Contra Costa
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Contra Costa County
Mental Health
Commission

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

# CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION

## Thursday • October 8, 2009 • 4:30-6:30 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 925-957-5140.*

## AGENDA

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

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

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

3. 4:40 **ANNOUNCEMENTS**
A. Minds on the Edge – PBS special series

4. 4:45 **APPROVAL OF THE MINUTES**
*ACTION* June 25, 2009 MHC Monthly Meeting
*ACTION* August 13, 2009 MHC Monthly Meeting
*ACTION* September 3, 2009 MHC Special Meeting

5. 4:50 **VICE CHAIRPERSON'S COMMENTS – Teresa Pasquini**
A. Introductions from Carole McKindley-Alvarez and Sam Yoshioka
B. Consider possible site visits to CCRMC, Neirka House, Crestwood Angwin (or most frequently used MHRC/IMD), Shelters, Clubhouse and MHCC Wellness Centers.
*ACTION* C. Discuss submissions of nominations for Chair and Vice Chair and election in November. Appoint an Election coordinator to receive nominations and submit to Commission for November Election.
D. Report on Mental Illness Awareness Week.
E. Discuss CIMH Commission Training

6. 5:05 **REPORT: Deputy Director, County Administrator's Offfice-Dorothy Sansoe**

A. Brief discussion and clarification on Standing Committees, Task Forces and Workgroups

***ACTION*** B. Hear County Counsel suggestions for Mental Health Commission By-Law Revisions. Discuss and consider reconvening By-Laws Workgroup to make changes, in accordance with County Counsel recommendations or submit to BOS, as is.

7. 5:20 **REPORT: CONTRA COSTA HEALTH SERVICES MENTAL HEALTH ADMINISTRATION**

**A.** General Report - Deputy Director Suzanne Tavano

B. Closure of Chris Adams – Children's Program Chief Vern Wallace

C. Mental Health Services Act Update – MHSA Program Director

8. 5:40 **REPORTS: ANCILLARY BOARDS/COMMISSIONS**

***ACTION*** A. Mental Health Coalition – Teresa Pasquini

Consider recommending a neutral investigation of suicide of West County Consumer with report back to Commission.

B. Hospital Community Forum and/or Healthcare Partnership – Dave Kahler

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

9. 6:00 **MHC COMMITTEE / WORKGROUP REPORTS**

A. MHC/CPAW Capital Facilities and Projects Workgroup – Teresa Pasquini, Chair

1. IMD/MHRC/SNF Client Count Report (from Donna Wigand/Victor Montoya)- refer this information to workgroup.

***ACTION*** 2. Brief Report on 9/3/09 meeting. Update on the 9/24/09 meeting; ratification of any action taken by the Workgroup at the 9/24/09 and 10/5/09 meeting. Note: refer to meeting packets emailed to Commissioners.

B. Commission Workgroups updates/assignments.

10. 6:10 **SPECIAL REPORTS**

A. Advocacy Issues – Sherry Bradley

11. 6:15 **FUTURE AGENDA ITEMS**

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

a. Suggestions for November Agenda ***[CONSENT]***
   1. Report on integration of primary and behavorial health from Dr. Ferman and Dr. Walker
   2. Consider recommendations to BOS Legislative Platform: AB244 – Parity on Mental Health Funding and Senate Bill 785 – Foster Care

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 Behavorial Health Court
   5. Discuss MHC Fact Book Review Meetings with Appointing Supervisor
   6. Creative ways of utilizing MHSA funds
   7. TAY and Adult's Workgroup
   8. Conservatorship Issue
   9. Presentation from Victor Montoya, Adult/Older Adult Program Chief

11. 6:20 **PUBLIC COMMENT.** ***[Remaining]***

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12. 6:25 **ADJOURN MEETING**

The next regularly scheduled meeting of the Mental Health Commission will take place November 12, 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*

## COMING TO PBS STATIONS IN OCTOBER

*MINDS ON THE EDGE: Facing Mental Illness* zeros in on wrenching situations playing out every day in hospital ERs, on city streets and school campuses, in courtrooms and in jails, as Americans struggle with serious mental illnesses like schizophrenia and bipolar disorder. The dramatic scenario of this Fred Friendly Seminars program reveals personal dilemmas facing individuals and families, medical practices that can be obstacles to treatment, and public polices that are falling short.

Moderated by Frank Sesno, the program features Supreme Court Justice Stephen Breyer, Nobel-Prize-winning neuroscientist Eric Kandel, Pulitzer-nominated journalist Pete Earley, and other panelists from law, medicine, and public policy — including several who have personally faced the challenges of mental illness and offer their riveting insights.

Visit the ***Minds on the Edge* Web site** for TV schedule information and multimedia content on serious=2 0mental illness.

**If you miss the program on-air, you can watch online after 10/1.**

**National Alliance on Mental Illness**

An expanded website for Minds on the Edge launches 10/1/09.

http://www.mindsontheedge.org/

For Comcast Subscribers - "Minds on the Edge - Facing Mental Illness" will be aired as follows:

- Sunday, October 4, 6-7 pm on Channel 190 KQEDW
- Tuesday, October 6, 9-10 pm on Channel 22 KRCB

Contra Costa Mental Health Commission
June 25, 2009
Minutes - Draft

## 1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:35pm by Chairperson Peter Mantas.

Commissioners Presents:

Supv. Mary Piepho
Dave Kahler, District IV
Colette O'Keefe, MD District IV
Floyd Overby, MD, District II

Annis Pereyra, District II
Anne Reed, District II

Teresa Pasquini, District I
Art Honegger, District V

Commissioners Absent:
Scott Nelson, District III

Attendees:

Julie Freestone, CCHS
Dorothy Sansoe, CCC
John Gragnani, Local 1
Mariana Moore, Human Ser. Alliance
Brenda Crawford, MHCC
Anne Heavey, NAMI
Ralph Hoffman
Sam Yoshioka
Charles Madison
Sharon Madison
Jakki Tachiera
Paula Bender – Rubicon

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## 2. PUBLIC COMMENT

Connie Steers: Ms. Steers asked if the Mental Health Commission has seen the Contra Costa County Mental Health Services Housing Program Survey from March 2008. She stated that while it's a long report, there is a shorter version which contains the recommendations of mental health consumers regarding different types of housing and services. Ms. Steers left a copy to share with the Mental Health Commission.

## 3. ANNOUCEMENTS

Mental Health Commission Chairperson Peter Mantas announced that Commissioner Clare Beckner had resigned from the Mental Health Commission, with an effective date of August 1, 2009. She was commended on her work with the commission, but she will still be involved in mental health in many ways.

Chairperson Mantas also announced that the Mental Health Commission's Executive Assistant, Karen Shuler, had resigned to accept another position. Ms. Shuler was presented with a Service of Excellence Award for her more than 9 years of support to the Mental

Health Commission and as a thank-you from the Mental Health Commission for her service. She was commended for her knowledge, commitment, and passion for her work with the Mental Health Commission, and she will be sorely missed.

## 4. APPROVAL OF THE MINUTES

Approval of the Minutes from May 28, 2009: The minutes of the Thursday, May 28, 2009 meeting were presented for approval. There were some concerns about the way in which several sections in the minutes were represented, and as such, Chairperson Mantas proposed to the Mental Health Commission that they consider revising the minutes with several possible options. The section under question was on page 6-7-8, under Item Number 10.a.1). Two options were proposed for how these sections could be changed. Discussion ensued about how to make the change, and it was proposed that there might also be an Option Three, which would state that "The Mental Health Commission had a discussion regarding Chair Mantas' proposal for a June agenda item to have consumers come in to discuss their individual experiences. During the course of the discussion, the Mental Health Director left the room, and subsequent to her departure, the commission decided to not pursue the proposal as a June agenda item." More discussion followed, resulting in the following motion:

- **Action: It was moved, seconded, and motion carried to accept Option #3 be included in the minutes of the May 28, 2008 Mental Health Commission, and that they be approved to include this option. (6 for/1 oppose/ 2 abstentions)**

Subsequent the motion, a point of order was noted by Chairperson Mantas. There was discussion regarding whether or not there was a quorum present, and if not, whether or not the motion actually was approved. Chairperson Mantas indicated that this will be researched based upon approved Bylaws, and if this action was incorrect, it will be re-done.

Approval of the Minutes of June 11, 2009:

- **Action: It was moved, seconded and carried to adopt the minutes of June 11, 2009, as presented. (Moved/Seconded/Approved)**

A. Older Adults Mental Health Community Task Force: In follow-up from the Mental Health Commission Planning Minutes, Chairperson Mantas noted that an appointee to the Older Adult Mental Health Community Task Force was to be considered. A brief explanation of the purpose of the task force was provided. There was no volunteer for this assignment at this time.

B. Consider Moving the Monthly MHC meeting to the 2nd Thursday of Each Month:

- **Action: It was moved, seconded and carried to approve the change in meeting day for the Mental Health Commission to the 2nd Thursday of each month. The next meeting will be held on July 9, 2009. (M/S-Pasquini/Approved)**

C. Establish a Quality of Care and Quality of Life Assurance Workgroup: Chairperson Mantas entertained a motion to establish a Quality of Care and/or Quality of Life Assurance Workgroup. It was clarified that the purpose of this workgroup would be to have a quality of care worker that would address the quality of care site visits. The initial meeting(s) of this workgroup would include establishing a charter, establishing goals, and determine next steps.

- **Action: It was moved, seconded and carried to establish a Quality of Care and Quality of Life Assurance Workgroup.**

D. Establish a Diversity and Recruitment Workgroup: The foundations for this workgroup were discussed previously, and Chairperson Mantas entertained a motion for approval to establish the workgroup. The Diversity aspect of the Workgroup was briefly discussed. There was one volunteer for this workgroup, Mariana Moore.

- **Action: It was moved, seconded and carried to establish a Diversity and Recruitment Workgroup (Motion carried, no abstentions).**

## 5. REPORT: HEALTH SERVICES DIRECTOR – Dr. William Walker

Julie Freestone, Dr. Walker's Assistant, was present to give the report for Dr. Walker, due to his being away in Seattle, Washington, attending the National Association of Public Health Systems, where health reform is under discussion. Ms. Freestone apologized for her "superficial level of knowledge" about some of the items being presented, however, she indicated she is present to collect information and questions, and also to provide as much information about questions from the Mental Health Commission as possible.

A. Medicare Billing at Outpatient Clinics: Ms. Freestone reported that she had reviewed previous Mental Health Commission minutes to determine what data had already been provided to the commission, and stated that it was understandable that Chairperson Mantas didn't see answers to his questions by the data provided to him. Unfortunately, the data previously provided did not have anything to do with the question(s) originally submitted by the Mental Health Commission. As such, it was clarified that the data that was provided was a "snapshot" or Medicare patients seen in mental health clinics in one month (as a snapshot in a point of time). It was explained that clients who may enter the Mental Health System as "Medicare" receive every assistance to qualify them as MediCal clients in order that reimbursement can occur in the Outpatient Mental Health Clinic. What occurs is that the number of Medicare clients in the Mental Health system continually changes as their status is converted to MediCal for reimbursement purposes. Outpatient Mental Health Clinics cannot bill for Medicare reimbursement. However, at any given time, there are about 200 clients who are "Medicare only" and therefore there is no reimbursement available for them if they are seen in an outpatient mental health site.

Some discussion ensued, requesting clarification for those clients whose coverage status is "Medi/Medi", i.e., Medicare and MediCal covered. If they are enrolled in Medicare and also MediCal, outpatient mental health can bill for MediCal. However, if a client is

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"straight" Medicare (i.e., that is the only coverage they are eligible for), these clients are referred outside of county mental health for those services.

It was concluded that originally the Mental Health Commission thought that administration was talking about much larger numbers of clients, i.e., it seemed like a much bigger issue. However, Ms. Freestone encouraged more questions about the subject and a subject matter expert (possibly Suzanne Tavano) would be able to answer those questions for the commission.

B. Update on Budget Action: There was currently nothing new to report, since the draft budget has not been voted upon in Sacramento as yet. There are some negotiations going on at the state level, however, there is nothing new to report. Ms. Freestone commended the Mental Health Commission for the letter it sent to the State regarding the current budget status, and it was suggested that the Mental Health Commission send more of this type of letter to speak to those in charge of funding; letter writing about funding can make solid points to the legislature. The commission was advised that as soon as there is something new to report, or more advocacy needed, they will be advised.

C. Update on MHSA Programs: The Action Plan for the MHSA Consolidated Planning Advisory Workgroup (CPAW) was made available to the commission. Updated CPAW information is also available on the CPAW Webpage through cchealth.org/groups/cpaw. There is a lot of working occurring through CPAW, which will be involved in transformational efforts of the mental health system. CPAW has established a Data Committee, Innovation Committee, Housing committee, Communications Advisory Committee, etc. The Data Committee is looking at outcomes driven data. The Workforce Education and Training workgroup has been busy planning training, and the CSS 08/09 Plan Update has also been approved by the State Department of Mental Health. One future task of CPAW is the de-briefing of clients and family members who participated in the first round of FSP planning, with the purpose being to learn what is working and not working with FSP's (full service partnership planning). The CSS De-Brief is intended to bring data back for future planning. It was noted that at the July 16, 2009 meeting, a general Housing presentation will be provided for input.

D. Status Report on Open Positions: An MHSA Open Positions status report will be provided regularly to the CPAW Data Committee, and it was acknowledged that this information has also been requested by the commission, and that this has been an area of concern for the commission, and as such, the hiring freeze process, and its impact was explained. When there is a freeze on hiring, there is an impact on the ability of the Mental Health Division (or any Division, for that matter), to recruit and hire new staff. This is what had been occurring when Mental Health Division staff requested to hire and fill the vacant MHSA funded positions. However, the freeze has been "lifted", and the standard county hiring process can be resumed.

Members of the commission provided some background information, and stated that this subject has come up because of ongoing budget discussions. The commission clarified that it had requested the information on the status of open positions based upon input that the Mental Health Director had provided, i.e., that the county human

resources process had caused delays in the hiring process. Because of that reported situation, the Mental Health Commission wanted to communicate with the Board of Supervisors to advocate for action.
Ms. Freestone reported that the three Family Support Worker positions were going forward, and one cause for delay in the recruitment/hiring for these positions had been the need to change the titles so that they were more descriptive of what work these folks would actually do. This had caused some further delay while waiting for County Human Resources to make the modifications needed, and to re-advertise for the positions. It was also clarified that there are situations in the county where the merit system job classification does not necessarily describe the working/functional title for a position, and when that occurs, there is a process that the department has to follow in order to make the change(s) needed to more accurately reflect the function of the position.

E. Search for Ms. Shuler's Replacement: Chairperson Mantas described the interim plan for providing coverage to the Mental Health Commission, given the departure of the current commission assistant, Karen Shuler. An Agency Temporary staff person has been authorized at 10 hours per week. The Mental Health Commission work was described as not as "robust" as what Ms. Shuler was doing, but it was agreed that a job description and tasks would be developed so that interviews could be completed. Chairperson Mantas inquired of Ms. Freestone whether or not Dr. Walker had received Chairperson Mantas' request for some more flexibility and hours for the position? A meeting will be held to discuss this when Dr. Walker returns.

F. Update on Mental Health Commission Requests for Information: It was clarified that there is an organization that does provided training and technical assistance for mental health boards and commissions. As follow-up to earlier commission discussion, Ms. Freestone reported that she has done some preliminary research into the availability of said training by going to the CiMH (California Institute for Mental Health) website to find out what they can provide. The consensus was that this subject be further researched and brought back as a future agenda item for discussion.

## 6. ANCILLARY BOARDS AND COMMISSION REPORTS:

A. Mental Health Coalition: Vice Chair Pasquini reported that the most recently held meeting was this past Tuesday. Members are interested in asking for advocacy around Mental Health Consumer Concerns contract and ensuring that MHCC is funded through MHSA. The coalition may take this up for further discussion and/or action.

B. Human Services Alliance: Mariana Moore reported that the report this month is very brief. While it was not mental health specific, it was about the uncertainty being experienced by non-profit service providers around the current State budget status and the impact of that uncertainty on the local providers.

C. Local 1: John Gragnani reported that Local 1 has undertaken a project in line of wanting their voice to be included in county mental health matters and wanting to participate in solutions going forward with some of the current challenges being

experienced. He explained that they have adopted an idea that came from Local 1 Founder Henry Clarke, which is to do a performance evaluation and analysis of all layers of the mental health division. They have developed an impartial and objective instrument that they hope will empower members to share their thoughts about the mental health system. Local 1's number one priority is to confront whatever budget issues and realities which lay ahead, and also to assure there is a safety net within the children's mental health system which has long been stretched so thin.

D. Hospital Community Forum: nothing to report.

E. Mental Health Consumer Concerns (MHCC): Brenda Crawford addressed the report made earlier by Vice Chair Pasquini regarding the coalition's support of MHCC. She acknowledged that MHCC did request coalition support of their ongoing efforts at negotiating a contract with the county. Ms. Crawford clarified that MHC isn't necessarily seeking an "action item" from the Mental Health Commission, but rather, MHCC is seeking moral support as they go forward with their negotiations.

MHCC continues to grow and experience increased levels of services. They are averaging about 35 people per day in their central facility, 25 per day in the west county facility, and as of July 15th, the new East county facility will open at 2400 Sycamore Dr., Suite 30, Antioch. MHCC will be expanding the kinds of services that will be provided, with more emphasis on wellness and recovery. They are also in the process of organizing the Client network. Ms. Crawford announced that on July 23, 2009, MHCC will host an open house of their new central location in Concord, and everyone is invited to attend. MHCC has opened three new centers in the county in less than 18 months, and has revamped all of their programs. They have developed a "branding campaign", a new logo, new website, and these are very exciting times for the agency.

Chairperson Mantas asked that if at some point in time, it would be good to see MHCC bring family members into their efforts and see how as a community all can unify the voice of the family and consumer.

Ms. Crawford indicated that MHCC has already started to do that, and as an example, explained how the facilitating of the focus groups around the new proposed psychiatric health facility had occurred with the cooperation of both consumers and family member involvement. Ms. Crawford stated that there are two different voices (consumers and family) but their voices can also have a sort of common message. She is hopeful that they can continue to work in the best interest of both (consumer and family voices).

F. NAMI: Mr. Farmer stated that NAMI was shocked at the lack of transparency demonstrated by Mental Health Administration related to the proposed psychiatric health facility. He stated that they were not advised of the feasibility study dated November 2008, nor was any of the data that has been made available. A long standing meeting with the Mental Health Director was abruptly cancelled. Mr. Farmer stated that if the Psychiatric Health Facility is indeed in the best interest of

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loved ones, NAMI is willing to work together with Mental Health Administration to reach that goal. Their principle concern is to improve the quality of care for consumers.

G. MHSA CPAW: No report.

## 7. COMMITTEE/WORKGROUP REPORTS:

A. Bylaws Workgroup: Chairperson Mantas reported that there's been no response from County Counsel to date.

Dorothy Sansoe clarified that county counsel has completed their review and will be sending Mental Health Administration their memo outlining whatever their concerns are with the bylaws.

B. Executive Committee: Vice Chair Pasquini reported that they will be doing interviews for potential Mental Health Commission applicants. Chairperson Mantas suggested that if there are different commission members doing interviews, applicants should be brought back for re-interview before the Executive Committee makes a recommendation.

C. Capital Facilities and Projects Workgroup: Art wasn't able to attend today's meeting, therefore asked the other workgroup members to present findings and recommendations for the Mental Health Commission to act on.

The workgroup met last week to discuss a plan for presenting findings from the past month, and reported on the status of clients going through the emergency department in order to be triaged to be seen in CSU. Clients can no longer go straight through to CSU, but must be first seen in the ER.

Vice Chair Pasquini stated she has put together a written report of the observations through a snapshot of the community going through the ER. She isn't aware of whether or not any other options were considered when the change was made four years ago (to the present process). She expressed concern for the way this process has impacted consumers and their family members.

It was reported that the workgroup has also discussed wanting to know whether or not any other alternatives to the proposed PHF and psychiatric campus have been considered during the planning of the currently proposed facility/structure. The commission has requested a list of alternatives considered and hasn't received one to date. There is a concern that there should be some additional dialogue, conversation, etc., possibly hosted by the Mental Health Commission, to get the community voice heard on the proposed $25 million dollar investment that the county will be making.

Chairperson Mantas stated that given today's presentation, the item will be moved to the agenda of the next meeting, so that the workgroup can formulate their recommendations on the issues.

Dorothy Sansoe also announced that the Board of Supervisors will be holding a Finance Committee meeting and their Health & Human Services committee meeting(s) on the same day, July 20th, at the same time (1:00 p.m.). They will take up the issues on the capital facilities in both of those meetings, and this is an opportunity to have MH Commission concerns heard by the majority of the Board of Supervisors.

## 8. CHAIRPERSON'S COMMENTS

Chairperson Mantas attended a recent CALMHBC/CiMH (California Local Mental Health Boards/Commissions and California Institute for Mental Health) meeting/training, and provided a copy of his report to commissioners via email. Chairperson Mantas presented the highlights of the meeting.

## 9. FUTURE AGENDA ITEMS

It was suggested that Dr. Johanna Ferman be invited to a future Mental Health Commission meeting to discuss the grant application she has made.

However, given the number of "regular" items on the agenda, the consensus was that special topics be left off of the next agenda.

It was also agreed that at the beginning of each Mental Health Commission meeting, new members of the commission prepare a 2-minute statement about who they are and what their interest in the Mental Health Commission is so that other commissioners can be more familiar with each other.

## 10. PUBLIC COMMENT

There was no public comment.

## 11. ADJOURNMENT

There was a question regarding the previous meeting minutes which reported that Chairperson Mantas and Vice Chairperson Pasquini have not yet been re-appointed to their Mental Health Commission seats. It was clarified with County Counsel that typically the person in the seat retains the seat unless someone else is appointed to fill it.

- **<u>Action:</u> It was moved, seconded and carried to adjourn the meeting. (Motion carried no abstentions).**

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Contra Costa Mental Health Commission
August 13, 2009
Minutes - Draft

## 1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:35pm by Vice Chair Teresa Pasquini.

<u>Commissioners Presents</u>:

Supv. Mary Piepho
Dave Kahler, District IV
Colette O'Keeffe, MD District IV
Floyd Overby, MD, District II
Annis Pereyra, District II
Anne Reed, District II
Teresa Pasquini, District I
Art Honegger, District V

<u>Commissioners Absent:</u>

Peter Mantas, District III - Excused
Bielle Moore, District III - Excused
Scott Nelson, District III
Carol McKindley-Alvarez, District I

<u>Attendees:</u>

Julie Freestone, Contra Costa Health Svcs.
Suzanne Tavano, Contra Costa Health Svcs.
Sherry Bradley, Contra Costa Health Svcs.
Cindy Downing, Contra Costa Health Svcs.
John Gragnani, Local 1
Mariana Moore, Human Services Alliance
Brenda Crawford, Mental Health Consumer Concerns
Anne Heavey, Nat'l Alliance on Mental Illness
Ralph Hoffman
Sam Yoshioka
Charles Madison
Sharon Madison
Jakki Tachiera
Paula Bender, Rubicon
Dorothy Sansoe, County Adminstrator's Office
Suzanne Davis, Contra Costa Health Svcs.

Vice Chair Pasquini announced the Mental Health Commission Chair Peter Mantas has a serious health issue, will be having surgery and will be requesting a three month leave of absence. Vice Chair Pasquini will forward his formal announcement when it is received. Commissioner Supv. Piepho suggested that the leave of absence not begin until at least September.

Two of the newest Commission members – Floyd Overby and Anne Reed – explained why they had joined the Commission.

- Commissioner Reed is a Human Resources Manager for a mid-sized law firm in San Francisco and sister to a Contra Costa Mental Health consumer for over thirty years. Commissioner Reed wants to be a voice for those who don't have active family members.
- Commissioner Overby has a son that has had a mental illness for over 10 years and said he was frustrated by what he sees to be dysfunctional medical system both public and private care in the county and hopes for ideas and change.

Vice Chair Pasquini announced that a new commissioner was appointed on Tuesday, Aug. 11th 2009 from District I. Her name is Carole McKindley-Alvarez, and she will be a member-at-large.

## 2. PUBLIC COMMENT

Ralph Hoffman, a former Mental Health Commission Chair and consumer, described three concerns:

1) Procedure for getting 5150s to the county psychiatric hospital

2) An article in the Contra Costa Times on Aug. 12th 2009 about the budget cuts that quoted Health Services Director William Walker, MD saying that the cuts were "no joke and mean spirited."
3) The need to have prescription medication ads banned on television. Vice Chair Pasquini thanked Mr. Hoffman for his comments.

## 3. ANNOUNCEMENTS

Vice Chair Pasquini moved discussion of September 3rd MHC Special Meeting and September 30th Possible Town Hall meeting to Item s8 so there could be more discussion on these topics in more detail.

## 4. APPROVAL OF THE MINUTES

Commissioner Reed mentioned the inconsistencies in format between the 6/25/09 minutes and the 7/9/09 minutes. The 6/25/09 minutes are more of a transcript, without mention of motions and attendance.

<u>ACTION</u> ➤ **Commissioner Supv. Piepho made a Motion to table 6/25/09 minutes until the next meeting so they could be converted into more of a meeting format and the gaps could be filled in to the extent possible by consulting the tapes. Commissioner Honegger seconded the Motion. Motion was passed unanimously.**

<u>ACTION</u> ➤ **Commissioner Supv. Piepho made a Motion to approve 7/9/09 minutes with a correction by Commissioner Honegger at the top of page 3 indicating that the $8 million in Mental Health Services Act funds could be used for 'eligible facilities' and not 'housing.' Commissioner Reed seconded motion. Motion was passed unanimously.**

The point was made that the 7/9/09 format is easier to read and summarized rather than repeating verbatim. The group agreed it should be used as a sample for the next Mental Health Commission clerk.

## 5. VICE CHAIR COMMENTS

A. <u>California Institute for Mental Health (CIMH) training</u>. This was suggested previously to better understand laws and rules. Commissioner Kahler & Vice Chair Pasquini had taken the training previously. Commissioner Kahler did not find it useful while Vice Chair Pasquini thought it might help new members.

<u>ACTION</u> ➤ **Commissioner Supv. Piepho made a Motion to request that Mental Health staff get written information for the next meeting about what training California Institute for Mental Health offers. Commissioner Pereyra seconded the Motion. The Motion was passed unanimously.**

B. <u>Kaizen Event.</u> Commissioners Pasquini and Kahler described their experience at Contra Costa Regional Medical Center (CCRMC) as part of the Lean Management effort. They were invited as National Alliance on Mental Illness representatives by Miles Kramer to participate in CCRMC's third Kaizen event, an event looking to teach continuous incremental improvement to achieve improved service with no additional resources. The idea, lead by Anna Roth, the new CCRMC CEO, is to shift the focus to the patient.

Vice Chair Pasquini and Commissioner Kahler focused on the inability of family members to talk to acute care and psychiatric staff when a consumer is brought in. During their five days, they met with the person in charge of those units, recommended a solution – trained volunteers to supplement the CCRMC staff. The solution will be implemented next Monday, Aug. 24th at

4pm. Commissioner Kahler was pleased at how quickly a plan was developed into place, and noted how rarely such speed and efficiency occurs.

Vice Chair Pasquini said she felt tremendous amount of hope as a result of the collaborative experience. She has submitted the idea of using this Lean approach to Sherry Bradley, Mental Health Services Act Program Manager, as a possible use for Mental Health Services Act Innovation funds.

Commissioner O'Keefe expressed her distress that a consumer was not involved in the Kaizen effort. She talked to Anna Roth about it at the time and found her to be defensive. Commissioner O'Keefe reported that Ms. Roth didn't seem to care or understand.

Vice Chair Pasquini and Anna Roth seem to be passionate about quality of care issues and suggested it might be a communications problem.

Brenda Crawford of Mental Health Consumer Concerns thanked Commissioner O'Keefe for her persistence is raising the consumers' voice and said it is about the Contra Costa consumer culture: 'Nothing about us without us'. Suzanne Tavano of Contra Costa Mental Health Administration has talked to Anna Roth about this issue and will be arranging a meeting with Susan Medlin - the Office for Consumer Empowerment Coordinator, and Commissioner O'Keefe when Anna Roth returns from vacation.

- This was not agendized for action so Commissioner O'Keefe's suggestion to write a letter to Anna Roth about this could not be officially considered. Commissioner Supv. Piepho suggested a letter of inquiry about why the consumer role wasn't considered. Commissioner Reed requested a draft of the letter before it is submitted to Anna Roth. Vice Chair Pasquini will put it on the next agenda, with Commissioner O'Keefe providing a draft.

## 6. REPORT: CONTRA COSTA HEALTH SERVICES MENTAL HEALTH ADMINISTRATION

Suzanne Tavano, Deputy Director of Mental Health, provided a summary of key budget issues:

- Local level:
  - An audit was completed of Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT) claims and there was only a .002% error rate among the thousands of claims reviewed. Auditors complimented the staff for the work they were doing with very high needs children. Suzanne Tavano commended staff and providers for their continued excellent work.
  - An initiative to improve productivity was undertaken with three unions: PDOC (Physicans' and Dentists' Organization of Contra Costa), CNA (California Nurses Association) and Local One. As a result, productivity levels are up to 55% - 70% mark of direct services, which has increased revenue by millions of dollars and also made it possible to expand service capacity.
- State funding:
  - Regarding a 10% in realignment funds, counties have been told it will not mean less money.

- AB 3632 funds are used to provide mandated services to children with disabilities. This should have been fully funded, but the majority of costs are uncovered and the state is millions in arrears for claims. Some counties feel they cannot go on carrying these costs. Contra Costa, Orange, Sacramento and San Diego Counties sued the state five years ago and the court decided that counties could stop providing services– but Contra Costa has not done that because it is not clear who would serve this population.
- Medi-Cal Managed Care funding has been cut in half and it appears now that the counties will be able to decide where the cuts should be made. It is possible that it could be accomplished through efficiencies rather than service cuts. Medications are one area for possible cost savings.

## 7. REPORTS: ANCILLARY BOARDS/COMMISSIONS

A. Mental Health Coalition. Vice Chair Pasquini reported that the members of this group expressed concerns about the Consolidated Planning Advisory Work Group (CPAW), which provides input about Mental Health Services Act planning and implementation. They feel the meetings are too deadline driven, the agendas are too full and there is not enough collaborative planning. Sherry Bradley and Julie Freestone will be meeting with a CPAW Ad Hoc group about this on August 25 at 12 noon at Mental Health Consumer Concerns on Treat Blvd., Concord. The Coalition has also drafted talking points to be used to talk to supervisors and others about mental health issues.

**ACTION** ➢ **Commissioner Overby made a Motion to accept the Mental Health Coalition talking points. Seconded by Commissioner Honegger. Motion passed unanimously.**

B. Hospital Community Forum. Commissioner O'Keefe is the representative to the Hospital Community Forum. She reported that no meeting was held. Vice Chair Pasquini believes Todd Paler be in charge of forum in the future.

C. Human Services Alliance. Mariana Moore of reported that the group has been has been very focused on the impact of the state budget on Community Based Organizations. She has created a written analysis of the cuts described by William Walker and Joe Valentine at a recent Board meeting and is encouraging the county to work with the Alliance on joint advocacy. Required Beilenson Hearings will be held on September 15th 2009 related to cuts in medical services. A list of them will be included in the Board of Supervisors' packet for that meeting, which will go out the Thursday before the meeting. On September 22, there will be another Board meeting to discuss budget cuts.
   - Dorothy Sansoe will send the written summary of the report made by Dr. Walker and Joe Valentine

D. Local 1. John Gragnani reported that 11 full time equivalent positions – plus a manager are handling 659 open cases in Antioch. He expects to have numbers for other regions as well. Shortage of staff is due to budget, not lack of qualified personnel.

E. Mental Health Consumer Concerns (MHCC). Brenda Crawford thanked everyone for attending a recent open house. She reported that MHCC programs are growing fast, with the fastest one in Antioch serving 40 people a day. A program to let board and care homes know about MHCC services is being launched in Central County. Many of the new consumers are younger.

F. National Alliance on Mental Illness (NAMI) – no report

G. Mental Health Services Act (MHSA) Consolidated Planning Advisory Workgroup (CPAW). Teresa submitted some questions related to various topics CPAW is discussing (They were

included in the Commission packet). She encouraged everyone to visit cchealth.org to view CPAW's website and familiarize themselves.

## 8. CAPITAL FACLITIES AND PROJECTS WORKGROUP

A. Capital Facilities & Projects Workgroup

- Commissioner Honegger explained that an email letter he wrote related to this topic and signed as this work group chair should have been written as an individual since the work group did not have input into it.
- It was suggested that there be a special September 3rd meeting to outline possible alternatives of modifications to the current plan to find compromises that would benefit the greatest number of consumers and families.
- The Work Group continues to oppose the pavilion project based on the fact that there have been no alternatives examined.
- Art suggested that $2 million allocated for the current project be used instead for a facility in East/West County.
- Suzanne Tavano said she and Mental Health Director, Donna Wigand had met with Contra Costa Health Svcs. CFO Pat Godley and the East/West county options being looked at.
- Teresa reported that she and Julie Freestone had developed a draft agenda for the September 3rd three-hour meeting. There was a proposal to combine that meeting with the possible Sept. 30th public meeting in view of the numbers of meetings that have already been held and the amount of staff resources needed.
- There was debate over whether the draft agenda spent too much time describing the current plan, or if that background information is needed for new commissioners/member of the public.
- Supv. Piepho mentioned that she has a scheduling conflict, but would be able to attend the beginning portion of the Sept. 3rd meeting.

ACTION ➢ **Commissioner Supv. Piepho suggested that the Commission conduct the special meeting on September 3rd 2009 from 4:30-7:30 at 651 Pine Street for the Commission to hear, provide input about and get educated about alternatives and then determine the next steps, including a possible public meeting on 9/30/09 and the need for the Commission's 9/10/09 meeting. Motion made by Commissioner Reed. Seconded by Commissioner Supv. Piepho. Motion passed unanimously.**

B. Commission Workgroups updates/assignments.

ACTION ➢ **The Workgroup updates and assignments discussion was postponed until the next meeting due to time considerations. Commissioner Reed made a Motion to postpone discussion. Seconded by Commissioner Supv. Piepho. Motion passed unanimously.**

## 9. SPECIAL REPORTS – MENTAL HEALTH SERVICES ACT (MHSA)

A. Mental Health Services Act Update – Sherry Bradley

- Sherry Bradley, MHSA Program Coordinator, distributed a report on the status of the components of MHSA. A chart listing new MHSA components in FY2008-09 and beyond was distributed and briefly discussed. Although Housing

is not a formal MHSA component, it is listed separately in the chart because of the high level of interest in it.
- A flyer for 'Reducing Stress' was handed out as an example of the education material created under Mental Health Wellness and Education.
- The August edition of MHSA "Did You Know That?" newsletter was distributed. The newsletter is also available on the County Mental Health webpage.
- She pointed out that $108 million has been allocated to Contra Costa in MHSA funds and $52 million has been received. (Some of it was released to counties by the state in error)

**ACTION** ➤ **No Action Taken**

B. Advocacy Issues – Sherry Bradley
There was not sufficient time for Sherry Bradley's presentation on advocacy (Housing/Transportation)

## 10. FUTURE AGENDA ITEMS

Vice Chair Pasquini asked Commissioners to email her Agenda Items for 9/3 Meeting.

## 11. PUBLIC COMMENT

There was no public comment.

## 12. ADJOURN MEETING

**ACTION** ➤ **Commissioner Reed made a motion to adjourn meeting. Seconded by Supv. Piepho. Motion passed unanimously. The meeting adjourned at 6:35pm.**

Contra Costa Mental Health Commission
Special Meeting
September 3, 2009
Minutes – Draft

## 1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:35 pm by Vice Chair Teresa Pasquini.

Commissioners Present:

Supv. Mary Piepho
Art Honegger, District V
Dave Kahler, District IV
Peter Mantas, District III
Carol McKindley-Alvarez, District I
Colette O'Keeffe, MD District IV
Floyd Overby, MD, District II
Annis Pereyra, District II
Anne Reed, District II
Teresa Pasquini, District I

Commissioners Absent:
Bielle Moore, District III – Excused
Scott Nelson, District III – Excused

Attendees:

Julie Freestone, Contra Costa Health Svcs.
Sherry Bradley, Contra Costa Health Svcs.
Cindy Downing, Contra Costa Health Svcs.
Pat Godley, Contra Costa Health Svcs.
Suzanne Tavano, Contra Costa Health Svcs
William Walker, MD, Contra Costa Health Svcs.
Donna Wigand, Contra Costa Health Svcs.
Dorothy Sansoe, County Adminstrator's Office
Nancy Schott, MHC Staff
Suzette Adkins, Supv. Bonilla's office
Karyn Cornell, Supv. Piepho's office
Brenda Crawford, Mental Health Consumer Concerns
Al Farmer, Nat'l Alliance on Mental Illness
Marian Guglielmo, Nat'l Alliance on Mental Illness
Mariana Moore, Human Services Alliance
Sam Yoshioka, Nat'l Alliance on Mental Illness
Anne Heavy, Nat'l Alliance on Mental Illness
Ralph Hoffman, Nat'l Alliance on Mental Illness
Rollie Katz, Local 1
Sandy Kleffman, Contra Costa Times
Ron Johnson
Sharon Madison
Katherine Meid
Violet Smith

Chair Mantas would like to yield the chair responsibilities for today's meeting to Vice Chair Pasquini. Vice Chair welcomed Chair Mantas back. Nancy Schott was introduced as the new Clerk to MHC and Vice Chair Pasqini thanked Julie Freestone, Sherry Bradley, Cindy Downing and Karen Schuler for their assistance during the transition.

Commissioners, Supervisor Piepho, Health Services and County staff and members of the public introduced themselves.

Vice Chair Pasquini noted an error on the agenda noticed by Dorothy Sansoe. In the past several meetings, the first 5 public comments were taken at the beginning of the meeting and all others heard at the end. The additional public comment agenda item was left off this meeting's agenda, but any remaining public

comments will be heard at the end of the meeting, as long as they are within the jurisdiction of the Mental Health Commission.

## 2. PUBLIC COMMENT

Sam Yoshiyoka requested to be caught up on what's been been going on and requests a a mission statement related to the new proposal. He would like an explanation as to whether the inpatient unit will be closed or remain open.

Ralph Hoffman made two proposals of national significance: 1) Would like to re-name the Affordable Health Choices Act being considered by Congress the Senator Edward Kennedy Health Choices Act and 2) Change the term mental illness to creative maladjustment. He described a number of well-known people who suffered from mental illness (incl. Buzz Aldren and Thomas Eagleton).

## 3. PROPOSED PSYCHIATRIC FACILITY

### A. Contra Costa Health Services: Current Plan and Alternatives

Dr. Walker – Overview of the Plan
This isn't a brainstorm but an effort to review how Health Services arrived at the final proposal and how they wanted to take advantage of an opportunity that presented itself. 20 Allen was his office but not owned by the Health Department. It was contiguous to the hospital emergency room and when it became available to purchase, there was the opportunity to consider the option for use by Mental Health Services. Health Services has listened to the concerns of the Capital Facilities Work Group Committee, focus groups, committees, etc. and would like to hear additional thoughts/concerns about the proposal and be open minded about where things are headed.

Donna Wigand and Sherry Bradley presented alternatives for different types of care referencing the Chart of Capital Facilities Alternatives, dated 8/20/09. The Chart shows levels of care in a particular type of facility, the options (including pros and cons) for that level of care and where the current proposal matches up to that level of care.

Acute psychiatric facility options:

- The county hospital would retain 20 inpatient beds adjacent to the proposed campus.
- One option would be to expand – we had 43 beds that were closed about three years ago. (There are contracts with John Muir and five private hospitals outside the county. In a month, there are 14-15 beds being contracted out – 2 children per day on average). The CCRMC 23 bed license capacity is used before contracting out to other facility.
- Propose to construct 16 additional beds in the Psychiatric Health Facility (PHF) there is a difference between a PHF and an acute inpatient facility (at CCRMC) although both are locked. Most patients in both types of facilities are in on involuntary hold. Psychiatric Health Facilities are free standing and outside the four walls of a hospital. About half the counties in California have them. Most are run by contract providers whose business it is to provide this kind type of care. If a facility goes over 16 beds, MediCal/Medicaid cannot be billed. There are 24/7 nurses and doctors, but also a multi-disciplinary team with consumers and families as support.

- Acute inpatient units tend to be a medical model since they are inside a hospital; for individuals with co-occurring serious medical and psychiatric problems an inpatient unit is the ideal place to be. The average length of stay statewide in both levels of care is a week. There are longer-term locked facilities where people can go if they need an extended period of care.
- Institutional Facility (IMD) – CCHD contracts that out.
- Crisis Residential Facility (CRF) – currently there is one, Nierika, in Concord. One option is to add another CRF adjacent to CCRMC. A central facility may not be as accessible, but there could be two of these in different areas of the county. Two locations might not be as cost effective.
- Residential Treatment: there are two types for adults in CA: One is crisis residential and other is transitional residential. Crisis residential care is where someone moves coming out of a locked level of care into an unlocked but highly supervised setting. Usually people stay there about a month or two until they are stabilized and can move to a lower level of care, transitional residential. We have one crisis residential facility (Nierika) and two transitional. (Richmond and Nevin House). They are each 16 beds because of MediCal/MediCaid billing limits.

(Commissioner O'Keeffe asked if Nevin House was only for patients with co-occurring diagnoses. Donna Wigand said Nevin House staff were trained to provide services to both types of patients and she thinks they any facility should be able to do both)

- Crisis Stabilization 5150 receiving center: there are 3 options: 1) could be a component of CCRMC ED that can result in long waits for mental health clients. 2) could have its own separate entrance at CCRMC and 3) relocate it to a separate facility providing 24/7 urgent care. One option is to construct a 24/& Assessment and Recovery Center (ARC) on the PHF campus. It would be more accessible, but could be more difficult to get to.
- Crisis Stabilization (CSU): currently inside CCRMC and technically part of ED: it's the psychiatric wing of the ED so it has to "walk and talk" like the ED. When the auditors come in, all the services must look like the ED and be staffed like an ED with doctors and nurses In the past, there was a psychiatric emergency staffed differently with a multi-disciplinary team. After a series of regulators inspected, they said it had to be staffed like the ED.

(Commissioner Honegger asked why a person can't go to directly to the CSU if his/her issue is obviously a mental health issue? Donna Wigand said she imagines it is because the CSU is located with the ED, but that she is not really the proper person to answer the question fully. Vice Chair Pasquini asked if someone from HSA would be able to address that question tonight. Dr. Walker said yes.

- There are no voluntary urgent care centers. The idea was to have 24/7 urgent care, voluntary walk- in service for people who need medication, etc. That is the proposed ARC. She acknowledges Commissioner O'Keeffe's concern that transportation is a issue to get there during off hours.
- One idea would be to open the new ARC for the voluntary people and leave the crisis stabilization unit at CCRMC for 5150s.
- We're talking about a continuum of care with different regulations: 4C at CCRMC is hospital; crisis residential is voluntary – it's diversion from and transition out of the hospital. The CSU is a receiving center where people can only stay for 23 hours and 59 minutes (involuntary) per state regulation. If someone stays longer, the State Department of Mental Health must be notified the hospital is out of compliance. In Santa Clara they were out of compliance so often that the

State threatened to close them down and they had to change the structure of service and staffing.

Housing Options:

- The options shown in the Chart are not treatment facilities and MHSA Capital Facilities money cannot be used for housing unless the person is a Full Service Partner. There is other MHSA funding available for housing and California has other types of funds that can be used for a number of things related to housing.

In considering alternative uses for the MHSA capital funds, MHA did a gap analysis. Some alternatives were included on the Chart and some were not because people didn't seem interested in those types of projects (ie. building a new mental health administrative office).

Commissioner Reed wanted to know who was involved in the development of the proposal. Donna Wigand explained 5 years ago when they were trying to determine with the original stakeholders how to spend the original MHSA Capital funds in the county, housing kept coming up…housing with treatment. When 20 Allen became vacant Dr. Walker, Pat Godley, Sherry Bradley, Suzanne Tavano and others thought there was a perfect storm: land, MHSA Capital money, capital to grow a continuum of care with five levels instead of two. Consumers/family members were not included specifically in the finding of the 20 Allen site because it just came up when the Health Department moved out.

Commissioner Honegger brought up the ability to purchase foreclosed properties for crisis residential sites. Donna spoke about the Babble Lane experience 11 years ago and that a year was spent acquiring a house in Concord. It blew up because of NIMBY (Not In My Backyard) in spite of limiting it to six beds. Later, they were successful in opening Crestwood Patterson in Pleasant Hill with several levels of care. Donna also spoke about Ventura County's difficulties in acquiring land for housing even though they have had the funds for the past 5 years. Regardless of the size of the facility, certain regulatory issues (a state license and notice to the public) still preside over crisis residential properties even with fewer than 6 people. It's a complicated process and difficult to site mental health treatment facilities. 20 Allen was an opportunity in terms of land availability and the convenience of being right across the sidewalk from CCRMC. Donna stated she believes that a county of 1 million people needs a residential facility in each of the 3 regional areas and she'll enlist Commissioner Honegger's assistance in finding that space in East County.

Commissioner O'Keeffe wondered if a location next to the hospital is illusory because an ambulance ride is required to transfer between facilities. Donna Wigand said unless someone is unconscious, an ambulance would not be required. Vice Chair Pasquini stated she had been told by Miles Cramer that an ambulance was required.

- **TO DO: Vice Chair Pasquini requested clarification on whether it takes an ambulance to transfer from CCRMC to a separate facility.**

Commissioner Pereyra is concerned that although she has heard many times, as justification for siting the new facility, there will not be any NIMBYism from Martinez, she feels there will a serious response/backlash . Vice Chair Pasquini agreed NIMBYism is rampant; Bonita House is experiencing it now. Vice Chair Pasquini said Contra Costa County is sited online as combating NIMBYism in siting housing in Pleasant Hill.

Dr. Walker mentioned this proposal is not a done deal; it's been a study from the beginning to see if the 20 Allen site was feasible and if there were bids from CBO's who could run it. CCHSA is not entirely sure that it makes financial sense yet.

### B. Mental Health Commissioners' Input: Alternatives and Issues

Vice Chair Pasquini discussed her conversation and correspondence with Patricia Coyle from the DMH regarding the Commission's letter to the Board of Supervisors regarding transparency on this project. Patricia Coyle said she felt confident about the County's commitment to be transparent and DMH is looking for evidence the MHSA Capital Facilities proposal reflects what the community needs, not what the County desires. DMH will be issuing a letter to finalize the issue. The Commission has performed due diligence for many months seeking information on the Capital Facilities proposal and she requests all commissioners be mindful of the focus to provide input regarding alternatives and to overcome previous flaws in the stakeholder involvement process as mentioned in letter. At a recent BOS meeting, regarding state budget issues impacting Contra Costa County, Supv. Bonilla said everyone would like their perspective heard, to receive full information about fiscal impacts and options for consideration – a common desire for all community stakeholders. Funds are limited and we must insure we spend every dollar wisely. The Commission has identified gaps in service including dual diagnosis beds, crisis residential beds, crisis mobilization services, and all forms of housing. These are all consistent with original stakeholder forums. The commission has encouraged more dialogue and she believes they need more analysis to determine the use of MHSA Capital Facilities funds.

Vice Chair Pasquini reviewed Capital Facilities Proposals from other counties (Nevada, Ventura, Riverside, Santa Clara, Tuolumne, Sonoma and San Francisco); they provided priorities, choices and alternatives, as identified by their stakeholder process. They had list of priorities for how funds should be spent including types and numbers of facilities needed: four, five or even 10 examples of priorities. Contra Costa County had only one. It's not an accurate assessment of our capital facilities needs. She was waiting for the opportunity to discuss alternatives. She appreciates the fact the land became available, but she been looking for the connection to the transformation of the county system including how the gaps in East and West are are being addressed in this process. She also has examples of potential uses of Capital Facilities Funds from CDMH. It was proposed in April 2008 to the BOS by Dr. Walker. She does not recall these alternatives being given to the Commission at the original meeting where 20 Allen was discussed. She wants to encourage more dialogue.

Vice Chair Pasquini requested a break to introduce Carole McKindley-Alvarez as new member-at-large commissioner from District I. Commissioner McKindley-Alvarez will give an introduction at next month's meeting.

Commissioner Overby wanted to know why Crestwood Patterson was only Board and Care only; was it because a lack of support from the County. Donna Wigand said there are two levels of care with 16 transitional beds each: adult residential and transitional residential. They let go of a mental health rehabilitation center (similar to IMD); they've worked to get away from those kind of beds. County dollars would have to be used instead of MediCal funding. People can stay as long in that level of care. Suzanne Tavano mentioned different levels of care.

Commissioner Overby asked if there were statistics on how many patients are sent out of county and how long they stay there.

➢ **TO DO: Donna Wigand to obtain statistics on the number of patients sent out of county and length of stay.**

Commissioner Overby asked who checks to see if the services are provided according to contract. Donna Wigand said there are people who "ride the circuit" as a full time job checking that services are being properly provided.

Commissioner O'Keeffe brought up "accessibility" in general, not just relating to transportation. Is there any option to have a 24 hour call-in crisis line, similar to Kaiser, to get people started on asking for care. Possibly that could also be a source for issuing transportation vouchers. A crisis mobilization team could come out and visit. Is there any discussion about that to make it a true 24/7 assessment facility. Donna Wigand stated the staff at the 24/7 Urgent Care facility would have some mobile capacity, but not available to go anywhere, scatter shot. A consumer might go to a private emergency room and the mobile team called to perform a psychiatric assessment.

Commissioner O'Keeffe asked about assessment where a person is living: a call-in line directly to the 24/7 Urgent Care Facility so the person could make a connection and be transitioned by the same staff person upon arrival. The current access line is pretty impersonal. Donna Wigand said the center is called the Assessment and Recovery Center because the patient has more time with the staff for a fuller assessment.

Commissioner Honegger asked if there would be vehicles available to pick up someone in need of urgent services. Commissioner O'Keefe asked about taxi vouchers for someone who isn't sick enough to require an ambulance. Suzanne Tavano is trying to work out access for the different levels of care. Donna Wigand said the county does not have the ability to send vehicles out at this point and realizes we need to figure out the transportation issue.

Commissioner Honegger asked if Donna Wigand could guarantee transportation from different parts of the county to the new facility. She responded that she can't assure there will be a vehicle available, but she is aware transportation to a central facility is an issue. Currently the County does not have capacity for urgent physical health care transportation except for ambulances used for emergencies; the same applies to urgent mental health care transportation. Commissioner Honegger said transportation issues are different for a person in crisis with a mental health issue. Commissioner O'Keeffe thought it would be wasteful to have a 24/7 Urgent Care Facility unless people have a way to get there. Sherry Bradley said MHA has been talking to Commissioner O'Keeffe, chair of a transportation work group. Commissioner O'Keeffe is recruiting people for the work group and MHA will be working with them to develop solutions.

Commissioner Reed asked if the $25.1 million is for the construction, land and equipment, where does the staffing funding come from and might the current budget climate impact the design of the proposal?
Pat Godley stated he didn't know at this time. RFP's were sent out based on the current proposal to assist with financial evaluations. CCHS is evaluating the CBO responses for financial viability. We've asked for more clarification and are evaluating it and cannot tell if it's financially viable yet. He provided BOS Finance committee a few months ago with numbers that seemed to be financially feasible, but those numbers are being validated.

Commissioner Reed wanted to confirm the RFP that was sent out was based on the proposal shown today. It presumed a certain mix of patients. Is the thought that if the number crunching shows it's viable and you

nail down what it will be, will there be another RFP (with the new proposal) issued to CBO's? Pat Godley says the current vendors would be the vendors that this would move ahead with.

Commissioner Reed wanted to confirm consumers, family member and Commissioners would be involved in the selection of the Provider: deciding on services to be provided and how to be involved in monitoring the services. Is that reasonable? Donna Wigand said that yes, RFP's have been shared with Capital Facilities Workgroup members as part of the review panel; anyone interested can see the RFP's.

Commissioner McKindley-Alvarez wanted to confirm that she heard consumers were not involved in the planning process. Donna Wigand said the 20 Allen proposal is one proposal that may or may not be viable. For the entire project there will be consumers, family members, etc. will be on the review panel; this is just a feasibility study. She suggested an ongoing review/oversight body for this campus if this project every happens.

Commissioner McKindley-Alvarez questioned if consumers had been involved from the very beginning would transportation have been integrated in the dialogue all along rather than an issue to be explored after the fact as it is now. Access should be presented at the same time as the facility proposal. ?? Asked if MHSA funds could be used to purchase a van. Donna Wigand said Capital Facilites money could not be used, but other MHSA funds could. Susanne Tavano mentioned there has been a year long consumer input process and there is more history than just what presented today.

Chair Mantas spoke regarding the inclusive nature of the process. Although stakeholders were involved, the Commission has made it clear the process wasn't up to par. In the last few months, he's seen a change in the Commission's inclusion/involvement and it's been an extremely positive transition.

- A continuum of care doesn't mean all services must be in one facility. It means all the services are available and that the client is transitioning efficiently, effectively and that the quality of the transition is better. (He spoke about his recent experience at Kaiser and although the service was phenomenal, the transitions from ICU to the surgical bed to discharge "stunk.") Someone can be doing a great job, but the communication and the hand off isn't good enough. The lack of communication is causing significant problems for the clients we serve. We're destabilizing people and wasting money. He feels it's critical this proposal look at transitions between services and transportation options.
- CSU and ED are dysfunctional at the immediate moment; how do we handle clients going from ED to CSU? He hopes someone is planning assessments of that process. Why can't a person go directly to CSU? (He describes a situation where someone wasn't seen in a timely way, left the hospital, killed his father several hours later and is now in jail). People with mental health issues are not being serviced in a timely fashion and we need to deal with triaging people who come to the ED.

➤ **<u>TO DO:</u> Chair Mantas requested Dr. Walker look into ED to CSU situation to improve performance in that area and update the Commission on his findings once completed.**

- Have we worked with private hospital providers to see if there are alternative ways to provide these services, even if not in one facility? It's important that those folks be involved. Also the ambulance issue? Why take a consumer to CSU if they need to go to a private hospital? He

believes CCRMC should sit down with the other hospitals and determine how to deal with that issue.

Supv. Piepho apologized that she had to leave the meeting. She thanked CCHS for encouraging the dialogue. Things are getting worse; look at this project as an opportunity to meet a growing need in these hard times.

Commissioner Honegger asked Pat Godley if any progress had been made with regard to modifying the numbers and the amount bonded as discussed at one of the meetings. Nothing as been changed at this point; everything is contingent upon reviewing the RFP responses.

Commissioner Honegger asked about several million dollars in CSS Mental Health funds; when is that pot coming in and when we will be looking at it. Donna Wigand responded it would have to be next year and could not be used to operate the PHF. She confirmed the uses for these funds still must go through the public process. CSS funding has risen annually in the past, but for '09-'10 $20 million is available and the projections for '11-'12 indicate a drop in available funds. There are unexpended funds because we haven't expanded the original CSS program and a prudent reserve has been built up which should offset lower funding in '11 –'12. The prudent reserve is accessed through applying to the state, but the state has already come out in writing that every county in the state will have to access their prudent reserve. Commissioner Honegger asked how will state budget cuts may impact the prudent reserve. Donna Wigand stated these funds are not subject to raiding by the state.

Commissioner Reed wanted to confirm that as Chair Mantas and Commissioner O'Keeffe mentioned there are things not included on the Capital Facilities Alternatives matrix because it only refers to 1 of the 6 pots of MHSA funds. (ie. A transportation voucher proposal is not shown because it is not a capital facilities expenditure.) She asked about the time line for purchasing property: Dr. Walker indicated the option to purchase must be exercised by 12/31/09. Although we don't have to have the final proposal in place by 12/31/09, we do need to know we want to have a proposal including the 20 Allen property by that date.

Chair Mantas clarified his position that although some of the items he has mentioned are not included in the Capital Facilities matrix because they are not capital facilities items, they are issues consumers and stakeholders have brought up (ie. the ambulance ride issue). Possibly they could be included on a separate matrix as an addendum to Capital Facilities matrix to insure these items are addressed and people know how we are moving forward.

Vice Chair Pasquini asked if Dr. Walker would make a comment about the transition between ED and CSU situation. Dr. Walker said we're looking at how processes work throughout the hospital, including issues of transitions. He feels a little bit ahead of the curve because of the Lean process we're going through. There is no time line at this point.

Vice Chair Pasquini recalled there was a discussion 3 years ago that it wasn't possible to "open the door" (to allow direct admission to CSU rather than being screened first by the ED) due to Title 22 regulations. Her understanding now is there may be a potential loosening of that; is that accurate? Dr. Walker indicated the relationship between CSU and ED, funding availability and staffing issues are being reviewed. If a mental health patient arrives by ambulance, the process of being screened in the ED then moved to CSU should move pretty quickly, but it doesn't always work out that way. The ER staff is overwhelmed and it will get worse when the flu season comes. Commissioner Pereyra reminded the public that the discussions of admitting mental patients directly to CSU rather than through ED have been ongoing.

Commissioner Kahler spoke of the Kaizen process that was introduced to CCRMC as an outgrowth of the Lean process. The hospital received a grant and ran orientation for the entire staff to energize them to address the problem of transition among other issues. Kaizen, an expression meaning continuous incremental improvement, advocates individuals identifying a problem and determining who is responsible the solving it, rather than forming a committee. He described how last night volunteers from a non-profit group who will serve as transition support for family members/friends of patients entering CSU/4C served dinner to the psychiatric staff. This gave the volunteers an opportunity to let staff know their goal of assisting family members understand what is happening, provide mental health resources and that their loved one is being treated by caring professionals. The new CEO, Anna Roth, is very committed to the Lean process and trying to turn things around. This is a giant step in the right direction.

C. **Possible Modifications:** covered under B. Mental Health Commissioners' Alternatives and Issues

**D. Public Comment**

Ann Heavy - She knows how hard the stakeholder groups worked to come up with ideas to help the consumers. She was concerned when she worked on the MHSA steering committee that good ideas presented would not get past the talking session at the meeting. At least constructive things were said tonight. She brought up several issues: 1) the ability to place modulars, currently available in the County, on the hospital grounds to be used for classes for mental health patients. She referenced Kaiser's cognitive thinking class and how there isn't anything similar offered in the County system. 2) Transportation has been an issue since 2004 when MHSA funds became available. What would it take to run 10 vans to take people where they need to go. 3) With all the foreclosed properties available, the County should be looking at those and using some of the MHSA money to purchase several houses. Possibly NIMBYism could be combated if properties were considered in areas where the houses aren't so close together. Also possibly engage Habitat for Humanity. We talk about a lot of stuff, but nothing ever comes to a conclusion. Discussed the inefficiencies of the County Connection bus system.

Commissioner O'Keeffe shared she heard at an Operations and Scheduling Committee meeting the philosophy of public transportation: voters voted for a bus system for school transportation and emergency evacuation; other needs weren't relevant. The needs of people unable to drive were not considered in the development of the system.

Marianna Moore - A question regarding process: She hopes that there is a clear representation of what the next steps are, who is involved and other alternatives being considered after this meeting. She would like to learn more about possible alternatives based on more regionally sited facilities. Will there be a similarly rigorous process to explore those other options including RFPs, feasibility studies, numbers crunching and political issues. What are the needs of community members and how they can or cannot be better addressed by regionally sited facilities. What happens in the next several months?

Brenda Crawford – MHCC is the oldest consumer run organization. She went to Phoenix last week and looked at their continuum of care model built on peer run services. Since formation of The Living Room, their peer run lower level of care organization, the number of involuntary commitments has dropped drastically. Peers work on their psych wards. She came inspired around the power of peer-to-peer services and how it should be integrated into the overall mental health services. They have a model similar to the

PHF: acute care, lower level run by peers, 24/7 hour assessment center and a warm access line; the number of people committed involuntarily and being restrained in 4 point restraints has fallen. MHCC primary concern is to keep people out of hospitals, get people into recovery and that there are options. Incidents of 4 point restraints in Phoenix has also fallen. She saw the power of mental health system when it's inclusive, both peer run services and clinical services. She is not specifically endorsing the PHF, but advocating changing this system so it really reflects a continuum of care model with the consumer as the primary focus. The model is changing people's lives and they are recovering.

Sharon Madison – She endorses the PHF concept but has four concerns: 1) $25 million is a lot of money: Only one proposal has been presented and there is nothing to compare it against. It will be a tear down with new construction vs. a remodel of a vacant property in this low cost real estate/lending market; is that the best course. 2) The location of the PUF: She imagines the hospital would really like that piece of property because of it's accessibility, but wouldn't the logical solution be to put the PUF somewhere else on the bus line rather than Martinez which is hard to get to. 3) The 23 beds at the hospital: The original proposal to close them was rescinded, but she is concerned with budget issues they may not be open for very long. If they were closed we'd be in a very sad state. We have an existing, local 23-bed facility that works very well. To put a PHF right next to the existing beds, there's nothing to keep that PHF there. 4) Finances and the level of care at the PHF: Finances are a big issue, but she's seen other PHF's and you get what you pay for so it will definitely have to be monitored.

Rollie Katz – He is concerned the matrix shows pros with very few cons. He asked if the capital work funding would all be from MHSA. Donna Wigand stated MHSA funding is only for voluntary, unlocked facilities. There's a pay mix and that's the same for the staffing. Pat Godley stated it is all related to looking at the CBO response. We are already spending the money for 15 people going to private hospitals. 4D had more capacity than we needed. If 20 counties out of 58 have psychiatric inpatient units, either public or private. Are they the larger counties? How many counties have PHFs and inpatient? What is the plan for CSU staffing? If CSU is outside the hospital, does the staffing model change from the medical model to more of a multi-disciplinary approach? Donna Wigand said the medical staffing model can change only outside the 4 walls of a hospital.

- **<u>TO DO</u>: Donna Wigand to provide information on what larger counties have PHF's and how many counties have both PHF's and inpatient.**

Sam Yoshioka: Feels there is a lack of anaylsis for these alternatives. If 30 counties have PHF, how many are next to a hospital? How many are out away from hospitals? More importantly how effective are the PHF's? How effective are the options for crisis residential, crisis stabilization, and urgent 274/7 facilities? Information was presented, but we have no idea how effective the options are. Are there any studies on what is the best practice? Donna Wigand responded there are studies in the packet that address his questions on best practices and offered to speak with him later specifically about the studies.

Ron Johnson – If health care reform is passed on a national level, some aspects of this program may be changed for the better. He also spoke about trying a multi-county group together to get some of the regulations that hamper the County changed. Donna Wigand let him know that most of the regulations he spoke of (ie. hours, billing) are federal regulations and very difficult to get changed from the County level.

### E. Next Steps

Chair Mantas listed a number of recommendations:

- Request a meeting between County and private hospital providers to review the plan and see if alternatives can be developed. (Suzanne Tavano explained that Medi-Cal cannot be drawn down from private hospital services)
- Develop a definite plan regarding ambulance transfers
- Transportation issues be resolved
- Continued communication and request for more housing – an addendum to the plan
- Look at other locations more central to public transportation
- Delineation of how many beds can be used for children and adolescents

Commissioner Reed said the process should consider other pots of money and recognize there are no money machines and what the impact of request are; are they reasonable or is it just pie in the sky. An example: there is money for buildings but not for transportation.

Brenda Crawford said there should be specific language that talks about peer run services and the role consumers/peers will play in the process

Commissioner Pereyra suggested we need to take a step back. If we had a perfect world, with a variety of services, this would be a nice addition. We should bring CPAW and service providers together to explore other alternatives. This proposal is very institutional. She feels crisis intervention belongs in the community rather than in a central location. Is one central facility vs. more regional sites truly a better use of $20 million in MHSA funds?

Vice Chair Pasquini suggested combining efforts with CPAW, Capital Facilities Workgroup and possibly others. She encouraged all commissioners to go to the CPAW, MHSA and the County websites and read all the information available. Being interested in the next steps she would like to entertain a motion that CPAW and Capital Facilities Work Group join forces to consider alternatives and report back to the Commission to then make a recommendation to the BOS. This discussion might be influenced by budget considerations to be announced Sept. 15, 2009 which will require working quickly with Health Services staff to identify possible cuts and how they may impact this proposal and any suggested alternatives.

Vice Chair Pasquini noted she and Commissioner Reed are CPAW members as well as Capital Facilities Work Group members. In addition, The Capital Facilities Work Group members include Commissioner Honegger as chair and Commissioners O'Keeffe and Pereyra.

- **ACTION: Commissioner Reed made a motion requesting the Capital Facilities Workgroup join forces with CPAW members to analyze the options and alternatives and bring a list of priority needs back to the full Commission for a final recommendation to the BOS. This discussion might be influenced by budget considerations to be announced Sept. 15, 2009 which will require working quickly with Health Services staff to identify possible cuts and how they may impact this proposal and any suggested alternatives. Also concerns voiced at the 9/30/09 Public Forum would be incorporated. Commissioner Kahler seconded the Motion. (The Motion was tabled by Chair Mantas while he made another motion-see below. He explained that procedurally the Commission needed to develop a list of alternatives**

**to be assessed. Once these alternatives are approved then Commissioner Reed's motion would be discussed and voted on. After discussion his Motion was withdrawn.)**

Discussion:

- Chair Mantas stated with the information provided today to Health Services and Mental Health Administration, they should be able to do some more assessments to bring back to the Commission and they should launch activities with CPAW to reach that point. He would like to focus on the public forum on 9/30/09 to hear these assessments and then take the next step. The public forum is appropriate to hear more consumer voices, other options, costs of other options and hopefully get private hospital service providers involved in the process for ideas. Would like to request Commissioner Reed's motion request be reconsidered.

- Suzanne Tavano suggested as alternatives are considered, we be mindful of private providers and the programming for which Medical dollars can and cannot be used.

- Chair Mantas feels that a meeting should take place to bring different people with common interests and their ideas together. The meeting should include private hospital and other service providers. The Welfare and Institution Code requires that before any County initiative goes forward to build a new facility the private options as well as other public options be assessed. In his opinion, this assessment has not taken place. He believes collaboration between public and private providers will bring great results.

- Commissioner Honegger, as Chair of the Capital Facilities Workgroup, said he didn't have enough information regarding finances to do this work without assistance from the County.
- Commissioner Reed stated that additional resources other than Capital Facilities Work Group and the Commission, including the County, could be utilized in forming the alternatives brought back to the Commission.

- Julie Freestone was concerned the 3 weeks until the public forum on 9/30/09 wasn't sufficient time to prepare a comprehensive of list of alternatives.

- Commissioner Reed thought the 9/30/09 public form was an educational meeting similar to today's where current options are presented and other ideas/input (including from consumers) are solicited to form a list. Priorities and financial feasibility would be reviewed then the list presented to the Commission.

- Vice Chair Pasquini is not convinced the 9/30/09 public form is necessary, but is committed to being inclusive of the public. Having CPAW and Capital Facilities Workgroup work together to debate the alternatives would achieve the same goal.

- Chair Mantas stated that in order for recommendations made by him and others earlier in the meeting to be assessed, a motion is needed to require those alternatives be considered.

- **ACTION: Chair Mantas made a Motion to adopt the recommendations given by the commissioners and the public for County Health Services and Mental Health Services to explore alternatives. These alternative include:**

  **-Work with private hospitals and other service providers to look at alternative methods of providing the referenced services**
  **-More housing**
  **-Are there alternative locations**
  **-Develop a definite plan regarding ambulance transfers**
  **-Transportation issues be resolved**
  **-Continued communication and request fore more housing – an addendum to the plan**
  **-Look at other locations more central to public transportation**
  **-Delineation of how many beds can be used for children and adolescents**

  **After discussion Chair Mantas withdrew his Motion in order to reconsider Commissioner Reed's motion. He requested the language be kept in case the Motion needs to be reconsidered. The Motion was not voted on.**

Discussion:

- Dr. Walker stated the Commission may be feeling some time pressure that is not there. County Health Services/the County has an interest in the land because of its location next to the hospital, but if there is not agreement, the group can start the entire planning process again.
- Commissioner Pereyra commented she was unclear why a motion itemizing specific alternatives to be explored was necessary.
- Chair Mantas said the consideration of alternatives was the reason for the meeting. The Commission can decide separately whether or not to have a public forum on 9/30/09. The Commission can al decide it has heard enough discussion to move forward with the process or it would like to see alternatives presented in a public forum to the public for comment at some point.
- Commissioner Reed thought her motion was to get the Capital Facilities Workgroup to prioritize all the options. Chair Mantas' option is not addressing the same issue and the motions are not working together.
- Vice Chair Pasquini sees MHA as being at the table at CPAW.
- Donna Wigand sees the County's role as presenting information/consultation not working directly with CPAW and Capital Facilities Workgroup committee.
- Commissioner Honegger feels the Capital Facilities Workgroup needs the county's assistance with information to prioritize effectively. With these suggestions, what is the proper time limit?
- Chair Mantas feels CPAW, the Family Steering Committee and MHC have come up with suggestions for alternatives. The only new idea is for private hospital provider involvement. It's time to assess the alternatives (and have a public forum if the Commission wishes it) then move forward. He doesn't wish to create additional work for the Capital Facilities Workgroup and CPAW.
- Commissioner McKindley-Alvarez requested clarification on the two motions. After discussion Chair Mantas withdrew his Motion.
-

  - **ACTION: REPHRASED MOTION: Commissioner Reed made a motion to designate CPAW and the Capital Facilities Workgroup to analyze the options and alternatives and**

**assist in bringing a list of priority needs back to the full Commission for a final recommendation to the BOS. This discussion might be influenced by budget considerations to be announced Sept. 15, 2009 which will require working quickly with Health Services staff to identify possible cuts and how they may impact this proposal and any suggested alternatives. Also concerns voiced at the 9/30/09 Public Forum, if there is one, would be incorporated. Commissioner Kahler seconded the revised Motion. The Motion was passed 8-1 with Chair Mantas dissenting.**

- **ACTION: Commissioner Reed made a motion to table the public forum tentatively scheduled for 9/30 until further work was completed. Commissioner McKindley-Alvarez seconded the Motion. The Motion was passed unanimously.**

Vice Chair Pasquini announced due to the unavailability of MHA staff the 9/10 MHC meeting was cancelled and that the next regularly scheduled Commission meeting would be 10/8 at the Concord Police Station.

4. ADJOURN MEETING

- **ACTION: Chair Mantas made a motion to adjourn meeting. Commissioner McKindley-Alvarez seconded the Motion. Motion was passed unanimously. The meeting adjourned at 7:25 pm.**

**(Note: Supervisor Piepho had to leave the meeting before its conclusion and was not present for any Motion votes.)**

Respectfully submitted,
Nancy Schott, Assistant
Contra Costa County Mental Health Commission

email exchange on AB244...

-----Original Message-----
From: mamap2536@aol.com
To: Mamap2536@aol.com
Sent: Wed, Sep 30, 2009 12:31 pm
Subject: Fwd: Letters to Governor on AB 244

-----Original Message-----
From: DWigand@hsd.cccounty.us
To: mamap2536@aol.com
Cc: STavano@hsd.cccounty.us
Sent: Tue, Sep 29, 2009 12:28 pm
Subject: Re: Fwd: Letters to Governor on AB 244

Absolutely!

Suzanne, other bills to support?


Donna M. Wigand, LCSW
Director, Contra Costa Mental Health
1340 Arnold Dr, Ste.200
Martinez, Ca. 94553
925-957-5111
925-957-5156 - Fax



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mamap2536@aol.com

09/28/2009 05:00 PM

To DWigand@hsd.cccounty.us
cc

Subject Fwd: Letters to Governor on AB 244

Donna,
Would this be something to request be added to the BOS Legislative Policy for 2010? I have not been tracking this item, so I don't know when it will be heard in committee.

Also, please let me know if there are other items you would like the Commission to consider supporting for the Legislative Policy.

Thanks,

Teresa
-----Original Message-----

From: Grace McAndrews <grace.mcandrews@namicalifornia.org>
To: Catheryn Mercado <catheryn.mercado@namicalifornia.org>
Sent: Mon, Sep 28, 2009 4:33 pm
Subject: Letters to Governor on AB 244

Date: September 28, 2009
TO: Affiliate Presidents, Legislative Key Contacts, Board of Directors and Interested Parties
FROM: Grace McAndrews, Executive Director

Health Coverage

---

This is an urgent second request to write to the Governor asking him to sign AB 244 which in essence would bring about full parity for mental health coverage.

Attached is a sample letter as well as our position paper. Your letter should be addressed to the Governor with a copy to Jennifer Kent, Legislative Deputy.

Thank You.(See attached file: 20090914133228340.pdf)

NAMI CALIFORNIA

*The State's Voice on Mental Illness*

**ACTION ALERT – ACTION ALERT – ACTION ALERT**

**WRITE THE GOVERNOR**

TO: Affiliate Presidents, Legislative Key Contacts and Interested Parties

FROM: Catherina Isidro, Executive Assistant/Office Manager

DATE: September 11, 2009

RE: **AB 244 (Beall) – Bring Full Parity For Mental Health Coverage SUPPORT**

**SEND LETTERS OF SUPPORT NOW**

This is an urgent request to write the Governor asking him to sign AB 244 which in essence would bring about full parity for mental health coverage.

Tell the Governor exactly how this proposal will negatively affect your family member if not passed. NAMI California's position paper includes further information for your use.

Attached is a sample letter for your convenience. Your letter should be addressed to the Governor with a copy to Jennifer Kent, Legislative Deputy.

K\legislative\2009-10\AB 244\Action Alert

1010 Hurley Way, Suite 195 • Sacramento, CA 95825
Phone: 916.567.0163 • Fax: 916.567.1757
E-MAIL: support@namicalifornia.org ~ WEB SITE: www.namicalifornia.org

*The State's Voice on Mental Illness*

DATE: April 28, 2009

TO: Assembly Member Dave Jones, Assembly Health Committee Chair

**POSITION PAPER**
**AB 244 (Beall)**

**SUPPORT**

NAMI California, the state affiliate of the National Alliance on Mental Illness, supports this bill and asks for a "yes" vote by committee members.

Currently, State law requires health care service plan contracts and a health insurance policies to provide coverage for the diagnosis and treatment of severe mental illness, limited to nine specified conditions, under the same terms and conditions applied to other medical conditions. This is a limited parity provision. The contracts and policies are not required to provide benefits on the same terms and conditions for mental illnesses other than the nine specified conditions. Therefore, the extent of coverage of many mental illnesses and substance abuse by contracts and policies is much less than for physical illnesses. As a result, individuals often do not receive adequate treatment until the condition has become severe.

This bill would expand the coverage requirement for contracts and policies issued, amended, or renewed on or after 1/1/2010 to include the diagnosis and treatment of a mental illness under the same terms and conditions as other medical conditions including, but not limited to, maximum lifetime benefits, copayments, and individual and family deductibles. The requirement would not apply to Department of Health Care Services for Medi-Cal beneficiaries or to Cal PERS. The bill would expand parity because the federal requirement does not apply to employers with 50 or fewer employees who provide health care coverage; the bill would cover such employers.

Mental illness is defined for purposes of this requirement as a mental disorder defined in the Diagnostic and Statistical Manual IV (DSM IV), including substance abuse. This provision would be the same as the federal definition.

Because this bill would bring about full parity for mental health coverage, NAMI California supports this bill and requests a yes vote when it is heard in Committee.

Contact: Michael Shepard, NAMI California, (916) 359-1675
mshepard@winfirst.com

cc: Cassie Rafanan, Assembly Health Consultant
Assembly Health Committee Members
Assembly Member Jim Beall

K:\Legislative\2009-2010\AB 244\AB 244 position paper.docx

1010 Hurley Way, Suite 195 • Sacramento, CA 95825
Phone: 916.567.0163 • Fax: 916.567.1757
E-MAIL: support@namicalifornia.org ~ WEBSITE: www.namicalifornia.org

SAMPLE LETTER – SAMPLE LETTER – SAMPLE LETTER

Date___________

Governor Arnold Schwarzenegger
State Capitol Building
Sacramento, CA 95814

RE: AB 244 (Beall)

Dear Governor:

As a member of **(your local NAMI's NAME)** and NAMI California, I strongly support AB 244 which would bring full parity for mental health coverage.

AB 244 will require health insurance contracts and policies issued, amended, or renewed in 2010 to provide benefits to people with mental illnesses on the same terms and conditions as for people who have physical illnesses.

Current California law does not require this parity for all mental illnesses and substance abuse. As a result, individuals often do not receive adequate treatment until the condition has become severe. and that treatment may be by the state mental health system or correction system. Delayed or absent treatment increases costs to families and our state health and corrections systems, leads to increased homelessness, incarceration, physical harm or death. If AB 244 does not pass, California will not be in conformance with new federal parity law.

There is no health without mental health.

**(Add your own comments here).**

Sincerely,

**(Your Name & Address)**

cc: Jennifer Kent, Legislative Deputy
State Capitol Building, First Floor
Sacramento, CA 95814

SENATE BILL 785
Article from SF Chronicle

## Foster youths need access to mental health care

Zahra Hayat,Patrick Gardner
Tuesday, September 29, 2009

Elise was placed in foster care at the age of 13, after being raped in her home by a man her mother knew. Just days later, Elise had to testify in her mother's presence about the rape and her mother's prostitution and drug addiction. The most resilient adult would struggle to cope with such trauma. Yet, Elise was unable to get any therapy or counseling for several months. Why? Because she was placed in a foster home outside the county where she lived.

Elise is one of California's more than 15,000 "out-of-county" foster children - children who enter foster care in one county (home county), but are living in another county (host county). Almost one-fifth of California's foster children are placed across county lines, either due to a shortage of local foster or group homes, or because a relative's home has been found in another county. Out-of-county youths routinely face problems getting mental health care, often waiting months or even years for appropriate treatment. These children have suffered great psychological harm due to the trauma of abuse and neglect, followed by separation from their parents and siblings. Yet, California's foster care and mental health systems deny them essential, sometimes life-saving, mental health care, in violation of state and federal law.

The consequences are tragic: Often, as a child's condition worsens, he or she must be confined to a psychiatric hospital. In the most extreme cases, children have committed suicide. Foster placements fail, and with them, potential adoptive homes are lost; school dropout rates soar; and many children are pushed into the juvenile justice system.

Out-of-county youths suffer disproportionately due to California's county-based mental health system. Even after foster children are placed in another county, the home county remains responsible for authorizing, providing and paying for their mental health care. But providing long-distance care is difficult. Providers cannot travel very far, and social workers are often unfamiliar with the other county's providers and services. Also, because there is no efficient reimbursement system between counties, host counties and providers are often unwilling to assume responsibility for children who are not their "own."

However, federal and state laws entitle all foster youths to adequate mental health care, regardless of where they live. To fix this broken system, we must act now.

A 2-year-old law, Senate Bill 785, sponsored by Sen. Darrell Steinberg, has set the stage for reform. It requires that out-of-county foster youths who have been adopted or placed in guardianships with relatives - but not those still in foster

care - must be provided mental health services by their host counties. Also, work is nearly complete on a new reimbursement system that will allow funds to flow directly to the county providing services. Building on these accomplishments, we can fix a system that has been broken for more than a decade by:

-- Requiring that foster youths be provided mental health care by their host counties.

-- Requiring home counties to promptly authorize all medically necessary mental health services.

-- Enabling host counties/providers to be reimbursed directly.

These three steps require no new funding.

By embracing a policy of equal access to care for all foster youths, we can end years of illegal discrimination and help all foster children achieve safety and stability.

Zahra Hayat is an Arthur Liman Fellow with the National Center for Youth Law. Patrick Gardner is deputy director of the center and a member of the California Child Welfare Council.

*http://sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/09/29/ED6G19TVA9.DTL*

*This article appeared on page **A - 13** of the San Francisco Chronicle*
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Teresa Pasquini, Contra Costa Mental Health Commission, Vice Chair
Coalition Report and Request for Commission Action
October 1, 2009

The Mental Health Coalition met on September 22, 2009 at MHCC in Concord. All members were present including, JohnGragnani, Mariana Moore, Brenda Crawford, Dave Kahler, and me. The conversation was serious and focused on the tragic suicide of a beloved West County Consumer, the previous weekend. The focus of the discussion was on the systemic gaps, the perceived disrespect for the Mental Health Consumer Concerns staff's attempted interventions, and the plans for advocating around this devastating loss.

I shared the fact that I had received a call from a West County Consumer the day before notifying me of the incident and begging for my intervention. I also shared the email that I had received from a peer supporter and advocate from MHCC. I include a copy of that email, along with my email to the Mental Health Director and others regarding my desire to seek solutions to learn and from this tragedy.

While all coalition members expressed concern and emotion over this event, there was no consensus on moving forward with any action, as a Coalition. Some individual members expressed their intentions for advocating for an investigation. I was one of those members.

There needs to be a neutral process that allows Sentinel events to be reviewed by members of the community who do not have a conflict of interest. This is not about blame, but about learning. There was a system failure that caused a young man to die. We need to understand what happened to prevent another life being lost. I urge all of us to advocate, to the Board of Supervisors, to request an independent investigation of this suicide. We can't hide behind HIPPA. We can let go and learn, without knowing the names and specifics.

I would ask the commission to consider a motion that would include writing a letter to the Board of Supervisors requesting an independent internal review that would include a report back to the Board stating what steps will be taken to correct the communications breakdown between doctors, case management, administrators, peer supports, the failure to admit to the County Hospital, the failure to hold, the failure to coordinate discharge plans. The failure to prevent this young man from hurting himself.

This young man touched several points in the system including community organizations like NAMI and MHCC, County Programs like the county hospital, 38th Street Clinic, Police contact, out of county contract acute hospitalization. He had a large peer support system begging for help. We have a death and the lingering painful question of why. The Commission needs to help find that answer. Please consider taking action today.

Email Exchange #1
(to protect confidentiality, initials of involved individuals have been used.)

-----Original Message-----
From: DWigand@hsd.cccounty.us
To: mamap2536@aol.com
Cc: bcrawford@mhccnet.org; VMontoya@hsd.cccounty.us; STavano@hsd.cccounty.us; DCassell@hsd.cccounty.us
Sent: Tue, Sep 22, 2009 10:54 am
Subject: Re: Fwd:

As with all critical incidents, we do a thorough review. We need to learn from every incident. Even though an individual revealed information to you, you know that California state law prohibits us from doing so. As always, we have strict protocols that immediately come into play for thorough review of critical incidents, such as, but not limited to, a death.

Donna M. Wigand, LCSW
Director, Contra Costa Mental Health
1340 Arnold Dr, Ste.200
Martinez, Ca. 94553
925-957-511
925-957-5156 - Fax

Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original

mamap2536@aol.com

09/22/2009 09:11 AM

To
DWigand@hsd.cccounty.us, VMontoya@hsd.cccounty.us, bcrawford@mhccnet.org
cc
Subject
Fwd:

Good Morning,

I received the below email this morning. I have removed the sender's name to protect her identity. I have also remove the full last name of the consumer who committed suicide this past Saturday.

As a West County Mental Health Commissioner, I have had the privilege of being invited to the MHCC Wellness Center in West on a couple of occasions. I established a rapport with many consumers and promised my advocacy and support. The information in this email is very disturbing and requires attention.

I heard about this incident yesterday when I received a phone call from another consumer who was crying and asking me to do something. I promised her that I would let people know her concerns. I am very concerned about the stress this incident and loss may be causing the other consumers at the Wellness Center. I know that Brenda and her staff will address this issue.

This story hits a personal chord since my own son, Danny, made another serious suicide attempt over the weekend and is back in the hospital. I am shell shocked and traumatized by his attempt as he was living here with us, on medication. He was also in the process of looking for independent living which his conservator, case manager, and our family thought might be appropriate. My son was seemingly happy and stable. Yet he wrote a note, consumed a number of his girlfriends anti psychotic meds and waited to fall asleep forever.

Fortunately, he began violently vomiting. It is clear that his internal pain is so severe that even I, who know him best, did not see that his life was in immediate risk.

I know that we can not prevent and intervene with all of the tragic cases that our system encounters. But, somehow we need to be able to help those who are begging for their lives. It should not be so difficult to help desperate people. I would like to work with all of you to seek solutions. This case needs to be studied in a transparent way. We need to know what went wrong so we can try to save some lives.

Thanks,

Teresa

-----Original Message-----
From:
To: mamap2536@aol.com
Sent: Tue, Sep 22, 2009 4:20 am

Mrs. Pasquini:

You might want to check into the death of T. R. He committed suicide Saturday. After trying convince his doctor and the whole Contra Costa County mental health system that he was in crisis. He killed him self. This didn't have to happen! This was reported to his doctor, the police, M.L. everyone and anyone who would listen. It just didn't have to happen. There was a lots mistakes. This can't happen to good people any more. We are not the throw away people. This is what it has become. We don't have money for the best doctor they medicate us and don't listen to us and we die and that's OK everyone so they don't have to be bothered

T.R.'s Doctor actually said that she was to busy to see him. She was called several times during this crisis and other doctors were called and they wouldn't do what was needed. The county would let him out after three hours yes three hours. When was obvious he was very sick.

If this continues why even have doctor's. It is sad state off affairs of the mental health system when they make us throw away people. What happen to T.R. proves that we are just throw ways.

Email Exchange #2
(to protect confidentiality, initials of involved individuals have been used.)

-----Original Message-----
From: DWigand@hsd.cccounty.us
To: Brenda Crawford <bcrawford@mhccnet.org>
Cc: mamap2536@aol.com; SMedlin@hsd.cccounty.us; VMontoya@hsd.cccounty.us
Sent: Tue, Sep 22, 2009 11:21 am
Subject: RE:

Let me know if you would like staff to come over to do some work with folks.

Donna M. Wigand, LCSW
Director, Contra Costa Mental Health
1340 Arnold Dr, Ste.200
Martinez, Ca. 94553
925-957-5111
925-957-5156 - Fax

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contact the sender by reply email and destroy all copies of the original message.

"Brenda Crawford" <bcrawford@mhccnet.org>

09/22/2009 11:16 AM
To<mamap2536@aol.com>, <DWigand@hsd.cccounty.us>, <VMontoya@hsd.cccounty.us>
cc<SMedlin@hsd.cccounty.us>

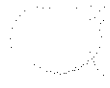
Subject RE:

Hello Teresa,

Thank you, for the email and the concern. I am not sure what happen to this young man, we are still trying to put the pieces together. Suffice it to say that the West County members & staff of our Wellness and Recovery center are devastated! This young man had been coming to our center for three years. Janet and Connie recently worked with him to get his own apartment, which NAMI so graciously provided the necessary funding in order for him to move out of a Board & Care. Some of his art work is hanging on the wall at the center. I spoke to Renee who is the coordinator today and she told me that the Consumers are dealing with their grief by banning together and trying to plan strategies to ensure that they support each other and also advocate when they see one of their own breaking down. The Consumers are also currently trying to decide if they would like to speak at the next MHC meeting or at the next BOS meeting. Again, they are sad, angry and confused and simply feel like this did not have to happen! Thanks again for the email.

Brenda Crawford
Executive Director
Mental Health Consumer Concerns Inc
2975 Treat Blvd Bldg-
Concord CA 9452
925-521-123
925-521-1235-fax
bcrawford@mhccnet.org
www.mhccnet.org

"Nothing About Us, Without Us"



The Human Services Alliance of Contra Costa

*A consortium of non-profit, community-based agencies*

## About the Human Services Alliance

- The **mission** of the Human Services Alliance is to ensure that the residents of Contra Costa County have access to high-quality, culturally competent health and social services provided through a network of nonprofit, community-based organizations, working in partnership with state and local government. Collective, the Alliance's 25 members strive to:
  - Promote the **wide availability** of diverse not-for-profit health and human services to meet the needs of Contra Costa County residents regardless of race, gender, sexual orientation, religion, disability, age, nationality, language, geographic location and ability to pay.
  - Advocate for **sufficient and necessary funding** for non-for-profit health care and human services.
  - Develop **constructive partnerships** with county staff, elected officials and other key stakeholders to advocate for **systems change**, including assessing community health needs, examining current funding and delivery systems, identifying and addressing key priorities within the county, and ensuring adequately funded services and systems are in place to address identified needs.
  - Provide a regular **forum** for sharing resources and expertise among member agencies.
- **History of the Alliance**:
  - The Alliance was founded in 1981 as the Contractors' Alliance of Contra Costa, focusing at that time solely on mental health issues.
  - Membership criteria later broadened to include other health and social service agencies.
  - Today, Alliance membership is open to any nonprofit, community-based organization that provides services in Contra Costa and receives government funding.
- **The Alliance's value to the community**:
  - The Alliance's member agencies serve the **most vulnerable and high-risk** members of our community, forming a vital safety net in conjunction with the county's own programs.
  - Services provided by Alliance members embrace the **full continuum of care**, including mental health, community clinics, alcohol/other drug treatment, developmental disabilities, HIV/AIDS, children/youth and family health, perinatal care, school-based counseling, CalWORKS services, elder care, adolescent drug court, crisis intervention, and suicide prevention.
  - The Alliance's members have significant experience providing **culturally competent services** that respond to the needs of the county's diverse ethnic populations and regional differences.
  - **Mental health engagement**: The Alliance participates in the Mental Health Services Act Consolidated Planning and Advisory Workgroup (CPAW), is one of five standing members of the Mental Health Coalition, is a member of the Children's and Adolescent Mental Health Task Force, and delivers a monthly report to the Mental Health Commission.
- **Policy advocacy**: Since its founding, the Alliance has built a track record of successful cross-sector advocacy on issues that affect the health and well-being of our most vulnerable community members. The Alliance has a committed and stable membership and has earned strong credibility with local leaders, including elected officials, county staff, business leaders and community-based organizations.

**Human Services Alliance of Contra Costa**, c/o JFKU-CE, 100 Ellinwood Way, Suite S-205, Pleasant Hill, CA 94523
Phone (925) 989-3388 ◆ Fax (866) 632-0235 ◆ Email: human_services_alliane@yahoo.com

Human Services Alliance of Contra Costa

*A consortium of non-profit, community-based agencies*

## Alliance Membership 2009-10

The mission of the Human Services Alliance is to ensure that residents of Contra Costa County have access to high-quality health and social services provided through a network of nonprofit, community-based organizations, supported by funding from the county and other public sources.

The Alliance's members include many of the county's largest and most well-respected community-based organizations. Together these contractors serve thousands of Contra Costa residents in the areas of mental health, crisis intervention, violence prevention, family health, substance abuse treatment, and many other services that are vital to our community's health and quality of life. Members include:

Asian Community Mental Health

Brighter Beginnings

Center for Human Development

Community Clinic Consortium

Community Health for Asian Americans (CHAA)

Community Violence Solutions

Contra Costa ARC

Contra Costa Crisis Center

Early Childhood Mental Health

Families First

Family Stress Center

Food Bank of Contra Costa and Solano

La Cheim School

Mental Health Consumer Concerns

Monument Crisis Center

New Connections

Rubicon Programs

Seneca Center

Senior Outreach Services/ Meals on Wheels

SHELTER, Inc.

STAND! Against Domestic Violence

Ujima Family Recovery Services

We Care Services for Children

Youth Homes, Inc.

**Staff: Mariana Moore, Director**

**Human Services Alliance of Contra Costa**, c/o JFKU-CE, 100 Ellinwood Way, Suite S-205, Pleasant Hill, CA 94523
Phone (925) 989-3388 ◆ Fax (866) 632-0235 ◆ human_services_alliance@yahoo.com

# Review of CPAW meetings of 9/17/09 and 10/1/09

**09/17/09** A comment has been raised by the Coalition that there was an overwhelming amount of material presented at CPAW meetings and that the productive outcome was diminished by overload. Therefore, a new format was attempted at this CPAW meeting. The group was divided into pre-assigned seated tables, and 10 minute presentations were done on PEI, CSS, and Communications MHSA funds to determine a plan of action. Members of CPAW listened to a short presentation, had a few brief minutes to ask questions, and then we were asked to approve the plans.

I personally raised the comment that we were being asked to approve CSS funding without resolution of the issues raised by the FSC MOC, that I felt we were being asked to rubber stamp continuation of funding without analyzing outcome or making any changes to services. Donna Wigand and Vic Montoya both spoke to the fact that it was late into the year, the funds were sitting in Sacramento, and if they were released to CCC by approving the continuation of existing programs as is, CCC would be able to have the funds here, gain the interest on them, and that changes could be made during the 30-day community comment period. Two weeks of that time has already passed, and the Family Steering Committee has not been notified, nor will the Committee meet again prior to determination of the CSS funding.

Teresa Pasquini presented a plan to have up to 4 members of CPAW join the MHC Capital Facilities Workgroup to reconsider uses of Capital Facilities funds. A hope was expressed that representation would come from both Children's and Older Adults.

**10/01/09** Discussion of the amounts set aside for both Prudent Reserve and Operating Reserve was presented. It is expected that funding for MHSA will dramatically decrease in upcoming years, and funds need to be set aside to bridge the shortfall thru 2012.

Outcomes of data reviews from MHSA programs were presented. There was no data from the Children's Program, which needs addressing. Most noteworthy was that only 40% of homeless are now in permanent housing, which is an indication of poor results. Rubicon is no longer accepting new FSP's to their program unless they come with their own housing because housing is considered as a mandatory first step. Additionally, after housing is achieved, then employment becomes a step to recovery. Employment data needs to be re-assessed to see if a higher % want to find work once housing is obtained. (of 95 FSP in the adult program, 7 were employed) Substance abuse data showed poor outcomes. FSP were also not attaining access to primary care physicians as part of their wrap-around care, and since life expectancy is dramatically reduced for the mentally ill, this issue needs additional attention to significantly increase access.

Sherry Bradley suggested that the Housing Committee become a Standing Committee as housing is a major factor in outcomes. No information was given on the progress of hiring a housing coordinator, nor was a time/date set for the next meeting of the Housing Committee.

Concern was raised that January, 2010 is fast approaching and CSS for the next time period needs immediate attention. State level RoundTables for CSS are starting in October, presenting an opportunity to hear from other counties about Sharing Resources, Strategic Planning, and brining new ideas and providers into the service mix.

Outreach is needed to bring representatives of Children's, Youth, and various cultural groups to add to CPAW.

Donna Wigand stated at 5 pm that the meeting was 45 minutes behind the agenda and that she was not willing to stay until 7 pm to cover all that was on the agenda. This statement was indicative of the enormous amount of material CPAW members are asked to address, the need for in-depth coverage of all aspect of MHSA programming, and how difficult the task before us is.

Commissioner Annis Pereyra

IMC/MHRC/SNF Client Count
9/29/09

| Facility_RU | FacilityType | Known As | # of Clients |
|---|---|---|---|
| 00331 | MHRC | Canyon Manor | 1 |
| 00471 | MHRC | CPT | 6 |
| 97109 | SNF | Creekside | 5 |
| 00381 | MHRC | CW Angwin | 19 |
| 00409 | SNF | CW Fremont-Mowry | 6 |
| 00371 | SNF | CW Idylwood | 10 |
| 00441 | MHRC | CW San Jose | 2 |
| 00731 | SNF | CW Stevenson | 33 |
| 00732 | SNF | CW Stevenson Gero | 10 |
| 00451 | SNF | CW Stockton | 21 |
| 00459 | SNF | CW Stockton Gero | 5 |
| 00461 | MHRC | CW Vallejo | 1 |
| 00521 | SNF | Garfield | 4 |
| 00629 | SNF | Morton Bakar | 1 |
| 00629-2 | IMD | Morton Bakar IMD | 1 |
| 00041 | IMD | Napa | 10 |
| | | | 135 |

Email exchange #3

-----Original Message-----
From: mamap2536@aol.com
To: kathimclaughlin@comcast.net; sbradley@hsd.cccounty.us
Cc: STavano@hsd.cccounty.us; DWigand@hsd.cccounty.us; AShirazi@hsd.cccounty.us; ALubarov@hsd.cccounty.us; ablades49@yahoo.com; asanders@hsd.cccounty.us; beatrice.lee@chaaweb.org; Rojusess@aol.com; bcrawford@mhccnet.org; CKunz-Tao@hsd.cccounty.us; cbrigham@ankabhi.org; Conste925@astound.net; ccummings1102@yahoo.com; DCarrillo@hsd.cccounty.us; DJones@hsd.cccounty.us; DCollier@hsd.cccounty.us; GHill@hsd.cccounty.us; JGragnani@hsd.cccounty.us; JHollender@hsd.cccounty.us; jfreesto@hsd.cccounty.us; keshuler@frontiernet.net; KFowlie@hsd.cccounty.us; KWade@hsd.cccounty.us; LBKeleti@hsd.cccounty.us; LMostella@hsd.cccounty.us; moore_mariana@yahoo.com; mgagan@richmondpd.net; marysherman335@comcast.net; molly@ccclubhouse.org; pharris65@hotmail.com; rhaney@wccusd.net; RFreeman@hsd.cccounty.us; rjohn581@astound.net; rsnestman@comcast.net; shahn@hsd.cccounty.us; steveng@rubiconprograms.org; SMedlin@hsd.cccounty.us; vwallace@hsd.cccounty.us; vvale2001@sbcglobal.net; VMontoya@hsd.cccounty.us; VIyengar@hsd.cccounty.us; wthurston@ankabhi.org; NSchott@hsd.cccounty.us; pamantas@yahoo.com
Sent: Sat, Sep 26, 2009 9:28 am
Subject: Re: MHC-CPAW Capital Facility Workgroup Agenda Packet - An FYI

Dear CPAW Members:

I would like to take this opportunity to address some of the concerns expressed by Kathi McLaughlin. There were communications and circumstances, not shared with the full CPAW membership that may have explained some of the challenges that arose over planning the first MHC/CPAW Capital Facilities Workgroup meeting. One was the serious suicide attempt, by my son, and subsequent hospitalization, last Sunday. The other was the news of a suicide, by a beloved member of the West County Wellness Center, t hat I was informed of last Monday. Needless to say, the trauma of these two incidents, coupled with Sherry Bradley's vacation, created some miscommunications and delaye d agenda planning and posting. While I regret that the meeting was not able to be noticed, in a timelier manner, there was no attempt to prevent public attendance or to exclude anyone.

I would like to offer a brief description of the Mental Health Commission for those CPAW members who may not be familiar with its legal charge and mission. The MHC is an advisory body appointed by the Board of Supervisors to make recommendations on the Mental Health System. We are State mandated and governed by the Welfare and I nstitution Code, 5604.2. The Commission also has additional duties in accordance with the MHSA. All of our meetings, where a majority of the Commission is present, must be dually noticed by the Brown Act and the Better Government Ordinance. Our meetings must also provide opportunity for public comment. We volunteer to serve the Board and also the public.

The Mental Health Commission has been using workgroups over the past year to accomplish its work. This was done with the knowledge of the CAO's office and occurred when four Commissioners, including Ms McLaughlin, resigned from the Commission, in 2008. This left the Commission without enough members to conduct its business in its Standing Committees. The Workgroups were initiated to allow the Commission's work to continue, on a less formal and cost saving basis because staff was not required to attend, take minutes, etc. This effort als o allowed the Mental Health Administrators to avoid attending numerous meetings that may not be the best use of their time. This was something that Dr. Walker supported, when he announced, at a recent commission meeting, that his staff would not be able to attend as many meetings for budgetary reasons.

Because of the workload imposed by MHSA, the Commission and the division have been overwhelmed with additional planning and meeting commitments. The Commission recommended, at the 9/3/09 3 hour Special Meeting, that its Capital Facilities Wo rkgroup should join with CPAW members in an attempt to combine planning efforts, in the spirit of partnership. The focus/charge and membership, of the new workgroup, was discussed and agreed to, in a meeting with the Mental Health Director, the Deputy Director, Sherry Bradley, Julie Freestone, Veronica Vale, a CPAW member, and two Mental Health Commissioners, myself and Annis Perrerya, also CPAW members. A tentative first meeting date was discussed. Unfortunately that date failed to be mentioned and coordinated with the CPAW members, until Friday September 18th.

It is not required to publicly notice Workgroup meetings, of the Commission, where a20majority is NOT going to be present. Nor, is it a requirement to notice the CPAW meetings in advance, as they are not appointed by the BOS and are not governed by the same meeting law s. However, I know that Sherry is very deliberate about sending out broad notification on all CPAW meetings. Unfortunately, nobody communicated the time conflict between the Communications and Capital Facilities Workgroups. Sherry had provided her schedule that day as being free. I believe Sherry has taken steps to prevent this type of unintended meeting conflict from reoccurring. In order to insure full public exposure and inclusion, all future meetings of this newly formed workgroup will be dual ly noticed. The agenda for the next meeting, on October 5th, will be posted by Wednesday September 30, 2009.

It is unfortunate that Ms McLaughlin was not able to attend our first organizational meeting. Because she is a highly knowledgeable advocate, for the children's system of care, we especially wanted her input. Also, since her Children's Adolescent Task Force is not open to the public and is by invitation only, some of us are not aware of the information discussed in those sessions. We hope Kathi can join our next meeting and share the new proposal that has not been heard by the Commission. Of course the Mental Health Director is always welcome to share information with the Commission and is actually required to do so, under the Welfare and In stitution Code.

The first meeting was actually very successful and conducted in the full spirit of the MHSA. I believe those of us who participated were satisfied with the outcome. The minutes of that meeting will be shared with both the CPAW and the Commission. All matters discussed at the Workgroup, on September 24, 2009, will be ratified by the full Commi ssion at its next meeting on October 8, 2009. Therefore, there will be full opportunity to provide public input on the matters discussed.

Please feel free to contact me for any further information on these matters.

My Regards,

Teresa Pasquini
Mental Health Commission Vice Chair
Mental Health Commission Capital Facilities Workgroup Chair
CPAW Member

-----Original Message-----
From: kathimclaughlin@comcast.net
To: sbradley@hsd.cccounty.us
Cc: STavano@hsd.cccounty.us; DWigand@hsd.cccounty.us; AShirazi@hsd .cccounty.us; Anna Lubarov <ALubarov@hsd.cccounty.us>; ablades49@yahoo.com; Anthony Sanders <asanders@hsd.cccounty.us>; beatrice lee <beatrice.lee@chaaweb.org>; Rojusess@aol.com; bcrawford@mhccnet.org; Candace Kunz-Tao <CKunz-Tao@hsd.cccounty.us>; cbrigham@ankabhi.org; Conste925@astound.net; ccummings1102@yahoo.com; DCarrillo@hsd.cccounty.us; DJones@hsd.cccounty.us; DCollier@hsd.cccounty.us; GHill@hsd.cccounty.us; JGragnani@hsd.cccounty.us; John Hollender <JHollender@hsd.cccounty.us>; jfrees to@hsd.cccounty.us; keshuler@frontiernet.net; KFowlie@hsd.cccounty.us; Kathryn Wade <KWade@hsd.cccounty.us>; LBKeleti@hsd.cccounty.us; LMostella@hsd.cccounty.us; moore mariana <moore_mariana@yahoo.com>; mgagan@richmondpd.net; marysherman335@comcast.net; molly@ccclubhouse.org; pharris65@hotmail.com; rhaney@wccusd.net; RFreeman@hsd.cccounty.us; rjohn581@astound.net; rsnestman@comcast.net; shahn@hsd.cccounty.us; steveng@rubiconprograms.org; SMedlin@hsd.cccounty.us; mamap2536@aol.com; vwallace@hsd.cccounty.us; vvale2001@sbcglobal.net; VMontoya@hsd.cccounty.us; VIyengar@hsd.cccounty.us; wthurston@ankabhi.org
Sent: Thu, Sep 24, 2009 9:16 pm
Subject: Re: MHC-CPAW Capital Facility Work group Agenda Packet - An FYI

Sherry, Thanks for sharing this with the other CPAW members. I wish I had been able to be at the meeting, but with the traffic from San Jose I did not even get to my house until 7:30. D id the committee actually hear about the change in the proposal regarding services to children? Will MH clinical staff be invited to attend the next Capital Facilities Committee meeting? Aside from providing an update about children's services, I think it is important to have their expertise and background knowledge available as other options are discussed.

Thanks for attending this meeting even though it cut short your time at the Communications Committee meeting.
Kathi

Kathi McLaughlin
MUSD Board of Trustees
CSBA Delegate
P. O. Box 1535
Martinez, CA 94553
(925) 372-6886--home office
(925) 348-1110--cell
kathimclaughlin@comcast.net--email

----- Original Message -----
From: sbradley@hsd.cccounty.us
To: AShirazi@hsd.cccounty.us, "Anna Lubarov" <ALubarov@hsd.cccounty.us>, ablades49@yahoo.com, "Anthony Sanders" <asanders@hsd.cccounty.us&g t;, "beatrice lee" <beatrice.lee@chaaweb.org>, Rojusess@aol.com, bcrawford@mhccnet.org, "Candace Kunz-Tao" <CKunz-Tao@hsd.cccounty.us>, cbrigham@ankabhi.org, Conste925@astound.net, ccummings1102@yahoo.com, DCarrillo@hsd.cccounty.us, DJones@hsd.cccounty.us, DCollier@hsd.cccounty.us, DWigand@hsd.cccounty.us, GHill@hsd.cccounty.us, JGragnani@hsd.cccounty.us, "John Hollender" <JHollender@hsd.cccounty.us>, jfreesto@hsd.cccounty.us, keshuler@frontiernet.net, KFowlie@hsd.cccounty.us, Kathimclaughlin@comcast.net, "Kathryn Wade" <KWade@hsd.cccounty.us>, LBKeleti@hsd.cccounty.us, LMostella@hsd.cccounty.us, "moore mariana" <moore_mariana@yahoo.com>, mgagan@richmondpd.net, marysherman335@comcast.net, molly@ccclubhouse.org,=2 0pharris65@hotmail.com, rhaney@wccusd.net, RFreeman@hsd.cccounty.us, rjohn581@astound.net, rsnestman@comcast.net, sbradley@hsd.cccounty.us, shahn@hsd.cccount y.us, steveng@rubiconprograms.org, SMedlin@hsd.cccounty.us, STavano@hsd.cccounty.us, mamap2536@aol.com, vwallace@hsd.cccounty.us, vvale2001@sbcglobal.net, VMontoya@hsd.cccounty.us, VIyengar@hsd.cccounty.us, wthurston@ankabhi.org
Cc: STavano@hsd.cccounty.us, DWigand@hsd.cccounty.us
Sent: Thursday, September 24, 2009 7:17:52 PM GMT -08:00 US/Canada Pacific
Subject: MHC-CPAW Capital Facility Workgroup Agenda Packet - An FYI

Dear CPAW Members,

Attached you will find the combined MHC-CPAW Capital Facility Workgroup Agenda Packet for this afternoon's meeting. Sorry, today is my first day back in a week, so trying to catch up. My apologies for not getting this=2 0out to you all to s ee sooner. The meeting was held this afternoon, and notes will be made available as soon as possible.

Thus far, the only CPAW members to volunteer to participate include Kathi McLaughlin and Brenda Crawford. **We are still looking for two more volunteers.** We are trying to co ntact Mickey and/or Bob Sessler to participate for the voice of the older adult.

Just as an FYI, the next meeting of the MHC-CPAW Capital Facility Workgroup is Monday, October 5, 2009, from 6:30-8:30 p.m., at the Mental HEalth Consumer Concerns Offices located near the corner of Treat Blvd and Oak Grove Road in Concord. The meeting is public.

I also wanted to share the following input from Kathi McLaughlin, CPAW Member, who was unable to attend the meeting:

*Good Afternoon Theresa:*
***I said I would send you my availability and concerns:***
***Availability:*** ***I am almost never available on Thursdays except for late in the afternoon, and then only with at least several days notice. I usually spend 2 days per week in San Jose and one of them is always Thursday. I cannot make any meeting in Contra Costa on the 2nd Thursday of every month. I also cannot meet in the late afternoon/evening of the 2nd and 4th M onday of the month (school board meeting). The 3rd Tuesday of the month after 3:00 is also booked.***

*Concerns:*
***1. The lack of proper notice does not allow for public comment (the agenda was posted less than 24 hours prior to the meeting). According to the information at the last CPAW meeting, the Mental health Commission wanted to revisit this issue because "...the residents have not had enough opportunity to comment." If the public only knows about the meeting 23 hours prior that seems to continue what the Commission Chair called "..a process that has not been up to par".***

*2. If the charge of the committee is to "...review, analyze and prioritize options for the Capital Facilities needs. One of those options is the 20 Allen proposal." then how can the committee do that without accurate, updated information from clinical staff? As I understand it you indicated to Donna and her staff that they were not welcome to attend this meeting. There are some new options for children that Donna discussed with the Child and Adolescent Task Force which the committee will not be able to hear if she is not there to present that update.*
*3. No CPAW committee meeting should be scheduled at the same time as another CPAW meeting. The Communication Committee is=2 0meeting from 2:00--3:30 and their meeting has been scheduled for more than a week.*

Sherry Bradley, MPH
MHSA Program Manager
CCHSD-Mental Health Division
1340=2 0Arnold Dr. #200, Martinez
(925) 957-5114 (landline)
(925) 957-5156 (fax)
(925) 890-3063 (cellular)
sbradley@hsd.cccounty.us

"As we progress in our MHSA planning and implementation, there will be a tendency to want to rely on doing things in familiar ways. We want to respect the expertise we have accumulated over the years. We don't want to 'reinvent the wheel'. But if we only do things in familiar ways, we will only generate familiar plans and programs. We will invent only wheels....and we want more than that."
Mark Ragins, M.D.

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# MHC ISSUES TRACKING 2009

| Date | Subject | Proposed Action | Follow-up Assignment | Timeline | Follow-up | Resolution |
|---|---|---|---|---|---|---|
| January 2009 | Mental Health Coalition request to support adding new members. Voted to accept in concept enlarging the MHC Coalition. | Await report back from the Coalition before making a final determination. | | | Monthly | Pending |
| February 26, 2009 | Letter from Teresa Pasquini regarding incident involving her son… Peter requested that a corrective action plan be developed… Donna agreed… Peter asked staff to follow up within 3 weeks on progress | Mental Health Director asked to provide a corrective action document. Donna reported to the MHC on the county's corrective action procedure and policy. She suggested inviting David Cassell to the April MHC meeting if more information is desired. Peter awaits the corrective action plan as agreed by MH Director. Further clarification is needed to the March 23, 2009 memo. | Staff: Follow-up with Donna. | | | Pending |
| February 26, 2009 | Family Steering Committee's Letter of Concerns | The Commission was asked to respond to the letter, along with a letter from NAMI in support of the concerns expressed by the Family Steering Committee. Response received from Donna. Commission has not responded. | Commission does not have enough information to take a position and respond. | TBD | | Pending |
| March 26, 2009 | Family Steering Committee's 2nd Letter of Concerns | Set up a Special MHC Meeting to discuss this issue. | Awaiting date/time. | TBD | | Pending |

| Date | Subject | Proposed Action | Follow-up Assignment | Timeline | Follow-up | Resolution |
|---|---|---|---|---|---|---|
| February 26, 2009 | How many clients using outpatient clinics have Medicare as a possible source of payment for services | Donna to report in writing with report outlining the number of clients. The number of 200 was referenced however source information was not provided even though it was promised by Donna. | Follow-up with Donna | | | Response received from Donna 6/18/09 Item is still Pending Review |
| February 26, 2009 | Medicare as a possible revenue source for outpatient clinics | Future agenda item | | June | | Pending |
| February 26, 2009 | Expediting the filling of positions funded by MHSA monies | Staff: Set up an appointment for Peter, Dorothy Sansoe and Donna Wigand to meet | Donna requested holding off until she received a list of all positions with status timelines. | | | Pending |
| February 26, 2009 | Request for PHF assessment information Letter 1 | Letter sent to Donna Wigand with a list of questions. | | | | Pending |
| March 26, 2009 | Request for PHF assessment information Letter 2 | Letter sent to Donna Wigand with a list of questions. | | | | Pending |
| March 2009 | MHC Questionnaire | Discuss distribution to county employees. | At the printer | TBD | | Pending |
| April 2009 | Bylaws Revisions | Send to County Counsel for Review | Have not been received by Donna from County Counsel | | June 17 | Pending |

# MHC ISSUES TRACKING 2009

| Date | Subject | Proposed Action | Follow-up Assignment | Timeline | Follow-up | Resolution |
|---|---|---|---|---|---|---|
| April 2009 | Reappointments of Peter, Dave and Teresa | Notification of term expirations letters sent to appointing Supervisors | Check status | | June 17 | Completed |
| April 2009 | Letter to Supv. Bonilla et al re: Capital Facilities | Letter sent | No response from Supv. Bonilla. Response received from the OAC. Copy of response to Supv. Bonilla received from Donna. | | | Pending |
| May 2009 | Follow-up letter to Supv. Bonilla et al re: Capital Facilities | Letter with comments from Minutes sent. | No response from Supv. Bonilla. | | | Pending |
| April 2009 | Continuum of care for TAY | Request change of regulations to enable TAY to receive continued medical, housing. | Place on tracking list. | | | Pending |
| May 2009 | Senior Disabled Bus Pass | Draft letter to CCCTA requesting reduced fare bus pass and permission to have a representative from MHC attend the Operations & Scheduling Committee | In process of drafting letter | | | Pending |
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| Date | Subject | Proposed Action | Follow-up Assignment | Timeline | Follow-up | Resolution |
|---|---|---|---|---|---|---|
| May 2009 | Track MHSA Plan Public Hearing agreement | Approve the plan updates assuming the following:<br>1) There be balanced representation on CPAW (county staff, mental health staff are at a minimum on CPAW and a significant portion is made up of family and consumer representatives to get more people involved in the decision-making process.<br>2) There is heavy involvement of family and consumer members not only in discussion but also decision making (CPAW)<br>3) Mental Health Administration will work with all stakeholders, especially the Mental Health Commission to develop quantitative and qualitative analysis of MHSA program performance by August 31, 2009.<br>4) All noted substantive comments get addressed in the plan update with Mental Health Commission involvement – for discussion and review before it's submitted. | Staff: Follow up with Sherry Bradley | | May 18 | Pending |
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| Date | Subject | Proposed Action | Follow-up Assignment | Timeline | Follow-up | Resolution |
|---|---|---|---|---|---|---|
| February 26, 2009 | Request from Rubicon to explain how we are going to integrate CBO's, especially in West County. | Request Donna to give a written response.<br>Donna responded to Steve from Rubicon at the March meeting. | Staff: Follow-up with Donna. | March 16 | | Completed Verbally during March 26 MHC meeting |
| February 27, 2009 | Recommendation for MHC appointment of Floyd Overby | Send letter of recommendation to Supv. Uilkema<br>Letter sent 3/3/2009 | Appointed May 5th | | | Completed |
| February 26, 2009 | Support of a Behavioral Health Court Grant | Letter was sent to Sheriff Rupf in support of the Behavior Health Court Grant. | Staff: Request an update from Marti Wilson and/or Lt. Mitch LeMay. | February 28 | Oct. 1, follow up again Nov. 1 | Completed. As of 10/1/09, Sheriff still waiting to hear. |
| March 26, 2009 | Letter in opposition to Prop 1E | Peter is to draft a letter to be sent to the individual members of the BOS requesting their support for the Commission's position. | Await receipt of letter to place on letterhead and send to each member of BOS. | | | Completed |
| April 23, 2009 | Transcript of 3/26/09 Minutes | Staff is instructed to present a transcript of the Minutes. | Staff: Transcribe Minutes | | | Completed |
| March 2009 | Recommendation for MHC appointment of Anne Reed | Send letter of recommendation to Supv. Uilkema | Appointed May 5th. | | | Completed. |
| August 13, 2009 | California Institute for Mental Health | Determine what training they offer | MHA staff | | 9/29/09 | Pending |
| Sept. 3, 2009 | Ambulance transfers | Is an ambulance required for patient transfer between CCRMC and a separate facility (ie. CCRMC | Staff: follow up with MHA | | 10/2/09 | Pending |

| | | and a PHF next door) | | | | |
|---|---|---|---|---|---|---|
| Date | Subject | Proposed Action | Follow-up Assignment | Timeline | Follow-up | Resolution |
| Sept. 3, 2009 | Info. on the number of CCC patients sent out of the county for treatment and length of stay | Donna Wigand to provide information. | Staff to follow-up with Donna | | | Pending |
| Sept. 3, 2009 | Chair Mantas requested Dr. Walker look into the ED to CSU situation to improve transition | Dr. Walker to update the Commission on his findings. | Staff to follow-up with Julie Freestone? | | | Pending |
| Sept. 3, 2009 | Info. on which larger counties have PHF's and how many counties have both PHF's and inpatient. | Donna Wigand to provide information. | | | | Pending |
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