



The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

Current (2017) Members of the Contra Costa County Mental Health Commission

Duane Chapman, District I (Chair); Barbara Serwin, District II (Vice Chair); Douglas Dunn, District III; Diana MaKieve, District II; District III; Lauren Rettagliata, District II; Connie Steers, District IV; Gina Swirsding, District I; Jason Tanseco, District III; Meghan Cullen, District V; Michael Ward, District V; Sam Yoshioka, District IV; Candace Andersen, District II, BOS Representative; Alternate- Diane Burgis, District III, BOS Representative.

**Executive Committee Meeting**  
**Tuesday, March 21, 2017 ♦ 3:15pm to 5pm**  
**1340 Arnold Drive, 2<sup>nd</sup> floor large conference room, Martinez**

**AGENDA**

- I. Call to Order / Introductions**
- II. Public Comments**
- III. Commissioner Comments**
- IV. Chair comments**
- V. Announcements**
- VI. APPROVE minutes from February 21, 2017 meeting**
- VII. DISCUSS fire incident, involving elderly man, on February 28, in El Cerrito**
- VIII. DISCUSS the integration of Behavioral Health advisory boards (Mental Health Commission & Alcohol and Other Drug Advisory Board)**
- VIII. DISCUSS the scope and structure of the Commission's role in participating in on-site reviews of treatment and residential care facilities with Behavioral Health Administrative staff**
- IX. CONSIDER forwarding, to a future Commission meeting, an agenda item to receive report on housing and residential placement including topics requested to be addressed**
- X. DISCUSS outreach and communication Commission goals for 2017**
- XI. Adjourn**



**MENTAL HEALTH EXECUTIVE COMMITTEE  
MONTHLY MEETING MINUTES  
February 21, 2017 – First Draft**

Agenda Item / Discussion	Action / Follow-Up
<p><b>I. Call to Order / Introductions</b> Commission Chair Duane Chapman called the meeting to order at 3:15pm.</p> <p><b><u>Members Present:</u></b> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II Diana MaKieve, District II Sam Yoshioka, District IV Gina Swirsding, District I</p> <p><b><u>Commissioners Absent:</u></b> None</p> <p><b><u>Other Attendees:</u></b> Jill Ray, Field Rep. District II Supv. Andersen’s office Lauren Rettagliata, District II Cynthia Belon, Director BHS Joe Pantasky, Human disabilities rights advocate Adam Down, Behavioral Health Administration Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p><b>Transfer recording to computer</b></p>
<p><b>II. Public Comments:</b></p> <ul style="list-style-type: none"> <li>• <b>J. Pantasky provided copies of the City of Concord, Police Department’s “Public Safety Study Session, January – December 2015/2016” dated February 14, 2017. Has been attending a group called “COMIO” = Council on Mentally Ill Offenders, building bridges between criminal justice and behavioral health to prevent incarceration. Meetings are in Sacramento, once a month. It is an advisory board to Sheriff Offices, police departments, public defenders departments and government appointees by the Governor’s office and the Senate Assembly. There are working groups on diversion, trying to keep the mentally ill out of prison instead of criminalizing people, including juveniles. COMIO has training available, a quarterly newsletter and a website where agendas are posted and more info: <a href="http://www.cdcr.ca.gov/COMIO/Meetings.html">http://www.cdcr.ca.gov/COMIO/Meetings.html</a></b></li> </ul>	
<p><b>III. Commissioners Comments – none</b></p>	
<p><b>IV. Chair comments-excessive documentation:</b></p> <ul style="list-style-type: none"> <li>• <b>CHAIR-</b> addressed the vast amount of emails and documentation, and requests that the County Administrator’s office explain the proper and legal protocol for emailing to assure that no one violates any laws or ordinances.</li> <li>• <b>It is important for Commissioners to understand the proper way to make</b></li> </ul>	

**requests and communicate.** The Chair distributed a “tentative MHC agenda items” sheet to the Commissioners, made by the Executive Assistant. The Chair **reiterates that all Commissioners send their requests to the Chair and Vice Chair** to utilize one direct line of communication, moving forward.

- **CHAIR-VICE CHAIR:** Regarding communication, to and from Behavioral Health and Mental Health Commissioners: all requests, or inquiries, for Behavioral Health Services or to the Mental Health Programs will be sent to the Chair or Vice Chair, only. The Chair or Vice Chair will forward the request to the Executive Assistant and the Executive Assistant will forward the request to the appropriate staff member of BH/MH. One direct line of communication will eliminate excessive emails and duplicated requests.
- **CHAIR-** requests that a time study be done for the Executive Assistance position (EA), to be conducted after new EA has been in the position, for 100 or to be determined by the Director of Behavioral Health. The Chair is concerned about Commissioners and BH staff becoming “burnt out.” The Chair asks that everyone reviews the “Brown-Act” and the law regarding minute/notes taking.
- **JILL-** noted that the action of just having the audio is referred to as “a record of action”
- **Director of Behavioral Health, CYNTHIA-** stated that the direct supervisor of the Executive Assistant will initiate a time-study request, if the division feels that it is necessary. The Director feels that a time study is warranted, for both the EA and the immediate supervisor positions after the EA has been in her position for 100 to 120 days. The Director agrees with all requests being routed to the Chair and Vice Chair, first.
- **ADAM-** noted that a total of 28 MHC related emails were sent to him, in the timeframe from 10am to 2pm, directed to the EA. Agrees with suggestion of a “one direct line” of communication format. There is a learning curve process for the EA, apologizes for frustration and acknowledges that the EA is working hard to comply with everyone’s requests. Would like to find a way to work collaboratively. There are times that the purpose of Commissioner’s requests for information is unclear. BH staff wants to provide the information, but it is difficult to provide the “right” information when the question is vague or the direction of what the desire is to accomplish is unsure. Not all requested information is accessible, or readily available. Acquiring information can be a workload. Behavioral Health staff has discussed creating a “Data Request Form,” to be able to better understand the mission of the request for data and information. Then the requestor is responsible for formulating the question for their request. Adam also stated that a lot of work goes into every aspect of each request. Whether it is obtaining name badges, reserving a different venue in a different location, reserving conference rooms for each meeting on a bi-monthly basis and confirming reservations, there are a lot of details and a lot of work that goes into Commission and each committee meetings, it takes continuous effort. There may be different staff members that are working on pieces of requests but the Executive Assistant is working on all of it, making sure that everything gets done.

- **LIZA-, the Executive Assistant for the Mental Health Commission and all four advisory committees:** informed that the internal email system called LOTUS notes crashed her computer three times in the past two months due to vast amount of emails. Concurs with the Chair and Vice Chair that all requests should be sent to the Chairs, the Chairs will collaborate to establish and clarify the purpose for the request, then forward the requests to the EA. Liza informed that transcribing the audio is very labor intensive and can take approximately two to three days, without interruptions, to complete. She enjoys her job and serving as an assistant to the Commission, but cannot be the assistant for each individual Commissioner. She acquiesces, with Warren's statement, which suggests to "step-back" and question why the information is needed. What purpose will the information or data serve? With a clear, defined purpose, staff will be able to assist in structuring the questions that are needed to accomplish the purpose; otherwise, the efforts made to find information and data are futile without a purpose. The EA cannot accept requests for information or copies during meeting days because it is her responsibility to attend to the meetings. Requests that all Commissioners please submit their requests, 24 to 48 hours before or after, meeting days.
- **All COMMISSIONERS** agreed that transcriptions are not necessary and best to create minutes based on meeting notes. Audio records will be decided on how long to archive. Sam concurs that the CHAIR and Vice Chair sit with Adam and EA to workout items that can cohesively be presented to the Executive Committee and believes that it will be a lot more efficient.
- **VICE CHAIR** states that the Chair of each committee will still forward their agenda requests directly to the EA, and copy the Chair and Vice Chair. The VICE CHAIR suggests that they both sit down with the EA and the immediate supervisor to discuss various areas that need to be addressed. Suggests that the Chair, Adam, the EA and herself, sit down on a regular basis, over the next few months, to go over matters. Any request that is unclear or the purpose is unclear, the Executive Assistant will inquire with the Chair or the Vice Chair for clarity and it will be the Chair's responsibility to clarify the purpose for any agenda items for all committees. Regarding the minutes, would not be able to value a total transcription of the minutes, over other duties that need to be done. Although it has been a learning tool for the EA, requests that the EA find a balance between the details and the notes and create the minutes based on the notes, rather than doing a full, detailed, transcription. More important is to capture the motions in the notes, that is the strong basis to move forward, can use the audio to check the work.
- **CHAIR** reiterates that we need to work as a partnership together. Would like the Commission to work collaboratively, with Behavioral Health staff, and apologizes as well, reiterating the need to work as a team and the need for a time study after 120 days. He states the new EA is a county union employee, not a contract employee, like the previous EA. He heard everyone's thoughts and concerns and wants to move forward. The CHAIR is pleased that every committee chair is present; therefore, **every CHAIR from**

each committee, will still submit their requests for their agendas to the EA, and will cc' the Commission CHAIR AND VICE CHAIR. The committee CHAIRS will direct their questions or inquiries to the CHAIR AND VICE CHAIR. All Commissioners will receive the meeting packets via email only; the EA will no longer send paper copies to the Commissioners unless specifically requested. Hard copies will be available at every meeting.

- **BH DIRECTOR, CYNTHIA**- concurs with the CHAIR. Also, believes that a time study on both positions is warranted and will be very informative, after the Executive Assistant has been in her position for 120 days. The information will be useful to the Behavioral Health division to see where the time is being spent, on what activities, and see how to streamline some of the process. Would like to move forward and figure out a structure that works for well for everybody
- **JILL**- in the past, various requests had been made to gather information and at times, the purpose was unclear. There are items that should be funneled through the Mental Health Commission and if the Commission determines to take on an issue, then the Commission can forward the issue to a committee. If information requests, go through the Chair and Vice Chair of the Commission, then the Chairs can make the determination if the item gets placed on the agenda, or not. Then if more details or additional information is required, then the item should be forwarded to the pertinent committee. If the situation is an emerging issue, then the entire Commission should be made aware of the issue to provide input and the Committee's should investigate further and make their data requests accordingly. Suggested, to the Commissioners, that instead of receiving paper copies, there is an application called "iAnnotate," available on apple products, which is very useful to bring up documents and make notes on the documents all in one step, instead of using paper copies to help minimize waste. The District II Supervisor, Candace Andersen, and staff have requested to no longer receive paper copies.
- **CHAIR**- Received information and has been diligently contacting everyone that is against SB844 and clarifying information regarding SB844. A lot of people that are against SB844 are misinformed and have never been to the jail facilities. The CHAIR and Gina will be at the City Council meeting in Richmond to support SB844, at 6:30pm, on 2/21/17. The City Council of Richmond has directed the City Manager to write a letter against SB844 and requests, to the State, to reject Contra Costa County's application for the creation of a mental health facility for those who are incarcerated. Invites everyone who can to please come to the Richmond meeting to show his or her support of SB844. Will personally speak to Mr. Clark and state that the Sheriff needs to appear at the Council meeting to have better communication with the community of Richmond. The Richmond Progressive Alliance that believes that the city of Richmond should be run differently. There is a conflict. The Richmond City Council has seven members and six of them are from RPA (Richmond Progressive Alliance); a new young council member has been with RPA since it initiated eight years ago.

<ul style="list-style-type: none"> <li>• <b>LAUREN</b>- supports SB844 but will not be able to attend the meeting. Although she may know of people that might need mental health services while incarcerated, she does not feel her voice is the best to advocate within the Richmond community. She was harassed, on Facebook, regarding her support for SB844, along with other Commissioners. When Commissioners do speak out, they do receive negative feedback from the community; when they do support or speak out on an issue, it is because they offer the community their personal experience, with their loved ones, that suffer with mental illnesses or addictions or have been incarcerated. Would like to recognize the editor from the Chronicle that did his due diligence to speak with Sheriff Livingston to inform himself of both sides, against and for, SB844 and listened to both sides. Wishes both the Chair and Gina the best at supporting the bill at the Richmond City Council meeting on 2/21/17. At the Board of Supervisors, the Mental Health Commission unanimously supported SB844, does the motion read that the Executive Committee can send letters of support to the BSCC (Board of State and Community Corrections)? So that as a commission, a letter of support can be sent directly, to the Board with each Commissioner's name, not just two names, to show widespread community support. There is a writing campaign going on that the citizens of Richmond are collaborating on. Can the letter of support that was sent to the Board of Supervisor's be forwarded to the BSCC?</li> <li>• <b>JILL</b>- Does recognize that there are some people in Richmond that are supporting SB844 and the Board of Supervisors has received a number of supported comments. The Sheriff did a very nice article, in the East Bay Times on 2/20/17, worth reading. Supervisor Andersen's article in the March edition of the Valley Sentinel is regarding the West County Detention facility and the reasons favoring the bill.</li> <li>• <b>Referencing agenda item IX, use to MOTION: to send a letter supporting the Contra Costa County's Sheriff's office application to receiving funding from SB844, to the Board of State and Community Corrections</b>  <b>Gina moved, seconded by Barbara</b>  <b>VOTE: 4-1-0</b>  <b>AYES: Duane, Barbara, Diana, Gina; NAYS: Sam; ABSTAIN: none</b>  <b>ABSENT: none</b></li> </ul>	
<p><b>V. Announcements:</b></p> <p><b>CHAIR</b>- showed a sample of the magnetic name badge. All other Commissioner's badges have been ordered and will be received by the next Executive Committee meeting.</p> <ul style="list-style-type: none"> <li>• The 5150 Summit will be on February 22, at John Muir in Walnut Creek, from 8am to 5pm</li> <li>• <b>JILL</b>- The purpose of the Summit is geared towards first responders to discuss the issue of 5150's and how best to handle them.</li> </ul>	
<p><b>VI. MOTION: Approval of the January 24, 2017 minutes.</b>  <b>Sam moved, second by Gina, to approve the January 24, 2017, minutes, no corrections</b></p>	

<p><b>VOTE: 5-0-0</b>  <b>AYES: Duane, Barbara, Diana, Sam and Gina; NAYS: none; ABSTAIN: none</b>  <b>Absent: none</b></p>	
<p><b>VII. DISCUSS AOT WORKGROUP AGREEMENT-DRAFT and forward to MHC for motion</b></p> <ul style="list-style-type: none"> <li>• <b>BH DIRECTOR, Cynthia-</b> requests that both versions of the agreement be reviewed. The version created by the Behavioral Health Division staff and the version edited by the Chair and Vice Chair.</li> <li>• <b>VICE CHAIR-</b> would like to discuss what the differences are regarding the agreement, both internally and externally. The Chair, Vice Chair, along with the BH staff, the Director Cynthia Belon and Deputy Director Matthew Luu, MHSA Program Manager Warren Hayes, Adam Down Administrative Staff met to discuss an agreement to collaborate regarding AOT meetings. The Executive Assistant was present to take notes for the meeting and was asked to put together a draft of the meeting results and submitted the draft to Adam and Warren for review and editing. After the draft was edited by BH staff, it was sent to the Chair and Vice Chair. The Vice Chair edited the draft, moving from a list format into an organized document with headings for easier digestion and readability, and added objectives. In terms of content, under objections, we discussed transparency and taking that piece of it and having it under the overall objectives, as I stated in my document providing suggestions for the workgroup agreement. In reviewing both documents, under constituencies that is the same and the under meetings it was stated that the third bullet: “Commission Chair, along with the BH Director, will facilitate and solicit information from stakeholders as to protocol for setting future meeting agendas and with CPAW Steering Committee approach, as suggested by Warren, as a model and with input from the Commissioners.” I clarified and stated that the Commission will continue to participate in setting meeting agendas and input will also be solicited for the selection of persons to co-facilitate meetings on a rotation basis, along with the MHC Chair.</li> <li>• <b>BH DIRECTOR-</b> regarding setting agenda items, that from the meeting themselves the agenda would be created for the future meeting. As stated in the meeting, that is what a “Steering Committee” does. The version from the Vice Chair states that not only will the MHC continue to participate and set meeting agendas but all participants in the workgroup will have the opportunity to participate in setting agendas for future meetings. It is stated in a confusing manner because it states: “but note that the MHC will continue to participate in setting meeting agendas...” it states it twice. The MHC is part of the Stakeholder body. I don’t believe it to be necessary; otherwise every single sub group will need to be mentioned as well.</li> <li>• <b>JILL-</b> It does state that: “will solicit input and participation from Stakeholders as to protocol for setting future meeting agendas.”</li> <li>• <b>VICE CHAIR-</b> the CPAW Steering Committee approach as a model was stated because that is the model that Warren described and everyone seemed to like. As for the repetition, it was probably because I was clarifying because there were concerns from the Commission, wanting to set up a separate</li> </ul>	

group with this, so it is underlying that they will continue to participate to ensure that there is a comfort zone. The purpose of this document, initially, is to go in front of the Commission for approval. I will make the edits and forward the final draft to the EA.

- **DIRECTOR**- A concern is that, that is one way in which this could be handled, if everyone agrees this is the way, there could be other examples, but CPAW is being identified and others might have other input. I want to be fair to everyone who will be participating. Concur that the Commission will still participate in setting agendas.
- **VICE CHAIR**- as long as it is clear that the Commission will still participating in setting the agendas
- **GINA**- the workgroup plan is upsetting to her and prefers that the AOT workgroups stay as they were. The Commission, regarding AOT, from the beginning was negative. I don't agree that the Commission should be a part of the workgroup. I have been on the Commission for a long time. The workgroup made me feel positive about AOT, where the Commission made me negative about it. To be honest, we are not healthcare professionals; we are not in the field. I would rather see someone who is in the field, running the AOT workgroup than one of our Commissioners. The previous workgroup protected the consumers and I liked how David Seidner and Warren did the meetings; they protected the consumer and their privacy.
- **SAM**- I do not recall ever having a representation of the Commissioners on this workgroup, approved by the Commission. I do not think it was ever discussed. The representation of the Commissioners on the AOT workgroup was not discussed from the beginning.
- **LAUREN**- I was the Chair when that happened, and yes we did discuss it. I stepped down from the workgroup because I was in the initial workgroup that was set before the workgroup that met after, on Douglas Drive, and another closed workgroup to develop the program. When the workgroup became open to the public, then we as a Commission sent representatives to the workgroup, Duane and Doug. Gina went as a CPAW member.
- **CHAIR**- Whatever it was, it's in the past. Why are we trying to change it, I don't know. Barbara and I met with Cynthia, Warren, Matthew, Adam and Liza and we developed a plan and that's the plan we are going to go by. Whatever happened in the past, if people don't agree with it, it's over and we can't change it so no need to argue over it. We need to move forward. We, as a Commission, are not overseeing anything. We are in a partnership, there's a difference.
- **ADAM**- to summarize, essentially, it will be the same AOT workgroup model, the open workgroup and with the same people. The biggest change in this is that meetings will include a MHC co-Chair at the meeting; and the agendas for the meetings will be set in a prior meeting, where anyone can come and propose an agenda item for the next workgroup meeting. Same people involved. Those are the two structural changes to this to help meet some of the needs that were being described before.
- **JILL**-It looks like there will be an evaluation term, if anyone is missing, to see if anyone should be added into the group to ensure full representation.



- **BH DIRECTOR-** as far as the facilitation goes, there will be a Commission member and others from the larger Stakeholder group. I will not be facilitating every meeting; I only agreed to do the first meeting with Duane. It will be an opportunity for members of the Stakeholder body to co-facilitate.
- **GINA-** I have a question, were any of the Stakeholders at the meeting where this was decided? Why not?
- **ADAM-** because it was done on the authorization from the last Executive Committee to negotiate the terms of the new AOT workgroup agreement.
- **CHAIR-** the meeting we had is our monthly meeting we have with Cynthia. I extended it to set things in writing. All around the State, Commissions are forming partnerships with their county's mental health divisions. I have no intention of overseeing an AOT program. To ensure that everyone has a chance to participate.
- **GINA-** there was a lot of Stakeholders at the previous meetings that were happy with the way things were.
- **JILL-** I have a question (Gina) - how is this format different, what is the discrepancy? I don't believe that the Commission is running it. It is a partnership to ensure that the MHC is part of the discussion, not running it. Know that it is generally the same format, give it a chance.
- **GINA-** I felt I trusted the two people that ran the meeting, Warren and David. They protected the consumer, were fair and gave equal opportunity to everyone. The only thing that needs to change is that we need more input from the community. For the Commission to be running it is threatening to me, from what I have experienced. I never felt threatened.
- **DIRECTOR-** the same people will be running the AOT workgroup and maybe more might be invited. if we see that there are gaps and other people need to be included. We want it to be as inclusive as possible. I appreciate you bringing up the issue about protected information and no one will be discussing individual client information at these meetings on any of the agendas - that is not the purpose for this meetings. The AOT workgroup is information and it's an opportunity to discuss what's happening in AOT, overall and programmatically and operationally. You need to be assured that there will not be any private information brought forth in the group. The public will be able to voice their concerns, as well as the Stakeholder members.
- **SAM-** What you're really stating is that it is an Executive leadership working with the Behavioral Health leadership.
- **JILL-** No, that is not correct. The draft is the MHC with BH staff, the AOT workgroup is a bigger workgroup that has been established.
- **VICE CHAIR-** I want to refresh everyone, a few meetings ago we made a motion to create a commission based committee or "task-force" to have oversight for AOT. After that, Cynthia presented an argument as to why the existing workgroup could fill that function and what we realized is that there is a way for the Commission to work together with BH on the AOT workgroup. That's when we sat down to discuss and write what that would look would like. What we decided is that with some small shifts that

involved the MHC more, the essential framework for the workgroup works. It is not a reconfiguring of the workgroup. It is noted that in the initial meetings, the stakeholders need to decide how the agenda is going to be set and cycle through the facilitation of the meeting. The last bullet on the first page, subcommittee will be formed, that was not on the earlier draft. We talked about subcommittees may be formed to do the deeper dive on issues that arise in the program and the input from the Stakeholders will be taken to establish guideline to form subcommittees. We are combining the agreement with the proposal of the Task Force that was passed by the Commission, so it is important that the agreement stays the same.

- **DIRECTOR**- the one thing that I want to address, as far as wording on the second version, is to strike the word oversight. We had discussed this during the meeting; omit the word "oversight." The AOT workgroup was never designed to be an oversight group, nor can the Commission solely assume oversight for the AOT program. Diana seconds the motion. As long as the changes are made, as we discussed, then I am fine with it.
- **JILL**- On the section on meetings, on the second bullet point is confusing to me. "The first agenda will be set by the Chair of the MHC, with input from Commissioners and by the CCCBHS Director..." It should read: "the first agenda will be set by the Chair of MHC, with the BH Director, with input from Commissioners." My understanding is that Cynthia and Duane will be working together, with input from the Commissioners. That is not how this reads. That is not what the agreement says, the second version, it was supposed to be developed with the MHC Chair and the Director, together, with input from the Commissioners and that is not what this version reads. The last comment that I have, under the third bullet point in the second page, "in addition... it should read "Better Government Ordnances, not practices."
- **VICE CHAIR**- what I wanted to make clear to the Commissioners is that it is not just the Chair setting the agendas, but the Commissioners will have a say in setting it. Then it puts too much weight on the MHC Chair, it is meant to be equivalent, as I stated. The Commissioners will provide the input to Duane and the BH staff will provide the input to Cynthia and they will put it together. We are not talking about the content; we are talking about the framing of it. They will be reading this to approve it at our next meeting. I will make the changes then and forward the final copy to the EA. Duane do we need to make a motion.
- **ADAM**- my official title is Administrative Services Assistant III.
- **DIRECTOR**- that is his official title and yes it is to be used in documents.

**BARBARA** moves to motion that the version created by the VICE CHAIR, the draft AOT workgroup plan be accepted by the Executive Committee as modified in this meeting, Diana seconded the motion.

VOTE- 3-2-0

AYES: Duane, Barbara, Diana

NAYS: Sam, Gina

Abstain: none Absent: none

**GINA- States, to Director, that she really likes the work being done by Adam and Liza.**

VIII.	<b>DISCUSS MHC integration of advisory boards with BHS staff:</b> <ul style="list-style-type: none"> <li>• <b>THE CHAIR/VICE CHAIR suggests to MOVE the item to the MARCH Executive Committee agenda</b></li> </ul>	
IX.	<b>DISCUSS Outreach and Communication goals for the Commission in 2017</b> <ul style="list-style-type: none"> <li>• <b>THE CHAIR/VICE CHAIR suggests to MOVE the item to the MARCH Executive Committee agenda</b></li> </ul>	
X.	<b>DISCUSS and plan agenda for March 1, 2017 full commission meeting</b> <ul style="list-style-type: none"> <li>• <b>THE CHAIR/VICE CHAIR will forward the items for the full commission meeting to the Executive Assistant by 2/23/17, by noon</b></li> </ul>	
XI.	<b>REVIEW and DISCUSS Commissioners responsibilities for visiting facilities in 2017</b> <ul style="list-style-type: none"> <li>• <b>THE CHAIR/VICE CHAIR suggests to MOVE the item to the MARCH Executive Committee agenda</b></li> <li>• <b>ADAM stated that both the Action plan and the Annual report should be submitted to the Board, jointly</b></li> </ul>	
XII.	<b>DISCUSS 2016 Annual Reports from the Committee Chairs</b> <ul style="list-style-type: none"> <li>• <b>MHSA Finance Committee Chair- Lauren made some changes</b></li> <li>• <b>Quality of Care committee Chair- Barbara, will submit new changes -she added some additional content and accidently sent Liza the old version. VICE CHAIR- BARBARA: the version of the full Commission annual report that includes reports from the committees has not yet been completed. As long as the content stays the same, we can play with the format and put them all together. Can we move forward and change the format? EA- requests if everything can be submitted no later than Thursday, February 23, by noon. CHAIR- what is important is that we are working together and that is a good feeling. *motion will be made at the full commission meeting on 3/1/17</b></li> </ul>	
XIII.	<b>Adjourn Meeting at 5:11pm</b>	

Respectfully submitted,  
Liza Molina-Huntley  
Executive Assistant to the Mental Health Commission  
March 10<sup>th</sup>, 2017

# El Cerrito, CA- February 28, 2017

## An elderly man was severely burned

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As per the article in the EL CERRITO PATCH, (<http://patch.com/california/elcerrito/man-airlifted-hospital-critical-burns>), a 68 year old man, suffered second and third degree burns in 30% to 40% of his body, due to an apartment fire on February 28, 2017. The man was airlifted to a burn center and remains in critical condition. The fire remains under investigation.

The apartment complex, where the fire occurred, is a low income residence for older adults with disabilities.

The Chair of the Mental Health Commission is concerned about this incident and would like the Commission and the public to discuss the circumstances leading up to this incident and for the future safety of all residents.

Total  
Value

Contract Providers

**Residential Board & Care**

24-681 Afu's One Voice Care  
24-681 Blessed Care Home  
24-681 Concord Hill Home  
24-681 CC's Adult Residential Care Home  
24-681 Ducre's Residential Care Home  
24-681 Family Courtyard  
24-681 God's Grace  
24-681 Johnson Care Home  
24-681 Margarita's Villa of Care  
24-681 Margarita's Villa of Care II  
24-681 Menona Drive Care Home  
24-681 Menona Drive Care Home II  
24-681 Modesto Residential Living Center  
24-681 Oak Hills Residential Facility  
24-681 Parasio Homes  
24-681 Pleasant Hill Manor  
24-681 Scenic View  
24-681 Springhill Home  
24-681 Williams Board and Care Home  
24-681 Williams Board and Care Home II  
24-681 Woodhave Home  
24-681 Yvonne's Home Care Services  
24-681 Yvones Home Care Servcies II

**Emergency Board & Care**

24-086-153 Afu, Ana  
24-086-120 Anglin, Diane DBA Scenic View  
24-086-12 Anka  
24-086-154 Blessed Care Home New Contract  
24-086-142 Concord Hill Home  
24-086-145 Crestwood  
24-086-116 Divine's Home  
24-086-146 Ducre's Residential  
24-086-148 Family Courtyard  
24-086-141 God's Grace  
24-086-151 Hawkins, Cecila DBA C.C's Adult Res  
24-086-136 Johnson Care Home  
24-086-144 Margarita's Villa  
24-086-147 Menona  
24-086-140 Oak Hills  
24-086-138 Paraiso Homes  
24-086-118 Williams

24-086-149 Woodhaven  
24-086-128 Regina Lim DBA Springhill  
24-086-121 Yvonne's Homes Care

**Mental Health Rehabilitation Centers (MHRC)**

74-143 CPT, Inc  
74-190 Mental Health Management, Inc  
24-933 Crestwood Behavioral  
74-331 Helios Healthcare  
24-680 Telecare Corporation

**Adult Mental Health Contracts**

24-751 Anka -Nireka/Nevin  
24-933 Crestwood-Pathway, CW, Solano & Bridge Program  
74-680 Telecare Corporation - Hope House  
74-286 Crestwood - The Pathway

## Mental Health Services Act (MHSA)

### Program and Fiscal Review

- I. **Date of On-site Review:**  
**Date of Exit Meeting:**
  
- II. **Review Team:**
  
- III. **Name of Program/Plan Element:**
  
- IV. **Program Description.**
  
- V. **Purpose of Review.** Contra Costa Mental Health is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above program/plan element. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program/plan element in order to review past and current efforts, and plan for the future.
  
- VI. **Summary of Findings.**
  
- VII. **Review Results.** The review covered the following areas:
  1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards). Does the program/plan element collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.  
**Method.** Consumer, family member and service provider interviews and consumer surveys.  
**Results.**  
**Discussion.**

## Attachment 1 – Program and Fiscal Review Report Template

- 2. Serve the agreed upon target population.** For Community Services and Supports, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. For Prevention and Early Intervention, does the program prevent the development of a serious mental illness or serious emotional disturbance, and help reduce disparities in service. Does the program serve the agreed upon target population (such as age group, underserved community).

**Method.** Compare the program description and/or service work plan with a random sampling of client charts or case files.

**Results.**

**Discussion.**

- 3. Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

**Method.** Compare the service work plan or program service goals with regular reports and match with case file reviews and client/family member and service provider interviews.

**Results.**

**Discussion.**

- 4. Meet the needs of the community and/or population.** Is the program or plan element meeting the needs of the population/community for which it was designed. Has the program or plan element been authorized by the Board of Supervisors as a result of a community program planning process. Is the program or plan element consistent with the MHSA Three Year Program and Expenditure Plan.

**Method.** Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews. Review client surveys.

**Results.**

**Discussion.**

- 5. Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

**Method.** Match program description/service work plan with history of monthly reports and verify with supporting documentation, such as logs, sign-in sheets and case files.



## Attachment 1 – Program and Fiscal Review Report Template

**Results.**

**Discussion.**

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

**Method.** Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as case files or charts. Outcome domains include, as appropriate, incidence of restriction, incidence of psychiatric crisis, meaningful activity, psychiatric symptoms, consumer satisfaction/quality of life, and cost effectiveness. Analyze the level of success by the context, as appropriate, of pre- and post-intervention, control versus experimental group, year-to-year difference, comparison with similar programs, or measurement to a generally accepted standard.

**Results.**

**Discussion.**

7. **Quality Assurance.** How does the program/plan element assure quality of service provision.

**Method.** Review and report on results of participation in County's utilization review, quality management incidence reporting, and other appropriate means of quality of service review.

**Results.**

**Discussion.**

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act, and how well does staff comply with the protocol.

**Method.** Match the HIPAA Business Associate service contract attachment with the observed implementation of the program/plan element's implementation of a protocol for safeguarding protected patient health information.

**Results.**

**Discussion.**

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

**Method.** Match history of program response with organization chart, staff interviews and duty statements.

## Attachment 1 – Program and Fiscal Review Report Template

**Results.**

**Discussion.**

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings.

**Method.** Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

**Results.**

**Discussion.**

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.

**Method.** Review audited financial statements (contractor) or financial reports (county). Review Board of Directors meeting minutes (contractor). Interview fiscal manager of program or plan element.

**Results.**

**Discussion.**

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

**Method.** Interview with fiscal manager of program or plan element.

**Results.**

**Discussion.**

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.

**Method.** Reconcile financial system with monthly invoices. Interview fiscal manager of program or plan element.

**Results.**

**Discussion.**

14. **Documentation sufficient to support allowable expenditures.** Does organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program or plan element.

## Attachment 1 – Program and Fiscal Review Report Template

**Method.** Match random sample of one month of supporting documentation for each fiscal year (up to three years) for identification of personnel costs and operating expenditures charged to the cost center (county) or invoiced to the county (contractor).

**Results.**

**Discussion.**

15. **Documentation sufficient to support expenditures invoiced in appropriate fiscal year.** Do organization's financial system year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows).

**Method.** Reconcile year end closing entries in financial system with invoices. Interview fiscal manager of program or plan element.

**Results.**

**Discussion.**

16. **Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program or plan element commensurate with the benefit received by the program or plan element.

**Method.** Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program or plan element.

**Results.**

**Discussion.**

17. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

**Method.** Review insurance policies.

**Results.**

**Discussion.**

18. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

**Method.** Interview contract manager and contractor staff.

**Results.**

**Discussion.**

## **Attachment 1 – Program and Fiscal Review Report Template**

### **VIII. Summary of Results.**

### **IX. Findings for Further Attention.**

### **X. Next Review Date.**

### **XI. Appendices.**

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – Yearly External Fiscal Audit (Contractor)

Appendix D – Organization Chart

### **XII. Working Documents that Support Findings.**

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)