

Contra Costa Mental Health Commission  
Planning Meeting  
1/8/10

**Minutes – Approved 3/11/10**

**1. CALL TO ORDER/INTRODUCTIONS**

The meeting was called to order at 4:10 pm by Chair Mantas.

Commissioners Present:

Art Honegger, District V  
Dave Kahler, District IV  
Peter Mantas, District III, Chair  
Carole McKindley-Alvarez, District I  
Scott Nelson, District III  
Colette O’Keeffe, MD, District  
Floyd Overby, MD, District II  
Annis Pereyra, District II  
Anne Reed, District II  
Teresa Pasquini, District I  
Sam Yoshioka, District IV

Attendees:

Brenda Crawford, MHCC  
Suzanne Davis  
Mariana Moore, Human Services Alliance  
Connie Steers  
Janet Marshall Wilson, JD

Commissioners Absent:

Bielle Moore, District III-Excused  
Supv. Piepho, District III-Excused

Staff:

Donna Wigand  
Julie Freestone, HAS  
Dorothy Sansoe, CAO

**2. REVIEW AGENDA/Establish Ground Rules for the Planning Process**

Chair Mantas reviewed the agenda. He asked the Commissioners to introduce themselves including their experiences with the mental health system and why each he/she has volunteered to serve. Next public comment will be taken then Dorothy Sansoe will review the Legislative Platform.

Brainstorming will take place after that and Mental Health Director Donna Wigand will provide an update us on current issues as well as those coming up. The 2009 Action Plan will be reviewed since it was set 7 months ago and will be incorporated in the 2010 goals; Julie Freestone will facilitate that portion of the meeting. All the notes will be prioritized by Focus Area and Workgroups assigned. The Workgroups will meet and discuss the brainstorming ideas in order to bring back recommendations to the MHC on what the MHC should address for 2010. If time allows, the retreat will be evaluated.

Chair Mantas reminded everyone to address their comments to the Chair rather than individual Commissioners.

Chair Mantas asked how many hours per month does a commissioner agree to work? Commissioner Reed said 10 hours per month and Commissioner Kahler said 3 hours for him. Chair Mantas said his responsibility as Chair is to make sure the W&I Code, Brown Act and Better Government Ordinance are followed. Part of his responsibility includes making sure Commissioners are delivering on their commitments and if there are some who are not, discussions will be held including, potentially, with the BOS. There is a great deal to do and 3 or 4 active Commissioners cannot get all the work accomplished. A serious attempt needs to be made to put in the 10 hours or more per month. We need

to be mindful we volunteered to support the consumers and the families. Being active means attending the monthly meeting as well as participating in at least one Workgroup/Committee.

Commissioner Pereyra said if only a few people give input, everything is slanted to the experiences of the few people participating.

Chair Mantas: reminded the Commissioners to read the materials sent out ahead of time. During meetings, questions are asked that would not need to be asked if materials had been read ahead of time. Commissioners need to put in the right amount of time to get a good product out. Consumers are counting on us.

Commissioner Reed said a job description and expectations are provided before becoming a commissioner so we should understand the general expectations.

Vice Chair Pasquini said Commissioners who were directly appointed by a Supervisor's office rather than going through the MHC interview process may have a different perspective as the Supervisors have differing ideas of what a MHC Commissioner does.

Chair Mantas said by the end of January, the new Commissioners should be trained and up to speed on responsibilities, especially from the W&I Code perspective. For now we are forming Workgroups, but that may change once the Bylaws Workgroup meets and reviews County Counsel's comments on the proposed revisions. The Workgroup will come back to the MHC with a recommendation to stay with Workgroups or revert back to Standing Committees.

Vice Chair Pasquini asked how the decision was made to have the Workgroups continue as is.

Chair Mantas said the Workplan was voted on and approved last year to include Workgroups until a change is made through the MHC.

Vice Chair Pasquini would like to have a discussion on whether the Workgroups continue, if it's been working and the pros/cons of working based on Workgroups rather than Standing Committees.

Chair Mantas said it will come up at a future MHC meeting, but it's not on today's agenda. The MHC voted on the Workplan and he is following that earlier decision.

Vice Chair Pasquini said she is not sure the Workgroups were set in stone. This is a retreat to discuss this year's goals and she wonders why changes for this year cannot be discussed.

Chair Mantas said the process to determine if Workgroups are allowed will be determined over the next few months, but for now we'll proceed with them. After discussion if Workgroups are not the way the MHC wants to go, it can be changed.

Commissioner Reed asked who is on the Bylaws Workgroup.

Commissioner Pereyra said Vice Chair Pasquini and Commissioners Kahler, Honegger, Pereyra

Chair Mantas said the Bylaws Workgroup will be reviewing County Counsel's recommendations to then bring them back to the full Commission. The structure going forward will be finalized at that point.

### 3. **INTRODUCTIONS AND GETTING ACQUAINTED**

Commissioner Reed: She is a sister of a consumer and would like to give a voice to those who do not have family members to advocate for them.

Commissioner Honegger: His daughter has mental health issues, but continues to need a great deal of support.

Commissioner McKindley-Alvarez: Although she does not have a family member in the mental health system, she has worked in the field for over 20 years both in direct service and as an administrator. She would like to see services delivered in more culturally supportive ways (i.e. Making sure diagnoses are made keeping cultural and societal sensitivities in mind).

Commissioner Nelson: He has experienced mental illness himself and it cost him a great deal. Gloria Hill was very helpful to him on his journey and she suggested the MHC as a way to give back. He would like to see continuity of care improved.

Julie Freestone: She is Health Services Dr. Walker's Assistant. She got involved with the MHC approx. 6 months ago. She has a passion to see things work correctly and looks forward to being of assistance to the Commission and being a liaison to Dr. Walker.

Commissioner Mantas: His son has been involved with the mental health and juvenile hall systems. He saw the gaps in services within the system and he became involved with local support groups. He met Teresa Pasquini and ultimately was introduced to the MHC. His interest, especially for this year, is continuity of and quality of care.

Nancy Schott: Executive Assistant to the Mental Health Commission.

Commissioner Pasquini: Her experience with the mental health system began with her brother and continued with her son. Her son Danny was diagnosed at 16, even with resources (family, private insurance, conservatorship) he has fallen through cracks. Would like to help those who don't have the support her affected family members have had.

Donna Wigand: Mental Health Director for CCC, in public mental health since 1976; 4<sup>th</sup> county mental health system she has worked for. No direct family member connection to mental health issues, but close friends with serious conditions. She was a direct practitioner and realized the system didn't work very well; she wanted to be a part of the solution. The last 8 years our mental health system as well as others in CA has taken a beating.

Commissioner Yoshioka: He has worked in both the medical and mental health fields. He finished his career in Contra Costa County due to his experience in IT. His sister has mental health issues.

Commissioner Overby: He was a practicing physician until 3 years ago when retired. His son has mental health issues and accessed the mental health system 10 years ago. Because he had private insurance no longer accesses the county; having private insurance makes it difficult to coordinate with county services.

Commissioner Kahler: His family had no experience with mental health issues until his son ended up in the jail system and was diagnosed with mental illness. Accessed NAMI; teaches families how to advocate for their family members. He continues to be very involved.

Commissioner O'Keeffe: She is a consumer, was a physician with Kaiser for many years and struggled with mental health issues from an early age. Her depression won in the end and ended up in the county system. She worked with NAMI and MHCC to get back on her feet, worked as a patient rights advocate. Here to advocate for the 85% of consumers who don't have case managers. Physical medicine services easy to access and user friendly.

Commissioner Pereyra: She is a consumer, undiagnosed until mid-20's. Her son has severe mental health issues and is having trouble accessing resources. She has looked other communities' system of care and has been impressed at how they dispense mental health services; she wants to try to work for better delivery of services

Suzanne Davis: She works in Conservatorship, currently working with girls in juvenile hall. (additional comments unclear on tape)

Brenda Crawford: She joined MHCC as a "place to end her career" and became completely involved and committed to the work.

Dorothy Sansoe: She has worked in government and budgeting for the past 32 years. She is COA liaison to the MHC.

Connie Steers: MHCC Patients Rights Advocate (additional comments unclear on tape)

Janet Marshall Wilson: Director of Patients Rights at MHCC. She is a consumer and her immediate family has experienced serious mental health issues. She wants to work with mental health consumers who are family members and who have family members.

#### 4. PUBLIC COMMENT

Janet Wilson: It would be useful for the MHC to understand the financial resources spent out of county/out of state on the following types of placements for County mental health clients: 1) children in residential placement and community treatment facilities, 2) adults in short-term acute care, 3) adults in long-term locked care under Lanterman-Petris-Short conservatorship and 4) adults in board and care residential settings. She has brought these issues up several times and requested they be part of future meetings, but as far as she knows, they have not been addressed. It's a continuity of care issue.

Connie Steers: She requests the Commission make site visits to some extremely problematic residential homes within the County, especially unlicensed board and care homes, where the residents are vehement that Patients' Rights not get involved due to fear of retaliation. County mental health clients reside in these facilities and this falls under the power and duty of the Commission to review and evaluate the community's mental health needs, services, facilities and special problems, W&I Code Section 5604.2(a)(1).

Brenda Crawford: She echoes their comments and requests the Commission look into these issues. There are consumers living in fear and their quality of life is compromised.

#### 5. DISCUSS 2010 LEGISLATIVE PLATFORM -- Facilitated by Dorothy Sansoe

Dorothy Sansoe announced the 2010 BOS representatives to the MHC: Supervisor Gayle Uilkema and alternate Supervisor Susan Bonilla.

The Legislative Platform sets out to the BOS the key issues the MHC wants to advocate for in the upcoming year. Once approved by the BOS, advocacy, including correspondence directly with the State legislature, can take place. However, if an issue comes up during the year that is not included in the Legislative Platform, the MHC can take it to the BOS and request approval to advocate; it just takes longer to go through the BOS approval process.

Vice Chair Pasquini said for the Rose King (author of Prop. 63) whistleblower complaint letters have been written to a legislative committee and there is notice it will be talked about soon. Dorothy Sansoe said any like that should fall under Mental Health Care sections of the Platform.

Chair Mantas: people are looking for a special meeting regarding the entire process for MHSA funding and the writing of letters would fall under this platform. Vice Chair Pasquini read information from a handout and Dorothy confirmed the MHC could send a letter under the proposed legislative platform.

- **ACTION: Motion made to approve the legislative platform to include language to add Local Budget to the State Budget item on page 1. (M-Pasquini/S-Nelson/P-unanimously, 11-0)**

Discussion:

Commissioner Reed: should the Legislative Platform wait until the focus groups are determined?

Dorothy Sansoe said until the Platform is passed, the MHC misses any opportunity to advocate on the state budget that was released today. The Platform is so broad almost focus group priorities will fall under a category.

It was tabled until the end of meeting so to allow for discussion on the focus issues.

Commissioner Reed suggested revising the language on page 1 to include local budgets as well as state budgets.

The MHC approved as amended Legislative Platform will be on the BOS agenda on 1/19/10 so MHC sponsored advocacy must wait until after that date.

## 6. BRAINSTORMING KEY ISSUES

### 1. Review the Commission Focus Areas for 2009 - Julie Freestone

We are brainstorming on preliminary focus areas and priorities to assist the Workgroups in prioritizing their work. Keep in mind legislative advocacy (as noted on the Legislative Platform) is not listed on any of the focus group sheets. Chair Mantas merged the original Focus Area Plan from October 2009 with meeting results from April and June 2009 into the Revised Focus Area Action 2009 Plan dated 12/28/09.

Julie reviewed the brainstorming based on Action Plan

- Focus #1 Capital Facilities
- Focus #2 Quality of Care and Quality of Life Assurance Workgroup:
- Focus #3 Budget & Finance
- Focus #4 Diversity and Recruitment Workgroup
- Focus #5 MHC Brochure/Survey
- Focus #6 Governance

Other Issues:

- MHA info not provided/not trusted
- Message: system in crisis, change needed

### 2. Mental Health Director's briefing on upcoming critical issues – Donna Wigand

Perspective on the coming year vs. previous year:

-2001 Public health system in Contra Costa County began being reduced, 8 reductions in 8 years (no reductions in 2008, but 2 in 2009)

-Most of reductions in county general system. Funding comes from several different sources: Medical, Realignment (sales tax and license fees) and small amount of county general fund. In order to pull down \$30 million in realignment, the County has to put up \$3 million. Historically the County has given more than \$3 million. Budget reductions over the last 8 years have totaled approx. \$25 million. For the first 3 budget reductions, the Division was able to manage without touching the programs. After the 4<sup>th</sup> or 5<sup>th</sup> reductions, going to the providers and pulling out County money. After the 6<sup>th</sup> reduction

had to go to County funded programs: Summit Center for Boys closed 3 years ago, next year was Children's clinic in Concord and 24<sup>th</sup> St Adult clinic in Richmond. In 2009, closed Chris Adams program for girls. Over the last 4 years have lost 4 county run programs. Almost no county money left in adult contract providers and a small amount left in children's providers.

-2010: Governor's budget released today; 2010 looks bad and 2011 worse. MH has \$12 million in county money left in budget, but County only has to give \$3 million. Of the \$12 million 8 million funds 2 mental health programs at CCRMC (CSU/Psych Inpatient) as a budget transfer. The non CCRMC budget is \$4 million from County General Fund. What will the mental health system budget hit be for 2010? She expects to receive it next week. Expects it to be at least 1 million. Realignment funds were reduced 10% last year and may be another 2% in 2010. Only good revenue news is medical revenue generation is going up due to increased productivity of line staff. Increased billing saves services.

Commissioner Pereyra: Is the revenue increase due to billing improvements? Donna Wigand answered insuring that services being provided are being document and billed.

Commissioner Reed: Regarding the \$8 million transfer to CCRMC, is CCRMC in charge of making that the lowest number possible. Donna said 8 mill is the cost to run the programs. Revenue does not affect it.

Donna Wigand: One of governor;s proposals is to take MHSA money (projected to decline since distributed based on Prop 63 taxes collected for previous 2 years in arrears; 2 years late) The last 2 years MHSA funds increasing because 2 years later, but 2010-2011 the MHSA funds will be reduced then steadily decline for 3 years behind, after 3<sup>rd</sup> year will go back up. The Governor's proposal is to take \$452 million of General Fund funds (used for EDSDT and managed care allocation) and backfill with MHSA funds. It would take voter approval on a June 2010 ballot initiative. The wording may be misleading so voters think it is just a transfer of funds to another mental health function; She is concerned it may pass. The Contra Costa County share would be \$9 million. Not sure which pot of County money it will be taken from. If it passed, the counties would request the money first be taken from unspent MHSA Administration funds at the state level and/or programs that aren't in place yet. It is a good thing we have \$14 million in prudent reserve.

Commissioner Honegger: How will the prudent reserve affect the downward trend in funds? Was the percentage of prudent reserves mandated?

Donna Wigand: If a ballot initiative doesn't pass, the County can get through 2010/2011 and 2011/2012 with everything intact. 2012/2013 reserves will be gone. Funding should go up in 2014. The DMH put in writing the suggested percentage counties should put away.

Chair Mantas: The amount of prudent reserve wasn't mandated, but suggested. The smart counties put the money away.

Vice Chair Pasquini: Clarifying the accountability question for the \$8 million from CCRMC and Donna's response was Health Services Finance and Hospital Administration have complete oversight to ensure programs are being run and funds spent efficiently.

Commissioner Yoshioka: Would like to get away from budget reductions, he is concerned about topics quality of care and continuum of care issues. Need the structure to provide the continuum of care: system of case management. How will this be affected by the budget reduction?

Donna Wigand: She is very concerned by the level of case management currently provided. Of the 12,000 adult mental health patients seen annually, 7,000 are seen regularly in adult clinics. Of the 7,000 seen regularly, 6,000 get nothing but medication and nursing. There are 30 case managers for the entire system; completely insufficient. She will not let any budget reductions touch the case manager positions.

Commissioner Reed: Of the potential \$3 million county dollars left after the hit, how much is available for cap facilities.

Donna Wigand: Those \$4 million spread around the county mental health outpatient system to cover the adult uninsured population. Last year the adult clinics had to make a painful decision to not treat 5000 uninsured (therefore uncompensated) patients. Most were absorbed by other health care clinic providers in the community. She hopes another policy decision such as that one doesn't have to be made if she is asked to cut \$2 million from the mental health budget.

### **3. Commissioners to state top priorities; up to 5 – Julie Freestone**

We are trying to massage 2009 plan to form 2010 plan.

Commissioner Pereyra:

1. Refocus on reopening psych emergency, wants to work with NAMI and CPAW on this issue. Wants MHC to draft a letter regarding opening the psych doors.
2. Assessment tool to review services provided in the community- not sure if previously existed or need to develop new one.
3. Work on long term anti-stigma campaign; work on that before issuing additional MHSA housing money
4. -More consumer voice into MHC

Commissioner O'Keeffe:

1. Co-location of physical and mental health services, specifically the West County
2. Accessibility of services, especially new services, for consumers without cars

Commissioner Kahler:

1. Systemic change affects every idea. MHC's function is to be eyes and ears of Supervisor and be a conduit back to them; first priority is to communicate with decision makers, the 5 supervisors, the rest of the list is lower.

Commissioner Overby:

1. Get State to release Prop 63 released to the General Fund

2. Get Supervisors and Dr. Walker to maintain budget at same level or increase
3. Increase staffing at clinics
4. Maintain support of The Clubhouse

Commissioner Yoshioka:

He mentioned George Miller's influence in bringing federal stimulus funds for the West County clinic; where are the rest of the funds coming from? Julie said the funds were applied for and approved because the West County clinic is a federally approved clinic. She's not sure where the balance of the funds are coming from,

1. Can Congressman Garamendi assist in getting funds for mental health?
2. Pavilion project: How many of these programs ideas are really realistic?
3. The MHC doesn't find closure on items for the Pavilion. Action item from Sept.

Meeting, held up MHC from; bring up projects but don't get to discuss and vote on.

Vice Chair Pasquini: systemic, not sure where to start, lists have been here, vision of hope,

1. Apply Lean Management theories to Mental Health operations
2. Housing
3. Medical care with mental health services

Commissioner Reed:

1. Diversity and recruitment-that the MHC strive to reflect, represent and respect the cultural and socio-economic diversity of Contra Costa County.
2. In addition to the Clubhouse, the County continues to support all consumer driven recovery based services and work toward alternative services that would decrease the number of involuntary commitments.
3. The MHC have a strong, active united voice in the development of any new facility.
4. MHC actively works to become a transformational leadership body that builds bridges with the community and whose voice, decisions and actions are respected; that we encourage divergent opinions, thoughtful discussions, non-judgmental brainstorming and free flow of information that create a learning environment.

Commissioner Honegger:

1. More helpful for MHC to be involved earlier in significant decisions.
2. Transportation issues within County; for new or old services.

Commissioner McKindley-Alvarez:

1. Transformative body (agreeing with Commissioner Reed's statement)
2. Be culturally informed and culturally relevant
3. Is there a role the MHC can play in assisting MHA more collaboratively
4. More involved at legislative level on issues that impact our County

Commissioner Nelson:

1. Continuum of care
2. Address gaps in system
3. Systemic issue
4. Reopen the psych emergency



Chair Mantas:

1. Gaps in services
2. Review and comment on county performance outcome data report. W&I mandate
3. Site visits
4. Quality of care
5. Develop qualitative and quantitative metrics on all services, review provider service contracts – take corrective action if necessary.

Brenda Crawford: Support recovery based services in this county as way to transport the system and programs be funded at a level allowing transformative work to be accomplished. Consumer voice is increased in planning process.

Marianna Moore: Assist County leaders with reframing discussion about the definition of public safety. Cuts to mental health services are a threat to public safety.

Donna Wigand: lists seem like a huge charge; any one would take a long time. Possibly break down to short term vs. long term goals.

Dorothy Sansoe: keep in mind won't be able to get everything done; baby steps along the way. concerned the MHC may feel didn't accomplish their goals..

Julie Freestone asked Commissioners to pick 5 items from all the lists now that everyone has posted their individual priorities.

Julie Freestone: Making plans in a vacuum since departments haven't received their target budget cuts yet. 2010 is going to be a challenging year. Most of the workgroups aren't advocacy oriented, but today's topics are. Also there are mandatory W&I requirements.

Commissioner Reed: Are the Commissioners willing to commit their 10 hours? Having Commissioners be realistic in their time commitment will assist in planning.

Chair Mantas: The Quality of Care and Quality of Life Assurance list may be too big; separate out into 2 workgroups. The brochure/survey workgroup also may not happen.

Julie Freestone asked about the survey. Chair Mantas explained in 2008 the MHC decided to launch a survey to County Mental Health staff, but it wasn't executed and is now obsolete due to changes in the address and contact names. The survey was originally suggested by Vice Chair Pasquini and she mentioned she was comfortable letting the brochure go since the recent survey sent to County Mental Health staff captured good information.

Julie Freestone: will Chair Mantas come back to the Commission with reshuffling of the Action Plan after hearing ideas today? He said yes.

## 7. **2010 FOCUS ISSUES - Refine the key issues on which the Commission will focus**

Commissioner Reed: 1) Diversity and Recruitment Workgroup/Transformational body goal and 2) significant, strong voice contributing to new facility, if one is still available.

Commissioner O’Keeffe: 1) Support for consumer run projects-quality of life wellness centers and 2) physical medicine co-located with mental health services.

Commissioner Pereyra: 1) Review facilities providing care-are services the County provides getting biggest bang for our buck-using money wisely-assessment tool and 2) Monitor MHSA funds through CPAW/recruit more voices and 3) supported Housing.

Chair Mantas: Monthly hourly commitment is not just meetings. It can be preparing for meetings, site visits, research, educating self, etc.

Commissioner Kahler: 1) Working through systemic change through BOS (decision makers).

Commissioner Honegger: 1) Diversity and recruitment workgroup and 2) Continuity of care.

Commissioner Overby: 1) Quality of care-assessment and review of services and 2) input into the development of new facility.

Commissioner Yoshioka: 1) role to help/collaborate with MHA-working input from Commission members. The Commissioners can offer family member and consumer perspective.

Vice Chair Pasquini: 1) Communicate with decision makers (BOS and others as well) and 2) apply Lean Management to MH operations (not in a workgroup).

Commissioner Nelson: 1) Line of communication with the decision makers (BOS) and 2) continuity of care.

Commissioner McKindley-Alvarez: 1) Communication with decision makers, 2) quality of care workgroup, 3) workgroup of budget and finance and 4) increase in consumer voice.

Brenda Crawford: 1) Diversity and recruitment/increasing consumer vice and 2)looking at alternative models of mental health based on recovery based models.

Chair Mantas: 1) Diversity & Recruitment workgroup based on W& I code, 2) understanding the budget and how the money is being used and how we are performing 3) quality of care and 4) meeting with each Commissioner’s Supervisors at least quarterly.

A vote was taken on the motion to approve the Legislative Platform; see Agenda item 5.

Chair Mantas led a discussion on whether the Brochure/survey workgroup is needed. Commissioner Reed mentioned the Recruitment and Diversity Workgroup may develop as a recruitment tool. It was decided (by straw poll) to delete the workgroup.

Chair Mantas lead a discussion on splitting up the Quality of Care and Quality of Life Assurance workgroup. It may be too much for 1 workgroup and work will bottleneck. The workgroups should be flexible enough to meet and bring their findings back to the Commission. Commissioner Overby asked how many people on a workgroup. Chair Mantas answered 4 for flexibility and to avoid any quorum issues. Dorothy Sansoe said if want to keep the workgroup the same, it can be a larger

workgroup. Hoping at the February meeting workgroups will have met and come to MHC meeting with recommendations.

McKindley-Alvarez: the 2 workgroups are so closely aligned, can 1 workgroup stay but have 2 groups within it with separate responsibilities. Commissioner Reed said as in subject matter workgroups and Commissioner McKindley-Alvarez agreed.

Informally, the Commissioners agreed to keep Quality of Care and Quality of Life Assurance as one workgroup for now.

Chair Mantas asked each Commissioner to send email to Nancy Schott with 3 Workgroup priorities.

Vice-Chair Pasquini asked what if Commissioners who are already Commission liaisons to other groups are to participate in a workgroup. Chair Mantas would like each Commissioner to commit to one workgroup and hopes they will attend site visits as part of the self-education process. Commissioner Pereyra said site visits are part of the education responsibility for each Commissioner.

Chair Mantas reminded Commissioners as the workgroups go step by step, let's see what the MHC can do.

Donna Wigand announced she just received a press release from CDMHA regarding the governor's budget proposals. Any MHC advocacy would need to wait until the MHC Legislative Platform is approved by the BOS on 1/19/10, but any Commissioner can advocate on his/her own.

Vice Chair Pasquini: asked if anyone interested in going to Sacramento over the Rose King Whistleblower complaint (as members of the public) on 1/20 and 2/3, contact her if interested.

## **8. EVALUATE RETREAT AND ADJOURN**

- **Motion made to adjourn the meeting at 7:30 pm. (M-Pasquini/S- Reed/P- unanimously 11-0)**

*Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 72 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours.*




**MHCC**

**MENTAL HEALTH CONSUMER CONCERNS, INC.**

Empowerment, Confidence, Success

January 8, 2009

TO: Contra Costa County Mental Health Commission  
FROM:  Nanet Marshall Wilson, JD, Director of Patients' Rights/MHCC  
RE: Planning Process Suggestion

I think that it would be of great use to the Commission to understand the financial resources which are being spent out of county/out of state on the following types of placements for County mental health clients:

- Children in residential placement and community treatment facilities
- Adults in short-term acute care
- Adults in long-term locked care under Lanterman-Petris-Short conservatorship
- Adults in board and care residential settings

I have brought these issues up several times in the past, and requested that they be part of future meetings, but to my knowledge nothing comprehensive has been reported back from the Mental Health Division.



**MHCC**

**MENTAL HEALTH CONSUMER CONCERNS, INC.**

Empowerment, Confidence, Success

January 8, 2009

TO: Contra Costa County Mental Health Commission

FROM: *lb* Connie Steers/Patients' Rights Residential Advocate/MHCC

RE: Planning Process Suggestion

I request that the Commission make site visits to some extremely problematic residential homes within the County [especially, unlicensed] where the residents are vehement that Patients' Rights not get involved due to fear of retaliation. County mental health clients reside in these facilities, and this falls under the power and duty of the Commission to review and evaluate the community's mental health needs, services, facilities and special problems. Welfare & Institutions Code Section 5604.2(a)(1)



"Patricia Ryan"  
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cc

bcc

Subject Budget Newsflash

According to the just-released Proposed FY 2010-11 State Budget, the Administration is proposing the following:

**"Community Mental Health Services — A reduction of \$452.3 million in General Fund and substitute with Mental Health Services Act (Proposition 63) funding for a portion of the EPSDT program and a portion of the Mental Health Managed Care program. This requires amending the non-supplantation and maintenance-of-effort provisions of Proposition 63 and requires voter approval. It is anticipated this initiative will be included in the June 2010 election."**

We will send a more detailed analysis as soon as we have time to review the budget.

**Patricia Ryan**

**Executive Director**

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