CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
RETREAT
MINUTES – OCTOBER 17, 2008

I.	WELCOME – Jacque McLaughlin, Chair The meeting was called to order by Commission Chairperson Jacque McLaughlin at 9:00 a.m. Jacque welcomed new Commissioners Clare Beckner, Peter Mantas, Colette O'Keeffe and Annis Pereyra. She stated that diverse perspectives help enrich the Commission. Commissioners Present: Clare Beckner, District IV David Evans, District V Art Honegger, District V Dave Kahler, District IV Peter Mantas, District III Jacque McLaughlin, District II Colette O'Keeffe, M.D., District IV Teresa Pasquini, District I Annis Pereyra, District II Connie Tolleson, District V Attendees: Lara DeLaney, Legislative Coordinator, CAO's Office Steve Ekstrom, Facilitator, The Results Group Suzette Madrid, Supv. Susan Bonilla's Office Karen Shuler, MHC Staff Donna Wigand, LCSW, CCC Mental Health Director	Commissioners Absent: Supv. Susan Bonilla
II.	AGENDA REVIEW; ESTABLISH GROUND RULES FOR THE RETREAT – Steve Ekstrom\ Steve suggested basic operating principles which the Commissioners agreed with: • One speaker at a time • Be concise when speaking • No sidebars – concentrate on whoever's speaking • Suspend judgment = listening even if you disagree • No electronics (cell phones, etc.) Steve asked Commissioners to describe their motivation for being on the Commission.	
III.	INTRODUCTIONS AND GETTING ACQUAINTED Steve asked that everyone introduce themselves and that Commissioners tell how long they've been on the Commission. Peter asked that people also tell what their professional background is.	
IV.	OVERVIEW OF THE CONTRA COSTA COUNTY MENTAL HEALTH SYSTEM – Donna Wigand • California gives less money to public mental health than	

other states and isn't caring for the indigent mentally ill as it should.
• California is funded at 45% of the need for mental health treatment.
• Contra Costa County is the 9th largest county in the state.
• 70% of services are contracted, which is normal for an urban area. Counties are structured differently throughout the state.
• Donna drew out an organizational chart showing the different divisions within Health Services and explained their relationship to each other.
  o The Board of Supervisors sets the policy, direction and strategy. Next is the County Administrator and then the Health Department, led by Dr. William Walker. Included in the Health Department are:
  o Contra Costa Regional Medical Center
    ▪ Ambulatory Care Clinics
    ▪ Psychiatric Inpatient
    ▪ Crisis Stabilization Unit
    ▪ Jail Mental Health Services
    ▪ Emergency Services
      • Ambulance Services
  o Mental Health Division
    ▪ Adult System of Care – Victor Montoya
    ▪ Children's System of Care – Vern Wallace
    ▪ Care Management – Suzanne Tavano
    ▪ Mental Health Services Act – Sherry Bradley
  o Contra Costa Health Plan
  o Alcohol and Other Drugs
  o Public Health
  o Environmental Health
    ▪ Hazmat
Donna said the Mental Health Commission has the ability to look at any public health facility/program in the county. Twelve years ago the budget for mental health was $50 million. It is now $100 million. Children's mental health was ½ the size of the adults. EPSDT (supplemental Medi-cal for under age 21) widened the door to get treatment, but nothing happened to fund the adult system. 6,000 kids get twice the money as 12,000 adults. When kids become adults, services may no longer be available.
Prop 63 expectations were higher for transformation of the system. It was thought there'd be an infusion of funds, which didn't happen. The money has rolled out slowly with
	Possible Topic of Interest – Seminar on funding streams (State and County)

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<tr><td></td><td>conditions. There is concern about the two-tiered system – funded services and non-funded services. The core system is eroding while MHSA pennies are coming in. The adult system is declining.
In the last 7 years, we have taken 5 major reductions. This year was the most severe reductions and morale is at an all-time low. The new CAO has been told the County still has a severe financial problem. New cuts have been ordered, but not to mental health.
There was discussion regarding the loss of beds and the costs of sending clients out-of-county.
Donna listed her top strategic issues:
1. Care managers/care coordinators
The greatest unmet need is in the adult system
2. Management of County General Fund cuts
What to cut
3. Co-occurring issues (dual diagnosis) have not been properly addressed
Every program should address both issues
Additional training needed
MHSA monies need to be used to train staff in AOD services</td><td>Possible Topic of Interest – Impact of the loss of CCRMC beds/Transition Team</td></tr>
<tr><td>V.</td><td>LEGAL REQUIREMENTS OF ADVISORY BOARDS – Lara DeLaney, Legislative Coordinator
The Board of Supervisors is currently reviewing all the county advisory bodies. They are looking at the Bylaws, annual workplan, Annual Report, and Minutes of the meetings to check on the advisory body's adherence to their mission and their attendance records. Lara announced the Annual Advisory Body Training on November 13th.
Lara went over the background of the Amendment to the Board of Supervisors Position on Bills, and explained how the BOS wished for matters to be processed by advisory bodies. Advocating by state-mandated advisory bodies is a central issue. In the past, only the BOS could take a position on bills. This year the protocol was changed to allow mandated bodies to do direct advocacy.
The Contra Costa County Legislative Delegation includes:
State Senate: DeSaulnier; Hancock
State Assembly: Torlakson; Buchanon or Wilson; Skinner.

Lara said a disclaimer needs to be added to the Commission stationery. Comments regarding advisory body statutes need to be included in letters. The Commission also needs to develop their own platform of legislative advocacy.</td><td>October MHC Agenda: Develop disclaimer wording/legislative</td></tr>
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<tr><td></td><td>The Commission will develop a 2009 platform on proposed legislation, and will include in its Annual Report the items it will be focusing on in 2009. Letters, etc. will go through the CAO's office. In the amendment, there is opportunity for advocacy.

The need for more clarification on how to handle a matter the Commission disagrees with the BOS on was mentioned.</td><td>platform

Follow-up with Lara for more clarification.</td></tr>
<tr><td>VI.</td><td>DISCUSSION AND AGREEMENT ON HOW THE COMMISSION WILL ORGANIZE ITSELF
Agree on the role of the Commission
How do we decide on what we're going to do
Jacque said everyone has different levels of experience and frustration with the system. She wants to have a way to get input from the community and process it efficiently.
What's the process for deciding on our primary issues?
How will we deal with issues outside of our primary issues?
To stay focused we need...
Leadership that keeps us focused.
To regularly communicate with the BOS.
To be selective about what we take on; keep a running list of issues brought before the Commission
To define what a well-functioning County Mental Health System looks like. For example, creating a Strategic Planning Committee and developing long- and short-term objectives
To adopt "Do whatever it takes" as our motto
Support parents and family caregivers who are overwhelmed and need support
To express the state of emergency we're in. For example, from the consumer's point of view, there is no support system post-discharge.
To have impact early on when key decisions are being made – for example, the PHF. He expressed concern regarding inpatient beds.
For people to get the right care at the right time at the right place. We need to learn how to effectively use our partners (CBO's, etc.).
To use education and research to support our</td><td>Possible Topic of Interest – Getting the current county leadership to involve the MHC in the discussion process</td></tr>
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positions o Be true to the W&I Code regarding the Commission's mandated responsibilities. o To be aggressive in asserting our positions. o To use the committee structure to bring key issues to the top. There needs to be a holistic view rather than strategy. o An overview – how to begin to weave the strands together o To reduce duplication o To share a common format until they are ready to branch out to committees and not "over-committee" ourselves. Committees can be based on specific issues. o To have a published document displayed showing key strategic issues and direct people to where they can get help. o To list all subjects that come to the Commission and keep a running list. o For a Strategic Planning Committee. Future Areas: o Mental health financing o Review the W&I Code. o Possible MHC Topic of Interest: AOD and mental health collaboration (address fear AOD will be swallowed by mental health)	*Topic of Interest: Review of the W&I Code*
VII. DETERMINE THE KEY ISSUES COMMISSION WILL ADDRESS IN THE NEXT 12 MONTHS Steve asked each of the Commissioners to write down what they consider to be the 3 key issues for the Commission to address next year. They were divided into Organizational Issues (things we can do to do better business) and Programmatic Issues. Organizational: • Information should precede discussion • Review of the Welfare & Institutions Code • Create a format for getting the background of items going onto the Agenda • Gain effective influence in major mental health care decisions • Each Commissioner should report in writing to their appointing member of the Board of Supervisors, and visit their appointing Supervisor in person quarterly with the their other district appointees.	*Place Organizational Issues on MHC Agenda to be "culled."*

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Create follow-up procedures for people who address the Commission
Develop a vision of the ideal mental health system
Accountability, oversight and transparency
Education, collaboration, proactive vs. reactive
Systemic and legislative issues
Develop a position on the implementation of AB1421 (Laura's Law) under the MHSA
Advocate for increased partnership to educate consumers and their families on navigating the system
Understand the impact of the economy on mental health services, report to the Board of Supervisors
Request that Mental Health Administration present proposed budget cuts before making their final decisions

Use the Commission as an advocate
The Commission can study the impact of cut proposals

Programmatic Issues

Identify and address gaps in services
Become a voice in the PHF process
Determine the most effective use of resources to deliver timely, no-gap-in-service to those in need of services.
Meet with staff from two pairs of silos at a time to identify gaps in services

Develop a new core Mission Statement that includes the fact that one person can have several needs at the same time

Emergency help for family caregivers who are swamped by the needs of their family member
Enhance dual diagnosis treatment as a cost-preventive method
Develop more coordination for timely access to care, especially post-hospital discharge follow-up
Expand the vision to cover physical health care
Provide more than just medications – more care coordination is needed – get people off the streets and get them help
Get care at the right time and right place
More inpatient beds
Reduce any duplication of services, in mental health and with other non-mental health providers

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<td>Place prioritizing Programmatic Issues on MHC Agenda,</td>
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<tr><td></td><td>Summary of Programmatic Issues
• Hospital
  o Be a voice in planning (PHF, etc.)
  o Post-discharge support
  o Timely access to care and coordination of care
  o Where people get services
• Gaps in services
  o Children/Adult
  o Mental health/dual diagnosis
• Mental Health/Physical health care gap
  o Homeless
  o Meds only rather than therapy
• Overarching mission statement
• Wraparound for families
  o Assisted Outpatient Treatment
  o Respite
  o Referral

Teresa stated we are an Independent Advisory Commission</td><td></td></tr>
<tr><td>VIII.</td><td>PRESENT THE COMMISSION'S KEY ISSUES TO DONNA WIGAND, MENTAL HEALTH DIRECTOR
Preamble: Strive for a seamless system of care. There are significant gaps and today's economy will only make it worse.
1. Emergency help for families who are swamped by the needs of their family member
  • Respite
  • Appropriate referrals
  • Help in navigating the system
  Donna said we are hiring 3 people to do what Gloria Hill has been doing in supporting families, using MHSA funds. Donna mentioned that Gloria was laid up following surgery. The P&EI Plan Stakeholders have requested respite help for caregivers.
2. Hospital Services
  • Voice in the planning
  • Post-discharge support
  • Timely coordination of care
  • Look at where people are receiving services
  So far as being involved in the planning process for the PHF is concerned, there has been vague program planning, but nothing formal. She requested that Jacque appoint a 5 person subcommittee to work with Donna on the PHF issue.</td><td></td></tr>
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<tr><td colspan="2">3. Addressing gaps in service
Donna said, given the county's financial troubles, we can't look to County General Funds. She said she can submit a plan to the state for Systems Development MHSA funds for the underserved. We need to work on the county adult care program and will be asking the Commission for support.
4. Mental illness/substance abuse -- Dual Diagnosis
5. Physical health care needs to be integrated
6. People on the streets
7. Medications only / care coordination</td><td></td></tr>
<tr><td>IX.</td><td>PUBLIC COMMENT
None.</td><td></td></tr>
<tr><td>X.</td><td>EVALUATE RETREAT AND ADJOURN
Plus: Respect given to opinions; Bios; Polled each person for ideas; Kept on track; Flow of meeting and transitions were good; The lunch was good
Minus: Need breaks; More time on strategic work, less on background from Donna and Lara.

Jacque thanked Steve, Donna and the Commissioners. The meeting adjourned at 3:10 p.m.</td><td></td></tr>
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Respectfully submitted,
Karen Shuler, Executive Assistant
Contra Costa County Mental Health Commission