

**CONTRA COSTA MENTAL HEALTH COMMISSION**  
**JULY 9, 2009**  
**MINUTES – APPROVED 8/13/09**

**1. CALL TO ORDER/INTRODUCTIONS**

The meeting was called to order by Commission Chair Peter Mantas at 4:37 p.m. with a brief reminder to turn off electronic devices.

Commissioners Present:

Supv. Mary Piepho  
Clare Beckner, District IV  
Dave Kahler, District IV  
Colette O'Keefe, M.D., District IV  
Coalition  
Floyd Overby, M.D., District II  
Annis Pereyra, District II  
Anne Reed, District II  
H. Scott Nelson, District III  
Teresa Pasquini, District I  
Peter Mantas, District III  
Art Honegger, District V  
Bielle Moore, District III

Attendees:

Connie Steers, Patients' Rights/MHCC  
Dr. William Walker, CCHS  
Julie Freestone, CCHS  
John Gragnani, Local 1, Mental Health  
  
Suzette Adkins, Supv. Bonilla's Office  
Mariana Moore, Human Services Alliance  
Sam Yoshioka, Public  
Christine Wampler, Public

**2. PUBLIC COMMENT**

Connie Speers expressed consumer concerns of survival during their wellness and recovery because of SSI and Medi-Cal cuts. Because of her involvement with NAMI they are getting requests for money to help to get to the end of the month. There is no longer any dental, vision or foot care funding. MHCC is aware of the situation. Chair Peter Mantas reported that the Commission will see if there is anything they can do to help.

**3. ANNOUNCEMENTS**

- Peter Mantas announced the Mental Health Consumer Concern's upcoming Open House on July 23.
- Both Dave Kahler and Peter Mantas were reappointed by the Board of Supervisors at their last meeting. Teresa Pasquini will be reappointed at the BOS meeting on July 14.
- Peter Mantas circulated a paper with the different Commission work groups. He asked each Commissioner to pick at least one work group. General public are welcome to sign up also.
- One interview has been conducted for a replacement for Karen Schuler (former secretary to the Commission). Outcome was not favorable for the Commission's needs, so the search continues.
- Dave Kahler and Anne Reed are recording the meeting today and Clare Beckner is acting as secretary.
- Thanks to Julie Freestone and Sherry Bradley and their staffs for getting out the materials for today's meeting.

**4. CHAIRPERSON'S COMMENTS - Peter Mantas**

- There has been a question expressed on whether Teresa Pasquini can vote during this meeting or not because her term as Commissioner has expired. Peter Mantas researched and found that on June 22, 2006 a Commission meeting was held and Commissioners Miller and Kahler were both up for reappointment and they were officially

reappointed on June 27, 2006. They were both listed as Commissioners in the minutes and participated in the voting. There is a long standing precedence set for Commissioners that are reappointed to continue in their position while the process is progressing. Peter said he will not be the first Chair to break that precedence. Supervisor Mary Piepho commented that even without Teresa's vote there would be a quorum for today's meeting. She did not see a problem with today's meeting.

- Peter next talked of a "time of reset". He brought to all of our attention that we need to trust each other and the process--even if we disagree on an outcome. Stay focused and attentive in reaching goals: transparency of the system, transparency of our work, accountability of everything we take on, taking care of the people who do not have a voice--the consumer, especially those that have a serious mental illness. That is what we are here for. Peter thanked everyone for listening.

Supervisor Piepho commented she is honored to be part of the MHC. She remarked that relationships and communication are important; reminding us of the mission of the commission as stated on top of the letterhead. The Mental Health Commission needs to focus on our role as mandated by the state.

## **5. REPORT: HEALTH SERVICES DIRECTOR - Dr. William Walker**

Dr. Walker started by mentioning that Donna Wigand was in Sacramento working with the Mental Health Association. Funding for the MHSA will be delayed by a month--probably receive in September.

- Managed care allocation funding (private hospitalizations and etc.) will be cut in half. Mental health directors are asking for clarifications. Federally required services are primarily for in-patient hospitalization, urgent care and 2 out-patient psychologists--will not cover out-patient services. Counties do not know yet whether the state is going to require them to continue providing benefits without the federal money.
- 3632 Funding for children (developmental & mental health issues): state is deferring funding by a year. Currently Contra Costa Co is involved in a lawsuit against the state regarding (along with Sacramento, San Diego, and Orange Counties) whether to give this program back to the state. Dr. Walker will talk to the BOS on this issue to see how to proceed.
- Department of Health Care Services of California have stopped Medi-Cal payment for all medically related ancillary services--lab, radiology, pharmacology for all IMD (Institute for Mental Disease locked facilities throughout state) patients. IMD providers will pay for these services and then will be reimbursed by county.
- Positive happenings are that the EPS (mental health counseling for kids) fees will not be cut for counties. This amendment will allow the counties to bring in more money by expanding SMA. This will have to be approved by the federal government and the process is currently moving along nicely.

Dr. Walker wanted to share that two suggestions he got from his staff on what the MHC could advocate for were transportation and housing. SSI diminished funding compounds the problem of housing and transportation. Should be at the top of the MHC agenda. Recognizes there are limitations on how MHSA money can be used for housing.

Transportation resources are being scaled back and fees have been increased.

Dr. Walker lastly recognize Dave Kahler and Teresa Pasquini who will be participating next week in an effort of better running at the county hospital, stressing efficiency, safety and putting patients first. This effort is based on the Toyota management system applied to health care systems.

Chairman Peter Mantas referenced Dr. Walkers comments on advocacy asking Dr. Walker for his support in pointing the Commission in the right direction as to who on his staff would be helpful

with our target areas of housing and transportation or where to go in Sacramento to advocate. Has the Commissions support of 100%.

Connie Speers asked about the IMD cut backs on lab tests, in particular for certain medications that require blood draws. According to Dr. Walker if the client is not hospitalized, these necessary lab tests would not be performed because there would be no funding from Medi-Cal.

## 6. REPORTS: ANCILLARY BOARDS/COMMISSIONS

- Mariana Moore--no report.
- John Gragnani--10% reduction of Medi-Cal reimbursement was defeated in court today.
- Teresa Pasquini--no report for CPAW because the meeting was cancelled.

## 7. COMMITTEE/WORKGROUP REPORTS.

- **Capital Facilities**-Art Honegger. According to Welfare & Institution Code some of the provisions required of the MHC is to review plans for the new facility, health needs, special problems and county agreements at all stages of planning process. This is why MHC is not supporting the Pavillion as it is currently presented because no alternatives have been considered. No public meetings have been held for input from the community. What type of alternatives? No children's unit currently in county, no dual diagnosis unit, no crisis residential unit. Homes in Antioch could be bought for a song. \$8 million of the \$22 million could be used for eligible facilities. What about staffing? \$2 million of operating funds from community and service supports could be used for staffing.
- At public forums held throughout the community the past couple of weeks no alternatives have been presented. Downsides not brought up. Public meeting in January 2009 MH Director promised the MHC that we would have family and consumer input groups to discuss alternatives. There have been forums for the pavillion, but no input for an alternative.
- Mr. Honegger suggested a letter be sent to BOS that the MHC opposes Pavillion project--not the project persa but the format of it's presentation--unless and until we have forums about alternatives instead of the PHF. Feels as tho the memo from Donna Wigand dated 6/26/09 has still not answered the questions from January. Referenced the small work group that meet from November 2008-Feb. 2009 and the subject matter reflected only the Pavillion.

Annis Pereya asked what needs to be done for a public hearing because there has been no public hearing. At meetings held throughout the county last month, people did not ask for a Psyche Pavillion. People were asking for better emergency services, crisis intervention, residential facilities, etc.,etc. Collette felt these needs were interpreted by MH Staff that these needs could all be addressed by a new pavillion--only one choice.

Chairman Mantas mentioned that funding of the Pavillion is by a Bond measure and also MHSA money. Capital facilities funding can not be used for housing.

Dr. Walker said the Pavillion would meld several entities: First replace the current psyche emergency. Title 22 restrictions that were put into effect a couple years ago had the county blend the 2 emergency rooms. Psych and general emergency are both a mess. 2nd: MHSA money is for a 16 bed CRF (crisis recovery facility). Allows for 30 days of hospitalization--residential treatment; 16 bed crisis residential and 20 beds in currently at the hospital cannot be funded by MHSA money. These beds would be closely supervised by our mental health division and our hospital division in central county. Statistics show that 35% of the consumers come from Cental Co., 32 % from East Co., and 22 % from West Co. Realize there are transportation issues. Dr.

Walker said this is the best they can do --too expensive to have 3 separate facilities.

MHC agrees there is a need for more services. The Commission's main concern was that alternatives were never looked at.

Teresa Pasquini recognizes that it's important for us as a community to come together since a down payment has been made on the Allen Street property. MHC's concern is that there was never a fair open process for the public and yet Pavilion is coming to committee on July 20 for a vote. She expressed her desire for transparency, resetting, MHC coming up with a plan to support this process with Dr. Walker's department.

Mr. Mantas then addressed a question on whether other options were looked at.

Dr. Walker addressed Peter's concern by saying other options were looked at for voluntary walk-in or involuntary services. These services need to be near a hospital emergency so medical response is easy to access, e.g. drug overdose. Limits options. Tried to keep Los Medanos Hospital open (1994) with the county proposing to open a psychiatric emergency in-take facility there. There was a negative response from the community that shut the proposal down. Currently there is an effort to move the Richmond Health Facility to Doctor's Hospital in San Pablo. They do not want psychiatric patients. Rare opportunity to acquire land that was not owned by the county within 25 yds of Psyche Emergency and the land is big enough to afford the county the opportunity to build a facility. The land has not been bought yet--can't until the BOS approves it. Increases beds by 32, increases response to emergencies, physical health care.

Collette O'Keefe is concerned that this entity as it is developed will be contracted out to private enterprise to run it. If it is run by a private company, what kind of services are going to be provided and how will they be monitored since they are in the business to make a profit.

Dr. Walker responded to Dr. O'Keefe's concerns stating that it is the county's commitment to provide good care and it will be easier to monitor that care if they are "under our nose" in Martinez, then if patients are sent to Modesto. Quality of care will be written into their contract. Art Honegger has been invited to sit on the review committee to select the provider to run the Pavilion.

Dr. Overby posed a question on the type of facilities being planned for dual diagnosis consumers--will the new facility have a provision for dual diagnosis-- which statistically can be as high as 65%. Dr. Walker said that staff (both psychiatric and regular emergency) are being cross-trained from the beginning in dual diagnosis. Discussion followed about Discovery House in Richmond and the number of shelters housing dual-diagnosis consumers. What is the vision five yrs. from now? Commission does not know what County staff knows. Hopeful that MHC is brought in to the "plan"; so they aren't left in the dark.

Anne Reed: "Dr. Walker, is the new facility part of a long range plan for health care in the county?"

Dr. Walker: Health care is in flux. Not certain what will be left to run the hospital--another \$10-12 million out of the county hospital budget. 85% of the county money comes from the state and federal government, 15% from the county BOS. Ebb and flow of federal money is an issue--unpredictable. Difficult to have a 10 yr. plan. What is up with health care reform and what is going to happen with public hospitals--no one knows. Clarified that the \$8.2 million is in the county bank--it is restrictive on how it can be used--must be capital facilities. Other part of the money is from bond.

Supervisor Piepho explained that the bond is not a voter approved bond like a school bond it is a borrowing bond-- governmental bond. She thanked Dr. Walker for his presence at the meeting. Time frame of moving forward with the PHF. There is an extension on the deposit for the land of 6

months. Don't want to be caught where we have not used the money and the state takes it back. Suggestion of a discussion of the PHF in a public forum.

John Gragnani spoke of the concern of staff of Crisis Ctr. and fighting the move to a crisis stabilization unit. Rely on the treatment received inside the hospital walls -- should it be in-patient, released, overnight and released the next day. Will the PHF become it's own treatment facility without mingling with county hospital staff? Operate this program under a Title 9 and not a Title 22 program. There are financial benefits of running a Title 9 program. Integration of programs within the crisis unit.

Lead by Mary Piepho a discussion followed regarding a public comment/hearing involving MH Administration, Health Services and MHC--a way to all come together to devise a plan for taking the next step. It was suggested that a full presentation be put on the August Agenda, however Dr. Walker won't be available. Propose a meeting in August (other than the regularly scheduled Commission meeting) and devote the meeting to the PHF and get all information out on the table--be able to identify what has been missed. Two step approach -- full presentation to the Commission and then decide to go forward with a town hall mtg.

Dr. Walker, Teresa Pasquini, Julie Freestone and Peter Mantas will meet to discuss the August agenda.

#### **8. FUTURE AGENDA ITEMS**

August meeting will focus on the Pavillion. Anne Reed suggested at each meeting we go around and introduce ourselves and give a quick 30 seconds of "who we are". Superviosr Piepho. suggested having state mental health providers come to a MHC meeting to work on goals, expectations and roles. CIMH will do that training. August Agenda will have an update on conservatorship program (funding will be cut in 1/2); also Dr. Ferman will talk about SAMHSA Grant. June Minutes will be available for the August meeting.

#### **9. PUBLIC COMMENT**

None. Christine Wampler introduced herself. Member of the public who came to observe.

#### **10. ADJOURN MEETING**

Mary Piepho made a motion to adjourn the meeting. Seconded by Teresa Pasquini. Meeting adjourned at 6:17 p.m.

Respectfully submitted,

Clare Beckner, Commissioner District IV  
Acting Secretary