

**CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION'S
ANNUAL PLANNING MEETING
DECEMBER 13, 2011
MINUTES – APPROVED**

I. CALL TO ORDER / INTRODUCTIONS

Chairperson Carole McKindley-Alvarez called the meeting to order at 3:05 p.m.

Commissioners Present:

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

Non-Commissioner Attendees:

Cynthia Belon, Behavioral Health Director
Lia Bristol, Supv. Mitchoff's Office
Louis Buckingham, MHC Applicant
Brenda Crawford, Mental Health Consumer Concerns
Mariana Moore, Human Services Alliance
Holly Page, Mental Health Administration
Mary Roy, MHSA Program Coordinator
Dorothy Sansoe, Senior Deputy County Administrator
Suzanne Tavano, Mental Health Director
Jami Tussing, Mental Health Administration
Wayne Thurston, Anka Behavioral Health
Janet Wilson, Patients Rights, Mental Health Consumer Concerns
Karen Shuler, Executive Assistant

(Note: Other people were in attendance, but they did not sign the Sign-In sheet.)

II. PUBLIC COMMENT

- Gina Swirsding commented on an incident in Richmond where a consumer was accidentally killed by the police, stating the way he was treated was not in accordance with CIT Training.
- Brenda Crawford commented on a position paper from Mental Health Consumer Concerns opposing therapeutic lockouts from adult licensed care facilities. She said it was illegal, but is at crisis levels anyhow. She said it is inhumane when someone is ordered to leave their home between the hours of 8 and 4 -- in the cold, with poor transportation and no other place being available. She added this needs to be addressed soon.

III. ANNOUNCEMENTS

Dave Kahler announced that NAMI is having a fund raiser at the Walnut Creek Elks Club on February 18, 2012. Additional information is on the NAMI website.

IV. APPROVAL OF THE MINUTES FROM NOVEMBER 10, 2011.

A motion to approve the Minutes November 10, 2011 was made and seconded.

M: Peggy Kennedy ; S: Dave Kahler.

Discussion:

- Teresa stated she was not in attendance at that meeting so her name needs to be removed from the list of those in attendance.
- Page 3: Acronym EQRO needs to be spelled out (External Quality Review Organization).

Minutes were approved as corrected by a vote of 8-0-2 (Teresa and Colette abstained due to absence).

APPROVAL OF THE MINUTES FROM THE NOVEMBER 10, 2011 SPECIAL MEETING ON THE COMMISSION’S ROLE REGARDING THE MENTAL HEALTH SERVICES ACT (MHSA).

A motion to approve the Minutes was made and seconded.

M: Peggy Kennedy; S: Teresa Pasquini.

Discussion:

- Page 3, bullet 5, 5th line should read “20 Allen” instead of “MHSA”; add a comma after “the drain”.
- Page 3, bullet 5, 6th line. Delete double dash (--) and replace it with “and”.
- It was noted that there was an incorrect meeting date on today’s Agenda. It should read “10” and not “20.”

Minutes were approved as corrected by a vote of 9-0-1 (Colette abstained due to absence).

V. MENTAL HEALTH COMMISSION’S CHAIRPERSON’S REPORT – Carole McKindley-Alvarez

- Accept Colette O’Keeffe’s resignation from the Commission. Colette is considering staying, so her resignation is placed on hold. Dorothy Sansoe clarified that only the Board of Supervisors may accept a Commissioner’s resignation. (“Accept” should have been “Acknowledge”.)
- At the September Commission meeting there was a reference made about Anka regarding their funding and there was a request for Adult Mental Health Program Chief Victor Montoya to follow-up on the information discussed. The Chair of the Commission received a letter from Anka responding to what had been stated in the Minutes, which they considered to be offensive because it was not based on facts. Carole stated she has met with Chris and Naja from Anka in November, and after reading the clarification submitted by Anka, she apologized to them for anything that might have been said in our Mental Health Commission meeting that appeared to be offensive. She said she also wanted to get the correct information so it could be added to our Minutes and referenced so people would have clarity regarding Anka and their funding. Carole read off the information received from Anka regarding their funding.
 - 1) **Claim #1: Project Hope funds being down to \$25,000 in total assets.**
 - a. This is factual, but Project Hope program was funded by a grant from SAMHSA
 - b. Grant only allowed program to operate for more than a five (5) year period and was non-renewable.

- c. SAMHSA grant has now expired.
 - d. The \$25,000 for Project HOPE represents Anka's commitment to basic services of the Project HOPE program and is from CDBG grants.
- 2) **Claim #2: Anka's purchased a New Mexico child care center which went into default and the state of New Mexico took away Anka's permit to provide child care services.**
- a. Anka has never purchased any child care center in New Mexico.
 - b. Anka does not currently, nor has the organization ever operated any business in New Mexico.
 - c. Anka is not licensed to do business in that state, in any capacity.
- 3) **Claim #3 Anka is financially unstable.**
- a. Anka is financially stable.
- Carole said this will be captured in our Minutes, along with a stated apology from her as Commission Chair. Colette said the information was obtained from another County entity and she would like to obtain their sources before we send our apology. Carole responded that regardless of what we believe about someone and the way it may be presented from another organization, as a Commission we want to be thoughtful around how we put information out in these meetings. She added that we can ask questions regarding an organization's financial stability, but when we make the statements as though they're true, we find ourselves liable for false information. Colette respectfully requested that the apology be withheld until this matter is all flushed out. Carole noted Colette's request and stated that the apology will stand.
 - Moving on, Carole stated we have moved forward to create a culture both on the Mental Health Commission as well as with our collaborations outside the Commission that are very thoughtful and have increased our ability to be able to function more fluidly and to get more things done. She told the Commission "Well done" for work inside of Committees and the Commission.
 - Peggy thanked Carole for her leadership this year. She said she is hoping that this next year we can move ahead rather than spending so much time on the process.

VI. MENTAL HEALTH DIVISION VISION AND OBJECTIVES – Mental Health Director Suzanne Tavano

Annis said she received an e-mail from a member of the community asking if someone from Mental Health Administration could put together an update to e-mail out to everyone letting them know you are currently working on developing Seneca Center and that the age group target at that facility is 16-25. Suzanne said she would touch on that in her report. Carole mentioned that if it didn't get covered, it could be placed on the January Agenda.

Suzanne expressed appreciation for the leadership and membership of the Commission, and said she has appreciated being able to work collaboratively with the Commission.

1-Update on the Behavioral Health Integration Process.

The planning process for moving forward with integration is continuing. Zia Partners are still involved and Homebase has started participating and will be one of the Program Managers from the three different sections of the division in terms of culture building,

establishing commonalities. On Monday the stakeholder selection committee responsible for selecting Zia Partners is meeting to discuss the formation of a steering committee for the process. She added there are actual projects we can work on now, which will go a long way in identifying infrastructure.

- **Mental Health Integration Project**
Primary Care was approached over a year ago about putting in a clinic at 1420 Willow Pass Road so it would be a one-site location containing both physical and mental health services – with the focus on integration not co-location.
- The history of the Seneca, Oak Grove site was reviewed at the Child and Family Committee of the Board of Supervisors. The County owns the building. The thinking is that we could site the TAY (transition-aged youth)-focused early-intervention psychosis program there, and hopefully be able to use half of the residential building as a TAY transitional residential facility (which would provide housing to homeless and at-risk-of-homeless TAY population). Another thought is a multi-service out-patient function for part of the building, where there would be a variety of services provided to TAY (mental health, AOD). It could potentially have primary care onsite and vocational services and supportive educational services, where the many issues confronting the TAY population could be discussed. At the meeting, Supv. Uilkema, reminded us that due to the budget situation, the county is looking at selling county-owned properties. This property was not specifically named as being considered for being sold.

2-Consolidated Planning and Advisory Workgroup (CPAW)

At their last meeting, CPAW started a discussion of going back and looking at the CPAW source documents about the Mental Health Services Act (MHSA), the CA Code of Regulations, the Welfare & Institutions Code, looking in terms of membership in CPAW representing the community and moving the process forward. They broke down into smaller discussion groups and are reaching out to consumer and family members of the community to become a part of the CPAW process.

3-Goals and Initiatives

- APS Healthcare will be at Mental Health Administration for their annual review in January (distributed FY 11-12 APS Healthcare California External Quality Review Organization Site Reviews paperwork.). In preparation for that, we updated our annual Quality Improvement Plan (distributed 2011 Draft of Quality Improvement Plan). Items 1-9 consist of significant changes since last January, followed by current initiatives and what we're focusing on for the coming year. Suzanne then distributed a draft of Completed Activities for 2011, which will be given to APS as part of the Quality Improvement Work Plan. She said uncompleted goals and objectives will be carried over to next year.

4-Suzanne spoke about an MHSA dashboard summary report she will use on a monthly basis in reports to the Commission. It will address the different aspects of services in terms of number of people served, age ranges served – how many people go to Regional Medical Center, 4c, and private hospitals, length of stay, how many days of the hospitalization we're approving/not approving, the use of board and cares, etc. We tried to consolidated data requested here and from others to have one consolidated report to be done monthly to help us stay on target.

Questions:

- Colette: How far along is the integration of primary care/mental health clinic integration at 1420 Willow Pass? Suzanne replied that the physical remodeling is nearly complete – it will probably be ready in March. We're working toward having people from AOD on site. We really want the building to be the health home and be fully integrated for the best of care.
- Carole mentioned that the Quality of Care Committee had a representative from Contra Costa Health Services who said the only thing that would not be located at the clinic would be the specialty doctors. Colette said specialty referral is still a major problem, and asked how far has the status of electronic records progressed, particularly in mental health services and the compatibility of the two systems? Suzanne replied that EPIC is being implemented in the hospital, clinics, public health and Contra Costa Health Plan (CCHP). We are still looking at the selection of vendors. Whatever systems are there, we want to make sure they can communicate with each other.
- Carole asked if today's report an inclusion of a new vision or an end of the year report? Suzanne responded that it is both, because of the difference between calendar year and fiscal year – so it is a retrospective review and a plan for this year. Suzanne referred to Page 1 of the Completed Activities for 2011 document as being what was completed, pages 2-3 for what is still in process of being completed, pages 4-6 for what activities are being planned for 2012.
- Peggy: Regarding Seneca— Supv. Uilkema had mentioned facilities like these might be cut, so how can we advocate for this facility? Dorothy said it's way too soon. The budget process will begin in January. She said she doubts any useful buildings will be disposed of, and will let the MHC know of any buildings being put up for sale. Suzanne added that this is an example of walking the line of transparency.
- Teresa asked if this document to be used for planning annual goals? Suzanne said she hopes it will help. Teresa said it's hard to respond to something we didn't have in advance. Also, she wondered why the Commission was not on the Family and Human Services Agenda mailing list. Teresa requested that the Commission be given information about MHC issues-related Board of Supervisors meetings, and other county meetings. She added she wants to emphasize the planning piece of Commissioners and stakeholders. As a Commissioner, she feels she's not being informed. Carole said this will be forwarded to the Executive Committee for discussion.
- Brenda Crawford of Mental Health Consumer Concerns stated one of the community providers has changed the focus of their program, which has eliminated a lot of the people from being eligible for their services. The clients then come to MHCC, but we have no more room for them. I really need for Suzanne and Cynthia to hear me when I say there is a crisis where people have no place to go. We're now getting referrals from realignment (coming out of state prisons). She distributed an MHCC Position paper, and asked the Mental Health Administration to make this one of their priority upcoming goals. Gina referred to people also being forced out of hospital settings and into group homes.
- When asked for her input, Cynthia Belon said she continues to try to reframe what is

being said in terms of how it pertains to behavioral health. System transformation will proceed quickly in 2012. She asked for everyone's support and participation in the process during these difficult times. These conversations are also occurring at AOD, environment and homeless. We need to focus on people who need assistance and we need to have clarity in our message.

- Mariana Moore stated she appreciated having the Quality Improvement document and asked what engagement is happening to help develop the outcomes beyond the vendor level. Suzanne responded that it's happening in County mental health. Every organization has their internal processes. This is our internal process. Mariana said she would encourage shared conversation around integration.
- Carole thanked Suzanne and mentioned having the materials ahead of time in the future would be a great help. She asked if there is a mechanism in place to bring in stakeholders to assist with the vision and work plan for 2012—where is the big plan, the outline, the goals and objectives? The internal impacts the external. Can we all collaborate for a vision in 2013? Cynthia replied that in 2012 there will be lengthy discussion about process so information flow should be done. We'll learn through the process. Suzanne added that the number one on all lists is integration.

VII. REVIEW 2011 COMMITTEE WORK PLANS/GOALS AND APPROVE 2012 WORK PLANS/GOALS

Carole clarified that different impediments have occurred to prevent most of the Committees from meeting and discussing their Work Plan and Goals. This will be a conversation and this Agenda item will be carried forward to January. This is an opportunity to reflect on what has worked and areas of growth and see how we can support each committee in moving forward.

A. Capital Facilities Committee – Teresa Pasquini, Chair

Teresa, Annis, and Evelyn are members.

- Annis: Last year's goals will continue into next year. We will continue to review and evaluate anything that has to do with capital projects, continue with our site visits, continue working with the Housing Coordinator on any type of housing or capital facility -- and would alert the Quality of Care Committee regarding transportation access to specific sites.
- Carole asked what's worked well, and what are areas of growth, either internally within the Committee or externally with partners? Teresa mentioned that they came in very focused and ready to develop our goals and have something measurable and something tangible to work on. What worked well is having conversations with Sandy Rose and Vic Montoya about our desire to have more upfront communication prior to things being developed. We have pushed and focused on trying to be collaborative and develop partnerships. There is no end to the need to discuss housing. She said she invites and looks forward to including in the conversation Alcohol & Other Drugs and the Homelessness Division in the coming year, and figuring out ways for us to all work together in the integration of services. She said she also wants to push access – that it's a key.
- Evelyn said she joined the Committee because of the focus on housing. Teresa is always out at meetings and brings in information that helps the Committee to move

forward with our goals.

- Carole: What about areas of growth (or challenges)? Annis replied that we have a lot on our plate. Evelyn said funding is the biggest challenge. We were excited when 20 Allen got approved, but now there's no budget to complete it. Teresa said it's a challenge to get people to come and participate. Since MHSA has come along, there are so many meetings and committees and duplication. She hopes we can stop duplicating efforts. She said it's a challenge not knowing some of the concerns of the boards in other divisions. Annis added that one of the challenges before us is to have more influence on what's going on with the Board and Cares. And getting more input back from the training process for some of the Board and Care operators in Richmond.
- Teresa said she wants to address Brenda's comments about West County – she still hopes to work with MHCC about access to West County and all three regions to deal with lockouts, lack of activities, programs, places to go, etc. Colette said she 1000% support Brenda's efforts. But the economic reality is there is not enough money for more Board and Cares and they can refuse to follow the law because they have the leverage Brenda asked the Capital Facilities Committee to consider alternative facilities for mental health consumers throughout the county – shared housing consumer or provider run. Also, look at never purchasing a piece of property that is inaccessible by public transportation. Suzanne clarified we have no regulatory control over Board and Cares. Brenda suggested looking at other models, and asked that we look at the whole need of consumers when places are purchased. Colette expressed her opinion that MHSA funds should be used first.

B. Criminal Justice Committee – Dave Kahler, Chair

Dave, Floyd, Sam and Gina are members.

- Carole asked what's worked and what are the challenges? Dave responded that a member had to resign because of family illness. We've been concentrating attention on the Concord Police Department, which is the largest jurisdiction in the County, because anything you can get them to adopt, if it is successful in Concord, it will most likely be successful in the other 21 jurisdictions. Another thing we ran by the Chiefs is the idea of a Family Education Center, which would be a program or mechanism that would get a far greater number of the families that come into the mental health system directed to programs and services. He suggested having CIT training year round – run by another organization since funding is a problem for the police. One of our aspirations is getting the interest of the Concord Police Department. Sam added that one of the challenges is the realignment by the State. Dave said the realignment process is happening faster than expected – more people, less money. Floyd said Dave has done a wonderful job of getting consultants in to speak to us. Gina said there isn't enough funds for CIT, but there are other less-expensive programs. There needs to be follow-up on 5150 calls. Memphis, Tennessee has a program that could be adopted. She discussed facilities where the 5150 process is not working.
- Teresa commented that she is a firm supporter of the 5150crisis.com website. It was developed during kaizan and involved numerous forensics hospital and law enforcement personnel. She expressed concern about our Commission focusing

always on Concord. We need groups like the multi-disciplinary committee to expand out of Concord. Teresa then asked where the Family Education Center was discussed? Dave replied that it was with the chiefs. Teresa asked where the conversation took place and where are the Minutes that reflect the meeting? Dave replied that it wasn't a public meeting and will be discussed at tomorrow's (Criminal Justice Committee) meeting and will be part of the 2012 goals.

- Gina mentioned that one of the things she'll be doing is joining the Human Rights Commission in Richmond – they're aware of what's going on and are hopeful about Richmond getting on board.
- Brenda said she hasn't had a chance to go through the (5150crisis.com) website. She said consumers have grave concern about the wording and she would like to see if a partnership can be formed to work together on the wording. She said she thought it was developed without consumer input.
- Evelyn asked if a goal on stigma education be added to the Criminal Justice goals? She asked which committee would address this? Carole replied that it would not be specific to Criminal Justice.
- Carole spoke to the Criminal Justice Committee, stating her one concern for your Committee is a lack of transparency. We need to get clear Minutes about what you are doing at all times. For example: in the October Mental Health Commission meeting, we voted against moving forward with supporting the 5150crisis.com specifically because of the wording issue. But you are moving forward. There are site visits and conversations regarding backing specific programs. What we need to support the great work you are doing is these all have to be vetted through the Commission. Dave responded the items were in the Criminal Justice Minutes.
- Staff mentioned she was not yet back to working for the Commission when the site visits took place.
- Carole continued to outline the process required: you have to propose it to us, be approved and then once a vote has been made the Committee needs to respect the vote of the Commission and not move forward. We have to hear things before they happen, not after, and we need to approve it. Dave repeated the site visits were all in the Minutes. Peggy explained that the major issue is that the Commission needs to hear about them and approve of them ahead of time. Dave said the site visits were in the Minutes before and after. Carole said the issue was that the Commission was told and not asked. She said it has to be an action item and be approved and clearly stated in our Minutes that we approve the site visit and then it has to be posted and Agendized so anyone can attend if they choose to and those details were not outlined in the meeting. The Commission wasn't told who was contacted for the site visit, what it was for, the results. She emphasized it was not about ill-intentions from the Criminal Justice Committee, but that things were not coming appropriately to the Commission and we were in danger of Brown Act violations when that doesn't happen. Sam asked where it says in the Bylaws that every Committee needs to come before the Commission for approval of what they're going to do, and added it is micro-management to require that all committees vet everything through the Commission. Carole replied it was in the Bylaws. (Staff will get the Bylaws information to Sam.) She concluded by saying that her only problem with the

Criminal Justice Committee was the lack of transparency. Evelyn added that in her experience committees are always under the jurisdiction of the whole organization.

C. Nominating Committee – Sam Yoshioka, Chair

Sam, Floyd, Colette and Gina are members

- Sam began his report by stating we are one of two committees mandated in the Bylaws. Our mission is to recruit and interview applicants to the Commission and forward their recommendation to the Commission. It was formed in March 2011, but we have no prior experience in this process, so we went through several interviews and made recommendations to approve and to not approve applicants. We had the unfortunate experience of the Commission not forwarding an applicant that was recommended by the committee to the Board of Supervisors. Carole asked Sam about the applicant who was not forwarded to the Board of Supervisors. Sam stated the Committee had made a recommendation but the Commission did not recommend it go forward to the Board of Supervisors.
- Sam continued with his report, saying that we have two applicants on the Agenda for recommendation and are planning to have another one interviewed in January. He said he thinks one of the challenges we have is there is no representation from the Hispanic community on the Commission. We would like the help of the Mental Health Administration and our alliances for referrals. Currently, there is one African-American, and a second one has been forwarded to Supv. Piepho and is in process of being appointed. And another is behind the scenes when an opening occurs.
- Carole asked for additional comments about what's working and areas of growth. Gina mentioned the mentoring helped her and going through the [New Commissioner Orientation] Manual.

[Note: Evelyn left the meeting at 5:15 p.m.]

D. Quality of Care Committee – Peggy Kennedy, Chair

Peggy, Floyd, Carole, Colette are members.

- Peggy stated the 2011 Goals were 1) To create a Consumer Workforce Supportive Services Task Force; and 2) To address quality improvement of mental health services regarding accessibility of transportation, accessibility and appropriateness of dental and medical services, and cultural appropriateness of continuum of care services provided by county and contract agencies. The Committee worked in a successful collaboration with the Mental Health Administration Quality Improvement Team, especially the research and evaluation portion of that team, in trying to gather information to see what was working, but mainly where the gaps were.

Status

1. Accessibility of Transportation

A Transportation Task Force was formed by Mental Health Administration. Colette, who was appointed to be a liaison from the Commission to the Task Force, made some recommendations that instead of taking a more theoretical approach to transportation, they actually get out on the street and document the hours of transportation available through random samples, go to various points in the county to see which transportation is working and not working. At our end-of-year meeting,

because we thought Colette was going to be resigning, we considered referring this issue to the Capital Facilities Committee for 2012.

2. Accessibility and appropriateness of dental and medical services

Dental Services

We explored what services are available and staff put together a list of clinics so we could see what dental services currently are available to consumers in Contra Costa County including information regarding what services are provided, how fees are determined, and eligibility criteria. So far the Committee has received a 50% response to the questionnaire sent out. The Committee is also collecting information regarding ongoing pro-bono dental programs available in this and other counties and doing outreach to community organizations within Contra Costa County that may have an interest in developing a similar program locally.

Medical Services

The Committee explored potential gaps in medical services for mental health consumers and came up with a list of questions. Judy Lauro, Contra Costa Health Plan, and Chris Faritano, Contra Costa Health Services (Ambulatory Care) attended the Quality of Care December meeting to provide answers to questions plus additional helpful information regarding CCHP policies and services. The questions and response will be distributed in the Minutes from that meeting.

3. Cultural appropriateness of continuum of care services provided by county and contract agencies

Again, the QC Committee worked closely with the Mental Health Administration Quality Improvement research and evaluation team, focusing specifically on psychiatrists and psychiatric nurses regarding: their own racial background; ethnicity/language/age specialties; psychological disorders specialties; sexual orientation specialties – basically to find out where the gaps might be in serving consumers. In 2012, we want to do a gap analysis on the availability of psychiatric services.

Discussion:

- Colette: Regarding the accessibility of transportation --- the Mental Health Administration Transportation Task Force is seriously flawed and a waste of time. People on the Task Force have no personal knowledge of the system. Surveys filled out at clinics are only filled out by those who are able to get there. She is concerned about people who are unable to get to the clinics so have no input. She said she felt her suggestions were not only rejected but unheard on the Task Force.
- Gina said she'd like to see a psychiatrist and psychiatric nurses in the Emergency Room, and move those patients quickly out of the ER and into where they properly belong.
- Brenda said she wants to support Colette's comments about the MHA Transportation Task Force. She then informed the Quality of Care Committee that MHCC has a successful volunteer dental care program in Napa and is starting one in Concord. Cynthia added that the Homeless Advisory Board has been working for over a year on establishing free dentistry for consumers.
- Teresa said she wants Commission to recall Janet Wilson's "Bring 'em Home Campaign" and quality of care for consumers who are out-of-county and inadequate

care with inadequate staff. She would like to see advocacy from MHC in this area at the state level. She said doesn't know who monitors state hospitals like Napa, but would like us to be concerned about the safety of consumer and staff at hospitals. She asked for clarification of where the oversight lays.

E. Quality of Care Consumer Workforce Supportive Services Task Force – Colette O’Keeffe, Chair

Colette, Peggy, Carole, Floyd are members

- Colette stated that part of the reason she quit the Commission was this task force. There was excellent attendance at the beginning. She stated that one consumer told her he stopped attending due to workplace pressure. She felt this was another disrespect of consumers and consumers’ needs. Because Colette was not in attendance at the last Task Force meeting, Peggy gave the Committee report.
- Peggy stated that the 2011 Goals were to 1) Expand employment choices; 2) Explore co-occurring barriers to getting and keeping employment; and 3) Explore how to deal with discrimination and abuse in the workforce. We started with representatives from Putnam House and Mental Health Vocational Services at the meetings, which helped to develop ideas for employment choices. They stopped coming and also a few consumers who came did not continue. We decided to take a different approach for 2012 Goals: 1) To reframe the Task Force in order to get more consumer involvement; 2) Develop and distribute a survey to collect data regarding existing consumer training, living, retention and experiences within paid and non-paid employment; and 3) Analyze surveys from consumers to determine what consumer supportive services we actually need.
- Carole explained that at the meeting, one of the participants came forward to speak about how [the lack of attendance] may have come out of a very heated and at times very challenging conversation that was occurring in the Mental Health Commission for several months that may have caused people to misinterpret the intention of the Task Force, so they felt they didn't want to be connected to something that was connected to heated and at times disrespectful dialogues that had occurred in the Commission. There doesn't need to be a change of goals or intent, but rather a reframe so people could really understand what was happening in the Task Force as opposed to what they thought was happening.
- Teresa asked if the Task Force was time limited. Carole replied that it was and the Commission will revote on the Task Force in January.

Carole: In summary, Committees are to integrate comments from today's meeting and present goals and work plans and prepare to have them voted on at their January meetings. They must go out in meeting packets so members may review them. End of Year reports and 2012 goals are to be available for mailing to the Commission by Monday January 16th. Draft Minutes of this meeting are to be sent to the Committee Chairs by staff.

VIII. THE COMMISSION’S ROLE IN THE MHSA PROCESS

Carole referred attendees to the Minutes from the Special Meeting, where the

Commission created guidelines that would support how we would function and move forward when it came to MHSA funding.

A. Adopt Principles and Guidelines

The Principles recommended at the Special Meeting on the Mental Health Commission's Role Regarding the MHSA Process were:

1. Reduce duplication
2. Identify current and future County needs
3. Transparent analysis of program effectiveness
4. Providing recommendations to the BOS regarding how MHSA dollars should be allocated.

Teresa asked where these guiding principles will be used. Carole explained these would be used to keep us focused on anything that came up and to look at how to address it. These guiding principles will lead us in our process of advocacy in regards to MHSA funding.

1. Reduce duplication

- Suzanne asked about what is meant by duplication. Annis replied that part of what we were trying to do is reduce Mental Health staff time, cut down on meeting time, etc.
- Sam asked for clarification on what "Identify" means and asked for specifics about duplication. Teresa spoke about the two Capital Facilities Committees, the Housing Committee plus Capital Facilities which also deals with housing, and a lot of meetings happening in a lot of places and not a lot of direct providers participating. Suzanne said they'd been talking with direct service providers about what meetings would be of benefit to them.

Carole: Reduce duplication – a systemic, organizational issue: We want to reduce the number of meetings where the same subject is being discussed over and over again. Carole then asked if this is a guiding principle in regards to MHSA funding? There was general agreement.

2. Identify current needs

- 1) Emphasis around doing an analysis of the current funding structure
- 2) Emphasis around providing a reassessment of how MHSA dollars are currently allocated.
- 3) Create some kind of comprehensive understanding of the purpose of MHSA dollars – going back to the law.
- 4) Whatever we do, we do in partnership.
 - Carole asked if we are on the same page in identifying current needs...which includes assessing how the dollars are currently spent, and looking at where the gaps are in the needs when we're talking about why this money was created. Colette said, in assessing how the money is spent, we need to also have the analysis on how much is spent on primary front line care, and how much on other administration to facilitate our meetings, statements, rent for non-primary care, etc. When she added she has asked for this information for years but it has not been forthcoming, it was clarified it has been distributed in the MHSA Special

Programs Report. Carole asked that Mary make it available to the Commissioners who may not have read it.

- Floyd said we need to focus on something more specific instead of so general – specify the need for beds. Carole asked for suggestions for specific current county needs.
 - Brenda: To assist with system integration in ways that would facilitate partnership and cooperation. The MHC could be helpful with the other Boards and Commission in developing some joint strategy to bring about integration.
 - Suzanne bring more of the consumer and family voice – both adults and children
 - Teresa: It’s critical to ask line staff and also critical to include consumers and family viewpoints and critical to go to the shelters, to where the full service partners are, and go to 4-C, and PES.
- Carole mentioned that we seem to be blending 2 and 3 -- “Identify current and future County needs” and “Transparent analysis of program effectiveness” – together. Should we consider putting these two together or keeping them separate? Annis responded that when you go back and do an analysis of how effective a program is, you can find a way to make it more effective – these are linked together. Cynthia added that it’s important to identify current needs, but view them through behavioral health lens. Sam disagreed, saying he doesn’t think we have the expertise on this Commission to do any kind of analysis. The experts need to come before us and make a presentation and convince us to support their recommendations. Carole clarified that it would not be us doing this, but these are the guiding principles we would be asking the County to do for us. Carole asked if we wanted to put these together? Teresa said we want to make sure we are developing something that will send a message out to our community in partnership and are capturing a partnership stance.
- Colette asked who decided the questions in the survey? The outcomes can be influenced by the questions asked. And were line force included in putting together the survey?
- Carole proposed adopting the four Guiding Principles listed above and utilizing the more specific items as mechanisms about how we can go about doing these.

GUIDING PRINCIPLES

1. Reduce duplication
2. Identify current and future County needs
3. Transparent analysis of program effectiveness
4. Providing recommendations to the BOS regarding how MHSA dollars should be allocated.

MECHANISMS

1. Emphasis around doing an analysis of the current funding structure
2. Emphasis around producing a reassessment of how MHSA dollars are currently allocated.
3. Create some kind of comprehensive understanding of the purpose of MHSA dollars – going back to the law.

4. Whatever we do, we do in partnership.

- Carole asked for a motion regarding accepting the four Guiding Principles and the four mechanisms about how we will go about those guiding principles. Peggy Kennedy made the motion and Annis Pereyra seconded the motion.

Discussion:

- Peggy: Before I vote, I want to understand what we're planning on doing with it. It's great to have the principles, but we have our set committees and none of them cover MHSA, so how do we deal with this? How are we going to move forward with these principles? Brenda: One of the ways to move forward is to look at all the Committee's Mission Statements and combine efforts with already existing committees. Suzanne: I am respecting the process, but some meetings are internal and would not be disbanded because of duplication, and trying to reconcile how efforts at CPAW and the MHC can be reformulated?
- Carole: For clarity...this is about what's working and what's not working – the MHC's clear statement as to how we want to move forward in collaboration and dialogue. Teresa: There needs to be some clarity. I'm concerned about what I'm not hearing about until it's too late. I want a transparent, open dialogue about how we can use these dollars. Peggy: We established this framework as opposed to putting it in a committee, and we use this as our guiding principles throughout the year in regard to MHSA.
- Carole: We didn't want to have a MHSA sub-committee but wanted the whole Commission to be accountable for their role in the MHSA process. MHSA funding will be consistently on the Commission Agenda.

Motion passed by a vote of 8-0-1(Sam abstained; Evelyn left the meeting early).

B. Discuss possible issues/goals not covered by the standing committees.

Place on January Agenda.

IX. DISCUSSION OF CONSUMER SATISFACTION SURVEY – Steve Hahn-Smith
Place on January Agenda.

X. CONSIDER PROPOSED BOARD OF SUPERVISORS LEGISLATIVE PLATFORM.

Place on January Agenda.

XI. REVIEW OF THE CURRENT COMMITTEE STRUCTURE.

Place on January Agenda.

XII. RECOMMENDATION FROM THE NOMINATING COMMITTEE ON MHC APPLIANT LOUIS BUCKINGHAM

Louis Buckingham's application was received after Juliet Scott's was approved for recommendation by the Commission. He was interviewed by the Nominating Committee as a future prospect.

- Sam made the motion that because there is currently no opening in the District III Family Member seat, the Nominating Committee recommends to the Commission that Louis Buckingham's application remain on file for a future opening for a District III Family Member. Peggy seconded the motion.

Discussion: None.

Vote: 9-0 Unanimous (Evelyn Centeno left the meeting early)

RECOMMENDATION FROM THE NOMINATING COMMITTEE ON MHC APPLIANT MONIQUE TARVER

Monique Tarver was interviewed by the Nominating Committee for the District III Family Member or Consumer Representative seat.

- Sam made the motion that no recommendation be made regarding Monique Tarver, District III Consumer applicant. Floyd seconded the motion.

Discussion:

- Teresa asked why she was not recommended. Sam responded that she lives in Antioch and works in Alameda County and knows quite a bit about what's going on in Alameda County but has no experience whatsoever or knowledge of Contra Costa County. She uses her private insurance for her needs and her family needs.
- Carole said her resume looks like she comes with an enormous knowledge and experience. She asked if it was primarily that she doesn't know our Contra Costa County system of care, and if that's the case does she have the capacity to learn our system and learn it well, because she has a lot of good stuff she can bring to the table as a consumer. Gina stated she has a lot of experience on what it's likes to seek help and not get it. When she was a child, she was also in Alameda County's mental health system. She has participated in peer to peer counseling, and is a WRAP facilitator – she's a strong advocate for the consumer and also has a family member. She is a very good candidate.
- Brenda added that Monique Tarver is known throughout the state of California as one of the strongest consumer advocates in the state. She has been very much involved in the state's spirituality initiative, and just held a conference in Oakland with the faith-based community looking at African-American men who have mental health issues. She said she doesn't think the Commission can get a more respected and knowledgeable consumer to apply.
- Carole asked if Sam wanted to keep his motion on the floor. He did.

Vote on not recommending Monique Tarver: Ayes: 3, Nays: 6

The motion not to recommend Monique Tarver was defeated.

- Teresa made a motion to forward a recommendation for appointment of Monique Tarver to the District III Consumer Representative seat. Peggy seconded the motion.

Vote on recommending Monique Tarver: Ayes: 6, Nays: 3

The motion to recommend Monique Tarver passed.

XIII. ADJOURN MEETING

The meeting was adjourned at 6:25 p.m. The next scheduled monthly meeting will be Thursday, January 26, 2012 from 4:30-6:30 pm at John Muir Behavioral Health on 2730 Grant Street, Classroom A, in Concord.

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