

**CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
MINUTES – FEBRUARY 26, 2009**

<p>I. CALL TO ORDER / INTRODUCTIONS</p> <p>The meeting was called to order by Commission Chairperson Peter Mantas at 4:35 p.m.</p> <p><u>Commissioners Present:</u> Clare Beckner, District IV Art Honegger, District V Dave Kahler, District IV Peter Mantas, District III Bielle Moore, District III Colette O’Keeffe, MD, District IV Teresa Pasquini, District I Annis Pereyra, District II</p> <p><u>Attendees:</u> Pam Appel, MHSA Family Steering Committee Frank Barham, MD, Contra Costa Mental Health Julia Bonacich, MHSA Family Steering Committee Sherry Bradley, MPH, MHSA Program Manager Shanise Chambers, Mental Health Division Jim Cooper, CC County Resident Karyn Cornell, Supv. Piepho’s Office Cesar Court, Older Adult Mental Health Brenda J. Crawford, Mental Health Consumer Concerns Suzanne H. Davis, Conservator/Public Guardian Johanna Ferman, Mental Health Division John Gagnani, Local 1/Mental Health Coalition Steven Grechie-McClay, Rubicon Programs Anne Heavey, MHSA Family Steering Committee Gloria Hill, Mental Health Administration Ron Johnson, MHSA Family Steering Committee Cindy Mataraso, Crestwood Healing Center Mariana Moore, Contractors’ Alliance Karen Shuler, MHC Staff Connie Steers, Patients Rights, MHCC Suzanne Tavano, Ph.D., Contra Costa Mental Health Donna Wigand, Mental Health Director Janet Marshall Wilson, Patients Rights, MHCC</p>	<p><u>Commissioners Absent:</u> Supv. Mary Piepho (exc.) Connie Tolleson (exc.)</p>
<p>II. PUBLIC COMMENT</p> <p>Janet Wilson -- Director of Patient Rights for CCC. Speaking for Connie Steers, she mentioned the need to go to wellness centers and work on patient concerns. She wanted to alert the Commission that issues of concern are coming.</p>	
<p>III. ANNOUNCEMENTS</p>	

	None.	
IV.	APPROVAL OF THE MINUTES FROM JANUARY 22, 2009. The Minutes were approved as presented on a vote of 7-0-1.	M-Kahler; S-Beckner.
V.	APPROVAL OF THE MENTAL HEALTH COMMISSION MEETING DECORUM DOCUMENT. A motion was made to accept the meeting decorum document for use at all Mental Health Commission meetings. Passed by unanimous vote. (Document is available through the MHC office.)	M-Beckner; S-Honegger.
VI.	CHAIRPERSON’S COMMENTS – Peter Mantas <ul style="list-style-type: none"> Reporting to the Commission: Peter explained a new MHC policy of asking for anyone who comes to present a report to the Commission do so with a brief bullet-point report – listing key elements that were communicated, including references to source data. It can come in advance with the rest of the materials sent in a packet to the Commissioners or be made available at the MHC meeting. Peter distributed a letter from Teresa Pasquini regarding an incident involving her son. He said it is hoped an independent audit will cause corrective action. He asked Mental Health Director Donna Wigand to provide the MHC with a corrective action document. Staff was asked to follow-up within 3 weeks. (Document is available through the MHC office.) 	<i>Staff: Follow-up with Donna within 3 weeks.</i> Place on March Agenda.
VII.	REPORT: MENTAL HEALTH DIRECTOR – Donna Wigand, LCSW Update on Budget Crisis. Donna distributed notes based on her report. (Document is available through the MHC office.) Donna reviewed the current status of the three budget processes – local, state, and federal. <u>Local:</u> Donna said she was originally told the cut would be between \$3-4 million. That figure was reduced to \$2 million, which is part of the \$13.2 million health services budget reduction. The Sheriff’s Department and the District Attorney’s office are getting larger hits because they’re more dependent on county money. Donna said she’s not at liberty to go over her planned reductions as it is only a reduction plan and is not final. She clarified that this is the CAO and Board of Supervisor’s reduction plan, not hers. Entire county-wide reductions will be released 1 week before the Budget/Beilenson hearings. Reductions specific to mental health will be heard after cuts to Health Services. The full document will be released after that. Two weeks will go by and members of the public will then get 3 minutes each to comment on the budget. This may be on March 17 th . On March 31 st , Board of Supervisors will adopt the budget. Donna said things might get changed between the 17 th and 31 st . This includes reductions to county-run and contract providers. 70% of Contra Costa County’s mental health system is contracted out. Steven from Rubicon: Will cuts be prospective or retrospective? Donna: They are giving us 30 days to would go forward, not backward.	

State: Backfilling managed care by raiding Mental Health Services Act monies is opposed by the county. Governor would have to place this Proposal on a ballot. The state proposes to take \$460 million out of MHSA for 2010 and 2011 – for general fund money to match EPSDT. On May 19th this will go to the voters in a special election. Donna cautioned that the wording may not be explanatory.

Art: Is this a loan?

Donna: No.

Between now and then a variety of advocacy groups will be trying to get the word out about what this initiative really is doing. The California Mental Health Director's Association is asking what pot this is going to be taken from and saying it needs to be planned. Raiding pots that we've already planned for is unacceptable. There is unexpended state administration money that should be taken first.

Federal: Donna reported there is good news on the federal level. The stimulus package that was passed has a significant increase to the Federal Medical Assistance Percentage (FMAP) from 50% to 61.7%. This would positively impact Medi-Cal revenue – we would get \$.12 more on the dollar.

Peter: Is there anything you and your staff are doing with the possibility?

Donna: We are getting the word out and hope that this information will be taken into account when decisions are made.

Steve from Rubicon: If the CBO's take a cut, will our contracts expand because of revenues we generate – or do we keep the increase in monies we generate?

Donna: The cut might be more. We hope there will be clarity in the Federal Act itself. Check the American Recovery and Reinvestment Act online.

Suzanne: California instituted a 6 month Medi-Cal review so they may have to change their policy and undo that.

Peter: Revenue has increased over prior year, do you have those figures on how those increases balance out between Medicare and Medi-Cal? Are they proportionally the same?

Donna: We are not an outpatient Medicare provider. The hospital is a Medicare provider, as are the physical healthcare clinics. Outpatient mental health clinics are not a Medicare provider. We are seeing some Medicare patients in the outpatient clinics, but we cannot bill for it so I cannot answer for Medicare, but we know that our Medi-Cal has increased from our county-run clinics from working on productivity with the staff. Donna asked Suzanne to explain the figures.

Suzanne: The Medicare is lost to us. It's like uninsured basically. The state says SMA (Standard Maximum Allowance) is what we can charge the state for Medi-Cal reimbursement, so the way we're gauging the productivity and the revenue is our clinics were running above that SMA which was lost money, it was money the County had been covered, but

<p>what we've worked on is getting our programs so that they're bringing in enough revenue to stay under that SMA.</p> <p>Art: Why don't we include Medicare?</p> <p>Donna: We do see medi-medi's – people who have both Medicare and Medi-Cal. We can't bill both. To do just straight Medicare billing, the reimbursement rate is horrible. Providers are dropping off. When you bill Medicare, you will have separate Medicare-only audits. With only 200 Medicare-only patients, it's not enough to worry about and to have CMS auditing as well.</p> <p>Teresa: How did it work in West County with mental health and ambulatory care?</p> <p>Donna: Even though the 38th Street psychiatrists are back under the umbrella of mental health, Dr. Walker is looking at an initiative to bridge the gap between physical and mental health.</p> <p>Anne Heavey: This is helpful to people who have Medicare. What do you mean by physical health care</p> <p>Donna: Ambulatory care or primary care clinics.</p> <p>Peter: We may look at this on a future agenda as a revenue source.</p>	<p><i>Possible future agenda item.</i></p>
<p>VIII. MENTAL HEALTH SERVICES ACT</p> <p>a. Report from Sherry Bradley, MHSA Program Manager Sherry distributed the Special Report on MHSA Housing Program Update. (Document is available through the MHC office.) Sherry reported that we are going to request an amendment to the Notice of Funding Availability (NOFA) to purchase and rehabilitate houses. She hopes to report next month that the amendment will be approved.</p> <p>Colette: Where does money come from once they are housed?</p> <p>Sherry: I can't answer, but we are aware of it. We are going to have to look at the budget more creatively.</p> <p>Suzanne: The definition of Full Service Partners (FSP) needs to be looked at, as well as support services.</p> <p>Peter: You are looking at services as well as housing so we aren't looking at another vacuum</p> <p>Sherry: Right. The new Consolidated Planning Advisory Workgroup (CPAW) will be looking at that.</p> <p>Art: When can the plan be modified?</p> <p>Sherry: We say in the proposal and say why and what has impacted it.</p> <p>Art: When?</p> <p>Sherry: After the stakeholder process and public hearing.</p> <p>Anne Heavey: How can we follow this if we are not internet savvy?</p> <p>Sherry: I will mail materials to you if you contact me.</p> <p>The CPAW has been appointed. There are two representatives from each previous stakeholder group. We need one more Commissioner. Sherry asked Peter to appoint a Commissioner.</p> <p>Sherry distributed the California Department of Mental Health's Mental Health System Integration paper. (Document is available through the</p>	

<p>MHC office.) Teresa spoke about Rubicon housing and Valley Vista in San Ramon and asked if we will get a breakdown? Sherry: Yes, but not today. 1) Address the letter received from Family Steering Committee Sherry said she cannot give a full response because their issues still need to be brought to the steering committee. Sherry said she agreed with a lot that was said in the memo – we need to rethink local populations and follow-through on recommendations. The Steering Committee needs to give input to the consolidated (CPAW) committee. She suggested they look at the CMHDA Draft White Paper to see their discussion about expanding the definition of FSP, and that we look at system integration, specifically. Julia Bonacich: The FSC has been meeting for 3 years to monitor the progress, and we want to give a memo to the MHC. A copy of the Memo of Concerns was distributed. She also distributed a NAMI response letter. Pam Appel: Pam told about her background. She went on to say we hear monthly about the concerns of people not being served. This MHC needs to address and respond and follow-up on this memo. What is our oversight and accountability and how these programs are evaluated. I respectfully ask the Commission to address these concerns and follow up. Sherry: In terms of family involvement and hiring family members -- the positions have been created and they are hiring. Donna mentioned the hiring procedure. There is a county-wide hiring freeze. All hirings must go through the CAO and County Human Resources. Dorothy has to push it through. The average length of time to fill a position is ½ year. Suzanne: We can report on how many have been hired as family partners. Sherry: Next time. Teresa: I appreciate what has been said, but it is troubling for me to sit here and think the concerns have to go beyond the cultural and attitude problems. We need to have our voices heard and validated. We want to be partners and not just be sitting at the table. I can't accept that this is just a human resource problem. How are we going to change the atmosphere? Sherry: Would like to request time to give a proper response to what has been said and to the letter. PETER: How do we address the issue of having MHSA funded positions filled ASAP? Donna: Dorothy is very responsive and doing the best she can in her political environment. Peter asked staff to set up a meeting with Donna, Dorothy, and him to discuss this issue,</p>	<p><i>Possible future agenda item.</i></p> <p><i>Staff: Set up a meeting with Donna, Dorothy and Peter to discuss expediting hiring.</i></p>
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<p>Brenda Crawford, Interim Executive Director of Mental Health Consumer Concerns, said the consumer voice in this county has also not been heard. The position in the office of Consumer Empowerment has been vacant for quite a while. She said one of the things she would really like to see is, and she added she was new here, there seems to have been a division between family members and consumers and she thinks that our issues may be different but our goals are very similar – and this is to empower the people that we love and see the system transformed so that it meets people’s needs with dignity and respect. She went on to speak as the Acting Executive Director of MHCC, stating she would like to work in partnership with family members to make sure that all of our voice are heard. She said she had a concern that there are no consumer representatives on this Commission [there were several voices of dissent raised at the table]...the consumer voice on this Commission is not always as loud as it should be.</p> <p>Colette raised an objection. Before things good get out of hand, Peter directed that comments be directed through the Chair.</p> <p>Brenda continued, saying she feels the voice of the consumer out there is really silent in lots of ways and that the Office of Consumer Empowerment is a critical position in terms of making sure that voice is heard, and that there have been barriers to getting that position filled. She ended by saying she wondered when that position was going to be filled.</p> <p>Suzanne: We’re interviewing tomorrow.</p> <p>It was suggested that the housing issue be a future agenda item.</p> <p>b. Report from Connie Tolleson, MHSA Steering Committee. Connie was unable to attend today.</p>	
<p>IX. 2009 COMMISSION PRIORITIES FOCUS ITEM #1</p> <p>Dr. Johanna Ferman, Medical Director Responding to questions on Emergency Services for Families of Consumers</p> <p>Dr. Ferman said she chose to reword the questions and also mentioned that she was not the right person to answer the questions submitted by the Commission. She distributed a copy of her PowerPoint presentation. (Document is available through the MHC office.)</p> <p>Dr. Ferman’s Powerpoint was entitled “The Medical Component in Transforming to a Recovery Oriented System and Supporting Both Consumers and Family Members.”</p> <ul style="list-style-type: none"> • A multi-legged stool <ul style="list-style-type: none"> ○ ‘Medical’ is only one leg of that stool – but a vital leg <ul style="list-style-type: none"> ▪ Psychiatry ▪ Primary care ▪ Other specialty care • Larger system elements impacting excellence in medical care <ul style="list-style-type: none"> ○ Residential settings that confer dignity and respect 	

<ul style="list-style-type: none"> ○ Clubhouses and community centers ○ Vocational and purposeful activity ○ Care Management ○ Crisis intervention ○ In-home and out-of-home respite ○ Stigma and access to services ● Challenges to medical excellence <ul style="list-style-type: none"> ○ Barriers to recruitments and retention ○ \$ on locum-tenens (temporary medical staff) ○ Lack of communication ○ Lack of integration of inputs: a two-way street ○ “Siloing” (separated systems) between health/mental health and addictions ● Creative approach to improving medical services <ul style="list-style-type: none"> ○ Recruitment and retention ○ Working conditions <ul style="list-style-type: none"> ▪ Medical infrastructure <ul style="list-style-type: none"> ● Lead psychiatrists – front end ● Community Psychiatry Council <ul style="list-style-type: none"> ○ Policy Input ○ Consumer and Family Advisory ○ Integration of QI Inputs (metabolic and meds monitoring) ● Medical Director’s Office and Recruitment <ul style="list-style-type: none"> ○ Linkages ○ Screening/interviewing ○ Professional development <ul style="list-style-type: none"> ▪ Daily operations and interface ▪ Teaching/training/affiliation ▪ Compensation ○ Bridging the gap: Consultation-liaison and cross-divisional collaboration <ul style="list-style-type: none"> ▪ Builds on strengths – FP and MHD ▪ Allocates psychiatry ACROSS MH and primary care ▪ Assists with access to primary health care for consumers with serious, longer-term conditions ▪ Improves earlier case finding ○ E-prescribing (electronic Rx) <ul style="list-style-type: none"> ▪ Use of existing Meditech system ▪ Interface with ER, hospital and clinics (primary medical care) after hours ▪ Reduced errors ▪ Reduced paperwork ▪ Supporting the C-L Bridge – improving health and MH outcomes ○ Academic affiliation 	
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<ul style="list-style-type: none"> ▪ EDAPT/UC Davis Model – a transformational, family-centered approach <ul style="list-style-type: none"> • Early diagnosis and preventive treatment for psychosis • Family centered • Transformational ○ Summary <ul style="list-style-type: none"> ▪ Early seeds ▪ Outcomes – Small tests of change <ul style="list-style-type: none"> • Build on strengths • Cross divisional • Maximize utilization of existing resources <p>Following the presentation, Peter asked what were the top 3 priorities?</p> <ul style="list-style-type: none"> • Dr. Ferman replied recruiting and training top quality doctors and improving working conditions for physicians. • Paradigm shift is needed regarding the way medical care is delivered -- embracing and integrating behavioral health services <p>Speaking to integrating family responsiveness into the system, Donna said her boss allowed her to hire a family services coordinator and consumer empowerment coordinator.</p> <p>Colette: Where is the money coming for to pay for physician compensation and improved working conditions?</p> <p>Dr. Ferman: That needs to be looked at.</p> <p>Steven from Rubicon: In this integration, how are we going to bring in CBO's, especially in West County?</p> <p>Peter said we need to get a response to this in writing.</p>	<p><i>Staff: follow-up with Donna.</i></p>
<p>X. COMMITTEE / WORKGROUP REPORTS</p> <p>a. Bylaws Workgroup – Peter Mantas Peter suggested the date of Monday, March 30th at 5 p.m. for the Commissioners to bring their input regarding the proposed Bylaws amendments. An e-mail will be sent out asking for Commissioners to respond regarding their availability.</p> <p>b. Executive Committee – Teresa Pasquini</p> <ol style="list-style-type: none"> 1. Approval of the January 14, 2009 Executive Committee Minutes. The Minutes were approved as presented on a unanimous vote 2. Approval of the February 5, 2009 Special Executive Committee Minutes Peter asked for comments prior to a motion being made. Bielle expressed concerns regarding the Executive Committee meeting being called a special meeting. She said she thought it was a regular Executive Committee meeting with the rest of the Commissioners asked to come for the first hour for a discussion. She said she didn't realize the Commissioners would be voting at the meeting. She wanted to be registered as a "No" on the item 	<p>M-Pasquini; S-Beckner</p>

<p>mentioned that he would like the Commission to have a focused children’s system of care meeting. Peter asked John to send him ideas on how this would work.</p>	
<p>XII. APPROVE LETTER IN SUPPORT OF THE BEHAVIORAL HEALTH COURT GRANT A motion was made to send a letter to Sheriff Warren Rupf supporting seeking a grant for the Behavioral Health Court. Motion carried unanimously.</p>	<p>M-Pasquini; S-Beckner.</p>
<p>XIII. FUTURE AGENDA ITEMS. The Commission decided to place the following on the March Agenda: 1. Update on the Budget Crisis 2. The Process and Funding of MHSA 3. Psychiatric Healthcare Facility (PHF) 4. Further dialogue regarding the Family Steering Committee Letter Future agendas items: 1. Conservatorship 2. Creative ways of utilizing MHSA funds 3. Presentation from the Clubhouse 4. Consider moving the monthly MHC meeting to the 1st or 2nd Thursday 5. Medicare issue – lost revenue 6. Public transportation issues for consumers 7. Children’s workgroup 8. Housing</p>	
<p>XIV. PUBLIC COMMENT (Remaining) None.</p>	
<p>XV. ADJOURN MEETING. The meeting was adjourned at 6:50 p.m. The next regularly scheduled meeting of the Mental Health Commission will be Thursday, <u>March 26, 2009</u>.</p>	

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