commission at the Integration Steering Committee.

**XVII. Process for Commissioners to Make Announcements or Comments During the MHC Meeting When Not Agendized.**

Carole said Commissioners still need to follow the agenda submission procedure.

Karen Mitchoff suggested doing Commission announcements at the end of the Agenda like the Board of Supervisors do. There was a request to do them earlier in the Agenda.

Concern was expressed that if comments were allowed at the beginning, the Commission would never get through the meeting. It was agreed to try it at the end of the Agenda for 2-3 months.

**XVIII. Adjourn Meeting.**

The meeting was adjourned at 6:40 p.m.

Respectfully Submitted,  
Karen Shuler, Executive Assistant