

Contra Costa County Mental Health Commission
PUBLIC HEARING
January 22, 2009

I. CONVENE PUBLIC HEARING

Mental Health Commission Chair Jacque McLaughlin opened the meeting at 6:33 p.m. and welcomed those in attendance, which included:

Clare Beckner, Mental Health Commissioner / NAMI Member
Sherry Bradley, MHSA Program Manager
Mae Bragen, Contra Costa Clubhouse
Dale Brodsky, NAMI Member
Bob Brooks, Interested Citizen
Karyn Cornell, Supervisor Mary Piepho's Office (District III)
Brenda J. Crawford, Mental Health Consumer Concerns
Brandi Draper, Interested Citizen
Steve Ekstrom, Facilitator
Nancy Harrington, Lincoln Child Center
Antoinette Harris, Families First
Poriot Hill, Mental Health Consumer Concerns
Art Honegger, Mental Health Commissioner / NAMI Member
Vidya Iyengar, Contra Costa Mental Health
Ron Johnson, NAMI Member
Debra Jones, Contra Costa Mental Health
Peter Mantas, Mental Health Commissioner
Jacque McLaughlin, Mental Health Commissioner
Scott Nelson, Consumer / NAMI Member
Colette O'Keeffe, MD, Mental Health Commissioner
Teresa Pasquini, Mental Health Commissioner
Dena Phillips, California State University, East Bay
Karen Shuler, Executive Assistant, Contra Costa Mental Health Commission
Cindy Staton, Mental Health Consumer Concerns
Suzanne Tavano, Deputy Mental Health Director
Connie Tolleson, Mental Health Commissioner
Donna Wigand, Mental Health Director
Janet Marshall Wilson, Mental Health Consumer Concerns
David Yeh, IEC Interpreter for Vietnamese

Jacque introduced MHSA Program Manager Sherry Bradley who in turn introduced the interpreters for sign language, Spanish and Vietnamese. Sherry then gave a brief explanation of the MHSA process. She said the comments received at this hearing will be reviewed by a committee before the draft plan is sent to the Department of Mental Health. She went on to explain that dollar amounts in documents are based on estimates.

Mental Health Director Donna Wigand gave a brief overview of Prop 63, stating that since it was introduced 5 years ago, it has been carved up into 6 pots of funding for dispersal of monies to the counties. These pots are being rolled out sequentially. Each "pot" has to have a separate planning process, including public

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hearings and stakeholder meetings. Donna mentioned that one good thing that has resulted from this lengthy process has been the introduction of new voices into the process.

The first to roll out was Community Services and Supports. Money received from CS&S funded 1) children's programs in the far East County; 2) transitional age youth programs in West County; 3) adult programs in West County; and 4) older adult programs throughout the county.

Another designated pot is Prevention and Early Intervention, which cannot be used for mental health treatment.

In the Workforce Education and Training process, we have to look at this for balance in ethnicity, language, and it being a recovery-focused model.

Donna explained that in order to access the Capital Facilities & Technological Component Proposal dollars, we have to generalize in a Letter of Intent. The Capital Facilities money must be used for buying or building structures (buildings).

She said they have been looking at having a multi-service facility. An appropriate use of these monies could be:

- A 16-bed residential program
- A 24/7 urgent care outpatient clinic

Art Honegger asked if the monies could be used for transitional age youth housing. Donna replied that it could be looked at.

Donna introduced facilitator Steve Ekstrom.

II. RECEIVE PUBLIC COMMENT

Steve explained that this is an input only meetings – that comments would not be responded to at this meeting, but would be forwarded on to the planning group.

The Public Comment period began.

1. Draft Prevention and Early Intervention Plan

- Teresa Pasquini presented an e-mail request to give Public Comment from Lisa who was unable to attend. She read it for the record: “My name is Lisa Assoni. I am a adult education teacher with the Mt. Diablo School District. For 20 years of my career I taught mentally ill teens and adults life skills. The year was 1974 and was one of the first teaching positions. I want to tell you about the program. It was called Phoenix Programs and located on Willow Pass Rd. Each day about 70 students would come to this Day Treatment Center. On staff, at all times, had a physician, nurse and 3 counselors. I was one part of the counseling team. This facility was

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established to help the chronically mentally ill mainstream into a chaotic society. Each client was monitored daily for medication, health and other needs. Each day began with a group check in. After our gathering, I would teach different classes such as memory enhancement, current events, and health/safety issues. My favorite class began as a more than necessary task. My students were hungry! They would come to the morning program filled only by a small bowl of cereal and rationed milk. There lunch was 2 slices of bread and one slice of a cheap meat or tomato, and kool aid. Since all the students had \$25.00 spending money for the whole month, it left little after purchasing meds, for food. There dinner again was loaded with cheap meats and potatoes. Filler foods were filling them up and OUT. I began teaching a cooking class which developed into a whopping 63 people being feed in under 1 1/2 hours. Students designed healthy menu's, shopped for ingredients and helped prepare the meal. We celebrated holiday's as well with fancy feasts that everyone loved. The program was diminished about 1995 and moved to a different location. I occasionally see a few of my students. Many have died and the rest roam the streets-disheveled, living in parks and under freeways. They have no resources left and are now **more than hungry**. Please, please help people who have a brain disease. They are victims and need to be taken care of. When I see a dog loose on the street, someone immediately pulls over or calls animal control who take the dog in. Some places have rooms for dogs with a tv in every room. This is not a pretty picture when animals have priority over human's. I am asking the board to take this matter very seriously, as many lives are depending on our assistance. "People to People Who Care". May you be considered ONE OF THOSE PEOPLE. Thank you in advance, Lisa Assoni Walnut Creek, Ca."

- Brenda said the voices of consumers were limited in this process. She went on to say we need to ensure the voices of consumers are always heard. Some people at the table are not consumer-driven. She stated that anyone who applies for MHSA funds must be trained in cultural competency about consumers.
- Connie stated she is concerned about children who witness domestic violence – that they can become traumatized and develop mental illness because of this and need intervention for themselves and their families.
- Dale asked about the availability of funds for the Behavioral Health Court and mentioned that although the Behavioral Health Court serves an adult population, a number of their clients are 18 years old and our goal is to keep them out of the criminal justice system.

2. Draft Workforce Education and Training Plan

- Dale mentioned she had been part of the MHSA steering committee process. Is any money allocated for support of the Behavioral Health

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Court? We employ consumers to provide assistance to the clients of the BHC.

- Colette stated the Workforce Training has been for paraprofessional jobs. She said we need to train for jobs in the real world.

3. Draft Capital Facilities and Technological Component Proposal

- Connie said that with the prices of housing going up, consumers have no place to live. She suggested using MHSA monies to buy inexpensive houses in troubled neighborhoods to help the homeless mentally ill live normally. She also suggested that we provide wrap-around services.
- Dale asked about availability of money for support of the Behavioral Health Court. She stated they desperately need more beds for their clients. In the absence of such facilities, she said their clients must remain in jail. She asked if the 24-hour clinics would be able to serve clients in need of prescriptions.
- Anne Heavey, who was unable to stay for the meeting but submitted a Public Comment card, ask if it would be possible to use MHSA funds for two modules (trailers) to be placed on the grounds of the Contra Costa Regional Medical Center for use by mental health consumers. One unit would be used for mental health education, such as a cognitive thinking course. The second unit would be for therapists to be available for post-hospital care for PEI purposes, and also for use as a drop-in for consumers seeking advice.
- Clare stated she is deeply concerned that the County has yet to receive their allotment of Prop 63 funds – it is very slow in coming. She also expressed concern about the proposed mental health facility costing a lot of money to build. She said the County will then no longer have acute beds for consumers who need longer than a 72-hour hold to stabilize.
- Art mentioned his family background – being a 5th generation resident of the County and from a family who have been active in service for the County. He stated he opposes the proposed Psychiatric Healthcare Facility (PHF) in the strongest possible terms. He stated there is still a desperate need for housing and we have an opportunity to get housing. On a scale of 1 to 10, he placed housing as an 11 and said the PHF was not even on the scale.
- Brenda said some of the money should be used to increase the skills of consumers at community based organizations (CBO's) to ensure that they can be employed in this technological age.
- Teresa stated she has been participating on Donna's PHF workgroup. She said she share's Art's passion and concern about housing. She said there is no crisis unit in East County. She said she does not support the PHF as she feels it would be a lower level of care. We are facing budget problems, but we should explore other methods. She added that we are supposed to be a housing program.
- Scott agreed about the housing issue.

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- Peter mentioned that one of the challenges he's seen has been the broken continuity of treatment. Records aren't routinely passed along. The best patient treatment needs to be addressed along with HIPPA concerns. The transport of patient information from one agency to another needs to be addressed as patients themselves are transferred from one facility to another.
- Ron asked if there has been outreach to professional IT companies? Donna directed him to page 4 of the Capital Facilities & Technological Component Proposal. Donna mentioned that it was very important to find the right company because we need to make sure we can get the claims submitted so we can get paid.
- Connie said we should run a dual system and have the vendors train the County workers.

General Comment:

Cindy, a graduate of the SPIRIT Training and an employee of MHCC, said a professional needs to facilitate their stakeholder meetings. She disappointed in the outcome and feels they were led.

III. ADJOURN PUBLIC HEARING.

The meeting was adjourned at 7:30 p.m.

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