

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION ♦ 2008 ANNUAL REPORT

Advisory Body Name: Contra Costa County Mental Health Commission
Meeting Time/Location: 4th Thursday of the month from 4:30-6:30 p.m. (January-November)
Concord Police Department Community Rm., 1350 Galindo St., Concord, CA
Chairperson(s): January –February 2008: Kathi McLaughlin and Karen G. Sloma, MFT
March –May 2008: Scott Singley
June-July 2008: No Chair. Facilitated by Dorothy Sansoe, Senior Deputy CAO
August-December 2008: Jacque McLaughlin
Staff Person: Karen Shuler, Executive Assistant
Reporting Period: January-December, 2008

I. ACTIVITIES

• **Collaborations**

1. Actively participated as a member of the Mental Health Coalition.
2. Participated with First 5 and other organizations at a Children’s Summit focusing on early intervention.
3. Participated in the Mental Health Community Forum on Older Adults with Area Agency on Aging and others.
4. Actively participated in the MHSA Stakeholders and Steering Committees.
5. Formed a CCRMC Ad Hoc Committee to keep the channels of communication open between the MHC and CCRMC.
6. Worked with Mental Health Administration to assure that the community be kept informed about the budget cuts and their impact.
7. Held an Annual Retreat to determine MHC focus areas for 2009.
8. Participated on a PHF Workgroup with Mental Health Administration
9. Supported and participated in CIT Training
10. Appointed a Commission representative to the Greater Richmond Interfaith Program (GRIP).

• **Actions Related to Areas of Concern**

1. Expressed concern to the Board of Supervisors regarding budget cuts, particularly about mental health clinic closures and reduction in services for an already severely underserved population.
2. AB3632 – Concern about coordination with private insurers and the impact on non-AB3632 clients not being served or delayed service. Supported the efforts of the Mental Health Division to coordinate with private insurers to ensure that all options be exhausted prior to providing AB3632 services.
3. Mental Health Services in Detention Facilities – Took a position against privatization of mental health services at detention facilities.
4. MHSA P&EI Funds – Made recommendations regarding MHSA P&EI funds being allotted to services for children.

• **Site Visits / Events**

1. Attended the opening of Villa Vasconsuelas
2. Attended Supervisors Family and Health Services meeting and testified on behalf of the Commission regarding Conservatorship issues.
3. Received the “May is Mental Health Month” Proclamation from the Board of Supervisors
4. Conducted a site visit to Behavioral Health Court
5. Received “October 5-11, 2008 is Mental Illness Awareness Week” Proclamation from the Board of Supervisors

• **Governance**

1. Reviewed Biennial Conflict of Interest Code
2. Approved MHSA Community Services and Support Implementation Progress Report
3. Received Report on Performance Outcome Surveys and Quality Improvement Projects

II. ACCOMPLISHMENTS

1. Distributed 3rd printing of Law Enforcement Referral Cards and increased the number of participating police departments.
2. Supported removing Chris Adams Center for Girls from budget cuts pending waiver application process (which was granted).
3. The MHC experienced significant challenges in 2008 with more than 50% turnover in Commissioners. Eight Commissioners were appointed in 2008 and are ready to move forward.

III. ATTENDANCE / REPRESENTATION

A quorum was achieved at eleven of the eleven scheduled meetings of the Mental Health Commission in 2008. The following individuals served on the Commission in 2008:

• Bobbie J. Arnold, District I Member-at-Large	F/African-American	Exp. 6/2008	Attended 3/6
• Clare Beckner, District IV, Family Member	F/Caucasian	App. 10/2008	Attended 2/2
• David Evans, District V, Member-at-Large	M/Caucasian	App. 5/2008	Attended 7/7
• Craig Fletcher, District IV, Consumer	M/Caucasian	Dec. 2/2008	Attended 0/2
• Art Honegger, District V, Family Member	M/Caucasian	App. 5/2008	Attended 6/7
• David Kahler, District IV, Member-at-Large	M/Caucasian		Attended 11/11
• Peter A. Mantas, District III, Family Member	M/Caucasian	App. 10/2008	Attended 2/2
• Judy McCahon, District III, Family Member	F/Caucasian	Res. 6/2008	Attended 6/6
• Jacque McLaughlin, District II, Family Member	F/Caucasian		Attended 11/11
• Kathi McLaughlin, District II, Consumer	F/Caucasian	Res. 6/2008	Attended 6/6
• Cynthia Miller, District II, Member-at-Large	F/Caucasian	Res. 10/2008	Attended 6/9
• Bielle Moore, District III, Member-at-Large	F/Caucasian	App. 11/2008	Attended 0/1
• Colette O’Keeffe, District IV, Consumer	F/Caucasian	App. 10/2008	Attended 1/2
• Teresa Pasquini, District I, Family Member	F/Caucasian		Attended 11/11
• Annis Pereyra, District II, Consumer	F/Caucasian	App. 10/2008	Attended 2/2
• Bettye J. Randle, District I, Consumer	F/African-American	Res. 3/2008	Attended 1/3
• Scott Singley, District III, Member-at-Large	M/Caucasian	Res. 6/2008	Attended 5/6
• Karen Sloma, MFT, District IV, Family Member	F/Caucasian	Res. 6/2008	Attended 5/6
• Connie Tolleson, District V, Consumer	F/Caucasian	App. 5/2008	Attended 4/7

Board of Supervisors Representatives to the Mental Health Commission:

Supv. Susan Bonilla Attended 3/11

IV. TRAINING / CERTIFICATION

- 5 Commissioners completed Video Training Requirements
- New Commissioner Orientation
- AB 1234 Ethics Training
- Annual Advisory Body Training

V. PROPOSED WORK PLAN / OBJECTIVES FOR 2009

1. **RESPOND** to the need for emergency help for families who are overwhelmed by the needs of a family member with mental illness. Areas of interest are:
 - a. Respite services.
 - b. Assistance in navigating the system.
 - c. Making appropriate referrals.
2. **PATRICIPATE** in the development of programs at the site set aside for a PHF (psychiatric health facility) and/or other services/programs. This would include but not be limited to:
 - a. Participating in the planning process
 - b. Supporting efforts that improve post-discharge planning and timely coordination of care.
 - c. Monitoring to ensure inpatient needs are being met.
3. **PARTICIPATE** in the planning of efforts that address the gaps in service, and support CCMH in its attempts to secure non-General Fund dollars.
4. **OTHER PRIORITY AREAS**, to be addressed when possible:
 - a. Improvement of services to those who are dually diagnosed (substance abuse and mental illness).
 - b. The integration of physical health into MH services.
 - c. Improved assistance to homeless individuals with mental illness.
 - d. Care coordination for “meds only” consumers not receiving case management services.