

**Contra Costa County Mental Health Commission
Minutes from September 22, 2011**

1. Call to Order / Introduction

The meeting was called to order by Chairperson Carole McKindley-Alvarez at 4:30 p.m. In attendance were:

Commissioners:

Evelyn Centeno, District II
Dave Kahler, District IV
Peggy Kennedy, District III
Carole McKindley-Alvarez, District I
Colette O'Keeffe, District IV
Floyd Overby, District II
Teresa Pasquini, District I
Annis Pereyra, District II
Gina Swirsding, District I
Sam Yoshioka, District IV

Mental Health Administration:

Cynthia Belon, Behavioral Health Director
Susan Medlin, OCE
Victor Montoya, Adult/Older Adult Program Chief
Sandy Rose, MH Housing Services Coordinator
Mary Roy, MHSa Program Manager
Karen Shuler, MHC Interim Executive Assistant
Suzanne Tavano, Acting Mental Health Director

Other Attendees:

Brenda Crawford, Executive Director, MHCC
Georgette Howington, NAMI
Kimberly Krisch, MHCC Volunteer, CPAW, recent SPIRIT Graduate
Carolina Salazar, Supv. Mitchoff's Office
Jennifer Tuipulotu, Office of Consumer Empowerment
Janet Marshall Wilson, MHCC/Patient's Rights

2. Public Comment

None.

3. Announcements

- a. Due to the Thanksgiving and Christmas Holidays, the Mental Health Commission will meet on the 3rd Thursday in November and December.
- b. Carolina Salazar announced Lia Bristol will be replacing her as the MHC liaison from Supv. Mitchoff's office.
- c. Carole, Teresa and Peggy are recommending a special meeting to provide a broad discussion of MHSa, including MHSa funding. Discussion would be aimed at advocating on the state level.

4. Consider Approval of Minutes from August 25, 2011

M: Annis Pereyra; S: Evelyn Centeno. Discussion: None. Vote: Approved 9-0 (Commissioner O'Keeffe was not in the room at the time of the vote.)

5. Acting Mental Health Director's Report -- Suzanne Tavano

- Suzanne mentioned that the Recovery & Resilience Conference was invigorating and acknowledged the attendance of Commissioners Sam Yoshioka and Evelyn Centeno. She also expressed appreciation to the consumers and family members who attended.

- The Zia Partners Welcoming event was held over two days, and many Commissioners attended. Going forward: They will host two half-day sessions on October 13 and 14 in East and West County to introduce more people to the program.
 - Carole asked if the process is being evaluated to determine its effectiveness -- what is the intention -- what was she supposed to walk away with. She said she was disappointed after all the build-up.
 1. Suzanne responded that we (the Executive Team) were critiquing as it went along, and will pass that feedback along. There was not a formal evaluation process at the end of it, but it seems that would be appropriate.
 - Teresa said she was personally disappointed in the process at the Zia Welcoming. She feels we need to personalize this for our county. She asked if the steering committee is going to happen.
 1. Suzanne answered that it was more of an introduction of them to all of us as to who they were and what their general thinking is, but nothing was formed as a result.
 - Brenda said she felt similar to Teresa about the presentation. She added it might be helpful to bring people in from San Mateo and Alameda County who are already familiar with it. In order to tailor it to Contra Costa County, we need to look at what has been done and lessons learned in other counties.
 1. Suzanne said the plan is for the October 13 and 14 presentations to be similar, but more geared toward Contra Costa specifically.
 2. Cynthia stated that the process will only work if it makes sense for our needs. She said she has her own concerns because Contra Costa is different from those other communities, although we can learn from their experiences. They really need to be dedicated to hearing who we are, what we are and what we're looking for. That will be a huge component of whether we're going to be successful. Cynthia added that we have a lot of sophisticated transformations that have already occurred in all three systems and I want to build on what we've already done and not go backwards and start again or rebuild what we've already accomplished. All these questions will be posed in a conference call next week. Cynthia asked for comments to be sent in to her.
 - Carole asked that they understand Contra Costa County and stop using the term "co-occurring."
- Suzanne announced that the county is opening the Program Supervisor exam Monday. She said they've offered to work closely with Health Services downtown to help keep it moving.
- AB109:
 - Cynthia is representing Health Services on the Executive Committee. The newspaper has made reference to our proposed plan. Unlike some other counties where Behavior Health is not being seriously considered in the allocation of funding, in this county there seems to be a spirit of support in continuing to do that. That plan will move from the Executive Committee, to the CAO's office, to the Board of Supervisors.
 - There are three primary groups under AB109, but the first one gets talked about more than others.
 1. People in state prison who will be returning to the community and instead of being on parole as they would have been in the past, will be on

- community supervision by Probation.
2. Non-violent, non-sex offender people committing new offenses who would have gone to state prison, will go to county jail for diversion, home supervision, etc. They will stay in the county and not go to state prisons.
 3. People who are already out in the community who are on state parole, if they violate parole, if they too fall into the non-violent, non-sex offender categories, they will serve their violation time at the county jail.
- Gina asked if there was collaboration with Operation Cease Fire.
 1. Cynthia responded that there is a plan to coordinate all those efforts in Richmond. Richmond is working on a re-entry plan and there is a county re-entry plan that has been written and is waiting to be implemented. There hasn't been a determination yet as to how this collaboration is going to happen. A parallel process is that many of us in Health Services are going to be meeting to discuss the re-entry plans to be sure we are aware of all of them, responding to them, and participating in them. Gina mentioned that Cease Fire is limited on funds and asked how they can get connected to these services. Suzanne said that in Richmond there are multiple efforts going on, but that what she was reporting on was stipulated under AB 109 specifically.
 2. Carole suggested that Gina attend a forum that was being held that night in Richmond and speak to Chris Magnus, who is on the Executive Committee, and that might be a way to find out Operation Cease Fire could be connected to the efforts around AB109.
 - Teresa asked how the MHC, specifically the Criminal Justice Committee, is being connected to this process.
 1. Carole asked Dave if the Criminal Justice Committee is connected and staying informed about AB109, and he responded, "Not yet." Carole recommended it be placed on the CJ Agenda.
 - Suzanne mentioned that Erika Barros, who attended the Criminal Justice Committee, was also on the Executive Committee.
- Suzanne stated that the 40-page MHSa report she referenced at last month's meeting is on the intranet, but is too unwieldy, and has been converted to a 2-page summary: Key Financial Indicators to Date for all MHSa Programs (through June 30, 2011), distributed at meeting. An report updated by Sherry Bradley, Contra Costa County Health Services Department MHSa County Planning Estimates and Approved Amounts, was also distributed. An updated report, and perhaps the most important of the three and can be found on the Health Services website on the internet, MHSa Components - An Overview of All Components Since FY 08-09 Through FY 11/12, was distributed.
 - Susan reported there will be a MHSa 101 training on October 6th.
 - Suzanne updated the Commission on the condition of Children's Mental Health Program Chief Vern Wallace, who had surgery for a ruptured disc and will have a protracted recovery for several months. Helen Kearns is helping in caring on the work.
 - Teresa stated that the Commission needs to be appreciative and supportive of the double duty Mental Health Administration managers are doing.
 - Carole asked for a contact address so the Commission could express its thoughts to Vern.

- Suzanne met with Pat Godley. Proposing separating out assessment recovery center.

6. Housing Report: Presentation by Victor Montoya and Sandy Rose

Vic recommended they continue to work with the Commission's Capital Facilities Committee. He reported that we have temporary housing that's basically shelter care. We at mental health contract with Anka for 22 beds in Antioch and we have an MOU (Memorandum of Understanding) with our Homeless Division partners for shelter beds based on our utilization. The next type of housing is crisis residential – Nierika House. The third type of housing is transitional housing, which is housing with a program. We have the Nevin House in West County, we have Pathways Crestwood in Pleasant Hill. The next type of housing is probably the truest form of housing because it's permanent. In this category are board and care homes. In this county we have the typical board and cares and we have a patch with many of them. The next type are super board and cares like Crestwood, Bridge, Crestwood Our House and Modesto called Modesto Living Center. Those are 24/7 facilities with medical staff attached to them. They also have programs that are attached to them that go beyond the basic board and care, three squares and transportation. The next type of housing we have is scattered-site housing. We have a relationship with Shelter, Inc. we built upon. Our Homeless Director has had a relationship with Shelter Inc. for a number of years. When we received new MHSA funding, we use some of our funding to add to Shelter Inc., a contract that's done a very good job by going out and master-leasing sites from landlords, which helps people who do not have the financial wherewithal or a credit history, or may have other issues that wouldn't allow them otherwise to get low-income or other types of housing. Vic responded to some correspondence that asked "How do you fund housing, and when is it vulnerable?" With the exception of the MHSA set-aside funds, housing is not dedicated or separately-funded in the mental health system, so that any dollars we spend on patches, any dollars we spend on any housing options I spoke to are either county general funds, realignment, or MHSA funds and, if they weren't used for housing, could be used for treatment services or for matching Medi-Cal. That's an administrative decision that each county approaches separately. With regards to the question of vulnerability, if we lost a good portion of our unrestricted county general fund, if we lost realignment, housing would be one of the conversations we would have. But in this county, there's a strong belief and value system that without housing some of the rest of it isn't going to be effective. On any given day I could provide you with a list of between 200-250 people who could benefit from permanent housing. My continuing recommendation to the policymakers is whenever we have an opportunity, we put money aside for housing.

- Carole asked if the county had gone after any grants. Vic said he doesn't recommend we go after grants because they run out and families have to move and have no stability. However, if there was ever an opportunity to pursue a grant for bricks and mortar, and if we could have a relationship with an organization that would be able to sustain it over time, that's something we could explore.
- Peggy asked how the 200-250 people a day not getting permanent housing relate to the numbers that are not getting housing for either transitional or emergency housing?
 - Vic replied that it's a direct correlation. We have bed review meetings to review everyone who's in a hospital, everyone who's in a locked setting, everyone's who's in crisis residential, we look at everyone who's in transitional and/or temporary housing, because those are all individuals that should be eligible, who are eligible, that are part of our mental health delivery system that we're looking for housing for, and when you have 225 individuals that could benefit by

some level of housing, and in fact you have 3 vacancies, therein lies the challenge. There are many different factors to be considered – where someone’s living, what their history is, someone’s history, where the good match is. It’s the most challenging thing we do. In his career in Contra Costa County, Vic has been involved with or seen the closing of over 100 board and care beds. About 50% of providers were not able to make it work financially. When there are challenges, there are questions about board and cares, and Sandy is going out and providing training and helping them become better providers. Many of these board and cares become people’s homes, so we try to make things better to save the homes for the people who live there.

Peggy told Vic that he has a huge job, and asked how we as a Commission can help him to advocate for more housing.

- Vic responded that knowledge is important. We’re working on getting better at information dissemination and getting accurate information to the right place immediately. One thing that takes a lot of staff time is when we have to be out there correcting misinformation.
- Suzanne added that every dollar that isn't specifically earmarked for housing are dollars pulled away from funding treatment services. We know how important housing is, but how much should we pull from service for housing. We know some board and cares have problems, but we don’t want the programs to keep closing since there are fewer and fewer beds, so we need to work together to make the board and cares better and better. Janet Wilson made a comment about working together, saying we need to find a way to pass information on quickly and work together and we need to work this thing out. There was discussion about the need to sit down and discuss how to handle consumer complaints about the board and cares.
- Brenda said we’ve worked with board and cares for years, and have developed a relationship with them.

Sandy Rose distributed a Housing Report, which is a summary of MHSA housing program projects that are on the table. This report represents stand-alone housing program dollars. If approved, the projects listed will be funded with MHSA dollars. Summary of report (additional information is listed on the report):

1. Lillie Mae Jones Plaza (New Development): Need to develop a waiting list for our 8 units. Only 2 people are currently on the waiting list. Looking for applicants. There are Section 8 vouchers that can be attached to the units.
2. Anka (Shared Housing): This week an offer on a home in Antioch was accepted. There is also an offer for another home in Pittsburg in the process.
3. Satellite Housing (New Development): 5 units will be set aside for MHSA.
4. Affordable Housing Associates (Acquisition/Rehab.): Approved to purchase 16 units in Concord.
5. Resources for Community Development (New Development): In discussions with them over units being built in El Cerrito.
6. AmCal (New Development): We are early in development over 5-10 potential units.
7. Domus Development (New Development): Proposing a 30-unit property in Pittsburg with Section 8.

Sandy distributed The MHSAs Housing Program Description.

- Carole asked the Capital Facilities if they had any questions for the Commission at large before she referred Sandy to their committee.
- Teresa said she would give a report further along in the agenda, which basically encouraged a continuation of working with Vic and Sandy.

Colette said she became aware of concern about Anka's financial stability, especially since they were getting so much in MHSAs funds. She mentioned she is a representative to the County Connections Operations and Scheduling Committee, and had been told County Connections refused Anka's request for one of their surplus shuttle buses because of lack of financial stability. They said they took this from Anka's own financial report they provided to them. Colette detailed figures that were reported at the County Connections meeting: Project Hope was down to about \$25,000 in total assets; they had purchased a child care center in New Mexico and had gone into default on that (they stopped making payments and the state had taken away their permit to provide childcare services and are facing a lawsuit. Colette clarified this County Connections meeting was the only time she had heard this information, but it was a reliable source and she would now like more input on their financial security because they're taking our dollars.

- Vic stated he will follow up with Anka. He said the Anka project that is sitting up with Cal FHA can be stopped at any time up to the point of purchase. One of the reasons they established a separate not-for-profit around the housing is specifically because of the 20-year requirements and constraints. Each one of those not-for-profits stand alone on their own merits. If any of this is accurate, regardless of which not-for-profits, we will have other conversations.

Evelyn asked if we have a waiting list for consumers that are waiting for housing. Sandy replied that we are working on that with our partnerships. Evelyn also asked what percent are being served.

- In terms of the waiting list, Vic said every approved project requires we do a waiting list. He added it is too premature to act on some of them now. Some of them are 2-3 years out.
 - Annis mentioned that since Anka's money is in separate not-for-profit funds, she didn't worry about MHSAs losing money.
 - Vic said the MHSAs funds are very secure.
 - Gina mentioned the closing of the homeless encampments--how can people not in the system be helped.
 - Evelyn said there is a % of homeless consumers, and asked how they can be contacted when a bed becomes available.
 - Vic said we have a homeless hotline for public health homeless. We can have one of our staff go out to him with law enforcement and offer services.
 - Teresa asked for housing reports to be sent to her electronically. She said the MHC did a housing report in 1994. That report indicated many "homeless" are living with their parents and not on the streets.
 - Dave said we have a multi-disciplinary committee that meets the second Wednesday of each month at the Concord Police Dept. that are specifically

looking at people with that description.

- Evelyn said the financial report was excellent, but she would like to see the percentages of people we are really serving.

7. Ancillary Reports

A. CPAW – Teresa Pasquini and Annis Pereyra

Teresa stated that Mary Roy's presentation on PEI programs and Cynthia Belon's reports were good. There was a report on the Social Inclusion Subcommittee, who will continue to meet and are urging participation. Teresa suggested to them that because of the term "social inclusion," they consider reaching out to other communities and not have meetings centralized. Teresa explained that the Social Inclusion Subcommittee is the group that broke off from the joint Mental Health Commission/CPAW Stigma and Discrimination effort. She suggested that someone be appointed to represent the MHC at the Social Inclusion Subcommittee. Carole asked for volunteers. Gina, Carole and Evelyn were interested. Potential volunteers would be representing the Commission. Susan Medlin is the contact person. Teresa reported that Suzanne spoke about the Needs Assessment where program chiefs have identified consistent gaps and have decided to reach out by means of a survey to line staff. Transportation was also discussed. CPAW Committees were discussed – who is attending, outcomes, purposes and goals, etc. Lastly, Teresa encouraged us to tear down the barriers that prevent us from being able to save everybody. Annis added that the Commission requested of CPAW that discussion on stigma and discrimination, and suicide reduction be a focus goal.

B. Patient's Rights – Janet Wilson

Janet reported she is working on a project about out-of-home placements. She emphasized her report was not to slam the mental health system. For this meeting she prepared a quick outline for what she was working on. The Olsted Case report was also distributed. A full report will be presented at a later meeting. Teresa thanked Janet for her passion, work and energy around this issue. She added that we don't have enough resources to tackle this issue.

Brenda presented "Bring 'em Home Initiative" t-shirt's to Annis, Teresa and Carole. Teresa mentioned that thanks in a large part to Vic, her son is back in this county. Vic recommended this issue get referred to a subcommittee. Carole said it will be kept on the Agenda as a regular report.

8. Approve Stakeholder Parameters for MHC Meetings Regarding Invitations, Frequency, Timing, Length and Possible Written Reports as a Requirement.

Held over for a future meeting.

9. Standing Committee Updates

• Nominating Committee

A. Recommendation to the Commission to add Gina as a member of their committee.
M: Sam Yoshioka; S: Evelyn Centeno. Discussion: None. Vote: Approved 10-0

B. The Nominating Committee forwards its recommendations of Carole McKindley-Alvarez and Peggy Kennedy for Chair and Vice Chair of the Commission. The committee will continue to receive nominations from Commissioners through the October meeting.

• Quality of Care Committee

See report included in meeting packet.

- Quality of Care Consumer Workforce Supportive Services Task Force
The Task Force's primary focus is expanding work opportunities for consumers.
- Capital Facilities Committee
See above housing report (Agenda Item #6). The committee is working with Vic and Sandy on housing issues. Due to a site visit, there will be no meeting in November.
- Criminal Justice Committee
Candace Kunz-Tao and Erika Barrow are going to the Police Chief's meeting to recommend use of 5150crisis.com website.

10. Adjourn Meeting.

The meeting was adjourned at 6:30 p.m.

Respectfully submitted,

Karen Shuler, Interim Executive Assistant