

Contra Costa County Mental Health Commission
July 25, 2013
MINUTES - FINAL

I. Call to Order / Introductions

Commission Chairperson Carole McKindley-Alvarez called the meeting to order at 4:30 p.m.

Commissioners Present (10): Evelyn Centeno, District 5; Jerome Crichton, District 3; Jack Feldman, District 5; Dave Kahler, District 4; Carole McKindley-Alvarez, District 1; Colette O’Keeffe, District 4; Teresa Pasquini, District 1; Lauren Rettagliata, District 2; Gina Swirsding, District 1 (arrived at 4:40); Sam Yoshioka, District 4.

Commissioners Absent (3): Louis Buckingham, District 3; Peggy Kennedy, District 2; Supv. Karen Mitchoff, BOS Representative.

Non-Commissioners Present: Hillary Bowers, Consumer and Member of the Community; Kevin Burns, MHCC; Douglas Dunn; Parent of Consumer; Judith Getz, MHCC; Peggy Harris, Interested Citizen; Warren Hayes, MHSA Program Manager; Lori Hefner, CPAW-Older Adult Mental Health; Christy Johnson; Mary Long, MHCC; Charles and Sharon Madison; NAMI CC; Kelly Myers; Maria Ramirez, MHCC; Karen Shuler, MHC Executive Assistant; Nina Smith, AOD Board; Cynthia Staton; Connie Steers; Tyler; Janet Marshall Wilson, MHCC Patient’s Rights

II. Public Comment

1) David Juarez (via text message) stated he has commitments on Thursday evenings at a 12-step meeting which he co-founded in times of illness as he and many in East Contra Costa County needed in the absence of health support by MHCC at the Sycamore location after the changes under Maria Ramirez and her bringing in unqualified people. Mostly her own (Maria’s) abilities to realize that emotionally, mentally challenged consumers adapt to change with instability and so abruptly should have been a primary consideration. You may quote or submit this statement by my permission.

2) Trina Christian (via text message) said she is a mental health consumer and a former employee of Mental Health Consumer Concerns. She asked that her statement be read today because she can’t be here to speak for herself. She would like MHCC investigated for their spending practices and their mistreatment of people with mental health disabilities. Thank you for taking the time to read my statement.

3) Charles Madison read from a paper stating “He is the President of NAMI Contra Costa and

that he is here today to clarify the NAMI Contra Costa position on Laura’s Law and their affiliate’s funding sources. He said apparently a Commissioner’s comment was made relative to the concern about Laura’s Law “...because NAMI and Laura’s Law are backed by pharmaceutical companies.” This statement is false and misleading. It is true that NAMI National does get donations from the pharmaceutical industries as does most of the other organizations dealing with serious illnesses. The prescription of any medications is between the consumer and the psychiatrist and NAMI has nothing to do with it. Insofar as our

affiliate, NAMI Contra Costa, our funding comes from membership dues, individual donations, local fund raising events and the Annual NAMI Walk. Locally we do not get any pharmaceutical dollars. It should also be remembered that all the programs NAMI provides to help people are free. We do not charge anyone for participation in any of our programs. As far as Laura's Law is concerned, it is a State law that has been passed by the legislature. We appreciate that this is a sensitive area and stand ready to meet with the county and others to establish a program that will address services for the mentally ill population that is currently not being served."

4) Douglas Dunn read from this statement: "My Name is Douglas Dunn and am a parent of a most seriously mentally ill (SMI) son. I am also a NAMI F2F teacher and a NAMI-CC representative on the new "Pilot Assisted Outpatient Treatment (AOT)" work group. In the 12 week NAMI F2F class, only one class deals with conventional medications. It does not "promote drug treatment" with any particular drug. It lets class participants know:

- What is available for what conditions,
- What are the side effects.

One other class discusses other complementary non-drug treatments, such as:

- Cognitive Behavioral Therapy (CBT),
- Dialectic Behavioral Therapy (DBT),
- Repetitive Transcranial Magnetic Stimulation (rTMS).

All other classes deal with the scientific basis of these brain diseases and how to effectively communicate with and care/advocate for our SMI loved ones. We discovered that NAMI allows discussion of alternative medication means of treating these serious brain disorders. I have been selected as a NAMI-CC representative to the "Pilot AOT" work group. It will work with Steve Grolnic-McClurg, county Mental Health Director, to design a cost effective, "Pilot AOT program" that would better serve our loved one and other SMI of this county. I am involved because:

- Our son has a severe "broken brain." With 9 psychotic breaks since Nov., 2006, 5 in the past 18 months, he cannot recognize he is SMI and really needs ongoing treatment.
- He has suffered successively greater cognitive brain damage with each of his psychotic breaks.
- His County Case Manager desperately wants additional help to guide him to appropriate,

optimal existing resources (and create new ones).

- It would greatly reduce the total county law enforcement, ambulance, and treatment costs of caring for the most gravely mentally ill of this county, such as our son.

In closing, I urge the Mental Health Commission to strongly support the "pilot program" efforts of the AOT work group. For optimal recovery, familial safety, and societal protection, our county is depending on it! A preventative AOT "guard rail" by the cliff edge (early intervention) is far preferable to an ambulance waiting at the bottom (extremely high cost care)! Thank you."

5) Janet Marshall Wilson read this statement regarding the scope of Patients' Rights: "I have heard repeatedly, in Public Comment and Commissioners' Public Comment, criticism of the Patients' Rights Program in Contra Costa County for conflict of interest issues because my program has not addressed various employment issues. It is clear to me that there is some confusion regarding the role of the Patients' Rights Advocacy Program, and I am more than happy to schedule a training on our role. Please see 5520 of the Welfare & Institutions Code,

which addresses this. I would like to stress that Patients' Rights are different from Employee/Volunteer Rights. Whenever I have received employment complaints I have referred people to MHCC's Grievance Procedures."

6) Christy Johnson commented that attention should not only be on finances at MHCC, but on service contracts as well.

7) Cynthia Staton said she was concerned about funding for MHCC and read the following remarks: "I want to express concerns about county funding for a peer-run agency, Mental Health Consumer Concerns, also referred to as MHCC. Interestingly I went to their Central County Wellness Center yesterday to attend an agency-wide consumer meeting, which didn't happen even though a staff member told me about it and it was on the center's monthly calendar. Of particular interest was that there was no member sign-in sheet for the center. I asked the receptionist twice and she said there wasn't one – so how do they gather their statistics, even though there were only maybe 8 clients in the center at 11 am. Anyway, I want to start by saying that the problems that existed and still exist at MHCC cannot be wholly attributed to one person. It appears to be a collection of missteps by multiple parties since their incorporation in 1977. However, I want to emphasize that the Board of Directors have legal and fiduciary duties and important accountability practices. They guide the direction of the agency. MHCC's policies and procedures further delineate the roles and responsibilities of multiple committees of the Board.

A Story: Ignorance is not an excuse. As some of you may have heard recently, singer Jennifer Lopez gave a private performance for the Turkmenistan leader who is charged with human rights violations and considered one of the world's most repressive leaders. The problem is that her actions destroyed her carefully crafted message supporting Amnesty International's programs

aimed at curbing violence against women. She, of course, blamed her representatives.

This reminds me of MHCC's actions in the treatment of Mental Health Consumers, including those that are staff. Their irresponsible and heinous actions undermine their carefully crafted mission statements. And the Boards "ignorance" is not an excuse and they should not blame others. So, on that note, I am fully aware that I may be MHCC's scapegoat and I do accept responsibility for following questionable directives. However, I want to clarify that I was not terminated for cause. My job was outsourced, as documented by this e-mail from Jay Mahler, the MHCC Board President: 'Dear MHCC Staff: As Acting President of the MHCC Board of Directors, I must inform you that the MHCC Board of Directors has decided to outsource our Fiscal Management and Human Resources functions. We expect that this restructuring will result in costs savings to MHCC and in the case of the outsourcing of HR functions may well result in some improvement in benefit options for the staff. As a result of this decision, MHCC no longer requires the services of a Finance Director and thus Monday, August 13th is Cyndie Staton's last day of service to MHCC. The MHCC Board acknowledges and appreciates Cyndie's years of service to Mental Health Consumer Concerns and wishes her the best in her future endeavors.' My fiscal responsibilities were outsourced to a newly formed consulting firm by two women at a rate of \$135 per hour AND hired a new bookkeeper. As is a common practice, these 'consultants' may have said and did some things for personal gain. It is my understanding from a former high-level director that the monthly invoices for these consultants were often in excess of \$13,000/month and MHCC used some of their County 'reserves' money to offset the expense. In addition MHCC outsourced my former HR duties to ADP at another increased expense.

That said, I want to make sure that we, as a group, focus on deliverables and contract compliance. And, is MHCC a truly peer-run agency that is providing peer services in a way that provides full dignity and

respect to all Mental Health Consumers. It is also my opinion that any person, consultancy, company or agency that receives county funding needs to be accountable for expenditures and quality in delivery of funded items or services. I do not believe that the current process within the Contra Costa County Mental Health Department currently meets that need.

Again 35+ years of MHCC contracts without an RFP process, audit or review. Thank you for allowing me this opportunity to speak.”

8) Maria Ramirez commented about Mental Health Consumer Concerns.

III. Commissioner Comments

1) Lauren referred to her comments last month about visiting the 1420 Willow Pass Road Clinic

facility. She said they have improved the facility in the last 3 weeks. She feels there needs to be advocacy to have the facility brought up to speed, including electronic record keeping. She added she will be visiting the East County and West County clinics.

2) Teresa asked for a reminder about proper decorum at the meetings. She apologized to Gina for laughing at her comments last month and spoke about her knowledge of pharmaceutical donations. She spoke about the need for financial information from MHCC and said this will be discussed at the August 21st meeting of the MHSA/Finance Committee.

3) Gina responded about why she spoke up at the last meeting. She said she felt like she was being stigmatized as though she didn't know what she was talking about. She added there needs to be respect for all Commissioners who speak – she felt alone.

IV. Announcements

1) Mandatory meeting attendance requirements

Carole mentioned there has been a quorum issue over the last month and reminded Commissioners that the rules for Committee meeting attendance is the same as attending the monthly Commission meeting.

2) Having Executive Committee be responsible for legislative updates

The Executive Committee will take on the responsibility for legislative updates.

3) Karen will be on vacation from July 26 at noon through August 5 (back August 6).

4) Carole spoke to Maria Ramirez regarding fiduciary and quality issues. It has been assigned to the MHSA/Finance Committee. Quality issues will be referred to the Quality of Care Committee.

V. Approval of the Minutes from June 27, 2013

Sam made a motion and Evelyn seconded it to approve the Minutes from July 27, 2013.

Discussion: Jack pointed out a typo on page 6 #6, “back” should be “backed.”

Connie Steers made corrections to her Public Comment: She corrected that her primary sites were

Crestwood Behavior Health and the three wellness centers, and her secondary sites were Kirker Court, River House and others.

The Minutes were approved as corrected by a unanimous vote of 10-0.

VI. Appointment of Commissioner to Primary Care Integration Committee

Colette nominated herself.

Teresa moved and Sam seconded that Colette be appointed as the Commission representative to the Primary Care Integration Committee.

The motion passed unanimously 10-0.

VII. Appoint replacement for Annis on CPAW

Evelyn nominated Teresa, but Teresa is already on CPAW. Teresa nominated Evelyn and Gina nominated herself. Because Steven had said the Commission could recommend, but the Mental Health Director makes the appointments to CPAW, Teresa asked if we could proceed. Carole said we will

make our recommendation and then get further clarification. Gina asked if the Mental Health Director is interested in having consumers on CPAW. Colette mentioned that CPAW membership has declined. Carole said she will connect with Steven about contacting people who apply.

Acknowledging that it is a lot of work, Evelyn withdrew her nomination, but said she would be willing to help if Gina ever needed it.

Lori Hefner, who serves on the CPAW Planning Committee, said they had a meeting on CPAW membership which has dwindled. She said Steven wants to change CPAW into more of an advisory body. She apologized for people who had expressed an interest in applying not being called.

Jerome made a motion and Sam seconded it for Gina to recommend to Steven that Gina replace Annis as a Commission representative on CPAW. The motion passed unanimously 10-0.

VIII. Mental Health Director's Report

(Steven was unable to be in attendance. Below is his written report that he submitted.)

MHSA

The 13-14 plan was approved by the Consolidated Planning Advisory Workgroup (CPAW) on July 11th and is currently posted for the required 30 day public comment period. The plan can be located at: http://cchealth.org/services/mental_health/ . The MHSA Financial Audit is continuing and Finance expects it to conclude by the end of July.

Discussion: Warren Hayes, newly appointed Mental Health Services Act Program Manager, introduced himself and gave his background. He then reported they have started on planning for the 3 Year Plan. The document being considered at the upcoming Public Hearing is an Update. He stated he is a strong proponent of the stakeholder process. He asked that his contact information be forwarded to the Commissioners. He feels the Plan needs to be shorter and easier to understand. Next year's process will be in a manner everyone can participate in. He invited people to attend the CPAW meetings. He added the process for applying to CPAW is out-of-date and is the first thing he needs to fix.

Primary Care Integration

In conjunction with community members, a group is being pulled together to develop a stakeholder group to get input and plan together around ambulatory and behavioral health integration. Their continues to be a lot of work being done to conceptualize a framework for better integrate these services, in order to provide a better access and improved outcomes. It is requested that the MHC

appoint a member to sit on this stakeholder group.

Legislative Update

MHC requested information on SB 364. The text of the bill can be found at:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140SB364. A detailed analysis can be found at:

<http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml;jsessionid=dd6aee1aafcbe11d811b80d4cb9>, and the status of the bill can be found at:

<http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml>. SB 364 is currently active, has been passed by the Senate and is in the Assembly Appropriations Committee.

In summary, this bill broadens the types of facilities a county can designate for 5150 purposes to include licensed facilities (psychiatric hospital facilities, free-standing acute psychiatric hospitals, psychiatric units in general hospitals, and certified facilities such as crisis stabilization units). This will provide a larger set of options for counties to meet community need. The bill authorizes county mental health directors to develop procedures for the designation of LPS facilities and training of professional who perform the functions of section 5150. This is aimed at creating greater consistency across counties and more transparency. The bill also restructures and recasts several provisions of section 5150 to more clearly articulate the sequencing of events, and clarifies that voluntary services are a viable option that can be provided.

A previous version of the bill, no longer active, contained a provision that required individuals subject to the 5150 process to receive a copy of the application, including the name of any person whose statement provided probable cause for establishing 5150 criteria. This provision has been removed from the current version of the bill.

Electronic Medical Record (EMR)

A workplan is being developed for EMR implementation and negotiations are finalizing around signing a contract for an EMR.

Mental Health Consumer Concerns (MHCC) Complaints

Behavioral Health continues to collect information and documents connected to issues raised around MHCC's use of county funds and level of programming provided. We are continuing to evaluate the information and dialogue with MHCC about this information.

Discussion: Connie Steers commented that she was employed by MHCC until 2011. She said she wouldn't be here if not for what MHCC did for her. She added that Janet Wilson gave her a sense that she belonged in this world.

IX. Committee Reports

1) Bylaws Task Force – Sam Yoshioka

Discussion of the process for reviewing the proposed Bylaws revisions.

Carole commended the Task Force members for the efforts. She clarified that today is for the 30-day review process to begin and is not a time to discuss possible revisions.

Sam recognized the Commissioners who had served on the Task Force and then gave an overview of how they had proceeded. He said they looked at long-term goals (Behavioral Health Integration); short term goals (quick fixes); the Welfare & Institutions Code; and the practices of other Commissions/Boards in California. He said they also looked at Bylaws from other Health Services Commissions such as AOD, to see what their practices were. He also brought to the Task Force a 2010 census of similar counties to make comparisons. Each and every article of the

Commission Bylaws was discussed and voted on by members of the Task Force. He asked the Commission to respond with their suggestions during the 30 day Review Period. He suggested there be a special meeting to review the final draft on Thursday, September 19 from 4:30-6:30.

□ Sam made a motion and Jack seconded it for a special meeting to be held to review the final draft. Discussion: Teresa gave her appreciation to the Bylaws Task Force for the work they did. She said a special meeting is unnecessary. We already have attendance problems because we have too many meetings. Evelyn said the Commission should review the submitted draft and send comments to Karen and discuss it at the next Commission meeting. The 30 day period would end on a Saturday, so it was decided to make Monday, August 26th the deadline date for comments. Carole said they would only have about 25 minutes if approving the final draft was done at the regular September Commission meeting. Jerome said there needs to be enough time for others to weigh in. Colette added there needs to be a special meeting for clarification. Jerome said that one thing they discussed was that there had to be a rationale for deleting or adding items to the Bylaws. They tried to have consistency in terms, and be practical as to why a change should be made. He said that based on his experience, there needs to be a special meeting to discuss the rationale. Teresa said she would support extending the time for the monthly Commission meeting, but not calling for a special meeting.

By a vote of 4-5-1, the motion requesting a special meeting did not pass.

□ Evelyn made a motion and Sam seconded it to extend the September 26th monthly Commission meeting by 30 minutes and give the Bylaws Task Force 1 hour at the end of the Agenda to discuss suggested changes. The September meeting would be from 4:30-7:00.

□ Jerome mentioned that as Commissioners review the Bylaws, they will see there are substantive changes.

The Motion passed unanimously 10-0.

2) MHSA /Finance – Teresa Pasquini

Teresa welcomed Laura Rettagliata to her Committee.

□ Teresa made a motion and Evelyn seconded it to recommend that Carole be the MHC representative to the Laura's Law Workgroup.

Discussion: Gina said she has had an issue with Laura's Law, which will be dealing with SPMI under MHSA funds. She said not everyone will be qualified under the law. She was concerned because we haven't discussed this, but a workgroup is being formed. She added that if you read the law, it needs to be written out and modified before it's voted on.

Carole clarified that we're only talking about appointing someone to the workgroup where these issues will be discussed. The law exists and the workgroups will discuss this.

Gina asked where is the strong voice of the consumer around this discussion.

Staff was asked to contact Steven to find out if the workgroup will be open to outside attendees (members of the public).

Lauren asked if the person representing the Commission is open to input from the Commission.

Carole said they will represent the vote of the MHC.

Teresa said the representative will report back to the MHSA/Finance Committee.

Gina said she feels sad we haven't had discussions on Laura's Law.

It was mentioned there had been a special Laura's Law meeting.

The motion to appoint Carole as a representative to the Laura's Law Workgroup pass by a vote of 9-0-1 (Gina).

Teresa said she is saddened and concerned for MHCC staff. She said someone should have been here

from MHA to address the MHCC issue. The Commission needs to be in contact with their Supervisors. She said she has given her comments about MHCC to her Supervisor. The Augmented Board and Care Report was discussed and will be brought back with recommendations.

Public Comment: A question was asked about how MHSA funds can be used for Laura's Law since it isn't voluntary.

Teresa said there was a difference of opinions.

3) Quality of Care Committee.

No report.

4) Criminal Justice Committee – Evelyn Centeno

Evelyn reported they had discussed AB109. A report was included in the packet. They are also discussing Crisis Intervention Training and how to get more law enforcement officers to attend. Another subject being looked at is the mechanisms of conducting a survey for consumers who have been 5150'd.

Teresa mentioned that we aren't tracking mental health clients who are in jail enough. She said she has grave concerns about consumers in prison.

Janet mentioned she is concerned about AB109 housing and how it impacts non-criminal justice consumers.

X. Adjourn Meeting

The meeting was adjourned at 6:35.

Respectfully submitted,
Karen Shuler, Executive Assistant
Contra Costa County MH Commission