



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.

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
Thursday • August 13, 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**
Include brief introductions of New Commission Members who wish to share their goals with the Commission.
2. 4:45 **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. 4:50 **ANNOUNCEMENTS**
September 3rd at 4:30 pm MHC Special meeting
September 30th at 4:30 pm Possible Town Hall meeting
4. 4:55 **APPROVAL OF THE MINUTES**
ACTION **June 25, 2009 MHC Monthly Meeting**
ACTION **July 9, 2009 MHC Monthly Meeting**
5. 5:00 **VICE CHAIRPERSON'S COMMENTS – Teresa Pasquini**
ACTION
 - a. CiMH Training for Commission
 - b. Kaizen 3 Event at CCRMC
6. 5:15 **REPORT: CONTRA COSTA HEALTH SERVICES MENTAL HEALTH ADMINISTRATION – Donna Wigand**
 - a. Budget update



7. 5:30 **REPORTS: ANCILLARY BOARDS/COMMISSIONS**

ACTION

- a. Mental Health Coalition – Teresa Pasquini
Approve DRAFT-Talking Points for Coalition Members.
- b. Hospital Community Forum
Assign representative – Colette O’Keeffe, MD
- c. Human Services Alliance – Mariana Moore
- d. Local 1 – John Gragnani
- e. Mental Health Consumer Concerns (MHCC) - Brenda J. Crawford
- f. National Alliance on Mental Illness (NAMI) – Al Farmer
- g. MHSA CPAW – Annis Pereyra or Teresa Pasquini

8. 5:45 **MHC COMMITTEE / WORKGROUP REPORTS**

ACTION

- a. Capital Facilities and Projects Workgroup – Art Honegger, Chair
 - Discuss Commission position and direction for Special Commission Meeting on September 3, 2009, including strategy for advertising this meeting to the public. Report on and clarify the BOS position, as stated at July 20, 2009 Family and Human Services and Finance Committees.
 - Hear Comments from Donna Wigand on Capital Facilities issues.

ACTION

- b. Commission Workgroups updates/assignments.

9. 6:00 **SPECIAL REPORTS**

ACTION

- a. Mental Health Services Act Update – Sherry Bradley
- b. Advocacy Issues – Sherry Bradley

10. 6:00 **FUTURE AGENDA ITEMS**

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

- a. Suggestions for September Agenda [**CONSENT**]
- 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. SAMSHA Grant
 10. Conservatorship Issue

11. 6:10 **PUBLIC COMMENT. [*Remaining*]**

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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.

12. 6:15 **ADJOURN MEETING**

The next regularly-scheduled meeting of the Mental Health Commission will take place September 10, 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

**CONTRA COSTA MENTAL HEALTH COMMISSION
JULY 9, 2009
MINUTES -- DRAFT**

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Commission Chair Peter Mantas at 4:37 p.m. with a brief reminder to turn off electronic devices.

Commissioners Present:

Supv. Mary Piepho
Clare Beckner, District IV
Dave Kahler, District IV
Colette O'Keefe, M.D., District IV
Floyd Overby, M.D., District II
Annis Pereyra, District II
Anne Reed, District II
H. Scott Nelson, District III
Teresa Pasquini, District I
Peter Mantas, District III
Art Honegger, District V
Bielle Moore, District III

Attendees:

Connie Steers, Patients' Rights/MHCC
Dr. William Walker, CCHS
Julie Freestone, CCHS
John Gragnani, Local 1, Mental Health Coalition
Suzette Adkins, Supv. Bonilla's Office
Mariana Moore, Human Services Alliance
Sam Yoshioka, Public
Christine Wampler, Public

2. PUBLIC COMMENT

Connie Speers expressed consumer concerns of survival during their wellness and recovery because of SSI and Medi-Cal cuts. Because of her involvement with NAMI she is aware of requests for money to help consumers get to the end of the month. There is no longer any dental, vision or foot care funding. MHCC is aware of the situation. Chair Peter Mantas reported that the Commission will see if there is anything they can do to help.

3. ANNOUNCEMENTS

- Peter Mantas announced the Mental Health Consumer Concern's upcoming Open House on July 23.
- Both Dave Kahler and Peter Mantas were reappointed by the Board of Supervisors at their last meeting. Teresa Pasquini will be reappointed at the BOS meeting on July 14.
- Peter Mantas circulated a paper with the different Commission work groups. He asked each Commissioner to pick at least one work group. General public are welcome to sign up also.
- One interview has been conducted for a replacement for Karen Schuler (former secretary to the Commission). Outcome was not favorable for the Commission's needs, so the search continues.
- Dave Kahler and Anne Reed are recording the meeting today and Clare Beckner is acting as secretary.
- Thanks to Julie Freestone and Sherry Bradley and their staffs for getting out the materials for today's meeting.

4. CHAIRPERSON'S COMMENTS - Peter Mantas

- There has been a question expressed on whether Teresa Pasquini can vote during this meeting or not because her term as Commissioner has expired. Peter Mantas researched and found that on June 22, 2006 a Commission meeting was held and Commissioners Miller and Kahler were both up for reappointment and they were officially reappointed on June 27, 2006. They were both listed as Commissioners in the minutes and participated in the voting. There is a long standing precedence set for Commissioners that are reappointed to continue in their position while the process is progressing. Peter said he will not be the first Chair to break that

precedence. Supervisor Mary Piepho commented that even without Teresa's vote there would be a quorum for today's meeting. She did not see a problem with today's meeting.

- Peter next talked of a "time of reset". He brought to all of our attention that we need to trust each other and the process--even if we disagree on an outcome. Stay focused and attentive in reaching goals: transparency of the system, transparency of our work, accountability of everything we take on, taking care of the people who do not have a voice--the consumer, especially those that have a serious mental illness. That is what we are here for. Peter thanked everyone for listening.

Supervisor Piepho commented she is honored to be part of the MHC. She remarked that relationships and communication are important; reminding us of the mission of the Commission as stated on top of the letterhead. The Mental Health Commission needs to focus on our role as mandated by the state.

5. REPORT: HEALTH SERVICES DIRECTOR - Dr. William Walker

Dr. Walker started by mentioning that Donna Wigand was in Sacramento working with the Mental Health Association. Funding for the MHSA will be delayed by a month, probably receive it in September.

- Managed care allocation funding (private hospitalizations and etc.) will be cut in half. Mental health directors are asking for clarifications. Federally required services are primarily for in-patient hospitalization, urgent care and 2 out-patient psychologists--will not cover out-patient services. Counties do not know yet whether the state is going to require them to continue providing benefits without the federal money.
- 3632 Funding for children (developmental & mental health issues): State is deferring funding by a year. Currently Contra Costa Co. is involved in a lawsuit against the state regarding (along with Sacramento, San Diego, and Orange Counties) whether to give this program back to the state. Dr. Walker will talk to the BOS on this issue to see how to proceed.
- Department of Health Care Services of California have stopped Medi-Cal payment for all medically related ancillary services--lab, radiology, pharmacology for all IMD (Institute for Mental Disease locked facilities throughout state) patients. IMD providers will pay for these services and then will be reimbursed by county.
- Positive happenings are that the EPS (mental health counseling for kids) fees will not be cut to counties. This amendment will allow the counties to bring in more money by expanding SMA. This will have to be approved by the federal government and the process is currently moving along nicely.

Dr. Walker wanted to share two suggestions he got from his staff on what the MHC could advocate for: transportation and housing. SSI diminished funding compounds the problem of housing and transportation. Should be at the top of the MHC agenda. Recognizes there are limitations on how MHSA money can be used for housing. Transportation resources are being scaled back and fees have been increased.

Dr. Walker lastly recognize Dave Kahler and Teresa Pasquini who will be participating next week in a group to see of ways for the better running of the county hospital, stressing efficiency, safety and putting patients first. This effort is based on the Toyota management system applied to health care systems.

Chairman Peter Mantas referenced Dr. Walker's comments on advocacy asking Dr. Walker for his support in pointing the Commission in the right direction as to who on his staff would be helpful with our target areas of housing and transportation or where to go in Sacramento to advocate. Has the Commissions support of 100%.

Connie Speers asked about the IMD cut backs on lab tests, in particular for certain medications that require blood draws. According to Dr. Walker if the client is not hospitalized, these necessary lab tests would not be performed because there would be no funding from Medi-Cal.

6. REPORTS: ANCILLARY BOARDS/COMMISSIONS

- Mariana Moore--no report.
- John Gragnani--10% reduction of Medi-Cal reimbursement was defeated in court today.
- Teresa Pasquini--no report for CPAW because the meeting was cancelled.

7. COMMITTEE/WORKGROUP REPORTS.

- **Capital Facilities**-Art Honegger. According to Welfare & Institution Code some of the provisions required of the MHC is to review plans for the new facility, health needs, special problems and county agreements at all stages of planning process. This is why MHC is not supporting the Pavillion as it is currently presented because no alternatives have been considered. No public meetings have been held for input from the community. What type of alternatives? Currently in the county there are no children's, no dual diagnosis, and no crisis residential units. Homes in Antioch could be bought for a song. \$8 million of the \$22 million could be used for housing. What about staffing? \$2 million of operating funds from community and service supports could be used for staffing.
- At public forums held throughout the community the past couple of weeks no alternatives have been presented. Downsides not brought up. Public meeting in January 2009 MH Director promised the MHC that we would have family and consumer input groups to discuss alternatives. There have been forums for the pavillion, but no input for an alternative.
- Mr. Honegger suggested a letter be sent to BOS that the MHC opposes Pavillion project--not the project persa but the format of it's presentation--unless and until we have forums about alternatives instead of the PHF. Feels as tho the memo from Donna Wigand dated 6/26/09 has still not answered the questions from January. The small work group that meet from November 2008-Feb. 2009 was referenced and the subject matter reflected in those groups was only the Pavillion.

Annis Pereya asked what needs to be done for a public hearing because there has been no public hearing. At meetings held throughout the county last month, people did not ask for a Psyche Pavillion. People were asking for better emergency services, crisis intervention, residential facilities, etc.,etc. Collette felt these needs were interpreted by MH Staff as being completely addressed by a new pavillion--only one choice.

Chairman Mantas mentioned that funding of the Pavillion is by a Bond measure and also MHSA money. Capital facilities funding can not be used for housing.

Dr. Walker said the Pavillion would meld several entities: First replace the current psyche emergency. Title 22 restrictions that were put into effect a couple years ago and had the county blend the 2 emergency rooms. Psyche and general emergency are both a mess. 2nd: MHSA money is for a 16 bed CRF (crisis recovery facility). Allows for 30 days of hospitalization--residential treatment; 16 bed crisis residential and the 20 beds currently at the hospital cannot be funded by MHSA money. These beds would be closely supervised by our mental health division and our hospital division in central county. Statistics show that 35% of the consumers come from Cental Co., 32% from East Co., and 22% from West Co. Realize there are transportation issues. Dr. Walker said this is the best they can do--too expensive to have 3 separate facilities.

MHC agrees there is a need for more services. The Commissions main concern was that alternatives were never looked at.

Teresa Pasquini recognizes that its important for us as a community to come together since a down payment has been made on the Allen Street property. MHC concern is that there was never a fair open process for the public and yet Pavillion is coming to committe on July 20 for vote. Expressed her desire for transparency, resetting, MHC coming up with a plan to support this process with Dr. Walker's

department.

Chairman Mantas then addressed a question on whether other options were looked at.

Dr Walker addressed Peter's concern by saying other options were looked at for voluntary walk-in or involuntary services. These services need to be near a hospital emergency so medical response is easy to access, e.g drug overdose. Limits options. Tried to keep Los Medanos Hospital opened (1994) with the county proposing to open a psyche emergency in-take facility there. There was a negative response from the community that shut proposal down. Currently there is an effort to move the Richmond Health Facility to Doctor's Hospital in San Pablo. They do not want psychiatric patients. Rare opportunity to acquire land that was not owned by the county within 25 yds of Psyche Emergency and the land is big enough to afford the county the opportunity to build a facility. The land has not been bought yet--can't until the BOS approves it. Increases beds by 32, increases response to emergencies, physical health care.

Collette O'Keefe is concerned that this entity as it is developed will be contracted out to private enterprise to run it. If it is run by private company, what kind of services are going to be provided and how will they be monitored since they are in the business to make a profit.

Dr. Walker responded to Dr. O'Keefe's concerns stating that it is the county's commitment to provide good care and it will be easier to monitor that care if they are "under our nose" in Martinez, then if patients are sent to Modesto. Quality of care will be written into their contract. Art Honegger has been invited to sit on the review committee to select the provider to run the Pavillion.

Dr. Overby posed a question on the type of facilities being planned for dual diagnosis consumers--will the new facility have a provision for dual diagnosis--which statiscally can be as high as 65%. Dr. Walker said that staff (both psyche and regular emergency) are being cross-trained from the beginning in dual diagnosis. Discussion followed about Discovery House in Richmond and the number of shelters housing dual-diagnosis consumers. What is the vision five yrs. from now? Commission does not know what County staff knows. Hopeful that MHC is brought in to the "plan"; so they aren't left in the dark.

Anne Reed: "Dr. Walker, is the new facility part of a long range plan for health care in the County?"

Dr. Walker: Health care is in flux. Not certain what will be left to run the hospital--another \$10-12 million out of the county hospital budget. 85% of the county money comes from the state and federal government, 15% from the county BOS. Ebb and flow of federal money is an issue--unpredictable. Difficult to have a 10 yr. plan. What is up with health care reform and what is going to happen with public hospitals--no one knows. Clarified that the \$8.2 million is in the county bank--it is restrictive on how it can be used--must be capital facilities. Other part of the money is from bond.

Supervisor Piepho explained that the bond is not a voter approved bond like a school bond it is a borrowing bond-- governmental bond. She thanked Dr. Walker for his presence at the meeting. Time frame of moving forward with the PHF. There is a extension on the deposit for the land of 6 months. Don't want to be caught where we have not used the money and the state takes it back. Suggestion of a discussion of the PHF in a public forum.

John Gragnani spoke of the concern of staff of Crisis Ctr. and fighting the move to a crisis stabilization unit. Rely on the treatment received inside the hospital walls--should it be in-patient, released, overnight and released the next day. Will the PHF become it's own treatment facility without mingling with county hospital staff? Operate this program under a Title 9 and not a Title 22 program. There are financial benefits of running a Title 9 program. Integration of programs within the crisis unit.

Lead by Mary Piepho a discussion followed regarding a public comment/hearing involving MH Administration, Health Services and MHC--a way to all come together to devise a plan for taking the next step. It was suggested that a full presentation be put on the August Agenda, however Dr. Walker won't be available. Propose a meeting in August (other than the regularly scheduled Commission meeting)

and devote the meeting to the PHF and get all information out on the table--be able to identify what has been missed. Two step approach -- full presentation to the Commission and then decide to go forward with a town hall mtg.

Dr. Walker, Teresa Pasquini, Julie Freestone and Peter Mantas will meet to discuss the August agenda.

8. FUTURE AGENDA ITEMS

August meeting will focus on the Pavillion. Anne Reed suggested at each meeting we go around and introduce ourselves and give a quick 30 seconds of "who we are". Superviosr Piepho. suggested having state mental health providers come to a MHC meeting to work on goals, expectations and roles. CIMH will do that training. August Agenda will have an update on conservatorship program (funding will be cut in 1/2); also Dr. Ferman will talk about SAMHSA Grant. June Minutes will be available for the August meeting.

9. PUBLIC COMMENT

None. Christine Wampler introduced herself. Member of the public who came to observe.

10. ADJOURN MEETING

Mary Piepho made a motion to adjourn the meeting. Seconded by Teresa Pasquini. Meeting adjourned at 6:17 p.m.

Respectfully submitted,

Clare Beckner, Commissioner District IV
Acting Secretary

Minutes – Mental Health Commission

Thursday, June 25, 2008

- I. Called to order (fill in names)
- II. Public Comment – from Connie -----, I'm wondering if the Commission has ever heard of seen this report put out in Washington in 2008. It's the Contra Costa County Mental Health Services Housing Program ----- which mental health consumer concerns did and asked the information from families and consumers. It's a very long report. There's a shorter report that is ----- recommendations of consumers in the ----- different types of housing and services ----- . I'm just wondering especially in ----- \$1 million dollars that's out there which I hope -----.

Has anybody seen that report?

It's possible I've seen it and I know I participated in a family focus group for the housing.

Can you leave us a copy?

- III. Announcements – Clare has resigned and we're sorry to see her go but we know that she has some other priorities that she needs to deal with and she's not going to go away and she's still going to be around to work with us.

I do have one announcement and all of you saw that e-mail that I sent a couple of days ago and I know this is probably best done at the end of the meeting but I'm going to switch it up. Based on everybody's consensus, I'd like to call Karen up for a second. The Commission, Karen, would like to give you this Service of Excellence Award for your over 9 years of support of the Commission and its functions and they asked me to tell you how much we're all going to end up missing your commitment, your zeal to do the best that you can to support the functions of the Commission and as we said, your knowledge, your commitment, your passion will be sorely missed from the Commission but we know that you're not going very far away. Thank you.

- IV. Approval of Minutes (05/28/09) – If you look at pages 6, 7 and 8, there are two options as to how different individuals what transpired during the meeting and I'd like to get some....as long as everybody understand's what we're aiming for, I'm going to go ahead and ask for a motion to adopt the minutes. Option 1 and Option 2. They are two different perspectives as to what transpired during the meeting.

And which perspective is Option 1 and perspective is Option 2.

Option 1 is Karen's. Option 2 is mine. So again hopefully you gotten a chance to review it and you have good recollection of what happened at the meeting and we can decide which option it is or if we want to modify these options to something different. Does everybody follow that so far? What I'd like to do is to ask for opinions on who felt that Option 1.

Did we adopt?

No we can't. I can't really do that in a formal motion right now until we have a solid plan or I guess I can entertain a motion to adopt the minutes as presented and after we have agreed to which option we're going to use for the final draft so can somebody....

Having a statement about this at this point?

Let me take the motion first and then you'll be the first to comment. Would anybody entertain?

I so vote.

What are we moving?

That we'll approve the minutes as written after we have picked Option 1 or Option 2 or some version of it.

And a motion to adopt minutes including Option 1 or motion to adopt minutes including Option 2.

Let's start with discussion.

I feel uncomfortable accepting either Option 1 or 2 ----- . I think there's something unreal about just putting together randomly a little bit of this, a little bit of that in stories and to be very dependent on the person the perspective of the person putting things together rather than a real story or a real person.

I actually agree with Collette because I feel that if there's going to be something in the ----- and there's any question at all in terms of who is interpreting it one way or the other I just feel that what should be in the minutes is a transcription from the minutes word for word without anybody's comments on the perceptions.

I received the minutes as vice chair and I read the minutes and that section did not strike true to me and it was not a transcribed word for word. It did include I believe some perceptions that didn't agree with my memory of the incident. So I requested a copy of the tape which I received and listened to which I have here available for anybody else to take and listen to. So I wrote what I heard on the

tape and so then Peter decided to present it this way so that's how that came about.

Is there an Option 3 where we just say the Commission had a discussion regarding Peter's proposal for a June agenda item to have consumers come in to discuss their individual experiences. During the course of the discussion Donna ----- chose to leave the room and then say after discussion the Commission decided that we would not pursue this as a June agenda item. That leaves out kind of all the misperception or different perceptions of what happened. I have a little different take in that I don't particularly mind number one up to the point where we start talking about people shoosing each other and people going out of the room and being begged to come back in. I just don't think that's appropriate when we're discussing ----- the salient point of what happened at the meeting and especially since we're talking about building relationships going forward. I don't think we're losing anything by leaving that out.

Why don't we just stick to the facts?

We don't talk about other people's tones. When somebody says something we don't say in parenthesis she said with a harsh tone or she said interrupting someone else and frankly I don't remember that Peter pleaded with Donna to return to her seat. I recall that he asked her to return but I don't recall the pleading and I think that you just get into the semantics. Let's just put down the salient facts that are relevant to what we need to do going forward, approve the minutes and move on to the next item and maybe I'm wrong about what the minutes should have.

It seems a little bit too much and I think we can put out there what was presented for discussion. That there was not a consensus and that the commissioners chose not to pass the proposal.

I don't think it's appropriate to say that Donna left in ----- discussion. I don't think that appropriate when you start characterizing how she left or whatever else was swirling around at that time. Frankly it was on the other side of the room. I just don't think it adds anything to the record of what this Commission did on this particular day.

I did review both Option 1 and Option 2 and I believe that Option 2 is a lot closer to what transpired on that day and although I like the approach that Ann is presenting that we make it simple and we move forward to improve relations and such. At some point in time, our actions really need to be looked at and if actions were inappropriate, then we're inappropriate and we shouldn't try and kind of gloss over....so I think that it's important that we keep that in mind. I don't think that any of us is looking at pointing at an individual and saying that they were doing something wrong or that we're not interested in working with the other individuals. We all work with each other in different ways and we all need to be

able to tolerate each other's difference and not take it as an attack on the other individual. As far as the word of pleading that was used for Donna to sit down, I said please Donna can you, can you please sit down. I said it, every time I ask someone to do something, it's please, please, please and you all know me by now. That's what I do. So I'm not opposed to going with an Option 3 as Ann presented. So that's where I stand. Let's see a show of hands who would prefer Option 1. Any further comments?

I think that...I agree with Ann. I'm not sure what you're suppose to be doing. I certainly come into every meeting with that hope and with that plan but I also believe that minutes need to be accurate and that we go back and I know that I've just been researching a past meeting and trying to find out what was going on and going back and seeing the minutes not reflecting what happened that day and so therefore it's one word against another word and so they are suppose to be reflective of what happened. In the spirit of moving forward, I have no problem. I just wasn't comfortable with Option 1 standing.

I would suggest that if people support Option 2 my name be spelled correctly.

Let me start with 3. Who would prefer Option 3?

Option 2?

And Option 1?

I think that the Commission is pretty much showing a direction of where it wants to be so why don't we go ahead and have Karen write down verbatim....

I will go ahead and entertain a motion to accept Option 3 for the minutes of May 28, 2008.

I so move.

Second?

I'll second it.

Those in favor please signify by raising your hand.

What happens to these minutes? Are they still -----? Anybody ever look at them again?

Yes. They're actually posted on our website. It's not up to Dave right now but it will be.

Yes it is.

Once again who's for it? For Option 3? Six

Those opposed? One, abstentions two.

We have 12 on the Commission so we have to have 7 approve so it does not pass.

How's that?

The people that are here. It's not of the whole Commission.

The only time that we have an absolute....

You have 6 people making decisions for 14 people which is not a majority.

The By Laws is the only time that they look for an absolute....

Your By Laws have been changed. The old By Laws state that a quorum you have to have 50 percent plus 1.

Of the total?

I understand but that's not the way that the By Laws are written right now. As chair I will go ahead and accept this as a past motion and we'll check it and if we can't do that, then we'll reverse it but for now the ----- have taken it.

You're going against the By Laws. You don't have that ability....

As chair I believe that the By Laws are clear and all we need is a simple majority not an absolute majority. It doesn't matter. If it doesn't hold, then we'll reverse it.

Just so everybody knows if you go back and look at the By Laws and ----- is incorrect it just needs to be redone.

So we have a point of order and it's duly noted.

I have a request Peter. This is the third of fourth meeting where we've referenced something in the By Laws and the ----- of the By Laws haven't been here. Can somebody send me a copy of the By Laws and I will be responsible for bringing them every time so that we can look them up?

I have the By Laws but for us to review the By Laws right now is just going to be a waste of time for now. I'll get you the By Laws so you have them and you can review them and if it becomes an issue, we'll address them after the meeting. It doesn't need to be done now.

Approval of Minutes (06/11/09) – I'll entertain a motion to adopt as presented.

----- Collette

How about a second please?

I'll second.

Any discussion on these?

I have a question perhaps Julie can clarify. My understanding when Dr. Walker was talking about the Commission losing it's support staff and it says the Administration working with a temp agency during this transition. I assume the Commission will be working with a temp agency during this transition. Do we know whether we're going to have somebody who's dedicated to us for as much time as Karen does?

I'll discuss that in a minute.

Those in favor please signify by raising your right hand.

- A. As part of the Planning Minutes, there were a few things that we need to deal with. One is we decided that we're going to appoint a Commissioner to the Older Adult Mental Health Community Task Force. Is anybody interested in participating in that task force as a member of that task force as representing the Commission?

When are their meetings?

I don't recall.

The individual has to be a Commissioner so if you were to participate it would be on an interim basis. They're looking for community input and you should get involved if you're interested. They're a very dynamic group. They actually have community service providers like Kaiser. John Muir participates and there are some other hospitals I don't recall. If Karen can't find the information, I'll pick it up and send it to you. Anybody else interested?

I'm remotely interested but I will wait to see what happens with Collette.

- B. I'll entertain a motion to adopt that change.

Can I have a second?

Theresa

Those in favor please signify by raising your hand.

Our next Meeting will be on July 9th going forward. That will be the second Thursday of the month.

C. I'll entertain a motion to do so.

So move.

Any discussion?

I'm not remembering. I remember talking about it. I know we probably talked about it at that meeting.

They're doing a data outline.

Peter recommended that the Commission have a quality of care worker to address the quality of care site visits.

It wasn't just a recommendation. It was discussion and we then agreed that that's what we were.....

At the ----- meeting that ----- is going to soon get the format for the site visits that are going to be done by a team that will include a consumer a family member. There is a plan for doing site visits to the providers.

Those in favor please signify by raising your hand.

So we're in favor of establishing a workgroup. When a workgroup gets together and meets for the first time, they'll sit down and discuss what want to take a charter on as a group. What are the specific goals that they will have? And those goals will be brought back to the Commission and we will vote that those are the things that we want the workgroup to work on. So there's some other steps that need to take place in order for it to be understood specifically what their charter. Once again, who's for. Please raise your hand.

D. I'll entertain a motion.

So moved.

Second

Any discussion

Those in favor?

We don't have an abstentions correct?

Theresa has volunteered to help me interview the folks that are going to be coming in from the temp service. Is there anybody else that wants to participate? Who are interested?

For the workgroups you just created, what ----- with commission members, certainly not now. Will you help me understand the plan.

I will be asking for volunteers and we will discuss that at the next meeting.

I thought we already kind of did that.

I don't think anybody volunteered yet.

What was the one we all were?

Diversity.

I put things out for people to participate in these things before and I really don't get many interested parties. Please volunteer and if you don't and you're part of this Commission, I'll take some liberties and appoint people to them. We need people to participate.

I'll volunteer.

Everybody's committed, everybody's time is limited.

- V. Julie: I'm Bill Walker's assistant and he's the Health Services Director and he's in Seattle at a National Association ----- Health Systems where they're talking I guess about health reform. You'll have to excuse my extremely superficial level of knowledge about all of this. I'm more here to collect information and questions than I am to be the ----- of information for you. I'm going to go down this list of things that are described here.
- A. Someone can discuss medicare billing at outpatient clinics – I went back and looked at the minutes to see what the question was and so and then I looked at the data that Peter had been given them that was suppose to respond to this question which was how many Medicare patients were being seen in the health clinics and what

kind of revenue loss did that seem to represent. The information that Peter got which he said he couldn't understand was justifiably not understandable because it didn't answer that question. In fact, it turned out to be a completely different set of data about something that had nothing to do with this question and I think it's in the packet. I could try to explain this if you want me to but I can just tell you overall what the data in your packet is was an internal effort to try to figure out what would happen if the budget cuts that are proposed that I'm going to talk about in a minute, I think you all heard about it anyway, what would happen if they went through. So this is kind of a little modeling effort to see where it would make the most sense to use some of the budget proposals are not, the main thing is to reduce the allocation and so the question they were trying to answer was where would it make the most sense and have the least impact and put the remaining money and this is one pass at that question. So we can look at the individual data if you want to but I actually have the answers I think to the Medicare ----- . So this piece of paper goes from one extreme to another in terms of how simple the data is. So let me make an effort to try and explain this and what you've got here is one month. It's a snapshot of Medicare patients who are being seen in the mental health clinics and this is the explanation of why you've got one month and that is that at any point in time in the system people are coming and going because what happens when someone comes in as a Medicare patient, is that there is every effort made to qualify them as a Medical patient so that we can get reimbursed. So people are sort of passing in and out of this category throughout the year and I...if I were a better mathematician, I would describe whether I believe that this is a good way of looking at it, just one month in time. I think that the belief is that at any given time there are about 200 which is not that many patients who are Medicare only and therefore there's no reimbursement available for them. So I don't know if that answers your question. It seems to me it might cause a bunch of other questions which I'm happy to listen to. There is one line here that actually apparently doesn't actually belong in the how many patients who are getting Medical are being seen in the clinics and that is about 4 or 5 lines down where it says inpatient site. That number is kind of an apples and oranges here because that's obviously inpatient site. It's not a clinic. Does this make some sense to you? Does it kind of answer the question you asked?

Kind of Julie. There are other things that may end up happening in this process where the clients can have Medicare and Medical but Medicare is not being invoiced...is not being charged. So that number would be excluded from this. I mean I think that it's

probably going to take some more effort to really address this issue. Out of 20,000 some people that end up going to the facility in a year, it's difficult to believe that there only 200 per month that....

They haven't been seeing Medicare people. They are referring them out into the community for other services allowing them to use the outpatient clinics.

Bottom line is we don't see them. This is part of the explanation is we avoid what you just said. Being the provider for Medicare only folks and generally do not serve them in our clinics unless they are cycling in and out of the hospital and ----- the INDs (?) and ----- case management to stay out of higher levels of care.

Typically they would drop from case management even after they get -----.

And again since every effort is made to qualify folks who come --- ----- from Medical a large number of them that come in this way are being signed up for Medical if they're eligible.

And then it came to the commission meeting and we started talking about why Medicare was not being billed and it seemed like a much bigger issue. For right now, we don't have somebody that's really super knowledgeable that can drill down so the level of detail you provided is understandable and I don't know if we really need to spend anymore time on it.

You're certainly welcome to ask more questions for example Suzanne who I think knows lots about this. I think that the consensus is that the number is pretty small.

- B. The update on the budget action. I'm not sure at what point and you've been getting written information about the budget. The long and the short of it is there's nothing new. As you know, nothing happened. The vote in Sacramento. The vote didn't pass. Clearly some more negotiating is going to go on whatever that means. Who knows. I can go over the three areas but I think that you heard about them all before right. I think Dr. Walker talked about them at the planning meeting and think Bill ----- sent out the updated information that we had and that's about all. There is some discussion going on in Sacramento about what...this is in the category of eliminate all mental health managed care services except acute inpatient and prescription drugs. There's some conversation going on with the State on behalf of the County or the

County's having this conversation about what exactly the counties are required to provide. There's a ----- room for interpretation. I know that Suzanne was on a conference call the other day with all the other counties in which they were trying to get the State to clarify this. However, they haven't succeeded. That's about it. I think we stand by and see what kind of information we get as the negotiations go on. You can imagine that each day probably something else is either put on or taken off the table. I guess everybody knows about the letter that the Commission wrote. I think it was great that you wrote it because every interest group in the state is writing letters and the more letters that come in from consumers and family members I think the more real it makes the need for the funding to the legislatures. I think those letters should keep coming.

Most people are advocating with that letter and on their own to legislatures and so on and that will continue. If there's anything else that comes up or came up and we'd like to take another action, we should do it -----.

The second we hear anything that looks like it should be a trigger point for more advocacy. The thing that probably makes the most impression on the elected officials is their own constiuates (sp?) telling their own stories about what this going to mean to them. So the more people that you can get involved in this, the better it is.

- C. What you have in your packet is the consolidated planning advisory group action plan which is also up on the new ----- called website. So there's a lot of information on the ----- website and I predict there's going to be a lot more. Teresa provided three really good documents that kind of set a framework for transforming the mental health system which I think ----- is going to be working on a lot and we actually have come up with a better format for this so that we can track what ----- has decided to do. I'm not sure I'm getting good ----- . There's a lot of really exciting work going on. A new data group has just been formed looking at all the data that's been given, that's available to kind of look at outcomes. There was a really good meeting the other day about that. The website as I said is up. There's an intervention work group that's looking at new ideas that could be funded with the in----- money. The work force and education group ----- has been approved as has the CSS plan for 08/09. So there's really a great amount of work going on and I think it's really exciting. One of the things that's coming up is ----- made the suggestion that there be a business ----- with data collection, that there be a de-briefing of people who participated in the first round

so that would be stake holders and providers and consumers and family members and so ----- a free consultant to facilitate that process which is going to be a really interesting process and so we're in the process of setting up a meeting to talk about how that would work to bring back some recommendations to ----- about how that would go. The idea was to get that done really quickly so that that information would be available before all the other plans started getting approved so we don't make the same mistakes and don't learn any lessons from the past.

----- I would echo what you said about the diversity and the energy of ----- group. I think it's very representative, sincerely engaged in the work ----- . I think the transformation -----

I guess we're suppose to do a little report but you just did a good job of that so I was just checking to see if there was anything else other than the Commission be provided the link. I actually had trouble finding it and I was glad.

There are actually a couple of things here. The ----- is at cchelp.org/group/-----. So that's a link thing you can find it from other places. However, there are two hidden sites that the ----- members asked for for that link for the link.

Because the ----- members are going to start talking about the status of the ----- to make plans and things like that and we decided we needed to create some kind of a database for who's going to talk to which group and so we created these hidden sites and those are the ones that you can't really find from anywhere without the link. But the ----- site is a public site. So cchealth.org is to help departments regular website. So cchelp.org/groups/cpaw.

And also we are forming additional committees; a housing committee, a communications committee, the data review committee that Marianna already shared how great of an experience that was and the housing that we talked about in here being so important and as Connie brought up today. It is on everybody's minds so there will be an immediate formation of a housing committee.

I think at the next meeting which is the 16th there's going to be an additional presentation about housing issues and then we're going to go on and sort of figure out what to do. One thing that I think is really fabulous about this group is that every time brings up an idea

for some kind of...most of the work groups have been ad hoc so we're not saying you have to do this forever. It's just here's the task, might meet once, maybe do it -----, tons of people volunteer and at the data committee actually more people came to the meeting than actually initially volunteered.

- D. I think there's been an on-going discussion about where are the MHSA positions. Why haven't they been approved by the County? Where's the hiring process or whatever and Peter had actually proposed a ----- or a report. This is the preliminary report which I think was not prepared by us but I think was prepared by us but I think is prepared by our personnel analyst and actually Sherry Bradley doesn't really like this format and decided she likes Peter's format better. So I think that the next time you see this it will be in a slightly different format with some more information but I think this is a pretty good start for where these positions are. I don't know what the situation about the hiring freeze in terms of its impact on some of these things like exams and things like that.

There's been a number of different ----- different degrees of frozenness if that's possible. So most of the positions that are in ----- and then have gone through the processes and there was no freeze. However, positions like the administrative analyst ----- --. Those are classifications that I've used throughout the County have been frozen pretty solid for quite a while because of the uncertainty of the budget. We didn't want to lay people off on one hand and hire somebody from the outside on the other hand. So most of the freeze has been softened. If there's a need that's justified by the ----- and there's funding behind. ----- and if there is no layoff, then the department has the ability to go through the exam process ----- . There was a period of time where we actually froze everything just before the ----- layoffs ----- seniority because they ----- -- messes up the seniority counts and makes it almost impossible for us to get the layoff list correct. That's over now so ----- - normal County hiring process of getting filled.

Just a little background on this. The reason that this came up and we asked for information is by Dr. Walker came in at the last meeting, at the planning meeting and said here are all the problems that we have going on with the budget. We need your help but it would be the same thing by Donna coming in and saying you know....as she said in that one meeting that HR is taking forever to fill these positions. So we said let's get the information and Donna tell us what we need to do as a Commission to

communicate with the Board of Supervisors to advocate for action. So now we have some information if Health Services and ultimately again Donna comes back and says I need your help to let the Board of Supervisors know that we're not getting the help that we need to get these people hired so we can deliver a service timely. That's the background of where this came from.

I think that the three positions; MH Community Support Worker I and II, I think Sherry explained this at the ----- meeting, those are the family service coordinator positions which uses the civil service title and I think there was some discussion about changing their titles so that they're more descriptive. I think that would require starting over again basically so it would be advertised with the working title but this is the civil service title and that is not a completely uncommon thing in the system where HR decides to --- ----- classify something with a title they think is appropriate and then the department calls it whatever -----.

I've heard it a number of times. It's the way it works. There is a classification title which is a ----- and then there's the working title.

- E. Peter talked a little bit about replacing Karen who is not replaceable. For the moment, it's a interim plan which is to move this along quickly is to work with a temporary agency and they should have already started to send you stuff. We've authorized 10 hours. We have a job description. The people that are going to participate in the interview process should get the job description. It's not nearly as robust as what Karen is doing but what we agreed was we'll start on this so you can have some kind of support which would be minute taking, getting packets out to applicants processing the applications, etc. and getting stuff posted on the website and then once we have a clear idea of what's going on with the budget and etc. we can move ahead to consider expanding the position and the number of hours. I guess what I would say is you will have to make judicious use of the time you've got and then we'll see what happens.

Is that 10 hours per week or 10 hours per month?

10 hours a week.

Have you approached Dr. Walker with my request for some more flexibility and some more hours at this point or are you waiting? I did approach him with your request that the three of us have a

meeting to talk about this and he said fine after he was back and I think I asked his secretary to schedule a meeting.

- F. I think I covered some of the information requests that are on that -
----- obviously that I didn't cover. I will take another look at it and by the next meeting we will address some of the other ones.

I think there was some conversation about...there's an organization that does training and technical assistance for commissions, team building, role clarification, things like that and I think they're free. I do have some information here about them and I guess at some point if you want to make a decision about whether you want them to come in, they send a description of the kind of technical assistance they can provide and I went...because they didn't say much about who they were. I went to their website and just downloaded a little bit of information about what they do. But they've worked all over the state with mental health commissions and they say that they will tailor whatever they do to meet the needs and issues faced by their local board and commission. So they would meet with you and determine how this would work.

I was planning on putting it on the agenda as part of my report next month so we can vote on whether we want to go ahead and invite them.

They're working on one of the components of our responsibility and that's to do the review of the matrix. They're working on clarifying what specific components of the performance contract we need to be involved in and they'll be coming out with a report on that shortly. So maybe a good time to have them come out is when they do come up with that. So they're going to come up with a standard that will be used for all boards and commissions across the state.

- VI. A. Mental Health Coalition – We had a meeting on this last Tuesday. The members of the coalition are interested in asking for advocacy around MHCC's contract and ensuring that MHCC is funded through ----- . They're an organization that's in line with the intent of MHA. That we want to encourage the County to deal with MHCC ----- . So that was basically the discussion of the coalition. That would be something that we would discuss if we would want to take further action on or agendize for next week. I'm saying that that was our discussion so that if we are pursuing that discussion matter, then it would need to be agendized. By changing our meeting date, we might eliminate some of this lab

time now. We meet the same week. The agenda has already gone out so by the time we've met, the coalition, we can't get it on. So that could be something that can be discussed when the agenda is.

Peter: You'll be able to add the agenda for the next meeting?

Yes.

- B. I don't have a written report this month. I have a very brief verbal report. It's not mental health specific but ----- a lot of the non-profit service providers ----- . There's a lot of uncertainty. A lot of non-profits can't even adopt their budgets or present to the Board the budget for the next fiscal year because there so much uncertainty about the State's budget cuts so it's really starting to wreak havoc on that ----- at the community levels and I don't know to what extent that's going impact or is impacting mental health consumers and families. There's some real ----- right now in terms of the ability of non-profits to continue conducting ----- and some of them I think are at financial risk and a lot of them are at operational ----- because of all this uncertainty at the State level.

Peter: Is there anything that you think the Commission can help on? Is there anything that we can do?

We're all just waiting until ----- in Sacramento do their job.

- C. Local 1 – unintelligible ----- My unit has undertaken a project in the line of wanting our voices to be included in our County of mental health matters and wanting to participants and ----- and solutions going forward with some of our challenges and we've adopted an idea that came from our founder Henry Clark which was to basically do a performance evaluation and analysis of all layers of our mental health department. I'll have further updates on the 7th or the 9th. We've got a small working group that's been working diligently to develop a partial....an objective instrument that we hope our folks will be empowered being invited to share their thoughts, feelings and ----- about our various layers in the system. It is an ambitious project and I will have an update on the ----- . On top of that ambitious project, my still number one priority is confronting whatever budget issues and realities that we have ahead of us. I think Mariana was mentioning a safety net of concerns....a safety net within our children's system has been stretched so thin.....given recent years reduction to that.

- D. Nothing notable.
- E. I want to first start off by addressing the report that Teresa gave around the coalition. MHCC did request that the coalition support our on-going efforts at negotiating a fair and ----- contract with the County. We had no fear that we will be able to do that and we appreciate the support. I don't think that it necessarily has to be an action item for the Commission. We were just asking for a moral support as we go forward in negotiating with the County. If further action is needed, I have no doubt that I'll come back and ask that big Commission ----- but right now this way to go kind of thing is good enough.

MHCC continues to grow and to experience increased levels of services. We are averaging about 35 people per day in our central county facility, 25 per day in our west county facility. In our next east county which is located at 24 Sycamore Dr., Suite 30 will be open as of July 15th. We'll be ready to receive consumers around August 1st. We did a final walkthrough today and it's ready to go and we're making sure that all the supplies are there before we open. We will start having evening hours for our consumers starting in September. We're expanding the kinds of services that we provide having more emphasis on wellness and recovery. We are in the process of reorganizing the Contra Costa network mental health clients. We'll have our first meeting around July 15th. This is a network that will become the advocacy arm for consumers here in County, much like the family involvements steering committee. They'll be a group that will truly represent the voice of the ----- consumers in Contra Costa County. We are slowly moving into our new facility and we will have an open house and I have some invitation cards. We'll have an open house on July 23rd and you all are invited to come and see our wonderful space where people are encountering new levels of wellness and recovering and are getting active and becoming more engaged in their lives on a daily basis. MHCC has gone through incredible changes in the last two years. We have opened three new centers in this county in less than 18 months and we had the centers before but we have relocated our centers. We've revamped all of our programs. We've developed a branding campaign for the agency. We've developed a new logo. We have a new website and we're in the process of completely hiring up all of the staff positions that have been opened for a while. So these are exciting times within our agency. We would love it if you all would come by and support us during this open house and again the support that we made in terms of our on-going and continuing negotiation with the mental health

division in order to get sufficient resource is to provide the best quality services for consumers in Contra Costa County.

Peter: I have a quick comment. I don't know if this is doable...I don't know if this is part of your charter but I think at some point in time it would be wonderful to see how you can bring family members in to your efforts and to see how we as a community can unify the voice of the family and a consumer. Because I believe over time those two voices seem to be in opposition to each other but in reality they're both saying the same thing and if we have both parts of the constituency together you may be able to have a much stronger voice out there.

We've already started doing that. One of things that we did when we stepped up to the plate to facilitate the focus groups around the new proposed psychiatric health facility, we organized focus groups in all sections of this county and we also organized with the consumers and for family members and it just wasn't the family members of our folks to come into MHCC. We wanted family members of other folks who may not have loved ones who come to MHCC on a daily basis. We truly believe that the best way to get the needs of consumers and family members addressed in this county is to work in a collaborative fashion. It is not about competition and it's not about oppositional approaches to creating better services for folks who live in this county. It really is about collaboration and I think since I've been here I have tried to demonstrate that that is role that MHCC will ----- and I've worked very closely with Teresa and Dave and we intend to continue to do that. We have two different voices but our voices can also have sort of a common message. We will represent the voice of consumers that's not an oppositional voice to the voices of families and we will continue to work in the best interest of both.

Peter: At the end of the day, I think family members are saying that number one responsibility that we have is to take care of our loved ones, the consumers so we're all speaking for the same.

F. About the psychiatric health facilities, we were shocked at the lack of transparency and lack demonstrated by the Mental Health Administration relating to the proposed psychiatric health facility as yet. We were not advised of ----- feasibility study dated November last year, 2008. This data was ----- and even the Mental Health Commissioners ----- Committee was not aware of its existence until very recently. We're solicited from several contractors to operate the PHF and neither the PHF committee nor NAMI were advised. A long scheduled PHF committee meeting

with the director of Mental Health was abruptly cancelled a few days ago. If the PHF facility is indeed in the best interest of our loved ones, NAMI is certainly willing to work together with the Mental Health Administration to achieve this goal. Our principle concern as always is to improve the quality of care for our consumers. Has any other alternative to the PHF ever been explored in detail?

G. No report.

VII. A. I still haven't received a response from county counsel.

Dorothy: The county counsel has completed their review and sending Mental Health Administration their memo outlining whatever their concerns are with the bylaws.

B. We will be open for interviewing new candidates and it's my understanding that we have just one new.

We have one application but I did get a hold of one of the other people that I had talked to you about and she asked me to send her an application packet and I did so. The other person I still haven't been able to track down her phone number.

I met ----- when she comes back ----- the west county focus group that Brenda hosted at mental health consumer concerns and so she was excited about hearing about the Mental Health Commission. I told her there was a vacancy and so she made sure she got herself here today. I invited her to come and see what it's all about. I mentioned her to Supervisor ----- today. I also had the privilege of meeting another member at large from my district so again I won't be alone if all goes well. Carol ----- was at the quorum.

Peter: If the committee can get together and see about interviewing the folks as quickly as we can.

You could interview Carol. You've got a few that are out and have been interviewed and so you can re-look at those applications or if you have different people involved, you can choose to re-interview there, whichever you want to do on that.

Peter: My suggestion to that is given that we have different people interviewing, we should bring them back to re-interview before the committee makes a recommendation.

C. Art couldn't be here due to family issues and he asked the other workgroup members to present whatever findings they have and recommendations for us to act on.

? Our workgroup met last Friday. We met to discuss a plan for presenting our findings from this past month and Collette wasn't able to make that meeting. We discussed different things and different emotions and

TeresaL Going through the ER was changed four years ago. Rather than going through ----- because of the ----- audit now consumers have to go through the medical ER with the rest of the folks and so.

Peter: For those that don't know what all of that family member jargon that's been ----- in us out...instead of people being admitted through the CSU, mental health patients now go through the emergency room just like everybody else and through there, over a period time, end up being admitted into the CSU.

Teresa: I've written up my report. I did an observation of the focus group which again I felt and as Brenda described them, as a snapshot, I don't feel that they are a big enough snapshot of our community to base the decision on and I believe that we should have started with these groups. I don't think we should have been doing them at the end of this process, of this planning process, this ----- process. I think that there was a lack of information available although Suzanne was there at each meeting and she gave a background historical overview of the project. I didn't hear options presented. I didn't hear costs for the project funding options or alternatives. I felt sort of like skewed presentation to me. I thought it might have been better to have had a consumer advocate there, somebody who has had that ----- experience that could kind of understand what it's like to be 5150 to go in. There's an expression of lack of dignity. People had forgotten about the three hours. People that came in by ambulance and their loved ones then later found that they had not even been checked in and then once they were, then the process went fast. So I know from the hospital quorum that I attend with Myles and from what everything we've been hearing, our emergency room is on overload, all the emergency rooms are and so I just have a deep concern that even if, regardless of what happens with this -----, I would like the Commission to consider a meeting, some kind of process to figure out solutions to alleviate what some of the things that I heard. And that might be an option, an alternative which we talked about, Art's talked about wanting to know whether alternatives were discussed for the flexibility and

we haven't really been given, that's one of the concerns that we have that we haven't received a list. It never felt like we sat down and heard, this is what west county has, this is what central has, this is what east has, what are the needs? There wasn't analysis assessment. It was more we're going to put this wonderful building in and what do you think? I would like to encourage there to be additional dialogue, additional conversation, whether it's something that Commission hosts, whether we consider a town hall meeting, whether it's a combination of administrators, financial people, whoever but have a full inclusionary meeting to get the full voice of the community on this issue, on this \$25 million dollar investment for our county that I believe that we all have a right to participate in the discussion.

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During the input process and speaking with consumers and other family members that have been through a lot of what I felt I was hearing is that people were very upset with the way CSU is now comparison to the way psych emergency services used to be when it was a dedicated entrance for just the psychiatric patients and people want change but there has to be ways and even the whole ----- facility, even if they go ahead with it, in the meantime, the Commission needs to look into what's going on at the emergency room the way patients are dealt with. There certainly has to be a way that a psych patient could be triaged and moved into a separate area instead of sitting out in those chairs outside the emergency room waiting and waiting. One woman said that they waited and waited and waited and then she said you get moved some place else and wait again and some of things, to have worked in an emergency room as many years as I did and to know what those ----- to have somebody that is psychologically fragile sitting there watching the blood and gore of an emergency room when they're in the middle of their own crisis is a very tough thing for people to do and think the family members and the consumers were ready to jump at any change because they wanted to go back to the way it was with -----.

John:

The CSU staff and the emergency room staff are on the same scheduling ----- under serves our clients is that they wait, they wait in emergency, the medical side and then they all get cleared similar time so then on the crisis side, several of them come over ----- and that also is a dis-service and an inefficiency in the treatments sometimes ----- because they're not a high priority on the medical side because it's an emergency room and so they have to wait and then they come over and they often come in large numbers and ----- CSU be overwhelmed in a very quick timeframe and then as the shift ends,

then this is less and less time to be available for clients coming over. That's another aspect of the ----- and trying to operationalize it in way that covers all ----- phases but also suppose to serve community and -----.

Collette: One of the things about going through the medical ----- is the initial triage is done with somebody without specific mental health training, mental health consumer sensitivity and I'm just a little bit worried about somebody in triage ----- even when they finally got to see somebody.

Peter: John, from the clinical side of things, is anything being done to assess and address some of this stuff?

John: I haven't ----- since September so I can't say what's been done. I know it's been talked about. I know at times there were proposed adjustments. I don't know if they ever reached the operation -----.

Annis: I just wanted to make sure that this ended up getting onto to our agenda that it's something we need to go back and address because I felt that these complaints that I was hearing from various people that were significant enough it needs to be followed up on.

? I want to note that Suzanne was there and hearing all this and she made it expressed that she would be on discussing some of these concerns as well and that was specifically regarding an incident with one of the sheriff deputies. We had one of our family members have a heart attack after the last family steering committee meeting and spend nine hours in the ER and it was an eye opener and she reported both her experience and there were seven psychiatric patients during that nine hours and her concern over staff and was not....and she felt the medical patients, the staff and consumers were impacted by what was described as mass confusion. I will definitely as an individual speak about this at hospital forum with Myles this month and would encourage the Commission to consider some sort of action.

Peter: Are there any action items that the workgroup has come up with to bring to the Commission tonight or not?

Annis Because at the last minute didn't come, I know that he wants to have the support of the Commission to take our concerns about the lack of transparency.

Peter: If the thoughts haven't really been formulated clearly yet, let's just move it on to the agenda of the next meeting. It's only a couple of weeks away. I highly recommend that you put your thoughts down on what you recommend on the issues that you brought up on the emergency room. As a workgroup, come in with the recommendation of what actions you suggest the Commission take and once you have that in a salient form, then we can go ahead and take actions.

Annis: In the package that we have, it appears that something to clarify our which is information required of mental health director. I don't know whether these responses have been received by the workgroup yet but I would just ask that Julie make sure she has a copy of this and add it to your ever list of overwhelming.

Dorothy: I would just like to... a little bit more information on number one on the agenda. Board of Sups ----- Committee did receive a referral from Board of Sups on this issue but it wasn't that ----- started it was a referral on the reviewing ----- programming to go into the facility and an effort to increase state -- ----- participation. That meeting is going to be July 20th on 1:00 p.m. at the same time the finance committee is going to be meeting on the capital facilities issues so what we're going to do is meet in two different rooms, 1:00 p.m. capital facilities will take up their issue. As soon as that meeting is finished with staff, staff will then walk over to family ----- services and meet on the program ----- . If anybody is interested, it's 1:00 p.m. on the 20th at 651 Pine Street. Be prepared to walk from one meeting room to the next. It's a great way to get your concerns heard to the majority of the Board of Sups.

IX. Can we request that we have Dr. ----- come to us and talk about the grant that she has.....

? It sounds to me like you've got some really urgent stuff. The SAMHSA grant is kind of aging in the application process. There were over a hundred applicants. Our chances of getting the SAMHSA grant are probably not that good. I don't think there is a lot of urgency for you to hear about this. It sounds like you've got more urgent things to consider. Maybe what we can do is, I think it would make more sense for you to hear from her when either we get the grant or she's going to proceed with the concept that's in the grant to something else otherwise I'm not sure it's the best use of your time.

Peter: I think there are some creative things going on in that grant. It would be fantastic for us to be exposed to but other than that I agree.

I suggest that we just stick with the regular items on the agenda and forget about any special topics. Is everybody okay with that?

? I have a suggestion if not for July for August, because there are so many new members, that each of the members, the Commission is preparing a two-minute thing on who they are and what their interest in Mental Health Commission is so we can become a little more familiar with each other.

Peter: Let's see how the agenda shapes up for this one and maybe we can do it at the next meeting.

X. Any public comments.

I will give you a copy of through e-mail of my report from the statewide mental health boards and commissions conference but I wanted to give you some highlights from that meeting. There were a number of subjects that were presented. CIMH and CALM board which is California Mental Health Board and Commissions have in organized efforts to get commissions and boards together to exchange ideas and I believe through the efforts of this meeting, we're going to see more of CALM especially on the regional level where we're discussing issues that we're dealing with and other counties are dealing with. They came together and we got some training on MHSA issues, mental health foster care, co-occurring disorders are just some of the things they discussed. All of the presentations that were given at that meeting, I'm going to have copies made and distributed to everybody so you see what was discussed. To me the highlights were the collaboration of the people that were there, primarily chairs and vice chairs of boards and commissions from 30 different counties of the state and two keynote speeches. The keynote speaker on Friday night was Mr. R----- who is the director of San Bernardino's behavioral health system. In other words, Donna's counterpart. This is what he did to start which was really shocking not only to me but everybody in there, he started off by looking at everybody and saying I'm going to introduce to you my bosses and he said that there are some that are present and others that aren't so he went through and introduced everyone of the board members, the mental health board for their county and then he said the other bosses that I have are the board of sups. So it's kind of interesting the way that he just started out and then he went through and we talked about what

is it that he does in his county and he says, he described leadership. The purpose of influencing human behavior and organizational culture in the interest of meeting specific goals and outcomes for the agency. Further, he said these are really his words, leadership is about giving up power and creating an environment that everyone is mutually energized and empowered to achieve the mission of the agency. This verbatim, his words. He described how he and the mental health board share the leadership role. He shares with the mental health board all but personnel information. In some cases, he even gets them involved in that. Not only is the mental health board involved in interviewing and a hiring process of his position, but also his senior staff. All contracts are reviewed and approved by the mental health board. MHSA public hearings are described to be run really the way that we ran our last public hearing for MHSA. He then defined two types of leaders. I'm going to talk about the one that he subscribes to. Transformational leadership is based on the idea of unified effort where the leader and the follower both work together on behalf of goals to which both agree, occurs when one or more people engage with each other in such a way that leaders and followers boost one another to higher levels of motivation and achievement. His top ten reasons for the inclusion and collaboration. I'm not going to go through the top ten, but the one, allows everyone to express their own opinion, be heard, be expected, be valued and be accountable. The other one that was really pretty powerful is Judge ----- and what he said, 65 percent of individuals that are incarcerated have serious mental health issues illness, 65 percent of those in jail have mental health issues and his way of dealing with that is really revolutionizing the way that behavioral court really deals with people, where he has all the players that are involved with alcohol and drug, co-co----- and he gets everybody together in his courtroom and basically tells people, this is what I need all of you to work on with this individual and instead of calling these individuals in this courtroom by any other name, they're clients and he showed us a video presentation of what happens in the room and I'm going to try and get this for us. Four hundred beds in their jail in Santa Clara's county jail are now being farmed out to other counties and it's a revenue source for Santa Clara because the folks with severe mental illness are in there from his county. He deals with them and he helps them be productive in the community instead of sticking them in jail. You'll see the whole report in e-mail. With that I finish my report.

?

I noticed on the meeting minutes that you and Teresa have not yet been re-confirmed. Do we have a plan of action in place?

? I did speak with county counsel today and they indicated that typically the person in the seat retains it unless somebody else -----
----- and we are getting ready to put ours through -----

Peter: Motion to adjourn

?

Report on Coalition meeting of July 28, 2009
Submitted by Teresa Pasquini:

All representative members of the Coalition were present including Brenda Crawford, Mariana Moore, John Gragnani, Dave Kahler, and Teresa Pasquini.

Concerns were expressed that the CPAW process is less participatory and more deadline driven. There was concern about the content of the decisions being made by group and whether it is risking becoming a Rubber Stamp. Concerns were mentioned surrounding the agenda being too full, not enough thoughtful discussion, too large of a group, deadline driven rather transformational driven, less about Planning and too much Advisory...need to balance these. There was unanimous agreement that both Sherry and Julie's facilitating and leadership skills were appreciated and respected.

Concerns about access to care for East and West were discussed, along with the oversight of Board and Care's that are county augmented. Brenda shared MHCCs strategy for developing relationships with Board and Care operators in order to encourage better "care" for the consumers. This is part of MHCCs responsibility as the Patient's Rights Contractor.

The Coalition agreed to develop Talking Points that can be adopted unanimously by our member organizations and allow us to carry the message to meetings with various Administrators, Providers, and the BOS... I would ask the Commission to consider adopting these Talking Points at this meeting.

Mental Health Coalition Talking Points DRAFT

The Contra Costa Mental Health Coalition's standing members – comprised of **Public Employees Union Local One, Human Services Alliance of Contra Costa, Mental Health Consumer Concerns, Contra Costa County Mental Health Commission and NAMI Contra Costa** – agree on the following:

1. All members of the **Mental Health Coalition**, in partnership with all stakeholders, must actively seek to **understand, protect, and advocate for the rights of patients and their family members**.
2. **Access to care and quality of care** are critically important issues for all stakeholders.
3. The most effective mental health system is built on a **strong core of publicly-provided services**, enhanced by **strategic partnerships with community-based providers** that leverage their expertise and community access.
4. Transformation of the mental health system can be achieved through respectful, thoughtful **collaboration**, utilizing both **evidence-based** and **promising practices**.
5. It is vital that we maintain a **community-driven stakeholder process** that is measured, balanced, ongoing and inclusive.
6. In the complex and deadline-driven world of MHSA planning, it is important to create space for a **thoughtful mental health planning and evaluation process** that allows time for community and stakeholder input and encourages the development and discussion of new ideas and differing perspectives.
7. **Mandated** mental health services must be **properly funded**.
8. **Staffing levels** must be **adequate** within both the county and its community-based service delivery partners.
9. **Training** mental health providers must be provided on an **ongoing and intentional** basis to allow **transformational** services to thrive.

Annis Pereyra
Capital Facilities Workgroup
Comments/Questions to be considered at MHC meeting on 8-13-09

Here are a few questions, about things we should have had nailed down with solid answers BEFORE they put out the RFP's so we would have known that they were included.

1. How are medications going to be provided for drop-ins at the 24/7 clinic and for inpatients?
2. Who is going to provide expert witness testimony, at hearings??
3. How are they going to transport people to the facility if they are in crisis?
4. How will the "mobile crisis" services, mentioned by Donna Wigand, at the community forum in Pittsburg, going to be provided, what hours, etc.? Where will the funding come from to provide this mobile crisis team?
5. Is the Pavilion going to allow smoking like Muir's in Concord? If not, how in the world do they expect people to volunteer to go into a VERY institutional setting for crisis res?
6. How many on-site Psychiatrist hours were written into the RFP? Will there really be a psychiatrist there 24/7?

Collette O'Keefe.M.D.
Capital Facilities Workgroup
Comments for MHC meeting on 8-13-09

The 20 Allen Pavilion Project should include the following stipulations in the contracts:

1. Access to quality, expeditious medical and psychiatric care.
2. Acceptable access to medications, including pharmacy services.
3. County staff, consumer and family representatives must be included in the oversight of the programs.
4. County staff, consumer and family representatives must be embedded in the facility and included in all treatment performance standards and discharge planning.

Art's input for Aug 13 MHC meeting

The contract with the CBO chosen to run the pavilion facility must have stipulations of minimum service levels, minimum qualifications of personnel, minimum staffing hours of psychiatrists and all other employees, and performance standards that must be met.

Performance standards must be included and monitored.

The contract must also contain conditions such that if these stipulations and minimum standards are not met, the contracted may be rescinded and the operation be awarded to another entity.

The contract must be specific about the ability of the County Mental Health Administration and the Mental Health Commission to examine the operation of the facility to insure compliance.

Note: I read the following to the BOS Health and Human Services Committee on July 20, 2009 and referenced some of the comments at the BOS Finance Committee that followed. I stated that these were my own comments, except those that the Commission has taken a position.

I originally opposed this project based on the fact the 4c would be closed. We are now being told it will not close, for NOW. If we were to lose that unit anytime down the road, there would be a net loss of acute beds, which would force Consumers and Families to face long distance acute treatment. This is NOT ACCEPTABLE. The Board must make a public assurance to maintain 4c, if this plan goes forward.

After sitting in numerous meetings, on this project, I have concluded that we have not been given all of the information needed to decide if this is a good plan or not. There is no clear vision for this county's mental health system that is coordinated, comprehensive, and inclusive of all community stakeholders. It is unfortunate that the planning process was flawed and deposits made on property before a good partnership could be established. I do appreciate Dr. Walker's acknowledging, to the Mental Health Commission, that "...we could have done better." I also appreciate his agreement to join a Special Commission Meeting devoted to this topic and a Town Hall meeting that will consider alternatives.

Access to care, quality of care and continuity of care are the measurements for all healthcares. We need the best possible care within our fiscal constraints. I am not convinced that this Pavilion is the best possible solution for our System of Care. It is NOT necessary to locate a PHF next to a Hospital. I know of three PHFs that are NOT near hospitals, located in Placer, Solano, and Alameda counties. The statistics that show that 32% of the clients are coming from Central are because the majority of the residential and treatment beds are in Central. Also, if transportation prevents access for our most impoverished consumers, then this facility will not be of benefit.

Most counties are developing integrated services by co locating Medical and Behavioral services. If the goal is to reduce the need for expensive involuntary treatment, and prevent long term hospitalizations, then this is the model that our county should follow. This could be achieved by co locating Mental Health into the Ambulatory Clinics allowing for primary care doctors to assess and serve the mentally ill along with the Psychiatrists. This is an

evidence based model that would also produce increased revenue through Medicare. This would be cheaper than 25 million dollars and MHSA Capital Funds could be used to renovate existing properties and clinics.

If we are truly addressing Health Disparities, then we need to start with the ones who are dying too young, the seriously mentally ill. I was privileged to see this addressed at the Kaizen 3 event, last week. I was also encouraged to learn that there are plans to reopen the door to the CSU and allow for immediate access and assessment of both voluntary and involuntary consumers. This was the result of alternative ideas being discussed. We all need to do more brainstorming. During these horrific budgetary times, with more draconian cuts looming, we can not afford to waste one more dollar.

The MHSA Capital funds can be used for treatment beds, preventative beds. We need a Dual Diagnosis Program in each area of the county so that we can stop placing the Seriously Mentally Ill Consumers, with Substance Abuse issues, in Shelters where they have no chance for maintaining their recovery. A true dual diagnosis program, like Bonita House, in Berkeley, will not only reduce recidivism, saving hospital costs, but it will improve the quality of life for our consumers.

I happened to drive one of our county clients, who has a serious drug and alcohol problem, back to her “bed” at the Concord Shelter, yesterday. She is a Full Service Partner who has not had a bed in a program that is geared towards her illness. She has been forced to go to Drug and Alcohol Programs that don’t understand her mental illness issues, and consequently she has failed. She has been failed over and over again and she is supposedly receiving the best our county has to offer. We need to do better.

We need to keep the promise of the MHSA and reconsider the use of the Capital Facilities Funds. The current position of the MHC is to hold the project pending further discussion of alternatives at a Special Commission Meeting and Town Hall meeting.

Respectfully submitted by Teresa Pasquini

Affiliations:

MHC Vice Chair

NAMI Board Member

CPAW Stakeholder

From: SKI1DER@aol.com
To: wwalker@hsd.co.contra-costa.ca.us; dwigand@hsd.co.contra-costa.ca.us
Cc: dist1@bos.cccounty.us; dist2@bos.cccounty.us; dist4@bos.cccounty.us;
dist5@bos.cccounty.us; cokeeffedaphne@yahoo.com; Mamap2536@aol.com;
ablades49@yahoo.com; pamantas@yahoo.com
Sent: Sun, Jul 26, 2009 9:11 pm
Subject: BOS Committee Meetings of July 20, 2009

Dear Dr. Walker and Donna Wigand:

Thank you for your participation in last Monday's BOS committee meetings. It was helpful to share our mutual concerns with the Supervisors.

The need to provide East and West County with some support facilities is urgently needed so that these regions are not cut out of additional services, as was acknowledged by the Supervisors. You are the experts, and trust that you will be quickly developing facilities for these areas at modest cost such that they will be accommodated in the overall financial plan for the pavilion. "Crisis residential" is the term we are hearing most from consumers and family members.

The other items that the Supervisors recognized are the transportation limitations, and dictated that solutions be developed to respond to this obstacle.

In the meanwhile, the MHC Capital Facilities Workgroup will be exploring features that will be necessary in the pavilion, and the contract terms necessary to insure compliance from the operating community organization.

It will be helpful to have copies of the five bids that we will be analyzing, as well as a preliminary copy of the contract that will be used to govern the operation. This will facilitate meetings that we'll be having with you to review these proposals.

Thank you very much for your kind assistance.

Sincerely,

Art Honegger
Chair, MHC Capital Facilities Workgroup

From: SKI1DER@aol.com
To: dist1@bos.cccounty.us; dist2@bos.cccounty.us; dist4@bos.cccounty.us;
dist5@bos.cccounty.us
Cc: wwalker@hds.co.contra-costa.ca.us; dwigand@hds.co.contra-costa.ca.us;
cokeeffedaphne@yahoo.com; Mamap2536@aol.com; ablades49@yahoo.com;
pamantas@yahoo.com
Sent: Sun, Jul 26, 2009 9:04 pm
Subject: BOS Committee Meetings of July 20, 2009

Dear Supervisors Glover, Uilkema, Gioia, and Bonilla:

Thank you for hearing our concerns during your committee meetings last Monday. We especially appreciate your acknowledgement that East and West County must be afforded support facilities as part of the Pavilion project. Likewise the transportation limitations must be remedied so that there is equal access to this quite expensive facility.

We look forward to working with you, the County Health Department, and the Mental Health Department in assuring this program will benefit as many consumers as possible throughout the County.

Art Honegger
Chair, MHC Capital Facilities Workgroup

From: Patricia.Coyle@dmh.ca.gov
To: mamap2536@aol.com
Sent: Tue, Jul 28, 2009 10:10 am
Subject: Re: DMH E-Mail forwarded from my county e-mail address

Hi Teresa, thank you for sharing this information Teresa. I am reviewing those documents as they become available. You have been very helpful and I appreciate this. Pat

>>> <mamap2536@aol.com> 7/28/2009 10:07 AM >>>
Hi Pat...

Just an fyi...I believe the issues were addressed in more than just the January and March meetings. There have been very lengthy conversations and reports provided, on the stakeholder process, particularly surrounding the Capital Facilities Component, that have been received and debated by the Commission and its Capital Facilities Workgroup. I don't know if our Commission's website it current on all of the support documents that have been submitted. I think it would be very important to review all of the discussions and reports submitted by Commissioners, NAMI, and Consumer organizations, on this topic.

Let me know if there is anything I can do to assist...Teresa

-----Original Message-----

From: Patricia.Coyle@dmh.ca.gov
To: mamap2536@aol.com
Sent: Tue, Jul 28, 2009 9:04 am
Subject: Re: Fwd: DMH E-Mail forwarded from my county e-mail address

Hello Teresa,

Thank you for your response. I have a call today with the County and I would like to talk if ok with Peter Mantas who addressed a letter the MHSOAC. I know that you are familiar with the issue as I saw your name on the Commission meeting minutes of March and January 2009 in which the issues were addressed.

Pat

*Patricia Coyle
Associate Mental Health Specialist
Department of Mental Health
County Programs Technical Assistance Section*

1600 9th Street, Rm. 100
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>>> <mamap2536@aol.com> 7/27/2009 1:33 PM >>>

Dear Pat,

I received the below email addressed to Peter Mantas, Chair of the Contra Costa County Mental Health Commission. Peter is unavailable for the next several days and, as Vice Chair of the Commission, I am addressing matters before the Commission. I am familiar with the correspondence between Supervisor Bonilla and Peter. This letter was written with the full support of our Commission. I would be happy to discuss this matter with you and assist the resolution process.

Please let me know what I can do to assist you on this matter.

Sincerely,

Teresa Pasquini
Vice Chair, CCC Mental Health Commission

-----Original Message-----

From: Karen Shuler <keshuler@frontiernet.net>

To: 'Peter Mantas' <pamantas@sgtinc.com>; Teresa Pasquini <mamap2536@aol.com>

Sent: Mon, Jul 27, 2009 12:41 pm

Subject: DMH E-Mail forwarded from my county e-mail address

Hello Peter Mantas,

I want to first thank you for your expressing your concerns about your Contra Costa County Mental Health and the Commission request to restart the stakeholder process. On behalf of John Lessley, Chief of County Programs and Technical Assistance I the lead staff member for the Department's Issue Resolution Process. I received a copy of your letter dated April 27, 2009 directed to Susan Bonilla, Chair Contra Costa County Board of Supervisors from the Mental Health Services Oversight and Accountability Commission (MHSOAC).

I would like the opportunity to talk with you further on this issue. Please contact me or email me.

Best Regards.

*Patricia Coyle
Associate Mental Health Specialist
Department of Mental Health
County Programs Technical Assistance Section
1600 9th Street, Rm. 100
Sacramento, CA 95814*

*Office: (916) 651-0997
Fax: (916) 653-6486*

Dorothy
Sansoe/CAO/
CCC
07/29/2009
05:16 PM

To jfreesto@hsd.cccounty.us, TVDB@bos.cccounty.us, dk122932@aol.com, mamap2536@aol.com,
kshuler@hsd.cccounty.us, ski1der@aol.com, pamantas@sgtinc.com, cokeeffedaphne@yahoo.com,
ablades49@yahoo.com, bielle.m@gmail.com, Lea Castleberry <LCast@bos.cccounty.us>, Karyn Cornell
<KCorn@bos.cccounty.us>, John Gioia <JGioia@bos.cccounty.us>, aereed001@hotmail.com,
mfoverby@yahoo.com, scottnef@sbcglobal.net, Mary Piepho <MPiep@bos.cccounty.us>

cc

Subje Summary of Board Committee Meetings

cl

Good Afternoon Commissions,

Since you were not all in attendance at the meetings of Board of Supervisor's Family and Human Services Committee and the Finance Committee, I thought you all might like a quick summary of what transpired.

Teresa Pasquini and Art Honegger spoke at both of the Committee meetings

At Family and Human Services there was a good discussion of the issues and the Supervisors asked a number of questions. Gayle Uilkema specifically said that she was concerned about services to East and West County Residents and encouraged Health Services Department staff to look at transportation and discharge issues. Federal Glover said we all need to "agree to disagree - Reality is that there won't be three different facilities". He also indicated that the Allen Street location was ideal for this facility. The Committee did not request that any future reports come back to them, but they left the referral open for future reports should the FHS Committee request staff to return or the Department has additional information they wish to present.

At the Finance Committee meeting the discussion was equally lively, Supervisor Gioia said he understood the desire to keep beds open at the hospital and that was the intent of the Board, but could not promise that they would never be closed because he could not bind other Boards. Supervisor Bonilla said that we should "look at other options for East and West County and report back to the Finance Committee. Can we afford to do anything?" She was also concerned about the transportation issues.

So, the Health Services Department will be reporting back to the Finance Committee at an undetermined future date regarding options for other parts of the County and transportation issues to Martinez.

I hope this helps.

Dorothy Sansoe
Sr. Deputy County Administrator
651 Pine Street, 10th Floor
Martinez, CA 94553
(925) 335-1009
Fax: (925) 646-1353

From: Dorothy Sansoe <DSans@cao.cccounty.us>
Cc: ablares49@yahoo.com; aereed001@hotmail.com; bielle.m@gmail.com;
cokeeffedaphne@yahoo.com; dk122932@aol.com; jfreesto@hsd.cccounty.us; Karyn Cornell
<KCom@bos.cccounty.us>; kshuler@hsd.cccounty.us; Lea Castleberry
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<MPiep@bos.cccounty.us>; pamantas@sgtinc.com; scottnel@sbcglobal.net; skilder@aol.com;
TVDB@bos.cccounty.us
Sent: Thu, Jul 30, 2009 11:43 am
Subject: Re: Summary of Board Committee Meetings

Sorry - one more update. In addition to Teresa and Art, Peter and Colette also attended the meeting and spoke. I did not mean to leave them off. My apologies to both of you.

Dorothy Sansoe
Sr. Deputy County Administrator
651 Pine Street, 10th Floor
Martinez, CA 94553
(925) 335-1009
Fax: (925) 646-1353

Dorothy
Sansoe/CAO/
CCC
07/29/2009
05:28 PM

To
cc ablares49@yahoo.com, aereed001@hotmail.com, bielle.m@gmail.com, cokeeffedaphne@yahoo.com,
dk122932@aol.com, jfreesto@hsd.cccounty.us, John Gioia <JGioia@bos.cccounty.us>, Karyn Cornell
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mamap2536@aol.com, mfoverby@yahoo.com, Mary Piepho <MPiep@bos.cccounty.us>,
pamantas@sgtinc.com, scottnel@sbcglobal.net, skilder@aol.com, TVDB@bos.cccounty.us

Subject: Re: Summary of Board Committee Meetings
Link

I need to clarify a bit. Supervisor Gioia raised the issue regarding services to East and West County. Supervisor Bonilla's comments were in response to the discussion that followed. All four Supervisors agreed that transportation to Martinez was a concern.

Thanks,

Dorothy Sansoe
Sr. Deputy County Administrator
651 Pine Street, 10th Floor
Martinez, CA 94553
(925) 335-1009
Fax: (925) 646-1353

From: Karen Shuler <keshuler@frontiernet.net>
To: Anne Reed <aereed001@hotmail.com>; Annis Pereyra <ablades49@yahoo.com>; Art Honegger <skilder@aol.com>; Bielle Moore <bielle.m@gmail.com>; Clare Beckner <clarebeckner@live.com>; Colette O'Keeffe, MD <cokeeffedaphne@yahoo.com>; Dave Kahler <dk122932@aol.com>; Floyd Overby MD <mfoverby@yahoo.com>; Peter Mantas <pamantas@sgtinc.com>; Scott Nelson <scottnel@sbcglobal.net>; Supv. Mary Piepho <dist3@bos.cccounty.us>; Teresa Pasquini <mamap2536@aol.com>
Sent: Tue, Jul 21, 2009 2:59 pm
Subject: April 17, 2008 MHC Minutes

Members of the Mental Health Commission:

Attached are the Minutes from the April 17, 2008 MHC Special Meeting (containing the motion regarding Commission support in concept of the PHF). These Minutes were just found last Wednesday evening after an extensive search.

This is what I can piece together as to what happened with these Minutes:

The portion of the Minutes dealing with the motion was verified immediately after the April 17th meeting and the letter to the BOS was written and signed by Interim Co-Chairs Scott Singley and Judy McCahon in time for the April 22 BOS meeting. The rest of the Minutes were not ready in time to be placed on the April 24, 2008 MHC Agenda for approval, so they were held over to the May MHC meeting for approval. The Minutes were written and sent to Interim Co-Chairs Scott Singley and Judy McCahon for review. When they were copied for the May Commission packets, something happened and the wrong information was sent -- actually a combination of the April 17th Minutes and the minutes from an ATAY Committee. I have no idea how that happened and I wasn't made aware of it until after the packets went out. So the April 17th Minutes were not approved at the May MHC meeting. I tried to find the correct April 17th Minutes but was unable to do so and made the assumption that during cutting and pasting they had been permanently lost. There was no tape recording of the meeting so it could not be replicated.

In the months following that meeting, I was asked for the information about that motion several times and each time I tried again to find the Minutes, but to no avail. I had purchased a new home computer around that time and had transferred my files from my old computer to my new one. I searched through all my files, both at home and at work and was unable to locate the missing Minutes.

I was again asked for a copy of them last Wednesday afternoon, and I once again began searching for them. I called former Commissioner Kathi McLaughlin, asking if I had ever sent her a copy for review and asked her help in jogging my memory as to the exact motion. She remembered it was at that meeting, and she remembered the vote, but nothing else. While talking with her I got the idea to look into my old e-mail that was left on the old computer because I always sent a copy of Minutes from the office to home. It was there that I discovered a copy of the April 17, 2008 Minutes as an attachment. I copied it onto a flashdrive and have now transferred it into the MHC computer. I never thought to look at the old e-mail, only the files. I normally save attachments to a file as soon as I send them to my home computer, but this one time I did not. And like I said, I never thought to look in the old e-mails when I transferred files to my new computer.

I am deeply sorry for my clerical miscues that led to these Minutes being "lost" for such a long time. I can only ask that those of you who were around remember what was happening in April-June, 2008 as first the Co-Chairs of the Commission resigned, then I was working with Interim Co-Chairs (who also resigned their positions), and then a facilitator stepped in to keep things going over a two-month period. Then Scott had a heart attack, and for over a month I was in danger of losing my job.

Also, because the Minutes were not available, they were never approved at the May 2008 meeting or any subsequent MHC meeting. The Minutes attached are finalized (reviewed and approved for distribution by then Interim Co-Chairs Scott Singley and Judy McCahon). I made no changes to what I found in that e-mail attachment other than a couple of typos that Scott and Judy asked to be corrected and the recent notation that they were not voted on for approval. They will be posted on the website, replacing the incorrect April 17, 2008 Minutes, with that notation that they were not voted on for approval by the Commission.

This is an accurate accounting of what happened. The only thing I cannot actually piece together is how the MHC and ATAY Minutes got mixed together.

Karen Shuler

**NOTE: THESE MINUTES HAVE NOT BEEN VOTED ON FOR APPROVAL BY
THE MENTAL HEALTH COMMISSION**

**MENTAL HEALTH COMMISSION
SPECIAL MEETING: 2008/2009 BUDGET REDUCTIONS
APRIL 17, 2008
MINUTES**

<p>1. CALL TO ORDER / INTRODUCTIONS The meeting was called to order by Interim Co-Chair Judy McCahon at 5:15 p.m.</p> <p>Commissioners Present: Dave Kahler, District IV (Left shortly after meeting started) Judy McCahon, District III Jacque McLaughlin, District II Kathi McLaughlin, District II Cynthia Miller, District II Teresa Pasquini, District I Scott Singley, District III Karen Sloma, District IV</p> <p>Attendees: Frank Barham, MD, Retired Psychiatrist David Evans, MHC Applicant John Gagnani, Local 1 Art Honnegger, MHC Applicant Fran Kelly, Supv. Bonilla's Office Sandy Kleffman, Contra Costa Times Mariana Moore, Contractor's Alliance Luis Quinonez, Supv. Bonilla's Office (Left after making statement) Dorothy Sansoe, County Administrator's Office Karen Shuler, Executive Assistant to the MHC Franz Wassermann, MD, Retired Psychiatrist Donna Wigand, Mental Health Director Janet Marshall Wilson, JD, MHCC, Program Director, Patient's Rights</p>	<p>Commissioners Absent: Bobbie Arnold Supv. Susan Bonilla</p>
<p>2. ANNOUNCEMENTS</p> <ul style="list-style-type: none"> • Notice of Public Hearing: April 22 at 9:30 a.m. at Board of Supervisor's Chambers, Room 107, 651 Pine Street, Martinez. • Luis Quinonez stated he was asked by Supv. Bonilla to come to the meeting to give a brief statement to the Commission on her behalf: One of the things she hopes would happen today is that the Commission presents what she suggests – to formally ask the Board of Supervisors to create a process in which this Commission works with staff and the Board in a pro-active manner in any time when it comes to years like these where there's a severe crisis in the County budget, and the State budget as well. I myself, along with Susan, have only been here since January 7th of 2007, and we're still learning as we go. But one of the things she has found is that a lot of things happen on a 	

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<p>reactive basis. Things tend to happen on a reactive basis. The best decisions are not made when not all the information is obtained or too much information is received by the policy makers or decision makers. So she hopes the Commission takes her up on that suggestion to work with your individual Supervisors, staff, as well as tonight to take a look at all the differing, difficult recommendations and decisions that are going to be made on Tuesday, and also to bring to light any ideas or hopes you may have. One of the things I know we discussed is the possible action of moving the psychiatric unit out of the hospital into a free-standing building and I'm sure, as all of you know, the County spent a lot of money to meet the Federal standards and now we're supposed to spend millions of more dollars at a time where the County needs every cent. So she, along with the rest of her colleagues, would love to hear your input on that, and whether or not you think that is a good idea. We depend on you a lot, in a lot of ways, on your recommendations, as well as staff, and we value your input, especially in these times where we're looking at a possibility where we'll probably want to make more cuts down the road in the next fiscal year. I'm not sure if you are aware but the legislative analysts in the State of California had projected \$1 billion more would come to the State coffers than it did. So, just to wrap it up, Susan hopes that the request is made and they'll take it up and put it in a Board Order if you ask her to, and also ask her colleagues to take more of a pro-active effort. Good luck tonight and we look forward to the hearings and what you have to say and our door is always open to all of you. Thanks.</p> <ul style="list-style-type: none"> o Kathi stated if there was something specific Supv. Bonilla is asking, maybe it could be formulated to be placed on next week's Commission agenda. Luis replied that one of the things they could formally send over to Scott and Judy would be considering getting the Commission input on how the County can best maximize its partnership with non-profit mental health providers. 	
<p>3. 2008/2009 BUDGET REDUCTIONS (Issue is discussed under other Agenda items below.)</p> <ul style="list-style-type: none"> • Jacque asked that the issue of communicating the budget information to clients and families be addressed. • John suggested that a motion be made that he and Donna meet as often as necessary to work on proposals regarding the budget cuts. 	<p><i>Place on April 24 MHC Agenda.</i></p> <p><i>Place on April 24 MHC Agenda.</i></p>

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**4. HEALTH SERVICES PROPOSAL TO DEVELOP A NEW
MULTI-PROGRAM PSYCHIATRIC CAMPUS**

- Jacque asked about the potential cost savings and mentioned we have invested money in the current facility. She asked how this would impact clients. Donna stated there was a proposal to purchase property adjacent to the hospital and build a new Psychiatric Pavilion. It would have 3 programs instead of 2. We currently have a 24/7 Crisis Support Unit with 23 beds. Psychiatric Emergency had to be reconfigured to match Title 22 requirements (mental health is under Title 9). The staffing pattern was changed and made a medical model. We have to move out of the hospital to get back to being a psychiatric emergency facility. The hospital was ordered to reduce and Mental Health was ordered to reduce. The proposed 3-program plan would be cheaper. It would be run by a community-based organization and would consist of:
 1. Assessment and Recovery Center. Open 24/7. Voluntary and involuntary would have separate entrances.
 2. One wing would be a 16-bed locked adult Psychiatric Health Facility (PHF).
 3. One wing would be a 16-bed unlocked crisis facility.This would bring people back under Title 9 and back under Mental Health. Donna said she would like to have County Mental Health staff stationed there, but can't do it with County staff only. Most of these types of facilities are run by Contract Providers. We need to have County staff co-located to keep a linkage. There would be 2 offices to do treatment planning, clinical case review, etc. Donna's Program Manager would monitor and do the program reviews. She said they want to start negotiating with the owner and do a Request for Proposal. The very soonest it could happen would be 2 years.

Issues: There is discomfort because County staff would be displaced – 5 mental health clinicians, 4 mental health social workers and 20-22 nurses. All physicians are under contract. Donna stated the nurses will be against this.
- Janet stated that PHF's are licensed by the Department of Mental Health, and that it is more difficult to get complaints resolved.
- In reply to Jacque's question about what happens to children, Donna said there are no services for children now. They go to Psychiatric Emergency or assessment services. Cynthia said that in the design, we take a system that doesn't work for kids to one where there would be nothing, to which Donna replied that they

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would go to the assessment center. Kathi asked if there was some consideration of creating a regional crisis center for kids awaiting placement, saying there may be a greater need due to costs.

Cynthia added that this seemed like an ideal time to factor kids in.

Donna said she liked the idea of a regional center, perhaps partnering with Solano County, and possibly including Kaiser.

- Karen Sloma said she is in favor of the 16 locked/16 unlocked beds – that it was a good balance. She added it would be a good opportunity to be a mental health facility under Mental Health rather than medical. Also, having separate entrances does a great service in providing better care for everybody.
- Fran asked how it saves money if no county employee is losing their position. Donna explained the budget process. Teresa said she is concerned about the money it cost to revamp the hospital. She continued that she is not a fan of PHF's, stating they provide a lower level of care. She asked for the numbers in private overflow hospitals. Kathi said Vern was having trouble getting the numbers. Donna said she does not want a less-than-quality program. She explained she had been asked when 20 of 23 inpatient psychiatric beds went away, what would you need? She said three teams to absorb the business of intensive follow-up post discharge. One team materialized. John stated it is good financially to be under Title 9.
- Jacque summarized the discussion regarding the proposed PHF:
 1. Needs to be assurance of accountability of the level of care
 2. Needs to include the care of children
 3. Needs to pay attention to problem resolution – working with patient's rights people
 4. Needs to provide good treatment teams after discharge.
- A motion was made to accept in concept the Multi-Program Psychiatric Campus, requesting that the following concerns be addressed in the planning process: Assurance of quality of care standards; people in need have a place to go; children are considered in the process; there be a good partnership in planning with mental health and others; and request that the Mental Health Commission receive updates and at least one Commissioner sits in on the partnership in planning process.

During discussion, Janet expressed concern over training staff for the additional paperwork involved in PHF's. Mariana Moore said the Alliance supports Donna in the partnership. Teresa said she's trying to be open-minded, and in spite of the fact that she's had mostly bad experiences with PHF's, she likes the partnership but

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<p>won't support the motion. She stated she feels like it's reactionary because we're in crisis and doesn't believe there has been enough analysis or looking at reorganization. In Public Comment on this Agenda item, Dr. Wassermann mentioned an article that stated private contracting may involve more costs. He said establishing a separate campus is unwise. Mentally ill patients have a high rate of other illnesses and it would be harder to get appropriate medical treatment. We are learning more about treatment all the time. This is going against unification of services. Dr. Barham added that we need to look at other models. The motion carried 6-1-0.</p>	<p>M-J.McLaughlin S-K.McLaughlin Carried 6-1-0 Yea: McCahon J. McLaughlin K. McLaughlin Miller Singley Sloma Nay: Pasquini</p>
<p>5. HEALTH SERVICES PROPOSAL THAT ALL HEALTH AND MENTAL HEALTH SERVICES AT ALL COUNTY DETENTION FACILITIES BE PROVIDED BY PRIVATE SECTOR FIRMS -- Karen Sloma and Judy McCahon, Co-Chairs Justice System Committee</p> <ul style="list-style-type: none"> • Karen reported they have not completed their discussions. She stated they have real concerns around keeping Juvenile Hall within the current mental health structure. She asked that the Board of Supervisors be requested not to act on this proposal until they've had a chance to gather additional information. 	<p><i>Place on April 24 MHC Agenda.</i></p>
<p>6. LOCAL BUDGET REDUCTIONS SPECIFIC TO CHILDREN'S SERVICES -- Kathi McLaughlin, Chair, Children's Committee</p> <ul style="list-style-type: none"> • Kathi presented information on her analysis of the budget cuts and asked why the cuts were disproportionate. Donna gave a detailed history of how children's mental health dollars were allocated, explaining why the cuts were impacting children's services more than adults this year. • It was reiterated that if we cut, it will cost more. We have a 3632 mandate – kids served under that go to the front of the line no matter what. Medi-Cal and the uninsured go to the back of the line. We won a lawsuit allowing us not to serve 3632, but still provide the services. The Board of Supervisors will have to make a decision to reconfigure. The state takes 5-15 years to reimburse. • A motion was made to send a letter to the Board of Supervisors to look at the actual cost in dollars and cents and direct mental health to focus on the uninsured and underinsured. • John stated that the drop from 57 to 48 in out-of-home 	<p>M-K. McLaughlin S-Pasquini Carried unanimously. Draft a letter to the Board of Supervisors.</p>

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<p>placements shows the success of the current program.</p> <ul style="list-style-type: none"> • Dorothy suggested discussing what can be done about changing what we're doing with AB3632 as a future agenda item. 	<p><i>Place on future MHC Agenda.</i></p>
<p>7. PUBLIC COMMENT ON NON-AGENDA ITEMS None.</p>	
<p>8. ITEMS TO BE FORWARDED TO THE REGULAR MONTHLY MENTAL HEALTH COMMISSION MEETING APRIL 24th</p> <ul style="list-style-type: none"> • Develop a means by which consumers, families, staff, providers, contractors, etc. can be kept up-to-date and informed thoroughly about the budget cuts and how it will impact them. D/A • Entertain a motion to encouraging ongoing collaboration between Local 1 and Mental Health Administration during discussions regarding cuts in staffing. D/A • Review Health Services proposal that all health and mental health services at all County detention facilities be provided by private sector firm(s). Make recommendations to the Board of Supervisors. D/A • Review and make recommendations regarding services to AB3632 children in relation to proposed \$2.6 million in cuts to Medi-Cal eligible children. D/A 	
<p>9. ADJOURNMENT The meeting adjourned at 7:15 p.m.</p>	

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