

MHC/CPAW Capital Facilities Workgroup Meeting - DRAFT

Date: November 2, 2009, 6:15 pm-8:15 pm  
Location: Mental Health Consumer Concerns (MHCC):  
2975 Treat Blvd., Bldg. C, Concord, CA 94518  
Minutes – Approved 12/30/09

**1. CALL TO ORDER/INTRODUCTIONS**

The workgroup meeting was called to order at 6:10pm by Chair Teresa Pasquini.

Mental Health Commissioners Present:

Colette O’Keeffe, MD, District IV  
Annis Pereyra, District II  
Teresa Pasquini, District I – Chair  
Anne Reed, District II

Staff:

Sherry Bradley, CCMH  
Cindy Downing, CCMH  
Julie Freestone, CCHS  
Steve Hahn-Smith, CCMH  
Susan Medlin, CCMH  
Suzanne Tavano, CCMH  
Vern Wallace, CCMH

Absent:

Kathi McLaughlin, CPAW  
Tony Sanders, CPAW

Consolidated Planning Advisory Workgroup

Members Present:

Brenda Crawford

Attendees:

Floyd Overby, Mental Health Commissioner  
Dave Kahler, NAMI  
Connie Steers, MHCC

**2. PUBLIC COMMENT**

There was no public comment.

(Julie Freestone gave an update on the 20 Allen St. property; see agenda item 4A.)

**3. REPORT FROM MENTAL HEALTH ADMINISTRATION**

**A. Children’s Proposal – Vern Wallace**

In addition to the adult’s unit in the new psychiatric pavilion, there would be a children’s unit comprised of crisis intake (for 5150’s), urgent walk-in center for families, mixed staff of mobile response team along with County Staff and a crisis residential 23 hour facility (no PHF for children). It would be similar to a 23 hour facility that Alameda County just put in place, Willow Rock. This type of program would allow most children to go home with their families after being stabilized. Currently there isn’t a children’s unit at CSU and children’s advocates/staff have always been working toward this type of unit. This model relies on processes already in place, transition kids back home and reduce rate of hospitalization; the rate for hospitalization for kids known to the Children’s system of care is quite low. Most of the children coming into the CSU are not known to the Children’s system of care. Suzanne Tavano passed out a handout listing Assessment and Crisis Stabilization Unit intake numbers per month separated by age group. The proposed integrated

model is quite successful, ie. Alameda County has diverted 65% of children from hospitalization, sending them home with family. While Alameda County has a children's PHF (for hospitalization) across from Willow Rock, Contra Costa County has other resources to handle the hospitalization piece. Our county doesn't currently have the interim step of containment and full assessment during 23 hour period. Suzanne Tavano stated that there are approx. 2-3 children seen per day and the original feasibility study from a year ago factored in separate component areas for children and adolescents.

Commissioner Pereyra asked if the design calls for cubicles (without actual walls) vs separate space from adults? Vern Wallace the 23 hour hold would require separate, quiet space away from the unit. More of a self-contained kids' unit.

Commissioner Reed asked if vacancies would be used for adult overflow. Vern Wallace said if there were no kids on the unit, he didn't see why not. Suzanne Tavano said there are times at the CSU when there is no one there and times when there are 6-7 people there; over a 24 hour period there may be 16-18 people seen: 2 or 3 being children, 1 or 2 being older adults, the rest being adults. It is not an even flow. The pattern of children's visits to CSU is more predictable, centering around before and after school and Sunday evenings. Vern Wallace envisions different staging areas based on different needs. Different types of staff (mobile response and CSU staff) are available with the County staff making the call on hospitalization.

Commissioner Reed asked if Vern Wallace's preference is for a central or regional location? Vern Wallace said due to pattern of visits, no need for regional centers and operational costs for 3 centers.

Suzanne Tavano requested the Workgroup disregard the section "adults hospitalized on 4C" on her handout because it reflects Medical, Medi-medi and the uninsured. She is still putting together the numbers for Medicare and privately insured.

Chair Pasquini asked if this was a part of the original RFP. Vern Wallace replied there were 2 proposals submitted that included children. Chair Pasquini asked when this particular plan come up as it wasn't part of the original proposal. Vern Wallace said he wasn't sure when it came up with this particular RFP, but the previous Children's committee and CATF has been paving the way and expressing the need for a Children's Intake Unit.

Chair Pasquini said when the original 20 Allen St. proposal was accepted in concept, there was strong advocacy around a children's intake unit. She recalls when the original MHC Cap Fac Workgroup asked about a children's intake in the Original 20 Allen proposal, it was said "was not going to be considered". She wonders when it was put on the table. The CATF has only been formed recently. Vern Wallace replied he didn't recall, but the demand has increased significantly in the last 2 years. Is this new information? Suzanne Tavano said it is a problem for children and adolescents to be in the CSU. Children's needs have been understood for many years, specialized services for the age groups understood, resources provided and only the space and logistics (full walls, partial walls, etc.) weren't discussed. Those specific issues are the ones recently fleshed out and articulated. Only the opportunity to expand on previous discussions has been missing.

**B. Older Adult** - Suzanne Tavano said when the numbers of patients by age group are studied, for 60+ there may be only 1/day or less; separate programming would be available, but not a separate unit for the 60+ group. We need to be sure the resources are available for them. There are Older Adult teams now in place and their presence will be reinforced. MHA has always been aware of the

specialized needs required by this group and they have been considered, but the opportunity to discuss where it might lead hasn't been there before.

#### 4. ANNOUNCEMENTS

**A. Julie Freestone, CCHS** – (comments given before the presentation by Vern Wallace). CCHS Department moved on their intention to acquire the property at 20Allen. Due to falling market value, the Board of Supervisors was concerned about the listed price for the property and asked Health Services to negotiate a new price with the owner. Owner refused initial request and has until Friday 11/6/09 to come back with a reasonable offer. If the owner does not come back with a counter proposal acceptable to the County, the County may walk away from the property. Regardless of the outcome of the 20 Allen St. property, survey would still serve a purpose if only for input on how to spend MHSA funds.

**B. Chair Pasquini** - Dave Kahler sent a request to Chair Pasquini for four motions to be placed on the 11/12/09 MHC agenda. An email requesting something similar had also been previously sent to MHC Chair Mantas and he replied that any vote on 20 Allen come through this Workgroup. At the 10/19/09 Workgroup meeting Chair Pasquini asked if the Workgroup wanted to vote on 20 Allen at that time and felt she heard a “no, minds have not been made up” along with the wish to continue the Needs Assessment. The motions were sent to Dorothy Sansoe for recommendation; her responses pertained mostly to those items he is requesting be placed on the 11/12/09 MHC agenda, but the 3<sup>rd</sup> item could be considered by the CapFac Workgroup.

As submitted by Dave Kahler, the 3<sup>rd</sup> item requests “the CPAW/Capital Facilities Workgroup continue on an indefinite basis with support from the Commission and Mental Health Division to do research and develop information for the Commission. Dorothy Sansoe replied via email if the action is taken based on the way the request is currently worded, it would change the Workgroup to more of a Standing Committee since the time period for the workgroup would be indefinite. It would also be up to CPAW whether to continue the relationship. These are 2 groups getting together over an item of mutual concern and must agree to continue the relationship.

Chair Pasquini felt the only item to be discussed at the Workgroup was the 4<sup>th</sup> item. As submitted by Dave Kahler, it requests “the Commission put the proposal regarding the 20 Allen Street project on the November 12, 2009 meeting as an action item.” Chair Pasquini attempted to confirm if Dave Kahler wanted the Workgroup to vote on the 20 Allen project. Dave Kahler replied all 4 items were addressed to the MHC. Chair Pasquini replied since the Workgroup's charge was to determine options for Capital Facilities, one of which is the 20 Allen project... (she wasn't able to finish her sentence). Dave Kahler stated it was his intention to undo that and that the MHC inadvertently voted away on the largest project that's come along in Mental Health for years. Some people who aren't on the MHC are literally in a decision-making capacity and we are under the gun. The schedule would all change if the property is no longer available after Friday, but if we assume things are going along as they were, everyone had their eye on the December 31<sup>st</sup> real estate expiration of the option. That was never the operative factor in deciding the use for that site. The intention of the people who had that responsibility (Dr. Walker, Pat Godley and others) was to purchase the property and if the Mental Health system, speaking through the MHC, wasn't interested in it, then it would be used for other purposes because it was contiguous to the hospital campus.

Dave Kahler addressed his motion requests to the MHC because wanted to speak at the meeting in an attempt “to persuade them to ignore and disaffiliate itself from any kind of a commitment of

going and researching and developing information (which he feels should go on on an indefinite basis) but it shouldn't be coupled with the destiny of the largest Mental Health project we've ever had in the history of the county." He wants them to take a vote on the 20 Allen St. project as it was presented by Dr. Walker on 9/3/09. There has been much information collected, but it has been 10 weeks since that meeting and he feels time is passing by. If the current MHC doesn't want to be the one that lost the largest project proposed, the MHC must act by 11/12/09, not December. That will be his argument to the other commissioners.

Chair Pasquini stated she understood that, but that he needs to understand a vote cannot happen at the MHC unless the Workgroup decides it can happen. Dave Kahler stated he thinks it can if the MHC cuts its relationship to the Workgroup. He feels the Workgroup can continue the work it's doing, but it should not have decision-making power on this or any other project. Chair Pasquini stated a motion was made, and seconded by Dave Kahler, at the 9/3/09 meeting authorizing the Workgroup. Dave Kahler stated 10 weeks had gone by and a lot had changed. Chair Pasquini stated there was no timeline given. Dave Kahler replied "we can change all of that. On November 12 we can change everything. The majority of the Commissioners are going to do what they choose to do."

Commissioner Reed made the motion at the 9/3/09 meeting and feels CapFac Workgroup is not in a "decision-making capacity", only "advisory" group to the MHC. Maybe the Workgroup can come up with recommendation for the Commission regarding Dave Kahler's proposed agenda items for the 11/12/09 MHC meeting. As a way to bridge between what she hears Dave Kahler and Chair Pasquini saying, an option might for the Workgroup to consider whether it has enough information make a recommendation to the MHC or is there no recommendation at this time. As an advisory group, the MHC welcomes non-commissioners part of the workgroup who add a richness of expertise to the discussion. Any vote taken by the Workgroup is an advisory one about how the "minds sitting around this table" felt 20 Allen St. should be approached.

Dave Kahler said if it is coupled with 20 Allen St., then it is realistically a decision. If the MHC commits itself to "we're not going to do anything unless then they have locked themselves in, we shouldn't do that."

Commissioner Reed said her understanding from the 9/3/09 meeting was not that whatever the Workgroup comes back with will be rubberstamped. The MHC created the opportunity and empowered the Workgroup to gather and analyze information, look and discuss options and then get back to the MHC on what their advice is, whether there is total agreement or dissenting views. The Commissioners will take that as one piece of information and decide at some point (whether it is November or whenever) about the 20 Allen St. project or about other options.

Commissioner Pereyra stated the mandates to Prop 63 are what is the source of the workgroup. When they went back and looked they could not find any source of community input that discussed a project of this magnitude that the County had put forth for the use of the Capital Funds. They went to Sacramento and asked about the oversight and accountability, who is responsible when there hasn't been proper community input. It came back that each county's Mental Health Commission or Mental Health Board was held responsible for oversight of anything that happens with the MHSA. During all the community and stakeholder meetings she attended, there was not one person who requested a psychiatric pavilion. Nor was there ever a formal community meeting that discussed Capital Facilities. She didn't know Information Technology money was linked with Capital Facility money, nor did consumers she interacted with to gather input. They were not aware

there was a juggling of funds within the chunk of money. The Workgroup was formed to get information about the Capital Facilities money and the process was opened up to go back to the community so the community would have the opportunity to give their input into what they wanted the Capital Facilities money spent on. It is not an authoritative decision made from the top. The whole MHSA process was developed to allow for community input. That's why the MHC voted to open it all back up again and collect the community input and the Workgroup hasn't finished the collection yet.

Dave Kahler is concerned the collection hadn't even started yet and 10 weeks have passed.

Commissioner Pereyra stated we've been waylaid in going back and throwing out the baby with the bathwater.

Commissioner Reed read Dorothy Sansoe's comment on Dave Kahler's request on the 4<sup>th</sup> item to put the 20 Allen St. project to a vote at the 11/12/09 MHC meeting: "it may be in conflict with a prior action of the Commission, to refer discussion to the workgroup and wait for their feedback."

Dave Kahler thinks the MHC would be able to make changes as it went along. He hopes so.

Commissioner Reed suggested the Workgroup discuss and provide feedback (whether definite or not; she doesn't believe the "feedback" noted in the 9/3/09 motion to form the Workgroup had to be "definite") on where the Workgroup stands back to the MHC. That would meet the requirement and allow Dave Kahler's proposal to be placed on the 11/12/09 agenda and the Workgroup could move on to the work tonight of discussing the survey.

Floyd Overby asked if any other proposals been presented in this group in the last few months other than this one.

Commissioner Reed said this is her 3<sup>rd</sup> meeting and they have talked primarily about the survey. Developing ways to get information from a variety of sources in order to look at options.

Chair Pasquini said let's keep all this in mind as we go through the discussion. It's not an action item so action cannot be taken tonight. We can try to figure out a way to consider Dave Kahler's feelings and suggestions.

Dave Kahler stated we have other Commissioners that want to vote on 20 Allen.

Chair Pasquini asked if we did.

Dave Kahler replied yes, we do.

Chair Pasquini asked if he was violating the Brown Act in discussing it?

Dave Kahler said no, because he was speaking in a public meeting. He is not intimidated at all by the Brown Act...having been there, done it. But no, there are other commissioners...

Chair Pasquini stated she didn't expect him to be intimidated, but it's something we have to be mindful of and to respect.

Dave Kahler said we certainly do have to be mindful of it, but speaking for himself, he knows of other commissioners, without violating anything, who would like to vote. They have sufficient information at this time and would like to be given the opportunity as the mandate and responsibility of the Commission to do that.

Chair Pasquini stated the mandate of the Commission is to consider the law and consider the alternatives that were presented and there weren't any.

Brenda Crawford asked if there were there never any meetings where it was publicly discussed about the proposed psychiatric hospital? She found it difficult to believe there weren't any meetings that issue didn't come up as part of the MHSA planning process.

Chair Pasquini stated it was presented to the MHC in April 2008 as a done deal. Prior to that, there was no pre-discussion or pre-community planning meetings. It was presented by Dr. Walker as a budget reduction process. Initially the proposal was to close 4C and CSU and we were going to build the 20 Allen St. project. She didn't recall if the MHC had approved it in concept prior to that or not. It wasn't until after that presentation that the stakeholder groups met; she believes Donna Wigand's first stakeholder group was in October 2008. Commissioner Pereyra added it was a stakeholder group of selected people. Chair Pasquini stated this is old information, already reviewed for 3 hours at the 9/3/09 meeting, and she wanted to get back to the agenda. She stated the motion forming the Workgroup was made and seconded at the 9/30/09 meeting and she understands Dave Kahler's mind has changed. He replied so have others.

Commissioner Reed clarified she hasn't changed her mind because her mind wasn't made up to begin with. She brought up her involvement in the 9/3/09 meeting is that Dorothy's email stated the only way to get Dave Kahler's request to vote (and allegedly other Commissioners) on the agenda is for the Workgroup to give feedback that will opens up the opportunity for a vote by the Commissioners. She asked if she was misunderstanding Dorothy Sansoe's point?

Chair Pasquini stated she thought "feedback" would be an agenda item on this vote in her mind. She wanted clarification if Commissioner Reed thought it meant the Workgroup could talk about it tonight and make a decision? Commissioner Reed's understanding of feedback is the Workgroup gives the MHC some status report on where they are and a sense of what the timeline is...she decided to back off. She was trying to accommodate what she understood the charge of the Workgroup was as well as the stated desire of a Commissioner, Dave Kahler, to have a vote or discussion at the 11/12/09 Meeting and to integrate that with what Dorothy Sansoe has advised the Workgroup has to do in order to open the door for 11/12/09.

Julie Freestone said she has spoken to Dorothy Sansoe and Julie thinks if this Workgroup would like to bring back interim feedback to the MHC, that would be fine. There was nothing that said the only time the Workgroup could come back would be if there was a decision.

Chair Pasquini stated the Workgroup has been on the MHC agenda every month for the last year. It will be again next month. Is the Workgroup going to put it on the agenda as a vote? It's something the Workgroup would need to discuss. Commissioner Reed said she hasn't been proposing that. She's been very careful to discuss feedback so that any vote would happen, according to Dave Kahler's proposal, at the 11/12/09 MHC meeting.

Julie Freestone clarified she feels Dorothy doesn't feel a vote can be taken on 11/12/09. It can be put on the agenda, like it's come back each meeting, and the Workgroup could give a status report. Unless the Workgroup decides at tonight's meeting to send it back to the MHC for a vote and it is listed as an action item for a vote, it can't be an action item for a vote unless the Chair decided to ignore what the group is doing. If the group decides tonight it's not ready to make a recommendation, it can't be an action item because the MHC charged the Workgroup with coming back with a recommendation. If the Workgroup report was on the agenda, the Commissioners discussed it and the proposal for a vote was made, it could be listed for action at the following meeting. Dave Kahler clarified Julie meant the December meeting? Julie Freestone said yes and agreed with Dorothy Sansoe that it would be in conflict with the prior action. The MHC asked this Workgroup to come back with a report and presumably a recommendation.

Dave Kahler asked if the MHC could reverse itself?

Julie Freestone said following the progression of this process that unless the Workgroup says tonight they want it on the 11/12/09 agenda as an action item, then the Workgroup can only report back on the status (ie. we finished the survey, we are sending out the survey, etc.) and then the Workgroup is not recommending a vote. It could be discussed at the 11/12/09 MHC meeting and agreement reached to list it on the agenda as an action item for the next month's meeting and we are going to move forward no matter what the Workgroup says. The decision can be undone, but not at the November meeting because the group would have to make a recommendation.

Dave Kahler asked if the MHC could "wipe the slate clean" and vote on 20 Allen and asked if anyone doesn't want the commissioners to vote?

Chair Pasquini stated she does not want to vote on 20 Allen until she finishes the charge made to this Workgroup to do a Needs Analysis and Needs Assessment as presented to the full Commission and members of the public on 9/3/09. While other counties had several options on how to spend their MHSA capital facilities monies, Contra Costa only had one. While Dave Kahler may think that one option is great, there may be other people in other parts of the county that don't think so.

Dave Kahler said to let the commissioners vote. Chair Pasquini stated they will get to vote, but not at the 11/12/09 meeting. Dave Kahler is concerned the site may not be available by the time the procedures and process plays itself out. Chair Pasquini stated she asked the Capital Facilities Workgroup members at the 10/19/09 meeting if they wanted to vote on 20 Allen at this meeting and she heard no.

Brenda Crawford stated the Workgroup had heard opinions from both Dorothy Sansoe and Julie Freestone regarding the process and it was time to move on.

5. **APPROVAL OF THE MINUTES**

- **ACTION:** October 19, 2009 MHC-CPAW Capital Facilities Meeting – Motion made to approve the minutes. (M- Reed/S-Pasquini/P-unanimously 5-0)

6. **CHAIR COMMENTS**

A. Julie Freestone was invited to help in facilitate the meeting.

B. Request IMD, CCRMC, and all acute hospitalizations Budget for Mental Health.

The MHC Capital Facilities Workgroup had asked for this financial information to help them determine if the project makes sense. The information hasn't been received to date.

Suzanne Tavano: It's important to formulate the questions so when the data draws are performed the data answers the questions being asked. Could the questions be refined (ie. a certain point in time, a year, a certain facility, insured vs. uninsured?)

Julie Freestone asked if the question is how much does it cost to hospitalize?

Annis Pereyra said the bottom line, as she remembers it, is that union employees' labor costs (salaries, benefits, retirement) were too high at 4C and/or 4D. To continue to indebt the county based on union contracts that require the unit be fully staffed at contract level whether the bed census was full, half-full or empty was not feasible. Other hospitals, including John Muir Pavilion, are able to house a patient at a much lower cost than at CCRMC. That was the driving force behind the proposal to contract out to another company to house county patients in a psychiatric pavilion (PHF). She feels the mental health patients are being placed in a facility with reduced type of staffing because it's more cost effective than leaving them at CCRMC.

Julie Freestone asked if that helped Suzanne. Suzanne Tavano asked if the group want to know the cost per day?

Chair Pasquini said things have been asked many different ways. The Workgroup has heard CCRMC is \$1,600 per day. Suzanne Tavano replied the published rate is \$2,200 or \$2,400.00/day. Commissioner Pereyra's notes agreed with that figure vs. approx. \$1,000/day at the JMMC Pavilion.

Suzanne Tavano replied that is the published rate and the Medical SMA daily rate is \$1,050. Any cost above the Standard Maximum Allowance (SMA) rate is county dollars. Care at CCRMC is higher than at private hospitals and would be higher per day than the cost of a PHF. Mental Health does want 4C to be there, but for every county dollar spent toward that, there is less money for outpatient care. Out of the \$12 million in county dollars, about \$8 million goes to support the difference in cost between the SMA and daily rate at CSU/4C. There was discussion that Medical only reimburses half of the SMA daily rate and what that really means to the county, but it was tabled because of the need to move on to the survey discussion.

Julie Freestone suggested refining the question for Suzanne or if Suzanne could determine what financial information might be useful for the group. Chair Pasquini remembered Supv. Piepho mentioned financial information at the 9/3/09 meeting and financials were discussed at the 10/8/09 MHC meeting. She was looking for what Mental Health spends on contract facilities, on CCRMC, etc.

- **TO DO: Sherry and Suzanne to bring back the information on what Mental Health spends on contract facilities and CCRMC to the Workgroup. Is this accurate? Don't know, this has been an ongoing debate/discussion.**
- **ACTION: No action was taken.**

### **C. Acknowledge receipt of current list of county owned properties.**

The MHSA guidelines require that capital facilities projects be on county owned property. It has been asked if the county already has property available for a project rather than purchasing new property. Square footages for each property were listed.



Sherry Bradley said the reason there aren't many vacant county properties left is that every department is being asked to move out of any leased facility when the lease is up and move into county owned properties to save money. Muir Road was on the list, but another department may have already identified it wants that space.

## 7. **QUESTIONNAIRE/SURVERY DRAFT**

### **A.. Report on Questionnaire/Survey timeline delay.**

Julie Freestone stated the reason for the survey was to explore options and get some additional, comprehensive community input. Steve Hahn-Smith is here as a survey expert and has some comments on the survey. Also, there was some issue whether or not to include IT information in the survey. The survey was ready to go out, then issues came up that caused Chair Pasquini to feel it would be better to discuss the survey one more time and have final input.

Commissioner Reed acknowledged Sherry Bradley and Susan Medlin's efforts to create the survey.

Chair Pasquini stated that Dorothy Sansoe had advised her to ask the group to set aside the previous meeting's survey motion. Julie Freestone suggested that if the survey is reviewed and discussed and a new deadline set, then there might be not be a need to set aside the old motion since the new motion would in effect. Chair Pasquini clarified that procedurally she needed to ask the Workgroup members who were present on 10/19/09 (Brenda Crawford, Chair Pasquini and Commissioners O'Keeffe, Pereyra, and Reed) to consider setting the previous motion aside and reopen the discussion to consider the IT component. There was some confusion on Chair Pasquini and Commissioner Pereyra's part as to what they heard the motion was and what they agreed and voted on. Julie Freestone understood there was some confusion about if everyone understood the one pot of capital facilities funds included both capital projects and IT and if IT should be included on the survey.

### **B. Review Guidelines for the IT Component (Enclosures 1 and 3) and CCC Plan (Component Exhibit 4) submitted to DMH.**

### **C. Hear Report and recommendations from Steve Hahn-Smith on survey process and IT data and info.**

Steve reviewed the survey and passed out his comments:

Conceptual & Analysis questions: topics discussed are complicated, would be wary of sending the survey out to a group who may or may not know the system very well. His preference would be to give the survey in conjunction with an educational setting to put the survey in context. Some of his comments were: Are the options presented in the survey able to be sustained staff-wise? Are we obtaining a representative sampling? Concerned the IT part could be confusing. In terms of ranking the data, the options shown will be what most people select from and any "other" comments won't score highly, because no one else knows about them.

Commissioner Reed asked if proper representation would be able to be determined since the census (age, zip code, etc.) was being captured. Steve Hahn-Smith responded we would have to be very diligent about surveying a cross section of people. Is it possible to deal with the "other" responses. by taking them and reviewing them in narrative form. Those responses wouldn't be lost, but not ranked.

Commissioner Pereyra mentioned there is always a bias, even if a survey is presented in an

education/assisted setting. The material is difficult for a lot of people.

Commissioner O’Keeffe stated the wording of the survey is not consumer friendly; she sees that as being a barrier to getting proper representation. There would probably need to be assistance provided to the consumers when taking the survey.

Susan Medlin asked 2 staff consumers to read survey. Comments included: too wordy, too confusing, too much jargon, difficult to understand if the person had difficulty focusing or was lower functioning. Possibly focus groups could be used. If consumers were sent out to clinics to assist, they would require training on how to assist uniformly at all clinics. Or possibly could re-word or simplify.

Brenda Crawford said it’s very difficult to understand, the MHCC consumers would have not had an easy time taking the survey. How did the question on the permanent location for The Clubhouse as opposed to other organizations get on the survey? Sherry Bradley responded someone in the workgroup requested it. Maybe the peer-run operational model of The Clubhouse should be listed rather than the specific organization. Commissioner O’Keeffe stated if there is going to be a Clubhouse model, there should be some sort of subsidy for those who are unable to afford it currently.

Suzanne Tavano said to have people voting on a particular type of facility that requires a particular type of program when there is support for that program in the current plans or budget may be confusing. Respondents may think if they vote for that type of facility, the program will be provided as well. Chair Pasquini said she didn’t think there were funding streams for everything at 20 Allen either.

Julie Freestone said she was hearing there was a question about whether or not this survey was too complicated to be sent out and receive back reliable data. Also there was the issue of the IT funds being part of the single pot of funds. There wasn’t a lot of discussion with stakeholders on how the original pot of funds was split between Capital Facilities and IT.

**IT:**

Chair Pasquini wasn’t able to attend Julie Freestone’s presentation to CPAW in June and was troubled to hear that the issue was tabled in July. There wasn’t an initial stakeholder discussion on how to split Capital Facilities & IT money. She brought that up at the first Workgroup meeting and the Workgroup decided that IT should be part of the needs analysis.

Susan Medlin stated the wording needs to be meaningful (ie. if you spend X amount of money on IT, then it will mean X amount less for Capital Facilities), but she thinks IT should be part of the survey.

Commissioner Reed stated her motion at previous meeting is for only Capital Facilities. Her opinion remains the same. Adding IT component adds further confusion to the survey in making it more incomprehensible.

Commissioner O’Keeffe: Suggests that the second option for Question #3 read “No I don’t want to spend that much money because it would take \$ from the Capital Facilities programs.”

**D. Questionnaire/Survey Draft: Julie Freestone suggested several options.**

Option 1: refine it to make it more valid as a survey and user friendly

Option 2: as good as it gets; send it out with a few, minor revisions

Option 3: report back to the MHC that CPAW should take up the question of what to do with the MHSA Capital Facilities funds because the Workgroup isn't getting anywhere.

Option 4: Revisit 20 Allen proposal once find out if property is still there.

Susan Medlin said the survey has gone from 1 page front and back to 5 pages. Someone will probably need to sit with a consumer when filling it out and the longer the survey, the less chance of having it filled out.

Commissioner Pereyra asked that the headings go on each page.

Sherry Bradley received two Capital Facility Workgroup resignations from CPAW members: Ryan Nestman and Kathi McLaughlin. The CPAW agenda will have an item to discuss the future of workgroup: withdraw, recruit, etc.

Chair Pasquini said she isn't sure the survey will be able to be done. If there is such a time pressure and there aren't CPAW members, except 1, the collaborative effort is gone, it should go back to the MHC. Incumbent on MHA to inform and educate the public on MHSA Components; not CPAW or MHC. She doesn't feel it's happened.

Brenda Crawford asked to suspend bias around various models – combining services at one location does not necessarily mean a lower level of care. Integrated model, combination of consumer driven and clinical based model work very well other states. Consider transformation, working together to provide fullest spectrum of services. How are services combined in other areas/states and how do they work? What are the statistics on them? How can this money be creatively used to enhance the services provided.

Connie Speers said she has worked as patients rights advocate at PHF; with good staffing and management, it worked very well.

Commissioner Reed said she is a bit unclear. With the addition of the IT portion, the survey is still basically the same as was agreed upon at the last meeting. How did we go from the survey being a usable document to the survey to maybe we shouldn't even use the survey.

➤ **ACTION: No action was taken.**

Julie Freestone said now that the Workgroup has heard from Steve Hahn-Smith how the survey is flawed and a discussed that the survey is too complicated. Let's take an informal vote, amongst those able to vote, on whether or not to proceed with the survey.

Vote:

Proceed with survey, as is. Anne

Proceed with survey with slight modifications: Annis

Proceed with revisions (simplify and defined): Collette

Not send the survey: Teresa and Brenda.

Suzanne Tavano restated Steve Hahn-Smith's comments were about the reliability and validity of the survey and the Workgroup will decide whether they want to send out the survey given his opinions.

Brenda Crawford stated after any modifications to clarify the language have been made, we're probably looking at 2-3 weeks to train consumers to administer the survey. What about organizing meeting to talk to consumers rather than a survey, She isn't sure if the survey will get the information the Workgroup was originally seeking.

Commissioner O'Keeffe would like to have a survey that doesn't require explanation to take. The consumers who will take the survey at a center are a fraction of the total number of consumers. Brenda Crawford said that was why they were thinking about having consumers at the clinics. Commissioner Reed said we could make sure the pool of consumers came from many different sources.

Julie Freestone said there are 2 issues at this time: 20 Allen St. property and the timing of the MHSA funds. Sherry Bradley said if funds aren't spent by the deadline, they revert back to the state, where they remain for a time. She thought we had 3 years and the guidelines were issued sometime in 2008, so we should be fine.

Sherry Bradley said Steve Hahn-Smith suggested conducting focus groups with selected individuals who represent various groups or populations. Focus groups could be organized fairly quickly. Commissioner O'Keeffe stated the previous focus groups were only told about the psychiatric pavilion and the other options were not given equal presentation.

**E. Set new timeline for questionnaire/survey and include plan for an assessment of the Survey results and financial analysis of choices.**

Julie Freestone asked who would be simplifying the survey. Sherry Bradley said she was not able to devote any additional time to developing the survey. Brenda Crawford said she was finished with the survey as well.

Chair Pasquini said she would be letting MHC Chair Mantas know she was resigning as Chair of the Workgroup and will discuss with him whether or not she will remain as a Workgroup member.

Commissioner Pereyra asked if changes could be made to the survey and sent out to the Workgroup for review

Steve Hahn-Smith suggested using the survey as the basis for the focus groups. Brenda said that previous focus groups were asked questions, and gave their experience with the current system and their thoughts about the new proposal.

Commissioner O'Keeffe remembered the previous focus groups were selected individuals presented information about the psychiatric pavilion and there should be broader input.

Commissioner Pereyra stated the survey was not only intended capture consumer input, but for the front line county employees who work with consumers, CBO's, providers, family, etc.

Susan Medlin said the challenge is to make the survey simple yet accommodate what the Workgroup is trying to ask.

Commissioner Reed suggested the survey (with small modifications) be used in focus groups for the consumers and sent out to all others. Commissioner O'Keeffe is concerned the focus groups

narrows in on to too small a fraction of people. Commissioner Reed is concerned we are not moving forward. Sherry Bradley suggested sending out the survey to everyone, including consumers, then as a supplement conduct focus groups to reach out to consumers.

Sherry stated that unfortunately, she would not be able to contribute any more of her time or energy in survey; other aspects of her work have begun to suffer and while she supports the efforts of the Workgroup, she will not be directly working on the survey any longer.

Julie Freestone pointed out that the meeting had already run 20 minutes over, and the group was not yet ready to set a new timeline for the questionnaire.

- **ACTION:** Commissioner Reed made a motion for individuals to report back to MHC and CPAW respectively, with the group progress so far and ask what the original charge of the group was. Chair Pasquini seconded the motion; there was no vote taken.

The question was raised whether or not the workgroup should have another meeting to discuss the survey. Commissioner Reed replied yes, with the contingency that the meeting be organized in advance, with clear goals for moving forward. Commissioner O'Keefe and Brenda Crawford agreed with Commissioner Reed. Chair Pasquini said she was done with the survey. Brenda clarified that while she felt organization and clear goals would be important for a next meeting, she did not want to work on the survey any further.

8. **REPORT INFORMATION ON ANY NEW PROPOSALS FROM STAKEHOLDERS**

None.

9. **HEAR MEETING OUTCOMES/SET NEXT MEETING DATE**

The next meeting was not announced.

10. **ADJOURN MEETING**

- **ACTION:** A motion was made to adjourn the meeting at 8:40 pm. (M-Reed/S-Crawford/P-unanimously 5-0)