

**Mental Health Commission
12.19.13 Minutes –FINAL**

Agenda Item	Discussion	Action/ Follow-up
I. Call to Order/ Introductions	<p>Chairperson Carole McKindley-Alvarez called the meeting to order at 4:37 p.m.</p> <p><u>Commissioners Present:</u> Louis Buckingham, District III Evelyn Centeno, District V (arrived at 4:45) Jerome Crichton, District III Jack Feldman, District V (arrived at 4:40) Dave Kahler, District IV Carole McKindley-Alvarez, District I Colette O’Keeffe, District IV Teresa Pasquini, District I Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u> Peggy Kennedy, District II Lauren Rettagliata, District II Gina Swirsding, District I Supv. Karen Mitchoff, BOS Rep.</p> <p><u>Non-Commissioners Present:</u> Cynthia Belon, Director of Behavioral Health Andrea Clark ANKA John Gragnani, Local 1 Peggy Harris, Concerned Citizen Warren Hayes, MHSA Program Manager Doriot Hill, MHCC Kimberly Krisch, OCE Susan Medlin, OCE Roberto Roman, OCE Amanda Russell, ANKA Karen Shuler, MHC Executive Assistant Connie Steers, Consumer Dr. William Walker, Health Services Director</p>	
II. Public Comments	None.	
III. Commissioner Comments	<p>Teresa: Read comment on behalf of Douglas Dunn (Comment attached).</p> <p>Jack: Disappointed Commissioners didn’t hear anyone from MHCC except former financial director.</p>	
IV. Announcements	1. Annual Planning Meeting Should be in January. TBA.	

	<p>2. Community Living Room Conversation – Teresa Teresa spoke at the IHA Forum. There are positive things happening that the nation is hearing about – she said it would be great for the Commission to place this on the agenda for partners and others to come to the MHC to discuss. The LR Conversation has placed documents on their website.</p>	Place on EC and MHC Agenda
<p>V. Election of Remainder of Executive Committee</p>	<p>1. Results from November Meeting (Lauren received enough votes to be elected to the EC): Jerome received 2 votes; Jack received 3 votes; Louis received 4 votes. Carole checked to see if nominees wanted to remain. Louis and Jack withdrew.</p> <p>2. Receive additional Nominations Evelyn moved, Sam seconded to close nominations.</p> <p>3. Vote for 1 additional Executive Committee member (must have 7 votes). By a show of hands, the Commission voted unanimously 9-0 to select Jerome to fill the remaining position on the Executive Committee. Jerome will join Sam, Colette and Lauren.</p>	
<p>VI. Next Steps in the Process of Choosing a New Mental Health Director</p>	<p>Dr. William Walker, Health Services Director, reported that Steven Grolnic-McClurg resigned his position to take over Director of Mental Health Services for the City of Berkeley. Dr. Walker acknowledged the work and support of the MHC during this time of integration.</p> <p>He announced he is proposing appointing Cynthia as Acting Director and then will go to the BOS in January to request having her appointed Behavioral Health Services Director and Mental Health Director, and a Deputy Director of Mental Health would be appointed.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Carole: We have someone over homeless and someone over AOD -- do we lose having them when she takes over as Mental Health Director? We would lose having a Mental Health Director. • Dr. Walker: The Mental Health Division is 	

	<p>the largest. In other counties where AOD and mental health have been integrated, AOD has disappeared. He has appointed someone from outside mental health to prevent that. He said he has no doubt she can handle it. In many counties there is a Behavioral Health Director who is also the Mental Health Director. The Homeless Services and AOD Director positions will be maintained but blended with upper management to be more equal across.</p> <ul style="list-style-type: none"> • Teresa: She said she thinks that collapsing the top is smart. It was requested by labor and honors their request. What has happened in the last couple of years to give you that confidence? • Dr. Walker: The progress with integration. Integration recognizes the person as a whole person. • Teresa: As a Commissioner, she said she doesn't hear evidence of this strong collaboration. She is hearing frustration at all levels of consumers and staff. She said she would feel better knowing who the Deputy Director will be. She has heard it will be Vic Montoya. She said she sees progress, but sees more pain. She added she wants to have more confidence going forward, but sees too much fragmentation still. • Louis: My concern is if that person will be a leader and able to deal with family member and consumer concerns. Do they have the tools to find out what the problem is and get it resolved? • Dr. Walker: Yes. • Carole: One of the areas we found lacking is that we have not been getting information. We need it, not after the fact – we need someone who can be an advocate and get in front of them and present them to us. She said she is concerned Cynthia is too busy to be at the meetings and advocate and get that information back to us for advocacy. How will the Deputy Director represent all ages? She said she is concerned about the children's system of care. How are you going to ensure that the Mental Health Director has that time, and how 	
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	<p>will Cynthia be able to carve out the time?</p> <ul style="list-style-type: none"> • Dr. Walker: We're proposing to develop the Deputy Director to take over the day to day operations that Steven was doing. • Carole: What's going to be moved off the plate to leave room for these things to be done? • Dr. Walker: That's Cynthia's job. • Cynthia: Delegating will be a big part of it. • Colette: Cynthia and Vic already have full time jobs. • Evelyn: Told Dr. Walker she can support him in appointing Cynthia, but feels he should open up the Deputy Director position to see what talent and experience he may get. Bring in a number of applicants. Use an interim in the meantime. • Sam: I feel we really need someone in the position of Mental Health Director. Mental health is a field at the state and federal level and should be local, and has greater demands than homeless or AOD. He said he would hate to see the Mental Health Director's position being minimized because that's the leadership position over and above the other two divisions currently existing. There are so many things we should be doing to move this county forward and we need someone there full time to move us into the future. We're losing leadership by eliminating this position. He added he can't see having a structure that minimizes the leadership position of mental health in the behavioral health structure. He said his thoughts will always be that we need someone far beyond what we have got. • Louis: Someone needs to be accountable when something is not done. • Dr. Walker: That's why the Behavior Health Director will be held responsible. • Carole: I'm not in disagreement with the structure, but from a systemic perspective it needs to be put on more than Cynthia and a Deputy Director. The responsibilities need to be clear, or what Sam is saying will happen – there will be gaps. It seems it's in title only and not thoughtful. Time and energy need to 	
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	<p>be taken in laying out and developing responsibilities. There needs to be some structure behind the layout. Who comes to report to the Mental Health Commission? Who is responsible for Program Chiefs?</p> <ul style="list-style-type: none"> • Dr. Walker: To be clear – all you’re hearing from me today is that I’m not going to go out and recruit for a Mental Health Director; I am asking the BOS to appoint Cynthia. The structure is already there under Cynthia. • Cynthia: She described the position of the Behavior Health Director. She said the timing is appropriate for where we are now in the system’s change. It will continue to evolve. It is a work in progress and will continue to be. • Sam: I want to remind us that in the past we did have a Mental Health Director who had the credential of MD, Psychiatrist to lead the department. If we strive toward a higher goal we could achieve more than what we’re doing now. • John: Regarding Teresa’s comment, it’s our understanding that’s how every county in CA has it structured. Vic is a very good choice for Deputy Director. He is committed and would be a benefit. John said he has been disappointed in Cynthia because the demands are increasing. Housing is a top issue in adult mental health. Visits to PES are up from 680 to 850 annually. He is hopeful that integration will improve. There are concerns about how we’re prioritizing our resources. We are still hiring a lot of consultants. He said he has concerns about on call pay. Homeless managers are getting pay raises. He is seeing and hearing the pain in consumers and families when we have to discharge them into incomplete transition plans is difficult. Mental Health is getting the short shift in integration. There needs to be reaching out to the mental health side. Integration seems to be a tug of war, and that won’t work. 	
	<p><i>NOTE: Commissioners Dave and Jack left the meeting at 5:30 p.m., leaving a total of 7</i></p>	

	<i>Commissioners at the meeting.</i>	
VII. Behavioral Health Services Report	<p>Cynthia Belon, Director of Behavioral Health Services presented a report.</p> <p>MHCC Transition Plan (See below after Minutes) Cynthia read the 2-page paper.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Doriot Hill: There's at least a week without services. A couple of bus passes and meals will not help. But they will go where they are familiar and comfortable. There should be a plan if the new agency can't take over immediately so consumers can be at their familiar locations on January 2. It doesn't make sense to break the services. • Connie: Thanked Vic for coming in and talking with us. She felt more optimistic after speaking with Vic today and said she was enthusiastic about their choice of provider. • Teresa: This has been a painful experience for me as a Commissioner, as a partner, as a friend, as a committed system-improver. I'm not happy with the choice of Recovery Innovation. I do not have confidence in the RFP process that took place and am concerned about some of the things I've heard. She said she asked Vic to go to the Centers. She said she is disappointed in the RFP process. There were some wishes expressed and they didn't happen – my concerns are that the pain caused was not by little mistakes, but MHCC took over this Commission this past year and I reject that there wasn't thoughtful energy in this process. [By request, the following paragraph is a verbatim account from the tape.] Teresa, stepping out of her role as a Commissioner and speaking only as a mom and a family member, said that what really pushed her over the top for Recovery Innovations was when I ... many family members in the United States are pretty happy about the new bill that's been put out called the Helping Families in Mental Health Crisis Act, that was introduced by Congressman Tim Murphy, I think. I know consumers 	

	<p>aren't. I understand that. I understand there's a lot of conversation that has to take place, etc., but, you know, there has to be a place where we all come together but I don't think this selection is going to get us there. And the reason I say that is I happened to come across a e-mail exchange with somebody very high up in Recovery Innovations that actually...that actually spoke to the fact how happy they were that they had so much money that they could fight the families. And so, you know what, I'm tired of fighting...I'm tired of fighting people. I want my son to come home from Napa State Hospital someday and I don't want him to be surrounded by people who are celebrating his torture for the last 15 years. So I hope all of that got on the record. I feel it very strongly. Teresa continued to say she wanted a peer process, begged for a peer process, but don't think we got one.</p> <ul style="list-style-type: none"> • Colette: Now that we're doing something different, how are we going to make sure the same thing doesn't happen again? • Cynthia: We are looking at services and making changes. Doing away with the 1/12 payment and paying only on actual expenses that have been incurred. Budgets will be asked for before approval. Each month an account of expenses will be requested. Will be making quarterly visits. Having a different way of monitoring. Once there is a draft of the proposal, we will bring in CBO's and staff for training. • Carole: Expressed concern over Teresa's comments about the RFP process being tainted. Asked if there would be additional monitoring of the new contractors. • Cynthia: The new process will begin with them, they will be closely watched. It's a partnership. Checks and balances will be in place from day 1. • Carole: The 1st week of January will be the only time the consumers are displaced? • Cynthia: Yes, but she has requested streamlining of services, trying for Jan. 7th at 	
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	<p>the BOS.</p> <ul style="list-style-type: none"> • Carole: Will staff lose jobs? How will consumers be made aware of when it will be open? What about Doriot's request for them to stay open that week? • Cynthia: County cannot do it. • Teresa: I will be open, but have troubling concerns. Appreciate the new accountability that will be put in place. I advocate for all consumers, but we've been talking about what a strained system and stressed staff we have – how can they pick this up without letting something else go? We need to advocate for everybody, including those who are coming back from out of county. • Connie: Agreed with Teresa. <p>MHSA – Warren Hayes</p> <p>We are proceeding and are on schedule with the Community Program Planning Process that supports our writing the MHSA Three Year Program and Expenditure Plan. This plan will start July of 2014. We have started our needs assessment process by visiting 25 of our programs and asking over 200 of our service providers and those they serve what is going well, what needs improvement, and what is missing. We have engaged the services of Resource Development Associates to assist us with the next phase, which is to conduct focus groups of consumers and family members to consider and expand upon these identified system needs, develop priorities, and recommend strategies to meet these needs. This information will assist in the development of a draft three year plan, which we should have available for input and comment by May of next year.</p> <p>We are in the process of implementing the second portion of the MHSA review that was initiated last summer. We are engaging the services of Mike Geiss Consulting to assist us develop a methodology for program and fiscal deliverables that were reviewed and endorsed by the MHSA Finance Committee this fall. Mr. Geiss will develop and conduct an in-depth review of selected MHSA funded programs according to 23</p>	<p>Recommend a CPAW Representative to replace Teresa.</p>
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	<p>program, fiscal and administrative measures of compliance to applicable statutes, regulations, policies and practices. In general, the aim is to determine if programs meet the intent of the MHSA, deliver agreed upon services and outcomes, and have sound and cost effective fiscal practices. Mr. Geiss should join us by the end of January, with completion by the end of June.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Teresa said she appreciated Warren's strong leadership. It's been a pleasure to work with him on the MHSA/Finance Committee. She announced she has retired from CPAW. <p>Senate Bill 82</p> <p>The Investment in Mental Health Wellness Act of 2013 (SB 82) provides for more than \$200 million statewide over a three year period to strengthen the counties' mental health crisis response systems. The majority of the funding is to be awarded through competitive grants administered by two separate state agencies. Contra Costa County plans to submit grant proposals under each of these competitive processes.</p> <p>The first proposal will be submitted to the Mental Health Services Oversight and Accountability Commission to fund three triage teams, each comprised of two clinicians and a peer provider, to decrease the number of adults who continually cycle through our Psychiatric Emergency Services and are eventually hospitalized. Additional triage personnel will be requested for our Homeless Outreach Project to Encampments to augment other services (e.g., primary care) provided to homeless consumers.</p> <p>The second proposal will be submitted to the California Health Facilities Financing Authority to fund a crisis residential facility and to create mobile crisis support teams.</p> <p>No discussion.</p> <p>Katie A.</p> <p>A legal settlement was reached last year in a milestone lawsuit filed by advocates and</p>	
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	<p>consumers against the State of California Department of Social Services and Los Angeles County. The suit alleged that children in the Social Services Foster Care system were not receiving adequate services to support their placement and improve their functioning. The arguments were specifically focused on high end support services like Wraparound and Therapeutic Behavioral Services.</p> <p>The settlement mandated two new services that have been defined by a resultant Core Practice Manual that was developed. These services are Intensive Case Coordination and In Home Behavioral Services. The Katie A. settlement also aims to create a closer relationship with Child and Family Services and the Mental Health Plan, in order to better serve the children that are at the highest risk in the Foster Care System. Currently, Contra Costa County Child and Family Services and Children's Mental Health are working collaboratively to institute this programming and have enrolled approximately the first two-hundred and fifty youth. It is projected that Children's Mental Health will receive thirty to forty requests for assessment for subclass inclusion per month from Child and Family Services. This is likely to end up with an ongoing Katie A. subclass of approximately 400 to 450 youth.</p> <p>No discussion.</p>	
VIII. Discuss MHCC Transition Plan	See above.	
IX. Discussion of Standing Committee Roles and Responsibilities	<ol style="list-style-type: none"> 1. Length of attachments 2. Role of Committee Chairperson 3. Requirements of attendance 	Place on January MHC Agenda
X. Committee Reports	<ol style="list-style-type: none"> 1. MHSA/Finance Committee – Teresa Pasquini <ul style="list-style-type: none"> • 2013 Committee Accomplishments Documentation submitted by Teresa was acknowledged. It will be used to develop a statement for the Annual Report. • Submit a written document to the BOS and MHA outlining our concern over the MHCC Transition Plan because of the 	

	<p>harm clearly stated by the consumers at the December 3, 2013 BOS meeting alluding to the possibility of our consumers being in eminent danger. It was decided to remove this motion from consideration.</p> <ul style="list-style-type: none"> Teresa made a motion, seconded by Louis, to request that the Commission be kept apprised of Vic's and Cynthia's follow-up on recommendations outlined in the Augmented Residential Care Facility Project Report (pp. 15-17). Teresa/Louis Discussion: Teresa saw name and description of new housing. Would like someone to come to MHSA/F meeting to describe how this is going to work. Cynthia: the idea around integration is greater accessibility for resources. It made sense to put it in the housing system of care. Vote: Motion passed unanimously 7-0. <p>2. Quality of Care Committee – Peggy Kennedy</p> <ul style="list-style-type: none"> 2013 Committee Accomplishments Documentation submitted by Teresa was acknowledged. It will be used to develop a statement for the Annual Report. <p>3. Criminal Justice Committee – Evelyn Centeno</p> <ul style="list-style-type: none"> 2013 Accomplishments Documentation submitted by Teresa was acknowledged. It will be used to develop a statement for the Annual Report. 	Formulate letter to Cynthia and Vic.
	<i>Note: The Commission meeting had to end at 6:00 p.m. because Commissioner Evelyn Centeno was unable to stay longer. Her leaving caused there not to be a quorum.</i>	
XI. Commissioner Representative Reports.	<p>There was no discussion due to lack of quorum for meeting.</p> <ol style="list-style-type: none"> Behavior Health Integration Steering Committee Report – Sam Social Inclusion Committee – Carole AOD Board – Sam 	

	4. Homeless Board Meeting – Carole 5. Community Corrections Partnership (AB109) – Evelyn 6. Assisted Outpatient Treatment Workgroup (Laura’s Law) – Carole 7. Primary Care Integration Committee – Colette	
XII. Adjourn Meeting	The meeting was adjourned at 6:00 p.m.	

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

Received outside of the meeting.

Douglas Dunn Mental Health Commission Remarks—December 19, 2013

Because of pre-existing commitment, I cannot attend this meeting. However, I have requested that a Mental Health Commissioner read these remarks and enter them into the public record.

As a parent of a seriously mentally ill consumer, I am a Family member of the county AOT workgroup, which generally has been meeting weekly since July 30. The county Board of Supervisor (BOS) has directed this workgroup to study and recommend ways to systemically improve mental health care in this county. One of these directed ways would be to implement Assisted Outpatient Treatment (AOT), Laura's Law in this county.

To try and obtain relevant Behavioral Health data, I submitted two Freedom of Information Act FOIA data requests. Unfortunately, the data received is very incomplete. It appears that county financial record keeping and availability, to put it mildly, leaves "much to be desired." County Finance/Behavioral Health records are not transparent and are not available. As a result, the county Behavioral Health budgeting process remains "indecipherable" to an informed citizen (with an MBA and 26 years in financial analysis management) such as me. Laura's Law detailed reporting requirements would fundamentally transform this "sorry state" of county Finance / Behavioral Health reporting "affairs."

Mental health care in this county is in profound crisis and at a real "turning point" juncture. Therefore, in current internal restructuring efforts, it is absolutely critical that a position be created to lead, oversee, and closely monitor "Mental Health" specific program improvements that the AOT workgroup will be shortly recommending.

In this work group, I'm very gratified county Behavioral Health leadership recognize the system has failed families and their consumer loved ones who, because of a severely "broken brain" do not consistently engage in treatment. In our consumer loved one's case, this failure cost the county at least \$170K in crisis stabilization costs this past year. Those same "sunk cost" dollars could have easily funded at least 6 Assertive Community Treatment (ACT) or Assisted Outpatient Treatment (AOT) slots with far superior treatment outcomes.

For families, such "tool box" system corrections cannot come soon enough. In particular, **AOT must be a meaningful**, not "token," **component**. Thank you for your support and guidance as the work group makes major outreach improving and records improvement making recommendations.

12/19/13

Report to MH Commission:

Per my prior email to you, this is to provide you with another update regarding the closure of Mental Health Consumer Concerns (MHCC) and the plan for delivery of services during the transition period.

Mental Health Wellness and Recovery Centers Transition Plan

MHCC created a Steering Committee composed of consumers from the three Wellness Centers, staff, and the Board of Directors. Behavioral Health staff Vic Montoya, Adult Mental Health Program Chief, and Susan Medlin, Office for Consumer Empowerment Coordinator, met with the MHCC Steering Committee to discuss a transition plan for delivery of services that will provide continuity of care for consumers in all three regions of the County.

For the period beginning January 1, 2014, until such time as a new contract is in place, Behavioral Health/Mental Health will be offering similar services as have been provided at the MHCC Wellness Centers, at the Adult Mental Health clinics in all three regions of the County. These services will be provided weekdays, and will include a Continental breakfast and lunch. Transportation to the Centers will be available by providing bus tickets and/or rides to the three locations. We have submitted a request for approval to hire temporary staff, with the goal of hiring MHCC staff to assist in providing these services at our sites during the transition. An example of the activities to be provided is attached.

Future Mental Health Wellness and Recovery Center Services

In October 2013, the Behavioral Health Division issued a Request for Proposals from qualified community-based providers to develop and operate three distinct Mental Health Recovery Centers in the East, West and Central regions of Contra Costa County. Applicants responded to a Request for Proposals (RFP) by providing a work plan narrative, budget and budget justification, and description of their qualifications. It is our intent to use Mental Health Services Act and Realignment dollars to fund the operation of the Mental Health Recovery Centers, with the approval of the Board of Supervisors. The initial contract period for these funds will be up to 18-months. The total amount available for the contract is \$1,312,500 for the initial 18-month contract and up to \$875,000 for subsequent contract years.

Six proposals were received in response to the RFP. A representative review team of subject matter experts including a consumer and family member discussed and scored each proposal based on the criteria established in the RFP. Based upon the review team's recommendation, the Behavioral Health Services Division will be entering into contract negotiations with Recovery Innovations.

Recovery Innovations is a primarily peer-run community-based organization that operates programs in five States and in New Zealand. They have programs located in California within the Counties of Alameda, San Diego, Ventura, Kern and Riverside.

Vic Montoya has spoken with the landlords for each existing Center, all of whom have expressed interest in continuing to lease their properties to the new provider. Recovery Innovations has already received a draft contract from one landlord; a draft contract for the second site is coming via USPS and they are talking with the third landlord today.

Behavioral Health is currently working with the proposed Contractor to finalize the budget and will be entering the contract request into the system by end of week.

Patients' Rights Advocacy Transition Plan

Patients' rights advocacy is a State-mandated service. It is our intent to hire patients' rights advocates employed by MHCC to provide these services on our behalf during the transition.

Future Patients' Rights Advocacy Services

The Mental Health Association of Alameda County has been selected to provide patients' rights services in our County, and the contract is in process, to be effective January 7, 2014. This contract will be funded with the same total payment limit of \$255,620 that funded the contract with MHCC (Realignment) with the approval of the Board of Supervisors. The initial contract period for these funds will be up to 12-months. The contract request for these services has already been entered into the system.

We anticipate a smooth transition with no disruption in service delivery.