

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION

Monthly Meeting

Approved Minutes of July 28, 2011

1. **CALL TO ORDER / INTRODUCTIONS**

The meeting was called to order at 4:34 by Chair McKindley-Alvarez. Introductions were made around the room.

Commissioners Present:

Dave Kahler, District IV  
Peggy Kennedy, District III, Vice Chair  
McKindley-Alvarez, District I, Chair  
Colette O’Keeffe, MD, District IV  
Floyd Overby, MD, District II  
Teresa Pasquini, District I  
Annis Pereyra, District II  
Gina Swirsding, District I  
Sam Yoshioka, District IV

Commissioners Excused:

Peter Bagarozzo, District V  
Evelyn Centeno District II

Commissioners Absent:

Supv. John Gioia, District

Attendees:

Mariana Moore, Human Services Alliance  
Brenda Crawford, MHCC, Chair Human Services Alliance  
Carolina Salazar, District IV  
Janet Marshall Wilson, MHCC  
Ralph Hoffmann, CPAW & MHCC  
John Gagnani, Local 1 / MH Coalition  
Lori Hefner, CPAW & Adv. Committee on Aging  
Karen Cohen, NAMI Jewish Community Outreach on mental illness  
Quentisha Davis  
Tara Robinson, Nursing student at Crestwood  
Will Locket, Nursing student  
Alison Dunn, student  
Kimberly Krish, recent SPIRIT graduate

Staff:

Linda Cipolla, Staff to MHC  
Suzanne Tavano, MHA  
Mary Roy, MHA  
Holly Page, MHA

2. **PUBLIC COMMENT**

Janet Wilson:

I am looking forward to working on special projects that have an apparent need to be in the spotlight, such as looking at out of county placements for adults and children. I am working on this intensely to get data and recommendations from MHA.

Brenda Crawford:

This year’s advocacy issue is out of county placements. We are the patient’s rights advocates both within and outside the county.

I want to announce that MHCC is having an international initiative on September 13<sup>th</sup>. The Commissioners are invited. There will be consumers from across the globe, including Australia, and Great Britain. MHCC was selected as one program that will be visited. There will be a talk about the consumer movement, a catered lunch, and Dr. Dan Fisher, Director of the National Consumer Empowerment Center will speak. They are honored to have been chosen.

John Gragnani:

In 2010, the Commission had referred the Local I evaluation to the IOC for review. He read the formal submission dated June 20, 2011.

*Inserted as a matter of Record.*

Quentisha Davis:

Regarding the Consumer Workforce Task Force, she wants to voice that everything needs to be discussed not just the happy stuff. She announced there will soon be a FaceBook area for those to post anonymously if they choose. It is a medium that will allow consumers to see they are not alone. She will provide more information at a later date. She is currently working with the EEOC and Housing for clarification on some issues. Those organizations ask for status and then use it against consumers.

### 3. ANNOUNCEMENTS

Welcome to Commissioner Gina Swirsding!

Carole read Suzanne's note requesting stakeholders to rate contractors:

“Since the May 25 stake holder planning meeting re behavioral health integration, Cynthia, Haven Fearn (AOD) Lavonna Martin (Homeless Services) and I have discussed different ways to proceed with an effective planning process. As a result, two contractors are being considered to guide the process. One is Marty Fleetwood (who facilitated the 5/25 meeting) and the other is Ken Minkoff who has facilitated the process in many Bay Area counties. A different group of ‘stake holders’ are being asked to meet with the two potential contractors to rate their proposals and give recommendations on which seems the best applicant and process.

Cynthia contacted Mariana Moore to invite three members from the Alliance. She also invited a representative from Local 1 and Local 21.

LaVonna is asking the advisory group for Homeless Services and Haven the advisory body for AOD services for three representatives: a consumer, family member and an at large member.

Is it possible for you to do the same: appoint three MH Commissioners, one identifying as a consumer, one as a family member and one at large, to represent the Commission?

The interviews of the two contractors are scheduled for August 19, 2011 from 9am to noon, then 1 pm to 3:30.”

Chair asked for a show of hands for interest to identify who could make the date and is interested in participating:

Commissioners Pasquini, Pereyra and Yoshioka all raised their hands and were chosen to represent the Commission.

**PUBLIC COMMENT:**

Brenda Crawford

She is the Chair of the Human Services Alliance and she doesn't include herself on that seat. She wants the voice to be one of consumers. There was no invitation issued.

Supervisor Mitchoff:

She was glad for the positive vote on Bonita House. She has a family member with a mental illness (bipolar) who has been in a group home for over 40 years. She's so pleased he is receiving that care and he looks forward to welcoming new residents.

The residents in Knightsen will come to know the consumers as neighbors. Mitchoff comes from an area close to Crestwood and recalled that was how it happened in Pleasant Hill. Currently it is a land use issue for Knightsen and that can take quite awhile to sift through and finalize.

Because of Bonita House she wants to help those with mental health issues and move forward on related issues. She felt the other board members are supportive too. There is property in Concord that wasn't planned to be a group home, she's not sure if they were mental health consumers but she can assure members but also help to move the process forward for residents with existing neighbors.

The district lines are changing but it doesn't matter if the issue is in her district or not - she wants to help. She looks forward to an open house.

She welcomed questions.

*(There were none)*

4. **CONSIDER APPROVAL OF MINUTES**

June 23, 2011 Monthly Meeting

➤ **ACTION: Motion made to approve the June 23, 2011 Monthly Meeting minutes:**

(M- Pasquini /S-O'Keeffe; Passed, 7-0-2; Y- Kahler, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra, Yoshioka; A-Kennedy, Swirsding) Kennedy and Swirsding abstained because they did not attend the June 23<sup>rd</sup> meeting.

5. **ACTING MENTAL HEALTH DIRECTOR'S REPORT – Dr. Suzanne Tavano**

Acting MH Director noted there were two additional manager retirements, which she was unsure when there would be recruitment for the positions.

Chair McKindley-Alvarez asked for status of the process at Nevin center and whether there will be additional meetings, because she'd like to attend.

- They met on Monday and yesterday (*Wednesday*). Tavano is hoping to pull a meeting together to build protocol. She thought a process was in place but it wasn't. She will try to take the lead and pull that together.

Commissioner Pasquini said she had heard that Tavano had brilliantly represented the county regarding the Department of Health Care Services conversations and Stakeholder processes that are currently going on.

- There is a schedule of meetings and Pasquini wonders who is representing us and what is the communication process for it? Is the Chair being provided a timeline on this so we know how to provide input?
- Tavano explained with the budget that was passed, all of the Medi-Cal related services are now moving from the State Department of Mental Health to State Department of Health Care Services. They have to provide a preliminary report of transition of functions by October 1<sup>st</sup> with additional tight timeframes. SDHCS organized the Stakeholder meetings that are occurring around the state.
- There was one large Stakeholder meeting two weeks ago that was phone accessible and then there were smaller groups, with various topics. The one she attended was structured to discuss county mental health plans.
- Pasquini felt there should be a mechanism in place (*for input*) and was raising to the Commission and MHA to find a way to link and include the community; Noted MHSA is not on the schedule for discussion.
- Chair confirmed it had not been discussed at the CALMBHC meeting.
- Tavano mentioned a big article in the LA times that would soon come out about the state hospital system.

Acting MH Director said she will distribute more information in between the monthly meetings.

Two parallel processes going on:

1. Transition of Medi-Cal services to DHCS (formerly performed by DMH) will be transitioned in ten months.
2. She hasn't yet received information identifying where other functions should go. MHSA who does licensing, certification programs, etc. – all those processes are being lumped together in the next round of stakeholder meetings and she doesn't have information on it yet.

Chair said they can discuss in their meeting next week (*Chairs and Director*) and decide how to disseminate the information through a standardized process.

Pasquini passed around the stakeholder schedule. (*Inserted as a matter of record*).

- Brenda Crawford said there should be language that would allow peer support to be certified.

- Chair asked about Older Adult Task Force
- Crawford explained that Older Adult is a subgroup of CPAW
- Lori Hefner said the task force had been absorbed by the Advisory Body on Aging, held every third Wednesday at 9:30 near Chevys.

Commissioner Swirsding said for those on Medi-Cal/Medicare it's difficult to find a doctor and psychiatrist. It disturbs her that doctors won't take patients on Medicare and Medi-Cal. She's concerned about Nevin Center, saying "When you see a shooting it affects you." She is sure there is trauma and the police aren't aware because it (*violence*) is all over (*in Richmond*). It's important to get treatment for PDST so there aren't worse mental health effects down the line.

## 6. **Anti-Stigma and Suicide Prevention Update– Mary Roy**

PEI was established under MHSA and the committee which has been meeting for a year is co-chaired by John Bateson and herself. There is a broad base of members from which to draw. She listed member's names, expertise and life experiences to show that there is a diverse membership in the group.

### Strategies:

- Look more deeply at who dies by suicide
- Who dies by suicide specifically in this county
- The report outlines information

### Highlights:

- 110-120 people die of suicide in Contra Costa County each year.
- The biggest risk is older adults though the ratio is currently declining.
- Middle aged Caucasian men are the largest proportion of all suicide deaths.
- It is challenging to grapple with the stories that lend themselves to suicide.
- People with mental illness experience suicide at higher rates than the general population.
- Henry Ford is a model that provides optimism. They reported 89 suicides out of 100,000 and they've gotten it down to zero for the last several months. Obviously they're doing something right.
- Currently they are checking on data for those who had sought care prior to suicide in the last six months. That would show whether there may have been missed opportunities. Roy believes they can make a difference.
- Targeted focus groups have been developed such as: Native Americans, LBGQT, youth and youth-providers and self identified people within faith community.
- Faith-based caregivers/responders were trained in suicide intervention twenty years ago so MHA is offering a booster course with up to date strategies on how to deal with people in crisis.
- They sponsored 200 staff and CBO members to be trained at the Thomas Joiner conference on June 10<sup>th</sup>; there was a high level of involvement on many levels.

- There have been conversations at the mental health clinic staff meetings with a useful exchange of information. They expect it to be an ongoing exchange.
- They are hopeful there are ways to partner with the larger community, for example Kaiser Hospital is working with a similar model. The more they dig into it, the more they learn how much more is needed. They only know about the people who touch the county system prior to their death by suicide, which is 1/4 to 1/3 of all occurrences.

Acting MH Director mentioned Doctor Joiner’s presentation and connected that to what she’d discussed about children being traumatized and wanted to bring this forward: “Dr. Joiner sees three major risk factors, one of which is repeated exposure to trauma. The theory being that the more a person is exposed to trauma, the more they internalize and normalize it. Therefore the more likely to act on impulses and become immunized against the horrible experiences.”

**COMMENTS:**

- The presentation was good; it would be good to have ongoing information coming in to keep them updated.
- There is concern about all the MHSA articles in circulation: One specifically focused negatively on suicide prevention in Shasta.
- A lot of suicides have occurred in the homes of parents of adult consumers.

Mary Roy said it’s been a deepening process and she is happy to provide a report in the future. They can create a focus group of family members per the request and can also create one for older adults. “The more we deepen the more we know we need a fuller picture.”

**TOPIC: STIGMA**

About three months ago an ad hoc committee formed to bring stakeholders together to establish a roadmap. Two weeks ago there was a meeting that will be called the Social Inclusion Committee. Their goal is to incorporate both proactive and reactive responses regarding NIMBYism. They want to keep education going with community awareness. The next meeting is two weeks at the Concord Police Department on August 11<sup>th</sup>, 1-3pm.

Chair said as a Commission, they focused around the Richmond mayor’s race and had talked about how they wanted to work collaboratively with West County and Captain Mark Kagan. That goal is not shining through in the work being done through PEI. She asked for a grasp on their priorities so the Commission knows if they need to revisit the stigma issue.

**nimbyism**

- the practice of objecting to something that will affect one or take place in one's locality
- acronym for ‘not in my back yard’

Roy said Captain Kagan did not attend the last meeting because he was out of town. They are in the process of creating a charter. At the last meeting they talked about staff roles in regard to NIMBYism. For instance, since NAMI members can speak in a different way than MHA

staff, there needs to be partnerships so each group may be able to speak from a different experience level.

The literature shows that someone with lived experience is heard better by the community and peers than those without. Shared experience is key for educating. It's really on the person to person level where education happens. She thinks there will be PSAs under the PEI statewide plans but that they can do a lot locally.

There is a great opportunity for co-creation and if anyone suggests agenda items, they will be taken up.

Acting MH Director said they are struggling a bit with this. When they tried to pull together an anti-stigma campaign it really required community partners. Also they need to look at what is being done at the state level.

Commissioner Swirsding asked whether they were looking at people who get stigmatized at the ER. She said she won't go to the ER without an advocate. Roy said they had not yet looked at that but were open to it. "It's on our radar but specific strategies have not yet been established."

- One issue is once the hospital knows of the consumer's medication(s) they can make stigmatizing assumptions.

#### COMMENTS:

- Concern that PEI may be trying to tackle too many issues that are not time bound. "It seems like issues are coming from all directions and from our experience we need to focus on a handful of items or we can't get a lot done."
- Is there or will there be a formal way to submit issues for the task force?

Roy said they had finally just got our legs under us, but would look at a process for formal submissions going forward.

Karen Cohen:

1. Suicide itself is terrible but also the threat of suicide which looms for family members is also terrible.
2. She was on the Mental Health Speakers Bureau for many years. If it is revived she has comments about what would and would not work.

Brenda Crawford said to reinforce that it's an evolving process. Peer support is not a new model, it's the basis of the 12 step process. She will attend the Social Inclusion Committee. There needs to be additional ways to get the message out.

#### 7. **MHSA UPDATE – Annis Pereyra and Teresa Pasquini** ACCEPT oral update on MHSA

Commissioner Pasquini spoke about the NAMI meeting that occurred on Thursday July 21:

She drew a thread of comparison on that meeting and her reports from CPAW for the last several years.

#### FAILURES:

- The most expensive, severely persistently mentally ill family members get stashed away.
- Consumers with champions have a different perspective than those who have no resources.
- They raised collective voices when what they were seeing coming out was not in line with the original concept and vision – it is easy to understand how family members became disenfranchised.
- The dream was MHSA would bring relief to struggling families and consumers at the far end of the spectrum where people needed it most. Instead, it is the 2<sup>nd</sup> tier where huge amounts of money are spent on a few people where thousands go without.
- The amount of money that comes from MHSA is more significant as the other pots disappear.
- On a national and state level: blending of 3 departments – we can't move into that without changes to the status quo. When resistant to the change, no one benefits – it's across the board chaos. Now is an opportunity to see what works for everyone. She urged everyone to open their minds and hearts, and embrace change and be willing to work together.
- She strongly expressed with Commission, MHA, CPAW and CPAW leadership for 7 years has been trying to balance her personal negative experience with positive MHSA experiences. She is concerned about polarization – that those who are deemed negative are cast as being uncollaborative.

#### NAMI Meeting:

- As one of two family member speakers, She felt disrespected from those who diverted the intention and focus of the meeting (which was directed toward NAMI family members not MHA staff.)
- There was a lot of emotion for Commissioner Pereyra and for her. There was a lot of fear, angst, lost hopes and dreams. She didn't feel safe speaking alone and had anticipated a reaction.
- As a speaker she self disclosed herself as a consumer in order to show the difference between her needs and her son's needs and was mocked in response during the meeting. She thanked Suzanne Tavano for reaching out afterward.
- She is disillusioned with the MHSA process and has tried to say the same thing in as many forms as possible.
- She felt MHA mobilized to stop NAMI members during that meeting and knows there were several family members who said the same.
- There wasn't one NAMI member that spoke at their own meeting because they were in shock. There were only anecdotal responses. "We aren't 'out to get' the providers and 'we aren't out to get' the money."



## ISSUES:

- How difficult would it be to change the way that money is spent on MHA?
- Acting MH Director said they should have that conversation. 25% of the money going to early intervention creates some issues. She felt badly at the end of Thursday evening (*At the NAMI meeting*) for those who told their stories. She said they were not well informed about the meeting and that they need to be pushed at times; though they are overwhelmed they need to look at what they can change through community and support.
- Commissioner Pereyra said they'd struggled to give a rubberstamp to PEI and felt they needed to have a more thoughtful review with an opportunity for input of anything that goes forward.
- Rubicon brought up that no one has been asked for help to assess before going forward with allocations. Feedback for assessments should be accomplished before pulling out rubberstamps. Pereyra suggested to convene a group to review what's working and what's not working and how they can spend money most appropriately.
- They would like efficiency in the process.
- Concern about the current process of integration: there needs to be value stream mapping, and gap analysis. Whenever the Commission gets MHSA information in comparison to the System of Care, without knowing how the System of Care is functioning.
- The fear of the money going away is polarizing the status quo.
- How does this address the issue that family members feel silenced?

Pasquini said she was hopeful given Cynthia Belon's respect for family members.

Chair suggested it be put on the agenda to find the root cause and to collaborate with MHA in making sure the voices are heard.

Karen Cohen:

As a family member she did not speak out because her family member was not in the county system.

She felt Pereyra and Pasquini were blindsided during the meeting. She felt there was a basic issue – you could call it mental health versus mental illness. She worked hard to get prop 63 passed. The way it was presented was to help the most marginalized disenfranchised people in our community. It was as if MHSA was meant to have money to go to heart research and all of a sudden it's going to allergies. I don't see it as a family issue, I see it as a statewide issue on how we take care of our most severely in need.

Brenda Crawford:

It doesn't serve anyone when the system of care has holes in it. One of the things we should do is look at all the clauses in MHSA to determine where to plug holes. After the meeting we talked and are focusing on out of county placements.

8. **DISCUSS 7.26.11 BOS Knightsen hearing and CONSIDER action items as related to BOS decision**

- Janet Marshall Wilson got an email from Rick Crispino indicating there are still things that need to be worked on. Brenda Crawford said it's mostly procedural issues.
- Commissioner Pasquini thanked Commissioner Pereyra for all her hard work on the Knightsen issue. This was a huge partnership effort. The letter was on MHSOAC website. She asked her to please share with OAC. She listed people who attended and who helped.
- John Gragnani thanked Pereyra and Pasquini. He said he'd never seen Teresa Pasquini more focused and confident. After the vote, it was the first standing ovation at the Board that he's seen in the last 16 years.

Chair McKindley-Alvarez gave a bouquet of flowers to Commissioner Pereyra on behalf of the Commission and said the following:

She acknowledged the community for their participation and for not bullying. She gave thanks to all who have worked on the Knightsen project but in particular to Annis Pereyra who took it on from the beginning. It took mobilization from everyone and was a collaborative effort. We want to continue the collaboration and to ride forward on the momentum made from the Knightsen effort and success.

- Brenda Crawford said at the MHCC dining room they are we going to have a party for the consumers because they supported by showing up in large numbers.
- Thanks to Kimberly for creating the signs used at the hearing.
- John Gragnani acknowledged Crawford for her speech.

Food was brought to celebrate the success of the Knightsen Hearing and people were invited to dish up as the meeting continued.

9. **APPROVE Stakeholder report expectations and parameters for MHC meetings regarding invitations, frequency, timing, length and possible written reports as a requirement.**

MOTION to hold the topic until the August Monthly Meeting.

- **ACTION: Motion to postpone item 9 until the next monthly meeting (M- Yoshioka/S-Pereyra; Passed unanimously)**

10. **STANDING COMMITTEE UPDATES Capital Facilities**

**A. Capital Facilities Committee**

HEAR update from the Capital Facilities Commissioners Pasquini & Pereyra

APPROVE recommendations regarding 20 Allen ARC and CRF gathered from CPAW Capital Facilities/IT meeting

Pasquini provided background on the CPAW readiness sheet:

They are requesting approval for MHA to do the bidding process to determine the cost of the crisis residential facility because it's gone over budget. The form was already approved by CPAW and Capital Facilities recommended that the Commission approve the CPAW Readiness Sheet.

- **ACTION: Motion to approve CPAW Readiness Sheet**  
(M- Pasquini/S-Kennedy; Passed unanimously)

It was announced that the August Capital Facilities meeting was cancelled.

### **B. Criminal Justice**

HEAR update from the Criminal Justice Committee: Commissioners Kahler, Bagarozzo, Yoshioka & Overby  
APPROVE 2011 Criminal Justice Goals

- There was discussion about the upcoming site visit. It was determined it would be a 'visit' not a 'site visit'.
- It was determined that the visit would not be agendized and that smaller groups would need to visit separately rather than a large agendized site visit which the facility couldn't handle.
- The issue of quorum was not established since Bagarozzo's resignation meant with three members, two members at a site visit would be a quorum and out of compliance with Brown Act.

- **ACTION: Motion to approve Criminal Justice Committee 2011 Goals**  
(M- Kahler/S-Pasquini; Passed unanimously)

### **C. Quality of Care**

HEAR update from the Quality of Care Committee Commissioners Kennedy, McKindley-Alvarez, O'Keeffe & Overby

Vice Chair Kennedy, said they had asked Mary Roy for a breakdown of administrative and direct services cost.

As group they are focusing on gap analysis re: transportation accessibility of medical dental care services and continuum of care to assess if they are culturally appropriate for Contra Costa County. They will continue to discuss these issues at the next meeting.

Consumer Workforce Supportive Service Task Force:

Kennedy said Commissioner O'Keeffe was elected Chair. They need to confirm with the By-Laws whether the committee Chair needs to be a member of Commission but other members don't.

**D. Nominating Committee**

HEAR update from the Nominating Committee Commissioners, Yoshioka, O'Keeffe & Overby

Vice Chair Commissioner O'Keeffe provided a verbal update. *Inserted as a matter of record.*

E. CONSIDER appointing Commissioner Centeno to the seat on the Nominating Committee and Capital Facilities Standing Committee

O'Keeffe asked for the vote to be tabled because they (*the Nominating Committee*) wanted to leave the position open.

- **Motion to appoint Commissioner Centeno to the Nominating Committee**  
(M- Pasquini/S-Kennedy; Failed, 7-0-2; Y- Kahler, Kennedy, McKindley-Alvarez, Overby, Pasquini, Pereyra; O-O'Keeffe, Yoshioka, A-Swirsding)
- **ACTION: Motion to appoint Commissioner Centeno to the Capital Facilities Committee**  
(M- Kennedy/S-Yoshioka; Passed unanimously)

10. **ADJOURN MEETING**  
The meeting was adjourned at 6:44pm

Respectfully submitted,  
Linda Cipolla  
Executive Assistant