

**Contra Costa Mental Health Commission
Monthly Meeting
October 8, 2009
Minutes – Approved 11/12/09**

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:40 pm by Vice Chair Teresa Pasquini.

Commissioners Present:

Dave Kahler, District IV
Scott Nelson, District III
Colette O’Keeffe, MD, District
Floyd Overby, MD, District II
Teresa Pasquini, District I, Acting Chair
Annis Pereyra, District II
Anne Reed, District II
Sam Yoshioka, District IV

Attendees:

Brenda Crawford, Mental Hlth Consumer Cons.
Kathleen Creel, Diablo Valley Family. Coalition
John Gragnini, Local 1
Lynn Gurko, Crestwood Patterson
Anne Heavey, Nat’l Alliance on Mental Health
Cindy Mataraso, Crestwood Patterson
Mariana Moore, Human Services Alliance
Kassie Perkins, Anka BHI
Connie Steers
Jakki Tachiera, Diablo Valley Family Coalition
Karen Wise, Anka BHI
Steve Grolnic

Commissioners Absent:

Art Honegger, District V-Excused
Peter Mantas, District III-Excused
Carole McKindley-Alvarez, District I-Excused
Bielle Moore, District III-Excused
Supv. Mary Piepho-Excused

Staff:

Suzanne Tavano, MHA
Vern Wallace, MHA
Sherry Bradley, MHA
Dorothy Sansoe, CAO
Suzette Adkins, Supv. Bonilla’s office
Tomi Van De Brooke, Supv. Piepho’s office

Vice Chair Pasquini read the Mental Health Commission mission statement to remind us of why we meet. Vice Chair Pasquini is Acting Chair in the absence of Chair Mantas. Commissioners, Contra Costa Health Staff and members of the public introduced themselves. (See sign-in sheet for more names)

New commissioner Sam Yoshioka introduced himself. He is a family member and has experience in the mental health field, including working with Contra County Health Services. He thanked Supv. Bonilla’s office for the appointment and looks forward tomaking a contribution.

2. PUBLIC COMMENT *[First 5 Submitted]*

- A. Kathleen Creel, on behalf of The Diablo Valley Family Coalition, presented a letter expressing their group’s concern about losing the opportunity for the PHF.

Their statement included:

1. The family members have reviewed and provided comments on the PHF plan at the public hearings and forums made available to them.
2. The approval of the PHF plan as proposed at this time.
3. It is imperative that the existing 23 beds on Ward 4C remain open.

Their formal request to the MHC includes:

1. Vote today to request that the county earmark the land on Allen Street for mental health care system use while the MHC completes its research and inform the BOS of their decision.
2. Approve this project as proposed at this time.
3. Do not waste funds or time on assessing alternatives, rather us that money and time to address citizen concerns regarding accessibility of this site (ie. ride vouchers or similarly fiscally sound solutions/s), etc.
4. Set an assertive deadline to move this project forward so that this opportunity is not missed (at minimum, set an aggressive date for the completion of your research and report of the results.)
5. Make clear the MHC's objections to closing any beds on Ward 4C.
6. Request that the MHC ask the County to notify the MHC, the NAMI Board and the Diablo Valley Family Coalition at the moment discussions are on the table regarding closing any beds on Ward 4C.

3. ANNOUNCEMENTS

- A. Vice Chair Pasquini called attention to the Minds on the Edge program on PBS. She watched it and found it riveting; she encourages everyone to watch it on t.v. or go to the website.

4. APPROVAL OF THE MINUTES

- **ACTION: June 25, 2009 MHC Monthly Meeting –Motion made to approve. (M-Reed/S-Pereyra/P -Reed, Kahler, O’Keeffe, Pereyra, Overby, Pasquini, 6-0)**
- **ACTION: August 13, 2009 MHC Monthly Meeting – Motion made to approve. (M-Reed/S-Pereyra/P –Reed, Kahler, O’Keeffe, Pererya, Overby, Pasquini, 6-0)**
- **ACTION: September 3, 2009 Special Meeting – Motion made to approve. (M-Reed/S-Pereyra/P-Reed, Kahler, O’Keeffe, Pereyra, Overby, Pasquini, 6-0)**

5. VICE CHAIRPERSON’S COMMENTS

- A. Site Visits: Vice Chair Pasquini commented the MHC hasn’t conducted a site visit during 2009 and she would like to consider a site visit. Her site list includes:
 1. Crestwood Angwin (far away, but would provide insight into how family members/loved ones feel when they go to visit loved ones placed in out of county mental health rehab facility)
 2. CCRMC (the last visit there was 2-3 years ago)

Commissioner Reed commented it would be helpful to reconstruct what sorts of things commissioners are to look for during a site visit: general feelings about a site or looking at

specific things. Vice Chair Pasquini responded commissioners are to be observe, be objective and report back to the MHC. She suggested looking at the Commissioner Handbook to see if there are any guidelines for site visits.

Commissioner O’Keeffe suggested adding an acute inpatient overflow site as an option; we have 18 or 19 acute inpatient overflow patients each day. Where are the most frequently used hospitaSuzanne Tavano mentioned John Muir, Herrick, St. Helena in Vallejo and St. Helena in St. Helena are the most commonly used overflow hospitals.

Commissioner Overby wanted to know the difference IMD/MHRC/SNF facilities. Suzanne Tavano stated IMD (Institute of Mental Disease) broadly applies to many levels of locked, 24 hour care, including hospitals. In California, the MHRCs (Mental Health Rehab Center) have become a subset of IMD’s and were mostly locked, but could be unlocked. The SNF (Skilled Nuring Facilities) can be either medical or a special treatment center more like an IMD.

CommissionerReed suggested putting site visits on the January agenda to set a date/places to site visit and division of sites up among the commissioners. Theresa (not vice chair Pasquini) ?? stated there used to be site visit evaluation forms. Staff to see if form is still available in computer records.

B. Submission of nominations for Chair and Vice Chair: MHC bylaws call for an election in November. An Election Coordinator needs to be nominated and elected today from the MHC. If Vice Chair Pasquini runs for office, it would be a conflict of interest for her to act as Election Coordinator.

➤ **ACTION: A motion was made to appoint Commisioner Reed as Election Coordinator and accept nominations for Chair and Vice Chair for the upcoming election. She will receive nominations, confirm the nominee agrees to serve and submit them to Nancy Schott for the November agenda. (M-Nelson/S-Kahler/P-unanimously 8-0)]**

C. Next week is Mental Illness awareness week, MHC will receive a proclamation from Supv. Piepho at the 10/13/09 BOS meeting at 9:30 am. Commissioners are welcome to join Vice Chair Pasquini and Donna Wigand in accepting the proclamation.

D. CIMH Training: Sherry Bradley stated training is currently the responsibility of the California Mental Health Planning Council. There is a training planned and she is waiting for more information.

E. New commissioners requiring training; schedules will need to be coordinated

6. REPORT: Deputy Director, County Administrator’s Office-Dorothy Sansoe

A. She reviewed the differences between standing committees, task forces and work groups. A standing committee is a committee set out in the bylaws; a subcommittee of the MHC and subject to all the rules the MHC follows. A task force is something that is set up for a specific purpose and for a specific length of time. Depending on the size task force, it may not require

public noticing. A workgroup, depending on the size, can be just like a task force or it can be a larger subgroup of the MHC and subject to public noticing if there was a chance there would be a quorum of commissioners at a workgroup meeting. If discussions are held on a subject that is on a MHC agenda or may be on a future agenda, all public noticing and public comment regulations should apply. If there are any questions on what category a formed group falls under, please contact her and she will assist in the determination. The rules regarding around the subgroups may change if the proposed Bylaws are adopted; keep this in mind as the commissioners review the changes.

- B. Proposed Reviewed Bylaws: She reviewed proposed bylaw revisions as prepared by MHC Bylaws Committee and county counsel's comments on those changes dated 7/14/09. MHC Bylaws Committee members included Vice Chair Pasquini, Commissioners Kahler, Mantas, O'Keefe and Pereyra. Tomi Van De Brooke mentioned some comments made by supervisors in the workgroup may not be accurately noted and she would like to review as well. Dorothy Sansoe offered to revise the Bylaws into more readable format and forward to Vice Chair Pasquini for all commissioners.

Vice Chair Pasquini confirmed the MHC did not wish to convene a workgroup to review the proposed bylaws, but rather each commissioner would read them on their own. This agenda item will come back at the November MHC meeting for an approval vote.

7. **REPORT: Contra Costa Health Services Mental Health Administration**

A. Suzanne Tavano-general report:

1. State budget reductions for children's services: no actual reduction; good news. Reduction in state allocation for AB 3632 services: CCC will have to manage the reduction in allocation and postponement of payments. Reduction in managed care allocation: after developing some ways to increase revenue, the net reduction was 500K to be absorbed in services CCC provides to its private provider network. In the end they will serve the majority of people for less cost. Also
2. Presented a chart or "map" showing countywide Mental Health Services including separate sections for West, Central and East Counties further divided into Adult and Children's Services. It will be posted on the website and updated continually. Sometimes when speaking to people, specific programs are mentioned without the understanding that the majority of funding for those programs comes from Mental Health; the map is a way to communicate the various services and programs offered by the family of providers contracted with CCC.
3. Other charts:
 - a. Mental Health Consumer Served by Provider Category: under the CCRMC category in years leading up to '05-'06, the numbers reflect operation of 2 units. After that time one unit closed and available beds went from 44 to 23, therefore the drop in the annual numbers in '06-'07. In the Private Hospitals section, the numbers show quantity of stays by unique individual that does not account for repeat stays. Not shown, but more valuable to discuss is the number of hospital days, since some patients might be in and out or in for an extended period of time.

- b. 3632 Clients chart shows information on children's services and where they are being served.
- c. SB 90 Claim: 3632 is a mandated service and CCC submits a mandate claim to the state. For 2008-2009 the total cost of services was approx. \$14.5 million with approx. \$8.6 million being reimbursed by Medi-Cal, leaving approx. \$6 million for the mandate claim to the state. Payments from the state can run 1-2 years behind and the county must carry those costs. Vern Wallace stated the state is only required to repay up to 15% up to 3 years. She brought up that many of the children they serve under 3632 are privately insured, which leaves fewer spots for Medi-Cal and non-insured children. It's a complicated balancing act to provide the required services given the over strained mental health system.
- d. Chart of Locked Long-term Subacute Care Providers: Financial information was not included, but it would be good to have for the Workgroup to analyze costs of out of placement care. Vice Chair Pasquini gave Suzanne a chart from the state website for her to review, may only show Medi-Cal paid claims only.

TO DO: Suzanne Tavano to include costs on chart of Locked Long-Term Care and submit to the MHC.

- B. Vern Wallace-presented an executive summary prepared by Dr. Walker for the BOS regarding closure of Chris Adams Girls Center. Given the facility has not been able to keep the census near the 17 girls required to retain a level 12 group home certification, continually had staffing issues and difficulties in responding to health/welfare issues in a timely manner led to the closure. The 7 girls either returned home or relocated to other facilities. All employees were relocated/reassigned to providing services to AB3632 children. They are hoping to carry forward best practices (ie. anger replacement) from the facility out to the region. The site is now on the county owned facility property list; possibly Probation is interested.
- C. Sherry Bradley-MHSA final component, Innovation, was launched 10/7/09. Taped in the format of a training, by CCTV and will be aired 10/20 and 10/21. MHSA is seeking projects that meet the guidelines described in the training. This is an opportunity to try something new and the learning process has to drive the project. If a project has a positive outcome, then MHA will attempt to locate from other sources. '09-'10 for CSS and PEI updates will be posted for 30 day public comment period soon. The MHC will conduct a public hearing for those plans.

8. REPORTS: ANCILLARY BOARDS/COMMISSIONS

- A. Mental Health Coalition – Teresa Pasquini read a report she submitted to The Mental Health Coalition: “The Mental Health Coalition met on September 22, 2009 at MHCC in Concord. All members were present including, JohnGagnani, Mariana Moore, Brenda Crawford, Dave Kahler, and me. The conversation was serious and focused on the tragic suicide of a beloved West County Consumer, the previous weekend. The focus of the discussion was on the systemic gaps, the perceived disrespect for the Mental Health Consumer Concerns staff's attempted interventions, and the plans for advocating around this devastating loss.

I shared the fact that I had received a call from a West County Consumer the day before notifying me of the incident and begging for my intervention. I also shared the email that I had received from a peer supporter and advocate from MHCC. I include a copy of that email, along with my email to the Mental Health Director and others regarding my desire to seek solutions to learn and from this tragedy.

While all coalition members expressed concern and emotion over this event, there was no consensus on moving forward with any action, as a Coalition. Some individual members expressed their intentions for advocating for an investigation. I was one of those members.

There needs to be a neutral process that allows Sentinel events to be reviewed by members of the community who do not have a conflict of interest. This is not about blame, but about learning. There was a system failure that caused a young man to die. We need to understand what happened to prevent another life being lost. I urge all of us to advocate, to the Board of Supervisors, to request an independent investigation of this suicide. We can't hide behind HIPPA. We can let go and learn, without knowing the names and specifics.

I would ask the commission to consider a motion that would include writing a letter to the Board of Supervisors requesting an independent internal review that would include a report back to the Board stating what steps will be taken to correct the communications breakdown between doctors, case management, administrators, peer supports, the failure to admit to the County Hospital, the failure to hold, the failure to coordinate discharge plans. The failure to prevent this young man from hurting himself.

This young man touched several points in the system including community organizations like NAMI and MHCC, County Programs like the county hospital, 38th Street Clinic, Police contact, out of county contract acute hospitalization. He had a large peer support system begging for help. We have a death and the lingering painful question of why. The Commission needs to help find that answer. Please consider taking action today.”

Commissioner Reed recalled previously requesting another internal investigation earlier in the year regarding a west county consumer; how effective are internal investigations? Vice Chair Pasquini said the MHC did not receive a report back. Vice Chair Pasquini stated the consumer was her son and filed a complaint that went up to state Board of Mental Health; it did not receive a satisfactory outcome. She feels this has been ignored. Suzanne Tavano stated Vice Chair Pasquini received a letter from the state and she could share letter if she wants.

Suzanne Tavano stated she was not sure if the BOS would direct MHA to conduct an internal investigation, but there would not be a way for members of the community to participate in that due to privacy laws. MHA will participate in any way the law allows them to do.

- **ACTION: A Motion was made to authorize the Chair of the Mental Health Commission to write a letter to the Board of Supervisors requesting that the Board ask the Mental Health Director to lead an internal investigation into the circumstances surrounding the death of the unnamed young man, focusing on systemic and personnel-**

related issues and any corrective actions. Further request that the response to the Board from the Mental Health Director be made within 60 days. (M-Reed/S-Pereyra/P-carried unanimously 8-0)

NOTE: AT THE 11/12/09 MHC MEETING, THESE MINUTES WERE APPROVED WITH THE EXCEPTION OF THE ABOVE MOTION. REFER TO THE 11/12/09 MHC MINUTES WHICH SET ASIDE THIS MOTION.

Discussion:

Commissioner Reed asked if the MHC would ever be able to see the results of an internal investigation. Suzanne Tavano said that on the second, recent, incident, MHA could report back on what steps were taken, but not discuss the consumer specifically. They could discuss generically what was looked at during the investigation and what corrective steps would be taken. Other people in the room could have that conversation, but MHA could not be part of that conversation. It's a matter of finding balance in what they can share and participate in working within Section 5328 of the Welfare and Institutions Code.

TP would like to share the letter she received back from the state at a separate time. It would be a lengthy session to describe the agonizing process of filing a complaint, both locally and at the state level.

- B. Hospital Community Forum and/or Healthcare Partnership – Dave Kahler: Beginning 10/28 the Healthcare Partnership is scheduling workshops Wednesdays 6:00 – 8:00 pm including orientation and educational information on resources available when a loved one is released from 4C.
- C. Human Services Alliance - Mariana Moore – presentation on background and history of the group: Members are non-profit community based organizations providing services in Contra Costa County. Member groups are typically Health and Social Services focused. Providers involved are long term, stable providers.
- D. Local 1 – John Gagnini: He is very appreciative that Vern Wallace and Suzanne Tavano were able to relocate the Chris Adams positions. These positions are desperately needed in the children's system. At a recent meeting they reviewed the Mental Health Coalition Talking Points.

TO DO: Staff to verify if the MHC adopted the Mental Health Coalition Talking Points.

- E. Mental Health Consumer Concerns – Brenda Crawford: staff at MHCC going through difficult times with the suicide of west county consumer and organizational culture change. Continue to serve daily 25 west county, 35 in east county, 30 in central Changing from drop-in center to wellness and recovery center; looking to be fully staffed by 10/30/09. She appreciates all the support she received from Susan Medlin at the Office of Consumer Empowerment and Suzanne Tavano with offers of assistance. The staff is now

ready to grieve and she will be calling for grief support.

Working on Holiday Party; Dec. 11 (11 am – 2 pm.) at Pleasant Hill Community Center, the largest gathering of consumers in Contra Costa County. Entire staff is participating.

- F. MHSA and CPAW – Annis Pereyra: her report is in the packet from meetings on 9/17/09 and 10/1/09; concerns that there is too much material to cover in meetings. Concerns on Family Steering committee and issues brought up by them not being addressed. There are concerns money being distributed without the Family Steering committee meeting. Steering committees forming again.

9. **MHC COMMITTEE/WORKGROUP REPORTS**

A. At the 9/3/09 Special Meeting, the MHC voted to join with CPAW to form the MHC-CPAW Capital Facilities Workgroup, including 4 assigned CPAW members and 4 MHC commissioners (Vice Chair Pasquini and Commissioners O’Keeffe, Pererya and Reed) They have had 2 meetings, 9/24/09 and 10/5/09. Commissioners Honegger resigned as Chair of the workgroup and Chair Mantas requested Vice Chair Pasquini take over as Chair. The minutes from both meetings are in the packet. At the first meeting they agreed on the charge for the group, including reviewing alternatives and options, including the 20 Allen site, and IT needs. The Workgroup added back in the IT funds which had been taken off the table, but but the Workgroup wasn’t aware of that. Sherry Bradley stated that removal of funds had taken place prior to CPAW being formed. The consensus of the group was that they didn’t want to be driven by a timeline; they want to process to be done properly and include a needs and priority analysis in order to determine what the actual county needs are. As was presented at the 9/3/09 Special Meeting, other counties have developed priority lists including up to 10 items and Contra Costa County had only one, the psychiatric pavilion. The commission voted and the workgroup agreed further analysis was needed to determine if that single option was the best use of the funds.

Commissioner Pereyra wanted to make sure it was clear the Capital Facilities and IT funds were in one pot of funds. The Workgroup was told the computerized medical records part of the project, originally thought to be \$2 million, has come in at \$5-6 million. Sherry Bradley said that amount includes electronic medical records system, personal health record system and e-prescribing. Vice Chair Pasquini asked if there would be any future MHSA funding that could be allocated for that type of project? Sherry Bradley said no. If the funds were not used for IT at this point, the opportunity is lost unless the County wishes to fund it.

Referencing the 10/5/09 MHC-CPAW Capital Facilities Workgroup meeting minutes, Vice Chair Pasquini said the Workgroup decided the needs analysis survey questionnaire presented at the 10/5/09 meeting did not accomplish what they were looking for and was to be revised. Based on the meeting minutes, Sherry Bradley revised the survey, but it’s missing an IT question.

Vice Chair Pasquini said there is community interest in a timeline and although the Workgroup doesn’t want to be driven by one, they understand the need to establish a timeline. The Workgroup is looking for ratification of the work they have agreed to and permission to move forward per the directive at the 9/3/09 Special Meeting.

Commissioner Reed stated that although the Workgroup doesn’t want to be driven by a deadline, everyone understands they don’t want to delay to the extent that it might foreclose any options.

There is a general sense of a lack of data of the true needs and desires of our consumers are and that's the reason the Workgroup came up with a "down and dirty" survey that can be sent out to an extensive group of people quickly and the data returned to determine if the option on the table (20 Allen site) is the best meeting the needs of consumers and family members or whether there are other options that need to be explored. They are hoping the survey will provide the data they feel is currently lacking.

The Workgroup is moving as quickly as they can. Meetings are public and if a timeline is important, meetings may go to once a week and not be posted according to the Brown Act and Better Governance Ordinance requirements. Dorothy Sansoe reminded everyone the meetings can still be noticed, but just not meeting the time requirements. Vice Chair Pasquini wants to reinforce the Workgroup wants to be inclusive and thorough; not about what she wants as a commissioner, but what the community needs.

- **ACTION: Motion to authorize the Capital Facility Workgroup to create and send out a survey, to expedite it, to poll the community on the Needs Assessment Survey for Capital Facilities Funding. It would be in some form similar to this survey discussed today. (M-Pereyra/S-Overby/P-Unanimously 7-0) (Commissioner Kahler left the meeting prior to this agenda item and did not participate in the vote.)**

Discussion:

Commissioner Yoshioka wondered if expert consultants would be utilized in preparation of the survey or if the Commission has had previous experience to conduct the survey. Does the Commission have the experience to develop a survey? Sherry Bradley said MHA is committed to providing the support the Workgroup requires. She submitted the survey to the Planning and Evaluation Unit (research unit) and they've given some suggestions that were included on the draft survey. After revisions are made, the Planning and Evaluation Unit will review the survey once more. Commissioner Yoshioka wondered if the survey would be tested prior to issuance; Sherry Bradley said no.

Vice Chair Pasquini mentioned she did not believe the County did testing analysis on the original proposal. Suzanne Tavano concurred. Vice Chair believes this survey will be an acceptable tool to gather this type of material.

Mariana Moore voiced her serious concern that people may not understand what the options mean on the first page. It might be good to have some consumers fill out and test the survey. Vice Chair Pasquini mentioned we have several consumers on the MHC and Brenda Crawford offered to have consumers test the survey at the West, Central and East County centers. Sherry Bradley mentioned the Planning and Evaluation Unit suggested testing the survey as well. Mariana Moore suggested having a definitions page included in the survey. Vice Chair Pasquini mentioned she wants to make sure consumers are able to participate since that was a missing piece of the original process.

Suzanne Tavano would the survey results be balanced against data based on usage? There are "wants", but they should be balanced against actual utilization information. Commissioner Reed stated the survey would be one source of data used in conjunction with others.

Commissioner Yoshioka asked if the Research Unit would be able to provide information about how PHFs are doing in terms of best practices within the counties that have county hospitals? He looked at Alameda County's website and found out their PHF is located 12 miles away from Highland Hospital. He wants to make sure we have access to all information on best practices and we not missing information available from other counties. Having a survey is one avenue to pursue, but we should identify best practices from within California counties that have these types of facilities as well.

Lynn Gurko commented we need to be cognizant about length of stay at a PHF and the program options that might be available. There are several PHFs with the Crestwood system and the stays are quick. Long term, getting people enrolled in programs and out in the community, it's a quick turn around. She encouraged everyone to look at practices that are high impact and quick. Vice Chair Pasquini recommended everyone read all the documentation the MHC has produced over the past year including the efforts to seek information and analyze it.

Commissioner Reed reminded the group that the motion on the floor is to ratify the Capital Facilities Workgroup intent to send out a survey. Anyone with comments regarding data collection to attend the next MHC-CPAW Capital Facilities Workgroup meeting on 10/19/09 at 6:15 pm at Mental Health Consumer Concerns facility.

10. SPECIAL REPORTS

1. Advocacy Issues-Sherry Bradley: On behalf of Julie Freestone she wanted to suggest some direction if the MHC is interested in advocacy. She left copies of Contra Costa County legislative platform that include information on 2 advocacy areas the MHC has previously discussed: Transportation and Housing. Dorothy Sansoe discussed having MHC create a legislative platform not on specific bills, but rather specific ideas. The MHC could advocate for any bill that came up focusing on ideas included on the legislative platform without going through a great deal of red tape. This idea will be discussed at a future MHC meeting. Vice Chair Pasquini mentioned having a planning retreat to create an Action Plan.

11. FUTURE AGENDA ITEMS

There was no discussion on future agenda items.

12. PUBLIC COMMENT

There was no public comment.

13. ADJOURN MEETING

➤ **ACTION: A motion was made to adjourn the meeting at 6:50 pm. (M-Reed/S-Pererya/P-unanimously 7-0)**

The next regularly scheduled meeting of the Mental Health Commission will take place Thursday, November 12 at the Concord Police Department Community Room, 4:30 – 6:30 pm.