

**CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION**

**April 23, 2009**

**Minutes-Approved 5/28/09**

<p><b>1. CALL TO ORDER / INTRODUCTIONS</b> The meeting was called to order by Chair Peter Mantas at 4:35 p.m. <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>Commissioners Absent:</u> Supv. Mary Piepho</p> <p><u>Non-Commissioners:</u> Suzette Adkins, Supv. Bonilla’s Office Eric Cho, Conservator’s Office Brenda J. Crawford, MHCC Al Farmer, NAMI-CC John Gragnani, Local 1 / Mental Health Coalition Steven Grohic-McClurg, Rubicon Programs Anne Heavey, NAMI-CC / MHSA Family Steering Committee Victor Montoya, Mental Health Administration Mariana Moore, Human Services Alliance Floyd Overby, MHC Applicant Dorothy Sansoe, CAO’s Office Dan Shortenhaus, NAMI-CC Karen Shuler, MHC Staff Connie Steers, MHCC - Patients’ Rights Suzanne Tavano, Mental Health Administration Tomi Van de Brooke, Chief of Staff for Supv. Piepho Donna Wigand, LCSW, Mental Health Director Janet M. Wilson, MHCC - Patients’ Rights</p>	
<p><b>2. PUBLIC COMMENT</b> 1) Connie Steers, Patient’s Rights, spoke about SSI cutbacks and loss of services to consumers including Dent-Cal, podiatry, vision care and additional cuts. She acknowledged NAMI for helping with food.</p>	
<p><b>3. ANNOUNCEMENTS</b> 1) April 29: Public Hearing on the MHSA-CSS FY 08/09 Draft Plan Update. 2) May 6: Meeting of the Family Involvement Steering Committee with the MHSA Steering Committee. 3) Wednesday, May 27, 10 am-3 pm. Disability Capitol Action Day 2009 on the west steps of the State Capitol in Sacramento. 4) Peter made the announcement that Connie Tolleson, Consumer</p>	

<p>Representative from District V, has resigned the Commission for personal reasons.</p>	
<p><b>4. APPROVAL OF THE MINUTES</b>  <b>From March 26<sup>th</sup> Meeting:</b>  A motion was made (<b>M-Honegger; S-Beckner</b>) to approve the Minutes as presented. Discussion followed during which a request to have the March 26 Minutes transcribed was made. Peter called for the motion to be amended to adopt as presented, and then get a transcription of that meeting to be available in 30 days. Art and Clare agreed to amend the original motion to accept the Minutes as presented and to add the provision of receiving a transcription within 30 days. The amended motion carried unanimously.  <b>From March 30<sup>th</sup> Meeting:</b>  A motion was made (<b>M-Pereyra; S-O’Keeffe</b>) to approve the Minutes as presented. The motion carried unanimously.  <b>From April 6<sup>th</sup> Meeting:</b>  A motion was made (<b>M-O’Keeffe; S-Pasquini</b>) to approve the Minutes as presented. The motion carried with a vote of 7-0-1 (Beckner abstained).</p>	<p><i>Staff:  Transcribe  March 26,  2009 Minutes  by May 23,  2009</i></p>
<p><b>5. REPORTS: ANCILLARY BOARDS/COMMISSIONS</b>  <b>a. Mental Health Coalition &amp; Hospital Community Forum – Teresa Pasquini</b></p> <ul style="list-style-type: none"> <li>• <u>Mental Health Coalition:</u> The Key discussion points were the following: <ul style="list-style-type: none"> <li>• Disconnect of Services for consumers in all age groups.</li> <li>• No continuum of care.</li> <li>• Treatment Silos creating barriers.</li> <li>• Proposed budget cuts may impact Patient’s Rights services, which are mandated.</li> <li>• Concerns expressed about the lack of action, from stakeholders, to unite and drive strategies for improved, integrated services, based on the intent of the MHSA, which would lead to Transformation of the mental health system. Emphasized the need to inform our members to become more involved in MHSA implementation and push for transparency that would show improved outcomes.</li> <li>• Discussed communication barriers and breakdown of partnerships that would improve the above issues. Frustrations and lack of confidence in the process were expressed.</li> </ul> </li> </ul> <p>Teresa said she would like to suggest that the Commission consider formulating a position on these issues that she could take into future Coalition meetings that would allow them to strategize on solutions.</p> <ul style="list-style-type: none"> <li>• <u>Hospital Community Forum:</u>  Teresa distributed a report from the last meeting of the Hospital Community Forum, held February 12, 2009 and asked that the Commission appoint someone to officially represent the MHC at the</li> </ul>	<p><i>Place  discussion of  key MH  Coalition  issues as a  possible  action item  on the May  agenda.</i></p>

Hospital Community Forum. Peter asked for anyone who is interested to contact him. Teresa also distributed an e-mail in which Miles responded to questions posed by a Commissioner, along with a flyer announcing the Forum the second Thursday of each month.

*Place assignment of representative on the May Agenda.*

**b. Contractor's Alliance – Mariana Moore**

Mariana announced that the Contractors' Alliance has changed its name to The Human Services Alliance of Contra Costa, and invited Commissioners to attend an Open House on May 30<sup>th</sup> from 4:30-6:00 at John F. Kennedy University in Pleasant Hill in celebration of the Alliance's name change and their new "home" at JFK University. Invitees will include county elected officials and staff, community agencies, county commission members, and other community partners. Mariana publicly acknowledged the Mental Health Administration for the PEI grants, saying non-traditional stakeholders have been brought to the table in service delivery who are working in partnership with the county. Mariana added she is also involved in the CPAW. She commended Sherry Bradley for her work and happily noted that Alliance members are at the table. She looks forward to working with them in going forward. The Alliance is also working with Donna on the FMAP issue.

**c. Local 1 – John Gragnani**

John said he met with [Children's Mental Health Program Chief] Vern Wallace last month and expressed similar concerns to what he has expressed to the Commission regarding the effect of budget cuts on children's services, stating the children's system is at severe risk. He hopes for support through the MHSA Prevention & Early Intervention program.

Peter asked if there was anything the MHC or the Mental Health Administration can do to address that.

John suggested a dedicated meeting to thoroughly examine the children's mental health system to figure out a way to transform it to meet our community's needs.

Peter stated that the Commission will be meeting in a planning session to amend their action plan to address new needs due to budget cuts.

**d. Mental Health Consumer Concerns (MHCC) - Brenda J. Crawford**

Brenda also complimented Mental Health Administration on the awarding of the PEI grants. She added she would also like to see the family and consumer movement getting more support.

The MHCC has 2 fully-operating centers, and are looking at a facility in Antioch. They are already outgrowing their Richmond center.

**Wellness & Recovery Centers (WRC) - MHCC** currently has two of its three WRC's fully operating, and it is anticipated that the third WRC in East County will resume operation by May 15, 2009. The combined average daily attendance of consumers at the two WRC's is

approximately fifty-five. Recovery/Resiliency based services continue to be the foundational program offering, such as WRAP and men and women's peer support /empowerment groups. In addition new services have been incorporated into the programs that are designed to engage consumers on a spiritual, mental and physical level. These services include weekly Yoga, Tai-Chi and physical fitness classes. In the next fiscal year depending on the budget it is our intention to contract with independent consultants to provide weekly sessions in basic computer skills, anger management, life skills, healthy eating and basic nutrition groups. MHCC again depending on the budget will implement services at all three WRC's that combine clinical approaches with recovery based services to address the diverse needs of consumers in Contra Costa County; groups that focus co-occurring disorders will be offered and facilitated by a trained clinician.

**Patients' Rights-** the Patients' Rights program of MHCC has been extremely busy since the move to Treat Blvd. The acuity and census at Contra Costa Regional Medical Center has been high, with accompanying procedural issues. There has been a significant number of grievance/managed care issue primarily around requests for change of provider, as well as residential issues including HUD housing inspections. Patients' Rights Advocates continue to assist consumer who live in community housing primarily focused on ensuring that housing repairs are accomplished in a timely manner by the landlords. The MHCC management team and the Patients' Rights department are looking at ways to better monitor board and care homes per Welfare & Institution Code Section 5520[b]. Currently the Patients' Rights contract is under resourced, and the demand for the services exceeds the current staff capacity. In addition MHCC continue to receive calls from consumers who have been placed out of county.

**General Overview-**MHCC's is Collaborating with the Division of Mental Health & Vocational Services to manage the SPIRIT Training Program, which has had some administrative implementation problems this year. However, the overall training has been successful and the students are now in the work-study portion of the project. The Contra Costa Network of Mental Health Clients is being reorganized and the first meeting will be held by the middle of May. The Consumer Satisfaction Surveys will be conducted in May and training for survey takers will occur in April.

**e. National Alliance on Mental Illness (NAMI) – Al Farmer**

NAMI-CC President Al Farmer read this statement to the Commission: "The NAMI Board of Directors is gravely concerned about the deteriorating quality of mental health care and with the plans for a new PHF facility. There is almost no transparency, oversight or accountability. At its monthly meeting on April 11, 2009, the Board of Directors of NAMI Contra Costa shared concerns about the following:

- The stakeholder process has broken down and reverted to

<p>business as usual. The consumer and family voices are being ignored. We would encourage the Commission to advise the BOS that the intent of MHSA, which is to value lived experiences of the consumers and their family members, must be respected and reflected in the programs that are funded with MHSA dollars.</p> <ul style="list-style-type: none"> <li>• The lack of community involvement in the planning and development of the PHF/Pavilion at 20 Allen is unacceptable. To proceed with a plan that may eliminate the current hospital inpatient unit, without a strong community partnership, which should include NAMI CC, is alarming. This is something that our members were assured would not happen again, when we expressed our outrage, over the closing of Ward 4D. We would encourage the Commission to advise the BOS that the failure to inform and include NAMI CC in this planning process is not keeping in the spirit of community partnership. We are being steamrolled with this PHF project.</li> <li>• The failure to provide adequate funding of the Community Wellness Centers and Patients' Rights contracts with MHCC must be addressed. The Patients' Rights services are State Mandated and must be maintained.</li> <li>• The intimidating and critical tone expressed by the Mental Health Director, at the Commission's March meeting, was disappointing. The NASMI CC Board, acting on behalf of our members, had solicited assistance from the MHSOAC, on concerns that affect our community. The Board of NAMI Contra Costa believes that it is our duty to ensure that the programs and expenses of MHSA are in line with the guidelines and have been implemented and maintained in accordance with the Performance Contract with the California DMH. We encourage this Commission to address the remaining questions and concerns stated by the Family Steering Committee Letter of March 26, 2009. NAMI Contra Costa would never suggest having funds withheld that would benefit any consumer or family in Contra Costa County, or that improve our county's Mental Health System. We do expect, however, that the funds are spent in accordance with the Act and that oversight and accountability are critical to our members to ensure the best possible care for our loved ones.</li> </ul> <p>Respectfully Submitted, Al Farmer, President of NAMI Contra Costa On behalf of the NAMI CC Board of Directors."</p>	
<p><b>6. COMMITTEE / WORKGROUP REPORTS</b></p> <p><b>a. Bylaws Workgroup – Peter Mantas, Chair</b></p> <p>1) Amendments are prepared for County Counsel's Review The finalized amendments are in the process of being forwarded to County Counsel for review.</p>	

**b. Executive Committee – Teresa Pasquini, Chair**

1) Update on current candidates

- Dr. Floyd Overby: Supv. Uilkema’s office said that Dr. Overby will be appointed to the District II Family Member Seat in May
- Anne Reed: Supv. Uilkema is interviewing Anne Reed Monday for the District II Member-at-Large seat
- Scott Nelson: No decision has been made by Supv. Piepho’s office regarding appointing Scott Nelson to the District III Consumer Representative seat.

**c. Capital Facilities & Projects Workgroup – Art Honegger, Chair**

1) Review responses from MH Director to workgroup with respect to the Psychiatric Healthcare Facility (PHF) requests for information.

Art began his report by detailing his personal experiences regarding this issue.

**January 22, 2009 – Public Comment Meeting**

- a) The Capital Facilities Proposal was not amended in any way to reflect the public comment given during this proceeding. It was a charade.
- b) We were assured upon questioning that the proposed Mental Health Recovery Center was not a done deal (this later proved to be a lie).
- c) Mental Health Administration assured us that there would be a follow up stakeholder meeting specifically for consumers and families. That was a lie. It never happened.

**January 29** – In my phone conversation with Sherry Bradley, I was assured that there would be a follow up consumer and family focus group. It never happened.

**February 9** – In my phone conversation with Suzanne Tavano, I was assured that a focus group for consumers and families is forthcoming. It never happened.

**February 25** – I was not invited, but took a chunk out of my workday nonetheless, to attend the small PHF “stakeholder” group in Martinez. Donna was not present, Suzanne was. In the course of discussions I asked what other alternatives were explored for use of the MHSA Capital Funds. Suzanne said that “we” must come up with alternatives if we want them. I could draw no other inference but that other opportunities for these funds were never considered by County Mental Health.

**February 26** – At the Commission’s monthly meeting our workgroup served Mental Health a one page letter of questions, approved by the Commission, about the proposed Mental Health Recovery Center. This has never been answered.

**March 26** – Our workgroup presented another one page letter to Mental Health with additional follow up questions at our regular

monthly meeting. It was never answered. Lengthy reports were given by Donna and Sherry. Incredibly, there was no mention of the Request for Proposal that was to go out a few days hence.

**April 4** – I discover that an RFP was going out to interested program contractors on Monday April 6<sup>th</sup>. The RFP is dated March 20, six days before our March 26 MHC meeting. This is commonly known as a lie of omission.

- 2) Discussion and possible action on recommendation to the Board of Supervisors on PHF

Art presented the draft of a letter he proposed sending to the BOS, copied to the CAO, Health Dept., Mental Health Dept., Finance Dept., State OAC, and the State DMH (printed below):

“This Contra Costa County Mental Health Commission recognizes that the process for activation of the Capital Projects portion of the Mental Health Services Act has not been conducted in a forthright fashion by the County Health Department and the Mental Health Department.

“The stakeholder process has been skewed such that concerns and input from consumers and the families have been largely ignored in direct violation of the Mental Health Services Act mandates.

Countless requests for information have not been answered. As a consequence the Mental Health Commission has been unable to exercise its oversight duties as required by law. In fact we have been intentionally deceived throughout the proceedings.

“Therefore we request in the strongest possible terms that the Contra Costa County Board of Supervisors:

1. Immediately put a stop to any further progress on the Capital Projects portion of the MHSA.
2. That the Supervisors require the stakeholder process be restarted, and that it properly reflect the input of consumers and families.”

A motion was made (**M-Honneger; S-Kahler**) to send the letter to the Board of Supervisors (with copies to those mentioned above). Discussion followed, during which additions to the body of the letter regarding the transportation issue was requested. Another suggestion was made that there be 3 drop-in centers closer to where people live. A question regarding miscommunication with Supv. Bonilla around the issue of the Commission supporting the PHF was mentioned, with the suggestion a letter be sent expressing the Commission’s misgivings concerning the PHF. Teresa gave background information regarding the PHF proposal. A letter from the Commission that was presented to the BOS on April 22, 2008 was distributed. Also distributed was a detailed history of the PHF proposal as it was presented to and then followed by the Commission, along with comments from Veronica Vale. Teresa expressed her feelings regarding a lack of communication and her frustration at not being notified of meetings, specifically the BOS

<p>Finance Committee meeting. She distributed an e-mail exchange in which she expressed her concerns to Supv. Gioia.</p> <p>Peter: We have direct testimony, we have hearsay. My concern is that the Commission has asked for information and the information is not forthcoming. That needs to be addressed. Until we get an opportunity to see the details on the PHF, it's hard to know what to recommend to the BOS.</p> <p>Donna: I'm a little confused because Suzanne and I have been meeting with members of the MHC and NAMI since September, so to say there have been no meetings or information is erroneous. If that information isn't getting to others, that needs to be looked at. We were remiss in not having consumers and have tried to remedy that. I planned to present the follow-up reports in my report today.</p> <p>Peter: Information I have received was that there wasn't enough information passed along to any of those participating. In fairness to Donna, if you want to address those issues, please go ahead and do so. [Skip to Agenda Item 8b below.]</p> <p>Following Donna's comments, Peter suggested amending the motion to having him develop a letter to go to the BOS requesting a decision to hold off any further action until the stakeholder process is basically restarted. He further suggested that a second letter be drafted expressing their concerns. The amendment was accepted.</p> <p>Bielle: I'm going to abstain because I haven't been a part of the experience. But I did want to understand a little about the capital projects...is there any financial ramifications to stopping that process?</p> <p>Donna: My understanding is the property has been leased through June. If the lease lapses, the county could lose the property.</p> <p>Peter called for the vote on the amended motion. The motion carried on a vote of 7-0-1 (Bielle abstained).</p>	<p><i>Peter: draft a letter to the BOS (and cc to CAO, Health Dept., Mental Health Dept., Finance Dept., State OAC, and the State DMH)</i></p>
<p><b>7. CONSERVATOR'S OFFICE UPDATE - Eric Cho</b></p> <p>a. Update on Conservatorship program staffing and morale issued since Ednah Friedman's report to the MHC. Eric Cho Program Manager, Conservatorship/Public Guardian, stated he took over from Ednah Friedman one year ago. The office is now fully staffed and they have moved to 1111 Ward Street. He stated morale has improved since he's been here.</p> <p>b. Policy and procedures on performance (How do you quantify and qualify performance of program and individual conservators). He reported they have regular performance evaluations on an annual basis. They are requiring all deputies be certified with the state.</p> <p>c. Anything new and innovative. They've started having the departments cross training so all are familiar with procedures. They are also working on elder abuse and probate issues. Another thing they're doing is exploring upgrading the computer system.</p>	



He reported they are also currently working with the auditor's office for suggestions and input on improving efficiency.

In making this progress, Mr. Cho said he wants to promote a "Can Do" attitude and hopes the BOS can continue to support the program so they can supply services.

Teresa complimented Mr. Cho and his staff despite disagreements she has had. She praised his new location and said she would also would like to see the BOS support their program.

Eric: What I try to instill in this group when addressing morale is that nobody is in this alone; we all work with other agencies. I don't see disagreement as a negative thing, as it presents other options.

Peter: How do you qualify and quantify the performance of your department? Do you have a set matrix you look at?

Eric: Basically, our program is accountable to the court, so if there is any kind of feedback that tells us we are to improve our service delivery, it often comes from the court, so that's the best feedback we can get. My philosophy is I always have an open door policy.

Peter: I was looking at more specific information.

Mr. Cho distributed a written report, portions of which were read at the meeting.

- The Conservatorship/Public Guardian is comprised of three units: 1) LPS Conservatorship; 2) Public Guardian (probate); and 3) Money Management for conservatees, dependent adults, and consumers in the Adult Mental Health system. The office is currently staffed by a Program Manager, a Program Supervisor, a Properties Trust Officer, two accounting staff, two clerical staff, two Mental Health Community Support Workers, and ten Deputy Conservators.
- Two Deputy Conservators are primarily responsible for LPS Intake (temporary conservatorship). They conduct investigations to determine if a consumer is gravely disabled due to a mental disorder and needs to be involuntarily confined in a locked psychiatric facility for treatment. Intake deputies also file petitions for temporary conservatorship with the court.
- Four LPS Deputy Conservators provide services to a caseload of permanent LPS conservatees who may be conserved for up to one year.
- The four Probate Deputy Conservators serve individuals who have been referred by either Adult Protective Services or a hospital and have a primary diagnosis in the organic spectrum, i.e. Traumatic Brain Injury, Dementia, Alzheimer's disease, etc.
- The financial and operational unit is comprised of two Accounting staff who assist the Properties Trust Officer to meet the requirements of the Money Management program. This program provides and manages trust, estate, court accountings,

<p>and other fiduciary documentation as required by the court on behalf of conservatees.</p> <ul style="list-style-type: none"> <li>• Finally, two clerical staff are responsible for all clerical/ reception duties, and two Mental Health Community Support Workers assist in tracking eligibility for benefits and also transport conservatees to hearings and treatment appointments.</li> </ul> <p>Donna: There are performance indicators, not just quantity. We have staff that look at this. We can look at markers.</p> <p>Peter: Family members are important as well.</p> <p>A comment was made that another indicator is the many hospitals, nursing homes, and assisted living homes who call for probate conservatorship.</p> <p>By means of Public Comment, Janet Wilson distributed copies of the CA State Welfare &amp; Institutions Code Sections 5357, which described rights a patient could lose under conservatorship, including:</p> <ol style="list-style-type: none"> <li>1. License to operate a motor vehicle</li> <li>2. Right to enter into contracts</li> <li>3. Right to vote</li> <li>4. Right to refuse or consent to treatment related specifically to the conservatee’s being gravely disabled</li> <li>5. Right to refuse or consent to routine medical treatment</li> <li>6. Right to possess a firearm.</li> </ol> <p>Janet continued on to state that the many out-of-county placements are of great concern to patients’ rights. Mental Health Consumer Concerns does not have a formalized position on conservatorship. But for those who are gravely disabled, she stated she would hope for more checks and balances.</p> <p>d. Discussion and possible action on recommendation to the BOS of Supervisors on Conservatorship Program status.</p> <p>No further action was recommended. Further discussion is needed to understand the performance of the department. Peter thanked Mr. Cho for his report.</p>	
<p><b>8. REPORT: MENTAL HEALTH DIRECTOR – Donna Wigand, LCSW</b></p> <p>a. Budget Update.</p> <p>Due to time constraints, no report was given.</p> <p>b. Present follow-up reports.</p> <p>Donna distributed information that had been provided to the BOS Finance Committee on April 1. Commissioners received a copy in their packets. This was not received electronically. Additional copies are available at the Commission office.</p> <p>The PHF is one of three programs . From the report (Page 2, last paragraph): “On April 22, 2008, the BOS approved moving forward with the financial feasibility stage of the project. This approval. Included (1) obtaining an option to buy the 20 Allen Street property, (2) Performing a building evaluation of the site, (3) Issuing a Request for a Community Based Organization to run the program, and (4) Closing or downsizing the</p>	

<p>inpatient unit at CCRMC.” She then referred to the last page, which contained preliminary revenues/cost estimates. She stated the capital dollars from MHSA can be used for new programs which are not locked or the side of the center used for 5150’s. They can only be used to build drop-in voluntary or residential. She added that this has gone to the Finance Committee and the only motion has been to look at the feasibility,</p> <p>Art: I agree that after seeing the figures, we may agree this is a good thing. But the feeling of most of the people is that we can serve more people by putting facilities at the extremities of the county instead of at CCRMC.</p> <p>Steven: A drop-in center at this location would rule out access to west county.</p> <p>Donna: In the original planning, there was talk about more 24/7 urgent care and more beds. Regarding the RFP, I was told to do an RFP just to see if there was anybody interested.</p> <p>Suzanne: The crisis stabilization part must be in close proximity to a hospital and have 24 hour emergency care. My apologies for not getting to moving forward in meeting with consumers sooner.</p> <p>Colette: Access is a problem for central county too. My concern is that the level of care is not going to be as good at the PHF. I fear we’ll lose the 10 beds because of the private organization running the PHF losing money.</p> <p>Teresa: I wanted to comment on the CSS forms...I read the documents, then came across a report from Nancy Frank about crisis residential, but we do not have any in west county. Maybe if we had a few more wellness and recovery or dual diagnosis centers we wouldn’t need a PHF. I support Art’s motion, and I would also like to see consumer’s present.</p> <p>Brenda: Regardless of what happened, it’s clear there have been some breakdowns in communication, but also there was probably no one who was available to organize that effort as the consumer-run organization in this county did not have the capacity to do that. Is there a way to re-start the communication in a way that will lead to a resolution rather than who was overlooked and not overlooked, so the voices are now heard? If this is not already a done deal, let them now be heard.</p>	
<p><b>9. CHAIRPERSON’S REPORT - Peter Mantas</b></p> <ul style="list-style-type: none"> <li>a. Update on last MHC comments</li> <li>b. Report on Human Resources meeting and hiring (Review list of open positions and status)</li> <li>c. Reaching out to the Oversight &amp; Accountability Commission (OAC) and other County Boards/Commissions for best practices</li> <li>d. Understand everything about the MHSA – Educate yourselves</li> </ul> <p>Due to lack of time, there was no Chairperson’s report.</p>	
<p><b>10. FUTURE AGENDA ITEMS</b></p> <p>Any Commissioner or member of the public may suggest items to be placed on future agendas.</p> <ul style="list-style-type: none"> <li>a. Suggestions for May Agenda [CONSENT] <ul style="list-style-type: none"> <li>1. Public transportation issue for Consumers</li> <li>2. Consider formulating a position on the Mental Health Coalition key</li> </ul> </li> </ul>	

<p>issues</p> <ul style="list-style-type: none"> <li>• Disconnect of Services for consumers in all age groups.</li> <li>• No continuum of care.</li> <li>• Treatment Silos creating barriers.</li> <li>• Proposed budget cuts may impact Patient's Rights services.</li> <li>• Concerns expressed about the lack of action, from stakeholders, to unite and drive strategies for improved, integrated services.</li> <li>• Discussed communication barriers and breakdown of partnerships.</li> </ul> <p>3. Case study</p> <p>b. List of Future Agenda Items:</p> <ol style="list-style-type: none"> <li>1. Presentation from The Clubhouse</li> <li>2. Medicare issue – added revenue stream</li> <li>3. Presentation from the Behavioral Health Court</li> <li>4. Follow-up report on the Behavioral Health Court's grant application.</li> </ol> <p>c. List of Issues for April 30<sup>th</sup> MHC Planning Meeting (Retreat):</p> <ol style="list-style-type: none"> <li>1. Children's Workgroup</li> <li>2. TAY &amp; Adults' Workgroup</li> <li>3. Older Adults' Workgroup</li> <li>4. Consider moving the monthly MHC meeting to the 1<sup>st</sup> or 2<sup>nd</sup> Thursday</li> <li>5. Creative ways of utilizing Mental Health Services Act Funds</li> <li>6. Discuss MHC Fact Book Review Meetings with Appointing Supervisor</li> </ol>	
<p><b>11. PUBLIC COMMENT. [Remaining]</b> There was no Public Comment.</p>	
<p><b>12. ADJOURN MEETING</b> The meeting adjourned at 6:30. The next regularly-scheduled meeting of the Mental Health Commission will take place <u>May 28, 2009</u>.</p>	

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