

Agenda Item	Discussion	Action / Follow-up
<p>I. Call to Order/ Introductions</p>	<p>Commission Chairperson Sam Yoshioka called the meeting to order at 4:33 p.m.</p> <p><u>Commissioners Present:</u> Louis Buckingham, District III Evelyn Centeno, District V Jerome Crichton, District III (arrived at 4:50) Dave Kahler, District IV Peggy Kennedy, District II Colette O’Keeffe, District IV Teresa Pasquini, District I Lauren Rettagliata, District II Gina Swirsding, District I Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u> Jack Feldman, District V Carole McKindley-Alvarez, District I Supv. Karen Mitchoff, BOS Representative</p> <p><u>Non-Commissioners:</u> Stan Baraghin, Consumer Andrea Clark, ANKA Douglas Dunn, NAMI Peggy Harris, Concerned Citizen Warren Hayes, MHSA Program Manager Victor Montoya, Adult/Older Adult MH Program Chief Mariana Moore, Human Services Alliance Melinda O’Day, Consumer Amanda Russell, ANKA Brenda Shebanck, ANKA Karen Shuler, MHC Executive Assistant Connie Steers, Community Janet Marshall Wilson, Community</p>	
<p>II. Public Comment</p>	<p>1. Janet Wilson: Once again I address this appointed body, bringing to you all a concern which I have voiced before. It revolves around, especially for – but not limited to – the elderly who have been diagnosed with serious and persistent mental illness (the “SPMI’s”). When the public records request was finally responded to and we learned of the millions spent on out-of-county placements during a preceding 3-year period, we found that significant dollars were spent to place seniors at</p>	

	<p>Crestwood Stockton, a locked facility. I will have the specific dollar amount and timeframe for you by next month’s MHC meeting. Today I quote again the notion of what is termed “The Toilet Assumption” as described by author Phil Slater in his book, <u>The Pursuit of Loneliness: American Culture at the Breaking Point</u>: “Our ideas about institutionalizing the aged, psychotic, retarded, and infirm are based on a pattern of thought that we might call the Toilet Assumption – the notion that unwanted matter, unwanted difficulties, unwanted complexities and obstacles will disappear if they are removed from our immediate field of vision...We throw the aged and psychotic into institutional holes where they cannot be seen. Our approach to social problems is to decrease their visibility: out of sight, out of mind...The result of our social efforts has been to remove the underlying problems of our society farther and farther from daily experience and daily consciousness, and hence to decrease, in the mass of the population, the knowledge, skill, resources, and motivation necessary to deal with them.” Today I would like to also quote from <u>Awake in the River</u>, by Janice Mirikitani Williams, an excerpt from the poem “A Certain Kind of Madness.” “...But I tell you</p> <p style="padding-left: 40px;">These words I do speak I don’t do well in a cage It’s lonely there. I won’t dwell in a cage It’s my form of madness.”</p> <p>Finally, for the record, I am still interested in the status of the Patients’ Rights program, and would appreciate an update. The timeline which Victor Montoya, the Adult/Older Adult Chief referenced at last month’s meeting has not materialized.</p> <p>2. Stan Baraghin: Expressed concern about poor services being provided by Recovery Innovations.</p>	
<p>III. Commissioner Comments</p>	<p>1. Evelyn: AB 109 Report. (See attachment below.)</p> <p>2. Teresa spoke about her attendance at the Laura’s Law Forum in West County.</p> <p>3. Lauren read the following from the CPAW Minutes: CPAW members and non-members in attendance passed the following motion concerning future Mental Health Director reports at CPAW meetings: “The Consolidated Planning Advisory Workgroup (CPAW) adopted a motion in which they request that the Contra Costa Mental Health Director</p>	

	<p>attend monthly general CPAW meetings to report and discuss issues and developments pertaining to Contra Costa Mental Health and Behavioral Health Services. If the Director's schedule does not permit attendance in person, it is requested that a designated representative of the Director attend and give a report on her behalf. ' CPAW requested that this motion be distributed to the Board of Supervisors by a CPAW member.</p> <p>4. Gina: Spoke on behalf of a consumer who has been to several inpatient and outpatient facilities – she had heard that La Cheim refuses to treat her any longer. Gina said she's heard that other facilities feel they can't help some consumers so they refuse treatment. Then patients will stop taking meds and end up being forced to take meds. Her friend has been shifted from one med to another. Gina said she doesn't understand why we need a Laura's Law.</p>	
<p>IV. Announcements</p>	<ol style="list-style-type: none"> 1. Sam announced the Annual Planning meeting follows this meeting. 2. Sam announced the new MHC Meeting date of the 2nd Thursday begins March 13th. 3. Warren announced that all are invited to the new CPAW Orientation, which begins next week. 4. Colette made the presentation to CCCTA Board Chair Rick Resmer and County Connections Chair Bob Simmons for instituting a trial program of free bus rides for seniors and the disabled. Bob asked for help in evaluating the program. He asked if he could report back to the Commission on its effectiveness. 	<p>Place discussion of the CCCTA program's effectiveness on the July MHC Agenda.</p> <p>Add to 2014 Annual Report</p>
<p>V. Approval of the Minutes from January 23, 2014</p>	<p>➤ A motion was made to approve the Minutes from January 23, 2014. Moved: Teresa Seconded: Evelyn Discussion: None Vote: By a unanimous vote of 10-0-0 the Minutes were approved as presented. Three Commissioners were absent.</p>	<p>➤ Motion to approve 1/23/14 Minutes. Passed 10-0-0.</p> <p><u>Yes (10)</u> Louis Evelyn Jerome Dave Peggy Colette Teresa Lauren Gina Sam</p>

		<p><u>No (0)</u> <u>Abstentions (0)</u> <u>Absent (3)</u> Jack Carole Supv. Mitchoff</p>
<p>VI. Report from BH Services Director Cynthia Belon or Designee</p>	<p>Victor Montoya represented Cynthia Belon at the meeting. Vic reported that Cynthia is in meetings and unable to be here. He said MHA is looking at access lines and how consumers get into the system and the wait times. It's been a good skill-building process. Staff have identified problems and challenges and he is hopeful the system will get better.</p> <ul style="list-style-type: none"> • Regarding the monthly reports to the Commission, he said they are proposing a format for a written report to reduce redundancies and have consistent information that is going out on a timely basis. • They will contain brief reports of activities that are significant on a monthly basis. • They will also bring highlighted areas or items that require additional information, which will be more fleshed out. • Vic reported they are finalizing plans for a new children's clinic in Antioch attached to an FQ. Health and mental health services will be able to be obtained in a single building. • The Martinez Wellness Center will be licensed by April. It will be open 7 days a week from 8 to 5. There will be 2 psychiatrists (1 child/1 adult), 4 clinicians (1 adult, 1 child, 1 AOD, 1 Homeless), and 1 RN. Another clinician will be available from 4 to midnight (work to divert people out of ER -- rapid access). • 1420 Willow Pass Road is getting better and better. They are getting better at having consumers get health and psychiatric services on the same day. • He said they are also finalizing and going to BOS with a forensic plan for clinic. • They are moving vocational services to 1430 Willow Pass Road – giving them an expanded worksite. This will free up treatment rooms at 1420. <p>Teresa: Congratulated the Division for the lean effort taking place. She asked if there is a user of the system participating? Vic: Can't answer. Teresa: We can't redesign the system without having</p>	<p>Place on future MHC Agenda</p>

	<p>users of the system involved. She urged the MHC to advocate for that.</p> <p>Colette: Regarding the until midnight position at ARC. How will consumers get home? A lot of time is involved in waiting and being seen. She asked for a shuttle system in place from the very beginning.</p> <p>Vic: We're still working things out. We're working with people who already come into ER. Regarding transportation, he said they haven't gotten that far; we just wanted to make sure we had a clinician. He will bring this up to the health workgroup next week.</p> <p>Colette: Is transportation available at the Antioch clinic? Has physical bus schedule been worked out?</p> <p>Vic: It is on a bus line. He will pass this issue on as well.</p> <p>Colette: Can people be seen for physical and mental health?</p> <p>Vic: Mental health.</p> <p>Colette: People need a place to wait.</p> <p>Vic: 99% get their services there. There is a waiting room.</p> <p>Colette: Health clinic – how many patients treated per week and how many hours can Dr. Guss can be there?</p> <p>Vic: Dr. Guss is there an hour a week. He said he can't answer how many patients. He will bring this information back.</p> <p>Louis: Is 1420 for consumer AB109ers?</p> <p>Vic: Yes.</p> <p>Lauren: How did we fare in grants? Why aren't we scoring well.</p> <p>Vic: He will check with Ken and get back to MHC. We're still in the running with the crisis team.</p> <p>Lauren: You'll be doing the Mental Health Director's report – will you or Cynthia be at the monthly MHC meetings.</p> <p>Vic: he is not speaking on behalf of Cynthia. The MHC is a mandated Commission and assumes that she will assign someone or be here herself. Vern will also be coming to address children's issues once he is able to do so.</p> <p>Lauren: A written report is good, but we need your physical presence.</p> <p>Connie: There is a need for patient's rights advocacy in the community. She is asking for patient advocacy in the community – a new title or a new way of funding this that includes families and consumers working together – we have so many consumers out of county. She want to help them find housing here at home and find the mindset to succeed here. Many consumers are</p>	
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	<p>in licensed board and cares in the county – we need ongoing site visits, etc. We need to work with consumers in the homeless shelters as well. She would like to find a way to get MHSA monies for patient’s rights.</p>	
<p>VII. Report on MHSA 2014 Plan Rollout</p>	<p>MHSA Program Manager Warren Hayes reported. Handouts: 1-Table of Contents 2-MHSA 3-Year Plan Milestones On Thursday, April 3 – Final Community Forum. HOLD THE DATE for this combined CPAW/MHC Event. It will be facilitated by Resource Development Group. Warren said they plan to kick off a review process of the 3-year plan in mid-April. CPAW budget numbers need to come from Finance, not Warren. He wants the Community Planning Process to inform us and where we want to go. Table of Contents: Evaluating the Plan. This is a new budget item. We are working with the MHSA/Finance Committee. We’d like to bring a report to the April MHC meeting. Sam: MHC meets April 10 Warren: That’s too soon for written information. Warren briefly spoke about Audit #2. He said they got four recommendations from the MHSA/Finance Committee and are developing a schedule to get to the physical and program documents and interviews and surveys. Peggy: Could advocating for MHSA funding for Patient’s Rights be discussed at the combined meeting? Warren: We have to make sure we are not supplanting what has already been there. He said he thinks Connie is asking for supplementing with additional funds for Patient’s Rights training and making advocacy more robust.</p>	<p>Place Discussion on April Agenda</p>
<p>VIII. Should the MHC Take a Position on Laura’s Law</p>	<p>➤ Motion: The Mental Health Commission requests that the BOS adopt AB1421 signed into California law in 2002. This law allows court ordered intensive outpatient treatment for people with severe mental illness who are a dire threat to themselves or someone else. The Mental Health Commission supports this law because it permits people who are severely disabled by mental illness from being caught in the endless cycle of homelessness, incarceration and hospitalization. Laura’s Law, also known as Assisted Outpatient Treatment (AOT), provides continuous and supervised treatment. This treatment is</p>	<p>➤ Motion on Laura’s Law. Failed 6-3-1. <u>Yes (6)</u> Louis Jerome Dave Teresa Lauren Sam <u>No (3)</u> Evelyn Colette</p>

	<p>community-based and does not force people to take medication. This law saves money but more importantly it saves lives; therefore, we ask the BOS to fully implement Laura’s Law in Contra Costa County.</p> <p>Moved: Lauren Second: Teresa Discussion: Lauren seconded Gina’s comments. There are barely enough services being provided at this point and to force people into such services is futile. We need to improve the services we have first. Louis: There would be an increase in accountability. Gina: We already have a Behavioral Court. Sam: Said it had been discussed at forums. Peggy: Point of order...The agenda said whether we would take a position, not that we would take a vote. There hasn’t been enough information. Evelyn: Behavioral Health Court is only for those who have been jailed. Consumers don’t always know what’s best for them. The best part of this is accountability. (Sam refused to allow Gina to speak) Gina: In the open forums there was no opportunity to discuss. Douglas: The AOT workgroup will be making recommendations to the Family & Human Services Committee at their meeting March 10 at 1:00. Doug read from his unofficial notes taken at the AOT meeting.</p> <ol style="list-style-type: none"> 1. In-Home Outreach Team and treatment engagement phone line <ol style="list-style-type: none"> A. Provide home or community based support, engagement activities, and education to consumer/potential consumers, family members and their caregivers. B. Start Outreach line specifically for calls from caregivers concerned about deteriorating mental health of their loved one. Phone line referrals may result in outreach teams meeting with consumers and their support to provide, information, referral, and linkage to services. 2. Educate and Coordinate with Consumer’s support network: <ol style="list-style-type: none"> A. Assisted Outpatient Treatment (AOT) packet for each consumer describing indicators that would qualify them for AOT. B. Behavioral Health navigator position (peer or family) for each adult clinic to assist care-givers 	<p>Gina <u>Abstentions (1)</u> Peggy <u>Absent (3)</u> Jack Carole Supv. Mitchoff</p>
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	<p>and family members in accessing needed care. Per group discussion: The positions would be different from the current Behavioral Health Division Family Advocate and two related support positions which remain vacant.</p> <ul style="list-style-type: none"> C. Partnering more fully with NAMI Family-to-Family classes and outreach through these navigator positions. D. Co-facilitating multi-family groups at each adult clinic that offers psycho-social education and support. <p>3. Pilot an AOT program for a maximum of 10 people. This program would involve consumers who:</p> <ul style="list-style-type: none"> A. Do not enter care, B. Have a serious psychiatric disability, and C. At risk for hospitalization <p>This program will develop and track clinical and cost measures that will be used to follow the progress and success in increasing consumer outcomes and reducing costs. For more information, refer to the attached Laura’s Law AB 1421 Outline.</p> <p>Behavioral Health has had preliminary discussion with the Superior Court, Public Defender and County Counsel office regarding potential cost and impact on attorney and court activities. Behavioral Health Division (BHD) will use input from these departments that will be affected by implementation of a pilot AOT program prior to issuing a final order. We will await further direction from the Board of Supervisors (BOS) before developing budget and staffing recommendations.</p> <p>Lia: They usually meet at 11 a.m. Staff: A date of March 10 at 1 p.m. was listed as being tentative Teresa: Appreciated the passion in the room and the concerns expressed. Agrees with Peggy that this item could have been worded better. There was an 8 hour hearing in Alameda Tuesday. The vote was tabled. Hope we can have this conversation in a respectful manner. We have a representative on the AOT workgroup. Sam: I think it’s important that we take a stand on this issue and pass it on to the Board. Gina: We’re missing 2 consumer seats on the board. All family seats are represented. Peggy: I think our discussion here is illustrative that we need a clear agenda item so we can come and discuss</p>	
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	<p>intelligently. We need to feel that everyone has a voice. Sam: Called for the vote. Evelyn: We did not get advanced notice for everyone to prepare. We should decide if we will take a position and then next meeting make the decision. By a vote of 6-3-1, the motion failed to have a quorum and did not pass. Second motion: ➤ Teresa made a motion that the Commission considers taking a position on Laura’s Law Second: Louis. (This motion was amended below.) Discussion: Lauren asked to amend Teresa’s motion to say that we vote on our position on Laura’s Law at our March meeting. Teresa and Louis agreed. Discussion: Teresa urged the Executive Committee to compile with the support of the AOT workgroup information to educate the MHC members and urge consumers to listen to what Laura’s Law means and not make assumptions. Gina: I do know the ins and out of Laura’s Law because I’ve read it. Some counties have passed Laura’s Law and changed it. Colette: Sometimes consumer representatives are not people who are in the system. To be a true consumer representative, they should be in the system. People at OCE are not current consumers. Evelyn: We should vote on whether we should take a position tonight and then take that vote in March. Jerome: The two votes need to be separated. Lauren’s amendment was rescinded. Colette: Add “whether.” ➤ Teresa amended the motion to read “Consider whether the MHC should take a position on Laura’s Law in March.” Louis agreed. By a vote of 9-1-0 the motion passed.</p>	<p>➤ Motion to consider whether the MHC should take a position on LL in March. Passed 9-1-0. <u>Yes (9)</u> Louis Evelyn Jerome Dave Peggy Colette Teresa Lauren Sam <u>No (1)</u> Gina <u>Abstentions (0)</u> <u>Absent (3)</u> Jack Carole Supv. Mitchoff Place taking a position on Laura’s Law on March MHC Agenda.</p>
<p>IX. Recap of February 4 Board of Supervisors Meeting</p>	<p>Not discussed due to lack of time.</p>	
<p>X. Committee Reports</p>	<p>Not discussed due to lack of time. <u>Quality of Care</u></p>	

		2013 Goals 2013 Accomplishments <u>MHSA/Finance</u> 2013 Goals 2013 Accomplishments <u>Criminal Justice</u> 2013 Goals 2013 Accomplishments	
XI.	Review Draft of 2013 MHC Annual Report	Not discussed due to lack of time.	
XII.	Adjourn Meeting	The meeting was adjourned at 6:10 p.m.	

Respectfully submitted,
 Karen Shuler, Executive Assistant.
 Contra Costa County Mental Health Commission

Evelyn

MHC report:

COMMUNITY CORRECTIONS PARTNERSHIP met on Friday February 14

At this meeting, CCP's discussed :

- Acceptance of the Second Quarter Financial Report.. The Financial Report Summary, FY 2013/14 shows Behavioral Health Services with having spent 44% of its budget allocation and the budget balalnces is \$1.2M
- Update on a development of a statewide funding allocation formula for fiscal year
- 2014/15 AB109 Realignment. In the packet is a letter to the Governor signed by BOS chair Karen Mitchoff which basically tells the governor that a reduction in the revenue that the county will receive for the next year will be detrimental to the progress that we are now having as a county with the highest split-sentence ratio at 92% while ensuring that adequate public safety infrastructure is maintained.
 - David Twa says that actual AB109ers are lower than projected in 2013-2014. With regards to this statewide funding allocation formula, poverty, unemployment and property tax base are basis for county allocation. Real numbers will come out after the governor's May revise. Furthermore, we will get lower monies next year based on population formula, age range 18-43. He projects allocation to be \$998M.
- Review of FY 2014/15 budget proposals for submission to the BOS Public Protection Committee. Except for Probation and CAB, all departments budget request were status quo. Probation is asking for an increase due to adding four different support personnel. While CAB is requesting for an additional \$2M for the CBOs.
- Public Comments.

There was no mentally ill consumer from the AB109ers who spoke.

 - The faith community is very involved in the re-entry programs. There were a handful of formerly incarcerateds who spoke highly of the programs, citing the support they provide greatly helps in keeping them in the right mind-frame and direction. (The speakers were regular people and not our mentally ill consumers)
 - Second Chance project is a model in lowering recidivism

CRIMINAL JUSTICE COMMITTEE met on February 12, 2014

Marti Wilson speaking:

- CJC had Marti Wilson from the Behavioral Health Court. We had an informative dialogue.

Clients

 - Her clients are have dual diagnosis and drug addiction
 - Have to be in jail with an offense
 - Individuals have to be recommended by his/her attorney