Mental Health Commission Planning Meeting
April 30, 2009
MINUTES-Approved 5/28/09

Purpose of Planning:

- New members will become more oriented to their role and the role of the Commission
- Commission members will agree to work as an effective team on behalf of the mental health community and the Board of Supervisors
- Refine the Commission's focus items for the rest of the next year

1. **Welcome – Peter Mantas, Chair**
   Chairperson Peter Mantas called the meeting to order at 3:55 p.m.

Commissioners Present:	Commissioners Absent:
Clare Beckner, District IV	Supv. Mary Piepho
Art Honegger, District V	
Dave Kahler, District IV	
Peter Mantas, District III	
Bielle Moore, District III [Left the meeting at approximately 5:30 p.m.]	
Colette O'Keeffe, MD, District IV	
Teresa Pasquini, District I	
Annis Pereyra, District II	

   Non-Commissioner Attendees:
   Brenda Crawford, MHCC
   Jeannie DeTomasi, Mental Health Administration
   Anne Heavey, Family Steering Committee [Arrived at approximately 6:15 p.m.]
   Mariana Moore, Human Services Alliances
   Karen Shuler, MHC Executive Assistant
   Suzanne Tavano, MH Administration [Arrived at approximately 6:15 p.m.]
   Tomi Van de Brooke, Supv. Piepho's Office [Left the meeting at approximately 5:30 p.m.]
   Donna Wigand, Mental Health Director [Left the meeting at approximately 5:30 p.m.]

2. **Agenda review; establish ground rules for the planning process**
   No discussion.

3. **Introductions and getting acquainted**
   Peter said that before they got to reviewing their ideas of the Plan they had already developed last year, he wanted everyone to introduce themselves and give each other an opportunity to ask some questions so everyone can learn a little more about each other and understand where everyone's coming from. Each Commissioner and others present told about their backgrounds and how they got involved with mental health issues.

4. **Discussion and agreement on how the Commission will organize itself**
   - Review the role of the Commission (W&I Code)
     Peter stated there was no time for discussion of the W&I Code today. He encouraged the Commissioners to take the time to go through it to help understand what they're here for from a legal perspective.

Peter then posed questions as to what they are here for, what is their purpose in being on the Mental Health Commission, what are they trying to do? Who is their focus?
Colette: One thing is to explore issues that are coming up, decide what the consensus of opinion is and help educate the Supervisors.
Peter added that the focus is the consumer of mental health services and the Commissioners need to talk about this to get on the same page. He said there are consumers who are capable of communicating how they feel about the services they are getting and what their needs are, and there are other consumers who flat out don't know what's best for them. He added they have clinicians and their family, and the glue that ties this all together many times is the family member. What medication is the consumer on, has been on? The family keeps lists to present the lists to other doctors when a handoff occurs. There are no records to tell what medications our loved one, the consumer, has been on. Imagine not having a family member and not having the ability to make that list. How many times does a consumer decompensate because the doctor has to start from scratch on medication again?
Colette asked to add another support system – the consumer advocacy system. She said they are extremely helpful and can have things in addition to medication, such as the community center, and access to the community center is really important. That will also tie a lot of other issues in, including healthcare. Consumers helping each other.
Art agreed with Colette and added that the Peer to Peer program should be NAMI's premier program.
Clare spoke about the Clubhouse being a place for people who have a diagnosis of mental illness. She said it's like the Peer to Peer; it's being with a group of people that can support you.
Colette added that the Community Wellness Centers are also there for everybody and don't charge.
Brenda said she sees one of the purposes of the Commission as being a link to all the various communities that are out there. She added helping people develop the kinds of partnerships where effective services can be delivered is important. Brenda went on to say she intends to go to the Clubhouse director and see how they can work together.
Brenda also mentioned she had noticed the vacancies on the Commission and feels MHCC should help recruit. The #1 priority, she said, was to remove attitudinal barriers.
Peter remarked that it wasn't family vs. consumers, but that everyone needed to support the consumers to live a full life, and understand that no matter what seat they are on the Commission, Commissioners all share a common purpose. Peter also mentioned the need to bring churches in to help.
Bielle agreed that everyone needs to work together, and mentioned John Gragnani's concern regarding children. She said she would like to see something for the seniors as well – perhaps a big meeting where everyone could interface. She mentioned the Commission also needs to do outreach to the providers.
Brenda addressed the underserved in the county, saying there are cultural issues around mental health. She said part of the Commission's role should be to find out how to access and bring services to the most underserved.
Donna asked to make a statement, saying she didn't want it to be misconstrued because everyone needs to move forward. She said she thinks every individual on the

Commission has heartbreaking and very good reasons to be here. She then stated that this Commission, in its current configuration, doesn't represent the consumers that she serves. She explained that there's no one of color on the Commission; other than 1 or 2 people, there's not a wide variety of socio-economic status; and most of the Commissioners are directly affiliated with NAMI. She stated she loves NAMI, but feels the Commission has become a subset and that there isn't a diverse voice on the Commission. She referred to the Public Hearing the night before and mentioned that Colette is being a very strong voice. Donna mentioned the 2 upcoming Board appointments to the Commission are both Caucasian folks who are affiliated with NAMI. She said she doesn't see that dynamic changing, and mentioned that while some may feel that's okay for that to be the voice of the Commission, she feels there needs to be more diversity and more voices.

Responding to a question as to how to change that, Donna replied that Brenda is starting to address the diversity through MHCC. Colette mentioned she had expressed reservations about one of the appointees because of those issues. Donna asked if anyone shared her concern. Dave challenged Donna's comments about NAMI, stating that people gravitate to NAMI. He said those in NAMI come from a variety of backgrounds and have divergent opinions. He went on to say he would question that people would not choose to join the largest, strongest most active support group for people who have loved ones that are mentally ill. Donna replied that she was just talking about getting some consumers of color, and that's what Brenda is doing.

Brenda said you have to be purposeful in your plan. If you want to represent the diversity of this county then we need to do some purposeful planning – not just recruit folks because you have empty seats but recruit folks based on the needs of those communities. The suggestions were made to use CCTV to advertise and to write a memo to the BOS asking them to consider diversity when appointing, so that the appointments reflect the county population. Colette said that because of cuts in SSI, increased transportation costs, etc., finding economic diversity among consumers is difficult. Teresa said she would like to see diversity and hopes the BOS is aware of the W&I Code regarding diversity. She mentioned that transportation is an issue, even with reimbursement. Annis said some communities that are very close-knit are resistant to outreach. Many prefer to take care of their own. Peter said they couldn't solve everything, but that the goal needs for them to figure out a strategy for getting diversity on the Commission – that they need to develop a plan and start executing it to get that diversity. Art added that the most likely person is somebody who has a background in mental health with a family member. Brenda added that she has some ideas and was volunteering to help. Mariana Moore spoke about her background in working with Latinos. She said the Commission may have to change the way they do business – step outside their comfort zone.

The meeting was paused while the Commissioners enjoyed a potluck dinner.

5. **Brainstorming Key Issues (Review and Discuss Each Commissioner's Top Five Issues)**
   Discussed following the potluck dinner.

6. **POTLUCK**

7. **Brainstorming Key Issues**

Following dinner, Anne Heavey made some impassioned comments regarding her son's experiences with Crestwood facilities. She mentioned that the Commission does not have any power, nor does it have any respect. She also spoke against the newspapers taking a stand in favor of Prop 1E.

Peter said that as long as we work together, we'll get something done. He continued by saying that diversity is in all their minds and they need to develop a plan to get people stepping to the plate. He stated individuals such as Donna should take the tone down a bit – that beating the Commission up on issues that happened in the past isn't going to solve anything. He went on to say the Commission needs help in identifying new applicants. Dave stated that reaching out should not be the main issue, the choosing of Commissioners should be based on merit, not just ethnicity, etc. – that the existing Commission should be working on the significant problems.

There was discussion regarding Donna's comments about NAMI. Clare said she was sorry that she was not up to speed about Donna's comments about NAMI. Dave responded that the Mental Health Administration feels threatened by NAMI. Colette said that part of the problem was the way the Commission seats are structured – in the W&I Code and the way the Commission does its Member-at-Large seats. She added it's like having another family member because members-at-large are generally family members and not consumers. It creates a 2 to 1 ratio against consumers.

Peter said that over-generalizing can lead to trouble. He gave NAMI as an example, saying the general perception is that NAMI members are brainwashed. He also gave the Bylaws Workgroup as an example of free thinking and said the Commission has strength and conviction. He cited that even though the four members of the workgroup had taken a position on the proposed amendments; after further discussion with their fellow commissioners they changed their minds during the full commission debate.

Brenda said for her it was not an issue of the Commission having NAMI members, but the issue was diversity – the lack of representation from the underserved communities. Colette added that it was also important to have consumers. Annis stated that the Commissioners need to listen to everybody – whether they're on the Commission or not. Commissioners need to go out into the community and speak to the people there. Teresa asked who does the advertising for applicants and staff responded the Board of Supervisors and CCTV. Mariana said people need to be brought to the table for their wisdom. The perspective needs to be broadened.

Suzanne voiced an opinion that over the years the Commission used to be socially, culturally, ethnically diverse. She said something has shifted and people have commented on that to her. She said she felt something has changed. It used to be more representative of the county at large. She said she's worked with the Commission for 13 years and there's something different and that might be part of what the Commission is hearing. People were able to be here; they got themselves here so the barriers that are being talked about – you would think those barriers have always been there but people have worked through them and gotten around. It makes one look at the situation and the "whys" and "what do you want to do" to reach out in some other ways.

Peter said he thought we could paralyze ourselves with analysis on what is different, and added that there's nothing different.

Teresa said they shouldn't leave this conversation on a negative. She said this whole thing about NAMI has been out there since the 4 resignations and Bylaws saying not to include NAMI members and there was a clear signal …
Clare mentioned she had been told there were not taking any more NAMI members from her district.
Teresa continued saying there was a definite vibe put out there about NAMI. The NAMI thing and the cultural thing are two different things and shouldn't be mixed up.
Suzanne said she wasn't raising NAMI as an issue at all, but was speaking about cultural diversity.
Teresa replied that the conversation began before she got to the meeting. She asked Suzanne what she meant by "something has changed."
Suzanne gave as an example where meetings are held and the times they're being held. She added she wasn't on the attack at all, but what it meant by talking about the barriers and how to think through the barriers and somehow they were worked through before and she added that she just thinks about the concrete stuff like where, when, how.

There was a discussion regarding times of meetings being different than they used to be. Colette mentioned the change in bus schedules was devastating. Staff responded to questions about times of the meetings.

Peter repeated the need to stop over-generalizing and the need to develop a plan. He added there could be diversionary tactics involved in bringing this stuff up and we need to stop it. He stated "we are good people that are conscientious and we're going to do the best we can. And if people feel that we aren't, then the Board of Supervisors can remove us from the position."

Brenda suggested meeting in Richmond or other areas. She said MHCC would help find a place.

Peter said that the underserved who are stigmatized by mental illness are the ones most challenged by the system. He said the Commission needs to figure out how to bring communities in to help.

Peter asked the Commissioners to list their top 5 issues.
Art:

- At the core is to know where the Supervisors stand with regard to Commission input. He said if it's pure dollars no matter what the harm, there is a problem – Will they act on the Commission's recommendations?
- Historically, it's been hard to get reliable information.
- Closing mental health beds – in fairness why not close other non-mental health hospital beds? The assertion there's a high cost of mental health beds at CCRMC. Other beds are costly, too. Why is mental health being singled out? It has been asserted that when 20 beds were closed, there was an intentional process to bring down the level to a lower number. The 10 beds won't be kept open. It's not fair to do this to the mentally ill. People at Nierika aren't near as well as they have been before, so are some of them who were in the hospital when the beds were closed being sent there? Some police officers don't want to take 5150's anymore because

they have a low level of admitting them to take care of them. Art said he'd like a history of how many are admitted between 2000 and 2005. Crestwood closed beds – how close are they to the type of beds they want at the PHF?

- The Commission is supposed to be looking at contracts...Because of limited beds, are the providers in the driver's seat?

Colette:

- The PHF will be contracted to a for-profit agency. Reassurances will be given, but the PHF agency will later say they can't make money so reassurances will go away. The 10 remaining beds at CCRMC will evaporate.
- Ensuring the quality of daily life for consumers
    - Nutrition
    - Safe housing
        - Internal – mold, etc.
        - External – safe to go outside
        - Accessibility to outside resources
            - Working with transportation to get a monthly pass for seniors/disabled

Peter said the Commission needs to see how to augment, how to improve their plan.

Dave:
The Commission is drowning in a tsunami of detail.
He said his interest is only the mental health system. He said it is a failure and essentially does not serve the people it's designed to.
This Commission should focus on telling each Supervisor the mental health system in this county isn't working, and hasn't been working for a very long time. There can and must be systemic change from the top down.

Annis:

- Son is getting services out-of-county because they are not available here.
- There is a need for major things to change.

Mariana spoke about being practical...reaching out to others who have similar concerns. Encouraged the Commission to be thoughtful about who to bring to the table. She added there is understandable frustration that is getting in the way of solving problems.

Brenda encouraged the Commission to focus on children and seniors. She mentioned the committee structure that used to be in place on the Commission and referenced Janet Wilson's letter to the Commission asking that committees be restarted.

There was discussion regarding the reason the standing committees were recessed and then not restarted.

Teresa:
Before listing her key issues, Teresa said she didn't mean to snap at Suzanne earlier.

- Bed count
- Quality of care

- Support of the PHF is not an issue – it shouldn't replace acute care beds – wants a more transparent process
- Commission needs to get beyond communication issues
- Out-of-county placement
- Objects to conversion of Crestwood from MHRC to board and care beds – it's against best practice to live in super board and care
- When we were at the OAC meeting we were re-educated on the term "two-tier" and the wording was changed to "multi-tier." Two-tier/multi-tier system creates haves and have nots.

Teresa went on to say she is concerned about getting all our work done. She said she enjoyed the standing committees but added we just don't have enough people and enough time. She said she can't attend any more meetings and added the Commission needs help from outside sources to get the work done.

Clare:

- Concerned about how diverse our county is and how to unify – each section of the county have totally different demographics. How to pull it together is a concern.
- Very concerned about the removal of acute care beds at CCRMC.
- Feels it's too much for our small group to do. Thinks the Commission needs to settle on 1 or 2 major things and see a result. Closing of the acute care beds seems to be a major concern for all of us.

Anne Heavey said she comes to the Commission meetings because it's the only way she finds out about information. She said she was shocked to hear what was said about NAMI and would like to see NAMI have other branches in this county. She added that transportation is a major issue and no one is listening.

Colette mentioned she had been going to the Operations and Scheduling Committee and have already accomplished getting transfer times increased. A little progress is being made.

At this point Peter asked that the time of this meeting be increased by 15 minutes. The Commissioners reluctantly agreed.

Suzanne said she was speaking from a different perspective than the Commissioners as she worked for County Mental Health. She said she was mystified about the direction things have gone. She said we all want to improve mental health services for the consumers in this county, but speaking personally, she said what makes it very hard is it feels like there's a growing "us-them" dynamic going on and the stronger that us-them dynamic goes, the harder it is for me to feel like there can be an open, interactive sharing communication about how to improve things because if you never know if you're going to be attacked or something you say is might be either misconstrued or taken out of context, it makes it difficult. Suzanne said sides are being drawn and it seems like it's getting harder and harder to come together and resolve things that we all want to resolve. She said she agreed that there were many things that could be done better, and there are a number of people that are being underserved, but it's hard when all that's being said is "It's all falling apart," "It's all horrible," and "It's totally broken" when I know

experientially there's that side, but there's also the other side. There are a number of people we are providing services to who feel we are meeting their needs, when it's all negative and no acknowledgment of any part that's going well, it's very hard to have a good, interactive process that leads to productive change between us. I get really dismayed because more that 50% of the people we provide services to our children. The children's experiences might not always line up with how adult experiences are, and she said she wished that was being brought into it also just to round perspectives out. She added that there's an inherent dynamic going on in dealing with consumers and family member perspectives. On the one hand, she said, wellness and recovery moves us to want to think about how adults can be served in less restrictive ways, and that is not always in line with how families see it. She added she comes from a hospital background so she can understand and appreciate that. But there's a dynamic going on here where part of the system is pushing one way and another part of the system is pushing another and how we reconcile those things. Speaking directly to Dave, Suzanne said, "Sometimes it's really hard, you say people shouldn't take it personally, and yet there are a number of us who work 10 and 12 hours a day because we are dedicated to trying to improve things, and when you're made to feel like your work is nothing, it's very hard to then say, 'Okay, so how can we work together on something'."

Peter responded that since we are on that subject of being personal and speaking from the heart, there are ways of taking comments, constructive criticism, these statements can be taken in a positive or negative vein, he believes Mental Health Administration needs to take a good look at what vantage point they're using.
Suzanne: "And how it's stated."
Peter disagreed, stating it wasn't necessarily how it's stated and even the way she was stating it right then. Peter said he hated to go through this in a public meeting, but he felt we started so he needed to make his feelings known. Peter said everybody there, including Suzanne, cares about the services we're providing our family members and other consumers. No doubt. But when you're working in a meeting in a working environment when you're on pins and needles and walking on eggshells thinking about how is it the other person is taking my comments...there are two sides to this story, that it wasn't just the people who are communicating the message, but the receiver of the message and the interpretation and actions that are taken by that message can also be pretty destructive as well. Peter went on to say that when this Commission requests reports and those requests are consistently dismissed, they're not provided, there is a point in time where the Commission says, "Why is that? Why aren't we getting that information? Is that information we're getting accurate?" Peter added that it wasn't that the Commission has issues with individuals, they have an issue with the problem of communication, and they all need to work on it and, he said, the door is open for us to do that. He added that it was a two-way street, though.
Suzanne responded by saying she thought they were really saying the same thing – that they want to move on and see how they can work together collaboratively.
Peter continued by stating that if something is promised to each other, it should be delivered. He gave as an example that Donna could not come into a meeting saying she was going to give them something and three months later not have given it. Even though there may have been good reasons for not delivering it, unless those reasons are

communicated to the Commission, the Commission doesn't know. He stated that Art's Workgroup had put in requests for information and his requests have been dismissed. Peter said that if we all really want to work on this, we all need to work on it together. He added that he didn't think anyone in this room was interested in making anyone look bad, but we need to both deliver on what we promise, and as long as we deliver on what we promise, we're going to be fine.

Peter addressed the issue of the standing committees, and said the work of the standing committees could be done without them being in place. He distributed copies of the Minutes from the Contra Costa County Mental Health Task Force, which he recently attended at the invitation of Cesar Court. He said it is basically a task force for older adults. He suggested the possibility of assigning a Commissioner to the MHTF, so this group could be the Commission's older adult group. He said we could also tap into a similar committee for children's issues.

An e-mail from Janet Wilson was presented. She expressed her thoughts regarding focus items for the Commission that included:

- Need to look at out-of-county placements for both children and adults and the impact it has on their families;
- Recommend having a patient's rights subcommittee on the Commission;
- Having something for the older adults who are underrepresented on the Commission.

Peter:

- His pet project is to develop a Task Force to identify what an ideal mental health system would look like
    - Look at continuity of care for all age groups
    - Target short- mid- long-term issues
    - Get the community involved in the process

8. Refine the Key Issues which the Commission will focus on over the next 7 months

- Workgroups – Capital Projects
    - Quality of Care
    - Beds
    - PHF
- Gaps in the System
- Contract Review
    - Level of service and services not rendered
- Police not willing to send 5150's to the hospital
- Two-tiered/Multi-tiered system creating have/have nots

Peter suggested looking at changing "gaps in services" to "quality of care." Teresa said she felt the W&I Code called for gaps in services to be identified. Teresa said she feels the Commission also needs to get back at looking at the age break-down groups. Peter said the Commission doesn't have the ability to do that and they need to reach out to the community to others to get help in doing that and then ultimately bring that information back to the Commission for recommendations. He asked if there was agreement in that type of approach

rather than having our own internal standing committees. John Gragnani's request for the children's committee to be reinstated was brought up, and comments were made that maybe he could help us and a representative from the Commission could go to his group. Teresa mentioned that this is what Sacramento County does. Regarding the Patient's Rights Subcommittee, Teresa said the Commission can't do it now; they can't keep fragmenting. Peter said other groups could do it and the Commission could get feedback.

Suzanne suggested interweaving patients rights into different age groups task forces/ committees. Brenda agreed this was a good idea. She added they just wanted to be sure that the issue of patients rights is always on the table.

Dave gave a statement defending his previous comments, saying when he was making a serious criticism of the system, what he said was system, not people. He said he admired and had affection for Donna, Suzanne and Vic, and added they were in the system as we are and added we fail to state it clearly and loudly, we are all slaves to political correctness which is tyranny with manners and we shouldn't tolerate it. He said the people in Mental Health Administration should be turning to the Supervisors and asking if they realize that essentially it isn't working. Dave added that we don't serve 25% of the mentally ill. He said the decision-makers will say they don't know because the Mental Health Administration isn't telling them, Dr. Walker won't tell them, we won't tell them because of political correctness. He concluded by saying he thought that was wrong.

9. **Public Comment**
   None.

10. **Evaluate retreat and adjourn**
    Due to the lateness in time there was no evaluation.
    A motion was made to adjourn. M-Pereyra; S-Honegger. Carried unanimously. The meeting adjourned at 7:34 p.m.

11. **Summary of Planning Session comments as summarized by Peter**
    - Cultural, Racial, ethnic, social group diversity
    - Supervisors position on Commission (Independent/Supportive)
        - Meet with our Supervisors
    - Information from MHA not provided and or can't be trusted
    - Deliver the message "mental health system in this county is not working" Systemic change is needed... System is in crisis...
    - Strategically engage with service providers and all stakeholders
    - Standing Committees or other
        - Focus of children and older adults (reconvene standing committees or engage with existing committees addressing this need.)
        - Patients rights (possibly have each committee representing the each age category focus on this independently)
    - Quality of care
        - Contract review
        - Are the Contract providers making decisions on level of service and what service
        - Police – not willing to take 5150s to the hospital

    - Two-Tier vs multi-tier System to be politically correct (haves and have-nots)
        - Cadillac services for some while lower care for others
- Beds
    - Justification on the closing beds
    - Out of county placements due to the loss of beds
    - People pushed to lower level of care
    - Different level of care at CCRMC that is no longer there
    - Bed count
    - 10 remaining beds may be going away due to economies of scale (Acute care beds)
    - Nierika House
        - People are much worse off because their care was downgraded
- PHF
    - PHF – Assurances are given but later changed because of cost
    - Express the real worries of the PHF
- Ensuring good quality of life for consumers
    - Picking safe (internal and external)
    - Picking accessible outside resources (transportation and services)
    - Picking quality of housing
    - Subsidized transportation costs

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