

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
Monthly Meeting
June 23, 2011
Minutes Approved 7.28.11

1. CALL TO ORDER / INTRODUCTIONS

The meeting was called to order at 4:01 by Chair McKindley-Alvarez. Introductions were made around the room.

Commissioners Present:

Peter Bagarozzo, District V
Evelyn Centeno District II
Dave Kahler, District IV
McKindley-Alvarez, District I, Chair
Colette O’Keeffe, MD, District IV
Floyd Overby, MD, District II
Teresa Pasquini, District I
Annis Pereyra, District II
Sam Yoshioka, District IV

Attendees:

Mariana Moore, Human Services Alliance
Brenda Crawford, MHCC
Carolina Salazar, District IV
Connie Steers, MHCC
Janet Marshall Wilson, MHCC
Suzanne H. Davis, Conservator/Public
Guardian
Ralph Hoffmann, CPAW & MHCC
John Gragnani, Local 1 / MH Coalition
Jami Tussing, S.P.I.R.I.T.

Commissioners Excused:

Peggy Kennedy, District III, Vice Chair
William Wong, District V

Commissioners Absent:

Supv. John Gioia, District

Staff:

Linda Cipolla, Staff to MHC
Cynthia Belon, BHS
Suzanne Tavano, MHA
Susan Medlin, MHA
Jennifer Tuipulotu, MHA
Roberto Roman, MHA

2. PUBLIC COMMENT

Commissioner Centeno:

Shared two items from California Planning Council- Health care reform favorite issue – healthcare curriculum (*Inserted as a matter of record*):

Also, Centeno spoke about Supervisor Piepho’s comment at the June 21st BOS meeting, “There is fear associated with mental illness.” She felt the comment exacerbated rather than reduced stigma and was surprised because she thought the Supervisors were committed to educating to reduce stigma.

Commissioner Kahler:

Read from letter that was provided as public comment at the BOS meeting two days prior: (*Inserted as a matter of record*)

Janet Marshall Wilson:

Welcomed Cynthia Belon and also commented about the Bonita House project per the CC Times article: the conditions nullify the project and the BOS denies the restrictions are discrimination.

Commissioner Bagarozzo:

He explained that last month there was a decision to establish a calendar and asked for suggestions regarding particular organizations and agencies that should be included.

Regarding the BOS meeting on the 21st, he was appalled particularly about the Knightsen superintendent's comments. She is in a position of authority and power in public perception and her response was disappointing.

Ralph Hoffmann:

"Paranoia is another word for fear."

Also, he had just come from the CPAW Older Adult Committee and he was the only non-staff attendee until Brenda Crawford arrived later. He asked for everyone's support (*to balance staff attendance with family, consumer and member-at-large stakeholders*)

3. ANNOUNCEMENTS

- A. Gina Swirsding Appointment to the Commission as District I consumer seat
- B. Commissioner Wong's term expiration
- C. Reappointments for Commissioners O'Keeffe and McKindley-Alvarez

Public Comment:

Commissioner O'Keeffe requested that when people submit reports and letters to the packet that they keep the font large as an ADA standard of 14 font. It was agreed in the room that everyone would submit documentation at 14 font going forward.

4. CONSIDER APPROVAL OF MINUTES

May 26, 2011 Monthly Meeting

MOTION: Approve the minutes with corrections.

- **ACTION: Motion made to approve the May 26, 2011 Monthly Meeting minutes:** (M- Pasquini /S-Bagarozzo; Passed, 8-0-1; Y-Centeno, Bagarozzo, Kahler, Kennedy, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Yoshioka; A-Pereyra) Pereyra abstained because she did not attend the May 26th meeting.

5. INTRODUCTION TO DIRECTOR OF BEHAVIORAL HEALTH AND HOMELESS SERVICES, Cynthia Belon

Cynthia Belon said she was glad to be there as director of Behavioral Health and Homeless Services. The announcement to create Behavioral Health (BH) came around January. The idea of the new division structure was to respond to both internal and external challenges. The external challenges:

including healthcare reform and Medi-Cal, The internal challenges: the goal to create a holistic system, to see a person as a whole and serve all of their needs, to provide greater accessibility to everyone. She hopes with the change that the system becomes more compassionate.

The structural changes were known upfront but it's for everyone to decide how it will look. Since being appointed to her position the latter part of April she began working with Lavonna Martin, Acting Director of Homeless Services and Haven Fern, Director of A&OD to discuss the infrastructure; They had to start from square one to create a new division since Mental Health and Alcohol and Other Drugs had been divisions but Homeless Services had been a program under Public Health and so there wasn't a comparable historic structure.

They created a meeting to draw from a variety of stakeholders from all three systems, which was important to balance the systems of care. On May 25th there was an ad hoc meeting to discuss thoughts, fears, and interests in the creation of the new division. The expectation was to take feedback and develop a stakeholder process for strategic planning. As she met with community stakeholders and advisory bodies she heard how important it was to have an effective and inclusionary process. She asked them to be patient with her in the process and is going forward with entertaining various proposals. The first step in the overall creation of MHA is the integration of Behavioral Health into Primary Health Care as the initial step in total health care.

She asked to hear from them and welcomed a discussion on concerns.

PUBLIC COMMENT:

Connie Steers said what a pleasure it has been for her and Janet, who had worked with Cynthia in the past and also recently, to be working with her in the capacity of BH Director. They've worked with different clients in a variety of situations but the issues were especially long-term and difficult. With confidence, she had assured her clients that as soon as Belon came on board the issues would be resolved.

Discussion:

Commissioner O'Keeffe asked about plans for integration of health care at the 1420 clinic.

Cynthia Belon said the process has begun but it's too soon to talk about. Philosophically and culturally it needs to be true integration not just co-location.

Commissioner Pasquini said she thinks the clinic is ready to go and asked if there was an issue with Amcare. She asked who are the players? She's seen the set-up and thinks it's fabulous and exciting. Also, she welcomed Cynthia Belon.

From Pasquini's reference to the word 'formalization' Cynthia Belon explained her use of the word meant that in the past, it was primarily MH working with Health Care and now they are working from BH with Health Care (*as a formal process*).

Commissioner Yoshioka said with BH systems in existence in over 50% of California counties, with a lot of available studies, have best practices been looked at? He asked if there is a way of identifying a proven model.

Belon said Contra Costa County is a little behind in the idea of creating a BH division. Other counties have had that division for years. There are a lot more evidence based practices which would provide feedback on care provided and efficiency of the system.

There are successes to draw from both in other counties and internationally around systems transformation, recovery, dual diagnosis, all providing an open door to enhance prevention which is not in place right now. They are and will be looking at understand what others have done successfully and unsuccessfully to help form and inform the strategy.

Chair McKindley-Alvarez said she learned from the CAMHPC meeting some counties had combined BH but homeless services was not included. She asked if and how they are researching other BH models that have not included homelessness.

Belon listed a few areas that combined homelessness with BH, such as Alameda County, but that those cases were few.

Belon explained that in 2004 when Contra Costa County received money from the Federal Government homelessness was transformed: HUD, SAMSA and VA pooled money and asked communities to transform the system to end homelessness rather than just managing it. Contra Costa County looked at the chronic homeless, and at those with dual diagnosis who are generally in need of housing. Through engagement the dots were connected back to their needs. Today there is an 89% retention rate for those who have been housed for 5 years or more. That transformation happened by working with non-profits, MH and A&OD. You can't treat one issue without the other. People may not be homeless, but have co-occurring issues or are living in tenuous, unhealthy circumstances. Contra Costa County could serve as a national model.

Commissioner Centeno asked for a reminder of the realignment hierarchical structure.

Belon explained under the BH umbrella falls Suzanne Tavano, Acting Director of Mental Health, Haven Fern, Acting Director of Homeless Program Services, and Lavonna Martin, Director of Alcohol and Other Drugs.

Centeno offered an acronym she learned from attending the recent Planning Council meetings: SUD = substance use disorder.

Commissioner Pasquini said she was concerned but hopeful that when the division is transformed, that silos such as the people at psyche emergency - 4C (a hot potato silo) get fully integrated so when they leave Alhambra all the systems are working together and best treatment for the client is provided.

Commissioner Yoshioka said he recently attended the American Society on Aging Conference in San Francisco which included a workshop on integration of primary BH. He had mentioned this to

Suzanne Tavano and was surprised that Contra Costa County didn't apply for 7 demonstration grants, the results of which were presented at the conference.

He mentioned that one of the biggest challenges with integrating services is financial - the accounting relationship is rarely addressed in integration. MH services are billed specifically and differently than other services. As long as the billing/accounting system is separate, there will be a missing chunk of the integration when the infrastructure hasn't been advanced appropriately. He thought it should be addressed at a federal and state level so that counties don't have a technology issue with several systems in which to collect funding.

In response to Janet Marshall's compliment regarding grant writing for homelessness funding, Cynthia Belon clarified that she didn't write all the grants and that everyone does the work together. She is looking to strengthen collaborations to increase productivity. There are good examples for best practices both inside the community and outside. They are striving to make the process work for the new, larger group.

Brenda Crawford said she was encouraged to hear of Belon's focus on relationship building. With MH, A&OD and Homeless Services being combined, the relationships between and within those groups are fundamental for successful integration.

John Gragnani compared the MH Coalition to the United Nations Council. The Coalition members both inspire and disagree with each other. It's not just the five members but the larger reflections of voices that each carries. A beautiful example of how that works positively was the MHCC gala which was inspiring.

As Chair at their January meeting he had expressed disappointment and frustration that such a huge decision was made without their feedback, but in good faith they agreed to move forward with the integration process and look forward to being included in it.

Ralph Hoffmann said he liked what Cynthia Belon was saying and supports the concept of integration within Behavioral Health. As a state, California is behind others. For example the suicide rate in Contra Costa County and California is double the rest of the country. It is a complex issue. Homelessness and dual diagnosis frequently relate to the high suicide rate (*and could be better treated in an integrated system.*)

Mariana Moore was concerned about the hiring process for the MH director.

Also, she wanted to let the commission know the Human Services Alliance is encouraged and that a lot of innovative care is already occurring. As a group, they are ready to be part of the process.

Chair McKindley-Alvarez inquired about the status of the hiring process for the MH Director position.

Belon said there is currently a job description review for that position as well as for the Homeless Services and A&OD Director positions because she wanted to create parity. She's a little behind in being able to push it forward. Once that step is completed, the job description will go back to personnel. "As yet there is no time frame for hiring."

In response to O’Keeffe’s inquiry, Belon said the search parameters had not been established (internal, statewide or nationwide) but that discussion would be brought to the Commission.

Commissioner Kahler, a NAMI member, said NAMI CC had voted unanimously to support Suzanne Tavano for the MH Director position.

The Chair mentioned the overall structure with MH, Homeless, A&OD, and that integration needs to happen within those divisions. She hopes there isn’t an assumption that the work is only done at the top as multiple silos could be found within each.

Belon said integration is what should be experienced on the front end by clients day to day. She plans for a top-down, bottom-up process. The critical piece is what happens at the front door (*where the client is treated.*) Discussions on examples of blended programs and services have begun. They are taking into account cultures, philosophies, and so on before they move to micro and macro planning.

Commissioner Bagarozzo hoped that everything is on the table for review. He felt Belon’s vision as explained was appropriate and would like to see reports to figure out ways of designing a creative and innovative model. He was concerned about complacency and wondered what measurements they are using. He wants to have a structure and process that “gets us to the consumers, not consumers to us.”

6. **ACTING MENTAL HEALTH DIRECTOR’S REPORT – Dr. Suzanne Tavano**
HEAR updates on EPSDT, 3632, and the Healthy Family Program

Dr. Suzanne Tavano passed out a written report (*Inserted as a matter of record*)

She also provided the June MH newsletter (*Mental Health Matters*):

http://www.cchealth.org/groups/mental_health/pdf/2011_06_newsletter_issue.pdf and the CCMH Inclusion Initiative Newsletter: <http://cchealth.org/topics/lgbtq/newsletter/>

Updates:

- The Client Network picnic was on Friday (17th). At 360 people, it was the highest attendance to date and was a great event.
- Chair McKindley-Alvarez did training for MHA staff the day before and everyone gave high marks for her presentation which was on vicarious traumatization.

Per Item 4, (*Feasibility Study for new ARC*) Marianna Moore wanted to know what stage or by whom was the final decision being made since in Tavano’s words the “final decision was imminent.”

Acting MH Director said that buildings through Health Services typically go through Finance / BOS but she wasn’t sure that step was required for this particular project. (Health Services Administration had already gotten Plan approval under the Health Services Act.) Since the project has reached

discussion with Dr. Walker and Pat Godley, in her mind, that felt like a decision would be imminent. Once that step is finalized, and the feasibility study is complete, then the project moves into the stakeholder process for feedback about program design.

7. **MHSA UPDATE – Annis Pereyra and Teresa Pasquini**
ACCEPT oral update on MHSA

Commissioner Pasquini provided the following updates and concerns:

Updates:

In last month's CPAW meeting, Sherry Bradley was celebrated prior to her retirement leave, which is a big loss for the stakeholder group. It is yet unknown if she will return on a part-time contractual basis.

Topic: CPAW Meeting

Issues identified:

Agenda got sidetracked

Discussed:

Concerns typically not publically expressed were discussed such as:

What will happen to department and money? Is it a money grab? Whose money is it? Who is entitled to this money? Are those that think they are entitled, really entitled? If they aren't careful will they use all the money?

Resolution

Rumors and Consumer fears were addressed. Stakeholder questions were discussed.

Topic: Planning Committee Meeting

Update:

- Mostly they've been processing fear (*as a first step*)
- There are a good group of leaders/pleaders involved.

Issues identified:

Commissioner Pasquini and Commissioner Pereyra expressed their repeated concerns at the meeting:

- Haves and have-nots
- MHSA was supposed to be consumer run process (*and is mostly staff driven*)
- There are segments that aren't being reached by MHSA
- Families caring for adult children are feeling disenfranchised and forgotten by the MHSA process; there is resignation and loss of dreams.
- There is fear: an example is Pasquini walked her neighborhood for prop 17 and people expressed fear that MHSA will go away.

There were different perspectives but people felt heard.

Commissioner Pereyra provided her historical perspective, that initially there was elation from consumers and family members about how the system would change with MHSA and there was great input from family and consumers. That vision of change is not being met in the way they expected and hoped for. There is a significant loss of family members who no longer provide input because they don't feel heard and have given up.

8. **APPROVE request for MHSA presentation regarding alignment of responsibility on mental health related treatment and concerns for K-12 youth.**

Commissioner Centeno would like to put her request (item 8) on hold until January, and get a report on how it is going at that time.

9. **STANDING COMMITTEE UPDATES**

Updates were taken out of order so as to leave more time at the end of the updates for Capital Facilities to discuss the Knightsen issue. Order was as follows:

Criminal Justice

HEAR update from the Criminal Justice Committee: Commissioners: Kahler, Bagarozzo, Yoshioka & Overby

Chair Kahler said that Criminal Justice is working on an instruction sheet for families, and are currently getting input from a variety of sources such as public defender, district attorney, probation and psyche emergency, in order to post helpful instructions on 5150crisis.com website.

Chair reminded Kahler to get the instruction sheet approved by the Commission.

Nominating Committee

CONSIDER approving the interview process and applicant recommendations of the Nominating Committee, as recommended by Commissioners: Yoshioka, O'Keeffe, Overby & Wong.

Chair of the Nominating Committee, Commissioner Yoshioka spoke about their special meeting held on June 22:

Topic: Review and agree on the Commissioner application process.

Issues Identified

- Most responsibility is with the EA
- A couple of areas need confirmation from Dorothy, such as, "when does a document become public domain" (*such as an application*).
- Dorothy Sansoe relayed to the Chair (*she was not in attendance*) that to the best of her knowledge, an application goes out when the packet goes out. It needs to be verified that it

becomes public record the minute that the EA receives it (*to resolve the question of when and how the application can be shared*)

- The format (*process*) by which the all Committees submit a request to EA for an agenda item on the Commission agenda still needs to be worked out.

Result

It was agreed that the Nominating Committee as mandated in the By-Laws, had proceeded appropriately and the interview process had been adequate and sufficient. The Nominating Committee's responsibility was to forward their recommendations to the Commission.

Consider nomination of Quentisha Davis

Commissioner O'Keeffe spoke to Quentisha Davis who withdrew her candidacy. Davis apologized and stated she was withdrawing for many reasons. O'Keeffe thinks it's a great loss that Davis wasn't accepted in a timely manner and Overby said it was a missed opportunity. They hope Ms. Davis will reconsider in the future.

CONSIDER approving proposal from EC for the roles, responsibilities, and expectations of Standing /Nominating Committees and Executive Assistant

This was not addressed.

CONSIDER appointing Commissioner Centeno to the seat on the Nominating Committee that is currently filled by Commissioner Wong

Commissioner O'Keeffe said the Nominating Committee would like to table the appointment and wait for another candidate who will be appointed to the Commission by the next meeting and could be a better fit for the committee.

MOTION:

Table discussion until the next meeting when the new Commissioner, who might be a better fit for the committee would be available to join the committee.

Issue Identified:

- Commissioner Willie Wong is officially a member through the month and shouldn't be replaced until his term expired (June 31, 2011).

Resolutions:

- EA confirmed that per discussion with Dorothy Sansoe/CAO's office, the agenda had been worded in such a way that an appointed 'replacement' in June was procedurally correct.
- When questioned, the Nominating Committee stated that Commissioner Wong had not attended any Nominating Committee meetings.

Commissioner Centeno said she was fine with tabling the appointment.

➤ **ACTION: Motion made to table appointing Centeno to the Nominating Committee until the July monthly meeting.**

(M- O’Keeffe /S-Yoshioka; Passed, 7-0-2; Y-Centeno, Bagarozzo, Kahler, O’Keeffe, Overby, Pasquini, Yoshioka; A-McKindley-Alvarez, Pereyra)

ACCEPT the resignation of Commissioner O’Keeffe from the Capital Facilities Committee.

It was agreed that a vote was not required, and O’Keeffe’s resignation was accepted.

Quality of Care

HEAR update from the Quality of Care Committee Commissioners: Kennedy, McKindley-Alvarez, O’Keeffe, Overby

A correction was made on the July Quality of Care and Consumer Task Force meeting times in the minutes, however the times noted on the July agendas, also in the packet, were correct. Due to time, no verbal report was given as the written report was in the packet.

Capital Facilities Committee

Commissioner Pasquini said they’d prefer to get the action topics discussed and then would provide a Knightsen update which would include discussion around the Board’s Meeting on Tuesday 6.21.11.

APPROVE the Capital Facilities Committee’s site visit to at least one Board and Care facility and at least one Mental Health Rehabilitation Center.

Commissioner Pasquini provided the list of sites in the packet which had been discussed but not finalized.

Issues Identified

- With only two people on the committee, they want Dorothy’s clarification in order to communicate- because they are the committee (*and therefore quorum*) and want to be Brown Act compliant.
- The Commission should think procedurally in terms of participating in a standing committee (*with only two members*); It would be good to have other Commission voices in attendance.
- Pasquini and Pereyra have attended many sites visits because housing is a deep concern, but it would be good for Commissioners that have not been on site visits to participate and join in the visits, and they are welcome and invited.

MOTION made by Commissioner Overby and seconded by Commissioner Pereyra.

The site visit invitation will be notified by being on the agenda.

Commissioner Overby inquired what locations were being suggested. Pasquini said that Anguin had been discussed as an appropriate site for a visit.

Commissioner Pereyra clarified that they are looking at facilities that either house a significant number of consumers or a facility that has been problematic in the past as best site visit candidates.

- **ACTION: Motion made to approve Capital Facilities committee site visit to at least one Board and Care facility and at least one Mental Health Rehabilitation Center.**

(M- Overby/S-Pereyra; Passed unanimously)

APPROVE advising the Contra Costa Mental Health Administration that the Oak Grove Facility be used for: a) Adult and Transitional Age Transitional Residential Program; b) Intensive Early Psychosis Intervention Program; and c) a program to be recommended by a work group

A drawing of the Seneca campus was passed around the room.

Commissioner Pasquini spoke:

Topic

APPROVE advising the Contra Costa Mental Health Administration that the Oak Grove Facility be used for: a) Adult and Transitional Age (TAY) Residential Program; b) Intensive Early Psychosis Intervention Program; and c) a program to be recommended by a work group.

Issues identified

- MHA (per Vic Montoya) recommendation for Seneca location was not procedurally clear in meeting but the thought was they were in support of housing for the Adult and TAY populations.
- Young adults older than TAY could benefit depending on their emotional level; some people are younger but need that type of boost. Therefore Montoya wanted to have some discretion to allow people older than 25 but whose emotional level was better suited in TAY.
- Concern there is thoughtfulness when creating a location where both Children, TAY and Adult populations coexist given their distinct differences and needs. The reason the TAY group had to be identified was because they are different than kids or adults and have different needs; It functional age should be considered in addition to chronological age.
- Disappointment hearing plans had been known for a considerable amount of time before the Commission was informed about the Seneca location; The plans were brought to CATF (Child Adolescent Taskforce) first and concessions were made to them about usage of the facility before the Commission was informed, and the Commission is locked out of attending the CATF meetings.

Response

MH Acting Director said MHA is thinking about the TAY population for the Seneca facility; Children's Services has already invested \$7M in federal grant money with the facility so MHA wants to continue to hold the original commitment that the TAY population be served as much as possible; Children's Services is in support of that.

Commissioner Pasquini was not willing to amend their recommendation (which had included Commissioner Wong) especially since they hadn't been informed that the rent had to continue to be paid. "It's important to me that the Commission be aware that there's been considerable planning around a facility change (*without our participation*)." She knows of many TAY facilities. The lack of a gap analysis makes it difficult for the Commission to understand the true needs; It's not known if the TAY population is in more or less need for housing than the adult population.

MOTION: The Commission advise MHA the Oak Grove facility be used for a) Adult and Transitional Age, Transitional Residential Program; b) Intensive Early Psychosis Intervention Program; and c) a program to be recommended by a work group.

Mariana Moore asked whether it was a Commission comprised workgroup and Pasquini said there wasn't a definition of the workgroup and urged her to check with Vic Montoya for specifics.

MH Acting Director said the intent is to have a bigger planning process looking from a BH vision and come up with viable possibilities so the campus can be retained. The work that has gone on so far has been mostly 'place-holding.'

- **ACTION: Motion made to advise the MHA the Oak Grove facility be used for a) Adult and Transitional Age, Transitional Residential Program; b) Intensive Early Psychosis Intervention Program; and c) a program to be recommended by a work group.** (M- Pasquini /S-Pereyra; Passed, 7-1-1; Y-Centeno, Bagarozzo, Kahler, Overby, Pasquini, Pereyra, Yoshioka; O-McKindley-Alvarez; A-O'Keeffe)

HEAR update from the Capital Facilities Commissioners: Pasquini, Pereyra, & Wong

Commissioner Pasquini asked that there be an action item in regard to the Board of Supervisor's response to the Knightsen appeal of Bonita House. The Capital Facilities Committee had expected to report on the meeting so had not included an action item on the agenda. What occurred was disturbing on many levels and needed to be discussed.

Chair McKindley-Alvarez explained that an emergency item could be discussed as either a health or safety issue and that they would consider this topic as a 'safety issue.'

MOTION: to discuss the topic of the Board's response to the Knightsen Hearing at their meeting on June 21, 2011. Moved by Pasquini, seconded by Kahler.

- **ACTION: Motion made to discuss the topic of the Board's response to the Knightsen Hearing at their meeting on June 21, 2011 as an emergency item.** (M-Pasquini /S-Kahler; Passed unanimously)

Pasquini spoke:

The Board of Supervisor Hearing took place on Tuesday. She was proud that so many Commissioners and members of the community were present. The Contra Costa Times article in the packet doesn't accurately report what took place.

Pasquini urged the Commission to consider:

- Public comment (*for various perspectives*)
- Rick Crispino's email in the Handout that stated that the Bonita House project was now a 'dead deal'
- The 'happy talk' coming from the Board in making their decision and comments (in packet) that it was a "balancing of needs"
- Reports from Commissioner discussions with their Supervisors prior to the hearing.
- The Commission has done an excellent job working with community partners, consumer and family members on the topic.
- Restrictions were placed on the project making it dead in the water.
- The appeals took stigma and discrimination to a level she's never seen before and the Board not only ignored but supported the discrimination.
- She felt put on the spot during the meeting when Supv. Piepho asked Pasquini to be the 'voice of reason.'
- as Board appointees, they can be still be independent

MOTION

Pasquini moved the discussion be brought to the July 6, Capital Facilities meeting and with the Commission's support, they would receive public comment from the community, hear thoughts and ideas, and by then understand the position Bonita House will take.

Motion was amended to be an MHC meeting so that all Commissioners could attend and it was agreed it would be well attended and therefore have a quorum of 7 or more Commissioners. It was seconded by Commissioner Centeno.

The meeting was agreed for Wednesday 29th at 12 noon. Location to be announced once agendized.

John Gragnani read as follows:

"Safe, supported housing is identified by all members of the Mental Health Coalition as critical to community health and safety, reflected in the Mental Health Commission's priority goals, Mental Health Consumer Concerns protection of housing rights, Local 1's evaluation that highlighted housing and the need to have a housing coordinator, the Human Services Alliance extensive planning and participation in the Safety Net Summit, and NAMI's ongoing financial support and aid to consumers in need of housing assistance."

Brenda Crawford:

Contra Costa Network of MH Clients is meeting tomorrow to take up as advocacy issue. She will write letter to editor of Contra Costa Times. She agrees with Pasquini that it was one of the worst demonstrations of political gamesmanship she's ever witnessed and rhetoric that was endorsed by elected officials that are supposed to represent all of us.

- **ACTION: Motion made to create an MHC special emergency meeting to discuss the Bonita House, Knightsen response at the BOS meeting on 6.21.11**
(M- Pasquini /S-Centeno; Passed unanimously)

10. **ADJOURN MEETING**

The meeting was adjourned at 7:00pm

Respectfully submitted,
Linda Cipolla
Executive Assistant

Commissioner Centeno's Public Comment at the June 23 MHC meeting

I attended the California Mental Health Planning Council on Thursday, June 16. It's the day when the topic of discussions were Health Care Reform and Mental Health, and California Social Work Education Center. I was particularly interested to hear what may be coming out of the pipeline. There was so much information, and briefly, I wanted to share the following:

Health Care Reform

- The 1115 Waiver or "California's Bridge to Reform" has several components that will be implemented paving the way for full implementation of the Health Care Reform in 2014.
- The 1115 waiver includes managed care plan enrollment for Seniors and Persons with Disabilities, including people with mental illness, in counties where these individuals had received services through fee for service Medi-Cal. It starts now.
- Most counties are already on The Bi-Directional Care Planning: Behavioral Health Integrated into Primary Care and Primary Care Integrated into Behavioral Health. The Planning Council is using the Four Quadrant Model for implementation.
- The following is the Potential Mental Health Focus:
 - Low income health plans
 - Medicare Medi-Cal Dual Eligibles
 - Seniors and Persons with Disabilities
 - Person Centered Healthcare Homes
 - Multiple Chronic Conditions
 - Home and Community Based (1915i)
 - Money follows the person.

CalSWEC: Started in 1991, California Social Work Education Center at UC Berkeley funded by Title IV-E has seen considerable change in that we are seeing more consumers graduate.

- CalSWEC is a consortium of 21 schools of social work, county departments of social services, county mental health departments, the California Department of Social Services and the California Chapter of the National Association of Social Workers.
- Mental Health Program eligibility and payback obligation:
 - Students who are enrolled full-time in their final year and are interested in careers in public mental health systems, including contract agencies, are eligible.
 - Each student commits to one year of employment in a county or contract MH agency following graduation.
 - Students have 180 days after graduation to find eligible employment; they may appeal for time extensions to graduate and /or to complete payback obligation. They may also volunteer in an eligible agency for hours toward payback.

The Knightsen Ranch

I speak only for myself. 6.23.11

On Tuesday, June 21, Mary Piepho, in concert with her fellow supervisors, knowingly, scuttled the effort to locate a 10 bed mental health facility in Knightsen. All the while, claiming to be strong supporters of mental health resources. With supporters like this, you have no need of enemies.

At the hearing Tuesday, Kim Revel, a neighbor, read a ten page list of the dangers posed by the proposed tenants of the facility. Every comment made by her and the others was based on one factor. That *the tenants would pose a real danger.*

They did not, nor were they asked to produce documented evidence. If they had, the proceeding would have fallen on its face then and there.

Supervisor Piepho was responding to the anxieties of several of her constituents who are neighbors of the 10 acre property. Constituents that were and are wholly ignorant about mental illness.

They just know that they don't want people who are not like them to live on that private piece of property. Never mind property rights, never mind the law. Supervisor Piepho must consider the anxieties of her constituents but must also determine whether they are justified and have merit.

In this case they are unfounded and not backed by evidence.

So Piepho has turned to the clever way of derailing an unwanted project by loading it with special conditions that in the words of Rick Crispino, the Director of the Bonita House "the project becomes financially infeasible."

That way the Supervisors can enjoy the political luxury of not having to vote against a mental health project while successfully appeasing the ignorance of her few constituents.

District III has a population of 258,000. 5% of the American population suffers from a serious and chronic mental illness so that would indicate that there are 12,900 mentally ill persons in District III that are badly in need of mental health resources.

To have their legitimate, lawful needs compromised by a few poorly informed neighbors is unacceptable and hypocritical.

Can you imagine what the next organization that is considering placing a mental health facility in Contra Costa will think of the policy of making it difficult bordering on impossible to open a mental health facility? They will seek a more friendly environment. This is a terrible signal to send to the mental health field.

Submitted by Commissioner Dave Kahler

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DATE: June 23, 2011

TO: Carol McKindley-Alvarez, Chair
Peggy Kennedy, Vice Chair
Contra Costa Mental Health Commission

FROM: Suzanne Tavano, Ph.D., Acting Mental Health Director

SUBJECT: Mental Health Director's Report

There continues to be planning for significant change both at the State and County level.

1. Development of the Behavioral Health Division is moving forward. The Behavioral Health Director, Acting Mental Health Director, AOD Director and Acting Director for Homeless Services now meet weekly to discuss and plan for greater integration of behavioral health care across the system.
2. Health Services Personnel recognizes the significant impact of recent retirements of key Mental Health Program Managers. Mental Health has been assured that priority will be given to opening the exam for this job classification. However, it might still be several months before the process begins. In order to maintain continuity of leadership, several Program Supervisors and Project Managers are moving into Interim Program Manager positions. They are:

Michaela Mougenskoff	Transition Team
Heather Sweeten-Healy	Older Adult program
Guillermo Cuadra	Central County Adult Mental Health
Mary Roy	Mental Health Services Act

Though Mental Health has been going through a significant transition period, the dedicated staff of all the mental health programs have continued to stay focused on provision of services. The quality and quantity of services remains high and there has



been no reduction in direct care. I would like to acknowledge the hard work of all the clinical and support staff for making this possible.

3. The process for replacing the information technology system is proceeding. The process of surveying hardware readiness at all of the clinics and programs is close to being completed. It is probable that 80 to 100 computers will need to be replaced in order to have the required capacity to support the new information system. Contract negotiations with the selected vendor are close to being completed but a contract has not yet been executed.
4. The feasibility study for the new Assessment and Recovery Center (ARC) is close to completion. A final decision to proceed with this project seems imminent. Once this occurs, a stake holder group inclusive of consumers and family members will be convened to more fully design the actual services and ensure integration of MHSA principles in the program design.
5. The feasibility study for the proposed Crisis Residential Center is not as far along as the ARC. There is an upcoming meeting to determine the projected costs of the proposed building. Should that amount significantly exceed what is available in the Capital Facilities approved plan, discussion will be brought back to the public stake holder process, in conjunction with the Mental Health Commission, for further discussion.
6. Although EPSDT is a federal entitlement, each county mental health system will be given a capped allocation from funding diverted from the Mental Health Services Act. The State is stating this is not a "cap" to EPSDT expenditures; however, if the total amount diverted from MHSA for this earmarked purpose exceeds the State-wide allocation, an emergency appropriation would need to be pursued. This puts a great deal of responsibility on each county mental health system to manage within their annual allocation, and puts them at some financial risk if expenditures exceed the allocation.
7. It seems there still is intent to repeal the AB3632 mandate, make Education "whole" in funding for all mental health services (except for Medi-Cal eligible services) and residential care. Education (School Districts/SELPAs) will have the option of contracting with county mental health or may chose to themselves provide services or contract directly with other providers for the services not covered by Medi-Cal.
8. The MHSA funds diverted to cover costs for mental health services to special education pupils with active IEPs are separate and apart from the funds designated to go to Education with repeal of the 3632 mandate. These special funds are to be used for

services agreed upon by Education and Mental Health via MOU or contract as initiated by Education.

9. It is unclear if the Healthy Families program will transition to the State Department of Health Care Services (DHCS) as a Medi-Cal program. If this occurs, the shift probably will result in more referrals to community mental health and some additional costs. This is yet to be determined.
10. It is assumed the reorganization of State departments will proceed over the next year. It is assumed the community mental health Medi-Cal program will be moved from the State Department of Mental Health (DMH) to DHCS. A stake holder process will occur. The first draft of a transition plan will be due October 1, 2011.
11. The 1915b waiver that establishes managed mental health care was submitted for renewal by DHCS to the Centers for Medicaid/Medicare Services (CMS) and is expected to be approved for an additional two year period.