

Mental Health Commission
11.21.13 Minutes – FINAL

Agenda Item	Discussion	Action/ Follow-up
<p>I. Call to Order/ Introductions</p>	<p>Because Chairperson Carole McKindley-Alvarez was running late, Commission Vice Chairperson Peggy Kennedy called the meeting to order at 4:33 p.m. Carole arrived shortly after.</p> <p><u>Commissioners Present:</u> Louis Buckingham, District III 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 Gina Swirsding, District I Sam Yoshioka, District IV</p> <p style="padding-left: 40px;"><u>Commissioners Absent:</u> Evelyn Centeno, District V Jerome Crichton, District III Supv. Karen Mitchoff, BOS Representative</p> <p><u>Non-Commissioners Present:</u> Leah Alcaraz, St. Mary’s College Lisa Bruce Kalina Bryant, St. Mary’s College Antonio Cisneros, St. Mary’s College Jonathan Creek, St. Mary’s College Mareme Diakhate, St. Mary’s College Sheila Garcia, St. Mary’s College John Gagnani, Local 1 Melina Gutierrez, St. Mary’s College Peggy Harris, Concerned Citizen Doriot Hill, MHCC Danaielle Lacsamane, St. Mary’s College Marie Leon, St. Mary’s College Elliot Leung, St. Mary’s College Janelle Liu, St. Mary’s College Fatima Matal Sol, BH/AOD Board Maureen May, St. Mary’s College Brooke Mayo, St. Mary’s College Susan Medlin, OCE Martin Momles, St. Mary’s College Mariana Moore, Human Services Alliance Ryan Moore, St. Mary’s College Elisa Newman, St. Mary’s College Evan Prayfair, St. Mary’s College Roberto Roman, OCE</p>	

	<p>Laurie Schnider, Crestwood Karen Shuler, MHC Executive Assistant Richard Shuler, Guest Brandon Soares, St. Mary's College Cynthia Staton Connie Steers Lyle Surio, St. Mary's College Mackenzie Theis, St. Mary's College Amanda Wagner, St. Mary's College Dylan Wilson, St. Mary's College Christina, St. Mary's College</p>	
II. Public Comments	<p>1) Cynthia Staton thanked the Commission for advocating for changes at MHCC. 2) John Gragnani commented that visits to PES have increased from 688 to 841 per month since 2011.</p>	
III. Commissioner Comments	<p>1) Jack commented that assisted outpatient treatment is good. He said he stopped medication and then was helped by the Wellness Centers. 2) See below.</p>	
IV. Announcements	<p>Committee Chairpersons were asked to prepare a report detailing their 2013 Committee accomplishment for the December MHC MEETING.</p>	
V. Approval of the Minutes from October 24, 2013	<ul style="list-style-type: none"> Sam made a motion and Dave seconded to approve the Minutes from October 24, 2013. By a unanimous vote of 10-0, the Minutes were approved as presented. 	
VI. Election of Officers and Executive Committee	<p>A motion was made by Peggy and seconded by Gina that there be two separate ballots – one to determine Chair and Vice Chair, followed by one to determine the rest of the Executive Committee. The motion was passed unanimously 10-0.</p> <p>Lauren removed her name from consideration as Chair. Sam accepted a nomination for Chair. Colette accepted nominations for Chair and Vice Chair. Sam, Lauren and Jack accepted nominations to the Executive Committee (Jerome and Louis were nominated last month).</p> <p>The vote was taken for Chair and Vice Chair. Sam received 7 votes for Chair. Colette received 9 votes for Vice Chair. Sam was elected Chair and Colette was elected Vice Chair for 2014.</p> <p>The vote was held for the remaining two members of the Executive Committee: Jerome received 2 votes: Carole, Gina Jack received 3 votes: Louis, Jack, Sam Louis received 4 votes: Dave, Peggy, Colette, Teresa Lauren received 10 votes: Louis, Jack, Dave, Peggy, Carole, Colette, Teresa, Lauren, Gina, Sam Lauren was elected to the Executive Committee.</p> <p>It was decided to elect the remaining member of the Executive</p>	<p>Sam was voted Chair: Louis, Jack, Carole, Teresa Lauren, Gina, Sam</p> <p>Colette was voted Vice Chair: Louis, Jack, Dave, Peggy, Carole, Colette, Lauren, Gina, Sam</p> <p>Lauren was voted to the Executive Committee: Louis, Jack, Dave, Peggy, Carole, Colette, Teresa, Lauren, Gina, Sam</p> <p>Place election on December</p>

VII. Discussion of Standing Committee Roles and Responsibilities	<p>Committee at the December MHGC meeting.</p> <p>It was decided to forward this to the December Agenda.</p>	<p>MHC Agenda.</p> <p>Place on December MHC Agenda.</p>
VIII. Request for Commission Input on Grant Proposals for SB 82	<p>Ken Gallagher explained what SB82 was.</p> <p>Carole asked what he was asking of the Commission.</p> <p>Ken referred to the paper that had been distributed in the Commission packet, asking that they look over the wish list first: Do they make sense? What's missing? What should not be on the list? Any other groups to go to for input?</p> <p>Lauren mentioned there are some private entities.</p> <p>Commissioners were asked to pass on their responses to Karen.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Gina said she is very much for this and thought they may get further funding through AMR. She added she would like to see it expanded to include TAY ages. • Peggy thanked Ken for bringing this to the Commission. She said it all sounds great but she doesn't want to get into something and then have to stop it. She said she wants more information about costs and feasibility. • Colette asked if a Crisis Response Team can so a 5150 on their own. • Steven said this is still a work in progress and input is wanted before they move forward. • Teresa said it needs more structure. She said she rejects all internal only structures. More data is needed. Sustainability is huge. • Lauren said there is no mention of those who will not voluntarily seek treatment. She added she is not familiar with the exact outline of the grant and asked if they knew the amount yet. • Ken said they didn't. • Lauren asked if it will dovetail into SAMHSA. • Steven said MHSOAC is pressuring. <p>[Dave left the meeting at 5:30 p.m.]</p> <ul style="list-style-type: none"> • Louis asked if the \$149.3 million is statewide. • Ken said Contra Costa County can get \$4.5 million. • Louis said we should focus on major issues. • Gina asked how other counties funded triage teams. • Ken said he didn't know. <ul style="list-style-type: none"> • Lauren made a motion, seconded by Jack for support of the County seeking the SB82 grant with the date of January 3. <p>Discussion: A question was asked about who was on the SB82 Workgroup. Members are Cynthia Belon, Steven Grolnic-McClurg, Vern Wallace, Dr. Charles Saldanha, Ed Bergman, David Seidner, Susan Medlin, Vic Montoya, Steve Hahn-Smith and Dr. Ross Andelman. Steven said it was more of an idea group rather than a workgroup.</p>	

	<p>Teresa mentioned there was no family member on it. Colette said it was outrageous there was only 1 consumer on it. Teresa said she wants to support a good process, but there hasn't been one. She added she needs to see data and information. She was asked if she had any suggestions. Carole asked how we can move forward. Teresa said there are front line providers also – PES, 4C, the hospital, health centers, CBO's. Peggy said she agreed with incorporating groups, but asked that at some point soon it can come back to us with a priority list of sustainability. Jack asked why the timeline is so compressed and Ken replied that came from the State. By a vote of 7-0-2, the motion passed.</p> <ul style="list-style-type: none"> • Carole asked that the data be brought back to the Executive Committee and then to the December Commission meeting. • John said he agreed with Teresa. There is a problem with the same people being on workgroups. We don't have adequate information. We need to consider Crisis Residential Centers in East County, too. We need mobile response teams. • Colette said she was disappointed John recognized Teresa in his comments but didn't support her comments. 	<p>Motion to support SB82 Grant due Jan. 3 passed 7-0-2 Ayes: Louis, Jack, Peggy, Carole, Lauren, Gina, Sam Nays: 0 Abstain: Colette, Teresa</p> <p>Place an update of SB82 on December MHC Agenda</p>
<p>IX. Mental Health Director's Report</p>	<p>Steven announced this would be his final report as Mental Health Director as he is leaving December 13th.</p> <p>MHSA The 13-14 plan update was approved by the Board of Supervisors on November 12th, 2014. The input of the Mental Health Commission will inform the coming 3 year plan. No discussion.</p> <p>Mental Health Consumer Concerns (MHCC) At the November 12th meeting, the Board of Supervisors approved amending MHCC's contracts with a changed payment structure and a universal termination date of December 31st, 2013. At this meeting, Behavioral Health asked the Board of Supervisors for guidance around a forensic audit, and we were instructed to present to the Board an analysis of the cost and length required for such an audit. The RFP due date for the Recovery Centers was November 12, 2013. Six proposals were submitted and scoring is anticipated to occur on November 15, 2013. Discussion:</p> <ul style="list-style-type: none"> • Colette mentioned a \$28m000 loan that had been forgiven twice. She said a forensic audit is needed to prove allegations. • Lauren said that in the MHCC contract they have a bond that should cover if funds aren't spent correctly. • Teresa said this will be discussed at the MHSA/Finance Committee meeting. She expressed concern for current staff and clients of MHCC. She said there's been bullying and abuse. She asked that comments be heard and acted upon. • Colette said she feels sad that there was no support from MHA. She added that Patient's Rights should not be a part of MHCC. 	

	<ul style="list-style-type: none"> • Gina said she felt sad about the shifting of administrative people coming and leaving – makes consumers feel uneasy. • Steven responded in agreement to Gina’s comments. • Cynthia Staton asked the BOS to amend their motion and asked for a forensic audit. • John publicly acknowledged Steven and thanked him and expressed appreciation for his efforts to engage. • Jack said he finds that the former finance director of MHCC has a real problem with accuracy. <p>Primary Care/Hospital Integration Efforts continue to further integrate the provision of health care services for individuals with mental health issues and children with emotional disturbances. To this end, the long awaited health care clinic has opened downstairs from Concord Adult Mental Health. This clinic will initially treat individuals who are being seen at Concord Mental Health who do not currently have an identified primary care provider. The goal will be to connect individuals to excellent physical health care in a setting that they find supportive and familiar, and for the care team to include physical health, mental health, and substance abuse disorder staff.</p> <p>No discussion.</p>	
<p>X. Mental Health Consumer Concerns</p>	<p>Discussion regarding moving forward.</p> <ul style="list-style-type: none"> • Connie said she wants to encourage whoever makes the decisions regarding MHCC to speak to the consumers. There is a high level of anxiety among the staff as well. There’s a lack of direction. She said she’s asked the MHCC Board of Directors to get information out to the staff so they know what’s happening. Having a gap in services is a concern. • Carole asked Steven to speak about the transition. • Steven said Vic has been charged with developing a transition plan and speaking to the consumers and staff. • Colette said if you don’t learn from history, you’re doomed to repeat it. She said they need to listen to the people who have spoken up. She said she’s also concerned about Board meetings and the services of Patient’s Rights. • Susan said she has been to MHCC and met with their staff. She said some of them may be hired as temps. • Lisa Bruce said she used to work at MHCC and the staff and consumers are totally stressed. There has been a Holiday Party put on every year for the consumers. This is affecting all who work there. • Teresa said she has a deep compassion for all at MHCC. She is concerned about the Holiday Party and Thanksgiving. She added there already are gaps. • Peggy asked if the Holiday Party is planned. She said that we as a Commission could offer support such as gifts or food. • Doriot Hill said he would get back to the Commission about that. 	
<p>XI. Committee Reports</p>	<p>1) Quality of Care Committee A motion was made by Peggy and seconded by Jack to recommend that the Commission provides direction as to how to</p>	

	<p>get more specific information from the County on where we stand will all of our consumers at Napa State Hospital. We need to get utilization review numbers for 4C, out-of-county placement numbers, and find out where the log jams are.</p> <p>Discussion: In response from a question, it was clarified that 4C is at the CCRMC. Gina said she is tired of having our funds wasted and can't see why money being used to have consumer at NSH can't be used to build in our County. Teresa said data had been requested but they aren't any further along. She wants to get mental health, behavioral health and the BOS to discuss this further. It is a systemic problem with a combination of issues. She suggested we ask Vic or Cynthia to come to the MHC and address the issue. She wants to emphasize that utilization reviewer is part time position. There are consumers in deep pain out-of-County and there's no one to go see them. She added that an advocacy statement needs to come out of the MHC. Sam asked if a MHA staff person comes to the committee and could be asked the questions. Peggy said thus far they have not gotten anywhere and need direction. Sam asked why it's difficult to get the information. Colette said there is no feedback from consumers who've been patients. Peggy asked for input from Steven. Steven suggested perhaps framing the goal and asking what the plan is to get there. He said he didn't know what information is being requested. Peggy said they need help in what to ask. She asked if that would come from Vic. Steven said Vic in one. Having less people placed at NSH is a goal. It has not happened. Peggy decided to remove the motion. Jack agreed. The motion was withdrawn.</p> <p>2) Criminal Justice Committee Evelyn was not present to give a report.</p> <p>3) MHSA/Finance Committee Committee did not meet due to lack of quorum.</p>	
<p>XII. Commissioner Representative Reports</p>	<p>1) Behavior Health Integration Steering Committee – Sam No report.</p> <p>2) Social Inclusion Committee – Carole They will be having a potluck December 13th.</p> <p>3) AOD Board – Sam No report.</p> <p>4) Homeless Board – Carole No report.</p> <p>5) Community Corrections Partnership – Evelyn No report.</p> <p>6) Assisted Outpatient Treatment Workgroup – Carole No report.</p> <p>7) Primary Care Integration Committee – Colette They had their 1st meeting. She visited 1420 WP Road. She's concerned that blood work is only done on Wednesdays.</p>	
<p>XIII. Adjourn Meeting</p>	<p>The meeting was adjourned at 6:43.</p>	

Respectfully Submitted,
Karen Shuler, MHC Executive Assistant

11/21/13

Commissioner comments—Lauren Rettagliata—November 21, 2013

As commissioners the first of our main duties as outlined in our By Laws is to review and evaluate the community's mental health needs, services, facilities, and special problems. One of the main needs of our county's mental health services is to assure that the best care and service is afforded to person with mental illness. One of the key components of this care is listening to the consumer's loved ones when the consumer is in crisis and evaluating if this information could help the consumer. The position of Adult Family Services Coordinator has been vacant for some time so has the Family Advocate position at the Pittsburg and Richmond Clinics. Robert Thigpen has been stretched too thin. The valuable service of Adult Family Services Coordinator and Family Advocates must be filled. We as a Commission must ask the Board of Supervisors to move quickly to fill these positions.

Our sixth duty is to review and make recommendation on applicants for the appointment of a local director of mental health services. I think we may need to keep ourselves informed of any possibility of this position being eliminated in the discussion of the realignment of Behavioral Health Services for our county.