

**Contra Costa County Mental Health Commission  
MINUTES - March 28, 2013**

Agenda Item	Discussion	Follow-Up
<p><b>I. Call to Order/Introductions</b></p>	<p>In the absence of the Chair, Vice Chair Peggy Kennedy called the meeting to order at 4:41.</p> <p><u>Commissioners Present:</u>  Louis Buckingham, District III  Evelyn Centeno, Disgrict V  Dave Kahler, District IV (left at 6:20)  Peggy Kennedy, District II  Supv. Karen Mitchoff, BOS Rep. (arrived at 5:20)  Teresa Pasquini, District I  Annis Pereyra, District II  Gina Swirsding, Disgrict I</p> <p><u>Commissioners Absent:</u>  Jerome Crichton, District III  Jack Feldman, District V  Carole McKindley-Alvarez, District I  Colette O’Keeffe, District IV  Sam Yoshioka, District IV</p> <p><u>Non-Commissioners Present:</u>  Bob Buchen, Guest  Dianna Collier, Family Coordinator  Mara Gold, Supv. Mitchoff’s Office  John Gagnani, CCCMH, Local 1  Steven Grolnic-McClurg, Mental Health Director  Peggy Harris, Consumer  Georgette Howington, Guest  Mariana Moore, Human Services Alliance  Lauren Rettagleata, Family Member  Karen Shuler, MHC Executive Assistant  Nina Smith, Alcohol &amp; Other Drugs Advisory Board</p>	<p>Staff:  Add guests to MHC notification e-mail list.</p>
<p><b>II. Public Comment</b></p>	<p>Peggy Harris commented on her experience as a consumer at the Living Room Conversation meeting. She said there were a lot of new faces there, and data from the meeting will be compiled for distribution in a few weeks.</p>	
<p><b>III. Announcements</b></p>	<ol style="list-style-type: none"> <li>1) Update on mandatory requirements for Commissioners  Peggy notified the Commissioners that staff will be checking files to make sure all certifications (Brown Act and Better Government Ordinance Video Certification; AB1234 Ethics Training Certification) are up-to-date and contacting Commissioners by e-mail if anything is needed.</li> <li>2) Staff vacation schedule  Karen will be taking a week-long vacation July 29-</li> </ol>	<p>Staff:  Check each file for Certifications and notify Commissioners if compliance is needed.</p> <p>Staff:</p>

	<p>August 2. This will make it necessary for some committees to have their Agendas and reports prepared a week early so they can be posted before she leaves. No meeting dates will need to be changed.</p>	<p>Send schedule for reports and agendas to Committees affected by vacation schedule.</p>
<p><b>IV. Approval of the Minutes from February 28, 2013</b></p>	<p>➤ Evelyn made a motion to accept the Minutes and Annis seconded. Peggy called for discussion. There was none. The Minutes were approved as presented.</p>	<p>Vote: 7-0 (unanimous) Staff: Forward approved Minutes to website for posting.</p>
<p><b>V. Report from Mental Health Director Steven Grolnic-McClurg</b></p>	<p>[Note: The full report is printed below. Remarks made at the MHC meeting are italicized.]</p> <p><b>1) MHSA</b></p> <p>We are working diligently to enact the approved 12-13 plan. Please find attached a spreadsheet detailing where elements of the 12-13 MHSA plan stand. This spreadsheet will be updated monthly, and is accurate as of the date listed at the top of the spreadsheet. We are moving forward with planning for the 13-14 plan update. At CPAW in April, a draft plan update will be presented for review and comment by stakeholders. After comments, we will revise this plan update and bring to CPAW in May for possible endorsement. It would be helpful for the MHC to state how they want to be involved in this process. Administration is moving ahead with the money in-money out audit of the MHSA fund. I do not have a final list of deliverables or a final date for this audit. BH has endorsed the MHC proposed process of creating a MHC committee to select an auditor and deliverables for the 2<sup>nd</sup> audit. <i>Steven added there is no news on the money-in/money-out audit.</i></p> <p><b>2) Healthy Families</b></p> <p>As stated previously, families that were enrolled in Healthy Families are being transitioned to Medi-Cal, and their mental health care will be assigned to the Mental Health Plan. We are actively working with the Contra Costa Health Plan and Kaiser to ensure these families will have a smooth transition of care, with the goal of minimizing changes of providers where possible and coordination of communication to these families about these changes. For families currently being served through the Health Plan, they transitioned to Healthy Families as of March 1<sup>st</sup>. The CCHP has maintained services to these children through the month of March and they will be transitioning to the MHP clinics or network of care as of April 1<sup>st</sup>. Approximately 78 children will be transferred.</p>	

*Steven added the transition has gone smoothly.*

For families currently being served by Kaiser, there are somewhere between 600-750 children who will transfer to Healthy Families on April 1<sup>st</sup>. For children currently being served by Kaiser who have a SED (estimate is 25% of those being served), we are working closely with Kaiser to transfer them into our system of care. For those who do not have a SED, we are actively exploring two options. The first would be to have Kaiser continuing to provide MH services to this population, under a contracted rate. This would allow for the best continuity of care for the children and reduce the burden on our provider network. If this proves not possible to do, we are preparing for a second option, of having these children transferred into our provider network. Contra Costa County continues to participate in the weekly calls with the state Department of Health Care Services related to HF transition since the inception of the calls.

*Discussion: Steve reported there are about 500 non-SED kids from Kaiser. There were questions regarding who is paying for the services for the kids from Kaiser. Steven said the parents have private insurance, and CCMHO and Medi-Cal will also be paying. Concern was expressed that the kids from Kaiser would take away services from non-private pay kids. Steve said there is a plan for the state to match funds. John said the kids from Kaiser will go to Medi-Cal, but is concerned that Kaiser will find a way to get their kids into our County system. He asked if there is a plan to bring on new staff. Steve replied that our system will still be stressed as the kids from Kaiser are added, and once it is determined that we will be providing care for Kaiser kids, funds will be used to add staff.*

**3) Katie A.**

There are no changes to report. As stated last month, County Children's Mental Health is in discussions Child and Family Services (EHSD) regarding service to the Katie A. population and we are taking direction from the state consultant as to how this service is to be delivered. Each child is to be screened and provided with ongoing planning meetings by a multidisciplinary team that will include a mental health professional from county mental health. Two new Service codes have been developed to capture these services, ICC and IHBS (Intensive Case Coordination and In Home Behavioral Services) and there will be significant reporting under the settlement agreement to the state Special Master

regarding the progress of county efforts toward serving this population.

**4) Family Coordinator Update**

Dianna Collier is the new Family Coordinator and began in her new role on March 17<sup>th</sup>.

*Steven introduced Dianna Collier. She spoke about her background and excitement about taking on this position.*

**5) MHSa Program Manager**

Personnel sent a list of candidates for the MHSa Program Manager position, and nine candidates on that list are interested in the position. We are working with CPAW to develop an interview process that involves stakeholders, including consumers in the system, in the interview process.

*Steven added that the Interview panel will be meeting next Wednesday to discuss questions that will be asked. The interviews should then start next Friday.*

**6) Crisis Residential Program and Assessment and Recovery Center**

The RFP for the Crisis Residential Program is near completion and we anticipate releasing it by the end of March. We have incorporated stakeholder feedback, including feedback from the Mental Health Commission, in formulating the RFP. The Assessment and Recovery Center planning process is under way, and we are interested in how the MHC would like to give input into program development.

*Steven reported the RFP for the Crisis Residential Program will be out soon. The projected opening date for the CRF is in the Fall, and for the ARC is in the Winter.*

**7) IMD Demonstration Initiative Details**

The Medicaid Emergency Psychiatric Demonstration was established under Section 2707 of the Affordable Care Act to test whether Medicaid programs can support higher quality care at a lower total cost by reimbursing private psychiatric hospitals for certain services for which Medicaid reimbursement has historically been unavailable.

This demonstration provides federal Medicaid matching funds over three years to enable private psychiatric hospitals, also known as IMDs, to receive Medicaid reimbursement for treatment of psychiatric emergencies, described as suicidal or homicidal

	<p>thoughts or gestures, provided to Medicaid enrollees aged 21 to 64 who have an acute need for treatment. Historically, Medicaid has not paid IMDs for these services without an admission to an acute care hospital first.</p> <p>The Centers for Medicare &amp; Medicaid Services (CMS) will provide up to \$75 million over three years to 11 states—Alabama, California, Connecticut, Illinois, Maine, Maryland, Missouri, North Carolina, Rhode Island, Washington, and West Virginia—and the District of Columbia, to participate in the Medicaid Emergency Psychiatric Demonstration created by the Affordable Care Act. This demonstration will test whether Medicaid can support higher quality care at a lower total cost by reimbursing private psychiatric hospitals for certain services for which Medicaid reimbursement has historically been unavailable.</p> <p>The two counties participating in California's Demonstration are Sacramento and Contra Costa. In Sacramento County, three facilities (Sierra Vista Hospital, Heritage Oaks Hospital and Sutter Center for Psychiatry) are participating in the Demonstration. In Contra Costa County, John Muir Behavioral Health facility is participating in the Demonstration. Implementation began July 1, 2012. To date, Contra Costa County has enrolled 29 individuals and has had only one hospital readmission. For quarter 3 and 4 in 2012, there were 7 enrollees and we have submitted a total claim amount of \$57,780.00. For quarter 1 this year we have 22 enrollees, and anticipate a submitted total claim amount of over \$100,000.00.</p> <p><i>Additional discussion:</i>  <i>There was discussion regarding the Access Line. Concern was expressed over calls going to the machine and people being placed on hold for long periods of time. Teresa asked if the law addresses this. Steven responded by saying 20% of Access Line calls go to the machine. He added that it does not create a legal problem, but that it is still unacceptable. John suggested changing the current rigid workday schedule and go to longer hours for the Access Line being answered. It was also pointed out that our County is not the only one with this problem.</i></p>	
<p><b>VI. CIMH Training for Commissioners</b></p>	<p>Peggy asked members of the Commission who had experienced the CIMH training to tell what they thought about bringing someone in from CIMH to conduct a training. It was explained to the newer</p>	

	<p>Commissioners that the California Institute for Mental Health provides training to Mental Health Boards and Commissions throughout the state. The only two Commissioners who were here when CIMH came for trainings were Dave and Teresa. When asked how he felt about it, Dave replied that it was atrocious. Teresa said it would not be useful unless it is updated. She added that she felt because of changes being made throughout the system, the training was premature. Peggy suggested that it should be looked into to see what they currently offer.</p> <p>➤ Evelyn made a motion that was seconded by Gina to look into what CIMH offers now in the way of training. There was no further discussion. By a vote of 4-2-1, the motion failed to obtain a quorum and was defeated.</p>	<p>Vote: 4-2-1. Did not pass. Ayes: Louis, Evelyn, Peggy, Gina Nays: Dave, Teresa Abstain: Annis</p>
<b>VII. Create an equitable process for distribution of information about issues and other links</b>	<p>Peggy explained that Karen receives several mental health-related articles per week from Commissioners, asking that she distribute them to the rest of the Commission. Rather than sending each one individually, it has been suggested that they be posted to the MHC website so Commissioners can view them when they choose rather than having their e-mail filled up.</p> <p>Gina responded that she likes receiving them and doesn't go to the website. Annis said she is inundated with e-mails, but always pays special attention to anything that comes from Karen and the Commission. Evelyn agreed with Annis. Louis said he felt they should still go to the Commissioners through Karen.</p> <p>Because many of the articles were from California Healthline's newsletter, Peggy suggested that Karen send information to Commissioners on how they could receive them directly.</p>	<p>Staff: Send information on CA Healthline to Commissioners. Possible Policy &amp; Procedure Manual item.</p>
<b>VIII. Inviting guests to present at Commission meetings.</b>	<p>Peggy explained the practice in the past of having CBO's and other stakeholders placed on the agenda for regular reports (e.g. Human Services Alliance, Local 1), as well as inviting other special guests. The Commission was asked if they wanted to begin inviting guests to speak again. After discussion, it was decided not to place CBO's on the agenda for regular reports nor to have special seats for them at the table, but to invite them on an as needed basis – when special information is needed. Groups or individuals could also request to come before the Commission, such as BART recently did.</p>	<p>Staff: Possible Policy &amp; Procedure Manual item.</p>
<b>IX. Committee Reports</b>	<b>Capital Facilities Committee</b>	

	<p>Teresa reported that at the final Capital Facilities meeting before they dissolved into the MHSA/Finance Committee, a motion was made regarding developing a procedure for processing 1-time funds.</p> <ul style="list-style-type: none"> <li>➤ Teresa made a motion and Annis seconded it for the Mental Health Commission to recommend to the Mental Health Administration, CPAW, and the CPAW Housing Committee that they set up a procedure for proposals for 1-time MHSA funds, e.g Oak Grove Center and Bonita House’s Knightsen Farm Project. Discussion: Teresa explained this will help fast track proposals that come in. This suggestion was taken to the CPAW Housing Committee and they support it. By a unanimous vote of 8-0, the motion passed.</li> </ul> <p><b>Executive Committee</b> Peggy reported the Executive Committee was recommending that Sam be appointed to represent the Commission at the Alcohol &amp; Other Drugs Advisory Board and that Carole represent the Commission at the Homeless Board meetings.</p> <ul style="list-style-type: none"> <li>➤ Peggy made the motion and Karen Mitchoff seconded it to appoint Sam and Carole. Discussion: There was discussion about clarifying what it meant to represent the Commission at these meetings. Basically it was decided they are to attend the meetings as the eyes and ears of the Commission. It was suggested that the Executive Committee determine when it is necessary to place a report from them on the Agenda (depending on information received from the meetings). By a unanimous vote of 8-0, the motion passed.</li> </ul> <p><b>Bylaws Task Force</b> Did not meet in March. Next meeting is Monday, April 15.</p> <p><b>Quality of Care Committee</b> Peggy reported that Napa State Hospital Lead Social Worker Jane Adams spoke at their last meeting, responding to questions regarding conditions at NSH. On their NSH site visit in the Fall of 2012, the Committee met with Program 4 Director Margo McCandless, Jane Adams, and the NSH Psychiatrist &amp; Executive Director. Other QC meetings have been held with CCC Utilization Manager Joyce Fults, CA Office of Patients Rights Michele Mudgett, and CCC</p>	<p>Commission Chair: Prepare a letter to be sent to the Mental Health Director, for consideration by CPAW and the CPAW Housing Committee.</p> <p>Staff: Check with representatives and forward any reports to the Executive Committee.</p>
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Family Members of clients at NSH. The Committee will be developing their report at their next meeting, Wednesday, April 3. There was a brief discussion explaining the difference in NSH's "behind-the-fence" clients and those who are in Program 4.

**Criminal Justice Committee**

- 1) Appointment of Evelyn Centeno to represent the MHC at the AB109 Community Correction Partnership meetings.
  - Peggy made the motion and Annis seconded to have Evelyn be the MHC representative to the CCP Meetings.  
Discussion: It was clarified that Evelyn's reports would go through the Criminal Justice Committee to the Commission. By a unanimous vote of 8-0 the motion was approved.
- 2) Approve 2013 Committee Goals
  1. Evaluate the content of POST and CIT training, based on participant evaluations.
  2. Continue to advocate for the expansion of CIT training, including recommending that CIT training be mandatory for probation officers.
  3. Continue to monitor AB109 realignment funding and its impact on the Contra Costa County Mental Health system.
    - a. Create a dialogue with probation for a consistent referral, tracking process and treatment, placement and outcomes process for mental health clients.
  - Gina made a motion, seconded by Karen to accept the Criminal Justice Committee's 2013 Goals.  
Discussion: There was discussion regarding goal #3 and whether or not it overlapped what the MHSA/Finance Committee would be doing. Evelyn explained it was more of an informational piece for tracking mental health funding. Gina voiced concerns about AB109 clients not being tracked and not receiving services. Teresa said she felt the goals needed to be broadened. She mentioned a recent suicide in the jail intake unit. Supv. Mitchoff suggested attending the Coroner's Inquest to get more



	<p>information, and also having the Committee tour the intake unit. Teresa suggested revising Goal 3 and adding a 4<sup>th</sup> Goal. After further discussion, it was decided to reword Goal 3a and make it Goal 4: “Create a dialogue with <del>probation</del> <i>everyone in the criminal justice system</i> for a consistent referral, tracking process and treatment, placement and outcomes process for mental health clients.”</p> <p>➤ Gina and Karen approved the changes to their motion.</p> <p>Steve suggested having David Geidner attend the CJ Committee to discuss the tracking process and issues Gina raised about Richmond. By a unanimous vote of 8-0, the goals were accepted as changed.</p> <ol style="list-style-type: none"> <li>1 Evaluate the content of POST and CIT training, based on participant evaluations.</li> <li>2 Continue to advocate for the expansion of CIT training, including recommending that CIT training be mandatory for probation officers.</li> <li>3 Continue to monitor AB109 realignment funding and its impact on the Contra Costa County Mental Health system.</li> <li>4 Create a dialogue with everyone in the criminal justice system for a consistent referral, tracking process and treatment, placement and outcomes process for mental health clients.</li> </ol> <p><b>MHSA/Finance Committee</b> The first meeting will be held Monday, April 1 from 2:00-4:00.</p>	
<p><b>X. Reports from MHC Representatives to Boards and Commissions</b></p>	<p>There were no reports.</p> <ol style="list-style-type: none"> <li>1. Behavioral Health Integration Steering Committee, Sam Yoshioka Absent</li> <li>2. Social Inclusion Committee, Carole McKindley-Alvarez Absent</li> <li>3. Community Corrections Partnership (AB109), Evelyn Centeno Just appointed. Will report on next meeting.</li> </ol>	
<p><b>XI. Commissioner Comments</b></p>	<ol style="list-style-type: none"> <li>1. Teresa spoke about the Living Room</li> </ol>	

	<p>Conversation Model Project and encouraged the Commission to be aware of what they were doing. A recent meeting had 40 consumers and family members present. It was suggested it be placed on the Executive Committee Agenda for discussion. She also thanked Peggy and Annis for their volunteerism.</p> <p>2. Peggy said she will be attending an upcoming Mental Health First Aid Conference and will report back to the Commission.</p>	<p>Place discussion of Living Room Conversation on April Executive Committee Agenda.</p> <p>Place on April Executive Committee Agenda for placement on April MHC Agenda.</p>
<p><b>XII. Adjourn Meeting</b></p>	<p>The meeting was adjourned at 6:30 p.m.</p>	

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