

# DRAFT

## Contra Costa County Mental Health Commission MINUTES – April 25, 2013

Agenda Item	Discussion	Follow-Up
<b>I. Call to Order/ Introductions</b>	<p>Commission Chairperson Carole McKindley-Alvarez called the meeting to order at 4:30 p.m.</p> <p><u>Commissioners Present:</u>  Louis Buckingham, District III  Evelyn Centeno, District V  Jerome Crichton, District III  Jack Feldman, District V  Dave Kahler, District IV  Peggy Kennedy, District II  Carole McKindley-Alvarez, District I  Colette O’Keeffe, District IV  Teresa Pasquini, District I  Annis Pereyra, District II  Gina Swirsding, District I  Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u>  Supv. Karen Mitchoff, BOS Rep.</p> <p><u>Non-Commissioners Present:</u>  Trina Christian  Andrea Clark, ANKA  Dianna Collier, MHA Family Coordinator  Marvin Edwards, Consumer  Dawn Elizondo, Consumer  Katherine Glover-Fertig, Relative of consumer  Mara Gold, Supv. Mitchoff’s Office  John Gragnani, CCCMH, Local One  Vincent Harrigan  Christy Johnson  David and Janice Juarez, Consumer and wife  Shayne Kaleo, ANKA  Erin McCarty, Behavioral Health Administration  Susan Medlin, OCE  Dwight Owens  Maria Ramirez, MHCC  Roberto Roman, OCE  Cristina Scharff  Karen Shuler, MHC Executive Assistant  Nina Smith, Alcohol &amp; Other Drugs Advisory Board  Cynthia Staton  Eugenia Tobar  Cheryl Tejero, Guest  Janet Marshall Wilson, MHCC</p>	

<p><b>II. Public Comment</b></p>	<p>Due to the large number of people wishing to give Public Comment, the Chair asked that people limit their comments to 1-1/2 minutes each. Public Comments were all regarding Mental Health Consumer Concerns (MHCC) and are summarized below. Written comments were also received and are included in the summary. Comments have been organized into general categories.</p> <p>Personnel issues:</p> <ul style="list-style-type: none"> <li>Lack of training while in employ of MHCC</li> <li>Unlawful or wrongful termination</li> <li>MHCC Policy &amp; Procedures not being followed</li> <li>Complaints against specific MHCC executive staff members</li> <li>Programs inadequately staffed</li> <li>Executive staff are not peers and are inexperienced in working with consumers.</li> <li>Unwillingness to recognize the need for part-time positions for consumers.</li> </ul> <p>Treatment of consumers:</p> <ul style="list-style-type: none"> <li>Not treated with dignity and respect</li> <li>Internal investigation of harassment</li> <li>DFEH investigated harassment &amp; discrimination resulting in two financial awards</li> <li>It is no longer a place of wellness and recovery.</li> <li>Staff were terminated in direct view of consumers.</li> <li>Center on Sycamore has gone downhill since coordinators were fired.</li> <li>Wrongfully accused.</li> <li>Executive staff was rude to consumer's family members.</li> <li>Workplace bullying.</li> <li>Devastated by events that have occurred.</li> </ul> <p>Financial mismanagement</p> <ul style="list-style-type: none"> <li>Consulting fee money (over \$45,000) was given to personal alliances of the Executive Director</li> <li>Following significant fiscal year-end spenddowns, funds were ordered to be encumbered and not returned to the County.</li> <li>Audits performed scant and non-conclusive</li> <li>Following a fundraising, over \$12,000 was lost and absorbed by the County</li> <li>County funds were used for legal services</li> <li>Following an investigation of document falsification in 2012, the \$13,000 fee was paid for out of County dollars.</li> <li>Program Deliverables have not been met and County money has been used inappropriately.</li> </ul> <p>Issues with MHCC Board</p> <ul style="list-style-type: none"> <li>Number of members does not follow Bylaws</li> <li>Inactive members</li> <li>Board Agendas and Minutes incomplete</li> <li>Ineffective leadership</li> <li>Committees do not meet or are remiss in their duties</li> <li>Did not act when Staff member hired by Board fiscally</li> </ul>	
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	<p>decimated the agency</p> <p>Attempts to report issues:          Nothing was done when allegations regarding above-mentioned \$45,000 was brought to Board Chairman. Grievance letter submitted to the Board of Directors received no response.          Per MHCC policies &amp; procedures, a letter of complaint about wrongful termination was submitted to the Interim MH Director and received no response.</p> <p>Requests for action:          The County should fund outside Peer Services.          The four contracts that MHCC currently have should be reissued with an RFP process.          In order to determine the future of this non-profit agency in regard to public funding, it is essential that these allegations are either confirmed or refuted.          That the Mental Health Commission perform due diligence by conducting an internal audit of MHCC for no less than the last three years of operation. The audit should include their Policies &amp; Procedures, the Board of Directors, Program Deliverables and Finances.</p> <p>Public Comments were received from Cynthia Staton, Dwight Owens, Janice Juarez, Marvin Edwards, David Juarez, Dawn Elizondo, Katherine Morgan, Katherine Glover-Fertig, Christina Scharff, Christy Johnson, Trina Christian, Vincent Harrington, Eugenia Tobar, Jeannine Mills.</p> <p>Carole stated that the Public Comments received will go to the Executive Committee and be forwarded to Mental Health Administration as well.</p>	
<p><b>III. Approval of the Minutes from March 28, 2013</b></p>	<p>➤ Peggy made a motion to accept the Minutes and Annis seconded. Carole called for discussion. Colette pointed out a typo on page 8, item 2. It should have read 2013 instead of 2003. The Minutes were approved as corrected by a vote of 10-0-2 (Jack and Sam abstained).</p>	<p>Staff:          Forward corrected Minutes to website for posting.</p>
<p><b>IV. Announcements</b></p>	<ol style="list-style-type: none"> <li>1) The “May is Mental Health Awareness Month” proclamation will be presented to the MHC at the May 14 Board of Supervisors meeting. Commissioners are encouraged to attend the brief presentation at about 9:30 a.m.</li> <li>2) Carole reminded Commissioners that attendance requirements for committees are the same as the Commission. Three absences may result in dismissal from the Commission. nize the need for part-time positions for consumers.</li> <li>3) Carole mentioned that staff had been informed that copyright laws prevented the sending out of the CA Healthline articles (terms of use included in the packet). Sam stated that wasn’t true and referred to an e-mail correspondence he had that stated the MHC could distribute the articles freely. Carole said any articles sent for distribution to the Commissioners will be sent out once a week on Fridays.</li> <li>4) Carole addressed the need for Commissioners to respond to e-</li> </ol>	

	<p>mails from staff in a timely manner.</p> <p>5) Carole requested that if Commissioners have a question for MHA staff, they fill out a Data Request form and send it to Karen. Some MHA staff who may not know what the Commission is, are confused about who is requesting what for whom. This way it can be tracked and will expedite requests for information.</p>	<p>Staff: Send copies of Data request form to Commissioners</p>
<b>V. Report from Mental Health Director Steven Grolnic-McClurg</b>	<p>Mental Health Director Steven Grolnic-McClurg was unable to attend. His report was included in the packet and Commissioners are encouraged to read it.</p>	
<b>VI. Commission representation on RFP/RFI Panels</b>	<p>The Commission is being asked to appoint one representative to each of the following MHSA proposal review teams. Carole asked for volunteers.</p> <ol style="list-style-type: none"> <li>1) PEI Alternative Education RFI – Evelyn volunteered Will meet 5/21 or 22 from 10-12</li> <li>2) TAY Full Service Partnership (East County) RFP – Peggy volunteered Will meet 5/29 from 10-1</li> <li>3) Adult Full Service Partnership (East County) RFP – Louis volunteered Will meet May 22 from 9-12</li> <li>4) MST for Juvenile Offenders (Children's FSP) – Carole volunteered Will meet 5/16 from 1-4</li> <li>5) Crisis Residential Facility RFP – Teresa and Colette volunteered. (Permission was granted for there to be two representatives on #5) Will meet 6/5 from 9-11</li> </ol>	
<b>VII. County Counsel response addressing the subject of Public Comment by Commissioners</b>	<p>Carole explained that per County Counsel, only brief response may be made to Public Comment given at meetings.</p> <p>“A Commission member's ability to participate in public comment depends on the issue. Where the issue involves the Commissioner's own personal interests, like family or property, the Commissioner recuses himself from the Commission decision, but he may still comment as a member of the public. In that case, he steps down from the dias and is subject to the same public comment rules that apply to members of the public. However, assuming the Commissioner has not recused himself from the Commission decision, he should not make public comment. That is not his role. Instead, when the matter is brought before the Commission for discussion, he makes his comments at that time as part of the Commissioners' discussion.</p> <p>During the agenda’s public comment period, Commissioners may ask the person commenting brief questions for clarification. They may also briefly respond to a public comment. The key word is "brief." This is not supposed to be a debate. “</p> <p>Mary Ann McNett Mason, Assistant County Counsel</p>	
<b>VIII. Report from Peggy Kennedy on the Mental Health First Aid USA</b>	<p>I was very fortunate to attend a two day, 12 hour training in Mental Health First Aid on 4/11 and 4/12 sponsored by The Discovery Center and San Ramon Regional Medical Center. In attendance was a lively mix of 30 people including Contra Costa County Mental Health staff,</p>	

<p><b>Conference</b></p>	<p>mayors and police from San Ramon and Danville, teachers, school psychologists and administrators, San Ramon Regional Medical Center, the Discovery Center and other community leaders. The training included valuable discussion and problem solving about mental health in the community.</p> <p>Originating in Australia, the Mental Health First Aid USA program is a collaborative effort of the Maryland Mental Health Transformation Office, the Missouri Mental Health Office of Transformation and the National Council for Community Behavioral Healthcare. It is being presented throughout California in association with the California Institute of Mental Health.</p> <p>Just as first aid is the help given to an injured person before professional medical treatment can be obtained (as in CPR), Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis until appropriate treatment and support are received or until the crisis resolves. The aims of Mental Health First Aid are to:</p> <ol style="list-style-type: none"> <li>1. Preserve life when a person may be in danger to self or others</li> <li>2. Provide help to prevent the problem from becoming more serious</li> <li>3. Promote and enhance recovery</li> <li>4. Provide comfort and support</li> </ol> <p>Mental Health First Aid teaches the public how to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person toward appropriate treatments and other supportive help. Mental Health First Aid does not teach people how to be therapists.</p> <p>Mental Health First Aid provides an action plan on how to help a person in a mental health crisis. Like many first aid courses, it uses a mnemonic: ALGEE:</p> <p>A      Assess for risk of suicide or harm  L      Listen nonjudgmentally  G      Give reassurance and information  E      Encourage appropriate professional help  E      Encourage self-help and other support strategies</p> <p><b>Recommendation</b></p> <p>I believe that the Mental Health First Aid program holds great promise to help reduce stigma and provide real and immediate help for individuals dealing with mental health issues in our community. I would like to see similar Mental Health First Aid Trainings held in West, East, and Central Contra Costa County, and recommend that consumer and family representatives be included in each session.</p> <p><b>Discussion:</b></p> <p>It was stated that more people need to be aware, including members-at-large also. A question was asked about consumer involvement in the planning and execution of the program. Peggy stated consumers</p>	
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	<p>were there and were involved, but she didn't know to what extent. There was also discussion about the training program having a formal liaison with the County services. Peggy said there was and beneficial information came out of the training. Responding to a question regarding people who are unable to care for themselves, Peggy said there was some discussion, but nothing in depth.</p> <p>In summation, Peggy stated it was a well-thought out training. She added she was impressed by the level of leadership and breadth of knowledge. Uninformed people came out of it with a new understanding.</p> <p>Carole said Peggy's report and recommendations will be forwarded to the Executive Committee for placement on the May MHC Agenda.</p>	<p>Staff: Forward recommendations to the Executive Committee for placement on May MHC Agenda.</p>
<p><b>IX. Committee Reports</b></p>	<p><b>1) MHSA/Finance Committee – Teresa Pasquini</b></p> <ul style="list-style-type: none"> <li>• Approve Committee's Mission Statement In accordance with our mandated duties of Welfare &amp; Institutions Code 5604, and aligned with the Mental Health Commission's MHSA Guiding Principles, and the intent and purpose of the law, the MHSA/Finance Committee will work in partnership with all stakeholders, all community-based organizations and County providers to review and assess system integration and transformation in a transparent and accountable manner.             <ul style="list-style-type: none"> <li>➤ Teresa made a motion and Peggy seconded to approve the MHSA/Finance Committee Mission Statement. Motion was approved unanimously 12-0.</li> </ul> </li> <li>• Approve Committee's 2013 Goals             <ul style="list-style-type: none"> <li>➤ Comply with Mental Health Commission direction to develop a process for creating deliverables and selecting an auditor.</li> <li>➤ Continue advocating for improving options across the continuum of care spectrum.                 <ol style="list-style-type: none"> <li>1) Services</li> <li>2) Supports</li> <li>3) Treatments</li> </ol> </li> <li>➤ Continue to monitor and advocate for capital facility projects.                 <ol style="list-style-type: none"> <li>1) Assessment Recovery Center</li> <li>2) Crisis Residential Facility</li> <li>3) Oak Grove Center</li> </ol> </li> <li>➤ Continue to advocate for increased housing in order to reduce human and fiscal impacts across the continuum.                 <ol style="list-style-type: none"> <li>1) Monitor Bonita House's Farm Project</li> <li>2) Increased Master Leasing units available</li> <li>3) Increased augmentation for board and care beds                     <ul style="list-style-type: none"> <li>➤ Teresa made a motion seconded by Jack to approve the MHSA/Finance Committee 2013 Goals. Motion passed unanimously 12-0.</li> </ul> </li> </ol> </li> </ul> </li> </ul> <p><b>2) Quality of Care Committee – Peggy Kennedy</b></p>	

- Recommendation for Commission’s support of MHCC’s Leadership Training Academy and the Living Room Conversation Model Project.  
There was no discussion on this item.
- Recommendation regarding Napa State Hospital.
  - Peggy made a motion and Jerome seconded it that the Quality of Care Committee recommends that the Commission write a letter to Napa State Hospital stating recommendations. The Committee has left it up to the Commission to decide who the letter will be addressed to and who it will be copied to.  
Discussion: There was discussion as to whether or not previous reportings were looked at. They were, and Janet mentioned the basis of the concerns is whether they are following the law. Teresa recused herself as a member of the Commission and spoke as the mother of a resident of Napa State Hospital. She said Napa is under federal oversight. She listed five issues:
    - 1) Patients need strong medical support.
    - 2) She is aware of numerous times when her son was secluded and restrained.
    - 3) What was being done is inhumane and cruel.
    - 4) She wants a letter saying the care is bad.
    - 5) Jail has been better for her son than Napa.
 Others confirmed what Teresa said, adding that NSH is noisy and patients are fearful. It was suggested there be unannounced site visits.  
The matter was voted on and the motion passed 11-0-1 (Teresa recused herself and abstained due to her personal interests).  
After discussion on to whom to address the letter, Annis made a motion, seconded by Gina, that the letter would go to the Executive Director of Napa State Hospital, with copies going to:  
CA Dept. of Health Care Services  
CCC Board of Supervisors  
CCC Mental Health Director  
Dr. Walker  
State Representatives  
Pat Godley  
Federal Oversight Agency.  
A suggestion was made to send a copy to the media, but it was decided it was too early for that.  
The motion on who to send the letter to passed 11-0-1 (Sam abstained).
- Approve Committee’s 2013 Goals.  
*The Committee proposes to address the following goals with consideration of the entire lifecycle of consumers including Children, TAY. Adult and Older Adults, and advocate for support services across the continuum.*

- 1) Develop an action plan whereby Contra Costa adult consumers can receive free dental services.
- 2) Evaluate gaps in medical, psychiatric, social and cultural services.
- 3) Advocate for physical accessibility of services.
- 4) Address oversight and accountability of out-of-county placements and receive information from community advocates as available.
- 5) Evaluate discharge planning for county mental health clients.
  - Peggy made a motion, seconded by Teresa, to approve the Quality of CARE Committee’s 2013 Goals.

Discussion: Peggy said the recommendations from the Capital Facilities were considered, but it was decided by the Committee that site visits are a natural outgrowth from the goals and go through the Commission as they come up, so it wasn’t necessary to place them as a specific goal. Also, advocacy is a part of every committee and does not need to be listed as a goal. Regarding the CRF programming, this was considered to be separate from the goals and will be handled as a separate agenda item. The ARC will not be ready until 2014, and advocacy will continue as needed. It was mentioned that the CRF should be ready in September so programming development should be done now. There was discussion as to whether or not site visits should be Committee Goals. Some felt they should be in the committees. Peggy replied that if a committee decides to do a site visit, it’s brought to the Commission for approval. Some thought that both site visits and the CRF Programming should be listed as Q of C Committee Goals – and that they need to be housed in a committee. Peggy responded that site visits are naturally a part of their advocacy and didn’t need to be spelled out in their goals. Colette added they are a tool rather than a goal.

The goal regarding free dental services was questioned, and Peggy gave the background of how it became a goal. There was also discussion regarding how data has been researched and what has been presented to the Committee.

Evelyn said she would like to see the Committee’s Mission Statement before approving the goals, and have it come back to the Commission. Teresa suggested she wants to support them and amend them here, adding the CRF Programming and Site Visits.

Motion passed unanimously 12-0 as presented. Carole encouraged the Quality of Care Committee to To reconsider adding the CRF Programming and Site Visits to their Goals.

	<ul style="list-style-type: none"> <li>➤ <b>Bylaws Task Force – Sam Yoshioka</b> Sam reported the Task Force is identifying the process and will begin prioritizing. He said they’re looking at other County’s Bylaws.</li> <li>➤ <b>Executive Committee – Carole McKindley-Alvarez</b> Vote on recommendations from Applicant Interviewers.             <ol style="list-style-type: none"> <li>1. District V Family Member Applicant Richard Haddock Peggy reported the interviewer’s vote was split and they were unable to put forward a recommendation. Peggy stated the applicant was knowledgeable about some things, but his experience was from several years ago, and he used inappropriate and disrespectful language such as ‘consumers going ballistic and going psycho’ when he was a staff member at an inpatient psychiatric hospital. It was felt this was not the right place for him. By a vote of 9-0, the Commission voted not to recommend Mr. Haddock to Supv. Glover.</li> <li>2. District II Family Member Applicant Catherine Lauren Rettagliata The Applicant Interviewers gave an enthusiastic recommendation for Ms. Rettagliata. Sam stated the demographics need to be addressed, and it was mentioned she does meet the demographic criteria for the area in which she lives. The Commission voted unanimously 12-0 to forward a recommendation for her appointment to Supv. Andersen.</li> </ol> </li> <li>➤ <b>Criminal Justice Committee – Evelyn Centeno</b> Approve Criminal Justice Committee’s Mission Statement. <i>To work through families and interagency collaborations to ensure that individuals in the criminal justice system are given respect, dignity and human rights.</i> Evelyn made a motion and Peggy seconded to approve the Mission Statement. The motion passed unanimously 12-0.</li> </ul>	
<p><b>X. Commissioner Representative Reports</b></p>	<ol style="list-style-type: none"> <li>1. Behavioral Health Integration Steering Committee, Sam Yoshioka Need for further discussion of inviting Zia Partners to our Commission. No discussion.</li> <li>2. Social Inclusion Committee, Carole McKindley-Alvarez Meeting was cancelled.</li> <li>3. AOD Board – Sam Yoshioka No report.</li> <li>4. Homeless Board Meeting – Carole McKindley-Alvarez Meets quarterly.</li> <li>5. Community Corrections Partnership (AB109), Evelyn Centeno No report.</li> </ol>	
<p><b>XI. Commissioner</b></p>	<ol style="list-style-type: none"> <li>1. Serious allegations against MHCC were made in the past by a large</li> </ol>	

<p><b>Comments</b></p>	<p>number of consumers. The MHC declined to investigate because it was seen as an internal matter. Recent episodes of serious malfeasance are now under investigation. Because MHSA funds are involved, the Mental Health Commission must participate in this investigation, especially since an internal audit in the past did not uncover problems. (This comment will be included with the comments made in the Public Comment section above when they are requested.)</p> <ol style="list-style-type: none"> <li>2. Sam stated the Agenda should not distinguish between Public Comment and Commissioner Comments. He said Public Comment is for the Public and Commissioners.</li> <li>3. Teresa stated she will be bringing to the attention of the Commission issues surrounding upcoming legislation concerning LPS and Laura’s Law.</li> <li>4. Gina stated outpatient care is the best for stability in helping the patient keep out of the hospital and on their medications. These centers are the key for stability.</li> </ol>	
<p><b>XII. Adjourn Meeting</b></p>	<p>The meeting was adjourned at 6:42 p.m.</p>	

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