

**Mental Health Commission  
8.22.13 Minutes FINAL**

<b>Agenda Item</b>	<b>Discussion</b>	<b>Action/ Follow-up</b>
<p><b>1. Call to Order/ Introductions</b></p>	<p>Commission Chairperson Carole McKindley-Alvarez called the meeting to order at 4:35 p.m.</p> <p><u>Commissioners Present:</u>  Louis Buckingham, District III  Evelyn Centeno, District V  Jack Feldman, District V (arrived at 4:55)  Dave Kahler, District IV (arrived at 4:45)  Peggy Kennedy, District II  Carole McKindley-Alvarez, District I  Colette O’Keeffe, District IV  Teresa Pasquini, District I  Lauren Rettagliata, District II  Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u>  Jerome Crichton, District III  Gina Swirsding, District I  Supv. Karen Mitchoff, BOS Representative</p> <p><u>Non-Commissioners Present:</u>  Hillary Bowers, OCE  Steven Grolnic-McClurg, Mental Health Director  Warren Hayes, MHSA Program Chief  Georgette Howington, Guest  Jay Mahler, MHCC  Peter Mantas, Guest  Susan Medlin, OCE  Mariana Moore, Human Services Alliance  Maria Ramirez. MHCC  Roberto Roman, OCE  Dorothy Sansoe, Senior Deputy CAO  Karen Shuler, MHC Executive Assistant  Nina Smith, AOD Liaison  Cynthia Staton. Guest  Connie Steers, Guest</p>	
<p><b>2. Public Comments</b></p>	<p>A Public Comment was received from Brenda Crawford (who was not present) regarding her tenure at MHCC. It was distributed to the Commissioners.</p>	
<p><b>3. Commissioner Comments</b></p>	<p>Teresa:  My son was hospitalized on his 18th Birthday and overnight we were told that we could not help him unless he wanted our help. Even though his brain told him he was ok, he wasn't ok. He needed help from a system that no longer allowed his mom and dad to truly partner in his care. To keep him safe we had to abandon him, put him in harms way and then fight the world to provide him treatment. I have never understood why it has to be this way?</p>	

	<p>He has spent all but two birthdays in locked psychiatric hospitals out of county since he turned 18. He turns 31 today. Like last year, my husband and I will drive to Napa State Hospital and bring him pizza. He will smile and be so grateful for our visit. His smile is amazing. His heart is amazing. It is only his brain that is not well. We will have to do all we can to give him hope to hold on another year and not give up. He wants to give up every day. The California mental health system kills hope.</p> <p>All of those people in state hospitals that Mr. Selix states were “getting all of the money” were dumped by the state of California before Prop 63 and after Prop 63. The NOT independent Mental Health Oversight and Accountability Commission did nothing to protect public funds. I agree with DJ Jaffe, “Someone should go to jail.”</p> <p>I have seen the data and the facts in Contra Costa County. I know what is real and I know what is waste. There is a lot of waste all in the name of recovery and wellness. It is time for an independent investigative report and a fiscal, program and compliance audit.</p>	
<p><b>4. Announcements</b></p>	<p>1) MHSA 3-Year Plan Update Public Hearing will follow this meeting at 6:00 p.m.</p> <p>2) A moment of silence was observed in honor of former OCE employee Nayyriah Sahib, who passed away recently.</p>	
<p><b>5. Approval of the Minutes from July 25, 2013</b></p>	<p>➤ Sam made a motion and Colette seconded to approve the Minutes.</p> <p>Discussion: Evelyn requested that a correction be made to her statement on page 6, Item 7. It should read “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.” By a vote of 8-0-1, the Minutes were approved as corrected. (Jack Feldman had not yet arrived.)</p>	<p>Vote to approve Minutes (8-0-1):</p> <p><u>Ayes:</u> Evelyn Dave Peggy Carole Colette Teresa Lauren Sam</p> <p><u>Nays:</u> 0</p> <p><u>Abstain:</u> Louis</p>
<p><b>6. Report from Mental Health Director on Services at Juvenile Hall</b></p>	<p>In response to the Commission request for a report, Mental Health Director Steven Grolnic-MucClurg stated the MHA will make no statements regarding Juvenile Hall due to pending litigation.</p>	
<p><b>7. Mental Health Director’s Monthly Report</b></p>	<p><b>1) Mental Health Services Act</b> The fiscal review of the MHSA fund in Contra Costa County was completed with no significant findings. The full report has been forwarded to the MHC Finance Committee. The State audit of four counties has been completed and can be accessed at <a href="http://www.bsa.ca.gov/reports/summary/2012-122">http://www.bsa.ca.gov/reports/summary/2012-122</a>.</p> <p><b>2) Primary Care Integration</b> Concord Health Care Clinic II, fully integrated clinic with behavioral health services, is scheduled to open on August 28th. The clinic will have a full time dedicated behaviorist and a full</p>	

time dedicated AOD specialist to provide services. The health department has been working jointly to design service delivery aimed at providing for the full need of the patients served by this clinic.

The health clinic slated to open downstairs from Concord Mental Health has been approved for operations state licensing.

Planning for this clinic is restarting and it is expected the clinic will open this calendar year.

Discussion:

Q: In the Primary Care Clinic II, what is a behaviorists training and licensure?

A: It depends on the billing. Some require licensure. Want them to have both mental health and AOD knowledge.

Q: What is the location of the Clinics?

A: Adult Mental Health is downstairs at 1420 Willow Pass Road, Concord. Concord Clinic II is near the Putnam Clubhouse.

Q: How many consumers have a primary care doctor?

A: We have no way of knowing.

### **3) Assisted Outpatient Treatment**

As directed by the Board of Supervisors, Behavioral Health is evaluating involuntary assisted outpatient treatment program, similar to Laura's Law. There is a workgroup meeting weekly on this topic. This workgroup includes BH staff, NAMI members, MHCC's patient rights advocate, and a member of the Mental Health Commission. We are or will be looking at the Laura's Law legislation, the Nevada County experience in implementing Laura's Law, IHOT in San Diego, San Francisco's pilot assisted outpatient treatment program, and local need and resources. We have been charged with reporting any recommendations to the BOS Family and Human Services committee on October 16th at 11 am.

Discussion:

Q: Will the meetings be opened; will there be more consumer seats on the workgroup?

A: There are 2 consumer slots on the Workgroup and OCE has been asked to provide more. The Workgroup has discussed whether or not to open the meetings, and it is not at this time.

### **4) SB-82**

The Investment in Mental Health Wellness Act of 2013 establishes new grant programs to disburse funds to California counties or their non-profit or public agency designates for the purpose of developing mental health crisis support programs. The California Health Facilities Financing Authority (CHFFA) will be administering the grant programs and can be found at <http://www.treasurer.ca.gov/chffa/imhwa/index.asp>.

Specifically, funds will increase capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams. There is a public forum about this process tentatively scheduled by CHFFA in early September in Oakland. You can sign up at the CHFFA web site to get updates and

announcements.

Discussion:

Q: What is SB-82?

A: SB-82 is a piece of legislation that was passed this year that creates funds for a variety of purposes, and is an excellent opportunity for our County to be able to get resources. How funds can be applied for has not yet been decided.

**5) Electronic Medical Record (EMR)**

A workplan continues to be developed for EMR implementation and negotiations are finalizing around signing a contract for an EMR.

Discussion:

Q: Status of request for interoperability between the physical health care and mental health care systems.

A. He has heard the request and it is uppermost in his mind.

**6) 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:

- Cynthia Staton said she is here as a representative of mental health consumers, family members, Interested members of the community and taxpayers. Concern has been raised about quality of care, program deliverables and fiscal malfeasance of Mental Health Consumer Concerns. She said she believed the Mental Health Director has said MHCC returned funds to the County, but specifics have not been made public. She said she believed comments had been made at the last meeting by the MHCC Acting Executive Director about reviewing financial records and finding there may have been inappropriate spending of funds by MHCC in 2008. Cynthia stated she believed there was also inappropriate spending of funds by 2009, 2010, 2011 and 2012. She also claimed this same person was had a personal hand in the termination of several MHCC staff employees, causing trauma to the consumers. She also spoke about the need for the Patient's Rights program services to be a stand-alone agency. She said she was saddened by the lack of action on the part of the MHA to investigate these allegations. She ended by requesting that the Commission perform due diligence urging that the MHA conduct an internal audit for the last 2 years – to include the MHCC policy and procedures, Board of Directors, program deliverables and finances.
- Before speaking, Connie gave a disclaimer, stating as a former employees, she has an outstanding worker's compensation case against MHCC that has not been resolved so she is not going to comment one way or another about some of the allegations publicly. She added that she wished she could

	<p>             speak to someone privately, but she would need to consult with her attorney. She said that when she was working at MHCC our consumers knew about our services because we were always out in the community at the boards and cares and unlicensed homes. She said she is worried about our consumers who have no representation, and wished MHCC internally would develop a program for employees and that everyone, including the County, would take an interest in the long-time consumers who feel that have no place to go.           </p> <ul style="list-style-type: none"> <li>• Colette: Clarification – is the position on a person who went out into the community no longer in existence?</li> <li>• Connie: Not in the way we did it.</li> <li>• Peter: The voice of the consumers is the MHC, and your responsibility is to be informed and educated, to question, to oversee and make sure there’s accountability in the community. If there’s a fault, you share in that fault. Commissioners need to understand the issues and do the homework – not just accept reports. You’re supposed to ask questions. If nothing has been done, the MHC is at fault. Incorrect accusations against MHCC could have been checked on and cleared. If true, they could have been dealt with through reports to the Board of Supervisors and the Mental Health Director.</li> <li>• Jack: MHCC is a good agency and should use the \$300,000 to buy 2 vans and insurance and return what’s left over if it’s really there.</li> <li>• Colette: MHCC exists on MHSA money. The financial audits we’ve gotten show a consistent pattern of misuse of funds. Consistent comments about how people are being treated at MHCC is also evidence. To not ask for continuing and greater oversight of MHCC is inappropriate.</li> <li>• Louis: if funds were inappropriately used in 2008, what was the process for funding in 2009? Why was funding continued? Whose responsibility is it to do the checks and balances?</li> <li>• Evelyn: We first heard about this problem with MHCC in April. It’s being investigated and they’re still awaiting information. We need to request a deadline for completing the investigation Is there an investigative team that’s been assigned?</li> </ul>	
<p><b>8. Committee Reports</b></p>	<ul style="list-style-type: none"> <li><b>1) Bylaws Task Force</b>              Waiting for Bylaws Revision input from Commissioners and public. The deadline is August 26<sup>th</sup>.              Carole explained they needed to get in by Monday.</li> <li><b>2) Quality of Care Committee</b>              Strategized how best to meet 2013 goals. In September we will be discussing the response received from Napa State Hospital.</li> <li><b>3) Criminal Justice</b>              Evelyn gave AB109 Report (included in the packet and available from the office). Chief Kader was in attendance and reported probation has hired a woman has been hired to do risk</li> </ul>	

assessment. Failure rate 24%; (county); Recidivism rate 40% (statewide). Louis clarified that 24% is all, not just consumers. Chief Kader said 12% in probation are AB109ers. They get served right away so they're failure rate is less. David Siedner presented a report. (Available through the office). Candace Kunz-Tao will be coming in September to discuss County Jail Mental Health. Committee added Goal #5 – Carole asked Evelyn to bring this to the Commission plus appointing representatives to the Juvenile Justice Commission. Evelyn said they will also be discussing Housing in the Committee. Peggy asked if Chief Kader will be brought back to ask about Juvenile Hall. Evelyn said he could not respond to that because of the lawsuit. Lauren said she called the law firm that is representing the kids at Juvenile Hall, and they felt the Commission should ask: What is the internal policy on isolation and mental health and treatment? What type of risk assessment is done by probation when a young person enters the facility. We need to become aware of CA Code, Title 15/1300 Minimal Standards at Juvenile Facilities. Colette asked if the 24% and 44% are for entire population? What are mental illness figures? Evelyn: There is a procedure; we will get the numbers. Peggy: It's important to find out when they were assessed, and we need to insist on reassessment. Peter: Juvenile Hall – this was another issue that was brought up 3 years ago. Said the MHC needs to dig outside of litigation -- site visits; questioning.

**4) MHSA/Finance Committee**

Spoke about discussion of Laura's Law workgroup. There was a motion to open the workgroup up to the public, and that motion failed. She recommended the Commission thoughtfully consider a position before whatever public forum takes place. Hoped there would be a discussion between the Chair, Vice Chair and Mental Health Director setting something up that would allow the Commission to decide how to be a part of the hearing process.

Teresa also spoke about the Committee's discussion around issues of MHCC's contracts and fiscal malfeasance.

Carol said the Committee had a very deep conversation about this; it was not an action item. Carole noted that staff sent an e-mail to Dorothy and Carole said she respected Dorothy's response as to whether or not we could have an emergency action item. She went on to say that she actually believes this is about health and safety so she's going to put this action item up for consideration.

- Due to concerns that have been brought to the Mental Health Commission and to the MHSA/Finance Committee regarding allegations of fiscal malfeasance against Mental Health Consumer Concerns, a motion is made to stop any further funding to MHCC until the allegations can be cleared by determining that the funds that have been

	<p>allocated are being spent judiciously and in the correct manner for which they were allocated. Furthermore, the Mental Health Commission holds the MHCC Board of Directors immediately responsible for addressing the allegations, and recommends that no funding be allocated with the current Board of Directors in place. Carole called for a motion. Lauren made the motion and Evelyn seconded it.</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Jack: Cannot make this motion because there wasn't enough time between yesterday's meeting and today for transparency.</li> <li>• Jay (MHCC Board president) commented about the history of MHCC and that the Board realizes mistakes have been made and they are working very hard to correct the issues. They have met twice with MHA. He said he appreciates the MHC's concern.</li> <li>• Peggy: If we cut off funding, what will happen to the services consumers are now receiving?</li> <li>• Carole clarified that the motion was not to cut off funding, but to not allocate new funding.</li> <li>• Colette: The problem with keeping the current Board is we have been stonewalled – we need new leadership on MHCC Board. There has been so much mistreatment of consumers who were employees of MHCC.</li> <li>• Peter said he doesn't believe that consumers will be harmed as Board will realize the urgency and be more responsive.</li> <li>• Jack said it is not prudent to listen to disgruntled employees.</li> <li>• Cynthia: thanked the MHC for being proactive.</li> <li>• Teresa: The Committee absolutely considered the welfare of the consumers and will not support it without the current MHCC Board stepping down because of lack of trust. It is being based on documents including MHCC Board Minutes, not just comments by employees.</li> <li>• Peggy: Is there a way we can amend the motion to look at a way to continue with a third party.</li> <li>• Steven: Just to clarify: You are making a recommendation – you are not in control.</li> <li>• Dorothy voiced a point of order that there needed to be two votes. One vote to add an emergency item onto the agenda, and two, to vote on the item.</li> </ul> <p>➤ Peggy made a motion and Colette seconded it to add this as an emergency item.</p> <p>The motion to place the following motion on the floor as an emergency motion passed by a vote of 8-1-1.</p> <p>➤ Due to concerns that have been brought to the Mental Health Commission and to the MHSA/Finance Committee regarding allegations of fiscal malfeasance against Mental</p>	<p>Vote to approve placing emergency motion on Agenda for a vote (8-1-1):</p> <p><u>Ayes:</u> Louis Evelyn Dave Peggy Carole Colette Teresa Lauren</p> <p><u>Nays:</u> Jack</p> <p><u>Abstain:</u> Sam</p> <p>Motion passed 8-1-1.</p> <p>Vote to pass motion re:</p>
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	<p>Health Consumer Concerns, a motion is made to stop any further funding to MHCC until the allegations can be cleared by determining that the funds that have been allocated are being spent judiciously and in the correct manner for which they were allocated. Furthermore, the Mental Health Commission holds the MHCC Board of Directors immediately responsible for addressing the allegations, and recommends that no funding be allocated with the current Board of Directors in place.</p> <p><b>5) Executive Committee</b></p> <ul style="list-style-type: none"> <li>➤ Peggy made a motion and Sam seconded it to extend the September meeting by an additional 30 minutes for discussion of the Bylaws revisions, if necessary. Motion passed unanimously 10-0.</li> </ul>	<p>MHCC (8-1-1):</p> <p><u>Ayes:</u> Louis Evelyn Dave Peggy Carole Colette Teresa Lauren</p> <p><u>Nays:</u> Jack</p> <p><u>Abstain:</u> Sam</p> <p>Motion passed 8-1-1.</p>
<p><b>9. Adjourn Meeting</b></p>	<p>The meeting was adjourned at 5:57.</p>	

Respectfully Submitted,  
 Karen Shuler, MHC Executive Assistant