

Contra Costa Mental Health Commission  
June 25, 2009  
Minutes – Approved 10/8/09

**1. CALL TO ORDER/INTRODUCTIONS**

The meeting was called to order at 4:35pm by Chairperson Peter Mantas.

Commissioners Presents:

Supv. Mary Piepho  
Dave Kahler, District IV  
Colette O’Keefe, MD District IV  
Floyd Overby, MD, District II

Annis Pereyra, District II  
Anne Reed, District II

Teresa Pasquini, District I

Commissioners Absent:

Scott Nelson, District III  
Art Honegger, District V

Attendees:

Julie Freestone, CCHS  
Dorothy Sansoe, CCC  
John Gragnani, Local 1  
Mariana Moore, Human Ser. Alliance  
Brenda Crawford, MHCC  
Anne Heavey, NAMI  
Ralph Hoffman  
Sam Yoshioka  
Charles Madison  
Sharon Madison  
Jakki Tachiera  
Paula Bender – Rubicon

**2. PUBLIC COMMENT**

Connie Steers: Ms. Steers asked if the Mental Health Commission has seen the Contra Costa County Mental Health Services Housing Program Survey from March 2008. She stated that while it’s a long report, there is a shorter version which contains the recommendations of mental health consumers regarding different types of housing and services. Ms. Steers left a copy to share with the Mental Health Commission.

**3. ANNOUNCEMENTS**

Mental Health Commission Chairperson Peter Mantas announced that Commissioner Clare Beckner had resigned from the Mental Health Commission, with an effective date of August 1, 2009. She was commended on her work with the commission, but she will still be involved in mental health in many ways.

Chairperson Mantas also announced that the Mental Health Commission’s Executive Assistant, Karen Shuler, had resigned to accept another position. Ms. Shuler was presented with a Service of Excellence Award for her more than 9 years of support to the Mental

Health Commission and as a thank-you from the Mental Health Commission for her service. She was commended for her knowledge, commitment, and passion for her work with the Mental Health Commission, and she will be sorely missed.

#### 4. APPROVAL OF THE MINUTES

Approval of the Minutes from May 28, 2009: The minutes of the Thursday, May 28, 2009 meeting were presented for approval. There were some concerns about the way in which several sections in the minutes were represented, and as such, Chairperson Mantas proposed to the Mental Health Commission that they consider revising the minutes with several possible options. The section under question was on page 6-7-8, under Item Number 10.a.1). Two options were proposed for how these sections could be changed. Discussion ensued about how to make the change, and it was proposed that there might also be an Option Three, which would state that "The Mental Health Commission had a discussion regarding Chair Mantas' proposal for a June agenda item to have consumers come in to discuss their individual experiences. During the course of the discussion, the Mental Health Director left the room, and subsequent to her departure, the commission decided to not pursue the proposal as a June agenda item." More discussion followed, resulting in the following motion:

- **Action: It was moved, seconded, and motion carried to accept Option #3 be included in the minutes of the May 28, 2008 Mental Health Commission, and that they be approved to include this option. (6 for/1 oppose/ 2 abstentions)**

Subsequent the motion, a point of order was noted by Chairperson Mantas. There was discussion regarding whether or not there was a quorum present, and if not, whether or not the motion actually was approved. Chairperson Mantas indicated that this will be researched based upon approved Bylaws, and if this action was incorrect, it will be re-done.

Approval of the Minutes of June 11, 2009:

- **Action: It was moved, seconded and carried to adopt the minutes of June 11, 2009, as presented. (Moved/Seconded/Approved)**
- A. Older Adults Mental Health Community Task Force: In follow-up from the Mental Health Commission Planning Minutes, Chairperson Mantas noted that an appointee to the Older Adult Mental Health Community Task Force was to be considered. A brief explanation of the purpose of the task force was provided. There was no volunteer for this assignment at this time.
- B. Consider Moving the Monthly MHC meeting to the 2<sup>nd</sup> Thursday of Each Month:
- **Action: It was moved, seconded and carried to approve the change in meeting day for the Mental Health Commission to the 2<sup>nd</sup> Thursday of each month. The next meeting will be held on July 9, 2009. (M/S-Pasquini/Approved)**

- C. Establish a Quality of Care and Quality of Life Assurance Workgroup: Chairperson Mantas entertained a motion to establish a Quality of Care and/or Quality of Life Assurance Workgroup. It was clarified that the purpose of this workgroup would be to have a quality of care worker that would address the quality of care site visits. The initial meeting(s) of this workgroup would include establishing a charter, establishing goals, and determine next steps.
- **Action: It was moved, seconded and carried to establish a Quality of Care and Quality of Life Assurance Workgroup.**
- D. Establish a Diversity and Recruitment Workgroup: The foundations for this workgroup were discussed previously, and Chairperson Mantas entertained a motion for approval to establish the workgroup. The Diversity aspect of the Workgroup was briefly discussed. There was one volunteer for this workgroup, Mariana Moore.
- **Action: It was moved, seconded and carried to establish a Diversity and Recruitment Workgroup (Motion carried, no abstentions).**

5. **REPORT: HEALTH SERVICES DIRECTOR – Dr. William Walker**

Julie Freestone, Dr. Walker’s Assistant, was present to give the report for Dr. Walker, due to his being away in Seattle, Washington, attending the National Association of Public Health Systems, where health reform is under discussion. Ms. Freestone apologized for her “superficial level of knowledge” about some of the items being presented, however, she indicated she is present to collect information and questions, and also to provide as much information about questions from the Mental Health Commission as possible.

- A. Medicare Billing at Outpatient Clinics: Ms. Freestone reported that she had reviewed previous Mental Health Commission minutes to determine what data had already been provided to the commission, and stated that it was understandable that Chairperson Mantas didn’t see answers to his questions by the data provided to him. Unfortunately, the data previously provided did not have anything to do with the question(s) originally submitted by the Mental Health Commission. As such, it was clarified that the data that was provided was a “snapshot” or Medicare patients seen in mental health clinics in one month (as a snapshot in a point of time). It was explained that clients who may enter the Mental Health System as “Medicare” receive every assistance to qualify them as MediCal clients in order that reimbursement can occur in the Outpatient Mental Health Clinic. What occurs is that the number of Medicare clients in the Mental Health system continually changes as their status is converted to MediCal for reimbursement purposes. Outpatient Mental Health Clinics cannot bill for Medicare reimbursement. However, at any given time, there are about 200 clients who are “Medicare only” and therefore there is no reimbursement available for them if they are seen in an outpatient mental health site.

Some discussion ensued, requesting clarification for those clients whose coverage status is “Medi/Medi”, i.e., Medicare and MediCal covered. If they are enrolled in Medicare and also MediCal, outpatient mental health can bill for MediCal. However, if a client is

“straight” Medicare (i.e., that is the only coverage they are eligible for), these clients are referred outside of county mental health for those services.

It was concluded that originally the Mental Health Commission thought that administration was talking about much larger numbers of clients, i.e., it seemed like a much bigger issue. However, Ms. Freestone encouraged more questions about the subject and a subject matter expert (possibly Suzanne Tavano) would be able to answer those questions for the commission.

- B. Update on Budget Action: There was currently nothing new to report, since the draft budget has not been voted upon in Sacramento as yet. There are some negotiations going on at the state level, however, there is nothing new to report. Ms. Freestone commended the Mental Health Commission for the letter it sent to the State regarding the current budget status, and it was suggested that the Mental Health Commission send more of this type of letter to speak to those in charge of funding; letter writing about funding can make solid points to the legislature. The commission was advised that as soon as there is something new to report, or more advocacy needed, they will be advised.
- C. Update on MHSA Programs: The Action Plan for the MHSA Consolidated Planning Advisory Workgroup (CPAW) was made available to the commission. Updated CPAW information is also available on the CPAW Webpage through [cchealth.org/groups/cpaw](http://cchealth.org/groups/cpaw). There is a lot of working occurring through CPAW, which will be involved in transformational efforts of the mental health system. CPAW has established a Data Committee, Innovation Committee, Housing committee, Communications Advisory Committee, etc. The Data Committee is looking at outcomes driven data. The Workforce Education and Training workgroup has been busy planning training, and the CSS 08/09 Plan Update has also been approved by the State Department of Mental Health. One future task of CPAW is the de-briefing of clients and family members who participated in the first round of FSP planning, with the purpose being to learn what is working and not working with FSP's (full service partnership planning). The CSS De-Brief is intended to bring data back for future planning. It was noted that at the July 16, 2009 meeting, a general Housing presentation will be provided for input.
- D. Status Report on Open Positions: An MHSA Open Positions status report will be provided regularly to the CPAW Data Committee, and it was acknowledged that this information has also been requested by the commission, and that this has been an area of concern for the commission, and as such, the hiring freeze process, and its impact was explained. When there is a freeze on hiring, there is an impact on the ability of the Mental Health Division (or any Division, for that matter), to recruit and hire new staff. This is what had been occurring when Mental Health Division staff requested to hire and fill the vacant MHSA funded positions. However, the freeze has been “lifted”, and the standard county hiring process can be resumed.

Members of the commission provided some background information, and stated that this subject has come up because of ongoing budget discussions. The commission clarified that it had requested the information on the status of open positions based upon input that the Mental Health Director had provided, i.e., that the county human

resources process had caused delays in the hiring process. Because of that reported situation, the Mental Health Commission wanted to communicate with the Board of Supervisors to advocate for action.

Ms. Freestone reported that the three Family Support Worker positions were going forward, and one cause for delay in the recruitment/hiring for these positions had been the need to change the titles so that they were more descriptive of what work these folks would actually do. This had caused some further delay while waiting for County Human Resources to make the modifications needed, and to re-advertise for the positions. It was also clarified that there are situations in the county where the merit system job classification does not necessarily describe the working/functional title for a position, and when that occurs, there is a process that the department has to follow in order to make the change(s) needed to more accurately reflect the function of the position.

- E. Search for Ms. Shuler's Replacement: Chairperson Mantas described the interim plan for providing coverage to the Mental Health Commission, given the departure of the current commission assistant, Karen Shuler. An Agency Temporary staff person has been authorized at 10 hours per week. The Mental Health Commission work was described as not as "robust" as what Ms. Shuler was doing, but it was agreed that a job description and tasks would be developed so that interviews could be completed. Chairperson Mantas inquired of Ms. Freestone whether or not Dr. Walker had received Chairperson Mantas' request for some more flexibility and hours for the position? A meeting will be held to discuss this when Dr. Walker returns.
- F. Update on Mental Health Commission Requests for Information: It was clarified that there is an organization that does provided training and technical assistance for mental health boards and commissions. As follow-up to earlier commission discussion, Ms. Freestone reported that she has done some preliminary research into the availability of said training by going to the CiMH (California Institute for Mental Health) website to find out what they can provide. The consensus was that this subject be further researched and brought back as a future agenda item for discussion.

## 6. **ANCILLARY BOARDS AND COMMISSION REPORTS:**

- A. Mental Health Coalition: Vice Chair Pasquini reported that the most recently held meeting was this past Tuesday. Members are interested in asking for advocacy around Mental Health Consumer Concerns contract and ensuring that MHCC is funded through MHSA. The coalition may take this up for further discussion and/or action.
- B. Human Services Alliance: Mariana Moore reported that the report this month is very brief. While it was not mental health specific, it was about the uncertainty being experienced by non-profit service providers around the current State budget status and the impact of that uncertainty on the local providers.
- C. Local 1: John Gragnani reported that Local 1 has undertaken a project in line of wanting their voice to be included in county mental health matters and wanting to participate in solutions going forward with some of the current challenges being

experienced. He explained that they have adopted an idea that came from Local 1 Founder Henry Clark, which is to do a performance evaluation and analysis of all layers of the mental health division. They have developed an impartial and objective instrument that they hope will empower members to share their thoughts about the mental health system. Local 1's number one priority is to confront whatever budget issues and realities which lay ahead, and also to assure there is a safety net within the children's mental health system which has long been stretched so thin.

D. Hospital Community Forum: nothing to report.

E. Mental Health Consumer Concerns (MHCC): Brenda Crawford addressed the report made earlier by Vice Chair Pasquini regarding the coalition's support of MHCC. She acknowledged that MHCC did request coalition support of their ongoing efforts at negotiating a contract with the county. Ms. Crawford clarified that MHC isn't necessarily seeking an "action item" from the Mental Health Commission, but rather, MHCC is seeking moral support as they go forward with their negotiations.

MHCC continues to grow and experience increased levels of services. They are averaging about 35 people per day in their central facility, 25 per day in the west county facility, and as of July 15<sup>th</sup>, the new East county facility will open at 2400 Sycamore Dr., Suite 30, Antioch. MHCC will be expanding the kinds of services that will be provided, with more emphasis on wellness and recovery. They are also in the process of organizing the Client network. Ms. Crawford announced that on July 23, 2009, MHCC will host an open house of their new central location in Concord, and everyone is invited to attend. MHCC has opened three new centers in the county in less than 18 months, and has revamped all of their programs. They have developed a "branding campaign", a new logo, new website, and these are very exciting times for the agency.

Chairperson Mantas asked that if at some point in time, it would be good to see MHCC bring family members into their efforts and see how as a community all can unify the voice of the family and consumer.

Ms. Crawford indicated that MHCC has already started to do that, and as an example, explained how the facilitating of the focus groups around the new proposed psychiatric health facility had occurred with the cooperation of both consumers and family member involvement. Ms. Crawford stated that there are two different voices (consumers and family) but their voices can also have a sort of common message. She is hopeful that they can continue to work in the best interest of both (consumer and family voices).

F. NAMI: Mr. Farmer stated that NAMI was shocked at the lack of transparency demonstrated by Mental Health Administration related to the proposed psychiatric health facility. He stated that they were not advised of the feasibility study dated November 2008, nor was any of the data that has been made available. A long standing meeting with the Mental Health Director was abruptly cancelled. Mr. Farmer stated that if the Psychiatric Health Facility is indeed in the best interest of

loved ones, NAMI is willing to work together with Mental Health Administration to reach that goal. Their principle concern is to improve the quality of care for consumers.

- G. MHSA CPAW: No report.

## 7. COMMITTEE/WORKGROUP REPORTS:

- A. Bylaws Workgroup: Chairperson Mantas reported that there's been no response from County Counsel to date.

Dorothy Sansoe clarified that county counsel has completed their review and will be sending Mental Health Administration their memo outlining whatever their concerns are with the bylaws.

- B. Executive Committee: Vice Chair Pasquini reported that they will be doing interviews for potential Mental Health Commission applicants. Chairperson Mantas suggested that if there are different commission members doing interviews, applicants should be brought back for re-interview before the Executive Committee makes a recommendation.

- C. Capital Facilities and Projects Workgroup: Art wasn't able to attend today's meeting, therefore asked the other workgroup members to present findings and recommendations for the Mental Health Commission to act on.

The workgroup met last week to discuss a plan for presenting findings from the past month, and reported on the status of clients going through the emergency department in order to be triaged to be seen in CSU. Clients can no longer go straight through to CSU, but must be first seen in the ER.

Vice Chair Pasquini stated she has put together a written report of the observations through a snapshot of the community going through the ER. She isn't aware of whether or not any other options were considered when the change was made four years ago (to the present process). She expressed concern for the way this process has impacted consumers and their family members.

It was reported that the workgroup has also discussed wanting to know whether or not any other alternatives to the proposed PHF and psychiatric campus have been considered during the planning of the currently proposed facility/structure. The commission has requested a list of alternatives considered and hasn't received one to date. There is a concern that there should be some additional dialogue, conversation, etc., possibly hosted by the Mental Health Commission, to get the community voice heard on the proposed \$25 million dollar investment that the county will be making.

Chairperson Mantas stated that given today's presentation, the item will be moved to the agenda of the next meeting, so that the workgroup can formulate their recommendations on the issues.

Dorothy Sansoe also announced that the Board of Supervisors will be holding a Finance Committee meeting and their Health & Human Services committee meeting(s) on the same day, July 20<sup>th</sup>, at the same time (1:00 p.m.). They will take up the issues on the capital facilities in both of those meetings, and this is an opportunity to have MH Commission concerns heard by the majority of the Board of Supervisors.

## 8. CHAIRPERSON'S COMMENTS

Chairperson Mantas attended a recent CALMHBC/CiMH (California Local Mental Health Boards/Commissions and California Institute for Mental Health) meeting/training, and provided a copy of his report to commissioners via email. Chairperson Mantas presented the highlights of the meeting.

## 9. FUTURE AGENDA ITEMS

It was suggested that Dr. Johanna Ferman be invited to a future Mental Health Commission meeting to discuss the grant application she has made.

However, given the number of "regular" items on the agenda, the consensus was that special topics be left off of the next agenda.

It was also agreed that at the beginning of each Mental Health Commission meeting, new members of the commission prepare a 2-minute statement about who they are and what their interest in the Mental Health Commission is so that other commissioners can be more familiar with each other.

## 10. PUBLIC COMMENT

There was no public comment.

## 11. ADJOURNMENT

There was a question regarding the previous meeting minutes which reported that Chairperson Mantas and Vice Chairperson Pasquini have not yet been re-appointed to their Mental Health Commission seats. It was clarified with County Counsel that typically the person in the seat retains the seat unless someone else is appointed to fill it.

- **Action:** It was moved, seconded and carried to adjourn the meeting. (Motion carried no abstentions).