

The New York Times
Opinionator

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The Benefits of Positive Parenting

By *DAVID BORNSTEIN*

Is there a science to parenting?

For all the current discussion in the United States about gun violence and mental illness, there has been little attention paid to root causes. Any effort aiming to reduce gun violence — or child abuse, intimate partner violence, suicide or sexual abuse — must include a serious discussion about how society can improve the quality of parenting.

In 2010, children's protective service agencies investigated [1.8 million referrals](#) of child abuse and neglect pertaining to 3 million children. Although only 20 percent of these were substantiated, researchers [report](#) that physical abuse, including harsh physical discipline that is equivalent to abuse, is vastly underreported and may be 20 times more prevalent than is reflected in official statistics. (In other countries, including [Spain](#), India and Egypt, harsh punishment is even [more prevalent](#).) In Philadelphia, this behavior has recently [been linked to the recession](#) and the rate of mortgage foreclosures. When lenders put people out of their homes, one unforeseen consequence is that more kids end up with traumatic brain injuries.

It is now well accepted that physical discipline is not only less effective than other non-coercive methods, it is more harmful than has often been understood — and not just to children. A [review of two decades worth of studies](#) has shown that corporal punishment is associated with [antisocial behavior and aggression](#) in children, and later in life is linked to depression, unhappiness, anxiety, drug and alcohol use and psychological maladjustment. Beyond beating, parents can also hurt children by humiliating them, labeling them in harmful ways (“Why are you so stupid?”), or continually criticizing their behavior.

Improving the way people parent might seem an impossible challenge, given the competing views about what constitutes good parenting. Can we influence a behavior that is rooted in upbringing and culture, affected by stress, and occurs mainly in private? And even if we could reach large populations with evidence-based messages the way public health officials got people to quit smoking, wear seat belts or apply sunscreen, would it have an impact?

That's what was explored in South Carolina in recent years, and the answer appears to be yes. With funding from the Centers for Disease Control and Prevention, a parenting

system called the [Triple P – Positive Parenting Program](#), which was developed at the University of Queensland, Australia, was tested in nine counties across the state. Eighteen counties were randomly selected to receive either a broad dissemination of Triple P's program or services as usual. The results [were both highly promising](#) and troubling.

The good news was that, in contrast to the control counties, over two years, the nine counties that received the Triple P Program had a 35 percent reduction in hospitalizations and emergency room visits for child injuries, a 44 percent reduction in out-of-home placements, and a 28 percent reduction in substantiated cases of abuse. The bad news was that the Triple P counties mainly held their ground, while abuse increased elsewhere in the state, possibly because of the recession and the concomitant budget cuts in children's protective services.

The Triple P Program has evolved over the past 35 years. It focuses on families with children under age 12 and has shown efficacy in numerous studies. It started as a home visiting program, but researchers found it too expensive to deliver more widely, so they looked for ways to broaden its reach – to get good parenting into the water supply. “You know how vast Australia is,” explains Matthew Sanders, Triple P's founder. “Our question was how do we ensure that all families, regardless of where they lived, could access good quality evidence-based parenting interventions.” Sanders experimented with different dissemination techniques, including telephone consultations, and found that they could do just as well as face-to-face meetings.

What's notable about Triple P is that it pursues a community-wide, preventive approach. Sanders believes that all parents would benefit from some education – though some need a light touch while others need significant help. And why would it be otherwise? Unlike driving a truck or teaching, no one needs a permit to become a parent. We copy others and make it up as we go. Without a “reflective awareness” and the benefit of information, says Sanders, parents are apt to struggle with strategies that don't work – or that work for some children, but not others. He has seen a great deal of conflict and unhappiness and violence-begetting rage and humiliation that could have been averted with manageable changes.

Triple P works at multiple levels, ranging from media and communication strategies (TV, Web, radio, newspapers) to brief individual consultations and group sessions to intensive parenting and family interventions for serious difficulties. “You need to get lots of practitioners from different sectors – education, day care, mental health, health, social services, pastoral counseling – who are trained to work with parents and families and give them an added skill,” explained Ron Prinz, the director of the Parenting and Family Research Center at the University of South Carolina, who led the Triple P study. “Parents need different ways to get exposed to it.” In the nine counties in South Carolina, 649 people received training (three to six days on average) to deliver the program.

For parents, exposures can range from watching a video to participating in two 20-minute phone calls to attending 14 group sessions. “We follow the principle of ‘minimal sufficiency,’” says Sanders. “Use the smallest possible intervention to solve or prevent a problem.”

There are [dozens of strategies](#) and variations for parents — those who have children with disabilities, chronic illnesses, obesity or emotional difficulties, as well as those going through separation or divorce or at risk of maltreating their children. Parents discover techniques like “planned ignoring” (good for low-level misbehavior like whining or minor tantrums where the goal is attention) or learn how to escape the “escalation trap,” which occurs when parents get exasperated.

The essence of the research is that children do best when they receive calm and consistent feedback and assertive discipline that’s based on reasonable expectations – with significantly more encouragement and positive feedback than criticism. “The main mistake parents make is forgetting the importance of catching kids doing the right thing,” says Sanders.

Stephanie Romney, director of the Parent Training Institute at the San Francisco Department of Public Health, agrees. Romney and her colleagues deliver higher level Triple P interventions to 1,000 families, many of whom are involved with children’s services. “Typically, the children have been on the receiving end of a lot of negative attention from adults,” she said. “Even if the child has misbehaved all day, their parents try to catch them for that brief window when they are behaving well and praise them.” Parents are sometimes amazed by the changes. “I’ve had parents tearing up talking about how their relationship with their child has improved,” she added. “They went for a walk together and held hands for the first time. And parents report that they try it out on their spouses and coworkers and it works with them, too.”

Triple P is one of several evidence-based parenting programs that have demonstrated how society can reduce behaviors that put children at risk. Some others include [SafeCare](#), [Parent Management Training – the Oregon Model](#), [The Incredible Years](#) and [Nurse Family Partnership](#). What is different here is the idea that parenting education could be broadly disseminated. This is important, because parenting training needs to be destigmatized. It’s not just about reducing abuse.

Romney notes that one of Triple P’s strengths is that it presents a multiplicity of strategies and leaves it to parents to decide which ones to use. The community approach comes with limitations, however. It’s difficult to get parents to come in if they aren’t required to and it involves training numerous people to deliver the program – so start-up costs can be a barrier. But a lot of Triple P’s teachings are [available online](#). And unlike many parenting blogs, the advice is supported by research.

Parenting doesn't get much attention in policy circles. "We don't have mechanisms that help people to understand that parent education and training can be very effective," explains Richard Barth, dean of the University of Maryland School of Social Work, who has [studied parenting programs for 30 years](#). "The Triple P study showed that if you engage people *before* things go awry, they can avoid problems that we might have predicted for them, or they might have predicted for themselves. There should be a significant investment in understanding how to implement some of the elements of Triple P — so every family and clinician in the United States knows the basics of parenting and the things we can do if things get more difficult."

It's not just for children. "It really influences adult well-being, too" Sanders said. "Parents become less stressed, less angry, less depressed, and have less conflict with their partners. We now have research that shows that parenting interventions improve your capacity to function at work, too."

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David Bornstein is the author of "How to Change the World," which has been published in 20 languages, and "The Price of a Dream: The Story of the Grameen Bank," and is co-author of "Social Entrepreneurship: What Everyone Needs to Know." He is a co-founder of the [Solutions Journalism Network](#), which supports rigorous reporting about responses to social problems.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Contra costa30-day Public Comment period dates: 10/18 through 11/18/11Date: 10/17/11Date of Public Hearing (Annual update only): N/A

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.

This purpose of this request is to update the existing and already approved Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Capital Facilities Project Proposal which was previously approved by the State Department of Mental Health on May 12, 2010. The request is submitted as an Update to the 2011/12 Annual Update.

The county's MHSA Capital Facilities Project Proposal was the culmination of several years of planning, as outlined in the Executive Summary included in the approved MHSA Capital Facility Project Proposal. Since the project was approved by DMH in May 2010, planning for the Mental Health Assessment and Recovery Center (ARC) capital project continued with the ongoing involvement of architects, site engineers, key staff who would be managing the program(s) within the facility, and other stakeholders. MHSA Stakeholders were updated on the progress of the project planning as information became available. Updates were provided by the Acting Mental Health Director to the Mental Health Commission, and also to the MHSA Consolidated Planning Advisory Workgroup (CPAW). The Capital Facility Subcommittee of CPAW also received periodic reports.

As technical planning transpired, several issues were noted, which included: the site originally chosen for the ARC required major seismic and site preparation; locating the ARC further away from the Contra Regional Medical Center Campus might not be best for mental health clients needing integrated primary care services; through a separate planning process, the Health Services Department's Regional Medical Center and Primary Care Centers would be expanding on the hospital campus (across the street from the proposed 20 Allen Street site).

Given these issues and concerns, an administrative decision was made to co-locate the ARC with the soon to be constructed Integrated Primary Care Center. The architectural plans were then revised to include the ARC in the larger building.

CPAW received the update from the Acting Mental Health Director on October 6, 2011, as noted above. The Acting Director explained the advantages in co-locating the ARC as part of the Health Services Department's larger capital project for an integrated primary care facility (which would offer mental health clients using the ARC to have easy access to needed primary care services in one facility). CPAW Stakeholders were in concurrence/agreement with the concept. They were also advised that by co-locating the ARC with the other project, the cost for the ARC's portion of the project would be approximately \$2 million (rather than the previously approved \$4 million).

With the concurrence of stakeholders, this update is being circulated/posted for the required 30 day public review and comment period, from Tuesday, October 18 through Friday, November 18, 2011.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

Multiple stakeholder entities were included and involved in the CPP, over time, in the development of the Capital Facility Project Proposal. Those have included: County Board of Supervisor meetings; Mental health Commission meetings and Public Hearings; community meetings and forums; surveys; MHSAs stakeholder committees, including Consolidated Planning Advisory Workgroup (CPAW), the Mental Health Commission's Capital Facility Committee, CPAW's Capital Facility Subcommittee, various technical Task Forces for the capital project (consisting of Senior Administrators, Architects, Program and Clinical Staff, mental health consumers and family members).

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

The previously approved Capital Facility Project is not being eliminated. It will, however, be co-located with an integrated primary care center, but will maintain its own separate and distinct entrance.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

This update to the MHSAs 2011/2012 annual update will be distributed as follows:

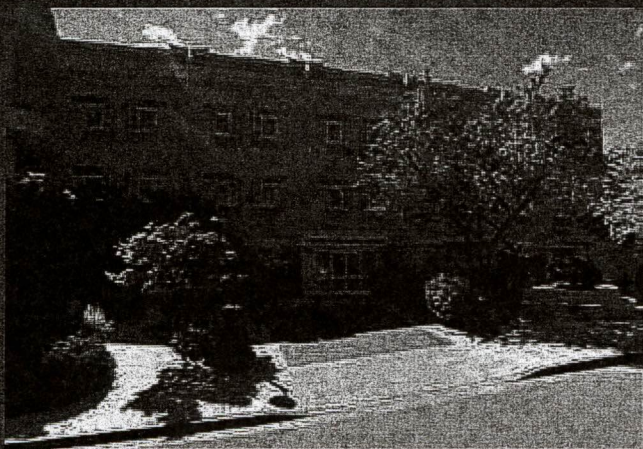
- Posted on the official MHSAs Web Site
- Notices of the available information will be distributed via email to many agencies and a master MHSAs email list (700+ individuals);
- Other county divisions/departments will receive notification of the posting;
- Media release;
- Hard copies will be made available to anyone requesting same;
- Hard copies will be distributed to the Mental Health Commission, and to others who do not have access to email;
- Notices will be posted in mental health clinics and other public sites and kiosks.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

Comments received during the 30 day public review period will be logged, reviewed/responded to by staff, and included as substantive changes if warranted. If substantive changes are made to the update, the update will be re-circulated to the public. If there are no substantive comments received, County will so indicate.

Capital Facilities Overview

Contra Costa County's MHSAs Capital Facilities Project Proposal was approved by the California State Department of Mental Health (hereinafter "DMH") on May 12, 2010. This approval was granted after a long term local community planning process to develop its Mental Health Services Act (hereinafter "MHSAs") Capital Facilities Project Proposal as part of its Three Year Program and Expenditure Plan.



The project, which was approved in May 2010 called for the new construction of a 6,000 square foot Mental Health Assessment and Recovery Center (hereinafter "ARC") on a site located at 20 Allen Street, Martinez. In addition, business and operations support were included (i.e., parking, medical records, dietary, house-keeping, staff lounge, common area). The project was projected to cost approximately \$4 million. Stakeholders had also requested that there be two new programs located on the 20 Allen Street site (the ARC and also a separately constructed/funded Crisis Residential Facility [hereinafter "CRF"]). The originally approved project did not include MHSAs funding requested for the construction of a CRF, but stakeholders were very firm on their desire to have both options in the county. The MHSAs funds allocated to capital construction were not sufficient to cover the building costs for a CRF, but there was enough funding for the ARC.

The requested revisions were approved and adopted through an update to the Annual Plan

Update on December 6, 2011. These revisions included the construction of the ARC, co-locating it with another Contra Costa County Health Services Department construction project for a new Integrated Primary Care Center, resulting in decreased construction cost of the ARC to \$2 million.

The projected original cost of construction for the ARC was based on new construction at the 20 Allen Street site. The new construction would have included parking/garage space, business offices and other supports required to operate a free-standing facility. By co-locating the ARC with primary care, multiple cost savings on the project were realized.

The approximate \$2 million construction savings from the ARC created an opportunity to move forward with the construction of the CRF. CPAW and the Mental Health Committee supported the action of obtaining construction bids to determine the financial feasibility of building the CRF. At the July 2011 CPAW meeting, the stakeholders reached consensus to solicit construction bids which would provide a detailed analysis of the cost of this project. After the construction proposals were received, it was determined that up to an additional \$3,000,000 would be needed to complete the building of the CRF.

Through the community planning process, MHSAs stakeholders recommended to the Health Services Department that the Department construct a 16-bed Crisis Residential Facility (CRF) with integrated dual diagnosis services. With stakeholder support, Contra Costa County is moving forward with the building and will use up to \$3,000,000 from the prudent reserve. This recommendation represents the culmination of community planning and input as outlined in the October 2011 Capital Facilities Update to the FY 11-12 Annual MHSAs Plan Update. The new facility is needed to provide new mental health resources in Contra Costa in order to better provide required care to mental health consumers and their family members.



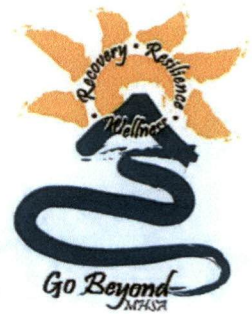
CONTRA COSTA HEALTH SERVICES

CAPITAL FACILITIES AND INFORMATION TECHNOLOGY COMMITTEE OF CPAW

Date of Meeting: Tuesday, October 25, 2011

10:30 AM to 12 PM

1350 Arnold Dr., Suite 103, Martinez



Charge of Committee: *To bring the peer and family perspective to the program design for both components (Capital Facility and also Technology Needs), including increased access to services.*

Date Charge Approved by CPAW: December 3, 2009

A G E N D A

TOPIC	PRESENTER	DESIRED OUTCOMES	TIME (Minutes)
1. Welcome and Introductions	<i>Suzanne</i>		5
2. Information and Technology	<i>Steve Hahn-Smith</i>		10
3. Assessment and Recovery Center	<i>Suzanne</i>		30
4. Oak Grove	<i>Suzanne</i>		10
5. Meeting Adjourned	<i>Suzanne</i>		5

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT, BEHAVIORAL
HEALTH DIVISION – MENTAL HEALTH SERVICES**

EXECUTIVE SUMMARY

**Mental Health Services Act (MHSA) Update to the 2011/2012 Annual
Update for the Purpose of Updating the Capital Facilities Project
Proposal**

October , 2011

Contra Costa County's MHSA Capital Facilities Project Proposal was approved by the California State Department of Mental Health (hereinafter "DMH") on May 12, 2010. This approval was granted after a long term local community planning process to develop it's Mental Health Services Act (hereinafter "MHSA") Capital Facilities Project Proposal as part of its Three Year Program and Expenditure Plan.

The purpose of the request to Update this project is to revise the scope of the original project in several ways. These requested modifications are a result of multiple factors, which include: architectural, environmental, fiscal, and site location.

The project which was approved in May 2010 called for the new construction of a 6,000 square foot Mental Health Assessment and Recovery Center (hereinafter "ARC") on a site located at 20 Allen Street, Martinez. In addition, business and operations support were included (i.e., parking, medical records, dietary, housekeeping, staff lounge, common area). The project was projected to cost approximately \$4 million. Stakeholders had also requested that there be two new programs located on the 20 Allen Street site (the ARC and also a separately constructed/funded Crisis Residential Facility [hereinafter "CRF"]). The originally approved project did not include MHSA funding requested for the construction of a CRF, but stakeholders were very firm on their desire to have both options in the county. The MHSA funds allocated to capital construction were not sufficient to cover the building costs for a CRF, but there was enough funding for the ARC.

Therefore, the requested revisions to the scope of the project include:

- Move forward with the construction of the ARC on another site, co-locating it with another Contra Costa County Health Services Department construction project for a new Integrated Primary Care Center, thereby decreasing the construction cost of the ARC to \$2 million;

- Transition to soliciting bids for a separate Crisis Residential Facility (CRF), for the purpose of determining the exact cost of construction, as well as anticipated programmatic costs, and the associated business and support functions required.

The reasons for the requested modification are as follows:

- Environmental Factors: With the passage of the Affordable Health Care Act, the emphasis on integration of services for mental health clients has become a front and center focus. By co-locating the ARC in the same facility as the new Primary Care Center, not only will mental health/behavioral health services be available, but so will primary care services, and the ancillary supports needed by mental health clients, such as pharmacy, laboratory, diagnostic imaging, and other specialty services. Mental Health clients would have better access to primary care services in a truly integrated environment.
- Site Factors: The original proposal included putting the ARC on the site known as 20 Allen Street, Martinez. A portion of the construction cost was the result of the sloping of the hillside the ARC would be located on. By co-locating the ARC with primary care (the new site is diagonally located across from the entrance to Psychiatric Emergency Services), on a flatter portion of land. Co-locating to the new site reduces engineering/structural site costs dramatically.
- Architectural Factors: The county had already engaged an architectural firm to design a new primary care center adjacent Contra Costa Regional Medical Center, therefore it made sense to use the services of the existing architectural firm to design the ARC, given their familiarity with the county and the site. Co-locating the ARC with primary care also allowed for the design of common areas and space which would benefit all users, as well as not duplicate business, support and operations functions.
- Fiscal Factors: The projected original cost of construction for the ARC was based on new construction at the 20 Allen Street site. The new construction would have included parking/garage space, business offices and other supports required to operate a free-standing facility. By co-locating the ARC with primary care, there are multiple cost savings on the project.

Therefore, the county is requesting this Update to the MHSA 2011/2012 Annual Plan for the purpose of revising the scope of the Capital Facilities Project, which is part of the MHSA three year program and expenditure plan.

As per Welfare and Institutions Code Requirements, this Update is being distributed for the required 30 day public review and comment period as an Update to the MHSA 2011/2012 Annual Plan for the purpose of revising the scope of the Capital Facilities Project (as described above). The 30 day public review and comment period begins on Tuesday, October ---, 2011, and concludes on Friday, November ---, 2011. Public comments can be submitted electronically via email (using the attached Public Comment Form):
mhsa@hsd.cccounty.us

OR, public comments can be submitted by mail, using the attached Public Comment Form. Hard copies of this draft Update are available by mail, by request, by telephone call to Mental Health Services Administration (925) 957-5150, or by coming by to pick up a copy at the main offices, located at: 1340 Arnold Drive, Suite 200, Martinez, CA, 94553. Copies are available in English, and the Executive Summary only is available in Spanish.

Universal Triple P

Mass Media Dissemination: The media can reach more segments of the community at any one time than other forms of outreach. Triple P media initiatives have included production of television series, newspaper columns, radio and television community service spots, and creation of a high profile in news and current affairs.

Selected Triple P

Information and support: This level provides community seminars and/or brief consultation and provision of self-help resources through maternal and child health services, health visiting services, family doctors, childcare centres, kindergartens, pre-schools, schools and other community agencies. Information focuses on positive skills development, particularly behaviour issues or an approaching developmental milestone.

Primary Care Triple P

- Age 0-12
- Teenagers (13-16 years)

Early detection and brief behavioural counselling: This level deals with identified or emerging behaviour problems and entails four 15-minute consultations with an accredited Triple P practitioner. It involves advice on managing specific behaviour, access to tip sheets and video resources, and might also include skills training (e.g. behavioural rehearsal). Primary Care Triple P is for management of mild to moderate behavioural or developmental issues.

Standard, Group and Self-directed Triple P

- Age 0-12
- Teenagers (13-16 years)

Teaching of skills applied to a broad range of child behaviours in home and community settings: This level provides information and instruction covering child development, the causes of child behaviour problems, promoting children's development and positive family relationships, and ways to manage behavioural difficulties. Standard Triple P involves 10 one-on-one sessions with an accredited Triple P practitioner, appropriate where a child has multiple, moderate to severe behaviour problems.

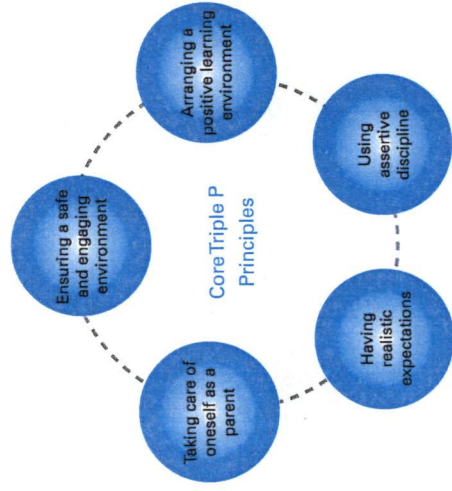
Group Triple P is an 8-session program for parents, useful as broad positive parenting education and also as an early intervention strategy for parents of children with current behaviour problems.



Triple P founder, Dr Matthew Sanders is a Professor of Clinical Psychology and Director of the Parenting and Family Support Centre at The University of Queensland. Over the past 25 years, he has gained international recognition for his research on the role of parenting in the development of childhood behaviour problems. He's the author of numerous books and scientific articles on the prevention and treatment of behavioural problems in children.

Every year, Professor Sanders addresses major conventions and symposiums throughout the world, often as keynote speaker. He is a fellow of the Australian Psychological Society and has received international recognition and awards including a Fellowship of the Academy of Experimental Criminology in the U.S.A. and the Society for Prevention Research's International Collaborative Prevention Research Award.

While Matt is the driving force behind Triple P, his vision has been shared and supported by the contributions of a large team of associates in clinical psychology. For full author profiles, access www.triplep.net



Self-Directed Triple P is a 10-week program based on a self-help workbook, often supported by weekly telephone consultations. This is useful to families where access to clinical services is limited (e.g., in rural or remote areas) and also for busy working parents.

Enhanced Triple P

Individually tailored for families with complex problems:

This level is for families who experience continued difficulties after completing Standard or Group Triple P, or might have complicating issues such as parental adjustment and partner support problems. It extends the focus of intervention as required to include skills training in the actual home environment, mood management and stress coping skills for parents, partner support and communications skills.

Specialist

Triple P's core program is progressively being adapted for maximum effectiveness in specific areas of application.

- Stepping Stones Triple P addresses the needs of families who have a child with a disability.
- Indigenous Triple P is designed to respect indigenous culture and address unique challenges faced by cultural minorities.
- Pathways Triple P is for parents who have anger management problems and may be in danger of harming their children.
- Workplace Triple P is formatted for delivery in the workplace, with emphasis on the stresses commonly experienced by working parents.

This suite of specialist applications is continually being expanded to address emerging areas of need.

Cost Efficiency:

Across the entire spectrum, existing studies suggest that Triple P has the potential to prevent 26% - 48% of cases of severe conduct problems. Economic modelling by The University of Melbourne's Health Economics Group shows that only 1.5% of cases would need to be averted before the program has paid for itself. Triple P is an efficient means of reducing the costs (to communities) that are associated with conduct problems.

Provided by
C.O.P.E. FAMILY SUPPORT CENTER
925-689-5811
Through grants funded by
First 5 & MHSA

CONTRA COSTA COUNTY

Mental Health Services

Mental Health Services Act

Capital Facilities & Technological Needs Component



Capital Facilities Project Proposal

Approved:

May 2010

Orig: Sherry



CALIFORNIA DEPARTMENT OF

Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2526

May 12, 2010

RECEIVED

MAY 14 2010

CONTRA COSTA COUNTY
MENTAL HEALTH ADMINISTRATION

Donna M. Wigand, LCSW, Director
Contra Costa County Mental Health
1340 Arnold Drive, Suite 200
Martinez, CA 94553-5150

Dear Ms. Wigand:

We have received your April 15, 2010, Mental Health Services Act (MHSA) Capital Facilities and Technological Needs (CFTN) Project Work Plan. In accordance with California Code of Regulations (CCR) Title 9, Chapter 14, Section 3350 and DMH Information Notices No.: 08-02 and 08-09, this letter announces our intent to release funds from the following MHSA Component Planning Estimate in the total amount of \$4,000,000 as specified below.

- FY 2007-08
 - Capital Facility Project (Mental Health Assessment and Recovery Center): \$4,000,000

Although a preliminary amount is provided in this letter, it is not a final calculation. The final amount that is released to your County will be cited in a modification to your MHSA Agreement.

We look forward to the successful implementation of your work plan. If you have any questions, please contact Jan Howland at (916) 653-0780 or email at jan.howland@dmh.ca.gov.

Sincerely,

SOPHIE CABRERA, Chief
Community Programs Branch

- cc: Mental Health Services Oversight and Accountability Commission
 Chief, Division Operation Support
 Chief, Contracts
 Chief, Local Program Financial Support
 Chief, Fiscal Systems
 Contact, MHSA Plan Reviews & Community Program Support Section
 Process Facilitator, MHSA Plan Reviews & Community Program Support Section

**Contra Costa County
MHSA - Capital Facilities Project Proposal**

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CONTRA COSTA COUNTY – HEALTH SERVICES DEPARTMENT – MENTAL HEALTH

CAPITAL FACILITIES PROJECT PROPOSAL- EXECUTIVE SUMMARY

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES PROJECT PROPOSAL – EXECUTIVE SUMMARY**

Contra Costa Mental Health has been engaged in a very long-term local community planning process to develop its MHSA Capital Facilities Project Proposal. Planning for capital facilities needs originated early in the first public planning process for the Community Services and Supports (CSS) component, and continued through subsequent public planning processes Prevention and Early Intervention, Workforce Education and Training, and the Capital Facilities and Technology Needs component planning. Following the State Department of Mental Health's DMH Information Notices Numbered 08-09, 08-02, 08-21, the County's Capital Facility and Technology Need Component Proposal was submitted and approved by State DMH in February 2009. Subsequent the State's approval of the component proposal, the County continued the planning processes for the projects under the component, including both the Capital Facility Project Proposal and the Technology Need Project Proposal.

The county's Mental Health Commission conducted a Public Hearing on the Capital Facility and Technology Need Component Proposal on January 22, 2009. The Public Hearing followed the required 30 day public review and comment period for the component proposal. The State Department of Mental Health approved the County's Capital Facility and Technology Need Component Proposal in February 2009. Since that time, stakeholder input into the development of the Capital Facility Project Proposal has been provided through a variety of forums, including: County Board of Supervisor meetings; County Board of Supervisor Committee meetings; Mental Health Commission Public Hearings and Mental Health Commission Workgroups; Multiple Community Input Forums; Written Surveys for consumers, family members, community; focus groups for consumers and family members; written survey for county staff; multiple MHSA integrated stakeholder meetings, including the MHSA Consolidated Planning Advisory Workgroup (CPAW), CPAW's Capital Facilities and Technology Needs Committee; a joint Mental Health Commission/CPAW Capital Facilities and Technology Needs Committee, and several others. As a result of all of the input, the MHSA-CPAW Capital Facility and Technology Needs Committee recommended to Mental Health, and to the Health Services Department, the construction of new facilities for a Mental Health Assessment and Recovery Center (proposed funding under MHSA Capital Facilities and Technology Needs Component), and they also recommended to the Health Services Department the construction of a 16-bed voluntary Crisis Residential Facility (proposed for other than

MHSA funding sources). Separate from this Capital Facility Project Proposal, a Board Order for the Contra Costa County Board of Supervisors is being prepared to include both recommendations. The County's Board of Supervisors is aware of the recommendation coming forward.

CCMH's Capital Facility Project Proposal includes new construction for mental health services on the site located at 20 Allen Street, Martinez, a county-owned property. Stakeholders have recommended that there be two new programs located on the site, however, this request is only for MHSA Capital Facilities funds being used for construction related to a 6,000 square foot Mental Health Assessment and Recovery Center (hereinafter "ARC") which will include mixed use, which will be variable upon demand. Business/operations support to the ARC are included in the request (parking space, medical records, dietary, housekeeping, staff lounge, administrative). Services to be provided at the ARC include voluntary urgent mental health care up to 16 hours per day for all ages, and also for discrete involuntary children's mental health care services (no MHSA funding is being sought for this portion of the site). The ARC will include an assessment center for children and youth, encouraging the participation of family members in the assessment process, with a discrete/separate waiting room and entrance for young people and their family member(s). Discrete services will also be provided for adults and older adults. (Funding for the involuntary children's urgent mental health care is not included in this request).

As per State Department of Mental Health requirements, this Capital Facility Project Proposal is being distributed for the required 30 day public review and comment period as an update to the Capital Facility and Technology Needs Component Proposal, which was approved by the State Department of Mental Health in February 2009. The 30 day public review and comment period begins on February 17 and ends on March 19, 2010. Per DMH Notice No. 08-09 and accompanying Capital Facilities Project Proposal guidelines, no public hearing is required for this update. Public comments can be submitted electronically by email to: mhsa@hsc.cccounty.us or they can be submitted by mail, using the attached public comment form. Hard copies of the draft Capital Facility Project Proposal are available by mail by request by calling Mental Health Administration at (925) 957-5150, or by coming by to pick up a copy at the main offices, located at: 1340 Arnold Dr., Suite 200, Martinez, CA, 94553. Copies are available in English, Spanish, and in Vietnamese.

Exhibit 1

CAPITAL FACILITIES PROJECT PROPOSAL FACE SHEET

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES PROJECT PROPOSAL**

County: Contra Costa County Mental Health Division Date: February 16, 2010

County Mental Health Director:

Donna M. Wigand, LCSW

Printed Name

Donna M. Wigand, LCSW

Signature

Date: 4/16/10

Mailing Address: Contra Costa Mental Health Administration

1340 Arnold Dr., Suite 200

Martinez, CA 94553

Phone Number: (925) 957-5111 Fax: (925) 957-5156

E-mail: dwigand@hsd.cccounty.us

Contact Person: Sherry Bradley, MPH, MHSA Program Manager

Phone: (925) 957-5114

Fax: (925) -957-5156

E-mail: sbradley@hsd.cccounty.us

Exhibit 1, continued

County Certification

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Contra Costa County and that the following are true and correct:

- 1) The County has applied for Mental Health Services Act (MHSA) Capital Facilities Funds to construct a building at 20 Allen Street, Martinez, CA 94553.
- 2) The intended use of the building is to provide mental health services in a new Mental Health Assessment and Recovery Center, which will include voluntary urgent mental health care up to 16 hours per day for all ages.
- 3) All necessary outside sources of funding have been secured and the MHSA Capital Facilities Funds requested in this Project Proposal will only be used to purchase, construct and/or renovate those portions of the property that will be used for the provision of MHSA services.
- 4) The building will be used to provide MHSA funded services and will expand the County's ability to provide mental health services.
- 5) For acquisition/construction Contra Costa County will be the owner of record.
- 6) For any proposed renovations to privately owned buildings, the building is dedicated and used to provide MHSA services and the costs of renovation are reasonable and consistent with what a prudent buyer would incur.
- 7) This building will be dedicated to the provision of MHSA services for a minimum of 20 years.
- 8) Compliance with the procurement procedures pursuant to the California Government and Public Contract Code were followed when Capital Facilities funds were used to renovate buildings owned by private entities.
- 9) The County will comply with federal, state and local procedures for procuring property, obtaining consulting services, and awarding contracts for any acquisition, construction, or renovation project using Capital Facilities funds.
- 10) The building will comply with all relevant federal, state and local laws and regulations, including, but not limited to zoning, building codes and requirements, fire safety requirements, environmental reports and requirements, hazardous materials requirements, the Americans with Disabilities Act requirements, California Government Code Section 11135 and other applicable requirements.
- 11) Contra Costa County agrees to maintain and update the building as necessary for a minimum of twenty years without requesting additional State General Fund funds to do so.
- 12) Mental Health Services Act funds were used in compliance with Title 9 California Code of Regulations (CCR) Section 3410, Non-Supplant.

Exhibit 1, continued

13) The County certifies it has adequate resources to complete its Roadmap for moving toward an Integrated Information Systems Infrastructure through an E.H.R., as described in the Technological Needs portion of this Component.

Not applicable for this capital facility project request.

14) This Project has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, 3315(b), the public and our contract service providers.

The local community planning process has been followed, with involvement of a variety of stakeholders, including mental health consumers, family members, contractors, community members, education, law enforcement, education, etc.

15) All documents in the attached Project Proposal for Capital Facilities funding for the project to purchase, renovate, and/or construct a building at the 20 Allen St. location in Martinez, California are true and correct.

Date: 4/16/10

Signature: *D. M. Wigand, LCSW*
Local Mental Health Director

Date: _____

Signature: _____
Auditor and Controller

Executed at: _____

Exhibit 2

PROJECT PROPOSAL NARRATIVE

- 1) Briefly describe stakeholder involvement in identification and development of the proposed Capital Facilities Project and how the requirement of Title 9, CCR Sections 3300 and 3315(b) were met. Submit documentation of the local review process including any substantive recommendations and/or revisions to the proposed Project.
 - If the proposed Project deviates from the information presented in the already approved Exhibits 2 and 3 of the Component Proposal, the County must describe stakeholder involvement and support for the deviation.

CCMH's Capital Facility Project Proposal includes new construction for mental health services on the site located at 20 Allen Street, Martinez, a county-owned property. Stakeholders have recommended that there be two new programs located on the site. The proposed project is for construction related to an approximately 6,000 square foot Mental Health Assessment and Recovery Center (hereinafter "ARC"), with appropriate space included for supports to the MHSA programs/services, including administrative space. The ARC will include mixed use, variable upon demand. This may be for voluntary urgent care up to 16 hours per day for all ages, and also for discrete involuntary children's mental health care services. The ARC will include a community based assessment center for children and youth, encouraging the participation of family members in the assessment process, with a discrete/separate waiting room and entrance for young people and their family member(s). Discrete services will also be provided for adults and older adults. Additionally, Adult, Transition Age Youth, and Children who are full service partners (and their families) will be served on this site. Also included will be support for wellness and recovery operations, peer support and education, family involvement and support and education, and wrap around services for children who are FSP's (and who are served through the county's CSS systems development strategies.)

Through the community planning process, MHSA stakeholders recommended to the Health Services Department that the Department construct a 16-bed Crisis Residential Facility (CRF) with discrete dual diagnosis services, as well as the Assessment and Recovery Center. However, for the purposes of this funding request and project proposal, funding is only being requested for that portion of the construction costs related to that which is required for the Assessment and Recovery Center, to include support functions for same, such as MHSA administrative space, staff/peer space, family support space, dietary services, housekeeping, storage, receiving, medical records, and staff lounge areas, all to serve Child, Adult and TAY FSP's, MHSA Older Adults, etc. Any mental health programs to be located at 20 Allen Street will be part of the broader campus called "**Mental Health Recovery Services**". The 20 Allen Street property became available to the County more than 2 years ago, and is located in the central region of the County, in Martinez, California. Contra Costa County Board of Supervisors recently approved Health Services Department to go forward with purchasing the land located at 20 Allen Street, Martinez. That is why MHSA stakeholders recommended that the Assessment and Recovery Center be located on the property, along with any other programs on the site.

Exhibit 2, continued

Stakeholder Involvement:

Contra Costa currently doesn't have anything like the Assessment and Recovery Center (and the 16 bed CRF) and support facilities as described in this proposal. The property location, 20 Allen Street, Martinez, is ideal in that it is located adjacent the County's regional medical center, which is located on a frequently used public transportation line. Other than the regional medical center campus, all the other properties bordering the proposed project are multi-family or single family residential housing.

There have been multiple stakeholder and community events which have established the need for the proposed (and above described) capital facility project. The new facility is needed to provide new mental health resources in Contra Costa in order to better provide required care to mental health consumers and their family members. The structure of the proposed ARC program will provide opportunities for inter-generational services for families to reduce out-of-home placements for children, as well as for adults, older adults, and transition age youth using the ARC.

To re-state previous background included in Contra Costa County's Capital Facility and Technology Component Proposal (approved by State DMH in February 2009), the MHS community planning process has occurred over a period of 5 years, as follows:

1. During the CSS community planning process, CCMH conducted 6 community forums for all residents of the county; facilitated 55 focus groups; received over 300 surveys from interested residents, consumers and providers. A total of over 1,100 individuals participated in the CSS planning process.
2. During the P&EI community planning process, CCMH involved over 900 individuals in the planning process, which included: carrying forward some data from the original CSS planning process; conducting 3 community forums in each of the three regions of the county; conducted 35 focus groups; conducted a brief survey regarding priorities for community needs, target populations, and types of interventions. In addition, 46 Stakeholder Workgroup Members were selected to form two diverse planning bodies (0-25 years of age, and 25+ age group).
3. During the Workforce Education & Training planning process, a Workforce needs assessment survey was distributed to 36 community based organizations as well as organizational network providers, and completed by 32 of them; data from CCMH database on 352 County FTE staff was included; data from Independent Network Provider database on 195 individual providers was compiled; focus groups were conducted with educators, consumers, family members, county staff, including a total of 54 participants; Key informant interviews were conducted with 13 subject matter experts for their specialized knowledge.

Through the CSS planning process, the need for a full range of housing for consumers including emergency, transitional and long-term options with an emphasis on the least restrictive level of care at all times, was

Exhibit 2, continued:

considered a top priority. Through CSS, CCMH was able to expand housing services available to consumers in the low or most independent end of the housing continuum. However, CCMH has been unable to address the need for less restrictive voluntary settings in the way it's proposed in the ARC. Stakeholders and the community also identified the need for more recovery-oriented services at the acute end of the spectrum.

One of the most significant messages received during the PEI planning process was that there were not enough early interventions available and that individuals experiencing acute psychiatric episodes, especially those with early onset of psychiatric illness, were left with nothing between outpatient office appointments and inpatient hospitalization, often involuntarily. Providing voluntary urgent care for all ages (including involuntary urgent care for children) will be available with construction of an ARC, and it addresses this gap in services locally.

Results from the WE&T planning process included stakeholders pointing out the need for availability of information on education, employment activities, etc., not only to existing staff but also to consumers and family members. It was considered possible that some of this information and/or learning might be available as part of a program that might be "co-housed" with other mental health services, thereby creating a more preventive atmosphere. Including these recommendations in an ARC program would meet this need.

At a special Mental Health Commission meeting on April 17, 2008, the Mental Health Commission recommended to the Contra Costa County Board of Supervisors to accept in concept pursuing a proposal to develop and establish a new multi-program psychiatric campus. Through an ongoing planning process, the Board of Supervisors approved Health Services Department purchase the property at 20 Allen Street in Martinez, as a possible location for services within the department, including possible mental health services.

Since Contra Costa's Capital Facility and Technology Need Component Proposal was approved by State DMH (in February 2009), there has been a lot of additional stakeholder involvement in the planning. There has been a deviation from the originally approved Capital Facilities and Technology Needs Component Proposal (approved by State DMH in February 2009). The deviation is in the way the stakeholders have recommended the funds under the component be distributed between the technology need and the capital facility need. That has impacted the size of the capital facility project by decreasing the amount of funds now being requested for capital facilities. Stakeholders recommended to us that we request \$4.0 million for Capital Facilities. The remainder of the county's Capital Facilities and Technology Needs allocation would go toward the Technology Needs Project Proposal. Given the changes in the economy, and the dire need for Contra Costa to replace its very outdated behavioral health information system, stakeholders were concerned that the basic information infrastructure for mental health would be inadequate to support those needs. There was also a concern regarding sustaining program operations in a larger-scale facility, and stakeholders believed the scope of the scaled down project proposal would be sustainable.

The county's Capital Facilities and Technology Needs Component Proposal included a request for a free standing multi-program mental health center with new levels of care (combination of services) that would provide a comprehensive recovery focused setting. The component proposal had requested that \$8.2 million be used to fund Capital Facilities and \$2 million be used to fund Technology needs. The funding request has been

Exhibit 2, continued:

modified to request \$4 million to fund Capital Facilities, with the remainder of the allocation of \$6.2 million to fund technology needs as explained earlier. This request for funding to construct an Assessment and Recovery Center will provide a new mental health level of care which currently does not exist. The component proposal requested the funds be split \$8.2 million for capital facilities and \$2.0 million for technology needs. The scope of the capital facility project has been scaled back based upon the following: 1) stakeholders wanted more data and information in order to come up with recommendations around an actual project proposal, i.e., what would be included at 20 Allen Street; 2) stakeholders drove a change in how the funds available would be appropriated between capital facilities and technology needs based upon the updated and revised costs provided to them for technology; 3) the economic environment has changed significantly in the past two years, driving costs up for construction, as well as the costs for new large-scale information systems, and as a result, the way the funds were originally appropriated was looked at intensively.

Since Contra Costa's Capital Facility and Technology Need Component Proposal was approved by State DMH (in February 2009), there has been a lot of additional stakeholder involvement in the planning. There have been numerous stakeholder meetings conducted by the Mental Health Commission; ongoing MHPA planning committees; Board of Supervisors subcommittees; capital facility and technology need written surveys; consumer and family member focus groups; public forums and community meetings. (See Appendix 1, Log of Planning Activities for Capital Facilities and Technology Needs).

Ultimately, the integrated MHPA stakeholder advisory workgroup recommended to the Mental Health Director that (1) \$6.2 million of the MHPA Capital Facility/Technology Needs allocation be used for technology needs, with the provision that the county include a recovery oriented shared decision making tool, and (2) that \$4.0 million of the MHPA Capital Facility/Technology Needs allocation be used for construction of capital facilities for mental health at 20 Allen Street, Martinez, to include up to 16 hr/day urgent care for all ages, and also to include discreet (involuntary) services for children. Stakeholders also recommended that the Health Services Department construct a 16 bed recovery oriented crisis residential facility (CRF), including dual diagnosis, on the same campus. However, the construction of a 16-bed recovery oriented crisis residential facility will be funded through means other than MHPA. Thus, the Mental Health Recovery Services programs have been recommended to Health Services Department to include mental health Assessment and Recovery Services, and also a 16-bed crisis residential facility for the site. This funding request is only for Assessment and Recovery Services, and support services to it.

- 2) Explain how the proposed Capital Facilities Project supports the goals of the MHPA and the provision of programs/services contained in the County's Three-Year Plan including consistency with the County's approved Capital Facilities segment of the Capital Facilities and Technological Needs Component.

Because MHPA lays out a vision of wellness & recovery, including hope, recovery, partnership, and community, stakeholders and CCMH shared that vision and moved to infuse that model into the delivery of care it proposes to be included in this capital facility project. As such, and as part of the ongoing planning process for capital facilities, an MHPA Consolidated Planning Advisory Workgroup (CPAW) Capital Facility Committee was

Exhibit 2, continued:

established. Earlier in the planning process, a Capital Facility Stakeholder Workgroup was established in September 2008, discussing a range of possible mental health services at the 20 Allen Street property, possibly to meet needs for crisis, urgent, residential, and emergency level mental health services to be provided in a setting having clinical programs and interventions consistent with the principles of wellness and recovery and in the least restrictive environments. The MHSA stakeholder recommendation to include an Assessment and Recovery Center to provide voluntary urgent care for all ages up to 16 hours per day are consistent with the principles of wellness and recovery and least restrictive environments. Through Title 9, mental health services can be provided in a more flexible and supportive environment of wellness and recovery approaches to mental health services, again the centerpiece of the MHSA.

This request for funding, however, is only for the capital facility dedicated to the ARC and the supports related to it. No MHSA Capital Facility Funding is being requested for the 16-bed Crisis Residential Facility. The recommendation to construct that facility is being submitted separately to the Health Services Department, and will require the approval of the Contra Costa County Board of Supervisors. If that request is approved by the Board of Supervisors, another level of mental health service will be available on the same campus. (The character of the CRF is intended to be as residential as possible.)

CCMH believes that the proposed capital facility project is a result of staying consistent with the five fundamental concepts inherent in the MHSA, as identified in the CSS component. CCMH has involved the community in collaborating with it through all the MHSA community planning processes. Through each of the community planning processes (for each MHSA component), CCMH has continued to learn more about the cultural community it serves and has conducted outreach and engagement to unserved and underserved cultural communities. With each planning process, including the Capital Facility Stakeholder process, there has been involvement of clients and family members, and the process has been driven by the same. As stated earlier, the evolving capital facility project focuses on wellness, recovery and resiliency of the mental health consumer.

Exhibit 3

PROJECT DETAILS

Answer the following questions as appropriately to the Project Proposal.

Project Title: Mental Health Recovery Services (Assessment and Recovery Center) _
Project Address: 20 Allen Street
Martinez, CA 94553

- 1) Describe the type of building(s) and whether the building is being acquired with/without renovation or whether the Project is new construction.

The proposed project requires the construction of a new 6000 square foot building, as well as parking, on a 2.2 acre site owned by Contra Costa County. The funding requested will be used to construct an Assessment and Recovery Center, as described earlier, and the supports needed for it (Administration, medical records, receiving, etc.). It is expected that the occupied support areas located in the poured-in-place concrete structure will be enclosed in concrete masonry unit walls with cement plaster finish. The ARC will likely be constructed as a one-story, type-1, steel-framed structure. (It is anticipated that the proposed CRF will be partially below grade due to site topography, so there will be some poured in place concrete walls on uphill sides of the structure.) The interior wall and ceiling finishes will be primarily reinforced gypsum-board with low VOC paint.

- If the proposed building is being acquired and renovated, describe the prior use and ownership.
Not applicable.
- If the proposed project involved renovation of an existing facility.
Not applicable.
- Describe the scope of the renovation and the method used to ensure that the costs of the renovation are reasonable and consistent with what a prudent buyer would incur. If privately owned, include a description of the private entity's efforts in determining the cost of renovation.
Not applicable.
- When the renovation is for treatment facilities, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services
Not applicable.
- When the Project involves renovation of a privately owned building, describe and explain the method used for protecting the County's capital interest in the renovation and use of the property.
Not applicable.

Exhibit 3, continued

- 2) Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and the age groups to be served, if applicable. Complete all that apply.

Purpose: To provide mental health consumers with an option to move away from institutional level of care to providing them with a recovery oriented setting which is voluntary and will meet urgent mental health care needs, and also linkages to other appropriate services, which may include to the voluntary Crisis Residential Facility, on one new campus, where freestanding mental health sites will be located.

Programs & Services: New Construction for the Assessment and Recovery Center at 20 Allen Street in Martinez, California, and operation of all services at that site. This request is only for those construction costs related to the Assessment and Recovery Center. The programs and services to be provided on the site include:

- Assessment and Recovery Center (ARC), for all ages, voluntary, and for Children (involuntary, non-MHSA funded) – proposed facility to be funded with MHSA Capital Facility funding;
- Support facilities to include administration, dietary, housekeeping, storage, receiving, medical records, and staff lounge area;
- 70 parking stalls for same
- If approved by the Health Services Department and the County Board of Supervisors, a 16-bed Crisis Residential Facility (CRF), voluntary – proposed facility NOT to be funded with MHSA Capital facility funding;

Age Group	Projected Client/Family Capacity
<input checked="" type="checkbox"/> Children	50-100 Per Month in Assessment & Recovery Program (voluntary and involuntary)
<input checked="" type="checkbox"/> TAY	100 per month in Assessment and Recovery
<input checked="" type="checkbox"/> Adults	Up to 700 per month in Assessment & Recovery
<input checked="" type="checkbox"/> Older Adults	Up to 200 per month in Assessment & Recovery

- 3) Provide a description of the Project location. If providing services to clients, describe the proximity to public transportation and the type of structures and property uses in the surrounding area.

The project will be located in the central region of Contra Costa County, in Martinez, California. The project includes construction of a new facility on a 2.2 acre site located at 20 Allen Street in Martinez. The site directly adjoins undeveloped residentially-zoned land on its west side, is opposite a nursing

Exhibit 3, continued:

home and a private residence on its north side and is opposite the Contra Costa Regional Medical Center on its south and east sides. The Ambulatory Care Center for the central region of the county is also adjacent the regional medical center.

The proposed site slopes steeply, dropping 100 feet in elevation from the northwest corner to the northeast corner. The lower portion of the site is occupied by two small parking lots and an existing brick and wood building currently used for offices and residences. It is understood that these parking areas and the existing building will be demolished in order to clear the site for the proposed project. The site is accessible from existing roadways on the north, east and south sides. Actual placement of the facilities on the property will be dependent upon completion of architectural and engineering review. Preliminary collection of data during a preliminary geotechnical investigation shows that the site should be suitable from a geotechnical and geological standpoint for support of the proposed facility. Public Transportation is available regularly through scheduled transit services, with a bus stop in front of the campus.

- 4) Describe whether the building(s) will be used exclusively to provide MHSAs programs/services and supports or whether it will also be used for other purposes.

MHSAs Only

- MHSAs and other services

- If the building will be used for other purposes, the description should indicate the percentages of space that will be designated for mental health programs/services and supports and for other uses.

The ARC will be available to all full service partners (children, adults, transition age youth), older adults, and also children involved in MHSAs funded wrap-around services. The ARC will also be available to other mental health clients receiving mental health services in other county-operated mental health clinics and program sites. It is expected that approximately 60-70 % of those served will be mental health clients already receiving mental health services through a variety of the many MHSAs funded programs/sites in the County (funding through the CSS and PEI components). The remainder of those served will likely be individuals already receiving mental health services in one of the county-operated or contracted clinics/programs. The Assessment and Recovery Center will also include MHSAs funded peer support, family, and mental health recovery services, but may also include on-site services by a nurse practitioner (and links to primary care if needed), a housing specialist, vocational rehabilitation specialist, etc.

- Explain the relationship between the mental health programs/services and supports and the other uses, i.e., co-located services.
(Note: Use of MHSAs funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

Exhibit 3, continued:

Mental Health Services to be provided at the ARC will include assessment, medication services, and referral to other services appropriate to the individual. Some of the on-site supports may include peer-to-peer support (for both consumers and families), referral to the three consumer operated Wellness and Recovery Centers (one in each region of the county), care by a nurse practitioner (if needed), referral/services by a housing specialist, vocational services, etc. Not all of these services are funded by MHSA, but are recognized as very important to the recovery of mental health consumers. It is hoped that these types of services can be integrated into the ARC.

- 5) Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of twenty years.

Because the entire campus will be owned by Contra Costa County, the site will be incorporated into the property maintenance schedule of the County's General Services Department. Contra Costa County General Services Maintenance Division will oversee the maintenance and upkeep of the facility unless and until the County no longer owns the property. It should be noted, however, that historically, Contra Costa County continues ownership of all of the buildings it constructs, which in this case, would be longer than twenty years.

Additional Information:

1. Leasing (Rent) to Own Building

Provide justification why 'leasing (rent) to own' the property is needed in lieu of purchases. Include a detailed description of length and terms of lease prior to transfer of ownership to the County.

Not applicable.

2. Purchase of land with No MHSA Funds Budgeted for Building/Construction

For purchase of land with no MHSA funds budgeted for construction/building, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.

Not applicable.

3. Restrictive Settings

Submit specific facts and justifications that demonstrate the need for a building with a restrictive setting, as described on page 4 (Must be accordance with WIC Section 5847 (a)(5))

Not applicable. No MHSA funds are being sought for a restrictive setting.

Exhibit 4

CAPITAL FACILITIES PROJECT PROPOSAL FACT SHEET

Project Location

Name of Project: Mental Health Recovery Services (Assessment and Recovery Center)
Site Address: 20 Allen St., Martinez, CA

Project Information

- New Construction
- Acquisition of an existing structure
- Acquisition and renovation of an existing structure
- Renovation of a County owned structure
- Renovation of a privately owned structure
- Purchase of Land
- Lease (rent) to own

Intended Use: Assessment and Recovery Services including voluntary urgent care for all ages up to 16 hours/day, and also involuntary care for children, but not MHSA funded.

- Mental Health only (included facilities for integrated mental health substance abuse treatment)
- Mental Health and other

Amount of Capital Facilities funds requested in this Project Proposal \$4.0 million
CSS Capital Facilities funds requested in this Project Proposal _____
Total \$4.0 million

Priority Population (please check all that apply)

- Children –
- Transitional Age Youth –
- Adults
- Older Adults
- N/A (Office Space)

If applicable, projected number of mental health clients, including their families, to be served monthly:
Approximately 1000+ mental health consumers/families (all ages) can be served each month.

- Provide new services
- Expanded services

Please provide a brief description below

New Services to be provided as explained earlier, voluntary urgent care for all ages up to 16 hours per day.

Exhibit 5

SAMPLE BUDGET SUMMARY

The sample project budget allows Counties to summarize proposed expenditures for each Project by type of expenditure for each fiscal year. Based upon the Project a County may wish to submit a modified budget summary that more closely reflects the County Capital Facilities Project Proposal.

Expenditures and request for funds. Expenditures for the proposed Project should be easily identified and related to the project description. Total estimated Project expenditures are offset by any estimated other funding sources to compute the net MHSA funding requirements. Complete a separate Project budget for each proposed project. The sum of all Project budgets should not exceed the total Capital Facilities and Technological Needs Planning Estimate identified for the County. MHSA funds dedicated to the Capital Facilities and Technological Needs Component must be used within ten years or they will revert back to the State MHSA Fund for redistribution to all Counties.

**EXHIBIT 5 – SAMPLE BUDGET SUMMARY (in Thousands \$)
For Each Capital Facilities Project Proposal**

County: Contra Costa					
Project Name: Mental Health Recovery Services					
Category	Capital Facilities Funds	CSS Capital Facilities Funds	Future Year Costs	Total ()	Estimated Annual Ongoing Costs*
Project Expenditures					
1. Acquisition of Land (including deposits)	N/A				
2. Acquisition of Existing Structures					
3. Site Survey & Soil Investigation					
4. Appraisal					
5. Cal-EPA					
6. Architectural & Engineering (A&E) Expenditures					
<i>a. Plan Check Fees, Permits, etc.</i>	\$25,000			\$25,000	
<i>b. Contract Architect</i>	\$600,000			\$600,000	
<i>c. Contract Engineer</i>	\$200,000			\$200,000	
<i>d. Other A&E Consultant Fees</i>	\$175,000			\$175,000	
<i>e. A&E Travel Expenditures</i>					
<i>f. Other A&E Expenditures (please describe)</i>					
g. Total A&E Expenditures	\$1,000,000			\$1,000,000	

7. Construction	\$2,500,000			\$2,500,000	
<i>a. Landscaping</i>	\$400,000			\$400,000	
<i>b. Construction Contracts</i>					
<i>c. Insurance</i>					
<i>d. Material Testing</i>	\$100,000			\$100,000	
<i>e. Contingency</i>					
<i>f. Other A&E Expenditures (please describe)</i>					
g. Total A&E Expenditures	\$3,000,000			\$3,000,000	
8. Rehabilitation					
9. Fixed/Movable Equipment					
10. Supervision – Inspector					
11. Title and Recording					
12. Other Fees and Charges					
13. On-Site Management					
14. Project Management/Administration					
15. Other Project Expenditures (please describe)					
16. Other Expenses (Describe)					
17. Total Ongoing Operating Expenses					
18. Total Project Expenditures	\$4,000,000			\$4,000,000	
II. Other Funding Sources (please list)					
1.					
2.					
3.					
4.					
5.					
6. Total other Funding Sources					
Total Costs (A)	\$4,000,000			\$4,000,000	
Total Offsetting Revenues (B)					
MHSA Funding Requirements (A-B)	\$4,000,000			\$4,000,000	
NOTES:					

Exhibit 5 Continued

- Provide information regarding ability to maintain the property/facility for the required time period.
(Include proposed funding sources, capitalized reserves, etc.)

Since the property will be owned by Contra Costa County, maintenance of the property will become part of the regular schedule of maintenance developed by County's General Services Maintenance Division. In addition, County is setting aside up to \$2million per year out of CSS funds to cover the cost of repair, maintenance and upkeep of the facility.

- Describe what structure is in place to manage the Project and track usage, costs, maintenance, etc., over time (e.g. agreement with County Department of General Services, contractor consultant, etc.)"

County's General Services/Architectural Services Division will manage the project, and track usage, costs, maintenance, etc., over time.

Exhibit 6

SAMPLE PROJECT TIMELINE

Project Name: Mental Health Recovery Services

Site Address: 20 Allen St., Martinez Date: February 2010

Both columns should be filled in with dates unless they do not apply to your Project. For instance, mark "NA" in the Start Date if the Development Step does not apply to your Project. (i.e., if acquisition: "Acquire building permit from building authority" will be N/A)

Development Step		Start Date (mm/dd/yy)	Completion Date (mm/dd/yy)
Community Program Planning Process	30-day circulation of draft	2/17/2010	3/19/2010
	Public hearing, if required	N/A	N/A
Acquire development site or facility (circle one) Through purchase		N/A	N/A
Acquire building permit from building authority		N/A	N/A
Financing closing		N/A	N/A
Construction contract execution		3/1/2011	N/A
Construction/Renovation start up		4/1/2011	N/A
Construction/Renovation completion		N/A	10/1/2012
Acquire Certificate of Occupancy (submit legible copy)		10/15/2012	N/A
Occupancy start up		11/1/2012	N/A
Other			

Exhibit 7

ANNUAL STATUS REPORT

For Each Capital Facilities Project Proposal

PROJECT INFORMATION					
Project Name: Mental Health Assessment and Recovery Center				County: Contra Costa	
Report Period: 7/1/09 to 6-30-10					
Project Status: <input type="checkbox"/> On Schedule <input type="checkbox"/> Within Approved Budget <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Over Budget <input checked="" type="checkbox"/> Behind Schedule				Project Start Date: To Be Determined Project End Date: To Be Determined	
Project Objectives: To provide voluntary urgent care services for all ages.					
MAJOR MILESTONE STATUS					
Project Phase	Planned Start	Actual Start	Planned Completion	Actual Completion	Status
Community Program Planning Process and/or Local Review Process			4/5/10		COMPLETED
Acquire development site or facility (circle one) through purchase					COUNTY OWNS PROPERTY AT 20 ALLEN ST. MARTINEZ, CA
Acquire building permit from building authority	TBD				
Financing closing	TBD				
Construction contract execution	TBD				
Construction/Renovation start up	TBD				
Construction/Renovation completion	TBD				
Acquire Certificate of Occupancy (submit legible copy)	TBD				
Occupancy Start up	TBD				
Other					

Exhibit 7 continued

Performance Measurement Category	Cost: Planned to Date	Cost: Actual to Date	Estimate to Complete (ETC)
Project Expenditures			
Architectural & Engineering (A&E) Expenditures			
Construction			
Rehabilitation/Renovation of Existing Structures			
Project Management/Administration	\$500,000		
Other Project Expenditures (please describe) Project Contingency			
Total Ongoing Operating Expenses			
Total Ongoing Operating Expenses			
Total Project Costs			
Notes:			

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C
1	DATE	MEETING	OUTCOME	
2	3/18/2008	State Department of Mental Health Issues DMH Guidelines for Capital Facilities and Technological Needs Component	Funding through MHSA is made available for Capital Facilities and Technology Needs.	
3	4/8/2008	Board of Supervisors Meeting	BOS Requested MH Commission review and make recommendations regarding establishing a separate psychiatric site, and a proposal that health and mental health services at detention facilities be provided by private sector firms.	
4	4/17/2008	Special MHC Meeting Minutes	ACTION: To accept in concept the Multi-Program Psychiatric Campus, requesting that the following concerns be addressed in the planning process: Assurance of quality of care standards; people in need have a place to go; children are considered in the process; there be a good partnership in planning with mental health and others; and request that the Mental Health Commission receive updates and at least one commissioner sits on the partnership in planning process. Motion carried 6-1-0	
5	4/22/2008	Letter from MH Commission Interim Co-Chair to the Board of Supervisors	Letter outlined action taken at Special MH Commission Meeting of 4/17/08 regarding recommendations regarding HSD proposal to develop a new multi-program psychiatric campus.	
6	4/22/2008	Board of Supervisors Meeting	ACTION: Approved moving forward with financial feasibility stage of the psychiatric campus project, approval included 1) option to purchase 20 Allen, 2) performing a building evaluation of site, and 3) issuing an RFP for CBO to run the program, 4) closing or down-sizing the inpatient unit at CCRMC.	
7	4/24/2008	Mental Health Commission Meeting	MH Director reported that planning group around separate psychiatric unit will be put together for the purpose of crafting a future together.	
8	5/8/2008	Letter to Board of Supervisors from Dr. Walker and Mr. Godley	Letter regarding the acquisition of 20 Allen Street for new psychiatric facility. Prepared for close session on 5/13/2008.	
9	5/13/2008	Board of Supervisors - Closed Session Meeting	Regarding Conference re: 20 Allen Street	
10	7/22/2008	Board of Supervisors Meeting	BOS approves option to purchase agreement for 20 Allen Street	
11	10/17/2008	MH Commission Retreat Minutes	ACTION: Recommended MHC involvement in planning for PHF; Chair to appoint 5-person subcommittee from MH Commission to work on this effort.	
12	10/23/2008	Mental Health Commission Meeting	REPORT: MHSA Program Manager provides update on all MHSA components, including Capital Facilities and Technology Needs Component Proposal, to be posted for public comment within the next several weeks.	

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C
1	DATE	MEETING	OUTCOME	
13	11/7/2008	Report to Board of Supervisors	Report regarding proposed new psychiatric health facility feasibility report.	
14	11/13/2008	MHSA Stakeholder Workgroup Meeting	Stakeholder Workgroup meets to review Capital/Technology Plan, Capital Section (3 MH Commissioners, 2 staff)	
15	11/20/2008	MH Commission Meeting Minutes	REPORT: Jacque McLaughlin reported that the MH Director held one meeting with PHF Workgroup. There were questions about membership of the workgroup from the MH Commission.	
16	11/24/2008	MHSA Stakeholder Workgroup Meeting	Meeting of MHSA Stakeholders to review Capital Facility/Technology Need, Capital Section (2 MH Commissioners, 2 Staff)	
17	12/1/2008	Report to Board of Supervisors	Feasibility Report for Proposed New Mental Health Recovery Services - Final Report	
18	12/15/2008	MHSA Stakeholder Workgroup Meeting	Stakeholder Workgroup meets to review Capital/Technology Plan, Capital Section (4 MH Commissioners, 2 staff)	
19	12/29/2008	MHSA Stakeholder Workgroup Meeting	Stakeholder Workgroup meets to review Capital/Technology Plan, Capital Section (3 MH Commissioners, 1 staff)	
20	12/9/2008 - 1/22/2009	Public Comment Period	Capital Facility and Technology Needs Component Proposal posted for public review and comment period from 12/9/2008 through 1/22/2009. Two comments received, 1 comment for more housing, 1 comment positive.	
21	1/1/2009	Feasibility Study Report to Board of Supervisors	Feasibility Study, Including Building Evaluation of Property, Completed	
22	1/12/2009	MHSA Stakeholder Workgroup Meeting	Stakeholder Workgroup meets to review Capital/Technology Plan, Capital Section (2 MH Commissioners, 2 staff)	
23	1/22/2009	MH Commission Meeting Minutes	REPORT: MHSA Program Manager reported on the process for submitting the Capital Facility and Technology Need Component Proposal.	
24	1/22/2009	MH Commission Special Meeting - Public Hearing	Three draft MHSA component plans were presented for the Public Hearing: Workforce Education & Training; Prevention & Early Intervention; Capital Facility and Technology Need Component Proposal	
25	1/25/09	Memorandum from HSD Director and MH Director to Board of Supervisors - Family and Human Services Committee	Overview/Update to Board of Supervisors Family and Human Services Committee regarding the planning process for 20 Allen Street.	
26	2/5/2009	Letter from State Department of Mental Health	State DMH Approves CCCounty Mental Health Capital Facility and Technology Need Component Proposal	

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C	
1	DATE	MEETING	OUTCOME		
27	2/12/2009	MHSA Stakeholder Workgroup Meeting	Meeting of MHSA Stakeholders to review Capital Facility/Technology Need, Capital Section (4 MH Commissioners, 2 Staff)		
28	2/25/2009	MHSA Stakeholder Workgroup Meeting	Meeting of MHSA Stakeholders to review Capital Facility/Technology Need, Capital Section (4 MH Commissioners, 1 Staff)		
29	2/26/2009	MH Commission Meeting Minutes	<u>REPORT:</u> The PHF Workgroup requested information from the MH Director on PHF assessment. <u>ACTION:</u> Motion approved to send letter to MH Director requesting information.		
30	3/3/2009	Report	Campus Master Plan Update for CCRMC to Address 20 Allen Street Parking Issues		
31	3/20/2009	RFP Issued by CCHS	RFP Issued by CCHS for Free-Standing Psychiatric Campus, Facility and Services		
32	3/26/2009	MH Commission Meeting Minutes	<u>REPORT:</u> The PHF Workgroup reported that received response to their request for information on PHF assessment from MH Director. The letter was sent from MH Commission to Mr. Godley. MH Director reported that MHSA funds cannot be used for a PHF.		
33	4/1/2009	Board of Supervisors Finance Committee Meeting	<u>REPORT:</u> Report from HSD re: Feasibility Study Status Report		
34	4/6/2009	Bidder Conference	Mandatory Bidder's Conference for Freestanding Psychiatric Campus		
35	4/23/2009	MH Commission Meeting Minutes	<u>REPORT:</u> The Capital Facilities and Projects Workgroup reported with a timeline regarding PHF requests for information. <u>ACTION:</u> Draft a letter to BOS requesting a decision to hold off on any further action until stakeholder process is basically restarted. A second letter will be drafted expressing MH Commission concerns. <u>REPORT FROM MH DIRECTOR:</u> Circulated information provided to the BOS Finance Committee on 4/1/2009.		
36	4/27/2009	Letter to Supervisor Bonilla, from MH Commission Chair	MH Commission requested stop further progress on Capital Projects portion of MHSA, and require stakeholder process be restarted, and that it reflect input of consumers and families.		
37	4/30/2009	MH Commission Planning Meeting Minutes	Report and discussion of PHF - no action taken.		
38	5/1/2009	RFP Deadline	Vendor Response Deadline		
39	5/6/2009	Letter from MH Director to Supervisor Bonilla, Chair, Board of Supervisors	Response to Peter Mantas Letter from 4/27/2009		

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A	B		C
1	DATE	MEETING	OUTCOME
40	5/28/2009	Capital Facilities Focus Group with Mental Health Consumers - Central County	7 MH Consumers, 1 MH Commissioner, 2 observers - focus group regarding capital facilities.
41	6/2/2009	MHSA Community Input Meeting	Community Input Meeting on all MHSA Components, Bay Point
42	6/4/09	CPAW Regular Meeting	The Draft Information Technology Project Proposal was presented, and reviewed, and ACTION: Recommend Approval of the draft Information Technology Project Proposal. It will be posted for public review and comment for 30 days.
43	6/12/2009	Capital Facilities Focus Group with Mental Health Consumers - West County	8 MH consumers, 1 MH Commissioner, 1 Observer - focus group regarding capital facilities
44	6/17/2009	MHSA Community Input Meeting	MHSA Community Input Meeting in San Pablo, regarding all MHSA Components
45	6/18/2009	Capital Facilities Focus Group with Mental Health Consumers - East County	7 MH consumers, 1 MH commissioner
46	6/20/2009	MHSA Community Input Meeting	MHSA Community Input Meeting in Pleasant Hill, regarding all MHSA components
47	6/22/2009	Capital Facilities Focus Group with Central County Family Members	12 Family Members, including 3 MH Commissioners
48	6/23/2009	Capital Facilities Focus Group with West County Family Members	7 Family Members, including 1 MH Commissioner, 1 Board and Care Operator
49	6/30/2009	Capital Facilities Focus Group with East County Family Members	3 MHCC Staff, 1 MH Consumer, 1 MH Commissioner, 1 Room and Board Operator
50	7/9/09	Commissioner Pereyra Report Re: Family Focus Group of 6/22/2009	<u>REPORT</u> to MH Commission regarding Family Focus Group re: Capital Facilities Input of 6/22/2009.
51	7/9/09	Commissioner Pereyra Report Re: MHSA Community Input Meeting, 6/29/2009	<u>REPORT</u> to MH Commission regarding MHSA Community Input Meeting of 6/29/2009 re: all MHSA Components

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C
1	DATE	MEETING	OUTCOME	
	7/9/09	MHC Vice Chair Pasquini Report Re: Consumer & Family Focus Groups on Proposed Capital Facilities Project at 20 Allen in Martinez, Held on 6/12/2009, 6/22/2009, 6/23/2009	Report to MH Commission Regarding Consumer and Family Focus Groups held on three dates regarding proposed Capital Facilities Project at 20 Allen Street, Martinez. Report contained a series of recommendations to the MH Commission, with a series of questions.	
52	7/9/09	MHC Vice Chair Pasquini Report Re: Consumer & Family Input Forums on Psychiatric Pavilion, 6/18/2009 and 6/30/2009	REPORT to MH Commission Regarding MHCC Consumer and Family Input Forums re: the 20 Allen Street.	
53	7/9/09	MHC Capital Facilities Workgroup Report Re: Information Required of MH Director	REPORT from MH Commission Capital Facilities Workgroup Chair, listing requested information of the MH Director.	
54	7/9/09	Summary of June 18, 2009 Conversation Between Commissioner Honegger and MH Director	REPORT from MH Commission Capital Facilities Workgroup Chair, relaying conversation with MH Director via phone call on 6/18/2009.	
55	7/9/09	Letter from MHC Chair, Peter Mantas to Supervisor Bonilla, Chair	Letter to Supervisor Bonilla Regarding May 6, 2009 Letter	
56	7/9/09	MH Commission Meeting Minutes	REPORT from MH Commission Capital Facilities Workgroup Chair, report from Dr. William Walker, discussion and dialogue regarding the Pavilion. Action: Proposed Meeting in August 2009 regarding PHF to get all information out on the table, with 2-step approach, full presentation to the MH Commission, and then decide to go forward with a Town Hall meeting.	
57	7/20/09	Board of Supervisors - Health and Human Services Committee Meeting	MH Director and HS Chief Financial Officer, Mr. Godley presented a review of programs services to be provided at the Mental Health Pavilion	
58	7/21/2009	Letter	Letter referenced 4/17/2008 Mental Health Commission Meeting Minutes	

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C	
1	DATE	MEETING	OUTCOME		
60	8/13/09	Commissioner Pereyra Comments for MHC 8/13/2009 Meeting Re: Capital Facilities Workgroup	List of questions posed by MH Commissioner Pereyra to be answered prior to RFP issuance.		
61	8/13/09	Commissioner O'Keefe Comments for MHC 8/13/2009 meeting	List of stipulations posed by MH Commissioner O'Keefe in contracts for PHF>		
62	8/13/09	Commissioner Honegger Comments for MHC 8/13/2009 meeting	List of stipulations posed by MH Commissioner Honegger in contracts for PHF.		
63	8/13/09	Commissioner Pasquini Comments for MHC 8/13/2009 Meeting	Comments from MH Commissioner Pasquini following the BOS Health and Human Services Committee meeting of 7/20/2009		
64	8/13/09	Copy of Email from Commissioner Honegger to HSD Director and MH Director	Requested copies of the five proposals received by the county as a result of the RFP process.		
65	8/13/09	Letter from Commissioner Honegger to all Board of Supervisors	Commissioner acknowledged to Board of Supervisors their acknowledgement of the MH Commission's role in the Capital Facility planning process.		
66	8/13/09	Exchange of E-mails between Commissioner Pasquini and State DMH	Exchange of emails regarding MH Commission's concerns regarding restarting the stakeholder process around Capital Facility planning.		
67	8/13/09	Email from Sr. Deputy County Administrator Sansoe to MH Commission Members	Provided Summary of Board Committee Meetings.		

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

		C	
A	B	C	
1	DATE	MEETING	OUTCOME
	9/3/09	Mental Health Commission - Special Meeting	ACTION: Designate CPAW and the MHC 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 Board of Supervisors. This discussion might be influenced by budget considerations to be announced 9/15/2009 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. Subsequent Action: The public Forum tentatively scheduled for 9/30/09 was tabled until further work completed.
68			
	9/24/09	MHC/CPAW Joint Capital Facility Workgroup	Agreed upon the charge for MHC/CPAW Joint Capital Facility - charge: "For MHC Capital Facilities Workgroup members and CPAW members (up to 4) to review options and alternatives (including the 20 Allen Street as one option) for capital facilities and technology needs for mental health services in Contra Costa County with an open mind/no pre-conceived ideas. Those options would be brought back to the full MH Commission for their recommendations to MHA and BOS".
69			
	10/5/09	MHC/CPAW Joint Capital Facility Workgroup	Agreed upon report mechanism to MH Commission and CPAW each month, and to draft survey questions for a needs assessment survey.
70			
	10/19/09	MHC/CPAW Joint Capital Facility Workgroup	Approved revisions to the draft needs assessment survey, and also agreed to post all materials from the Workgroup to the MHA website for review of public. The Workgroup also approved and agreed upon a timeline for rolling out the needs assessment survey.
71			
	10/23/09	Report to Joint MHC/CPAW Capital Facilities/IT Workgroup from GSD	Report of vacant county office space listing as of 10/23/2009. It didn't appear that there were many options available, since the county has been moving many of its offices from leased space into county-owned property, thereby leaving very little space available for other use.
72			
	11/2/09	MHC/CPAW Joint Capital Facility Workgroup	Agreed to go back to CPAW and ask about the original charge of the workgroup.
73			

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C	
1	DATE	MEETING	OUTCOME		
	11/5/09	CPAW Regular Meeting	REPORT from Member Crawford on the 10/17/2009 Joint MHC/CPAW Capital Facility Workgroup. MH Director provided update on 20 Allen proposal as currently configured, with space for specific children and older adult services in the assessment and recovery center. Lengthy discussion about process, and agreement that CPAW members who could, would attend the next joint MHC/CPAW Capital Facility/IT Workgroup for some discussion about continuing to meet jointly.		
74					
75	11/16/09	MHC/CPAW Joint Capital Facility Workgroup	No actions taken.		
76	12/3/09	CPAW Regular Meeting	MH Director reported on 20 Allen Street Property Negotiations, and CPAW established an ongoing Capital Facilities/IT Committee with the charge of bringing the peer and family perspective to the program design for both components, including increased access to services. The MH Commission representative to CPAW also reported from the MHC/CPAW Joint Capital Facility Workgroup meeting with update on the needs assessment survey/questionnaire.		
77	12/17/09	CPAW Capital Facility/IT Committee Meeting			
78	12/28/09	Memorandum from HSD Director to Board of Supervisors Finance Committee	Overview/Update to Board of Supervisors Finance Committee Regarding 20 Allen Street Planning Update.		
79	1/6/10	Capital Facilities and Information Technology Needs Assessment Survey Results	The Survey Results from the Capital Facilities and Information Technology Needs assessment (completed by county staff, cbo's)		
80	1/14/10	MHC/CPAW Joint Workgroup Report to MH Commission	The workgroup received update from MH Director on current status of 20 Allen Street parcel, received update on the needs assessment survey, and received an update from the CPAW meeting of 12/3/2009.		
81	1/14/10	MHC Capital Facilities/IT Workgroup Report to MH Commission	Summarized report from MHC Capital Facilities/IT Workgroup Report to Mental Health Commission		



February 17, 2010

Go Beyond!

Mental Health Services Act Update



Contra Costa Mental Health Division is seeking public comment on the Mental Health Services Act (MHS) Capital Facilities Project Proposal

The 30 day public comment period begins on February 17, 2010, and ends on March 19, 2010

The Capital Facilities Project Component Proposal follows. The Executive Summary Project Proposal and the public comment form are available on the CCHS website on the Mental Health Division's MHS page at: http://www.cchealth.org/services/mental_health/prop63/capital_facilities_it.php

Copies of the Capital Facilities Project Proposal also are available at the CCHS Mental Health Administration Offices, located at 1340 Arnold Dr., Suite 200, Martinez, CA 94553. The public may also request a copy of the proposal sent via mail by calling 925-957-5150.

Comment should be using the MHS Capital Facilities Project Proposal Public Comment Form, and can be hand delivered or mailed to CCHS Mental Health Administration, MHS Program Manager, 1340 Arnold Dr., Suite 200, Martinez, CA 94553. The public can also send comments via email to or fax:

MHS@hsd.cccounty.us

Fax:

(925) 957-5156

The Capital Facilities Project Proposal is a part of the Capital Facilities & Technological Needs Component of MHS which Contra Costa Mental Health is conducting a community planning process. For questions, please contact:

MHS Program Manager
(925) 957-5114; mhsa@hsd.cccounty.us



Contra Costa County
 Mental Health Division
 Mental Health Services Act Administration
 1340 Arnold Drive Suite 200
 Martinez, Ca 94553

Phone: (925) 957-5150

E-mail: mhsa@hsd.cccounty.us

MHSA Draft Capital Facilities Project Proposal
30 Day Public Comment Form
 (Posting 2/17/10 through 3/19/10)

PERSONAL INFORMATION

Name			
Agency/Organization			
Phone number		E-mail	
Mailing address (street)			
City, State, Zip			

MY ROLE IN THE MENTAL HEALTH SYSTEM

<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state)

COMMENTS
 (Please reference the section of the Plan that your comment(s) pertain to)

County of Contra Costa
Mental Health Services Act (MHSA)
MHSA Capital Facilities Project Proposal – Tracking of Public Comments & Responses
Public Comment Compiled

MHSA Capital Facilities Project Proposal – Input from public & stakeholder comments, and from public hearing, for the period February 17, 2010 through March 19, 2010 and during the public hearing on April 5, 2010.

Reading from left to right: the first column references the comment number, the second column contains the section of the plan referenced in the comments, the third column shows stakeholder name, the fourth column identifies the public comment and/or stakeholder input, and the fifth column provides the County MHSA team response, and whether or not any substantive changes in the plan were made.

30-Day Public Comment Period (2/17/10 to 3/19/10)

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
			There were no Public Comments received for the MHSA Capital Facilities Project Proposal during the 30-Day Public Comment period.	

Public Hearing Comments (4/5/10)

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
1	Entire Plan	Ralph Hoffman, NAMI member, member of the public.	Would very much like to recommend for consideration as a location that is very transportation-friendly, the new Pleasant Hill Transit Village, at Pleasant Hill BART. There are about a dozen buses that serve that area as well and there will both commercial and residential buildings that are going to be opening this Spring in one big complex, both for purchase and lease. I understand this (funding) is for purchase only. Route 19 serves Concord John Muir, Route 18 serves CCRM, Route 15 serves MHCC in Concord; it would be a very good location for a number reasons. It would be new construction so it would be in very good condition, for earthquakes and there are Section 8 housing requirements in transit villages. Down the road, there are transit villages planned for Walnut Creek and concord. You may be particularly interested in Concord, but they both have about the same number of buses serving those transit villages. These 3 locations that we have planned for Transit Villages are designed because they are extremely transit accessible by all kinds of people.	While no change was made to the project proposal as a result of the comment by Mr. Hoffman, it was acknowledged that for future MHSA planning efforts, that location of mental health facilities near transit villages be considered, if there is land/space available, and there is funding for such. In the case of the proposed Assessment and Recovery Center, placement on existing and county owned property was an important factor in the plan recommendation.
2	Entire Plan	Janet Wilson, Director of	I am the Director for Patient's Rights for Contra Costa with Mental	

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
		Patient's Rights, Mental Health Consumer Concerns	<p>Health Consumer Concerns, and I came and stayed to speak in support of Crisis Residential Facility, which was under consideration but now is not, due to ARC. I think I may have a sense of why, because of all the accessibility of the ARC maybe taking more space for Children, Adults and Older Adults. Still, I really wanted to put it out there how important a transition crisis residential service would be to our county. We only have one, Neireka, it's over used, it has limited capacity, and it would just be so important to the continuum of care in the County, for those wishing and willing to avoid acute hospitalization and everything that that means, from seclusion and restraint to forced medication to everything that an involuntary hold means, for those wishing to avoid that, and able to avoid that, when outpatient care isn't sufficient. I want to bring attention to an article put out by the California Mental Health Planning Council on crisis residential programs. It was put out by the Adult System of Care Subcommittee of Crisis Residential Study report, it's a 7 page document, but I wanted to read the ending paragraph. "Recovery, resilience, wellness and community have always been the cornerstones of the crisis residential program model and they are entirely congruent with federal and state mandate for community based mental health services. The economy and effectiveness they represent makes the need to mainstream them in the community as an essential priority for every County mental health department starting the two worlds of human needs and fiscal constraints. Finally, Crisis program are a time-tested, yet long under-utilized model, whose time has come."</p> <p>Based on last week's kaizen study, which took time and motion study of the emergency department 5150s and Crisis Stabilization Unit, one of the problems noted was the whole system is under resourced, "the care of patients presenting to CCRMC for behavioral health needs is provided in a complex, sometimes disorganized, and under-resourced community environment". This would really be an important aspect of the continuum of care, if only it would not be left behind, if only there were not space considerations. Lastly, I do understand the need for the money for the technology. I really do understand that, for the needs of the mental health division to do its Medicare and Medi-cal billing, but I wish that the Crisis Residential would not be left behind. It'd be an important aspect of the continuum of care. Wish the CR would not be left behind.</p>	<p>While no change was made to the project proposal as a result of the comment, staff acknowledged that the information provided is important to the continued advocacy and need for a crisis residential facility (in addition to the one existing CRF, Neireka).</p> <p>Mental Health Staff also acknowledge the importance and strong need for an additional Crisis Residential Facility, however, there isn't enough remaining MHSA Capital Facilities funds to construct a CRF. Construction/addition of another CRF would require funding outside of Mental Health Services Act.</p>

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
3				
4	Entire Plan	Brenda Crawford, Executive Director, Mental Health Consumer Concerns	<p>I don't really need to say much more, since Janet so eloquently stated the need for a Crisis Residential, and I am so proud to be her co-worker. There's just a need. There's a need for alternative services in the county. We are not talking as though there isn't a need for an electronic health record, we all know the benefits that and we all know the benefits of upgrading a IT system, but for MH consumers not to have choice between involuntary commitment and place to go that would allow them the freedom that is recovery-based, in a county that is known for its creativity and courage, I can't fathom why that was taken off the table. I personally intend to go to Phoenix to experience it myself, in real time. I'm trying to work out the details of having them sort of admit me so I would know. I also know from an intellectual and heart level, that we need to create more opportunities for our consumers that we currently have.</p>	<p>Staff agreed that there is a need for more Crisis Residential facilities in the County.</p> <p>No change was made to the project proposal as a result of the comment.</p>
5	Entire Plan	Helen Geddes, member of the public	<p>I wanted to piggy back on the Crisis Stabilization Unit that Brenda brought up, I think it's something near and dear to my heart, having alternatives to hospitalization in Contra Costa is something that I'd like to see more of.</p>	<p>Staff acknowledged that there is a need for more alternatives to hospitalization in Contra Costa County. However, there are limited funds under MHSA to provide capital facilities to support MHSA programs. No change was made to the project proposal as a result of the comment.</p>

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
4		Mental Health Commission	<p>After the public comment was closed, the Mental Health Commission members commented on the Capital Facilities Project Proposal. The discussion/comments of the Mental Health Commission members are attached to this compiled document.</p> <p>Mental Health Commission Motion, 6-0:</p> <p>Motion made to approve the Capital Facilities Project Proposal only with the condition that there is a commitment by the County that the Crisis Residential Facility is not just placed on the table but acted on appropriately, and on the minor conditions that substantive comments be brought up and included in the Plan by MHA</p>	<p>The MHA integrated stakeholder advisory group (CPAW) to the Mental Health Director recommended that \$4.0 million of the MHA Capital Facility/Technology Needs allocation be used (for capital facilities) for mental health services facility at 20 Allen Street, Martinez, to include 24/7 (Involuntary-Non-MHSA Funded) and voluntary discreet services for children; voluntary discreet services for older adults; voluntary services for adults; and for a 16-bed recovery oriented crisis residential facility (CRF), including discreet dual diagnosis.</p> <p>Staff advised the Mental Health Commission that the recommendation from stakeholders for both an Assessment and Recovery Center and also for a Crisis Residential Facility was forwarded by the Mental Health Director to Health Services Department Director and Fiscal Officer.</p> <p>Staff also clarified that the \$4.0 million available from the MHA Capital Facilities Funding would construct only an Assessment and Recovery Center, which was included in the Capital Facility Project Proposal presented this evening, and any funding over and above that (for a CRF) would require the Health Services Department seeking additional funds.</p> <p>Staff also clarified to the Mental Health Commission that development and construction of a Crisis Residential Facility (CRF) would be more than the \$4.0 million</p>

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
				<p>available under the remaining MHSA Capital Facility allocation, therefore because the construction cost of the CRF would exceed the available MHSA funding, Board of Supervisor Approval will still be required, and the Board and the Health Services Department, would still have to find additional funding for same.</p> <p>The documentation of the MH Commission discussion (per their unadopted Public Hearing Minutes of 4/5/10) will be included in any program or campus design discussions in the future.</p> <p>No change was made to the project proposal as a result of the comment.</p>

Contra Costa Mental Health Commission
Public Hearing - Capital Facilities Project Proposal
4/5/10 - 6:30pm to 8:30pm
Public Comment and Mental Health Commissioner Comment

4. PUBLIC COMMENT ON PLAN

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.

Ralph Hoffman: Would very much like to recommend for consideration as a location that is very transportation-friendly, the new Pleasant Hill Transit Village, at Pleasant Hill BART. There are about a dozen buses that serve that area as well and there will both commercial and residential buildings that are going to be opening this spring in one big complex, both for purchase and lease. I understand this (funding) is for purchase only. Route 19 serves Concord John Muir, Route 18 serves CCRMC, Route 15 serves MHCC in Concord; it would be a very good location for a number reasons. It would be new construction so it would in very good condition, for earthquakes and there are Section 8 housing requirements in transit villages. Down the road, there are transit villages planned for Walnut Creek and Concord. You may be particularly interested in Concord, but they both have about the same number of buses serving those transit villages. These 3 locations we have planned for Transit Villages are designed because they are extremely transit accessible by all kinds of people.

Chairperson Mantas: As a point of clarification, the location is not up for debate, right? It's 20 Allen. There's no other provision to look at any other location outside of that.

MHSA Program Manager: Correct, because the county owns the property.

Ralph Hoffman: I'm mainly talking about how this is a 3-year project and this may be getting more funding down the road?

MHSA Program Manager: No, it's allocated for a 10 year period.

Janet Wilson: I am the Director for Patient's Rights for Contra Costa with Mental Health Consumer Concerns, and I came and stayed to speak in support of a Crisis Residential Facility (CRF), which was under consideration but now is not, due to the ARC. I think I may have a sense of why, because of all the accessibility of the Assessment and Recovery Center (ARC) maybe taking more space for Children, Adults and Older Adults. Still, I really wanted to put it out there how important a transitional crisis residential service would be to our county. We only have one, Neireka, it's over used, it has limited capacity. It would just be so important to the continuum of care in the County, for those wishing and willing to avoid acute hospitalization and everything that that means from seclusion and restraint to forced medication to everything that an involuntary hold means, for those wishing to avoid that, and able to avoid that, when outpatient care isn't sufficient. I want to bring attention to an article put out by the California Mental Health Planning Council on crisis residential programs. It was put out by the Adult System of Care Subcommittee of Crisis Residential Study report, it's a 7 page documents, but I wanted to read the ending paragraph. "Recovery, resilience, wellness and community have always been the cornerstones of the crisis residential program model and they are entirely congruent with federal and state mandate for community based mental health services. The

economy and effectiveness they represent makes the need to mainstream them in the community as an essential priority for every County Mental Health Department startling the two worlds of human needs and fiscal constraints. Finally, Crisis programs are a time-tested, yet long under-utilized model, whose time has come."

Based on last week's Kaizen study, which took time and motion study of the Emergency Department 5150s and Crisis Stabilization Unit, one of the problems noted was the whole system is under-resourced, "the care of patients presenting to CCRMC for behavioral health needs is provided in a complex, sometimes disorganized, and under-resourced community environment". This would really be an important aspect of the continuum of care, if only it would not be left behind, if only there were not space considerations. Lastly, I do understand the need for the money for the technology. I really do understand that, for the needs of the Mental Health Division to do its Medicare and Medi-Cal billing, but I wish that the Crisis Residential would not be left behind. It'd be an important aspect of the continuum of care. Wish the CRF would not be left behind.

Brenda Crawford: I don't really need to say much more, since Janet so eloquently stated the need for a Crisis Residential, and I am so proud to be her co-worker. There's just a need. There's a need for alternative services in the County. We are not talking as though there isn't a need for an electronic health record; we all know the benefits of that and we all know the benefits of upgrading a IT system, but for mental health consumers not to have choice between involuntary commitment and a place to go that would allow them the freedom that is recovery-based, in a county that is known for its creativity and courage, I can't fathom why that was taken off the table. I personally intend to go to Phoenix to experience it myself, in real time. I'm trying to work out the details of having them sort of admit me so I would know. I also know from an intellectual and heart level, that we need to create more opportunities for our consumers than we currently have.

Helen Geddes: I wanted to piggy back on the Crisis Stabilization Unit that Brenda brought up, I think it's something near and dear to my heart, having alternatives to hospitalization in Contra Costa is something that I'd like to see more of.

5. CLOSE PUBLIC COMMENT ON PLAN

6. MHC COMMENT ON THE PLAN

Commissioner Pereyra: I was very, very surprised when I went back and read the documentation, because I was involved in the split of IT and Capital Facilities funds. We were assured, even at that meeting with the CFO before the Board of Supervisors, that the funding was still going to be available for the CRF, that if the split of changed, so that more funds went into the IT component, which got an additional 4 million dollars, that the Pavilion Project, and Donna has now told me to not call it a 'pavilion', but that is what they referred to it all along, they assured us the Crisis Residential was still part of the package. Now in reading this, it says *if* the CRF is approved by the Health Services and the Board of Supervisors, and I almost feel like we got snookered, because we thought, all the people who were participating in the Capital Facilities and IT, that we were getting the Crisis Residential, that the only thing that had dropped off was the Psychiatric Health Pavilion. Yet, at the same meeting, before the Health and Human Services (Committee), I did hear Donna Wigand say that the Psychiatric Health Pavilion was back on the back burner, which means that they are still considering the PFH and quite frankly, if it ends up that we lose the CRF and end up with a PHF, I'm going to be ballistic, because it was not what we were told. We were told that if the Mental Health Director and if the County

Administrator's Office has stated that this is the way it's going to be that we had to trust them that they would keep the CRF as a part of the package.

MHSA Program Manager: I want to give you some clarification. I actually tried to clarify this when Brenda Crawford brought this up at CPAW, and I said the 16-bed CRF is not off the table. I tried to say it then, and I'm going to repeat it again. I know that it is on the table. The reason that the plan was written the way it was is because any Capital Facilities construction has to be approved by the Board of Supervisors. That's why we were told we had to say 'if', because we don't have a crystal ball, we don't know what the Board of Supervisors will do. So everything that we do around Capital Facilities is pending whatever the Board of Supervisors wants to do, even requesting this money, they still have to approve the Capital Facility. That's all I have to say, the CRF is not off the table. Suzanne Tavano probably knows more about it, since I haven't been going to those meetings.

MH Deputy Director: I don't know anything more about it.

Chairperson Mantas: If we can refrain from this rebuttal, we'll go ahead and hear more Commissioner comments and come back.

Vice Chair Pasquini: Is there a quick clarification that you'd like to make, Suzanne?

MH Deputy Director: It wasn't a rebuttal actually. As you all know, I very much supported Crisis Residential and I don't think it hurts to advocate for it. We need it.

Vice Chair Pasquini: My understanding was that it wasn't in the plan, and so I understand Commissioner Pereyra's frustration. We sat in so many meetings and tried to work through it all, so I won't be recommending the ARC over the CRF. And Janet Wilson spoke very well of the California Mental Health Planning Council document that came out just last week, and actually, I'm not sure that you referred to the peer-run services, that they are emphasizing peer-run crisis residential programs. Based on our experience last week at Regional (CCRMC) and being embedded in the CSU (Crisis Stabilization Unit) and watching the number of hours that our consumers are waiting for beds, and whether they are in-patient beds or transitional beds. We don't need to have consumers waiting in a Crisis Stabilization Unit longer than necessary, when we have the ability to offer an alternative. I absolutely support everything that Janet said, and definitely would recommend the CRF over the ARC, if we have to prioritize. If we get one or the other, that would be my recommendation.

Commissioner Pereyra: I did notice that in paperwork that we got, that it is stated that \$2 million/yr out of CSS would go to repair and maintenance of the facility, and then another \$500K for program management. Is there that much wiggle room in CSS that you are going to be able to come up with 2 million dollars a year? Is it going to mean that there's less funding available?

MHSA Program Manager: If an individual is a Full Service Partner (FSP) and they are going to use this facility, this facility has to support MHSA supported programs and individuals like a FSP, whether a child, TAY, or Adult, that operating expense has to be covered out of CSS funds, so up to 2 million has been set aside for that purpose.

Commissioner Pereyra: It specifically stated that 2 million per year would be used out of CSS.

MHSA Program Manager: You were looking at the Component Proposal part of the package, which was included. When we did the Component Proposal that was a part of it. It was part of the Component Proposal, occurred 14 months ago, and had to be provided in this Plan. The Plan is updated; everything is included on the budget page.

MHSA Program Manager: Just so you all know, the recommendation from the stakeholders to do both the Mental Health Assessment and Recovery Center (ARC) and the Crisis Residential Facility (CRF) did go to Health Services. And my understanding is that a Board Order will be drawn, and it'll be up to the Board of Supervisors to make that decision about how that gets funded. But they do know and are very aware that there is strong support for a CRF. As soon as we

know that the Board Order is ready, we will let you know. It's supposed to be coming up very soon; we actually thought it would happen before this public hearing.

Commissioner Overby: It's going to cost \$600,000 for an architect to design a 6000 sq foot building, and \$400,000 for landscaping. I'm wondering if these architectural fees include some extension later, for adding another unit or something? Isn't that out of portion?

MHSA Program Manager: We requested \$200,000 in pre-development because through the architect, we also have to do the local environmental. I can't remember the term for it, but a lot of it is picked up by the architect and contracted through the architect. They have to get soil engineering and do assessment before building.

Commissioner Overby: Are they going to be tearing down the existing building and doing some landscaping?

MHSA Program Manager: I would think they would have to tear down the existing building eventually. If you see the property right now, there's parking lot, there's a building off to one side up the hill. So whether the existing building needs to be demolished for this construction has to be determined; that's not included in this.

Vice Chair Pasquini: What the Commission may want to know and I believe I'm correct is that I believe that the 20 Allen Project was part of the Hospital Master plan for hospital. I believe there were plans to purchase that property, initially that plan included the Psychiatric Pavilion.

MH Deputy Director: No, it's not a part of Contra Costa Regional Medical Center's Master Plan, but when the property was being assessed, they did all of the surveys, etc., and the property is large enough to hold all 3 of the original projects that were discussed: the PFH, the ARC and the CRF. This would be apart from the hospital campus.

Vice Chair Pasquini: The parking situation involved with 20 Allen is linked with the Master Plan in some way. There are also trees coming down too. There's a little bit of scuttlebutt going on about the trees on CCRMC's campus.

Commissioner McKindley-Alvarez: What was the purpose of the Mental Health ARC – the Assessment Recovery Center for children and youth? We have assessments that happen for children and youth in community, through contracted services? What was the thinking behind having this particular site be an assessment center for children and youth?

Child & Adolescent Program Chief: There is no 5150 Children's receiving center in the county. This is something, that in working on our continuum of care over the last 30 years, we have never had the ability to really assess and hopefully be able to hold kids for 23 hours and avoid hospitalization with work from our Mobile Response Team (MRT), or really adequately do a kid's assessment. This would be a first for this County. Currently, we have a mobile response team, part of the thinking behind this, is to really have a collaborative program with the Mobile Response Team sitting there, so that when families come in with their youngster, they are not having to necessarily look at hospitalization. We can send them home with MRT. The other piece is that we have situations where kids have had to spend lengthy periods of time sitting at CSU, in an environment that really isn't appropriate for them. Our population has grown and we have a lot more kids going through our current CSU than we had even 5 years ago.

Commissioner McKindley-Alvarez: So it's on the table that we have to pick between the two of these? I understand that this is how it's being presented in the Plan, and that there's some dialogue about us being able to have the CRF, and I'm a little skeptical when hearing that there's a plan that is coming down somewhere for a CRF, as opposed to that is something that is actually being articulated and presented to us today. Both populations really need the services, without a doubt. Children sitting within the CSU is just unthinkable, it's scary and more traumatizing than whatever they may be experiencing in that moment, but not having different level of care for the adults is also unthinkable, having one place to go, which is a place we'll have to visit

because there have been complaints about one place. It's just not acceptable. I'm concerned that we're being presented with a plan that is just one thing, and that we're not addressing both issues at this time.

MHSA Program Manager: The problem is that the funding only can do so much. We can include things in the plan, but the State is only going to approve funding for what we recommend.

Vice Chair Pasquini: Having been on the unit last week, with Janet Wilson and Dave Kahler, we observed adolescents and it's absolutely not ideal. However they were two adolescents on the unit when we were there and they are definitely segregated.

Brenda Crawford: I agree with Commissioner McKindley-Alvarez. I trust that the CRF is not a closed conversation, but to have it not be a part of the ongoing conversation in a way the ARC has now become a part of it, the Adult and Children and the Older Adult, so the CRF is off in the corner somewhere, but we know that it's not a done deal. If that is the case, and I have no reason not to believe that, that we come out and have it as a priority. That we look at that in the same light that we are looking at the Assessment Recovery Center.

Chairperson Mantas: Vern, on CRF, I'm hearing the provision for a 72 hour hold is there – is there any provision for extended hold, for a 5150, if an adolescent needs to stay longer?

Child & Adolescent Program Chief: Kid would come through the unit and go to a contract hospital. There will not be an inpatient unit for children. We would basically have the ability to hold them for 23 hours, but in counties that have this type program, such as Alameda County, they are able to divert about 64% of their kids from hospitalization by having Mobile Response there with the County clinicians, and transitioning them back home with support. So no, we're not proposing an inpatient unit.

Chairperson Mantas: So if a private hospital declines to take an adolescent for inpatient services, what happens to the adolescent, in the proposed plan?

Child & Adolescent Program Chief: The same type of situation would exist in terms of having to find an open bed in a contract hospital.

Chairperson Mantas: So in other words, still haven't solved that problem?

Child & Adolescent Program Chief: We haven't solved that problem, but we will certainly solve the problem of having this many children go to hospitalization, or be handled in a unit where no one has children's experience and there isn't an attending psychiatrist that has children's certification. So that problem will be resolved.

Vice Chair Pasquini: How can you hold someone 23 hours at a facility that's open 16 hours?

MH Deputy Director: The reality is if we are receiving children on 5150 and there is a child there, that there would have to be care provided for the 23 hours. We would have provisions for that.

Child & Adolescent Program Chief: We don't get into situations that often where we have to hold children 23 hours.

Commissioner McKindley-Alvarez: So you would have provisions in place?

Child & Adolescent Program Chief: Yes

Chairperson Mantas: Why wasn't that challenging issue addressed to this process? Is it because MHSA funding doesn't support it? Why would we not solve this since we're on the playing field?

MH Deputy Director: For acute inpatient care, that's considered involuntary, it's not covered under MHSA unless the consumer is enrolled in a Full Service Partnership and then there is an exception for 30 days, but it's considered restrictive care. That's why you can't use it for a hospital; that's why when the whole discussion was going on about PHF, which would have been locked, MHSA money couldn't be used for that either.

Chairperson Mantas: You mentioned that the CRF is not funded by MHSA

MHSA Program Manager: Right, that's why it's not included in this Project Proposal. It's referenced and mentioned, however the recommendation that was made by the stakeholders, and there

were several recommendations, that was forwarded by Donna Wigand to the Health Services Department, to Dr. Walker and Mr. Godley, to be included. They are aware that's the recommendation, to include the Crisis Residential Facility and include 16 beds.

Chairperson Mantas: Is there a price tag to the CRF?

MHSA Program Manager: When proposal was made to have this multi-program campus that had a CRF, and the PHF and ARC, the entire campus cost was around \$23 million dollars. So you could back those numbers out, the ARC is \$4 million, so \$19 million for the CRF, but that was for both the PHF and the CRF.

MH Deputy Director: The PHF would have been the most expensive of the facilities because it'd be 24 hour, acute care.

MHSA Program Manager: So even if you split it, and you guessed that \$11 million was the PHF and \$8 Million would be the CRF, approximately. I'm not sure, I've never gotten information about what a CRF would cost.

Chairperson Mantas: If there's a proposal going to the Board of Supervisors, how can they vote on this thing without having a price tag?

MHSA Program Manager: Peter, I'm sorry, I'm not involved in those discussions, it has nothing to do with the MHSA so I can't answer your question.

Vice Chair Pasquini: So this is seed money for a project, is that what this basically is?

MHSA Program Manager: This would only pay for one mental health program on that campus

Commissioner Pereyra: And only part of that one program, right?

MHSA Program Manager: Because the involuntary part cannot be paid for by MHSA funds.

Brenda Crawford: So to Peter's point, how can the Board of Supervisors make decisions on services when they have so little information about the price tag of a Crisis Residential Facility and they have, to my knowledge, I don't even know if they have any information about the impact, or knowledge about the programs in similar states. How can they make the decision in the absence of all of that information?

Chairperson Mantas: Let me just make a quick statement as to why I'm asking this. I'm trying to form an opinion, a recommendation and a personal decision. Without the CRF, I mean, this is nice but, it's virtually useless, as far as I'm concerned.

Commissioner Pereyra: Can I interject another comment, because perhaps Commissioner Overby has been involved in this before, but having served in health care my entire career, to have a project get built and have the ARC up and running and then to be adding on the CRF to it at a later date, is enormously disruptive. And why, if they were going to do it, and they were committed doing it, why are they not doing the whole building at one time instead of doing it piece meal? It's very problematic.

MH Deputy Director: We've not been in the continuing conversations, once everything started getting so complicated, but the architect that was involved in assessing the property and coming up with a basic proposal of what 3 buildings could be located there, because the whole discussion was that it shouldn't be a big block of a building, that if there were a PHF, it should be separate and distinct. The ARC, should be separate and distinct and the CRF, since it should be home-like, it should be a house, not a concrete building. So they came up with architectural plans for each and my guess is that they were able to break out the cost of the 3 different facilities and that's what they are going off of. So it was costed out as a full project but with the different components.

MHSA Program Manager: And the numbers that are in the package were provided by Health Services Finance, so I'm sure that they had all that information.

Chairperson Mantas: This Commission is responsible for review of all of this stuff, not just MHSA. And we're providing an opinion with less than perfect data. How can we do that? This is the

frustrating part of all of this. We have moving targets. I am frustrated with this and I find that this project without the CRF, as I said before, I feel it's useless. Maybe I'm wrong.

Vice Chair Pasquini: I totally disagree that it's useless.

Chairperson Mantas: So what are getting that we don't have now?

Vice Chair Pasquini: We're getting discrete services for Children and Older Adult that we don't have now. We can debate whether that's priority or not. I was willing to continue to discuss that, however at the Family and Human Services Committee, it was clearly indicated that they (the Board) weren't interested in any more dialogue. The back conversation ended and the Board Order is going forward, so now we have a choice of whether or not to support the current suggestion or not and I personally, I would like to send a statement that we absolutely do not support. I don't have enough information to support an ARC over a CRF. I didn't have it then and I don't have it now.

Chairperson Mantas: I'm not sure that we necessarily need to oppose the ARC, because the ARC is getting funds from MHSA.

Vice Chair Pasquini: But the CRF could too.

MHSA Program Manager: Yes, part of the funds, you could only get \$4 million. Then you'd still be right where you are right now which is that you don't know what you don't know, because you still don't know if they (the Board of Supervisors) are going to cover the rest.

Chairperson Mantas: And we don't know how much that is, so we don't know if we would be unrealistic for asking. For me personally, I would say that I'm in favor of the proposal with the provision that the CRF is part of the plan. If it's not, then we need to revisit.

MHSA Program Manager: You can certainly recommend that, absolutely and then your message goes forward.

Chairperson Mantas: I'm asking for your thoughts.

Vice Chair Pasquini: I'm still opposed to the process that took place. I don't like the way it ended up. I don't like the conclusion and so I would have preferred to have additional answers given. Especially since I was (part of the value-streaming event at CSU), and I know that people can get annoyed that I continue to bring it up, but for me it was very valuable to scientifically sit and be on the Unit and watch the process, rather than have numbers that seem to change. I don't have facts. I don't have enough scientific evidence to support this.

Commissioner Overby: I don't think it's ideal, but I think anytime we get something for mental health we should take advantage of it, if there is money available to do so.

Commissioner Pereyra: You have to convince Commissioner Kahler of that, with all the PEI and Innovation money.

Commissioner Kahler: Me? I'm the one who voted September 3rd for the \$22 million project, and right there, this Commission torpedoed it. And now we are scrambling around the edges of what's left.

Vice chair Pasquini: Can we take motion?

Chairperson Mantas: I don't know what motion to take. I offered up my thoughts. What does everyone else want?

Commissioner Kahler: I agree with your thoughts

Chairperson Mantas: It didn't sound like it a minute ago

Commissioner Pereyra: So you're putting a 'if and only if' clause in any motion, that the only way that we could support it, is if and only if the CRF is included in the package?

Chairperson Mantas: Yes, that's my current motion

Commissioner Kahler: How do you feel? Do you support that? Let's get a consensus here and go home.

Chairperson Mantas: Carole, any thought?

Commissioner McKindley-Alvarez: No, I'm conflicted. I'm saddened that we're at this crossroads.

Again, I believe that the children need the service and if it was just us talking about the children getting the service and it wasn't then negating another really important service, it would be easier.

Chairperson Mantas: I feel exactly the same way. The only reason that I even made the statement that I feel that this plan is useless is because I know that with proper engineering, the CSU could probably handle some of this, as they are doing now. I have faith in that process now. The Lean process I believe to actually development something that can be a lot more than what we have now. However, I believe that if we don't go forward and say to the Board of Supervisors that, here's how we feel, we feel so strongly about the CRF, they may not put so much time and attention to it. That's my feeling.

Vice Chair Pasquini: I make a motion that we support a CRF over an ARC.

Commissioner Kahler: Second

Chairperson Mantas: Be careful with the way that we start motions here. Allow me the opportunity to acknowledge that you're going to be making a motion. (To Vice Chair Pasquini) Can you frame it? I don't understand what you're trying to say. Are you opposed?

Vice Chair Pasquini: I'm opposed the priority being the ARC. And I'm making a motion that the Commission make a recommendation to the Board that a peer-driven, peer-run, CRF be given priority at 20 Allen.

Chairperson Mantas: (To Vice Chair Pasquini) And you're opposing the plan?

Vice chair Pasquini: That's what I just said.

MH Deputy Director: I am certainly a supporter of having a CRF, but I also am a supporter of the ARC because in addition to the specialized services for children and adolescents for 5150 care that Vern Wallace was talking about, we do not urgent care availability in the county now, for adults, children and adolescents after hours. The only thing (after hours) is if someone is going to the CSU; the CSU shouldn't be for people that don't need to be hospitalized. There should be a place where people can go where it's 5, 6, 7, 8, 9, 10 o'clock at night, if they're having crisis, to go to. CSU can only claim Crisis Stabilization services; they can't claim individual treatment, medication services, crisis intervention, etc. I wouldn't want the value of the ARC to be overlooked. Also in terms of medication support services, part of the thinking was, that there is such a long wait to get into see a psychiatrist following a hospital and IMD discharge, at the ARC, there would be able to be short term psychiatric medication management services also.

Brenda Crawford: Tom (Gilbert, Shelter Inc) and I were just talking about a facility that he is aware of that he and Victor Montoya (Adult Services Program Chief) could consider for shared housing. So I would just ask that we be open to the possibility of a CRF in this County, that the County embrace that idea and that there are ways of doing that. Tom Gilbert just talked about a property where we could do that. I know we're at a crossroads, and I too am at a crossroads. I don't want children to have to go into the normal unit and have to be subjected that additional trauma. I also have a feeling for older adults, I know what isolation does to older adults and I know how underserved that population is. I also know that adults in this county need an alternative to what we currently have.

Commissioner Pereyra: Sherry, can you clarify for them about housing money?

Tom Gilbert: We don't want to use housing money. This is a 9 bedroom house on 2 acres in Concord for under a million dollars.

Chairperson Mantas: Sherry, is there County money that's going into the ARC?

MHSA Program Manager: Yes.

Chairperson Mantas: How much, approximately?

MHSA Program Manager: I don't know. I'm sorry, I wasn't told what that amount would be, but I was told that the facility would be constructed, the amount would have to be prorated and then that has to be reported to the state in another process.

Chairperson Mantas: If there isn't a significant amount of money from the County that needs to be invested in the ARC, then it would be foolish of us to make the recommendation that we don't want the ARC. But if it's significant and would inhibit us from getting funds for the CRF, then we would have to make a decision on what we feel is more appropriate, the highest need. That's my feeling right now, so how can we make that decision

Commissioner Pereyra: Do we have enough information to make a decision or do we need to delay this so that we can get more information that can provide us with the answers before we're forced to make a decision.

MHSA Program Manager: I have to give you one more clarification, I was supposed to do this at the start, but the meeting got to be so long, but I need to say this, because I don't want this to be something that I did not say. Dorothy Sansoe from the CAO's office, recommended that we make an announcement at the beginning of the public hearing that we are not required to have this public hearing per the State Department of Mental Health guidelines, because the public hearing actually occurred during the Component Proposal presentation in February of 2009, actually it was January of 2009. Because of that, the State Department of Mental Health is going to look at this, and even if you say you support it or you don't support it or whatever, I just need you to know that there is that disclaimer that we need to say to them, while a public hearing was not required, the Mental Health Commission held one. I'm just telling you that, so that whatever you decide, I will have to put that in there.

Chairperson Mantas: I'm glad that you made that statement and as a citizen of this County, I will go to the OAC and I will make my comments known there and I will also put a motion in a future meeting in this Commission to basically challenge those decisions because the law is clear. We have made a significant change to the presentation that we made before the prior public hearing. We don't even have numbers to look at now. If this is just a game and this means nothing, then we can go ahead and adjourn the meeting.

MHSA Program Manager: It's your choice. It's not a game.

Chairperson Mantas: Commissioners, what would you like to do?

Commissioner Overby: Could we table it for discussion at another time?

Chairperson Mantas: We could, but I don't know what good it's going to do.

Commissioner Overby: You say you don't have the information that's necessary to make a vote.

Chairperson Mantas: Or we can go ahead with a motion that Teresa was proposing a little while ago. I don't want to go through a motion and we end up wasting time going back and forth on this stuff. What do you feel about Teresa's comments? No Comment. What do you feel about my position that we approve it with the condition that the CRF is a part of the plan?

Commissioner Overby: I think that's logical

Chairperson Mantas: So Dave?

Commissioner Kahler: I'd be more inclined to agree with Floyd and table it and get more information.

Chairperson Mantas: Carole?

Commissioner McKindley-Alvarez: I don't know

Chairperson Mantas: Teresa

Vice Chair Pasquini: I already said initially that I opposed the way this process has been, almost from the beginning and process-wise, I let go of this on whatever day that was that we sat at this table with Supervisors Uilkema and Glover up there, telling us that, you know. I let go of this, I've moved on. I'm aware of the DMH guidelines but I'm also appreciative of Peter's desire to have this conversation again because there was not satisfaction after months and months and

months of hard Commissioner work. I am ready to go home and I'm done. So if we're not going to do anything, I'm ready to go. I'm going to walk out.

MH Deputy Director: If there was some way that we could figure out to get both, I think that would be the best strategy for the consumers of this county. I'm concerned that if this falls apart here, then we're back to losing all possibilities rather than using some negotiating power to get both.

Vice Chair Pasquini: Then I would really recommend that there be effort made to bring the Commissioners back in, because there was a falling off. I was present. I have given hours and hours and hours and I'm not willing to give anymore hours to chit chat about something that I'm going to be told is a done deal.

Chairperson Mantas: Here's my responsibility. My responsibly under Welfare and Institution Code 5848...Teresa, I'm sorry you're uncomfortable with this.

Vice chair Pasquini: I am.

Chairperson Mantas: 'The Mental Health Board established pursuant to section 5604 shall conduct a public hearing on the draft plan and annual updates at the close of the 30-day comment period required by..' so on. I'm doing my job. This what the WIC communicates to me.

MHSA Program Manager: This is not a draft plan or an annual update.

Chairperson Mantas: It's an update.

MHSA Program Manager: It's not considered that by the State Department of Mental Health.

Chairperson Mantas: So what are we calling it?

MHSA Program Manager: It's a project proposal. I'm sorry. It's not my terminology. I don't write the regulations.

Chairperson Mantas: Terminology continues to change. What was it called back then?

MHSA Program Manager: It was called the Component Proposal.

Brenda Crawford: So Peter, if your motion about seeing if we can have it all, and if there are ways we can have it all for less amount of money, if there are way that we can bring ideas together. I mean, Tom and I were just talking about a piece of property and it's not housing money and it's significantly less money than what is being proposed right now. So all I'm asking is that we be creative because we know that there's a need for a CRF here. And it doesn't have to be done in the context of this process, if we can be open to talking about different ways of getting these services. That's what we need, we need the services. If there's a way of doing that without holding up this process, I think that's the way we should go. It doesn't serve consumers for us to send this back. Whether we get the ARC, or it's children consumers or adults consumers, not following through on this process doesn't serve consumers. It serves consumers if we can be creative about how to meet the needs of all target groups in this area.

Commissioner Overby: Do we have a quorum?

Chairperson Mantas: We do.

Commissioner McKindley-Alvarez: We do.

Chairperson Mantas: How do we want to approach this?

Commissioner McKindley-Alvarez: What's your motion again? Or what motion needs to come from someone else?

Chairperson Mantas: My preference is that we approve the plan with the caveat that the CRF is a part of the final plan submitted to the OAC, to the State. Which means that the Board of Supervisors, if they wanted to follow the recommendation, would have to have the CRF funding along with the ARC.

Commissioner McKindley-Alvarez: Within the MHSA money? Or as a part of the plan?

Chairperson Mantas: MHSA money and as a part of the plan. So that's one option, the other is table or the other one is oppose the current plan and go with the CRF rather than the ARC, which is what Vice Chair Pasquini is recommending.

Vice Chair Pasquini: You can frame a motion requiring something when there isn't funding there. There is not enough funding.

Chairperson Mantas: What I heard was that if the Board of Supervisors approves the funding for the CRF, it will become a part of the plan, correct?

Vice Chair Pasquini: (Sherry) has no financial information.

MHSA Program Manager: I cannot answer that question. I'm sorry. I don't have that information.

MH Deputy Director: I think that if we advocate together, we can probably get more out of the county than when we don't.

Vice Chair Pasquini: I agree.

Chairperson Mantas: (Suzanne) Do you have a recommendation?

MH Deputy Director: The ARC was seen as the starting point. I know that's how the County is looking at it. I don't think it is going to work to say scrap the ARC and do a CRF instead. I think there is negotiating power right now by saying both are needed.

Vice Chair Pasquini: That's been said for month. We need everything.

MH Deputy Director: At that last meeting that you referenced, Teresa, I think what happened was that there was strong advocacy for the children adolescent sector and the ARC. What would have been nice is if at that same meeting, there would have been strong advocacy for the CRF and then both would have been a part of the package.

Vice chair Pasquini: We had already made a recommendation, Suzanne. And there had been a breaking down of discussions, if I recall. There was a recommendation coming forward from CATF but the Commission had also made a recommendation, our Capital Facilities workgroup had made a recommendation. Our recommendation at that point was overwritten.

Chairperson Mantas: This is the last comment and then we need to act.

Susan Medlin: On behalf of consumers, it'd be wonderful if we could come out as one force with advocates, consumers, family members at the Board of Supervisors meeting advocating for both and it was backed up by your recommendation. Or vice versa, and we'd be backing you up, to include both. It's an important priority that you have heard from consumers and family members that it's an important priority that we do both.

Commissioner McKindley-Alvarez: I'm going to move that we accept the proposal for the ARC only with the condition that we have a commitment that the CRF is not just placed on the table but is acted on appropriately.

Chairperson Mantas: Any comments?

7. **DEVELOP LIST OF SUBSTANTIVE COMMENTS AND RECOMMENDATIONS TO THE COUNTY MENTAL HEALTH ADMINISTRATION (MHA) AND TO THE BOARD OF SUPERVISORS (BOS)**

NOTE: The MHA does not have to follow the MHC's recommendations. However, the MHA must incorporate MHC recommendations as part of the adopted plan along with appropriate analysis.

- **ACTION: Motion made to approve the Capital Facilities Project Proposal only with the condition that there is a commitment by the County that the Crisis Residential Facility is not just placed on the table but acted on appropriately, and on the minor conditions that substantive comments be brought up and included in the Plan by MHA. (M-McKindley-Alvarez/S-Pasquini/P-Unanimous, 6-0, Kahler, Mantas, McKindley-Alvarez, Overby, Pasquini, Pereyra)**

8. **CLOSE PUBLIC HEARING**

➤ **ACTION:** Motion made to close the public hearing at 8:46pm (M-Overby/S-Kahler/P-
Unanimous, 6-0, Kahler, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini,
Pereyra)

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.

Component Exhibit 1

Capital Facilities and Technological Needs Face Sheet

DRAFT

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES and TECHNOLOGICAL NEEDS
COMPONENT PROPOSAL**

County: Contra Costa County Date: Dec. 9, 2008

County Mental Health Director:

Donna M. Wigand, LCSW
Printed Name

Signature

Date: _____

Mailing Address: 1340 Arnold Drive Suite 200
Martinez, Ca 94553

Phone Number: (925) 957-5150 Fax: (925) 957-5156

E-mail: Dwigand@hsd.cccounty.us

Contact Person: Sherry Bradley, MPH

Phone: (925) 957-5114

Fax: (925) 957-5156

E-mail: SBradley@hsd.cccounty.us

Component Exhibit 1 (continued)

DRAFT

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Contra Costa County and that the following are true and correct:

This Component Proposal is consistent with the Mental Health Services Act.

This Capital Facilities and Technological Needs Component Proposal is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3320.

The County certifies that if proposing technological needs project(s), the Technological Needs Assessment, including the Roadmap for moving toward an Integrated Information Systems Infrastructure, will be submitted with the first Technological Needs Project Proposal.

This Component Proposal has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310, and 3315, and with the participation of the public and our contract service providers. The draft local Capital Facilities and Technological Needs Component Proposal was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with Title 9, CCR Section 3410, Non-Supplant.

All documents in the attached Component Proposal for Capital Facilities and Technological Needs are true and correct.

Date: _____ **Signature** _____
Local Mental Health Director

Executed at: Contra Costa Mental Health Administration
1340 Arnold Drive Suite 200 Martinez, Ca 94553

Component Exhibit 2**COMPONENT PROPOSAL NARRATIVE****DRAFT****1. Framework and Goal Support**

Briefly describe: 1) how the County plans to use Capital Facilities and/or Technological Needs Component funds to support the programs, services and goals implemented through the MHSA, and 2) how you derived the proposed distribution of funds below.

Proposed distribution of funds:

Capital Facilities	\$	8.2 mil	or	80	%
Technological Needs	\$	2.0 mil	or	20	%

INTRODUCTION

The Mental Health Services Act (Proposition 63) (hereinafter "MHSA") was passed by the voters in November 2004. The MHSA provides funds to counties to expand mental health services to those who are unserved or underserved. To access these funds, Contra Costa County prepared a draft three-year Community Services and Supports Plan (hereinafter "CSS") specifying how these funds would be spent, and then distributed the draft plan for public comment for 30 days. Subsequently, the Contra Costa Mental Health Commission adopted the final plan on December 13, 2005. The Contra Costa County Board of Supervisors approved the draft plan, with some revisions based upon public input, on December 20, 2005.

During its assessment of the Capital Facilities and Technological Needs (hereinafter "CFT") component of MHSA in Contra Costa County, it has been determined that there is need for both capital facilities funds and technology needs funds.

IDENTIFICATION OF INFORMATION TECHNOLOGY NEEDS

Contra Costa Mental Health (hereinafter "CCMH") has been engaged in strategic planning involving the replacement of the current behavioral health information systems technology for more than 3 years, prior to the release of the Capital Facilities Technology Needs Guidelines. CCMH participated with 27 other counties in the California Behavioral Systems (CBS) Coalition and has come to the point where a final vendor has been selected, and negotiations initiated with them. Like many other counties in California, the existing information system has become out-dated and is inadequate in meeting the myriad information technology requirements for a county the size of Contra Costa. CCMH plans to use the Technological Needs Component funds to support a number of initiatives, including:

- Implementation of electronic medical record based on technology that supports interoperability with other systems to ensure a dynamic data exchange with other entities involved in the care for consumers. Given the vast network of individual and organizational providers providing services for Contra Costa clients, our goal is to facilitate the use of an electronic medical record by both county owned and operated clinics as well as enable the use of the system purchased through MHSA funding by contracting providers. This would allow the most efficient method of data exchange and coordinated care delivery. In cases where contracting providers already have an electronic medical record, standardized data exchange will facilitate the movement of data from one system to another to ensure a seamless integration of client data.

Component Exhibit 2 (Continued)**DRAFT****COMPONENT PROPOSAL NARRATIVE****IDENTIFICATION OF INFORMATION TECHNOLOGY NEEDS (Continued)**

- Provision of computer resources at Mental Health Consumer Community Centers located in the three regions of the County for consumers to use. The computers would allow consumers to access the Internet for educational purposes, for accessing job-related information, educational and legislative materials, and for enrolling in coursework from online educational resources. CCMH would like to provide the hardware, software, maintenance, and security for the computers at the community centers.
- Development of a Personal Health Record (PHR) to be available to consumers to access important aspects of their Electronic Medical Record, including scheduled appointments, key treatment information, options for completing a Wellness and Recovery Action Plan (WRAP), and possibly a place for dialogue with clinical staff. The exact function of the PHR would be determined by emerging PHR standards, stakeholder processes, clinical care policy, and security implications of technical and administrative issues that emerge with accessing health information electronically.
- E-prescribing functionality. Currently, prescriptions for consumers in Contra Costa County are largely paper-based and time consuming to monitor in an ongoing and timely fashion. E-prescribing improves the quality of care and reduces medication errors, including the possibility of a misread prescription by a pharmacist. Current e-prescribing applications also alert doctors to potential drug-to-drug/food interactions and drug allergies, provide pregnancy and lactation alerts, provide peer medication dosing patterns, and provide on-line access to clinical references.

Component Exhibit 2 (Continued)**COMPONENT PROPOSAL NARRATIVE****DRAFT****IDENTIFICATION OF CAPITAL FACILITIES NEEDS**

During the CSS Community Planning Process, a top issue identified was the need for a full range of housing for consumers including emergency, transitional and long-term options with an emphasis on the least restrictive level of care at all times. Housing is the backbone of Contra Costa County's MHSA-funded Adult and Transitional Age Youth Full Service Partnerships. Contra Costa County's Housing Program is built upon existing services and strategies outlined in "Contra Costa County's Ten Year Plan to End Homelessness", however, the need to provide voluntary residential beds for youth and adult consumers was identified by the community.

Through the CSS and PEI needs assessment processes, the community further identified that there are gaps in the traditional medical-model hospital-based psychiatric units (Crisis stabilization and Inpatient services). Mental Health consumers, family members, as well as staff, have expressed the need for a more progressive and flexible model. MHSA lays out a vision of Wellness & Recovery, including Hope, Recovery, Partnership, and Community. CCMH shares that vision and wants to infuse this model into the delivery of care. CCMH seeks to improve current service delivery by providing effective, high quality integrated mental health care at a variety of levels that can meet the needs of the residents of Contra Costa County. This Capital Facilities proposal addresses the needs identified in the CSS & PEI planning processes.

In addition, several years ago the county's acute care hospital closed 20 of the 43 beds in the locked psychiatric unit due to declining utilization of those beds. Declining utilization appeared to be based upon the need for alternative forms of care/treatment for mental health consumers. Contra Costa County Board of Supervisors gave direction to explore a new recovery-focused plan which would include a freestanding multi-program mental health site with new levels of care for mental health consumers.

The County identified a property adjacent to the existing Contra Costa Regional Medical Center in Martinez and has an option to purchase this property. CCMH proposes to construct on this site, a freestanding multi-program mental health center with a combination of services that will provide a comprehensive recovery focused setting.

This is an opportunity for CCMH to provide services to mental health consumers in a consistent and comprehensive recovery-focused manner. The staff will represent multiple disciplines, and the approach will be for rapid planning for immediate mental health care which would ultimately lead to less restrictive levels of care as quickly as possible.

Component Exhibit 2 (Continued)**COMPONENT PROPOSAL NARRATIVE****DRAFT**CAPITAL FACILITIES PLANNING

Subsequent to the needs being identified around capital facilities and the community planning process, the Mental Health Commission approved to move forward, in concept, the proposal to establish a multi-program mental health center built on a wellness & recovery model as part of the safety net system of care for the lowest income Medi-Cal and uninsured residents of Contra Costa County.

The Community Planning Process for this effort has included:

1. April 8, 2008 - Contra Costa County Board of Supervisors - requested CCMH and it's Mental Health Commission review and make recommendations regarding the establishment of a separate psychiatric campus. Public comment was invited during the meeting.
2. April 17, 2008 - Contra Costa Mental Health Commission recommended accepting in concept pursuing the proposal to establish a multi-program mental health campus. This meeting was posted as a public meeting, inviting public comment.
3. April 22, 2008 - Contra Costa County Board of Supervisors approved a strategy for exploring the feasibility of constructing a psychiatric facility and contracting to operate within a multi-level care program.
4. October 20, 2008 - Contra Costa Mental Health MHSA Tracking/Planning Workgroup convened to review draft Capital Facilities & Technological Needs Component Proposal.
5. November 13, 2008 - MHSA Capital Facilities Stakeholder meeting for planning.
6. November 24, 2008 - MHSA Capital Facilities Stakeholder meeting for planning.
7. December 1, 2008 - CCMH - MHSA Tracking/Planning Workgroup convened to review draft Capital Facilities & Technology Needs Component Proposal.
8. December 5, 2008 - Mental Health Senior Staff review draft Capital Facilities & Technology Needs Component Proposal.
9. December 8, 2008 - CCMH - MHSA Tracking/Planning Workgroup reviewed revisions to draft Capital Facilities & Technology Needs Component Proposal.
10. December 9, 2008 - Draft Capital Facilities & Technology Needs Component Proposal submitted to public for comment period of 30 days.

Component Exhibit 2 (Continued)**DRAFT****COMPONENT PROPOSAL NARRATIVE**
INFORMATION TECHNOLOGY NEEDS PLANNING

CCMH has been extensively involved with stakeholders in ongoing technological needs through our support mechanisms for current IT systems. There is a formal user group composed of over 50 county staff as well as contractor managers and contractor staff that meets once per month to discuss technical and operational issues.

To date, there have been two stakeholder group meetings specifically oriented around the introduction of a new behavioral health information system in Contra Costa County with an average of 40 participants at each meeting. One of the main purposes of the meetings was to gather information regarding the current status of contractor purchased IT systems, whether they were using an electronic medical record already and how far along they were in the implementation process with their HER. Most contractors were not using an HER and were dependent on paper forms for clinical documentation.

The effect of workflow and the clinical documentation process from a new electronic health record system was also reviewed and most contractors were on board with moving to an integrated electronic medical record; however, most do not have the means to pay for such a system and would be at least somewhat dependent on the county in order to incorporate an HER into their business environment. Contractors are dependent on the leadership and resources of the county to systemically change the clinical documentation workflow from paper-based to electronic.

CCMH has put together three consumer/family member stakeholder focus groups to gather specific information regarding technology needs, and how technology might improve/add to mental health recovery and resiliency. Consumer involvement is essential for determining additional technological needs, the functional requirements of the PHR, and ongoing issues where technology can enhance the wellness and recovery of mental health consumers in Contra Costa County.

FUNDING DISTRIBUTION

CCMH seeks approval to utilize all of the MHSA Capital Facility & Technology Needs funding allocated (\$10.2 million) as follows:

- \$8.2 million to contribute to the construction of a mental health campus with multiple programs & services, with an overall estimated cost of approximately \$20 million for the entire construction project. MHSA Capital Facilities funds in the amount of \$6.2 million would cover approximately 41% of programs on the campus.
- \$2 million toward the purchase, installation, and maintenance of a new behavioral health information system, to include electronic health record, personal health record, e-prescribing functions, and some staff support during the implementation process.

Component Exhibit 2 (continued)**DRAFT****2. Stakeholder Involvement**

Provide a description of stakeholder involvement in identification of the County's Capital Facilities and/or Technological Needs Component priorities along with a short summary of the Community Program Planning Process and any substantive recommendations and/or changes as a result of the stakeholder process.

COMMUNITY PLANNING PROCESS & STAKEHOLDER INVOLVEMENT FOR
CAPITAL FACILITIES & TECHNOLOGY NEEDS

During its CSS Community Planning Process, CCMH did the following:

1. Conducted 6 community forums for all residents of the county;
2. Facilitated 55 focus groups;
3. Received over 300 surveys from interested residents, consumers and providers;
4. A total of over 1,100 individuals participated in our planning process.

Through this process, housing was identified as one of the top two most often identified needs for consumers in the county. Through CSS, CCMH has been able to expand housing available to consumers in the low or most independent end of the housing continuum. CCMH, however, has been unable to address the high end need for voluntary crisis residential care. Stakeholders and the community also identified the need for more recovery-oriented services at the acute end of the spectrum.

One of the most significant messages received during the PEI planning process (which involved over 900 individuals), was that there were not enough early interventions available and that individuals experiencing acute psychiatric episodes, especially those with early onset of psychiatric illness, were left with nothing between outpatient office appointments and inpatient hospitalization - often involuntarily.

Through the Workforce Education and Training (WE&T) Planning process, stakeholders pointed out the need for availability of information on education and employment activities, not only to existing staff but to consumers and family. The stakeholders suggested the possibility of coordination and support training, as well as technical assistance, stating that internal agency capacity might be built through e-learning (electronic learning) and internet based trainings. Additionally, Wellness Recovery Action Plan development was specifically mentioned as available to consumers on-line, if it could be made available. The only way capacity for this possibility could be "built" would be to have an information technology system that would be flexible enough to allow it, possibly through portals available to non-employee consumers and family members, as well as to consumer employees and family member employees.

Component Exhibit 2 (continued)**DRAFT****2. Stakeholder Involvement (Continued)**

Provide a description of stakeholder involvement in identification of the County's Capital Facilities and/or Technological Needs Component priorities along with a short summary of the Community Program Planning Process and any substantive recommendations and/or changes as a result of the stakeholder process.

Finally, throughout both CSS & PEI planning processes, the community told CCMH repeatedly that it needed acute care resources that were based on a gentle, non-inflammatory recovery model. The proposed mental health campus will include services to address these critical stakeholder-identified issues.

Stakeholder involvement in the Capital Facilities component include:

1. Community collaboration involved the Contra Costa County Board of Supervisors, the Contra Costa Mental Health Commission, and key members from other agencies within Contra Costa County Health Services.
2. The Mental Health Director is conducting regular meetings with a Stakeholder Advisory Committee regarding planning for a new mental health multi-program campus.

DRAFT

Component Exhibit 3

COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING

Please list Capital Facility needs (ex: types and numbers of facilities needed, possible County locations for needed facilities, MHSA programs and services to be provided, and target populations to be served, etc.) See example table below.

Type of Facility	Number of Facilities Needed	County Location for Needed Facility	MHSA Programs and Services to be Provided	Target Populations to be served
1. Mental Health multi-program campus	1	Martinez, Ca*	Adult & TAYFSPs, Older Adult and Other Systems Development	TAY and Adult
2.				
3.				

** One or more of these addresses may change because the 20 Allen property faces more than one street. Positioning of the Mental Health multi-program campus and its services will define actual street address later.*

Component Exhibit 4**DRAFT****COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS**

Please check-off one or more of the technological needs which meet your goals of modernization/transformation or client/family empowerment as your county moves toward an Integrated Information Systems Infrastructure. Examples are listed below and described in further detail in Enclosure 3. If no technological needs are identified, please write "None" in the box below and include the related rationale in Exhibit 1.

➤ **Electronic Health Record (EHR) System Projects (check all that apply)**

- Infrastructure, Security, Privacy
- Practice Management
- Clinical Data Management
- Computerized Provider Order Entry
- Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)

➤ **Client and Family Empowerment Projects**

- Client/Family Access to Computing Resources Projects
- Personal Health Record (PHR) System Projects
- Online Information Resource Projects (Expansion / Leveraging information sharing services)

➤ **Other Technology Projects That Support MHSAs Operations**

- Telemedicine and other rural/underserved service access methods
- Pilot projects to monitor new programs and service outcome improvement
- Data Warehousing Projects / Decision Support
- Imaging / Paper Conversion Projects
- Other (Briefly Describe)



CONTRA COSTA HEALTH SERVICES

Go Beyond!

December 9, 2008

Mental Health Services Act Update



Contra Costa Mental Health Division is seeking public comment on the Mental Health Services Act (MHS) draft Capital Facilities and Technology Needs Component Proposal

The 30 day public comment period begins on December 9, 2008, and ends on January 12, 2009

The draft Capital Facilities and Technology Needs Component Proposal follows. The draft plan and the public comment form are available on the CCHS website on the Mental Health Division's MHS page at: http://www.cchealth.org/services/mental_health/prop63/

Copies of the draft plan also are available at the CCHS Mental Health Administration Offices, located at 1340 Arnold Dr., Suite 200, Martinez, CA 94553. The public may also request a copy of the plan sent via mail by calling 925-957-5150.

Comment should be made in writing, and forms can be hand delivered or mailed to CCHS Mental Health Administration, MHS Program Manager, 1340 Arnold Dr., Suite 200, Martinez, CA 94553. The public can also send comments via email to:

MHS@hsd.cccounty.us

or via fax to:
(925) 957-5156.

Comments may also be made at the Mental Health Commission's public hearing at 4:30 p.m. on Thursday, January 22, 2009. The location for the public hearing will be announced in early January 2009.

The Capital Facilities and Information Technology is one of the MHS components in which Contra Costa Mental Health is conducting a community planning process. For questions, please contact:

MHS Program Manager
(925) 957-5114; mhsa@hsd.cccounty.us



CONTRA COSTA HEALTH SERVICES Mental Health Division

Thursday, January 22, 2009

Mental Health Commission's Public Hearing On Draft/Proposed MHSA Component Plans For:

- **Workforce Education and Training**
- **Prevention and Early Intervention**
- **Capital Facilities and Technology Needs (Component Proposal)**

ATTENDEES: [Sign-in sheet attached.]

WORKFORCE EDUCATION AND TRAINING:

- WET funds should be directed toward training Behavioral Health Court clients/consumers for jobs as peer assistants (Dale).
- The WET Plan should include consumer training for jobs outside of the mental health field (Collette).

PREVENTION AND EARLY INTERVENTION:

- The contract agencies/CBO's awarded PEI funds should be mandated to undergo cultural competency training on the consumer culture as part of their contractual obligations (Brenda).
- PEI dollars should be used to help children (and families) that police see when responding to domestic violence calls (Connie).
- See additional comments e-mailed by Lisa Assoni (attached).

CAPITAL FACILITIES AND TECHNOLOGY NEEDS COMPONENT PROPOSAL:

- Given that the cost of housing is at an all-time low, capital facilities funds should go toward buying houses where wraparound services could be provided in a more normal environment (Connie).
- Funds should go toward mental health training for therapists on cognitive behavior therapy on the grounds of CCMH; also, for providing space for consumers to drop-in (Ann).
- More than a 72-hour hold facility is needed now; mental illness is not a quick fix. We should use the money instead to purchase available housing (Claire).
- Housing is desperately needed for mentally ill consumers who are on the street; I oppose the current proposal for the psych hospital (Art).
- Consumers need opportunities to develop skills outside of the mental health system; I recommend that skill training centers be placed/located at CBO's (Brenda).
- I'm against the idea of having a PUF – It's a lower level of care. I think we should work to solve the problems we have at CCRMC, and use MHSA funds instead to provide housing for the mentally ill on the street (Teresa).
- Continuity of care is important and the new IT system should figure a way of addressing any concerns with HIPAA to move toward better continuity (Peter).
- The County should run a dual IT system initially and insist that the vendor train staff on the system (Connie).
- We still don't have enough direct or support services; more programs should be consumer-led and these programs should continue to grow (Cindy).
- CCMH should reach out to other counties and collaborate in its choice of IT vendor (Ron).

Contra Costa County Mental Health Commission
PUBLIC HEARING
January 22, 2009

I. CONVENE PUBLIC HEARING

Mental Health Commission Chair Jacque McLaughlin opened the meeting at 6:33 p.m. and welcomed those in attendance, which included:

Clare Beckner, Mental Health Commissioner / NAMI Member

Sherry Bradley, MHSA Program Manager

Mae Bragen, Contra Costa Clubhouse

Dale Brodsky, NAMI Member

Bob Brooks, Interested Citizen

Karyn Cornell, Supervisor Mary Piepho's Office (District III)

Brenda J. Crawford, Mental Health Consumer Concerns

Brandi Draper, Interested Citizen

Steve Ekstrom, Facilitator

Nancy Harrington, Lincoln Child Center

Antoinette Harris, Families First

Poriot Hill, Mental Health Consumer Concerns

Art Honegger, Mental Health Commissioner / NAMI Member

Vidya Iyengar, Contra Costa Mental Health

Ron Johnson, NAMI Member

Debra Jones, Contra Costa Mental Health

Peter Mantas, Mental Health Commissioner

Jacque McLaughlin, Mental Health Commissioner

Scott Nelson, Consumer / NAMI Member

Colette O'Keeffe, MD, Mental Health Commissioner

Teresa Pasquini, Mental Health Commissioner

Dena Phillips, California State University, East Bay

Karen Shuler, Executive Assistant, Contra Costa Mental Health Commission

Cindy Staton, Mental Health Consumer Concerns

Suzanne Tavano, Deputy Mental Health Director

Connie Tolleson, Mental Health Commissioner

Donna Wigand, Mental Health Director

Janet Marshall Wilson, Mental Health Consumer Concerns

David Yeh, IEC Interpreter for Vietnamese

Jacque introduced MHSA Program Manager Sherry Bradley who in turn introduced the interpreters for sign language, Spanish and Vietnamese.

Sherry then gave a brief explanation of the MHSA process. She said the comments received at this hearing will be reviewed by a committee before the draft plan is sent to the Department of Mental Health. She went on to explain that dollar amounts in documents are based on estimates.

Mental Health Director Donna Wigand gave a brief overview of Prop 63, stating that since it was introduced 5 years ago, it has been carved up into 6 pots of funding for dispersal of monies to the counties. These pots are being rolled out sequentially. Each "pot" has to have a separate planning process, including public

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hearings and stakeholder meetings. Donna mentioned that one good thing that has resulted from this lengthy process has been the introduction of new voices into the process.

The first to roll out was Community Services and Supports. Money received from CS&S funded 1) children's programs in the far East County; 2) transitional age youth programs in West County; 3) adult programs in West County; and 4) older adult programs throughout the county.

Another designated pot is Prevention and Early Intervention, which cannot be used for mental health treatment.

In the Workforce Education and Training process, we have to look at this for balance in ethnicity, language, and it being a recovery-focused model.

Donna explained that in order to access the Capital Facilities & Technological Component Proposal dollars, we have to generalize in a Letter of Intent. The Capital Facilities money must be used for buying or building structures (buildings).

She said they have been looking at having a multi-service facility. An appropriate use of these monies could be:

- A 16-bed residential program
- A 24/7 urgent care outpatient clinic

Art Honegger asked if the monies could be used for transitional age youth housing. Donna replied that it could be looked at.

Donna introduced facilitator Steve Ekstrom.

II. RECEIVE PUBLIC COMMENT

Steve explained that this is an input only meetings – that comments would not be responded to at this meeting, but would be forwarded on to the planning group.

The Public Comment period began.

1. Draft Prevention and Early Intervention Plan

- Teresa Pasquini presented an e-mail request to give Public Comment from Lisa who was unable to attend. She read it for the record: "My name is Lisa Assoni. I am a adult education teacher with the Mt. Diablo School District. For 20 years of my career I taught mentally ill teens and adults life skills. The year was 1974 and was one of the first teaching positions. I want to tell you about the program. It was called Phoenix Programs and located on Willow Pass Rd. Each day about 70 students would come to this Day Treatment Center. On staff, at all times, had a physician, nurse and 3 counselors. I was one part of the counseling team. This facility was

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established to help the chronically mentally ill mainstream into a chaotic society. Each client was monitored daily for medication, health and other needs. Each day began with a group check in. After our gathering, I would teach different classes such as memory enhancement, current events, and health/safety issues. My favorite class began as a more than necessary task. My students were hungry! They would come to the morning program filled only by a small bowl of cereal and rationed milk. There lunch was 2 slices of bread and one slice of a cheap meat or tomato, and kool aid. Since all the students had \$25.00 spending money for the whole month, it left little after purchasing meds, for food. There dinner again was loaded with cheap meats and potatoes. Filler foods were filling them up and OUT. I began teaching a cooking class which developed into a whopping 63 people being feed in under 1 1/2 hours. Students designed healthy menu's, shopped for ingredients and helped prepare the meal. We celebrated holiday's as well with fancy feasts that everyone loved. The program was diminished about 1995 and moved to a different location. I occasionally see a few of my students. Many have died and the rest roam the streets-disheveled, living in parks and under freeways. They have no resources left and are now **more than hungry**. Please, please help people who have a brain disease. They are victims and need to be taken care of. When I see a dog loose on the street, someone immediately pulls over or calls animal control who take the dog in. Some places have rooms for dogs with a tv in every room. This is not a pretty picture when animals have priority over human's. I am asking the board to take this matter very seriously, as many lives are depending on our assistance. "People to People Who Care". May you be considered ONE OF THOSE PEOPLE. Thank you in advance, Lisa Assoni Walnut Creek, Ca."

- Brenda said the voices of consumers were limited in this process. She went on to say we need to ensure the voices of consumers are always heard. Some people at the table are not consumer-driven. She stated that anyone who applies for MHSA funds must be trained in cultural competency about consumers.
- Connie stated she is concerned about children who witness domestic violence – that they can become traumatized and develop mental illness because of this and need intervention for themselves and their families.
- Dale asked about the availability of funds for the Behavioral Health Court and mentioned that although the Behavioral Health Court serves an adult population, a number of their clients are 18 years old and our goal is to keep them out of the criminal justice system.

2. Draft Workforce Education and Training Plan

- Dale mentioned she had been part of the MHSA steering committee process. Is any money allocated for support of the Behavioral Health

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Court? We employ consumers to provide assistance to the clients of the BHC.

- Colette stated the Workforce Training has been for paraprofessional jobs. She said we need to train for jobs in the real world.

3. Draft Capital Facilities and Technological Component Proposal

- Connie said that with the prices of housing going up, consumers have no place to live. She suggested using MHSA monies to buy inexpensive houses in troubled neighborhoods to help the homeless mentally ill live normally. She also suggested that we provide wrap-around services.
- Dale asked about availability of money for support of the Behavioral Health Court. She stated they desperately need more beds for their clients. In the absence of such facilities, she said their clients must remain in jail. She asked if the 24-hour clinics would be able to serve clients in need of prescriptions.
- Anne Heavey, who was unable to stay for the meeting but submitted a Public Comment card, ask if it would be possible to use MHSA funds for two modules (trailers) to be placed on the grounds of the Contra Costa Regional Medical Center for use by mental health consumers. One unit would be used for mental health education, such as a cognitive thinking course. The second unit would be for therapists to be available for post-hospital care for PEI purposes, and also for use as a drop-in for consumers seeking advice.
- Clare stated she is deeply concerned that the County has yet to receive their allotment of Prop 63 funds – it is very slow in coming. She also expressed concern about the proposed mental health facility costing a lot of money to build. She said the County will then no longer have acute beds for consumers who need longer than a 72-hour hold to stabilize.
- Art mentioned his family background – being a 5th generation resident of the County and from a family who have been active in service for the County. He stated he opposes the proposed Psychiatric Healthcare Facility (PHF) in the strongest possible terms. He stated there is still a desperate need for housing and we have an opportunity to get housing. On a scale of 1 to 10, he placed housing as an 11 and said the PHF was not even on the scale.
- Brenda said some of the money should be used to increase the skills of consumers at community based organizations (CBO's) to ensure that they can be employed in this technological age.
- Teresa stated she has been participating on Donna's PHF workgroup. She said she share's Art's passion and concern about housing. She said there is no crisis unit in East County. She said she does not support the PHF as she feels it would be a lower level of care. We are facing budget problems, but we should explore other methods. She added that we are supposed to be a housing program.
- Scott agreed about the housing issue.

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- Peter mentioned that one of the challenges he's seen has been the broken continuity of treatment. Records aren't routinely passed along. The best patient treatment needs to be addressed along with HIPPA concerns. The transport of patient information from one agency to another needs to be addressed as patients themselves are transferred from one facility to another.
- Ron asked if there has been outreach to professional IT companies? Donna directed him to page 4 of the Capital Facilities & Technological Component Proposal. Donna mentioned that it was very important to find the right company because we need to make sure we can get the claims submitted so we can get paid.
- Connie said we should run a dual system and have the vendors train the County workers.

General Comment:

Cindy, a graduate of the SPIRIT Training and an employee of MHCC, said a professional needs to facilitate their stakeholder meetings. She disappointed in the outcome and feels they were led.

III. ADJOURN PUBLIC HEARING.

The meeting was adjourned at 7:30 p.m.

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