

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
Monthly Meeting ♦ August 25, 2011
MINUTES – FINAL DRAFT

1. CALL TO ORDER / INTRODUCTIONS

The meeting was called to order at 4:31 by Chairperson Carole McKindley-Alvarez. Introductions were made around the room.

Commissioners Present:

Evelyn Centeno, District II
Dave Kahler, District IV
Peggy Kennedy, District III, Vice Chair
Carole 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 Absent:

Supv. John Gioia, BOS Representative

Commission Staff:

Karen Shuler, Executive Assistant

Attendees:

Brenda Crawford, Exec. Director, MHCC
Geet Gobind, Visitor
Mariana Moore, Human Services Alliance
Carolina Salazar, District IV Representative
Jennifer Tuipuloth, OCE
Janet Marshall Wilson, MHCC
(Note: There were other attendees who did not sign in.)

Mental Health or County Administration:

Cynthia Belon, Director, Behavioral Health Services
Holly Page, Health Services Planner/Evaluator
Dorothy Sansoe, Deputy County Administrator
Suzanne Tavano, Acting Mental Health Director

2. PUBLIC COMMENT

- Teresa Pasquini, one of the MHC representatives at the Behavioral Health Facilitator Selection Team Meeting, reported there was a good cross-section of stakeholders at the meeting. The term “trauma induced system” was used to describe how many providers, family members and others are overwhelmed by all the changes from the state and federal levels. She referred to a communication from Cynthia Belon stating that after considering all the comments from Representatives, the Team unanimously accepted the recommendations given and “Zia Partners was selected to provide the technical assistance, training and guidance that will transform our existing systems of care into a behavioral health system of care.”
- Brenda Crawford stated that in times of great turmoil there is opportunity for great creativity. She said she thinks the system is not broken but severely wounded at

this point and that we need to look at the gaps causing some who need the services most not to be served. She added the supplantation clause being lifted provides a rare opportunity to plug holes in the system. She encouraged the MHC to join with others in promoting a spirit of collaboration and partnership.

- Janet Wilson told of her working on out-of-county placements. She expressed great concern over what happens when a Contra Costa County patient dies out-of-county in a locked facility. There needs to be more oversight. Contra Costa County personnel and relatives are left wondering what happened.
- Brenda Crawford added to Janet's comments, stating there is a responsibility to review the rights of the conserved patients and to notify Contra Costa County about hearings and all rulings involving the out-of-county client.

3. ANNOUNCEMENTS

- A. Peter Bagarozzo's resignation from the Commission was announced.
- B. MHC Executive Assistant Linda Cipolla has left for another job opportunity and has been replaced by Karen Shuler, who previously had served as Executive Assistant. At this time Karen is assigned on an interim basis.
- C. Carole told Commissioners to be aware that redistricting will impact the MHC and we will be monitoring it. Dorothy Sansoe added that the issue of how to handle Commissioners whose District will change will go before the BOS Internal Operations Committee. The matter will then go to the full meeting of the BOS. She will advise Karen on the IOC meeting date.

4. APPROVAL OF MINUTES

- June 29, 2011 Special MHC Meeting
 - **ACTION: Motion made to approve the June 29, 2011 Special MHC Meeting Minutes. M-Sam Yoshioka/S-Teresa Pasquini. Approved 9-0-0.**
- July 28, 2011 Monthly MHC Meeting
 - **ACTION: Motion made to approve the July 28, 2011 MHC Meeting minutes. M-Sam Yoshioka/S-Teresa Pasquini.**
 - Peggy relayed the following corrections to Staff:
 - p. 5, Item 6, 1st bullet under Highlights: add "each year" after "County".
 - p. 10, Item 8, 3rd bullet: add "After the vote" before "it".
 - p. 11, Item 10, 2nd bullet, 2nd paragraph: add "re: transportation, accessibility of medical and dental care services" after "analysis".
 - Approved as corrected 9-0-1 (Evelyn abstained because she wasn't in attendance.)**

(Note: Peggy arrived late and was not present to vote on the Special Meeting Minutes but was present for the vote on the MHC Minutes.)

There was brief discussion on the need to update a task follow-up list to prevent items from falling through the cracks. Gina requested more information about why the County wasn't applying for grants.

5. **ACTING MENTAL HEALTH DIRECTOR'S REPORT –**

Dr. Suzanne Tavano

A. Vacancies in Mental Health

Vacant clinical and clerical positions have been filled, but there are still 7 out of 14 management positions that have not been filled. Requests to open exams for the positions have been made to Contra Costa Human Resources, but to date there is no action on the following positions:

- Mental Health Program Manager – 7 positions
- Quality Management Program Coordinator – 1 position
- Mental Health Family Services Coordinator – 1 position
- Accounting Technician – 1 position
- Nursing Program Manager – 1 position

Suzanne mentioned it can take a year or more to go through the process of filling a position.

B. AB102

Suzanne distributed the Draft Transition Plan for the transfer of Mental Health Medi-Cal and EPSDT programs from the State Department of Mental Health to the State Department of Health Care Services. It contains resource information. Suzanne mentioned that counties need to remember that we provide specialty mental health services, not basic mental health services. Quoting from the Draft Transition Plan: “California provides basic mental health services via its Medi-Cal fee-for-service system or Medi-Cal managed care, and it provides *specialty mental health services through county-managed mental health plans (MHP's)*.” Suzanne stated the State Plan was a good historical document. Dave asked what was happening with the Department of Mental Health. Suzanne responded that it is being dismantled, but that State hospitals are remaining, but may be renamed. All non-Medi-Cal, non-EPSDT are not a part of mental health, but it's not sure where they will be placed. There are two parallel processes (two stakeholder groups) – one for non-Medi-Cal/MHSA issues and one group of Medi-Cal/EPSDT. Suzanne responded to a question from Annis about why MHSA is not being included since they have Medi-Cal billable services by saying MHSA is being treated separately from Medi-Cal (two separate planning processes). Brenda asked where certification for peer support falls, and Suzanne stated there are ongoing conversations regarding this. Carole spoke of the need for advocacy regarding the process the two stakeholder groups – asking that they not be split.

C. Statewide Projects

The Cal/MHSA JPA has announced the awardees of MHSA funds for statewide PEI programs.

D. MHSA

Suzanne said they are trying to step back and look at everything. Background information was distributed. Regarding quality of care, Suzanne referred to a report generated for the Commission on Gap Analysis re: MHSA.

6. **MHSA FUNDING PROCESS AND CONSUMER/FAMILY INVOLVEMENT**

CONSIDER next steps and APPROVE prioritizing within standing committees or task force.

- Carole said we need to create an opportunity to have a dialogue about funding – who’s actually being served and who should be served. Are the people MHSA was created for receiving the services? She emphasized this conversation does not negate the good work that is being done by providers of mental health services.
- Gina asked who is covered under MHSA. Suzanne responded: Medi-Cal/Medicare (Medi-Medi); uninsured; Medi-Cal; some Medicare; some privately insured.
- Carole asked Commissioners to outline the issues around the way the MHSA dollars are being spent.
 - Reference was made to papers reporting opinions from D.J. Jaffe regarding concerns over how funds were distributed.
 - Teresa stated she is hearing for the first time about the efficiency of committees and changing things. She feels the system of care is in crisis. Teresa also said she believes the process needs to be opened and that funding streams need to be blended, not separate. She read from a report she had given: “While other stakeholders on CPAW may be identified family members that deserve respect for their lived experiences, I question their ability to clearly identify with the current crisis levels if their consumer or family experience is not with the Contra Costa public mental health system. Plus, if they are also Administrators, employees and MHSA funded contractors, I worry about the ability to separate conflict and maintain objectivity. This takes us back to the IOC item and the discussion about the balance of contractors/ staff to consumers, families and stakeholders who do not receive funding. This conversation was highlighted again at the July NAMI General meeting when two moms were invited to share their lived experiences with the CCC system of care and MHSA.”
 - In response to the Jaffe articles, Evelyn said there is a lot of violence that happens to people who are outside the system for some reason. She said the Criminal Justice Committee should make sure education is in place so law

enforcement would always check with mental health, and the court system needs to be involved as well. Evelyn added that people don't necessarily have to have Contra Costa County mental health experience to help solve the problems.

- Colette expressed concern that so much money is being used for analysis, planning, trainings, etc. instead of actually providing frontline care. She questioned how much is actually being spent on providing care?
- Peggy stated that originally Prop 63 was implemented to address the severely mentally ill. She said we need to start with the original intent of Prop 63 – seven years later, are we doing what we promised?
- Gina agreed with Evelyn's comments and added that we need to address the needs of the homeless, mentally ill, and those not in the system.
- Brenda agreed with Teresa, stating we can't put consumers at the table and say it's a consumer-driven process without providing the leadership and training that's needed to be an effective stakeholder – the same with family members.
- Annis said she has been involved since the beginning of MHSA, and the intent was to make things better in the old system. But people who need help (the severely mentally ill) don't get services.

Dave asked where AB 100 fits in to bring the decision-making process down to the County level. Suzanne responded that it helps us. There are many obstacles, but she hopes it will work out. Dave answered that the Department of Mental Health says it's county-led. Suzanne stated there are component mandates with time limits.

- Carole asked what action the Commission should take for adults and children as well as older adults – how do we get knowledgeable stakeholders at the table? How do we move forward and have some impact on how we're using dollars here in Contra Costa County? She added that we are going to appreciate and honor what we've done, but we do need to push for some changes. What actions do we need to take?
 - Colette said we need to get figures to see how effective we've been.
 - Teresa spoke about the Welcoming Project and said 1) We need to go, see and experience what family members and consumers experience; 2) We need to see how the system is being analyzed – sustainability audit? gap analysis?; and 3) We need data/information – not just Mental Health Administration's opinion – we need to have everybody at the table.
 - Carole said we need to be touching people who are not touched – Where are the homeless? Where are the repeat offenders? Who are the chronically mentally ill in the streets and in the system? How we gather all this information needs to be creative and out of the box.

- Colette mentioned that the SPIRIT program is producing many educated consumers.
 - Evelyn agreed with the need for data. She also expressed the need for increased housing and said we need to know what it will take to move it forward.
 - Peggy said she agrees with the need to get figures, but that we need a sense of direction, flesh out how we get there – how we find the people so we are dealing with real figures to make sure we can get to where we want to go.
 - Gina mentioned that a lot of non-profits don't provide for everyone and that needs to change. There needs to be provision for people on the streets.
 - Suzanne said there's a document posted each month that's based on what stakeholders were asking for. She said we need to start by looking at that document. There are plans to do a needs assessment involving response from County Staff and she would like to proceed.
 - Brenda mentioned that the ER should be a place consumers are not afraid to go. They are already fearful and the hospital should be seen as a place of healing.
 - Cynthia said 1) there needs to be a better way to communicate. We need to think about how to dialogue person-to-person. 2) If we isolate MHSA, it will create another silo. We need not to just make MHSA the focus but look at the bigger picture.
- **Carole made a motion to create a Task Force because it's too big an issue to be discussed in MHC meetings.**

M: Carole McKindley-Alvarez/S: Evelyn Centeno.

Discussion: Teresa said she didn't know where it would go or for how long it would be scheduled for – Would other people be brought in? Who? How many meetings? Peggy said it should have a stated purpose approved by the MHC before being formed. Gina thought it was a good idea, and would like contractors brought in. Annis opposed the idea, saying there needs to be a larger group focusing on this than just the MHC, that it makes more sense to have combined meetings. Brenda agreed with Annis, stating she found last Friday's process was good, with lots of different groups displaying similarities rather than differences. Cynthia stated she wasn't sure if a task force would be effective – that the issues need to be integrated into a larger group. Carole said we must ensure that this conversation is a part of the MHSA integration project. Cynthia responded that we needed to make sure everyone has the same information.

Carole withdrew her motion.

- Carole stated we'll do fact-finding, develop historical information, gather stats, and do a gap analysis to make sure MHSA funds are being implemented in a right way.
- Gina disagreed with withdrawing the motion.
- Teresa said we need to work with CPAW on making the MHSA 101 information available as that will help get us grounded on the history.
- Carole asked that Agenda Item #6 be placed on next month's agenda -- Commissioners should be up to speed on the basics of MHSA and we can have a dialogue on how to actually open this up to conversation to lead into next steps.
- Cynthia felt we need to do something more than just look at MHSA 101. At some point there should be a dialogue that includes other opinions not necessarily held by staff.

7. STAKEHOLDER REPORTS

- **CPAW** – Teresa Pasquini and Annis Pereyra

In the interest of time, no report was given.

8. APPROVE STAKEHOLDER REPORT EXPECTATIONS AND PARAMETERS FOR MHC MEETINGS REGARDING INVITATIONS, FREQUENCY, TIMING, LENGTH AND POSSIBLE WRITTEN REPORTS AS A REQUIREMENT.

Item was tabled until we know where we'll be going as a Behavioral Health System.

9. STANDING COMMITTEE REPORTS

(Criminal Justice and Capital Facilities committees did not meet in August.)

A. Nominating Committee – Sam Yoshioka

- The Committee is waiting for the Board of Supervisors to make their decision regarding how to place Commissioners in their right districts following redistricting before actively recruiting new members for the Commission. One new application has been requested.
- The Committee discussed a proposed mentoring program. Carole reminded Sam that all proposals need to be presented to the Commission for approval. Gina is interested in joining the Nominating Committee.
- The Committee will be checking with Dorothy Sansoe and representatives from the BOS about the 2008 agreement regarding the application process.

B. Quality of Care Committee – Peggy Kennedy

A report was received from Steve Hahn-Smith discussing current resources for public transportation, which included:

1. Mobile Response Team and Wrap-around services for children – transportation available
2. Personal assistance for family/friends for a few adult/TAY clients
3. Case managers for weekday business hours for about 15% of adult and most TAY clients.

Overall, 70-90% adults have no assistance, and 90% of TAY clients with no assistance after business hours and weekends.

Erin and Steve will make sure that County bus transit maps and information telephone numbers will be posted in each clinic and on each clinic's website.

Medical and dental services are sparse.

Colette will give an update on the Consumer Workforce Supportive Service Task Force next month. Quentisha Davis was elected as Vice Chair and Roberta Roman was elected as Secretary. We're fine-tuning the goals.

10. **ADJOURN MEETING**

The meeting was adjourned at 6:32 p.m.

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

Proposed Items for September Agenda:

1. MHSA Funding Process and Consumer/Family Involvement--CONSIDER next steps and APPROVE prioritizing within standing committees or task force.
2. Place Brenda's and Janet's comments regarding out-of-county placement on September MHC or Executive Committee Agenda.
3. Place names into Nominations for Chair and Vice Chair.

MHC Follow-Up:

1. Gather statistics showing people with Mental Illness experience suicide at higher rates than the general population. Also check rates among out-of-county placed clients.
2. Ensuring the rights of out-of-county clients and their families. (Janet)
3. Advocacy against the CDMH proposal to divide the MHSA process into two stakeholder groups.

Materials Distributed at 8.25.11 meeting:

Note: all materials distributed at Mental Health Commission meetings are available to the public. Call 925-957-5140 with your request.

1. Agenda Item #2 (Public Comment - Teresa's comments)
E-mail from Cynthia Belon re: "BHS Facilitator Selection Meeting 8.9.11"
2. Agenda Item #5 (Mental Health Director's Report):
 - A-D Acting Mental Health Director Suzanne Tavano's Report
 - B Department of Health Care Service's Draft Transition Plan for the transfer of Medi-Cal related specialty Mental Health Services from the Department of Mental Health to the Department of Health Care Services, effective July 1, 2012
Organizational Chart for the current Department of Health Care Services
Organizational Chart for the proposed Department of Health Care Services
 - C The Cal/MHSA JPA list of the awardees of MHSA funds for statewide PEI programs.
 - D California Department of Mental Health Vision Statement and Guiding Principles for DMH Implementation of the MHSA 2.15.2005
Copy of the Welfare & Institutions Statute defining the MHSA
Community Services and Support Home page
Description of the MHSA in Contra Costa County
Memo from Suzanne Tavano in response for MHC Quality of Care Committee request for a gap analysis
3. Agenda Item #6 (MHSA Funding Process and Consumer/Family Involvement - 3rd Bullet)
 - Opinion by D.J. Jaffe: In California's system of care for the mentally ill, leadership is lacking
 - Opinion by D.J. Jaffe: Obama left out Jared Laughner and his mom
4. FYI Handouts:
 - Save the Date Flyer for AOD Programs Stakeholder Regional Meetings
 - State "Trigger Cuts" Loom as State Revenues Fail to Match Budget Projections – Funding for Education and Social Programs Could be Reduced
 - Fact Sheet: 2011-12 Budget "Trigger Reductions"
 - Trigger Cuts Summary
 - Contra Costa Times Article: Contra Costa County and its Midlevel Managers Reach Labor Deal