

**MHC Monthly Meeting  
Thursday, September 26, 2013 – Minutes**

<b>Agenda Item</b>	<b>Discussion</b>	<b>Action/ Follow-up</b>
<p><b>I. Call to Order/ Introductions</b></p>	<p>The meeting was called to order by Chairperson Carole McKindley-Alvarez at 4:34 p.m.</p> <p><u>Commissioners Present:</u>  Louis Buckingham, District III  Evelyn Centeno, District V (arrived at 4:58)  Jerome Crichton, District III  Jack Feldman, District V  Dave Kahler, District IV  Peggy Kennedy, District II  Carole McKindley-Alvarez, District I  Colette O’Keeffe, District IV  Teresa Pasquini, District I  Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u>  Lauren Rettagliata, District II  Gina Swirsding, District I  Supv. Karen Mitchoff, BOS Representative</p> <p><u>Non-Commissioners Present:</u>  Lia Bristol, Supv. Mitchoff’s Office  Andrea Clark, ANKA  John Gragnani, Local 1  Steven Grolnic-McClurg, Mental Health Director  Peggy Harris, Concerned Citizen  Warren Hayes, MHSA Program Manager  Doriot Hill, MHCC BOD  Mary Hogden  Georgette Howington, Consumer’s Mom  Christy and Tyler Johnson  David Juarez  Gerold Loenicker, CMH  Mary Long, MHCC  Jay Mahler, MHCC BOD  Peter Mantas  Mary Ann Mason, County Counsel  Mariana Moore, Human Services Alliance  Kathy Meyers  Roberto Roman, OCE  Dorothy Sansoe, CAO  Christina and Rob Scharff  Tom Scott, MHCC  Brenda Shebanek, ANKA/CCICH  Karen Shuler, MHC Executive Assistant  Nina Smith, AOD Board</p>	

	<p>Cynthia Staton          Connie Steers, Member of the Community, Consumer          Eugenia Tobar          Janet Marshall Wilson, Member of the Community          Rick Daget, MHCC BOD</p>	
<p><b>II. Public Comment</b></p>	<p>1-<b>David Juarez</b> spoke about how his life is going after being at MHCC. He has no place to go and is depressed because MHCC is no longer available. He thanked the MHC for hearing their voices and hopes there will be positive changes at MHCC.</p> <p>2-<b>Eugenia Tobar</b> said she used to work for the MHCC WRAP program until she was terminated from MHCC. She would like to see funds provided to peer programs for employment.</p> <p>3-<b>Christy Johnson</b> spoke about the lack of values and ethics at MHCC. She was terminated from MHCC and doesn't want MHCC to receive funding.</p> <p>4-<b>Georgette Howington</b> spoke about her son's care. She said the lack of housing is a concern. Her son is living in a dilapidated group home. She's afraid if she complains, the house will be closed down and he will have no place to go.</p> <p>5-<b>Janet Wilson</b> spoke as a member of the community. She retired as Director of Patient's Rights Sept. 13 due to health concerns. As a disclaimer, she said she was not speaking about any MHCC Board Member who may have done Patients Rights work, but any former Patients Rights Program advocate, speaking as an authority, please know that my lips are sealed regarding any personnel issues. The Patients Rights program now, until someone replaces my position, is being done by Bernadette Banks and Taylor Stussi.</p> <p>6-<b>Peter Mantas</b> referred to a response made at the August MHC meeting following discussion of the Commission's recommendation. He said MH Director Steven Grolnic-McClurg stated: "You are making a recommendation; you are not in control," which Peter felt diminished the MHC's position and that Steven should see the W&amp;I Code to see what his and the Commission's responsibilities are.</p> <p>7-<b>Louis Buckingham</b>-Recused himself from his position on the Commission to give a Public Comment about his family's experiences with mental health services after his son had to be 5150'd several times over a few days period of time. He stated he is very concerned about the quality of care given at the Contra Costa County Regional Medical Center's Psychiatric Emergency. There is no integration for shared information throughout Contra Costa County communities to be of service for our Consumers. There are areas of improvement needed for the processes, procedures and administration for 5150's. There should be a family member integration that will provide the missing</p>	

	<p>information, which the Consumer may not disclose during their crisis, thus assisting the professional in making the right decisions in a timely fashion. There are no quick fixes -- 2-5 hours stabilization for a 5150. The Consumers will revisit the facility within days. The added financial cost should be reviewed. (Full comment is attached)</p> <p>Teresa asked Louis to come to the MHSA/Finance Commttee meeting and share his story.</p> <p>8-<b>John Gragnani</b> spoke regarding On Call Pay (Comment is attached)</p> <p>9-<b>Cynthia Staton</b> spoke regarding MHCC financial issues (Comment is attached)</p> <p><b>Jack Feldman</b> reacted strongly to comments made by Cynthia Staton.</p> <p><b>Carole</b> said she will not tolerate any outbursts and those who do so will be asked to leave.</p>	
<p><b>III. Commissioner Comments</b></p>	<p>1-<b>Jerome</b> said he was conducting a service when a friend's relative had to be 5150'd. He tried to track her in the system but was unsuccessful. He contacted Vic but he also was unable to track her through the system. The system is broken.</p> <p>2-<b>Lauren</b> sent in a comment regarding the Juvenile Justice System (Comment is attached). Her comment will be forwarded to the Criminal Justice Committee.</p>	<p>Forward Lauren's comment to CJ Committee.</p>
<p><b>IV. Announcements</b></p>	<p>Gina was appointed as a representative to CPAW.</p>	
<p><b>V. Approval of the Minutes</b></p>	<p>Approval of the MHC Minutes from August 22, 2013</p> <ul style="list-style-type: none"> <li>➤ Teresa moved and Evelyn seconded to approve the Minutes.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Page 1 #1: Add Nina Smith to the list of attendees.</li> <li>• Page 1 #3: Teresa asked that the letter she read be submitted so the essence of what she said can be captured.</li> <li>• Page 2 #5: Evelyn said the wording regarding the statement she had made on page 6 of July Minutes was still not correct and wanted it corrected.</li> <li>• Page 6 #4: Lauren said she made the motion and Evelyn seconded it, not the other way around as is typed.</li> <li>• Page 6 # 4: Carole's name was misspelled.</li> </ul> <p>The Minutes were approved as corrected by a unanimous vote of 10-0.</p> <p>Approval of the Public Hearing Minutes from August 22, 2013.</p> <ul style="list-style-type: none"> <li>➤ Peggy moved and Sam seconded to approve the Minutes.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Page 3 #6: Peggy asked for a change in the wording: "In relation to the state audit: we as a commission need to be proactive and ask for an expedited <del>work</del></li> </ul>	<p>First motion approved as corrected unanimously 10-0.</p> <p>Second motion approved as corrected by a vote of 7-0-3.</p> <p><u>Ayes:</u> Louis Jack Dave Peggy Carole Teresa Sam</p> <p><u>Nayes:</u> 0</p> <p><u>Abstain:</u> Evelyn Jerome Colette</p>

	<p>oversight and <del>be strong advocates for a</del> outcomes framework for Counties of the State.” New -- “In relation to the state audit: we as a commission need to be proactive and ask for an expedited oversight and outcomes framework for Counties of the State.” The Minutes were approved as corrected by a vote of 7-0-3.</p>	
<p><b>VI. Consider rescinding the recommendation made by the Mental Health Commission at the August 22, 2013 meeting to the Mental Health Administration and Board of Supervisors regarding Mental Health Consumer Concerns</b></p>	<p><b>Carole</b> explained the motion to rescind last month’s motion was on the Agenda because there was controversy as to whether or not last month’s motion was a Brown Act violation. In order to make sure there’s no question about the motion the Commission made, rescinding that motion has been placed on the Agenda, and then the next Agenda item is to go back to that particular motion.</p> <p><b>Colette.</b> Why do we even need to discuss this? I don’t understand why we have to do something just because people asked us a question.</p> <p><b>Jack.</b> I would prefer that we do rescind it and change the language of the motion. “Malfeasance” is a little bit strong and considered to be a political hit and should be removed.</p> <p><b>Peggy.</b> The reason why we put it on the agenda today is not to change the wording necessarily, but to make sure that we’re abiding by the Brown Act so that there’s no question of whether this was done according to the way it was supposed to be done.</p> <p><b>Evelyn.</b> Did we get an expert feeling on whether or not we violated the Brown Act on that action?</p> <p><b>Carole.</b> We did discuss it with County Counsel, and this is not a discussion of whether or not we did or didn’t, but the issue is to make sure there’s not questions about whether we did or did not violate, that we rescind and redo it.</p> <p><b>Teresa.</b> I would like to move that we consider rescinding the motion so we can move to the next item where we’ll reconsider it again and have that discussion so we can remove any doubt on the motion and go forward. There is definitely precedence set for calling emergency motions. It’s happened in the past, and I believe this reason was a very sound reason.</p> <p><b>Evelyn.</b> I second it.</p> <p><b>Jack.</b> It’s my understanding of the Brown Act that the emergency motion could be done on health and safety issues, but this seemed to be a financial matter to me. Also, the thing was going on since 2009, so how could it be an emergency?</p> <p><b>Peter.</b> I just wanted to give you the date of the meeting where precedence was set and with some significant discussion. On June 11<sup>th</sup> of 2009, there was a request to have an emergency agenda item made by Dr. Walker for the Commission to develop a letter to send to the California Mental Health Director’s Association, and at the time we sought counsel from County Administrator’s Office, and</p>	

	<p>County Administrator’s Office advised us that this would be considered an emergency agenda item candidate and the Commission went ahead and voted to add it as an agenda item. Secondly, this has been going on for three years, and there are emotions from both sides, and what the Commission did at the last meeting, and hopefully will do again today, is to send a message that people need to come together, treat this as an emergency issue, and deal with it so whatever’s real is confirmed. Whatever is not can be dealt with. So my strong recommendation to the Commission is that you go ahead and support a motion to rescind the action of the last Commission meeting, and then go ahead and unanimously support Item VII.</p> <p><b>Teresa.</b> Conflict of interest is thrown around with MHSA and whatnot, and there’s very clear legal definitions of conflict of interest around funding, etc. But as Commissioners, we are also obligated to abide by ethical and legal standards, but it seems to me there’s already a preconceived determination here, and there’s not openness to thoughtful discussion. So when we have outbursts against a Public Comment, that’s a problem. I just want to really suggest that’s something for us to consider here. There have been months of thoughtful conversation and that motion was not made lightly and it was absolutely in full consideration that there are very strong health and safety issues and lives are at stake and people are dying in this County, as we heard today. You know, they’re slowly dying one way or another because they’re not getting support. Let’s move on and consider it again, and unanimously support a motion. The motion passed by a vote of 8-0-2.</p>	<p><b>Teresa made a motion and Evelyn seconded it to rescind the recommendation made by the Mental Health Commission at the August 22, 2013 meeting to the Mental Health Administration and Board of Supervisors regarding Mental Health Consumer Concerns. Motion passed 8-0-2.</b>  <u>Ayes (8)</u>  Louis  Evelyn  Jerome  Dave  Peggy  Carole  Colette  Teresa  <u>Nays (0)</u>  <u>Abstain (2)</u>  Jack  Sam</p>
<p><b>VII. Consider making recommendations to the Mental Health Administration and Board of Supervisors regarding continued funding for Mental Health Consumer Concerns</b></p>	<p><b>Carole.</b> We have several Public Comments, so, Commissioners, we’ve talked about this already, so I’m going to let the Public Comments go first, and then we’ll talk about it.</p> <p><b>Doriot Hill.</b> First of all, I want to clear up this misconception of malfeasance or illegal acts by the Board of MHCC. I’m Vice President. I’ve been on the Board five to seven years. We’ve never spent any money if it wasn’t for the clients. We’ve had no retreats; we as a Board have got nothing free, we’re all volunteers, and this idea that there’s money being spent on anything else is just ludicrous. We pay for an outside company to audit our books every year. We try everything to be as transparent as possible. Last year we made a mistake, and I don’t know why our Executive Director or our Financial Director at the time could not have pointed this out to us. And we weren’t getting those kind of reports that we needed. That’s why we went to an outside source for our financial clarification. And I welcome anybody and everybody to come and look. I feel like our integrity has been accused of things we haven’t done. We</p>	

made a mistake, and the basic synopsis is some money was left over at the end of some years after the contracts were fulfilled and it went to a Prudent Reserve. We didn't know that was the wrong thing to do. And no money has been spent out of that Prudent Reserve except for on our programs and our clients and our centers.

**Kathy Myers.** I was a volunteer at Mental Health Consumer Concerns for 11 years. I have first-hand experience with mental illness, as my boyfriend suffered with it and ultimately took his own life. I also volunteered as the Community Center Coordinator for MHCC for several months before they hired someone. I no longer volunteer at MHCC, and I am very concerned and saddened by current events at MHCC. Thank you.

**Tom Scott.** I'm a Board member and was the Board President for quite a number of years until about a year ago. It would be very sad if Mental Health Consumer Concerns went out of business. We're the oldest consumer-run agency in the country, or maybe the second, and we have had the contract to provide patient's rights services in this County since 1982, and it's going to hurt if we lose those contracts. I would like to remind everyone that Contra Costa County has an obligation to provide patient's rights services, and that's a state-mandated law that this County does that. We made a significant mistake. I'm here because this is an agendized item, and I thank you very much for rescinding...I think the County Counsel was correct in advising you to rescind it, because I believe very strenuously there was not health and safety at risk with regards to our continued contracts with Contra Costa. We have been working with the Mental Health Director to determine how are services are, and to come up with possible solutions. So, I beg you to wait until all of the information is provided to you. You can see on your own agenda that you are in the process of getting information, so please don't make a decision without getting all of the information. If Mental Health Consumer Concerns goes out of business, there's going to be a lot of mental health clients that are going to lose their jobs, and it's going to be very, very sad. Thank you.

**Jay Mahler.** I serve as President of the Board, and I want to echo what Tom said. There's a proverb that says, "The first to present his case seems right until another person comes along and questions it." I wish that the Commission would listen to the Board, hear from staff that are currently Mental Health Consumer Concerns, hear from the consumers before you make a decision. The Board has worked really hard the last seven months to correct the serious mistakes. I don't think we're as different in what we're trying to do, to be honest with you.

**Mary Hogdon**, new member of the MHCC Board of Directors, said MHCC is well respected. The Minutes were very hurtful because the members of the BOD are held in high esteem around the state. MHC needs to hear the BOD's side of the story. She invited MHC to tour MHCC. **Christina and Robb Scharf** submitted a statement about their negative experiences as clients of MHCC. (Comment is attached.)

**Connie Steers** –went to the MHCC Board of Directors – and felt she needs to speak up as someone who loves MHCC and for the consumers.

**Peter Mantas** said he has visited MHCC and has spoken to consumers. He has spoken to the BOD but is not hopeful for action. There are governance issues that stem from an extremely weak Bylaws. He said the MHCC BOD needs to accept admonition and humbly come together with all and work through this. He added we need to save MHCC and we need it to work better and it has to be done immediately.

**Colette**. This has been going on for years and the only time we got some leverage is when we threatened to take the money. We need to make the recommendation again.

**Evelyn** thanked the MHCC BOD for coming to us. She explained that for her as a commissioner, voting to withhold monies doesn't mean she believes one side or the other; it means she wants some action. She added that she would like to change the wording in the motion about the BOD members being removed.

**Teresa** said she was happy to see the MHCC BOD here in full. She has visited the centers and have had some of her most special and heartfelt moments there. She stated these have been on several agendas and we heard nothing from you. Why? It's unfortunate this had to come. She asked that the MHCC BOD not question the Commission's intent or heart and the seriousness of this, and these are far beyond mistakes. She said she wanted to know more about the actual investigations and wondered at what point it would get turned over to the D.A., the Attorney General and to other people because there are allegations. She added she doesn't know if the Mental Health Director is the fraud investigator for the County. She emphasized she does not want MHCC to close down, but will stand by this motion 100% and encouraged Commissioners to stand by the consumers who have attended and submitted documentation.

**Carole** asked Steven to give his update about MHCC.

*(The following is near-verbatim from the tape.)*

**Steven**. So first I'm going to preface my comments by saying that I'm not taking any position on the motion. I just want to get some clarification. I also want to state my apologies for giving offense with that comment last meeting.

**Motion passed 8-1-1.**

**Ayes (8)**

**Louis**

**Evelyn**

**Jerome**

**Dave**

**Peggy**

**Carole**

**Colette**

**Teresa**

**Nays (1)**

**Jack**

**Abstain (1)**

**Sam**

At the end of that comment, it was misstated that I had some concern that someone from the Commission had said, “if we do this, is the whole organization going to shut down?” And what I was meaning to say is when this Mental Health Commission makes a motion which does advise the Mental Health Director and the Board of Supervisors, it would not be to automatically...shut down or defund the organization so my apologies for any offense to the Commission or anyone in the audience for thinking that intent or comments or advice of the Mental Health Commission is not meaningful or powerful because of this. Let me state clearly that I share, and the Health Services Department shares the deep concern around the allegations that have been made, and feels that the allegations have been very, very serious. I want to give a little more detail than I’ve been giving about what we’re doing and the pace of that investigation, which has been asked for very clearly, and at this point steps are far enough along that it’s appropriate. I in my head am separating the set of allegations that we’re investigating from the core area.

- 1) Past monies that the Board processed would be owed to Contra Costa County because it was improperly placed into a Prudent Reserve.
- 2) There is putting into place a fiscal monitoring process to ensure that any future Demands made by Mental Health Consumer Concerns have adequate backup to ensure the County that Demands are well-justified.
- 3) There are concerns around governance. In the end, a Board is responsible for the actions of the organization, and to ensure there is a governance structure for that organization that Health Services Department feels confident about granting contracts with the organization, that they will be correct for the programs.
- 4) Ensuring that the programs are meeting the contract deliverables and that the service plans are being met and to ensure that is actually occurring as is being reported.

We’ve been meeting regularly with Mental Health Consumer Concerns, primarily concerning the first two, although it has bled into the third and fourth item. We made a request for repayment from Mental Health Consumer Concerns. They asked for and we granted them until mid-October to respond, as this is a significant amount of money that needs to be repaid. Their Board is doing due diligence about what to do about that request. We are not interested in doing a gift of public funds. I feel we’ve responded timely as information became clear to us about this. We have in place a group of individuals who are doing program



monitoring and checking on services they deliver and the service data that is sent to us on the basis for Mental Health Consumer Concerns and ensuring that the services are at a level that are acceptable. That group is aiming to be finished by the end of next month and MHCC can come up with a corrective action plan or other action depending on what they find through that process. We have, depending on how things go, a very clear plan for ongoing fiscal monitoring if the contracts remain with this organization and if they are able to repay our Demands, and that will go into place going forward. We're waiting to see what happens with the attorney fees. We've had significant discussions. We've made some requests for changes in governance, and frankly we're waiting for the receipt of this item which may be a future item requesting changes in the governance about that. But we share the concerns of the employees. I share the desire to honor the voices of the many people who have given testimony here. About that, I also will say as the Mental Health Director, I am also given the situation of the many people who are currently getting services at Mental Health Consumer Concerns at present...I wanted to appraise folks on where, and not with interest in influencing this group's decision.

**Cynthia Staton** said the MHCC BOD has been well aware of allegations for a long time and they weren't addressed. Her comments referred to a letter from the MHCC BOD to the Chair of the Commission, and addressed issues in that letter. (Comment is attached.)

**Rick Daget** – wanted to introduce himself as a new MHCC BOD member. He said he had been invited to join the BOD to help address fiscal issues and programmatic concerns.

Carole read last month's motion. "Due to concerns that have been brought to the Mental Health Commission and to the MHSA/Finance Committee regarding allegations of fiscal malfeasance against Mental Health Consumer Concerns, a motion is made to stop any further funding to MHCC until the allegations can be cleared by determining that the funds that have been allocated are being spent judiciously and in the correct manner for which they were allocated. Furthermore, the Mental Health Commission holds the MHCC Board of Directors immediately responsible for addressing the allegations, and recommends that no funding be allocated with the current Board of Directors in place."

- Teresa made the above motion and Colette seconded it.

Discussion:

- Colette: Without financial leverage there won't

**Motion passed 8-1-1.**  
**Aves (8)**  
**Louis**  
**Evelyn**  
**Jerome**  
**Dave**

	<p>be any movement.</p> <ul style="list-style-type: none"> <li>• Jerome: Consider cutting off funding at end of contract.</li> <li>• Carole: Don't want to see it close.</li> <li>• Teresa: There is another item regarding this on the MHSA/F Committee report. We are RFP'ing new funding. We discussed rolling over contracts at the MHSA/F Committee.</li> <li>• Tom: If you defund us, we will go out of business very shortly.</li> <li>• Teresa: We have no proof there's financial liability right now. That's not our desire but that's not on us.</li> <li>• Jack opposed and said following this meeting he will resign from the Commission.</li> </ul> <p>Motion passed 8-1-1.</p>	<p><b>Peggy</b>  <b>Carole</b>  <b>Colette</b>  <b>Teresa</b>  <u><b>Navs (1)</b></u>  <b>Jack</b>  <u><b>Abstain (1)</b></u>  <b>Sam</b></p>
<p><b>VIII. Create Nominating Committee</b></p>	<p>Carole called for volunteers to be on the Nominating Committee. She said we need 2-3 people. People serving on the Nominating Committee cannot be nominated for office. There were no volunteers.</p> <ul style="list-style-type: none"> <li>➤ Sam made a motion, seconded by Teresa, that we open nominations next month (October) with an open slate and vote in November.</li> </ul> <p>Motion passed unanimously 10-0.</p>	
<p><b>IX. Presentation of the Contra Costa County Suicide Prevention Strategic Plan</b></p>	<p>PEI Program Supervisor Gerold Loenicker stated that the Report has been publicized and presented to the BOS. The Committee was created 3 years ago.</p> <p>Sam said he wants the raw data that goes with the percentage. He questioned the census figures and said there was a need to clarify this and provide raw numbers. He also questioned the cost of carrying out the proposal.</p> <p>Other suggestions for data were:          Jerome: Data on suicide attempts          Carole: Assisted suicide by co          Sam: Data on veterans.</p> <p>John: Shocked by perception of youth in report – no mention of social media putting young people in crises.</p> <p>It was suggested that this be discussed at the October Quality of Care Committee. Gerold will be giving a report to them.</p>	
<p><b>X. MHSA 3-Year Plan Timeline</b></p>	<p>MHSA Program manager Warren Hayes reported they are half way through the planned site visits</p> <p>Peggy asked at what point the information will be available. Warren replied that they plan to wrap by the end of October – maybe Thanksgiving. He will come back to the MHC for comments.</p> <p>Sam asked who are involved on site visits:          Warren replied himself, Gerold, Erin, and OCE members in recovery.</p> <p>Sam said consumers are having difficulty understanding</p>	

	<p>what you're putting out. He asked what will you be doing to help people understand annual update?          It was suggested this be forwarded to the MHSA/Finance Committee.          John said he hopes MHC will represent and fight regarding the 3 year plan. He encouraged the Commission to honor their responsibility.</p>	
<p><b>XI. Mental Health Director's Monthly Report</b></p>	<p>Mental Health Director Steven Grolnic-McClurg said after hearing the Public Comments made by Commissioners, he is shocked that in this small body there are so many who are having problems getting services for their loved ones.</p> <p>1) <b>Mental Health Services Act (MHSA)</b>          The 13-14 plan update has been been adjusted to reflect responses to public input and the comments of the Mental Health Commission and will be sent on to the Board of Supervisors. I want to thank the Mental Health Commission for their thoughtful input and have asked Warren Hayes to communicate throughout the future year so that commissioners are fully informed of the process throughout the planning process.</p> <p>2) <b>Conditional Release Program (CONREP)</b>          The Forensic Conditional Release Program is the Department of State Hospitals's statewide system of community based treatment and supervision services for judicially committed patients and Mentally Disordered Offenders (MDO). This program is a State of California responsibility that is contracted out to County and private agencies. Contra Costa County is one of several counties that has contracted for these services. The primary mission of this program is the protection of the public through prevention or reduction of re-offense by specified forensic patients. The program mission is accomplished through the provision of standardized intensive outpatient mental health treatment, supervision and assessment services. CONREP has core service requirements that set minimum treatment levels. When the Department of Mental Health was reorganized under the Department of Health Care Services and the Department of State Hospitals, financial reviews of CONREP practices led to a change of the payment structure for CONREP programs, switching from a Net Negotiated Amount and Net Rate structure to a Fee For Service structure. This decision has led to many county programs to withdraw from the CONREP program. Our CONREP program is too small to safely and financially responsibly respond to the change in payment structure. Due to fluctuating caseloads and a lack of administrative structure, the program cannot provide the level of services required for this program with the projected revenue, nor can it adequately ensure that services will</p>	

be authorized and reimbursed. Due to these concerns and the important public safety needs, the Behavioral Health Department is not planning on continuing to provide these services. The Department of State Hospitals has sent the Department correspondence stating they will be contracting out these services and will assume responsibility for the provision of CONREP services as of January 1st, 2014 or as soon as the State can obtain another provider to transfer provision of CONREP services to Contra Costa County commitments. The Department of State Hospitals and the county will work collaboratively to ensure a good transition of services. Through transfers to open positions, no existing staff will lose employment with the county due to this change.

Discussion:

Teresa said she is concerned about his report.

Steven: Most counties have been contracting out these services. Our county did it here. They have changed the payment structure, making it impossible to continue under that structure. We will now RFP these services. Teresa said she is disappointed we didn't know until it was a done deal. Would like MHC's Criminal Justice Committee to discuss it.

John said Local 1 was not contacted about contracting out the release program.

Steven said there will be no staff reductions. He asked that the MHC send written requests for personnel to discuss issues.

**3) Mental Health Consumer Concerns (MHCC) Complaints**

Behavioral Health is continuing to investigate and respond to a variety of concerns that have been raised about MHCC's fiscal oversight and program delivery. We share strong concern about the allegations raised and are working diligently to ensure that county funds have been used appropriately and that contracted services are being delivered. As part of this effort, a program review is being conducted and it is expected to be completed with recommendations by the end of October.

**4) Assisted Outpatient Treatment**

As directed by the Board of Supervisors (BOS), Behavioral Health is evaluating involuntary assisted outpatient treatment program, similar to Laura's Law. There is a workgroup meeting weekly on this topic. This workgroup includes BH staff, NAMI members, MHCC's patient rights advocate, and a member of the Mental Health Commission. We are or will be looking at the Laura's Law legislation, the Nevada County experience

	<p>in implementing Laura's Law, IHOT in San Diego, San Francisco's pilot assisted outpatient treatment program, and local need and resources. We have been charged with reporting any recommendations to the BOS Family and Human Services committee on October 16th at 11 am. We look forward to hearing community input at that committee hearing.</p>	
<p><b>XII. Committee Reports</b></p>	<p>1) <b>Quality of Care Committee – Peggy Kennedy</b>          No quorum. Did not meet.</p> <p>2) <b>Criminal Justice Committee – Evelyn Centeno</b>          Recommendation to add a new goal to the Committee.</p> <ul style="list-style-type: none"> <li>➤ Evelyn made a motion and Jerome seconded to add a new goal to work with the Juvenile Justice Commission to ensure the mutual goals that those juveniles encountering the juvenile justice system are properly assessed and provided mental health services during and after incarceration. The motion passed unanimously 10-0.</li> </ul> <p>Recommendation to appoint Louis and Gina as representatives on the Juvenile Justice Commission.</p> <ul style="list-style-type: none"> <li>➤ Evelyn made a motion and Jerome seconded it to recommend that Louis and Gina be appointed to share the duties as representatives to the Juvenile Justice Commission. The motion passed by a vote of 9-0-1 (Dave voted no).</li> </ul> <p>3) <b>MHSA/Finance Committee</b>          Recommendations to MHC:          Have a clear statement regarding our expectations of how the conversation needs to happen in our county around Laura’s Law.          It was decided to place this on the October MHC Agenda.          Request a deadline in which the MHCC investigation will be completed and feedback provided to the MHC.          It was decided to send this back to the Committee for more information.          Peter suggested moving this to earlier in the agenda.          Peter offered to volunteer to MHCC to help them out with governance issues.</p> <p>4) <b>Executive Committee – Carole McKindley-Alvarez</b>          Entertain a motion to extend the September meeting by an additional 30 minutes for discussion of the Bylaws revisions, if necessary (add a total of 1 hour to the meeting).          It was agreed to add the additional 30 minutes. No motion was necessary.</p>	
<p><b>XIII. Commissioner Representative Reports</b></p>	<p>No reports were given.          Behavior Health Integration Steering Committee – Sam          Social Inclusion Committee – Carole</p>	

	<p>AOD Board – Sam  Homeless Board Meeting – Carole  Community Corrections Partnership (AB109) – Evelyn  Assisted Outpatient Treatment Workgroup – Carole  Primary Care Integration Committee -- Colette</p>	
<p><b>XIV. Bylaws Task Force</b></p>	<p>Meeting report. Consider the following motions:</p> <ul style="list-style-type: none"> <li>• We need to show respect for the fact that people took time to make comments. We carefully evaluated all responses, and gave priority to the suggestions where there were reasons given.</li> <li>• Recommend that the suggestions received during the 30 Day Review from Peggy and Dorothy be forwarded to the Commission for consideration.</li> <li>• Consider approving the Bylaws Revisions, and if passed, forward Bylaws Revisions to Mental Health Director.</li> </ul> <p>Sam said that originally, the Task Force had planned to go through all of the changes and receive comments on them and then vote. But since there was no time, he said he would make the motion to accept the revisions.</p> <ul style="list-style-type: none"> <li>• Sam moved to accept the Bylaws revisions and forward them to the MH Director. Motion was seconded by Jerome.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Peter said he had reviewed the Bylaws and there are some significant issues in the revision. He said approving them without further discussion on the impact on their Commission was not advisable. He recommended if time could not be spent for review, that it be tabled until next month.</li> <li>• Carole replied they were reviewed for several months plus the required 30 days for review, and this should not be the first time Commissioners and others are looking at it.</li> <li>• Peter listed issues he had with the Bylaws.</li> <li>• The way the Bylaws were written for Section 2 were specifically there because 5600 and 5800 incorporate significant language on what the MHC responsibilities are beyond the short snippet that's been proposed.</li> <li>• Peter stated he could go on about wordsmithing and potential issues with the number of people who are attending meetings, stating if the number of Committee members is increased to a maximum of 5, there is a potential for a Commission quorum issue if too many Commissioners attend the meeting when the</li> </ul>	

Commission membership is down. He added a minimum of 3 is another issue because if you don't have a quorum, you can't conduct business.

- Peggy: Peggy said she had responded and had questions on Page, 4, Section 4 under vacancies.
- Jerome: Point of order, the very thing you said, is being negated. If we can't have the presentation by Sam, it puts the Task Force at a disadvantage.
- Carole asked Sam to address the questions that had come up during the 30-day Review.
- Sam said Dorothy had some helpful explanations and suggestions;
  - Article II, Section 2: Dorothy said it wasn't necessary to list them. Sam said the Task Force felt this was where it belonged so it could be easily referenced by Commissioners. In checking with other Counties, most of them had them listed as we suggested. Plus it had been listed this way in the Bylaws previously but was taken out at the last revision.
- Teresa said she didn't have a problem with it being listed, but had a problem with 5800 being removed.
- Jerome asked if there was a copy of W&I 5800.
- Evelyn said if the Task Force had been given this question before, they could have reviewed it and been ready for a response.
- Sam continued with revision suggestions:
  - Dorothy also brought up Article III, Section A, saying the Commission does not have the ability to enforce this. Sam said in any case the BOS is the final authority.
  - Next is Article V, Section 3. This corrected wording to "of having not served". Wording was changed to allow for an officer to return after 1 year off.
- Peggy asked why Article V, Section 1 was taken out. Sam referred her to where Ad Hoc Committees were created, as well as Interviewing Ad Hoc. Peggy said she was okay with that. Peggy then asked about Article VII, Section 3 having to do with taking out that Chairs of Standing Committee had to be members of the Commission. Jerome replied that it was already written that members of the Standing

	<p>Committees already had to be Commission member.</p> <ul style="list-style-type: none"> <li>• Teresa questioned membership on Ad Hoc Committees being limited to Commission members.</li> <li>• Peggy questioned the number of members on Committees, Task Forces and Ad Hoc. Her concern is 1) we have trouble getting people to participate in anything. Raising the minimum to 3 is the problem. If only 2 is the minimum, if 1 does not come, there is no meeting. Peggy said we are creating more of a problem on the Task Forces and Ad Hoc.</li> <li>• Sam said whether there is 4 or 5 members, the quorum is still 3. If you have a 5<sup>th</sup> person as a member, there's a better chance of someone being there. So far as having a minimum of 2, do you want issues decided by only 2?</li> <li>• Evelyn, if a Committee membership is allowed to be only 2, it cannot be a quality discussion.</li> <li>• Teresa said she is concerned because committees have had to be cancelled because of lack of attendance. 2 members is not adequate, but business can still go to the Commission. It would be ideal to have 3, but she doesn't think it can be done.</li> <li>• Jerome said we should hold to higher standards. In terms of providing a framework, a minimum of 3 and maximum of 5 best reflects our Commission.</li> <li>• Peter said if the Commission quorum drops, you're asking for trouble with Brown Act violations.</li> <li>• Carole said what this conversation is really about is honoring the work that was done and the comments that have been made. The membership number issue is to create a quality of work. She said she was concerned about the Commission quorum issue.</li> <li>• Evelyn said she voiced to the group her concern about the number of 5. She suggested that the Task Force consider changing the number.</li> <li>• Louis said to take into consideration when there are invited guests, Commissioners need to attend.</li> <li>• Peggy had a question regarding Section V, E, where a Task Force Chair must be a</li> </ul>	
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	<p>Commissioner. She said members of the public should be able to be members, although the Chair should be a Commissioner.</p> <ul style="list-style-type: none"> <li>• Carole asked if the section could be changed to add back in allowing non-Commissioners.</li> <li>• Peter reminded everyone that not only appointed Commissioners attend Committees so there is danger of Brown Act violations.</li> <li>• Carole said this is monitored.</li> </ul> <p>Carole asked for a motion that included the changes requested above –</p> <ul style="list-style-type: none"> <li>• Adding 5800 back in</li> <li>• Allowing people with expertise to be members of Task Forces</li> <li>• Regarding adding 5800 back in, Jerome said he is uncomfortable endorsing that since he hasn't read it.</li> <li>• Carole suggested the Task Force reconvene to discuss             <ol style="list-style-type: none"> <li>1) Adding 5800 back in</li> <li>2) Allowing people with expertise to be members of Task Forces</li> <li>3) Having more consideration around the 3-5 number.</li> </ol> </li> <li>• Carole asked the Commission if they were prepared to vote on this as it stands, or wanted the BTF to meet again to discuss these three issues or go forward with a vote now.</li> <li>• Jerome said in the best interest of quality, he felt the BTF did need to meet again to discuss those sections and consider how valuable information can be brought to Task Forces.</li> <li>• Teresa said she agreed and added that she has found the input of stakeholders is invaluable.</li> <li>• Carole said the BTF needs to go back and meet to discuss these 3 issues. This will be placed on the October agenda. Carole said she wanted to be clear that when it comes back in October, we're not going to then bring something else up. She instructed the BTF to address these three issues.</li> </ul> <p>The motion was withdrawn.</p>	
<p><b>XV. Adjourn Meeting</b></p>	<p>The meeting was adjourned at 7:30 p.m.</p>	

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

