

**MENTAL HEALTH COMMISSION
MINUTES – FINAL
June 27, 2013**

Discussion	Action/Follow-up
<p>I. Call to Order / Introductions Commission Chairperson Carole McKindley-Alvarez called the meeting to order at 4:30 p.m.</p> <p><u>Commissioners Present (11):</u> Louis Buckingham, District3; Jerome Crichton, District 3; Jack Feldman, District 5; Dave Kahler, District 4; Peggy Kennedy, District 2; Carole McKindley-Alvarez, District 1; Colette O’Keeffe, District 4; Teresa Pasquini, District 1; Annis Pereyra, District 2’ Lauren Rettagliata, District 2; Gina Swirsding, District 1; Sam Yoshioka, District 4.</p> <p><u>Commissioners Absent (2):</u> Evelyn Centeno, District 5; Supv. Karen Mitchoff, BOS Representative.</p> <p><u>Non-Commissioners Present:</u> Cynthia Belon, Director of Behavior Health; Karen Cohen, NAMI; Rick Crispino, Bonita House; Kay Dorrico, NAMI; Steven Grolnic-McClurg, Director of Mental Health; Georgette Howington; Kimberly Krisch, NAMI; Mary Long, MHCC; Erin McCarty, BHA; Marsha McGinnis; Susan Medlin, OCE; Vic Montoya, MHA; Karen Shuler, MHC Executive Assistant; Cynthia Staton; Connie Steers, Guest; Janet Marshall Wilson, Patient’s Rights/MHCC.</p>	
<p>II. Public Comment</p> <p>1) Janet Wilson referred to copies of the monitoring project of Augmented Board & Care Homes Survey/Recommendations that was distributed in the monthly packet. On page 17 it states, “When Bonita House’s therapeutic farm in Knightsen is renovated, Contra Costa County should support it by augmenting the 10 beds. The farm will provide an alternative model which will be beneficial for some consumers. It has received wide support and has overcome many hurdles.” The Recommendations will go to CPAW on the 11th.</p> <p>2) Cynthia Staton said she had met with Cynthia Belon and Steven Grolnic-McClurg regarding peer services. She made several Key Points regarding MHCC:</p> <ul style="list-style-type: none"> • No advertisement by MHCC. No awareness by the community at large even though MHCC has been operating since 1976. Example, Kitker Court, River House, board and care homes, county clinics, vocations rehab, veterans services and other county services offices have little to NO knowledge of MHCC’s existence and the “services” that are “supposed” to be provided. • Consistent and on-going lack of professional leadership, including Board members. 	

<ul style="list-style-type: none"> • Lack of involvement by OCE, the County’s Office for consumer empowerment. Are they even here at the table with us today? No. Susan Medlin just walked in. • Misuse of county funds. • Poor quality of care, to the point of insolence, treating clients with control measures as though they were children. MHCC is supposed to represent the Recovery Model. However, principles of Wellness & Recovery such as Self-empowerment, Hope, Personal Responsibility, Education, Self-Advocacy and Support are NOT part of the MHCC Services that are being provided. In fact, quite the opposite. • MHCC presents itself as a peer-run agency, and thus receives funding based on that representation. There are few peers providing services. Therefore, what hope can they truly provide? They are not able to model their wellness as peers. • Abuse of county funds must cease and be distributed to true peer providers. • County needs to put in lace an auditor or watchdog to make sure there is contract compliance for all contracted service providers. • Patient’s Rights need to be separate from MHCC or it’s a conflict of interest. • Connie Steers stated she was a Patients Right’s Advocate 1994-2011. She said her primary service sites were Crestwood Behavioral Health and the three Wellness Centers, and secondary sites were Kirker Court and River House and handled negotiations with them regarding safety issues. For clarification, Colette asked if the conflict was within MHCC and Cyndi responded that it was. <p>There was discussion about clarification of Public Comments. Also, Staff mentioned she had received a Public Comment from Trina Christian and David Juarez for this meeting, but she had forgotten to print it out and bring it. She was asked to contact the individual and apologize and to offer to bring their comments to the next meeting.</p>	
<p>III. Commissioner Comments</p> <ol style="list-style-type: none"> 1) Regarding the process of giving Public Comment, Colette gave staff a copy of Brown Act and Better Government Ordinance codes that referred to allowing for Public Comment at meetings. She stated the way we’re doing it now is not the way it has to be done, although she supports the way it’s being done now. These are for clarifying comments. 2) Lauren mentioned she had visited the central facility (Adult Clinic) at 1420 Willow Pass Road, Concord and will be reporting about the poor conditions she found there. She said she was shocked at the run-down condition of the building. The carpet was filthy, and there is poor signage. The waiting room was overcrowded into the hallway. She encouraged other Commissioners to visit. 3) Gina spoke about the need for Spanish-speaking staff to help people at RISE. She said there was no answer when a client called the information center. She also said Spanish-speaking clients 	

<p>found it difficult to get mental health and medical services. There is also a need for teen services. When it is so difficult to access the services, they feel people don't care so they don't keep seeking out services. Gina plans to bring a client to next month's meeting who is having problems obtaining services.</p> <p>For clarification, it was asked which phone line had not been answered. Gina was asked to bring information and the client to the Quality of Care meeting.</p> <p>4) Teresa made two comments:</p> <ul style="list-style-type: none"> • First I want to apologize to MHCC Patient's Rights Program staff for the references that I made last month regarding my son's access to patient right's services. I am frustrated and angry by his failed care at Napa State Hospital not by any patient's right's services he has received or not received at MHCC. It is the Disability Rights of California that is paid a lot of money to protect the rights of consumers in state hospitals. My comments were directed solely at DRC and I made those comments as a mother and not a Commissioner. I have made numerous public public acknowledgements of my appreciation of Janet Wilson and her staff over the years for their support of my son and my family and they stand today. But I do also acknowledge concerns in general about patient's rights and how they're delivered in California but that's not a reflection on MHCC and their staff who I respect a great deal. • I also wish to provide the MHC with all of the documents that I have communicated with my appointing Supervisor and various members of the Assembly Health Committee regarding SB 364. I have voiced strong opposition unless amended as requested by Carla Jabob's letter dated July 21st. NAMI CA has removed their support of this bill unless amended which I also wrote to appreciate. I hope that the MHC will develop a procedure whereby we are informed of these important bills prior to being tucked into a budget trailer bill. This bill may have good intentions but in my opinion it was poorly written and could have deadly consequences. <p>5) Sam asked that the use of acronyms be minimized, and when used, what they stand for be spelled out.</p>	<p>Place Discussion of SB364 on Executive Committee Agenda.</p>
<p>IV. Announcement</p> <ol style="list-style-type: none"> 1) Carole thanked Teresa for serving as Chairperson pro tem last month. 2) Lauren will be joining the MHSA/Finance Committee because there is an opening due to Annis' retirement from the Commission. 3) Annis Pereyra's retirement from the Commission was acknowledges by Certificates of Appreciation from the Commission, as well as from her appointing Supervisor, Candace Andersen. 4) A moment of silence was observed in memory of Dawn Elizondo, a consumer who passed away shortly after attending and giving comment at a recent Mental Health Commission meeting. 	
<p>V. Approval of the Minutes from May 23, 2013</p> <ul style="list-style-type: none"> ➤ A motion was made by Sam and seconded by Teresa to approve the Minutes from May 23, 2013. Discussion: A correction was made on page 2, #II:4, replacing the word "guardianship" 	<p>Minutes from May 23, 2013 approved as corrected by a vote of 9-0-2.</p>

<p>with “conservatorship.” Another correction was made on page 7, above EQRO, changing “Teresa challenged Steven’s statement that MHSA could not fund Laura’s Law” to “Teresa said there were actually different opinions regarding whether or not MHSA could fund Laura’s Law.” A typographical error and misspelling was corrected on page 8. #VII:2, changing “prevue” to “purview.”</p> <p>By a vote of 9-0-2 (Carole and Annis abstained), the Minutes were approved as corrected.</p>	
<p>VI. Behavioral Health Director’s Report – Cynthia Belon</p> <p>1) Update on Behavioral Health Integration</p> <p>Cynthia reported that between April and June three ad hoc meetings held. The Ad Hoc Committee was formed from members of the BH Steering Committee. Their task was to come up with a plan for the actual integration activities that would occur between now and the end of the year. They wanted to focus on doing things rather than just talking about things. They proposed forwarding to the BH Steering Committee creating two areas: 1- a sense of the process including more people who have not been involved to this point, with a strong focus on engaging consumers and family members in conversations around what system transformation means to them and what are opportunities for integration activities in our community; along with that is engaging CBO’s and line staff and management who have not been involved in conversations, and change agents and other folks, and input from advisory boards. 2- They also addressed the use of consultants, whether or not we will be using them and how we will be using them. There was representation from the Commission at the Ad Hoc Committee.</p> <p>For clarification, Teresa said she participated at the ad hoc meetings as a mother of a patient and not as a Commissioner. She added that Sam attended one of the ad hoc meetings. Colette asked if details will be made public regarding Zia Partners and the use of past consultants. Cynthia said it could be addressed if requested.</p>	
<p>VII. Mental Health Director’s Report – Steven Grolnic-McClurg</p> <p>1) MHSA</p> <ul style="list-style-type: none"> • Staff continues to work diligently to enact the approved 12-13 plan. The spreadsheet updating progress on the ’12-’13 approved plan is attached. The draft version of the ’13-’14 plan was presented to CPAW for feedback in June, and a revised plan will be presented at the July CPAW meeting for final feedback prior to the 30 day posting and MHC hearing. MHC members are encouraged to give stakeholder input into the existing draft plan. • The "financial audit" of the MHSA account is underway and the deliverables have been distributed to stakeholders. The expectation is that the audit will be finished by the end of June and that there will be a report out by late July. • Warren Hayes has been hired as the MHSA Manager, after a lengthy hiring process that 	

included broad stakeholder input. Mr. Hayes has a wealth of experience at the State level and is extremely knowledgeable about the Mental Health Services Act, serving as the first WET component Chief for the Department of Mental Health. Mr. Hayes will begin work in July, but is gone for much of the month due to pre-existing travel plans.

2) Katie A.

MH administration continues to work closely with EHSD in co-designing a process that meets the new service requirements for the subclass affected by this lawsuit. We have submitted an application to join a learning collaborative with other Counties to support implementation.

Discussion: Steven reported we haven't heard back yet if we've been accepted.

3) Primary Care Integration

As Behavioral Health continues to work with Health Services about how to integrate our services better with ambulatory care, we want to partner with stakeholders in ensuring that whatever model of care is tried is responsive to community needs. We also want to learn from the good work being done by community providers who are attempting to integrate behavioral and primary health. To this end, we will be convening a planning group to support these goals, modeled after the process that was in place in planning the Health Integration Conference in 2012. We will be asking the MHC to provide representation to this planning group.

4) Legislative Update

Please see attached memo about the state budget (included in the packet and available through the Commission office). If Governor Brown signs the budget as passed, this was a very good year for mental health.

Discussion: Teresa asked if SB364 was rolled into the budget and Steven replied that he didn't think so. Teresa added that SB364 is a major alteration of the LPS act and she would like clarity. Steven explained that it seeks to standardize current practice across counties. Teresa said she felt it was poorly written. Carole suggested having a report on SB364 at the next Commission meeting.

5) Mental Health Consumer Concerns

The MHC has asked for an update on the Behavioral Health Administration response to the issues raised at past MHC meetings about MHCC. BH Administration has asked for and received an independent audit of MHCC finances. BH Administration and several MHCC Board Members (including the Board President) met to discuss the various financial, consumer treatment, and service level concerns that have been raised. We did not discuss personnel issues as this is not an area that BH Administration will be addressing.

In response to this meeting, MHCC has provided additional information about staffing levels and continuity. MH Administration has met with several individuals who have concerns about MHCC. MH Administration has had a service plan and monitoring mechanism in place for service levels. MHCC has voluntarily and independently returned funds to MH administration from the '09-'10 contract year due to findings of their audit.

Place SB364 Report on July Agenda.

<p>Based on all this information, MH Administration will follow up with additional questions to MHCC, site visits and informational interviews of current MHCC participants. Future actions will be based on the information that continues to be collected.</p> <p>Discussion: Colette asked if the audit included the years 2012-2013 and Steven replied that it did. Teresa stated that we need more information. She would like the MHSA/Finance Committee to see the audit information so she can respond to Cyndi Staton's comments. She added there is a need to actively oversee this. Colette said that since Patient's Rights is a part of MHCC, we should intervene in personnel matters. Patient's Rights is not independent. Lauren asked if MHCC receives their funds through an RFP process, and if so, are all financials sent out on a yearly basis? Steven replied that they report on their finances, but they don't have to be certified. We require they submit the correct information.</p> <p>6) Report on Laura's Law at the Board of Supervisors</p> <p>Steven reported a workgroup is being established. Members will include Janet Wilson and a representative from NAMI and the MHC.</p> <p>Discussion: Peggy asked about the timing for this workgroup, and Steven replied they may meet prior to the MHC appointing someone. Steven reported that Yolo County has adopted Laura's Law. Gina said she is concerned because NAMI and Laura's Law are backed by pharmaceutical companies. Some attendees laughed at this assertion. Colette requested that consumers be treated with respect. Carole added that everyone should be treated with respect. Carole asked Gina to continue her comments, and Gina explained why her personal situation has caused her to be against Laura's Law. Peggy said she appreciates what Gina is saying, but we need to be careful about accusing organizations if we don't know the facts. Peggy added she is a member of NAMI and personally doesn't think they're backed by pharmaceutical companies. Dave responded that to make any reference that NAMI is controlled by or influenced by pharmaceutical companies is way past preposterous and completely unacceptable.</p>	<p>Place appointment of representatives to the Laura's Law Workgroup and Primary Care Integration Steering Committee on July EC Agenda.</p>
<p>VIII. Discussion of status and process of integration of physical health care at 1420 Willow Pass Road.</p> <p>Colette stated she had heard the process was being held up because two pieces of equipment were missing. Steven said he had no knowledge of that. She went on to report she had had an informative conversation with Erika Barrow of Mental Health Administration who referred her to Julie Kelly at Ambulatory Care. Colette said she had also tried to contact Dr. Perez via e-mail but had not gotten a response. Vic said that Dr. Perez is no longer there. He added that the federally-qualified satellite is run by Ambulatory Care and not Behavior Health and that all of us are frustrated by how long this process has taken. Ambulatory Care been working with the City of Concord around licensing. Colette asked why this program is not partners with mental health. Cynthia responded that the levels of partnership is the same. The City of Concord has issues regarding licensing. Teresa asked that the Affordable Care Act be looked at. Gina asked why mental health and primary healthcare don't go together.</p>	

<p>➤ Teresa made a motion, seconded by Annis, to invite representatives from Ambulatory Care, and ask them to include an update on what they are doing at Willow Pass. Discussion: Steven said he would have preferred someone had e-mailed him to find out who to go to. The motion passed by a vote of 10-0-1 (Carole abstained).</p>	<p>Motion to invite someone from Ambulatory Care to address the Commission passed with a vote of 10-0-1.</p>
<p>IX. Mental Health Services Act (MHSA)</p> <p>1) Discuss proposed 2013-2014 Plan. Carole stated she objects to added expense from the use of color and a higher grade of paper. Gina mentioned she could not finish reading it. Colette asked whether or not we are still committed to supporting Knightsen Farm? Carole said this will be addressed later in the agenda. She also said she was concerned because not all programs are directed toward SPMI. Since we have limited resources, we need to make sure money goes to SPMI. Carole said suggestions need to be forwarded to Teresa as CPAW representative. Steven clarified the data is from 2011-2012. Funding is for upcoming year. Carole asked if organizations automatically get renewed. Steven replied they do for 1 year. They make sure those who have performed get continued. They continue what is in existence and fund them. Teresa said she is disappointed we aren't hearing more comments. Teresa stated when she votes, she votes as a family member. She added she doesn't feel comfortable rolling things over and she won't be voting for it. She added she doesn't feel it's serving her district appropriately. Colette said she supports Teresa; the budget does not reflect our core needs. Louis asked if the Crisis Line could be integrated with 9-1-1 to help with suicide prevention? Sam questioned how we ever came up with a project funded under Innovation as narrow and specific as the Contra Costa LGBTQ Youth advocacy program? He said we should be looking at the whole system so rewards are for most of the people in the system. How many of the 1,000,000 population are LGBTQ Youth? But we're spending 1/2 million dollars on Innovation? He added we need to rethink this so we can benefit the whole system. Gina said it was because their suicide rate is extremely high compared to regular students. She also said that she is disturbed about how police officers respond to 5150's. Peggy asked Vic if implementing a regular RFP process would be a good idea. Vic said many have been RFP'd. The only rollovers were ones already in place. We don't want to roll over all contracts. He added he has lost 100% of his managers in the adult services. Cyndi said she was concerned that MHCC is among the agencies not listed. She said SPIRIT and WRAP need to be listed separately. We need to look at funding and how it is being expended. Teresa mentioned her comments are not reflective of her respect for MHA staff or the work they</p>	

<p>do. Teresa stated we are an advisory body to the Board of Supervisors and the Mental Health Director – we need to let the BOS know what is not accessible in terms of the stakeholder process. She encouraged all Commissioners to attend the July 11th CPAW meeting.</p> <p>2) Appoint a replacement to fill Annis’ seat on CPAW. Steven clarified that the MHC would be recommending and that the Mental Health Director appoints CPAW members. Carole told Steven how the Commission had been doing it in the past. Steven explained the process. Carole said she would check into how it is written. Teresa said we need to review what the IOC advised regarding partnership with MHA and the MHC over CPAW. Because this was not an action item, it cannot be voted on today.</p>	<p>Place clarification and vote on July Agenda.</p>
<p>X. Committee Reports TAPE</p> <p>1) MHSA/Finance Committee – Teresa Pasquini</p> <ul style="list-style-type: none"> • Make recommendations regarding the April and May CPAW Housing Reports. <ul style="list-style-type: none"> ➤ Consider action on the use of MHSA 2012-2013 housing funds, including any current projects being considered by the Mental Health Administration. <p>Teresa introduced Rick Crispino, Executive Director of Bonita House, who spoke about the Knightsen Farm Project. He started by giving a brief background of Bonita House and their services. Bonita House is a 40-yr-old non-profit in Alameda County. We initially started by taking people out of Napa State Hospital and getting them back into the community. Our whole mission is based on serving SPMI clients. We have intensive residential treatment, housing with supportive treatments, day programming, homeless outreach, and psychiatric medication clinics. We serve about 600 per year on a budget of \$6,000,000 with 55 staff. At one time we had a contract with Contra Costa County at our residential treatment program.</p> <p>From 1971-1991 we started focusing on clients with co-occurring conditions – mental health and substance abuse. We integrated primary care in 2001. In all our services we have primary care, substance abuse treatment and mental health services.</p> <p>We were given a property in Knightsen -- 3 bedroom, 2 bath house that sits on 10 acres of land. We own it, it’s entitled and we have a Use Permit to open up an adult 10-bed residential facility. This was a program that was very hard fought for by a lot of people including many of you who were supportive in helping get it moved along. We want to have 10 residents so we want to add another 4 bedrooms, make it all ADA compliant and fix up the landscaping around the property. That would be a 1-time expense of \$400,000. Then we want to do something very different in terms of a program. This would be an Adult Residential Facility Community Care License, staffed</p>	

24 hours a day, 7 days a week, but unlike anything you've experienced here in this County. He referred people to the Bonita House website to see architectural and design drawings.

\$400,000 ongoing.

We spoke about a subsidy of \$2500/monthly

7.5 beds = \$225,000 1st year

7.5 beds = \$180,000 1st year

Next year:

9.5 beds x 12 months = \$216,000 ongoing County beds + \$850,000 in SSI.

The programming is 5 days a week and includes programming and activities all around the Farm. Steven asked if that was the complete cost he would be asking for from the county. Rick replied plus the SSI.

Annis: \$2000/month is a much lower price than other programs we send our consumers to.

Peggy: Is it the same level of care, same level of patients?

Rick: It cannot be a treatment program. It is still SPMI, but it will not be a step down from a locked facility.

Teresa: Feedback has been about the cost. This is unique and evidence-based.

Colette: What you're asking for is do modest. Another County may grab the beds.

Annis: The beds will not be contracted out.

Steven: There is an MHSA request. Beyond that, how much?

Rich: \$960 SSI toward room and board.

Marsha said she supports Bonita House and has from the beginning on a program called "A Beautiful Night."

Karen Cohen spoke on behalf of NAMI and the Open our Hearts program and was also one of original fundraisers. The biggest need was housing with support services and still is.

Annis spoke as a mom about her son's experiences. This property put another alternative in housing in place. What this does for recitivism needs to be looked at.

Vic said he supports Rick's work and that it makes a huge difference. He mentioned challenges:

- When this project was identified, there was complete support from the administration;
- When it went to the Planning Commission and the BOS, they asked if it was a County contract. It was originally not planned to be a County contract, but a private pay contract.
- We went through the process of one-time funding.
- Staff went through the process and a letter guaranteeing beds was signed.
- Ongoing dollars was then discussing. Capital dollars and ongoing are all tied together.
- In order to get the funding, it may be that the consumer level would be pretty well put together – more so than SPMI.

Carole asked what happens to the funds? Steven replied they are MHSA funds. If they are not used, they stay in MHSA funding.

<p>There was no vote. It was recommended this conversation continue at the MHSA/Finance Committee.</p> <p>2) Bylaws Task Force – San Yoshioka</p> <ul style="list-style-type: none"> • Meeting report. It is planned to bring the Bylaws Revision to the July meeting for 30 day review. <p>3) Executive Committee – Carole McKindley-Alvarez</p> <ul style="list-style-type: none"> • Meeting report. <p>4) Quality of Care Committee – Peggy Kennedy Cancelled due to lack of quorum.</p> <p>5) Criminal Justice Committee – Evelyn Centeno Cancelled due to lack of quorum.</p>	
<p>XI. Adjourn Meeting Carole recognized AOD Board Chairperson Guita Bahramipour. The meeting was adjourned at 6:48.</p>	

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