CONTRA COSTA
HEALTH SERVICES

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CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION

The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

Thursday • July 9, 2009 • 4:30-6:15 p.m.
Concord Police Department Community Room • 1350 Galindo Street • Concord

The Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Executive Assistant at least 48 hrs. prior to the meeting at 925-372-4439.

AGENDA

Public Comment on items listed on the Agenda will be taken when the item is discussed.

1. 4:30 **CALL TO ORDER / INTRODUCTIONS**

2. 4:35 **PUBLIC COMMENT.** ***[First 5 Submitted]***
The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.

3. 4:41 **ANNOUNCEMENTS**

4. 4:45 **CHAIRPERSON'S COMMENTS – Peter Mantas**

5. 4:50 **REPORT: HEALTH SERVICES DIRECTOR – Dr. William Walker**

6. 5:05 **REPORTS: ANCILLARY BOARDS/COMMISSIONS**
No Reports – (10 minutes allotted for quick updates if needed)

7. 5:15 **COMMITTEE / WORKGROUP REPORTS**

ACTION

a. Capital Facilities and Projects Workgroup – Art Honegger, Chair
   1) Follow-up on MHC letter to BOS requesting that the public hearing process be restarted.
   2) Present observations from Consumer and Family Focus Groups held by MHCC
   3) Workgroup has not received information requested from MHA
      a) Outline options considered before the selection of the current PHF plan selection
         i. What were the options?
         ii. When were they provided to MHC and Public?
         iii. Where were they provided to MHC and Public?

b) Responses to unanswered questions from the Commission and Workgroup letters and Focus Group Reports.

4) MHA Report presented by Dr. William Walker
5) Analysis of gaps by region to determine greatest need for Capital Funds?
6) Discuss immediate need for alternative Voluntary/Involuntary assessment procedure.
7) Conduct a Special Commission /Town Hall Meeting in September 2009 on the issue of the PHF and alternatives.
8) Letter to Board of Supervisors stating the following position:
   a) Maintain our current position until the proper public hearing has been conducted.
   b) The project should not be approved by the Board of Supervisors.
   c) Commitment on keeping all 20 beds on 4C regardless of Pavilion (PHF) construction.

8. 6:00 **FUTURE AGENDA ITEMS**

Any Commissioner or member of the public may suggest items to be placed on future agendas.

a. Suggestions for August Agenda ***[CONSENT]***
   1. Update on the Conservatorship Program
   2. SAMHSA Grant – Dr. Ferman

b. List of Future Agenda Items:
   1. Case Study
   2. Discussion of County Mental Health Performance Contract & Service Provider Contract Review
   3. Presentation from The Clubhouse
   4. Presentation from the Behavioral Health Court
   5. Follow-up report on the Behavioral Health Court's grant application.
   6. Discuss MHC Fact Book Review Meetings with Appointing Supervisor
   7. Creative ways of utilizing Mental Health Services Act Funds
   8. TAY & Adults' Workgroup

9. 6:10 **PUBLIC COMMENT.** ***[Remaining]***

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10. 6:15 **ADJOURN MEETING**

The next regularly-scheduled meeting of the Mental Health Commission will take place August 13, 2009.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 72 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours.

WILLIAM B. WALKER, M.D.
Health Services Director
DONNA M. WIGAND, L.C.S.W.
Mental Health Director

CONTRA COSTA
HEALTH SERVICES

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June 26, 2009

MEMO TO: Peter Mantas, Chair, Mental Health Commission and all Mental Health Commission Members

FROM: Donna M. Wigand, LCSW, Mental Health Director DMW
BY: Sherry Bradley, MPH, MHSA Program Manager

SUBJECT: CSS 08/09 PLAN UPDATE

Dear Mental Health Commission Members:

Subsequent the Mental Health Commission Special Meeting of April 29, 2009, during which the Public Hearing was conducted regarding the Draft CSS 08/09 Plan Update, my staff conducted an analysis of the public comments received during both the public comment period and the Public Hearing. As per State DMH Information Notices No. 08-10 and 08-16, staff added to section H the documentation of the local 30 day review process per Section 3315(a) of the CCR's. The information contained within that section included multiple attachments and references, including items specifically requested by the Mental Health Commission. A complete copy of the draft CSS 08/09 Plan Update is attached, along with copies of all attachments.

Staff also communicated frequently with the CSS Review Team at the State Department of Mental Health regarding the status of draft CSS 08/09 Plan Update.

As a result of an analysis of all of the public comments received, there were no substantive changes to the draft CSS 08/09 Plan Update. However, the draft plan did include an expanded reference to the Housing Coordinator's role as well as the Housing Specialists. In and of itself, this was not considered by State DMH a "substantive change" to the draft plan which had already been circulated, since the language added didn't change the Housing or System Development Work Plans which had previously been approved as part of the original three-year plan. In addition, the Administrative Budget was reduced considerably (by $800,000) with the dollars shifted to provide more housing availability through master leases/vouchers. This was also not considered a substantive change, since it was necessary to achieve the goal of Administrative costs not exceeding 15% of the total of all of the approved Work Plans.

In consultation with State DMH and inquiry of the fiscal resources at the state level, it was learned that all of Contra Costa Mental Health's MHSA funds (approved plans for P&EI, WE&T, Innovation Planning) have not been released because the 07/08 Revenue & Expenditure Report will require modification, and that modification was pending submittal of Fiscal Year CSS 08/09 Plan Update. In other words, no MHSA funds were being released to Contra Costa County due to the pending status - State DMH had not yet received/approved the CSS 08/09 Plan Update.

As a result of the State's current budgetary situation, and the possibility that cash flow from the State to counties will be impacted effective 7/1/09, the draft CSS 08/09 Plan Update was submitted on June 10, 2009, to the State Department of Mental Health for their review prior to June 30, 2009.

We are aware that the Mental Health Commission at its meeting of 4/29/09 recommended approval of the draft CSS 08/09 Plan with conditions. Those conditions are not specifically related to the CSS 08/09 plan itself, therefore the draft plan was submitted in order to meet the June 30th deadline in order to have the funds released for this fiscal year.

CCMH has, however, continued to evaluate and meet those conditions, as follows:

1. The composition of CPAW has been analyzed, and CPAW determined that there is currently balanced representation of consumers and family members. CPAW will be discussing future recruitment, and has also adjusted its charter to be sure that there is balanced consumer and family member representation.
2. CPAW determined there is strong involvement of consumers and family members, but will put emphasis on future recruitment of consumers/family members, as well as other targeted membership (under-represented cultural communities).
3. Mental Health Administration is developing quantitative and qualitative analysis of MHSA program performance not only through existing measures (mandated by State DMH), as well as to develop and enhance its current Quality Improvement Plan for presentation to stakeholders by August 1, 2009, as requested by the Mental Health Commission. In addition, CPAW appointed an Ad Hoc Data Committee to review all of the existing FSP and System Development reports and outcomes currently available. They will be making recommendations to CPAW regarding the data they review.
4. All comments from the Mental Health Commission meeting of April 29, 2009, were treated as substantive comments, and these comments were addressed (see the attached summary of public comment/responses), and were included in the draft CSS 08/09 Plan Update submitted to State DMH. However, subsequent the analysis of the public comments received during the public comment period as well as the Public Hearing, no substantive changes were made to the draft CSS 08/09 Plan Update.

As a result of submitting the draft CSS 08/09 Plan Update to the State during the current fiscal year, Contra Costa Mental Health was notified via letter from State DMH dated 6/24/09 that the plan update was approved, and it is the intent of State DMH to release funds from the MHSA component planning estimates in the amount of $16,233,100.

We know that you will be as pleased as Contra Costa Mental Health in celebrating this accomplishment. It is also hoped that commission members will continue in the ongoing stakeholder planning process as we plan for MHSA 09/10 plan updates.

Sincerely,

Donna M. Wigand, LCSW

Donna M. Wigand, LCSW
Mental Health Director

cc: Deputy Director
Mental Health Program Chiefs
MHSA Staff
Julie Freestone for Dr. Walker's Office
Dorothy Sansoe, Senior Deputy-CAO

Family Focus Group---@MHCC, Concord, 6/22/09

A focus group was held by invitation for families of consumers who visit the center at 2975 Treat Blvd. Most of the family members who came to the meeting did not know what it was about or that a new Pavilion was being proposed.

Suzanne Tavano gave a brief overview of the proposed Psychiatric Pavilion. Most of the discussion that ensued was about problems with supports and services in the community; with considerable discussion of the decline in service and ease of facility use with the newer CSU vs the old PES model when patients arrive at the hospital ER.

Suzanne explained that opening the new beds would not cause an increase in costs but would increase the number of beds available. Funding for running the facility would come from billable services. There was much discussion about the new CSU and how traumatic it is for psych patients to go there for services at a time of crisis in their lives. One mother stated, "You wait and wait and wait..." and described the facility as chaotic. Once inside the treatment area of the ER, there is no sequestered area for psych patients while they wait again to get moved either upstairs or to another facility.
Suzanne stated there would be no waiting at the new facility. People would be assessed when they get to the facility and those needing care would get moved right into the proper area immediately.

One of the positive comments included placing an advocate at the proposed facility to assist consumers and families who are new to the system of care.

- Information on benefits including Social Security, MediCal, etc.
- Educational pamphlets
- Links to support groups, consumer groups, and NAMI
- After-care instructions
- Information relating to transition back to the community

In addition there were comments that this new facility had to be better than what exists now with CSU. However, there was no time to discuss ways to resolve the problems that currently exist with CSU now.

Negative comments included :

- Facility not big enough to serve a county of this size
- Transportation is problematic for consumers attempting to get there
- Transportation is problematic for friends and family attempting to visit
- There is a need for this type of service in 3 separate regions of the county

Annis Pereyra, Mental Health Commission, District 2
June 22, 2009

MHSA Community Input Meeting, June 29, 2009, Pleasant Hill

Donna gave a brief status report:

- TAY has been decreased from 135 to 90 because of lack of housing
- Housing capacity for MHSA FSP = 125, served by $1.5 Million + other
- MHSA FSP Outcome data is being reviewed by: 1) key event tracking form 2) ad hoc committee review where pre and post enrollment will be reviewed quarterly---this process will take 3 years as it will eventually include statistics from 1 year pre-enrollment, 1 year of service as an FSP, and then 1 year post. The first analysis found a decreased rate of re-hospitalization among FSP

Comments from the floor:

- Mother reported he daughter felt threatened by males at Neirika house therefore a 5150 was required to remove her to put her into other care
- Brenda reported females are sometimes fearful at night in independent living and that there are people in various states with their mental health issues which requires and assortment of housing
- A FSP expressed discomfort with treatment by others in his housing unit but stated that Rubicon helped him deal with people calling him names, etc. He said that being a FSP, he have received everything that he needed
- *** Karina Foote mentioned Alameda County post-hospitalization transitional housing
- Brenda mentioned a need for increased services to help with self-sufficiency in independent living. When asked how this could be accomplished she stated there needs to be an increased funding of MHCC
- A mom of a client made comments about housing clients out of county, too far from home for family visits. She stated that she couldn't finish her work shift and make it up to Angwin during visiting hours.
- Karina made the comment that a heart attack patient doesn't get shipped 2 hours away for treatment, so why do we allow this to happen for mental health clients?

Donna gave an overview of the Capital Facilities project:

- Currently have 23 locked beds inside CCRMC with overflow to contract hosp.
- CSU is the locked part of ER where 5150's received, triaged after entering ER and then moving to CSU and then to the locked ward. The old PES was thru a separate entrance, and clients didn't go thru ER, where they now receive a medical evaluation to clear them before going on to the inpatient ward.
- New Pavilion will be an **Assessment and Recovery Center (ARC)** consisting of 24/7 center, a PHF, and a crisis residential center. The PHF, a locked facility, will house those with NO co-occurring medical problem that is acute or serious. The beds on 4c at the CCRMC will be retained and will treat those that are frail, in need of alcohol or drug detox, or with medical problems. 4c will also serves as overflow when beds in the PHF are full, and in addition, the contracts with outside hospitals will be maintained.

- Currently, CSU admits approximately 20 clients/day. This # is projected to stay the same.

Questions from the floor with answers:

- How often & how are you going to measure effectiveness?? Response was that there will be performance outcomes with strict monitoring. 3 things that service providers will need experience with are 1) co-occurring modality 2) cultural competency 3) ability of staff to look at clients and see what this staff can do to assist the client in recovery by having new ways of looking at people to meet individual needs
- Why not have the PHF within the hospital? A PHF is a wellness and recovery model which is different. We the old PES there was a multi-disciplinary team but not with the current CSU. By having a PHF, we would be going back to providing a multitude of services which would be better for our clients
- What assurances do we have that 4c will remain open? BOS has been briefed and agreed to leave 23 beds at 4c open. The decision is not up to MHA and community needs to get assurances from BOS that this will happen. **IF** after opening the Pavilion, the beds on 4c are not filled to capacity, then the BOS may close the beds at CCRMC.
- Are you looking at providing the same level of skilled and licensed staffing at this new facility? **ABSOLUTELY!** It will be staffed with full-time psychiatrists, RN's, and it will look more like a psychiatric, multi-disciplinary team
- Consumers and Families need help in understanding services available, and also need help with SS paperwork, enrollment, etc. How can this be facilitated? Comment from the floor mentioned a consumer sponsorship program modeled after AA where there would be support for new consumers from their peers

Annis Pereyra, Mental Health Commission, District 2
June 29, 2009

Report by Teresa Pasquini
Mental Health Commissioner
District One, Contra Costa County

June 24, 2009

RE: **Consumer and Family Focus Groups on proposed Capital Facilities Project at 20 Allen in Martinez, CA**

I attended the following Focus groups hosted and facilitated by Brenda Crawford, Executive Director of Mental Health Consumer Concerns:

Consumer Focus Group-West County June 12, 2009
Family Focus Group-Central County June 22, 2009
Family Focus Group-West County June 23, 2009

At all three groups, Suzanne Tavanno, Deputy Mental Health Director, provided an overview of the 20 Allen Pavilion Proposal, sharing a history of the CCRMC conversion from the old PES (Title 9 Recovery Model) to the current CSU (Medical Model). She referred to the CMS audit that led to the closing of 20 inpatient beds and the Federal/State Mandate to convert the Psychiatric Emergency Unit (PES) to a Medical Model. She explained that the Hospital Administrators concluded that the PES was part of the hospital and should therefore be under the Hospital Administration and not Mental Health Administration.

Suzanne stated that the proposed Pavilion would offer a multi level; multi disciplinary approach that would be more Wellness and Recovery based then the current hospital system in the ER, CSU, and 4c. She stated that this would allow for more flexibility, more cost effective services, increase the number of beds, and allow for transition from more restricted care to least restricted care in close proximity to the County Hospital.

Suzanne's presentation did **not** include a cost for the project, funding options, or alternatives. There was no mention of any potential controversies or limitations on the delivery of acute services in a PHF run by a for profit company. There was no mention that the county will lose control over who gets admitted, discharged, how, and when. There was no mention of the lower staffing levels and training requirements and the associated risks. There was no mention of the lack of available pharmacy services. There was no mention of the challenges that many consumers and families would face in accessing these services.

I commend and appreciate the efforts of Brenda Crawford and her staff to provide this community service by conducting these focus groups. The groups were originally intended to capture comments from those consumers who are using MHCCs services. Brenda referred to them as a "snapshot" of the community. The Family Focus Groups were added in an attempt to reach out to the family members of MHCCs consumers, not the full community.

I believe that it would have been helpful to have had a Consumer Advocate such as Janet Wilson, Veronica Vale, Connie Steers, or Collette O'Keefe present to balance the presentation, from a consumer perspective. Someone who has been 5150d, sought voluntary services, admitted to a Psychiatric Health Facility, discharged to a Crisis Residential Facility, or discharged to the care of a family member. It may have been helpful for the consumers to hear the perspectives of their Peers and not just Administrators.

I found the West County Consumers (8 were present) to be delightful and very forthcoming with their opinions. They were also painfully honest about their experiences in the CCRMC ER, CSU and 4c. Their overall comments were positive about the proposed Pavilion. There seemed to be consensus on the need to offer an alternative to what was considered to be an undignified, embarrassing, and non therapeutic procedure, for assessment, in the CCRMC ER. The delays in ER, delays in transferring to the CSU, and the chaotic environment, in the ER, were stressful. One consumer was left waiting 3 hours in a triage area and was not even checked in, even though she had arrived by ambulance.

One of the West County Family members (5 were present) had a recent experience in the CCRMC ER, during a heart attack. Her nine hour stay in the ER gave her a first hand glimpse of the chaos that both the psychiatric patients and medical patients can experience. She witnessed a forced take down of a consumer, by sheriff deputies, which was upsetting as a cardiac patient. She also heard a young suicidal woman screaming for medical attention. She commented on the professional efforts of the ER staff, but also her concern for everyone being subjected to mass confusion.

Based on the comments of both Consumers and Family members, at these focus groups, I have grave concerns about the current psychiatric assessment process at CCRMC. While I understand the constraints of Title 22, I believe the Commission should take immediate steps to communicate our concern for the current assessment procedure. I would recommend that the Capital Facilities group request a meeting with Hospital Administration to determine if there might be a solution to these issues. I suggest that alternative crisis and 5150 procedures be developed for each county region, immediately. Even if the Pavilion is approved, the current procedure must be reviewed and improved during the interim construction period. I would like to note that Suzanne Tavano also expressed that she would be discussing some of these concerns with the Hospital Administration.

Some of the obstacles mentioned by both Consumers and Family members were the following: Transportation which would make access difficult for East and West, not big enough to serve the entire county, institutional setting for the Crisis Residential Facility, and no space for outdoor activities. The financial crisis of the State and County were also mentioned as a reality that might make this project unrealistic.

Recommendations:

I would like the Commission to consider the following questions regarding the Focus Groups:

1. What was the process for developing the format for the Focus Groups?
a. Did MHA consult with the MHC on this process?
b. Did MHA consider attending local support groups, the NAMI General Meeting, or Family to Family classes for family input?
2. How and where did we promote the focus groups?
3. Did everyone attending understand how the Pavilion would be funded and sustained?
a. Was there a clear understanding what the $25 million was going to be used for?
4. Were there any options provided in lieu of the Pavilion? If so, what were the options?
5. Do you consider these focus groups to be inclusive and representative of the three county regions?
6. How will the results be quantified and analyzed? Will the Mental Health Commission be included in an analysis of the results?

Alternatives were not properly and publicly considered. I believe there are alternatives that would be progressive and provide clinical, therapeutic, and rehabilitative options, to the current plan. There may also be alternatives that are more cost effective. I believe the public forums and focus groups have been led to favor this pavilion.

I would like to suggest that our workgroup request a meeting with Dr. Walker, with the Commission's approval, to discuss our concerns. We should include examples of other counties practices for vetting MHSA Capital Facilities dollars. I do not believe that there was sufficient outreach, to families and consumers or community members, on the Capital Facilities Proposal. The process should have started with these focus groups and the planning built upon those concepts, developed jointly with the Administrators and the community. This is the true intent and promise of MHSA.

I believe the Capital Facilities Workgroup should present our findings, to the full commission, and allow them to formulate recommended next steps. My suggestion will be to continue with the current commission position, which is that the project should be held until a more comprehensive stakeholder process is conducted, which includes a full public analysis, of the system of care and gaps, in each region. That analysis should be completed under the current fiscal climate that exists in the State and County.

We might also recommend that the Commission hold a Special Town Hall Meeting, which will include Hospital Administrators, Finance, Mental Health Administrators, Line Staff, Community Partners, Consumers and Family Members, to allow a truly full and inclusive public hearing on the Capital Facilities Proposal. The Commission should be in control, of the process, and ensure that it is comprehensive and fair.

Consumers are not being treated with dignity under the current hospital medical model. It must be corrected and the Commission should help make that happen. Quality of Care both now and in the future must be addressed.

NOTE:

The Public Forum, held in San Pablo, for West County, included a Power Point on the Capital Facilities Proposal. The Power Point claims that the Pavilion will be accessible through a bus line. I noticed the large number of providers, staff, and consultants in the audience and requested a hand count of the number of West County Residents present. Of the approximately 30 people, **only 6-8 people were actual residents of West County**. Also, there were three consumers who spoke and stated that they **had been asked to come and tell about how their experiences have been in the MHSA programs.** These consumers were so appreciative and grateful for their opportunities and progress, as a result of their program affiliations. They offered very positive comments. There were no comments about the Capital Facilities Project, from these consumers.

I would like the Commission to remember that there are three West County consumers who were not able to tell about their MHSA experiences because two of them died, during a 5150, and another one was murdered, last year. Their stories should be told, as well.

Mental Health Services Act Community Input Meeting
June 29, 2009

Key concerns voiced by family and consumers not already documented in earlier forums:

1. There is an intensely critical need for crisis residential and transitional housing throughout the County (the former can be addressed by MHSA Capital Funds).

2. After a patient leaves the hospital, by and large they "fall off a cliff." There are no support services for most of them, which results in an endless recycling back to the hospital.

3. Many participants had sons and daughters "bumped" out of recovery facilities after a short time because of an influx of new residents. The fortunate ones have families able to back them up; most of the rest are back out on the street – homeless.

4. It takes three months to be assigned a psychiatrist.

5. Recovery facilities could be vastly less costly than the $25,000,000 proposed pavilion, and could be geographically situated in regions of the County now bereft of facilities. (The cost of the pavilion proposal was never mentioned by County staff, but is widely known through the "grapevine").

MHCC Consumer and Family Input forums on Psychiatric Pavilion, June 18 and June 30, 2009

June 18

Susanne gave a brief presentation of the Psychiatric Pavilion. She stated that this is a "possible project...depending on community feedback....if this happens."

Brenda facilitated a discussion with a broad range of questions for the consumers such as: "what has been your experience with CCRMC?"; "How would this new facility help you with your recovery?"; "What services would you like that you are not getting now?"

The consumers voiced some needs such as needing a case worker; would like to see a psychiatrist more often; would like help with an individual recovery plan; need job training.

Additional question: "What barriers are there that would prevent you from using this service?" Response was that if someone needed immediate help, such as running out of meds, episode coming on, etc. transportation is a problem.

The question was asked, "If a consumer needed urgent help, how would the transportation problem be fixed?" There was no answer to that question.

If immediate services are needed, could there be services provided locally? This was a question several participants asked.

June 30

There was one consumer from Pittsburg in attendance and one room and board owner. The remaining 6 at the meeting intended for family member input were County staff, and myself, Art Honegger.

The staff managing the Antioch MHCC Wellness and Recovery center were terrific dedicated people, making the best of a tough situation. One of them stated that only about 3 out of 25 consumers have family support. Many of the rest are homeless.

I had called the Adult facility in Pittsburg on the previous Thursday, and they did not know about the meeting so they couldn't get the word out in time.

The most cogent comments were that facilities were sorely lacking. The local shelter has a 30 day limit, then back out onto the street.

Contra Costa County
Mental Health Commission Capital Facilities Workgroup
Art Honegger, Chair

Information required of Mental Health Director
All responses in writing, and delivered to Workgroup members prior to the June 15th 2009 meeting

1. a) Written responses to the February '09 letter requesting information.

Related question: What is the source of "CSS" funds shown in the "Preliminary Revenue/Cost Estimates" document? It isn't from current CSS funds as none have been earmarked for this purpose. Future CSS funds can't be committed since not yet subject to public input.

What is the documentation of discussions of these CSS funds? What meetings were held in which this was discussed, when were they held, and who was in attendance?

b) Responses to the six questions in the March '09 letter requesting information.

2. Provide copies of all bids submitted by contractors (we understand that there were five responses).

3. In the February 25, 2009 "stakeholder" meeting, Susanne Tavano promised to provide information regarding "quality improvement" on consumers recycling through the CCRMC. This information (never received) was to included the % of consumers passing through the CSU that are discharged, to what locations they were discharged, and the % of patients not getting into follow up care (use calendar year 2008 or a similar recent time period).

Susanne also advised that alternatives for Capital Projects came from thousands of pages from the stakeholder processes, and Sherry went through all of the needs derived there from. Input of this magnitude could only be referring to the original stakeholder groups of five years ago. Where is the analysis of this exercise? Where and when were meetings held to digest these needs and suggestions, organize them, develop pros and cons, cost comparisons, etc.? Who was in attendance? Where is the written documentation of these meetings? The MHC was not involved in this – why not? Where is the written comparison of the various needs?

4. a) Why are the June Community Input Meetings not soliciting alternative uses of Capital Facilities as promised at the May 28 MHC meeting, and on several other occasions dating back to January 2009?

b) Why was the Feasibility Report just now received when it was produced in November of 2008? Teresa has been requesting this document for many weeks, and it just now got to us only after Peter Mantis requested it from General Services.

c) Has the 20 Allen parcel been purchased? If so, when and how was this decision made? Who was in attendance? If the decision has not yet made, how will the MHC be involved in the decision?

Conversation with Donna Wigand on her June 18, 2009 phone call to me

On June 18, 2009 I called my District 5 Supervisor, Federal Glover. I told him how frustrated and angry I am about being rebuffed again and again by Mental Health. Donna had cancelled the June 8, 2009 meeting with the MHC Capital Facilities Work Group. This is a meeting which she herself had requested at our May Mental Health Commission meeting. No replacement meeting time was offered.

Donna called me within an hour of my conversation with Supervisor Glover to say that she would like to meet with me and Federal Glover "to answer all of our questions." She indicated that she would not do this in the presence of the full Mental Health Commission, and would not agree to include certain members of the Commission in a meeting with Supervisor Glover.

I told her that before we even think about such a meeting, would she first answer the questions and provide documents as outlined in our 4 or 5 questionnaires requesting such? She responded tepidly, "I could try."

But she said that I should first carefully re-read the 5 or 6 page Feasibility Report of April 2009, as it has the answers to all or most all of our questions.

I did re-read that report, and aside from the financial information, it leaves the vast majority of our questions and requests unanswered. I tossed the ball back in to her court, and emailed previously issued documents with our questions and requests for documents. I told her I would arrange a meeting with Supervisor Glover after she provides the information requested.

During our phone conversation I asked when any other options for the Mental Health Services Act Capital Facilities funds were discussed and compared. She said these alternatives were reviewed at a Mental Health Commission meeting in April of 2008. I asked what the other alternatives were, and she responded "not much." I have the minutes of the two April meetings, and no such discussion took place.

Supervisor Susan Bonilla

Re: Our letter of May 6, 2009

Dear Supervisor Bonilla:

We are following up on the communication we sent to the Board of Supervisors in May regarding the re-start of the community input process on the Mental Health Services Act Capital Facilities funds.

At the Public Hearing on this program on January 22, 2009, many of the participants asked for an opportunity to explore other desperately needed alternatives for these funds. The Mental Health Director assured us that the Psychiatric Pavilion was not a "done deal" and that there would be upcoming consumer and family forums in which other projects would be considered. This assurance occurred several more times in the ensuing weeks.

Additionally, the vast majority of questions and requests for documents since January remain unanswered. The Mental Health Department treats us all with contempt.

The currently running community input meetings in no way solicit alternatives to the Psychiatric Pavilion. This was a clear opportunity for the Mental Health Department to collaborate with the Commission in the development of the focus group process they chose not to. The participants of these focus groups are by and large people associated with MHCC and not the broad community. Furthermore, during the consumer focus group meetings a number of clients started their comments by "I was told to say". It is no more than a carefully controlled and orchestrated charade and is an insult to all citizens of this county and the Mental Health Commission.

We eagerly await your urgent response.

Sincerely,

Peter Mantas
Chair, Mental Health Commission

CC: all original recipients, including Dr. Walker