

Mental Health Commission Minutes
4.26.2012 - Final

I. Call to Order / Introductions

Chairperson Carole McKindley-Alvarez called the meeting to order at 4:30 p.m.

Commissioners Present:

Evelyn Centeno, District V
Dave Kahler, District IV
Carole McKindley-Alvarez, District I
Colette O’Keeffe, District IV
Floyd Overby, District II
Teresa Pasquini, District I
Annis Pereyra, District II
Gina Swirsding, District I
Sam Yoshioka, District IV

Commissioners Absent:

Peggy Kennedy
Karen Mitchoff
Juliet Scott
Monique Tarver

Non-Commissioners:

Lia Bristol, Supv. Mitchoff’s Office
Rock Brown, Human Rights & Human Relations Commission
Louis Buckingham, MHC Applicant
Andrea Clark, ANKA
Mark Gagan, Richmond Police Department
Jack Feldman, MHC Applicant
Vivien Feyer, Human Rights & Human Relations Commission, City of Richmond
Steve Hahn-Smith, Mental Health Administration
Peggy Harris
Lt. Kalinowski, CCC Sheriff’s Office
Paul Larudee
Susan Medlin, CCBHS/MHA
Mariana Moore, Human Rights Alliance
Joel Myrick, Assemblymember Nancy Skinner’s Office
Maria Ramirez, MHCC
Dorothy Sansoe, Senior Deputy CAO
Karen Shuler, MHC Executive Assistant
Patsy Stubbs
Nicole Valentino, City of Richmond Mayor’s Office
Rochelle, Consumer

II. Public Comment

- Comment was made about the closing of La Cheim outpatient in San Pablo. While Oakland La Cheim is wonderful, people blossomed and flourished at

La Cheim in Richmond. Concerned was expressed about this vital program closing.

- A parent commented on law enforcement and mental health issues...His son, who has tourettes and ocd, was arrested 2 months ago and bail is unaffordable. He reacted and kicked officers when he was forcibly removed from his car and tazed. He doesn't blame the officers, but feels for him to be held for 2 months without a mental health evaluation is wrong.

III. Announcements

- Meeting Decorum at Commission and Standing Committee Meetings
Carole announced that the Commission's Decorum Policy was for all people in attendance, not just members of the Commission.
- Jack Feldman announced the MHCC art show and reception for Mary Copeland.

IV. Approval of the Minutes from the January 26, 2012 Meeting

(Held over for clarification from Mary Roy of item VIII:2.)

- Sam Yoshioka made a motion to approve the Minutes as corrected. Evelyn Centeno seconded the motion. The Minutes were approved as corrected by a unanimous vote.

Approval of the Minutes from the February 23, 2012 Meeting.

(Held over because of lack of voting quorum at March meeting.)

- Dave Kahler made a motion to approve the Minutes as presented. Sam Yoshioka seconded the motion. The Minutes were approved as presented by a vote of 8-0-1 (Evelyn Centeno abstained)

Approval of the Minutes from the March 22, 2012 Meeting.

Teresa Pasquini made a motion to accept the Minutes as presented. Evelyn Centeno seconded the motion. There was no vote due to lack of quorum of attendees at the March meeting.

V. Review of Brown Act Advisory Board Training

The Advisory Board Training agenda and papers were distributed. Specific issues that were clarified by the training were read:

- 1) Can an Agenda Item just say "Director's Report" without adding a brief description of what will be included in that report?
A: No.
- 2) Can "Commissioner's Comments" be added at the end of the Agenda, similar to Public Comments, without there being any description of what it is a Commissioner may want to comment on?
A: Yes.
- 3) Can a written report, which pertains to an agenda item, be distributed at the meeting without having been made available to the body or the public in advance?
A: No.
- 4) If a Commission has to leave a meeting while discussion on an item is still ongoing but has not been voted on, may that Commissioner announce how

they are going to vote and ask that it be counted and then exit the meeting?
Should their vote be counted?

A: No.

VI. Presentation of What CIT (Crisis Intervention Training) Is – Lt. Brian Kalinowski, Contra Costa County Sheriff's Office

Crisis Intervention Training is done under the regulatory supervision of the State of California's POST (Peace Officers Standards and Training). The six primary goals of the law enforcement CIT program are to:

- 1) De-escalate crisis situations;
- 2) Reduce the necessity for use of force;
- 3) Reduce the use of the jail;
- 4) Decrease recidivism;
- 5) Increase lawful self-reliance and health-enhancing behaviors; and
- 6) To enable law enforcement personnel to deal more effectively with the mentally ill.

Contra Costa County's CIT program is operating under a 2-year grant that ends in October 2012. An 8 hr. baseline training is being developed, and may be launched later this summer in Pittsburg. Dr. Joel Fey would provide the bulk of the 8-hr training which could be seen as a MI101 and cover:

- Case law
- Officer safety issues
- Police reports under 5150 holds – making it more effective
- Suicides
- Suicide by cop
- PTSD
- Self-care for police officers who are faced with these issues.

The CIT programs have a family panel and a consumer panel at the trainings.

In response to Carole asking what the CIT program needs, Lt. Kalinowski replied that funding for classes is needed – grants aren't enough to sustain us. In-kind-time is a challenge because of budget cuts.

Question and Answer Session:

Q: How often do you give the 32 hour training?

A: Once per year. It is open to all in the law-enforcement-related field, , but usually attended by local personnel. Without the grant, they will give a basic training. hoping to allow 8 hours to be baseline for all agencies.

Q: What mechanism do you have to look for outcomes after training?

A: We have to follow the prescribed training by POST. This rests with the individual organizations based on who attends. Under this grant, we don't have enough data yet because not enough people have been trained in the program.

Q: How is follow-up done in Concord?

A: There's a forensic multi-disciplinary team with all professionals who

come together and talk about problems. This is the most healthy resulting participation.

- Q: Other law enforcement agencies want to be able to come together to discuss working on this. Can this happen?
- A: All were invited to the CIT at Concord. Some choose to go to Oakland rather than Concord. All are engaged and interested in being involved in the training.
- Q: Who are you seeking grants from?
- A: There are not any grant available.
- Q: How much of this training is done at the academy?
- A: 8 hours, but not specifically CIT.
- Q: How many officers are in the county?
- A: 1700-1800.
- Q: Wouldn't it be better to do the training at the academy?
- A: There would have to be a POST mandate for that to happen.
- Q: Teresa stated it has been a powerful experience to sit on the family panel at CIT. Prop 63 monies can't be funded for police salaries, but this is an example where it could be used to help our system.
- A: MHSA funds have been provided for trainings, but no backfilling of training costs. It can be used for tuition scholarships.
- Q: Why are there not more hours for CIT at the academy?
- A: You would need to advocate with BOS to request POST to change their policy.
- Q: How do we account for a transference of learning...how is information explored as to if it has shifted an officer's thinking or allowed him/her to be more effective after receiving training?
- A: We have not done anything to identify these outcomes, although we have received feedback and they continue to send their officers. Walnut Creek attended last time, and that person will train others.
Suzanne commented that the trainings are well-organized and well-attended and the increase in mental health sensitivity is measurable.
- Q: Can continuing education credits for CIT be instituted among police officers? CIT should be a part of all CCC law enforcement agencies and the MHC should advocate for this.
- A: There is training at the academy, but additional training has to be mandated by the state.
- Q: What training does POST have available?
- A: All trainings are POST-approved and they are partners in our training. POST provides our materials.

VII. Discuss Holding a Working Meeting to Bring Together Hospital, Law Enforcement and Others to Discuss Gaps in the Mental Health System

Teresa Pasquini made a motion to propose that the Mental Health Commission consider convening a community meeting that would include hospital personnel, law enforcement and other community stakeholders to consider the gaps in the mental health system. Gina Swirsding seconded the motion. Discussion: This proposal originated from a public comment made by a former commissioner

regarding a member of his family. Concern was expressed that it is an issue that keeps coming up and requires a community decision. Teresa, Dave, Annis and Colette have participated in meetings with law enforcement, hospital, family and consumers that allowed us to go forward in forming community partnerships. It was mentioned that Memphis's CIT is successful because they do involve all these agencies. The key is bringing everyone to the table to help law enforcement realize what it's like for consumers not knowing how to respond.

Carole asked for clarification as to what the purpose of the meeting is. Responses:

- 5150 process – What happens during and after is where the gap is.
- It is more appropriate to create a task force to work on this rather than having the Commission get involved without having done the homework first.
- It is too broad to address all the gaps – focus on 5150 process or CIT as one aspect which has a narrow focus.
- Memphis met monthly. The interaction helped them to realize what was going on. Police Officer became an advocate.

Carole asked if focus should be on CIT and 5150's. Responses:

- If there's input from hospital, etc.
- A task force makes sense, but we need a community meeting first to see how to move forward. Different wording for the motion was suggested: "To discuss what happens during and after a 5150."

Carole asked if a focus on the integration of services between the criminal justice, law enforcement, the hospital and other stakeholders was what was being requested: "Bring together in order to discuss how they interface to provide the highest quality of care for the consumers."

The motion was amended to read:

- "The Mental Health Commission will convene a community meeting that would include hospital personnel, law enforcement and other community stakeholders to discuss how they interface to provide the highest quality of care for the consumers."

Concern was expressed that people will not walk away from the meeting finding the answers they are looking for. Carole said setting the agenda will be a priority.

The vote on the motion was 5 Ayes and 4 Nays. As a voting quorum was not achieved, the motion did not pass.

Ayes: Annis, Teresa, Floyd, Gina, Carole

Nays: Dave, Sam, Colette and Evelyn

VIII. Mental Health Commission Committee Reports

- **Criminal Justice Committee Report from Committee Chair Dave Kahler**
 - Sam and Dave went on the Behavioral Health Court site visit.
 - Update on AB109 Realignment
Dave has been attending the monthly meeting. We have been getting ½ the money we were promised and receiving twice the people into the county.

- Dave Kahler moved and Floyd Overby seconded the motion that the MHC accept the Criminal Justice Committee recommendation that the MHC conduct a site visit to the West County Detention Center Monday, May 7th at 10:00 a.m. The motion passed unanimously. A sign up sheet was distributed.
- **Nominating Committee Report from Committee Chair Colette O’Keeffe**
 - Status of applicants.
 - Evelyn has been moved to District V
 - Peggy is being moved to District II
 - There is an applicant for Peggy’s old seat
 - An application has been received for the consumer seat in District V
- **Quality of Care Committee Report from Committee Chair Peggy Kennedy**
 - Update on free or low-cost dental and medical services.
 - Report from Kate Schwertscharf, PHN, of Healthcare for the Homeless
 - She gave a thorough report.
 - Recap of April 21st Dentistry from the Heart Event in San Ramon
 - Colette gave a public appreciation to staff for a ride. Problem was they have to get there 1 hour ahead of time. Too long a wait. No follow-up care.
 - Annis: Could it be on an appointment basis?
 - Colette: This was the way they triaged.
- **Capital Facilities Committee Report from Committee Chair Teresa Pasquini**
 - Evelyn Centeno made a motion and Colette O’Keeffe seconded the motion to request that MHA and Finance provide the MHC with information about the expenses of providing out-of-county placements at all locked and unlocked facilities. Discussion. It was asked what the relationship is with the expenditure for out of county expenditure and the housing fund. Part of what’s been discussed is that if the support system was put in place here there would be a lower rate of recidivism to keep them from going back to acute care. Sending people out of county has a human and family cost. Staff members are unable to provide the services. Suzanne offered clarification, stating a lot of out-of-county is to treatment facilities. The motion was withdrawn.
 - Teresa Pasquini made a motion and Annis Pereyra seconded the motion that in accordance with the MHSA Guiding Principles developed by the Commission, the Capital Facilities Committee requests that the MHC be kept informed of all housing matters discussed at CPAW and its committees, and, in the interest of transparency, all stakeholders be noticed of all meetings. Discussion: It was asked how CPAW discussions can be monitored to make sure they come back to the Commission when there were meetings that occurred that we were not told about. Suzanne suggested that CPAW advise MHC staff of meetings so it

can go out to Commissioners. Annis mentioned that she is a liaison to the CPAW Housing Committee but she didn't always know about meetings. The motion passed unanimously.

IX. Acting Mental Health Director's Report –Suzanne Tavano, BSN/PhD.

1. Update on Vern Wallace, Children's Services Program Chief.
Vern Wallace is expected to return to work in May. Helen Kearns and Jan Cobaleda-Kegler will continue to assist in his transition back into full time work. They both have done an incredible job in covering the responsibilities of the Children's Chief during his leave of absence.
2. Update on filling of Program Manager Positions.
The majority of our vacant Program Manager positions have not been filled. After reorganizing provider services and utilization management functions, the Provider Services position will be filled. Dr. Tony Sanders has retired. We will start interviewing candidates to replace him as Manager for Care Management Services next week. Interviews for the Quality Manager position will also be starting next week.
3. Update on the Assessment and Recovery Center (ARC) and the Crisis Residential Facility (CRF).
The construction bids for both facilities were received and reviewed by Health Services Administration. Construction costs for the CRF exceed the \$3 million allocated for this facility so funding will need to be discussed with the Commission and CPAW to see if there is continued support for an increased allocation. Since there was no provision for an action item allowing a vote at this meeting, this discussion will continue at next week's Capital Facilities meeting.
4. Working with SELPA's (Special Education Local Plan Area) on continuing mental health services for students enrolled in special education.
It remains unclear how many SELPAs we will enter into contracts with to remain their contracted provider for the care of privately insured and uninsured students with active IEPs. We will continue to provide all indicated services to children who are Medi-Cal beneficiaries.
5. Participation in the Psychiatric Emergency Demonstration project.
We participated in a national conference call with CMS regarding the Psychiatric Emergency Demonstration project. The amount of the award to Contra Costa has not yet been established, but we anticipate implementation of this Demonstration in July or August. We submitted the Implementation Plan this week and are waiting for its review and feedback from CMS. John Muir Behavioral Health Center will be our partnering hospital.
6. Testimony to the Senate Health and Human Services Budget Hearings re: realignment of EPSDT and the transfer of functions from DMH to DHCS and other state departments.
Suzanne emphasized that adequate funding of EPSDT services is essential to support the growing mental health needs of your in our county. Inadequate funding for one age group impacts services across all ages.
7. Update on review of Title 9 regulations.

Suzanne is participating in this review process and will keep the MHC advised of progress. We worked with DMH and DHCS in revising our two State Plan Amendments last year and were able to build in more wellness and resiliency language.

8. Working Well Together presentation

The CMHDA Medi-Cal Policy Committee this week invited the Working Well Together group to do a presentation on its work towards establishment of a peer provider classification within the State Plan Amendment. We will be working collaboratively on this effort.

X. Mental Health Services Act Report – MHSA Program Manager Mary Roy

- Update on the Annual MHSA Planning Process

- The timeline is:

- A draft plan will be distributed to CPAW Members this week.

- We will post it for 30 day Public Review and Comment by May 10. This will allow us to make any revisions if they are deemed necessary.

- I can attend the Executive Committee of the Commission on May 9 to map out the process with you.

- Commissioners could potentially provide input at the May 24th Commission Meeting.

- We will need to hold a Public Hearing at the close of the 30 Day Public Review and Comment Period.

- We anticipate the close of the 30 Day Public Review and Comment Period to be on June 11.

- We will need time to respond to any of the public comment submitted during that 30 day period and if there are substantive revisions as a result of the Public Comment.

- We can plan to have a Public Hearing which the Commission conducts anytime after June 14. I was looking at Thursdays the 14th or 21st, but other days would be possible as well. Also, the time of day is at your discretion. No matter what time we choose it will exclude some people.

- Results of Prioritization Process from Joint MHC/CPAW Meeting – Steve Hahn-Smith, MHA Research & Evaluation Manager

- The data materials were distributed. One of the Commissioners stated he felt the count is duplicated and requested to receive raw data.

- Carole asked what happens with the data now? Who makes the decision about how to move forward? More times than not, there is variance.

- Steve said that will be discussed at next week's CPAW meeting.

- A problem was voiced, stating, as a general guideline, when we were deciding on prioritizing at the CPAW meeting, we were told not to speak to each other, but there is a meaningful process when these things are discussed among us.

- Through the process of discussing opinions, we may come up with different prioritizations. A good portion of what I may have learned was left out due to no discussion. Suzanne was asked to take that feedback to Mary Roy.

XI. MHC Representatives to Committees Reports

- CPAW Housing Committee – Annis Pereyra
The meeting was cancelled.
- MHSA Social Inclusion Committee – Monique Tarver
In the absence of Monique Tarver, Susan Medlin offered to give a report.
They have been meeting since July and are working on:
 1. Developing a social inclusion project
 2. A photo voice project
 3. Making information materials to help people learn to overcome stigma
 4. Outreach project
- Integration Steering Committee – Sam Yoshioka
He said he was not at the March meeting.
In April, Mariana Moore facilitated. We dealt with coming out with a vision statement and had 4-5 smaller group discussions. There are about 20 counties in the state that have Behavior Health Divisions.
 1. Our vision is to continue to be a leader in BH and to be recognized for excellence in our community, state and nation.
 2. Collaborate as a resilient team, exploring changes, building hope, and fostering wellness and recovery.

XII. Commissioner Announcements

Gina announced the reason why she's here is because of outpatient care. She said she was in a 3-year outpatient program. She met a friend who spoke about how important outpatient facilities are. When suffering mental illness you feel alone, you need help from peers.

XIII. Adjourn Meeting

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

Respectfully submitted,
Karen Shuler, Executive Assistant