

Contra Costa Mental Health Commission
Monthly Meeting
November, 9, 2010
Minutes – approved 1.27.11

1. **CALL TO ORDER / INTRODUCTIONS**

The meeting was called to order at 4:08 by Acting Chair Pasquini. Introductions were made around the room.

Commissioners Present:

Peter Bagarozzo, District V
Evelyn Centeno District II
Peggy Kennedy, District III
Dave Kahler, District IV (arrived 4:23)
Commissioner McKindley-Alvarez, District I
Colette O’Keeffe, MD, District IV
Floyd Overby, MD, District II
Teresa Pasquini, District I, Vice Chair
Annis Pereyra, District II

Commissioners Excused:

Sam Yoshioka, District IV

Commissioners Absent:

William Wong, District V
Supv. Gayle Uilkema, District II

Attendees:

Ralph Hoffmann, NAMI, MHCC, MindFreedom
Brenda Crawford, MHCC
Janet Marshall Wilson, MHCC
Peggy Harris, MHCC
Stan Baraghin
Harold Parsley
Sue VanLandingham, MHCC
Connie Steers, MHCC
Helen Geddes, Crestwood
Tom Scott, MHCC
Quentisha Davis
Cindy Mataraso, Crestwood
Mary Long, MHCC
Cyndie Staton, MHCC
Joseph Partansky
Steven Marks, MHCC
Kevin Burns
Suzanne Davis-Lucey, Conservatorship
Maria Okamura, CCHP
John Gagnani, Local One/MH Coalition
Geet Gobind

Staff:

Linda Cipolla, Staff to MHC
Susan Medlin, MHA
Suzanne Tavano, MHA
Vic Montoya, MHA
Dorothy Sansoe, CAO
Donna Wigand, MHA
Imo Momoh, MHA

Acting Chair Pasquini started the meeting by reading their Mission Statement:

The Contra Costa County Mental Health Commission has a dual mission:

1. To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and

2. To be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

2. PUBLIC COMMENT

The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.

Quentisha Davis:

She said she came to the Commission meeting in August concerning consumer workplace abuse. She had a problem with the item being on the agenda without Consumer inclusion. If it is an item on future agendas she wants the Consumer's voice to be heard for public discussion. She doesn't want lectures and foolishness without a chance to respond beyond the three minutes of public comment. She asked for a task force for work place bullying specifically to investigate Brenda Crawford, but also said "the issue is across the board." Harassment at work decreases production and deteriorates the ability to function.

There is a document from Tom Scott that acknowledges' Brenda's temper and abusive behavior (as noted in document from Loretta). Loretta has made her aware of an issue of financial misconduct that should be noted in MHCC Board minutes. Quentisha asked that the task force obtain the minutes specifically from Michele Lange and not the Board.

Janet Marshall Wilson:

She introduced herself as Director of Patients Rights for Mental Heal Consumer Concerns (MHCC) for Contra Costa County and Napa County and spoke in that role. She had a specific patient's rights related item: Referrals this county provides to outside hospital for acute hospitalization.

She received several complaints. While away at training she was told that there are major issues with Fremont Hospital and with CC clients being transferred there.

One was referred by Al Farmer of NAMI and was about clients referred from Contra Costa County to Fremont hospital who "faced assaultiveness, refusal giving regular medication, being put into rooms with very aggressive people."

In the Central Valley, Fresno County started to refuse to do med count referrals to another county because of discharge planning issues which resulted in a Client overtaking a greyhound bus.

She said she is collecting complaints about the Fresno facility which recently changed hands.

Plans to develop more training for patient's rights.

Suzanne clarified that Contra Costa County does not contract with Fremont Hospital

Commissioner O'Keeffe suggested it be on December meeting agenda

Dorothy Sansoe provided copies of her statement which was a response from the former MHC Chair regarding online posting of agenda packet. She read document dated 11.9.10 supporting her decision that the agenda not the full packet be posted going forward. (*Untitled Document dated 11.9.10*)

Sansoe confirmed with Commissioner Kennedy that the agenda will continue to be posted and packets made available to those who ask.

Commissioner McKindley-Alvarez asked whether it is noted on the website that the public can request a mailed copy of the packet and Sansoe said she will check and ensure that is the case.

Dave Kahler entered room 4:23

Joseph Partansky:

He shared resources he'd found regarding disability rights: www.ada.gov which includes a portal to all major federal agencies including mental health, and a booklet called "ADA know your rights" regarding returning Service Members with disabilities is available on the site (located on left hand side); www.disability.gov which gives access to regulations and laws.

He provided a book to be kept at the MHA office which was passed around the room, called, "A Wheelchair Rider's Guide: San Francisco Bay and the Nearby Coast." (by Bonnie Lewkowicz)

3. ANNOUNCEMENTS

IOC meeting discussing MHC Issues is scheduled for November 22, 9:30, CA in Room 101 Acting Chair encouraged everyone to attend. The Commission has one recommendation on the agenda for CPAW. There will be an update on By-Laws, and update on whether the commission structure meets the WI, and report from County Administrator on what's occurred the last couple of months with Local 1 and any changes made with the Mental Health Division.

Planning Meeting will be held December 6th, 4-8pm, location to be determined, a public, agendized meeting.

Linda Cipolla requested the owner of a women's black petite jacket that was left at the 10.25.10 meeting contact her.

4. CONSIDER APPROVAL OF MINUTES

October 14th, 2010 MHC Meeting

- **ACTION: Motion made to approve the October 14, 2010 Monthly Meeting minutes: (M- McKindley-Alvarez /S- Kennedy/Passed, 8-0-0 unanimous, Y- Bagarozzo, Kahler, Kennedy, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra)**

Noted that Commissioners Centeno, Wong and Yoshioka were not present.

5. CHAIRPERSON'S COMMENTS – Teresa Pasquini

A. Opening comments as Acting Chair.

Acting Chair Pasquini said she has been privileged to be part of commission for the last four years as a Family Representative. She considers herself to be a strong Consumer and system advocate. Assuming as acting chair due to Peter Mantas' resignation, She is presiding for this and the December Monthly Meeting as well as the 2011 planning Meeting.

She is committed to fairness, objectivity, sound stewardship and integrity; She doesn't believe the Chair is the voice, but one voice of the Commission.

To assist in the leadership transition, she reached out to Commissioner McKindley-Alvarez and Commissioner Kennedy to collaborate and create agendas. The full commission should determine the commission process through their work group. Committee, leadership structure, and the governance from the WI Code And current By-Laws.

**B. MHC Annual Planning Meeting date and location update.
CONSIDER proposed Agenda included in packet.**

Acting Chair:

The Planning Meeting is December 6th and is a pot luck which will be organized via email. The proposed agenda was a joint effort, she suggested they use workgroups to create a list of priority needs to present to Commission which doesn't replace consensus building at the Commission to create an action plan at planning meeting. She asked for an approval of the proposed agenda on concept. Should have a consensus based agenda by November 24th to meet public posting deadlines.

Discussion:

Dorothy Sansoe asked that the agenda include as first item: public comment on anything not on the agenda.

Commissioner Centeno arrived 4:32 (She apologized saying she had a family emergency.)

Commissioner Pereyra asked that a presentation from Molly Hamaker who'd provided insight on consensus building at a past CPAW Work Group, be on the Planning Meeting Agenda. Sam who wasn't present (had previously) agreed and Molly has confirmed her availability on that date.

Commissioner Kennedy said they talked about each of the commissioners sharing items that pertained to their own goals and Chair Pasquini directed her to Item 2: Consensus building exercise and one personal goal from each Commissioner.

Commissioner McKindley-Alvarez said the Quality of Care Workgroup would like input from the full Commission to outline since there have been so many quality of care issues recently. This can happen at the Planning Meeting or elsewhere, but want to move forward with specific goals in alignment with the Commission.

Acting Chair said brainstorming normally should happen at the workgroup and said the request to brainstorm on Quality issues at the Planning meeting would need to be accepted by the Commission.

- **ACTION: Motion made to accept the proposed 2011 Planning Meeting agenda including revisions previously discussed (M-O'Keeffe /S-Pereyra/Passed, 9-0-0 unanimous Y-Bagarozzo, Centeno, Kahler, Kennedy, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra)**
Noted that Commissioners Wong and Yoshioka were not present.

6. MENTAL HEALTH CONSUMER CONCERNS-Teresa Pasquini

A. Hear comments from Brenda Crawford, Executive Director, MHCC and Tom Scott, President of MHCC Board of Directors

Commissioner O’Keeffe demanded Item 6 be tabled since no time was formally allotted for an official consumer spokesperson and so discussion would be unfairly balanced. She thought the recommendation for a Consumer Voice Work Group to MHCC/MHA would be an abomination since fearful Consumers would be afraid to speak about bullying.

Acting Chair Pasquini asked Dorothy Sansoe to explain the process of tabling an agenda item. Sansoe explained that it is simply up to a consensus of the Commission. She suggested they vote to postpone and if postponed what exactly on the agenda would be brought back.

Discussion:

Commissioner Centeno said that the agenda was made public so interested Consumers should be there. Commissioner O’Keeffe clarified that the three minutes of Public Comment is demeaning and not allowing one of them as spokesperson to formally respond shows a lack of respect.

Commissioner Kennedy explained that there was a goal toward fairness since Consumers had presented and discussed on this item for the last few months (during Public Comment) and MHCC had not spoken. The intent was to allow Tom Scott and Brenda Crawford time to present to the degree that some of the consumers already had. She suggested the decision to “not talk about it” could be counter productive since it had been an active topic for the past few months.

Commissioner O’Keeffe was angry and began talking out of order. The Acting Chair demanded there be no cross talk. To which Commissioner O’Keeffe claimed that she was being silenced. Acting chair responded that the points had been made and they would follow procedure; Discussion could occur after the Item 6 presentation.

Commissioner McKindley-Alvarez questioned procedurally that discussion follow the motion being seconded. Acting Chair recognized the motion was not being seconded so moved forward. Commissioner O’Keeffe continued cross-talk and made reference to Brenda Crawford ordering her employees to come that night to which Acting Chair Pasquini asked her to stop talking and respect the procedures of the meeting.

➤ **Motion made to postpone Item 6 (M-O’Keeffe) There was no second.**

Acting Chair Pasquini apologized to Helen Geddes who had filled out a Public Comment form but had not been invited to speak because the form indicated the topic was Item 6 (per the MHC assistant’s notation).

Helen Geddes read her 11.9.10 document provided in the handouts.

Before beginning Item 6, Acting Chair reminded the group that she had asked for this item to be agendaized at the last three Commission meetings because she wasn’t comfortable with public comment. She rejected that she was silencing anyone, that her intention had been for fairness and objectivity and that in the stress of the MHC leadership transition there was an oversight and apologized.

Acting Chair Pasquini introduced Brenda Crawford and Tom Scott to present in response to Public Comment grievances aired during the last three meetings.

Brenda Crawford, Executive Director, Mental Health Consumer Concerns Inc (MHCC):

Though she regularly attends the MHC meetings, she missed the last two meetings (two months=three meetings) and apologized for that.

Brenda said she was aware of the allegations that had been brought up against her from two former temporary MHCC employees, and one former employee who voluntarily resigned. She claimed the allegations were untrue and personally hurtful.

She believes the grievances are self-serving, the complaints were not made from concern for Consumers and have profoundly negatively affected current and former MHCC Consumers and Consumer staff, Many of whom had regained their dignity and health and are living productive and meaningful lives based on practicing the principles that they've obtained as a direct result of their involvement with MHCC.

The process of handling the allegations has been the one of the most emotionally and professionally challenging situation she's had in her thirty-plus years of unblemished, non-profit, executive management experience. She said she chose to respond with dignity and courage rather than pride and outrage in the belief that difficulties open the door for learning.

What began as a personnel issue, protected by laws governing confidentiality, escalated into allegations ranging from Consumer abuse to charges of criminal activities.

The original personnel issues were addressed by an objective employment practices attorney with over 25 years of field experience. In a fact finding investigation, she (the attorney) interviewed 17 people and found the grievances to be "without merit."

It was determined there were issues with MHCC's current policies and procedures. It was strongly recommended to hire a professional HR firm to create an employee handbook, and a policies and procedures manual as two separate documents.

Prior to the allegations, MHCC had already retained the services of a well known HR firm currently in the process of developing fully vetted, legal personnel policy adherent to local, state and federal standards and law. In partnership with the directors and staff of MHCC the firm is working to create a handbook, "which accommodates today's ever-changing and fast paced work environment."

Both documents are expected to be approved by January 2011.

Allegations were made about financial improprieties and criminal activities according to public record, by Quentisha Davis. Brenda said she can't discuss the allegations because she is currently pursuing litigation. Regarding the incident referred to as embezzlement (per her attorney), it happened two and a half years ago, before Brenda's employment at MHCC. At that time Brenda was a contracted, independent consultant in the role as Interim Director for MHCC.

She explained the IRS ruling regarding a contract consultant: "role is defined by giving a scope of work to that consultant" meaning the person is hired for his or her expertise and is not told how to accomplish the tasks. A consultant cannot be in a role of supervising employees. In that consultant role she was retained to gather experts to provide services for organizational change such as: "branding, curriculum revision and designing methods which would promote the shifting of long standing cultural values, approach, belief and vision that existed within the organization."

She put out bids for non-profit organizational consultants and MHCC contracted with five. They all had contracts with specific time-bound deliverables. Creating the contract scope requirements and negotiating prices was shared between herself and others. She stated the public allegations from Quentisha Davis in which Brenda is accused of authorizing funds for a contractor, identified as Brenda's spouse, is false. As Interim Director she delegated the creation of the contract and choice of consultant to the Director of Wellness and Recovery and had no involvement.

At the time of signing her contract with MHCC, it was the first time in their thirty year history due to the passage of proposition 63, that the agency had resources to reinvent itself and improve services. She was hired in the role as Director three years ago as a contract consultant and continues in the same role, a year and a half into her tenure as an employee.

She spoke conceptually saying that changing organizational culture requires a shift in values, beliefs and behavior. An organization that has a longstanding way of operating cannot be changed. Changing thirty years of organizational culture at MHCC requires asking employees to describe their vision, providing tools to actualize that vision, training staff, working with the Board and securing sufficient resources. She declared that kind of systematic change is happening at MHCC, and it is not about harassment.

As a sign that values and services were improved, she quoted from an unknown person “in ways that are measurable, here at MHCC has been more than a notion.”

She spoke conceptually that organizational change requires patience, and an ability to work in an environment that can appear confusing and chaotic and is not linear.

She declared that the “change at MHCC in the last three years has been nothing short of amazing.”

When she began at MHCC, located at 1420 Willow pass, in a dark, dirty corner room, was not protected and required buzzing to get into and was not warm and welcoming. The Richmond facility was in the back of the Adult Mental Health Clinic, and the Pittsburg facility was in a redevelopment zone with bullet holes in the door from a recent drive by shooting. They are now located in three state of the art Wellness and Recovery Centers which provide most outstanding services in the state and possibly nationally.

Speaking conceptually she referred to time needed to change low expectations and caretaking into fully engaged recovery services; it requires passion, determination, perseverance and trial and error bringing all together to see where pieces fit. She said all those things have happened at MHCC.

Rather than respond to allegations from disgruntled ex employees, she said she preferred to invite everyone to stop by their centers without an appointment and talk to Consumers and staff and make a judgment.

She declared for more than thirty five years that she has been a warrior for social justice, fighting discrimination, and has received both national and local awards for that work. She questions why she would want to leave a legacy of abuse after an unblemished record

As the final job in her career, she stated that, “This is legacy building for me” and asked that people Google Brenda Crawford to see her documented accomplishments.

She said she resents the “high-tech lynching designed to malign her reputation, and personally hurt the oldest system of consumer organization in the state and second in the country,” and claims it was done under the guise of concern about Consumers.

She was angered by the comments and giggling from the people sitting behind her and asked the Chair to have the people “who have brought allegations to give her the respect that she gave them in public hearing.

Acting Chair Pasquini asked the audience to refrain from comments while Brenda spoke.

Brenda said there is an existing process which includes various perspectives and is fair and respectful for all involved.

Geet Gobind asked if MHCC has an HR manager and Acting Chair said the meeting was not open for questions.

Brenda said she’s trained with some of the best organizational design consultants in the country of which William Bridges in Marin is one. In his book called, “Managing Transitions” he describes the transition process, when launching a new beginning, there is a phase called the “neutral zone.” That’s when problems emerge, describing the phase as, “ ‘like Linus when his blanket is in the dryer. There is nothing to hold onto, anxiety and self-doubt are up, motivation and efficiency are down, many people miss work, medical and disability claims are up, old...(words inaudible)...true priority,

miscommunication emerges, people are polarized, teamwork is undermined.’ That is exactly where MHCC is at.”

She compared the organization in this process of emerging from a cocoon after a long time, there are, “Lots of bumps against the cocoon until they can spread their wings and fly.”

The Acting Chair asked Brenda to wrap up her comments.

Brenda continued and said, “It is a job that she prizes and brings daily the utmost integrity because it is a noble cause, and as Executive Director she wouldn’t do anything to disgrace the noble history and legacy of MHCC.

She wanted to talk more about executive management changes and transitions and recognizes that she had gone over her allotted time and wanted to make sure the Chair and Board of MHCC also would have an opportunity to speak.

Commissioner McKindley- Alvarez asked about timing for the meeting and whether discussion would follow the presentations. Acting Chair Pasquini confirmed the allotted time for Item 6 was 25 minutes and that the meeting was running way over time. Tom Scott asked how much time was available and he could abridge his presentation. Acting Chair asked him to present within 3-4 minutes.

Tom introduced himself as Board President of MHCC, and thanked the Commission for inviting him to respond and that he’d shorten his comments. MHCC has patient’s rights contracts in both Contra Costa and Napa Counties. They provide valuable services and are a huge resource for patient’s rights advocacy and also for the Wellness and Recovery Centers. He invited everyone to drop in and visit MHCC.

From listening to the recording from the October 14th MHC meeting he outlined three areas that he was responding to.

1. embezzlement
2. criminal negligence allowing a fire hazard to exist at Richmond Center.
3. employee/employer complaints

1. Regarding issue of Embezzlement: Quentisha Davis claimed proof that MHCC committed embezzlement. Included in former packet was a letter he wrote to Ms. Davis asking her to bring evidence supporting her allegations to an auditor (an established firm that MHCC had used for ten years.)

The auditor told Tom the day prior that there had been no response with evidence.

It disturbs Tom that criminal allegations were made publically and that despite the clear conduit to an auditor, she chose not to follow through.

2. Regarding fire hazards:

A woman spoke at the last meeting and claimed there were inadequate fire exits at the Wellness and Recovery Center in Richmond. In hearing this, Tom said he called the Richmond Fire inspector. The inspector had recently inspected the facility and submitted a report to MHCC which indicated the need for minor improvements. The inspector responded via email and ensured Tom there were adequate fire exits.

3. Regarding a Commission panel (Task Force) for complaints:

Tom’s attorney stated, “personal issues are private.” Therefore he would not respond to those issues which are confidential and inappropriate to discuss publically. MHCC is an Agency that’s been doing a fantastic job for 35 years. He can’t respond to former Employees complaints

regarding personnel issues due to privacy legalities. He said he was pleased to hear per the recording that Dorothy Sansoe had offered other venues for complaints (which they had pursued.) MHCC has received an EEOC questionnaire because someone filed a complaint with the EEOC. That is the correct venue where people who are experts in Employment Law can help and encouraged anyone whose complaint hadn't been addressed by the MHCC grievance procedure to take it to the EEOC. He added that MHCC has in place a good grievance procedure. A woman did submit a grievance in June but the complaint didn't follow procedure. Instructions were sent to her to resubmit but she did not. He described their grievance process as fair; the committee interviews the complainant, the person(s) complained against, and investigate. He gave an example of its fairness in example – five years ago there was a complaint of termination outside of policies and procedures. After investigating, the complainant was reinstated to a position and the termination overturned.

Acting Chair Pasquini stopped Tom at this point due to time and opened the topic for Commission discussion.

B. CONSIDER possible recommendations to MHCC and/or MHA to create a Consumer Voice Workgroup and appoint MHC Commissioners to meet with consumers to hear quality of care issues and oversight concerns.

Discussion:

Commissioner Kennedy thanked both Brenda and Tom for all their work.

Being new on the Commission she said she didn't have a history with which to base her comment on but it seems like a big deal for so many consumers to come to the meetings with such a big voice.

To her, the allegations of disrespect stands out. She thinks of MHCC as something special because it is an organization for Consumers to learn how to become adept in the workplace. If they feel disregarded and powerless all the system changes won't be fruitful. She doesn't have a full understanding of the situation but in her heart, she wants to do something about it and be fair.

Commissioner O'Keeffe thanked Mr. Scott. She asked about his letter to Ms Crawford reprimanding her for bullying and screaming and would like to see the letter and the Board minutes.

Acting Chair Pasquini allowed Tom to respond. He said, "There has never been a letter written by the MHCC Board reprimanding Brenda Crawford." And the minutes will be made available, they are public Board meetings.

Commissioner O'Keeffe asked in regard to the institution of new HR policies if the employees will have equal input into the design of the policies and if employees would have a chance to create a union so they have some leverage in cases of future distress.

Acting Chair said rather than solving problems in the moment she preferred to hear each Commissioner's comment and then move onto the next item where they could discuss how to move forward. We are over this item, I gave 25 minutes and we're at 40 minutes now.

Commissioner McKindley-Alvarez said one of the things we know from an organizational psychology perspective, is whether we recognize it or not, sometimes with the people we serve and the services we provide, we inadvertently take on some of the negative aspects of the service. Meaning that if I'm fighting against societal stigma, fighting for consumer concerns because consumer concerns aren't

heard, then sometimes we create oppressive environments without consciously being aware. I have heard people say, regardless of whether this is happening at MHCC, that we as a Commission want to explore how consumers are engaged in workforce development, and in the work that they do across time. As a Commission I would like to explore that so we can address, whether it is happening at MHCC or any other agency, how consumers can be brought into workforce, how do we engage them in the workforce, How do we ensure our personal biases do not seep through, consciously or unconsciously and start to fester within the work that we do.

Commissioner Bagarozzo questioned the make-up of the grievance committee.

Tom Scott responded that the grievance committee by State law for non-profit committees must be made up of Board members. Currently there are three board members on the grievance committee. None on the board are employees. The committee currently consists of the Director of the Board, a family member and a former client.

Commissioner Bagarozzo commented that in his experience, when you use words like “disgruntled” in a formal letter, it adds to the approach of right versus wrong, which promotes festering. He offered that formal communications should be objective and state only facts.

Commissioner Centeno said this is the third commission in which they were hearing allegations. Because of the gravity of the allegations with a criminal aspect, the Commission cannot resolve the issue, they are not like a court. She thinks there should be an independent investigation. The problem is serious, it’s been going on for over a year, and I don’t hear any resolution from Ms. Crawford. MHCC doesn’t even have an HR manager! How can an organization function without a Human Resources Manager?

Per last month’s presentation the policies are inconsistent, and they are currently putting a binder together with methods and procedures. I have not heard of an organization that has no methods or procedures and no Human Resources. The employees have nowhere to go!

Geet Gobind explained that she is an HR professional. She spoke to Ms. Davis and Mr. Scott, and advised that when they hire an HR manager, they should look for someone with union knowledge. Regarding Evelyn’s comment, she said one grievance has already gone to the EEOC and they will open an investigation.

There were additional requests to speak and Acting Chair said they needed to close that item since they’d gone over time.

She read Marianna Moore’s public comment since she was not in attendance.

6. B. CONSIDER possible recommendations to MHCC and/or MHA to create a Consumer Voice Workgroup and appoint MHC Commissioners to meet with consumers to hear quality of care issues and oversight concerns.

Acting Chair said she believes that these issues are not unique to Contra Costa County. She believes issue resolution and the grievance process for families and Consumers in the Mental Health System is not working. I personally have gone through a grievance process and it’s a very broken process. So much so that the MHSOAC has taken it up on their agenda for the last year and a half though I’m not sure there has been a resolution, but it’s been a conversation at many tables, in many forms and

venues. It's something that I personally provided testimony on and urge our commission to consider getting involved with in some respect. I agree with what Carole said.

She then opened to the Commission to consider a motion on this item. Whether to move to a workgroup - the Consumer Voice Workgroup as the former Chair had directed. At the last meeting he directed a task force be formed and then it was determined that it was not in compliance with the By-Laws and (in response) then there was email direction to establish a Consumer Voice workgroup. I would like to ask the Commission if they'd like to formally adopt, move to other venue, or make a recommendation?

Discussion:

Commissioner O'Keeffe clarified that there are no existing laws against workplace bullying. There was one suggested in California but it died in Committee. So the issue of workplace bullying only informal committees such as task force is the only option people have.

To have a Consumer Voice workgroup that MHCC and MHA create; and they appoint Mental Health Commissioners, that's an abomination.

Consumers have been intimidated, frightened, threatened with job loss...

If there is any attachment to MHCC and MHA there will be questions of confidentiality, fairness and who is appointed... It's totally inappropriate to have MHCC and MHA appoint the Commissioners. I think it should be within the commission...

Acting Chair said the Commission will be making the recommendations.

Commissioner O'Keeffe said that's not the way it's written here.

Acting Chair confirmed that is not happening, and asked for a motion.

Commissioner O'Keeffe said "for task force for one time problem solution."

Commissioner Pereyra seconded.

Commissioner McKindley-Alvarez added she was in agreement but not on same page with O'Keeffe. She wants a Task force that addresses Consumer employment development as well as workplace bullying but without the term "bullying" in the title because she'd like a more strength based term. But she would like to see a task force created by the Mental Health Commission that addresses workforce development and employment bullying.

MH Director spoke to add and refocus (the discussion.)

Three months ago when David Cassell was here with presentation on other --- issue, there was the first smacking of public comment by an individual former employee with allegations of abuse of consumers. She wanted to make clear because this seems to be fuzzy, the distinction and separation when referring to staff versus Consumers.

In the allegation I heard there was misconduct about Consumers who were coming for services. I immediately had David Cassell, from Quality Assurance, call folks in, interview and look at that allegation. To the best of his ability, he was not able to substantiate abuse, including emotional abuse, to Consumers who come to MHCC for services, for the record.

Commissioner McKindley-Alvarez clarified that her interest is not directed toward MHCC, but addresses a task force to assess what is in place in the county that addresses Consumer enrollment.

Acting Chair asked the Assistant to MHC to read back the original motion: “for task force for a one time problem solution”

Tom Scott:

Said that motion isn’t specific, it doesn’t mention mental health or anything at all.

Commissioner O’Keeffe asked for Carole’s previous additions.

Commissioner Centeno said they could accept a friendly amendment and incorporate it into the motion.

Commissioner McKindley-Alvarez rephrased the motion: to create a task force that will address consumer’s development as employees that includes looking at work force bullying/workforce empowerment and Consumer development.

Acting Chair asked if they wanted to create a task force that night that generally will look at workforce bullying and Consumer development

Commissioner Centeno said there was limited time, they could establish a task force that night and perhaps they could work on it at the planning meeting. There was some cross-talk between O’Keeffe and Centeno in regard to how they could move forward procedurally with limited time.

Acting Chair clarified that they were indeed voting on the task force and that includes members of such task force which is in the By-Laws. She preferred and recommended that the task force be given to a workgroup, developed more and brought back to the full Commission. This is taking up way too much of our meeting time.

I would like to have a workgroup Consider receiving this item and addressing it; it seems that it would fall under quality issues, so it would go to the Quality of Care workgroup. She asked Commissioner O’Keeffe to restate the motion:

Task force that is part of the quality of care committee work force development and the problem of (workplace) bullying

- **ACTION: Motion made for the Quality of Care Workgroup to create a task force to research and develop issues around Consumer workforce development and workplace bullying (M-O’Keeffe /S-Pereyra/Passed, 6-2-1; Y-Centeno, Kennedy, McKindley-Alvarez, O’Keeffe, Overby, Pereyra, N-Bagarozzo, Kahler, A-Pasquini)**

Noted that Commissioners Wong and Yoshioka were not present.

C. CONSIDER any recommendations to MHA regarding contract oversight and alleged financial abuses.

Acting Chair: Okay, so I think we’re done with A and B.

There was cross talk in the room about the meeting running late. Commissioner Centeno suggested they go to Item 7.

7. DIRECTOR’S REPORT – Donna Wigand, Mental Health Director

B. General update on AB 3632 and Medi-Cal/Medicare(Medi-Medi) issues.

Acting Chair read Item 7A and asked the MH Director to provide a report.

The MH Director responded that she would not speak to that (Item 7A), instead she wanted to ensure she had enough time to share important information about 3632 (Item B).

The quagmire statewide about having all of the money removed from providing 3632 services to non-Medi-Cal kids continues to swirl. We are now party to a lawsuit that ourselves and 23 other counties filed last week. That would provide two things: declaratory and injunctive relief.

Without a lot of legalese, what that means is that there are two dozen counties with Sacramento County taking the lead filed a legal action in Sacramento County Superior Court basically asking the Judge to say, 'look at what the Governor did in his pen stroke – veto, look at what he did, not only removing the funding, but removing the mandate'. There are questions whether or not the Governor has the legal authority to remove a mandate with the stroke of a pen. So the counties which are now hanging out to dry, with no funding for that non-mandate, are asking a judge for clarification. Now remember the separation of powers between judicial administrative and legislative; The Judge can't order the Legislature to put the money back in, nor can he order the Governor not to veto anything he had vetoed. What the Judge can do is do a judicial review of the situation, and then give declaratory relief to the county, to say, 'you know what, I do declare that you do not have to do this anymore because the money has been taken away and we can't find any legal authority for me to continue to do it with no money – that's one.

The second is injunctive relief which basically means asking the Judge to declare a temporary injunction allowing the County, again very specifically, to not be mandated to provide services to kids who are not in the target population of Medi-Cal. So what does that specifically mean for this – the 9th largest county mental health system in the state? It means that approximately 250 non Medi-Cal kids would now be reviewed, it would have to go to IEP review, because right now the county has their signature on that Individualized Education Plan which is a legal and binding document.

If there is declaratory injunctive relief, that is a legal document that those Counties will use to go to Education and say, 'look, guys'... I've been in conversation yesterday with Health Services Finance who has assured me that every day the clock is ticking that I continue to provide uncompensated care to those 250 kids, that we are now about a million dollars in the hole, and we're through ¼ of the fiscal year. The reason that is going to compound now is the only reason we're only in the hole by a million dollars, going back to July 1, is because we are hopefully going to get... there is another pile of money called Federal IDEA money that the Federal Government passes through to the state, which then passes it through the County Department of Education. Every year the County Department of Education has given us the money to backfill the cost of uncompensated care. By all estimates that's about 1.2 million dollars. If we get that money, which we haven't yet, that will pay for the care of these kids, probably up to right now – mid November, and then, that's it – it's gone.

Commissioner Centeno: is the IDEA money part of Jack O'Connell's (cross talk with MH Director inaudible); MH Director said, That is correct.

MH Director: It's not new money – we get it every year. It pays for a portion of the uncompensated --- to put it in perspective for all of you, we have 8.5 million dollar liability of uncompensated care per year for these 250 kids. If we get the IDEA money it will cover 1.2 million of that 8.5 problem; which means we still have a 7.3 million dollar problem. If we continue to go forward giving all the services we are currently giving to those 250 kids, again putting that into perspective, there are 700 kids we're talking about, 450 are Medi-Cal, 250 are not. Actually the Medi-Cal ratio has increased in the last couple of years so that's a good deal.

Commissioner McKindley-Alvarez: Let's just say we get the declaratory relief. So then that means we don't have to continue to provide the service. Not that you would know this (the answer) but my concern is... We're losing money that's a huge concern. Then my concern is there are going to be 250 kids, yes private insured, but 250 kids who we scale back, and then remove ourselves from providing mental health services?

MH Director: Not necessarily, what we've already done is we've started meeting with the --- directors, all of them in the county. Laying this out and saying, "We would like for you, the smoothest transition from this fiscal year would be for you to immediately contract back with us; to continue to have us be the provider of record for that child." They are going to say, "We don't have the money." And they do not have the money but federally they have the responsibility and the authority – not the County Mental Health System. So if they do not contract with us for mental health services they're going to have to contract with somebody. We are working with them on what those alternatives may be. We've had two districts verbally say to us already two weeks ago, "We can't move this fast." At least for this fiscal year, we're going to need to contract with you; and we're letting you know that verbally and will probably let you know in a letter" – and that's a good thing. Then if districts want to use this year to think about other alternatives like Mount Diablo School district has their own provider network on their campuses' that we help supervise new utilization review for... fine. But there's an immediate crisis that has to be resolved. I wanted to get you all up to speed on that.

Commissioner O'Keeffe: Since you're de-funded for the 250 privately insured is there any way to squeeze the private insurers to contribute to the care?

MH Director: I think that's the first place that the parent's of those kids should go – but not us. (cross talk with O'Keeffe inaudible)
So, I will go back to Item A. Suzanne Tavano passed out a document. (cross talk inaudible).

7. DIRECTOR'S REPORT – Donna Wigand, Mental Health Director

A. CONSIDER recommendations regarding privacy issues, letter from Suzanne Tavano regarding Intern Issues and hear comments regarding Power Point presentation from 10-25-10 Special Meeting.

Deputy MH Director: I'm going to be really brief. The PowerPoint presentation was very long. Was it included in today's packet (Acting Chair- "yes, what was shown was included".)
It would take an enormous amount of time to go over slide by slide so I don't intend to do that. But let me respond with two documents. (*Two documents are: Mental Health Consumer Access Trends; CCMH Plan Scope of Practice – Licensed MH Professionals*)

Acting Chair: So are these additional documents that weren't in the packet? (yes). We're not going to have time to consider new documents.

Deputy MH Director: That's fine these are informational. So to return to the PowerPoint and going through it, it does seem that it's broken down along (shuffling papers inaudible)
It starts out with a Local 1 survey, (cross talk inaudible for several sentences).

Going backwards serves no purpose, so I don't want to go back and state what the administration objections were, to the content, but want to say that bottom line, the message that we got out of it was

that staff wants more direct --- with administrators and that we want to improve our lines of communication – so that’s what we’ve really been focusing on. (I’m sick so my voice may not be---)

So, along those lines we’ve been meeting with Local 1 representatives regularly- some are in the room here tonight. Last February, March, and April, myself and Vic Montoya,--- (shuffling papers inaudible), Vern Wallace Children’s Chief, went out and visited all the county owned and operated programs and participated in staff meetings there. Additionally, (shuffling papers inaudible) regional forum where all staff were invited to attend and talk about their ideas for improving services and improving staff morale. So that’s been the ongoing process.

Vic, Vern and I are in the process of scheduling another round of meetings with all of our owned and operated programs, again to talk about what staff are feeling are needs in our system. That’s how we will respond to that.

One of clear issues that came through from the Local 1 survey was that our Staff is extremely hard working and they don’t have all resources that they need in order to best serve the Consumers. And we share in those concerns. I think the number one issue that was referenced in the document apart from rating managers, was housing for residents in this community for mental health Consumers.

We totally concur with that, we know the struggles our staff go through in trying to find a place for people to live in this community. So a lot of effort has been put into developing more housing resources and there is a long way to go. Quite honestly what it comes down to is money. Historically Mental Health Divisions were not responsible and had no way to provide housing for people, but we understand in terms of wellness recovery that housing is one of the key and first ingredients – we acknowledge that.

We are not at odds with our program staff and we don’t want a process to go on that puts us at odds. One of the documents that I passed around for your review is an example, the first is called “*Mental Health Consumer Access Trends*,” I’m about to go over it, but if you look at just the first page, in the last four years despite budgetary reductions, our staff and county owned and operated programs and contracted programs every year for the last four years have served more and more individuals. That’s a lot of hard work going on and I want to acknowledge that.

In terms of the next issue, unfortunately there were references made to a specific staff member, Linda Foster, again because of confidentiality, personnel actions, I’m not going to get into any discussion at all about Linda Foster or personnel processes that were going on while this all played out. But the part I do want to address is the questionable Medi-Cal billing issue that was raised in multiple venues. You’ve received documents in the past: both our letter to the State of our investigation of the complaint, and then the State’s response to us that they found that the complaint had no substance, and no bearing, and (considered) this case closed.

In your Packet I believe there is a letter that I wrote to Miss Foster in July and summarized a lot of the issues that she had been presenting over a period of months. Without going into detail, you can see the first issue that I addressed was the --- Medi-Cal billing – that’s all in there. Two License requirements and supervision and she also made issues about advice medication consent forms and lack of responsiveness from supervisors. This is the summarized response to her on those issues.

Related to this has been a lot of discussion about MFT interns. We realize it is a very complicated subject. Not just for MFT interns but for all of the licensed disciplines. So you’ll see document called *Scope of Practice*. Basically what we did was again, sat down and by each professional licensure, went through what the different scope of practices and supervision requirements. Now in the Mental Health Division, we do not have physician interns, we have psychology interns, and two interns in social work. I think a fair amount of the confusion that’s gone on around this whole topic is that within each of the supervision and reporting requirements for each of those disciplines is different, it’s

not the same across the board. And, within the disciplines it varies dependant on at what point the student is in their education and training. I think there's been a lot of confusion because the short-hand term everywhere has been "intern" when in fact there are multiple levels of people still in training who are working for us.

There are Trainee's. Practicum Students, Pre-Licensed eligible Interns, and Post License eligible Interns. Once you get to post degree, post supervision requirements, there are other requirements that go on there. The topic is very complex. However, we've looked into it multiple times over the years and feel really confident that we have it right. However, I am presenting this document and any of you who are in these fields, I'd really love for you to look at it and consult with your regulations and see if we got anything wrong, but to the best of our knowledge we've ---ed it out correctly. We're adhering to Scope of Practice, we're adhering to all supervisory responsibilities. This takes into the issue of counter signature. To clarify on that point, it was in different Mental Health Division documents that we're asking for counter signature of intern notes – which was correct, however and I did clarify this to Miss foster last year, when we met, that was an internal quality assurance measure that we took on. The state sets laws and regulations which is the floor of what you have to do. Every mental health division can then do anything above and beyond those requirements. There is no requirement for counter-signature of notes. However, going back five years ago, when we were going into a round of new kinds of audits, and we wanted to be absolutely sure that we were doing everything perfectly so we wouldn't encounter any audit exemptions, so we voluntarily chose to create a higher standard within the Mental Health Division, it was the counter signature of notes. And it was really to ensure that everyone was documenting the way they needed to. Though it appeared in some of our policies and procedures, and in some of our trainings, it was an internal requirement – not a State requirement. When on occasion we didn't necessarily follow that at the time, there were other levels where that occurred. However at no time has it been in violation to any State regulation so there was never a Medi-Cal fraud that was committed because of lack of counter-signature of intern notes. It was irrelevant and we tried to explain this multiple times and yet the issue continues glued to some extent.

Commissioner Centeno: What is the state requirement?

Deputy MH Director: There is no state requirement for Medi-Cal billing that notes be counter-signed; there is no requirement by a licensing board or by the state that interns of a certain level have counter signature of notes. And that's why I say, this is really a matrix approach in terms of the discipline, the point in which they are at in their training, etc.

Commissioner Centeno: So it's internal procedure only. (she then apologized to Acting Chair for interrupting).

Deputy MH Director: It was an internal quality improvement, yes.

The next issue is Title 15, again in my letter to Miss Foster I outlined, perhaps the misunderstanding she had about title 15. We did not have unlicensed staff do evaluations pursuant to section 40-11.6 nor 51 section of ----- welfare and institution code. We haven't and we've been doing everything and there's actually no indication that that ever occurred. Title 15 by the way, applies to Juvenile Hall, it is not what mental health operates under. Mental Health operates under Title 9, and when it becomes in patient, sometimes Title 42. But Title 15 requirements don't apply to us in any way and further, at the time almost a year ago, six to nine months ago anyhow, Vern Wallace and I were communicating with officials from Juvenile Probation Department and they felt that they were being consistent with all of their rules and regulations inclusive of Title 15. That's all I can say about that.

In terms of supervision, if you look at the documents that I passed around you'll see the different levels of supervision that require dependant upon the standing of the student.

Acting Chair: Thank you very much.

MH Director: I have one more thing to add on to my report, focusing on the positive, I want to congratulate all who participated in the MHSA outcomes conference last week. Could I see a show of hands about how many people participated – that's great. Yeah I saw a lot of you there. It was awesome, and I want to thank you for coming; some of you presented, and some attended, some worked on it... There was a wealth of information, so much that we needed to run two tracks parallel all day because we couldn't get it all out. So it was great and thank you for participating.

Gett Gobind: I heard some people who said they loved it, they just needed bathroom breaks. (laughter).

O'Keeffe: Rebecca --- of Contra Costa tv...

Acting Chair: I'd like to pull it back to the conversation – we have an Item to consider Whether or not we want to consider any action regarding the privacy issues, the letter from Suzanne regarding the intern issues and consider comments or recommendations regarding the PowerPoint that was presented. I would like to have... so...first I'd like to open it up to the Commission, if we could. Any comments from the Commission?

Discussion:

Commissioner McKindley-Alvarez: I would like to say as a Commissioner present for the PowerPoint, that again, I've articulated this before but we need to be really careful about how we summarize information both information presented in the document and also what falls outside our scope of knowledge and practice. When we put things in public documents we have an accountability and responsibility to the Consumers and to the public at large and we want to be conscientious, not to say that that was not the intent, but we want to be very conscientious around what we're presenting and be well aware of our own personal intentions behind that information.

Commissioner Bagarozzo: (question directed to Suzanne Tavano) Do all new employees get policies and procedures manual? Or an orientation?

Deputy MH Director: Policies and procedures are posted on the internet and many are posted on our general website. Part of the orientation period is that people are supposed to review the policies and procedures when they sign off on their orientation sheet – there's a couple of things including policies and procedures.

John Gragnani: Those are general county policies and procedures. Something on this level in terms of supervision, would be handled at the department level. And also (different directors—time on the agenda – muffled)

First is 36-32 privately insured children. Most of them get referred through the assessment process from their private insurances and most of the time they have tried to work with these kids in the past. It's a very tragic, sad situation that we're looking at because these are very disturbed kids and challenged families because they have tried to work with them and they come through the 36-32 referral process.

The last thing, I know Suzanne didn't mean to just briefly reference our Local 1 Mental health Evaluation, but it definitely goes beyond us wanting more direct contact and improved lines of communication – we want those things for sure, but the evaluation also identified other serious issues and concerns that our unit had and have been presented here before. Just wanted to --- (inaudible).

Acting Chair: I brought this Item back because I think it required closure and completion. I personally agree with what Carole said, I think we have to be very careful and mindful of the information we present. And, what our ability is as a commission to investigate. Certainly we do have the ability to consider anything in the mental health system, if we have public comments provided to us it is our obligation to consider them and then refer them. If we're not able to determine what action needs to be taken, which is what we did with the Local 1 evaluation when we referred it to IOC. We did consider this PowerPoint last month but I didn't feel there was enough time to digest all the information. So we've all digested it, we've also had several emails with longer, more involved information, so does anyone want to make a motion to consider action on this Item?

Cyndie Staton: I'm sorry I don't recall the comment card, but I have something that I'd like to address around this public comment thing.

Acting Chair: Go ahead, and then if you could fill out a public comment form, that would be great.

Cyndie Staton: You're talking about this and again, public comment --. I don't know the laws about putting public comment in writing, but I want the Commission to know that they have publically posted my name, and phone numbers of employees at MHCC on their websites and also in hard copy. And you've done it again this meeting. I'm not a public employee, and I think you need to look at your roles and responsibilities on this Commission. I'd be interested to know if you have a comment on the documentation of public comment.

Dorothy Sansoe: The public comment, if you see something in writing from somebody, that is that person's comments -- it is not the comments of the Commission. The person presenting it is responsible for the content. So people can't blame Mary because Joe said something, basically is what I'm saying.

As to the internet site, that is one of the reasons that from now on we are only posting the agenda and not the entire agenda packet is to reduce...

Cyndie Staton: (inaudible talking over Dorothy) my name...

Dorothy Sansoe: Right, because somebody else submitted it, and if somebody else submits it, it becomes a public document.

Cyndie Staton: So I can submit allegations against anyone?

Dorothy Sansoe: Absolutely, and once it's submitted to the advisory body, then it becomes a public document and we are not even allowed to destroy it we must keep it on record under the law. Whoever made that allegation is responsible for those words.

Geet Gobind: Quick question!

Acting Chair: I need to do a time check with the commissioners first.

Commissioner McKindley-Alvarez: I'm going to have to go within the next 15 minutes because I have another appointment.

Acting Chair: Okay, we have some action items that we have to consider.

Geet Gobind: I have a quick comment because that is very unfair. Because if I Google and “Cynthia” comes up, and there’s somebody that comments (coughing inaudible) commission – is that what we’re talking about?

Woman: rapist or serial murderer...

Dorothy Sansoe: That’s freedom of speech – the person making those comments are responsible for the comments they make.

Cyndie Staton: What about the role this county takes in perpetrating that?

Dorothy Sansoe: That’s one of the reasons we no longer post that kind of stuff on the agenda – just the agenda, not the packet.

Acting Chair: Which is why I wanted it agendized and I wanted an opportunity for people to comment, and for the Commission to consider having this conversation somewhere else. So, I’m not hearing any action taken so we’re going to move on then to the workgroup reports, and of those I’d like to ask what... we don’t have to do any action on C; the action regarding Connie Steers is it possible to --- it or should we take...

Dorothy Sansoe: I was going to suggest that we hold the election since somebody has to leave, and then accept the reports.

Acting Chair: I would suggest that everyone vote for Carole because I did such a bad job (laughing)

10. HOLD ELECTION FOR MHC OFFICERS –Dorothy Sansoe

- A. Chair-
 - i. McKindley-Alvarez
 - ii. Teresa Pasquini
- B. Vice Chair
 - i. Peggy Kennedy

Dorothy Sansoe: To speed things up a little bit Teresa’s asked me, since she’s a candidate to conduct the elections on behalf of the Commission. I’ll explain the process real quick, I’m going to give you both ballots at one time: one for the chair, one for the vice-chair, under government code, whatever code section I brought, (laughter) the advisory body is not allowed to have a secret ballot, so you’ll see the place on the ballot for your name, if you don’t enter your name your vote won’t be counted. I’m not going to read the names on how everybody voted, but it will become a part of the official record and go into the minutes.

Dorothy passed out the ballots. Make sure you have one ballot that says ‘Chair’ at the top and one that says ‘Vice Chair.’ And there is a spot at the bottom for you to fill in a ‘write-in’. If for some odd reason there are enough write-in votes for somebody to win, they will only be appointed if they agree to accept the nomination.

Just let me know when you’re finished, I’ll collect them.

(inaudible cross talk as Dorothy collects the ballots)

I’m going to suggest you go on with the next agenda item as I tally them, and then I’ll announce them.

Acting Chair: Okay, so, I'm going to switch, since Carole has to leave, over to... start with Quality of Care Workgroup.

8. MHC COMMITTEE / WORKGROUP REPORTS

B. Quality of Care Workgroup – Commissioner McKindley-Alvarez

- i. ACCEPT Workgroup's report and update on State Outcomes Report**
- ii. CONSIDER recommendations.**

Commissioner McKindley-Alvarez: In your handouts for today's meeting, there are two things in here, the first thing that we need consideration of accepting in that we completed the Mental Health Board and Commission workbook – which is the State Outcome report. It's in here, you may not have had enough time, unfortunately to review it - the whole Quality of Care work group, work audit. We had a great meeting with MHA staff, who were able to provide us more information and consistent answers to these questions. One of the things I would like to say is that we'll read through it one more time for any grammatical corrections that need to occur. And it's also been submitted to Suzanne just to make sure that the numbers are accurate regarding the cultural competency plan. But we are seeking approval to make any last corrections and then submit this particular workbook to the State by our November 24th deadline.

Commissioner Pereyra: My question is that this is the same issue that came up with CPAW is that it's sort of like rubberstamping - we don't have time to review and give input. I understand the deadline but...

Acting Chair: I agree with Ann, I really appreciate the workgroup's work – it's some great work and I had the ability to read it this morning prior to coming but I'm concerned about whether everyone else has had ample time to consider it, in order to give approval, so I'm wondering what the November date is...

Commissioner McKindley-Alvarez: It was their date – four months from date --- former chair (cross talk inaudible)

Acting Chair: Since the Planning Counsel it's about 6 years late getting this thing out (laughter) that maybe we might be able to have a little grace so that we can thoughtfully consider it.

Commissioner McKindley-Alvarez: Are you asking me?

Acting Chair: or at the Planning Meeting

Commissioner McKindley-Alvarez: That would be fair. Yes, that's fine for us. And that people prior to the Planning Meeting actually read this and email comments, but not to everyone on the Commission, but to email comments directly to me and I will share with the other workgroup members, so that those comments could be integrated so it can enhance our discussion at the Planning Meeting. (Acting Chair: excellent, okay)

So the other thing in our report is that Colette sat in to do the workbook with us, and as you all know with Peter leaving that leaves us one person short and this group actually has a lot of work that we do, so in the group we unanimously agreed to invite Colette to join the group. She accepted the invitation and so we wanted to have it approved by the Commission.

Acting Chair: (speaking to O'Keeffe) so I would assume that you would like to participate in the Quality of Care, so... Evelyn moves, I'll second it. Any discussion?

- **ACTION: Motion made to approve Commissioner O’Keeffe as a replacement in the Quality of Care Workgroup. (M-Centeno /S-Pasquini/Passed, 9-0-0 unanimous; Y-Bagarozzo, Centeno, Kahler, Kennedy, McKindley-Alvarez, O’Keeffe, Overby, Pasquini, Pereyra)**

Noted that Commissioners Wong and Yoshioka were not present.

Acting Chair: The only question I have is if you want to continue on the other workgroups as well and we can talk about that down the road.

I’m going to go back to Mr. Hoffmann, I overlooked your public comment on 7A, I thought it was on the 8 so would you like to make a public comment? (he asked her to read it)

Acting Chair read public comment for Ralph Hoffmann, ‘The most rapidly increasing group is older adults who almost entirely use County operated out-patient facilities.’

8. MHC COMMITTEE / WORKGROUP REPORTS

A. MHC Capital Facilities and Projects/IT Workgroup – Teresa Pasquini

i. ACCEPT Workgroup’s report

ii. CONSIDER workgroup recommendation regarding Connie Steers reinstatement at Crestwood PH.

Back to Capital Facilities IT workgroup, I have submitted a report I would just like to have the Commission consider it – accept it. Our Workgroup had a recommendation for the Commission to consider regarding Connie Steers and Connie has a public comment, I don’t know if you’d like to make it after we...

This came out of the result of our site visits and several public comments made last month, and this would be a motion for the Commission to consider recommending that Connie be allowed to return to her office at the Crestwood facility – I believe Colette wrote a letter that’s included in our packet, and it would be a recommendation from the Commission to have her return to the office at Crestwood Pleasant Hill. (*Clapping*) So that’s the motion, (*cross-talk – inaudible, motioned and seconded, both female*).

Any discussion from the Commission? From the Public? Brenda?

Brenda Crawford: I want to know what authority does the Commission have in the allocation of MHCC’s internal resources. Connie works for MHCC, she is an employee of MHCC, the Patient’s Rights contract has been cut by 10%. It is about extending her duties. If Connie provides facilitation of the Resident counsel at Crestwood, then we’re moving toward having a formalized training, where Connie can provide the training to have an organized residence counsel in every board and care. We don’t have a contract with Crestwood. How can you as a Commission tell us how to organize our work and use our resources?

Acting Chair: We can make recommendations. Based on the input received from Consumers on our site visit and you can choose to accept it or not.

Commissioner O’Keeffe: I think there are cost savings that are not being brought to the fore. And providing Connie free of charge an office with a locked door and locked filing cabinet. We feel --- just aren’t funds to create that.

Acting Chair: (Switching back to Item 10 Elections) I apologize, I want Carole to be able to hear that (the election results).

Dorothy Sansoe: Vice Chair – there are 8 votes for Peggy, and one write-in for Teresa, so Peggy’s your new Vice Chair. (clapping).

On the Chair I need to make a statement before I announce the votes and that is that it is my understanding that an item on an agenda requires a majority of the appointed members to pass. There are twelve appointed members it would need seven votes to pass. In this case I need to go back and check whether that’s the interpretation with our county counsel. In the meantime, just to let you know what the current vote is, there were five votes for Carole, and four votes for Teresa. So the way I’m interpreting the passage of an item, neither candidate has enough votes to pass so it would come back at the next meeting and re-vote. Before I suggest that that happen, I want to confirm with County Counsel and then I will send out an email to all of the Commissioners, and Linda can send it to the members of the public with the correct interpretation of the requirements. I’m not an attorney so I want to be sure I get it right. If that’s okay with ---.

FINAL ELECTION RESULTS FOR MHC OFFICERS

Commissioner McKindley-Alvarez elected Chair: (5-4)

Commissioner Kennedy elected Vice Chair (8-1)

* Commissioners Wong and Yoshioka were not present for the election

VOTES FOR CHAIR		VOTES FOR VICE CHAIR	
McKindley-Alvarez	Pasquini	Kennedy	Pasquini (write-in)
Centeno	Bagarozzo	Bagarozzo	Centeno
Kennedy	Kahler	Kahler	
McKindley-Alvarez	Pasquini	Kennedy	
O’Keeffe	Pereyra	McKindley-Alvarez	
Overby		O’Keeffe	
		Overby	
		Pasquini	
		Pereyra	

Results confirmed via email by Dorothy Sansoe on 12.10.10:

“Article IV, Section 7. DECISIONS AND ACTIONS OF THE COMMISSION

All matters coming before the Commission for action shall be determined by a vote of the majority of the appointed members present at the meeting. (emphasis added)

There were nine appointed members present last night. A majority of nine is five. The vote last night was 5 for Carole McKindley-Alvarez and 4 for Teresa Pasquini.

Therefore, your new Mental Health Commission Officers for 2011 are Carole McKindley-Alvarez, Chair and Peggy Kennedy, Vice Chair.”

Commissioner McKindley-Alvarez left at 6:17.

RETURN TO ITEM 8Aii:

CONSIDER workgroup recommendation regarding Connie Steers reinstatement at Crestwood PH.

Acting Chair: Okay, so back to the motion for Connie, are there any further comments? Otherwise we'll take a vote.

Commissioner Centeno: I just want to say I appreciate Brenda's information but as a Commission, we just want to deal with a problem we can deal with, and make a recommendation – that's the best that we can do, and it's up to powers that be to approve or decline our recommendation.

Brenda: My point is that you don't have all the information, you don't know what the budget impact is on Patient's Rights, you don't know what our contract objectives are, you don't know how we are planning on utilizing our resources. Patients Rights has been cut by 10%. We have not decreased the level of services to match that cut. What we're looking at is expanding Patient Services. And if Connie has the skill to organize and facilitate Resident Counsel's there are a number of --- here...

Acting Chair: (interrupted) So Brenda, we're responding to a roomful of consumers who came and passionately expressed their desire to have Connie return to Crestwood. I gave those Consumers my word that I would consider their request, bring it before the Commission, the Commission has heard it. We're going to take a vote to make a recommendation and you as Executive Director and your Board can ignore it. We are just making a recommendation based on respecting consumers who pleaded with us to hear this. Thank you for your comments and I'd like to take a vote.

CONSIDER workgroup recommendation regarding Connie Steers reinstatement at Crestwood PH.

- **ACTION: Motion made to recommend that Connie Steers return to the office at Crestwood. (M-female /S-O'Keeffe/Passed, 6-1-1; Y-Bagarozzo, Centeno, O'Keeffe, Overby, Pasquini, Pereyra, N- Kahler, A- Kennedy)**

Noted that Commissioners McKindley Alvarez, Wong and Yoshioka were not present.

Acting Chair: So, Peggy's workgroup, we're going to accept, and the MHSA item, Annis do you have anything to submit (no). I don't either. I'm going to postpone that until the next meeting. So I'm going to move that we adjourn the meeting.

Connie Steers: Teresa, I had a public comment.

Acting Chair: I'm sorry – I don't want to do this anymore (laughter)

Connie Steers: (*cross talk and shuffling papers through statement = moments that are inaudible*) I didn't know if Consumers would be here from Crestwood, I wanted to thank them from the bottom of my heart for what they said, and how they expressed themselves. And to say how proud I am of their business skill, their commitment to represent in a democracy, to Consumer empowerment, and it's not just resident counsel although we've made tremendous --- under the direction of Madame President, I could have been able to accomplish in the past some tremendous things, with residents and all the members that have participated. But I've also been --- since I've been there. And I don't need to be full time, but want to let you know that since I've been there, we've reunited mothers with children, given housing to people – made it possible for --- and others to have housing – I get enormous

numbers of requests for community resources, and housing questions, so I really appreciate their coming in.

Acting Chair: Thank you so much, Connie! (applause.)

11. ADJOURN MEETING

- **ACTION: Motion made to adjourn meeting at 6:23. (M-Centeno /S-Pasquini/Passed, 8-0-0 unanimous)**

Noted that Commissioner McKindley-Alvarez was no longer present.

The next meeting will be December 6th, and we will let you know the location and the monthly meeting is Thursday, December 9th, 2010 from 4:30 - 6:30 pm at the John Muir Behavioral Health Center, 2730 Grant Ave., Classroom A, Concord.

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 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours

Respectfully submitted,
Linda Cipolla
Executive Assistant