

MHC/CPAW Capital Facilities Workgroup Meeting
Date: October 19, 2009, 6:15-8:15 p.m.
Location: Mental Health Consumer Concerns (MHCC)
2975 Treat Blvd., Bldg. C, Concord, CA 94518

Minutes – Approved 11/2/09

1. CALL TO ORDER/INTRODUCTIONS

The Workgroup meeting was called to order at 6:20 p.m. by Chairperson Teresa Pasquini.

MHC Capital Facilities Workgroup Members Present:

Teresa Pasquini, District I – Chair, Annis Pereyra, District II, Anne Reed, District II

Absent: MH Commissioner Colette O’Keeffe

Consolidated Planning Advisory Workgroup Members Present:

Brenda Crawford, Kathi McLaughlin, Tony Sanders

Staff Present:

Sherry Bradley, Susan Medlin

Other Attendees:

Audrey Granpal, AAA Mental Health, Richmond

David Kahler, NAMI, Mental Health Commissioner

Charles Madison, NAMI

Sharon Madison, NAMI

Ryan Nestman, Consumer, Family Member, CPAW Member

Karen Shuler, MHSA Communication Coordinator

Connie Steers, Patients Rights Residential Advocate with Mental Health Consumer Concerns

Sam Yoshioka, Member of the Public, Mental Health Commissioner

2. PUBLIC COMMENT

Sharon Madison mentioned that she and her husband are just getting involved in mental health issues. She stated they have asked questions during the Public Comment period at other meetings they have attended, but have received no answers. Teresa and Kathi explained the Public Comment process to her (comment can be taken on non-Agenda items but only briefly commented on), and suggested that she contact the groups they attended to get their concerns on the Agendas, where there can then be discussion. It was also suggested that she contact Nancy to be placed on the MHC mailing list.

3. ANNOUNCEMENTS

- Teresa announced that the Board of Supervisors has an item on their October 20th Agenda discussing a sustainability audit of the hospitals and clinics for the county that may be of interest to those present.
- Brenda distributed a flyer about MHCC’s Annual Holiday Party on December 11th from 11-2 at the Pleasant Hill Community Center. She said the Party will be the official re-launch of the Contra Costa County Network of Mental Health Clients.

4. APPROVAL OF THE MINUTES

A motion was made by Anne Reed and seconded by Brenda Crawford to approve the Minutes from the October 5, 2009 MHC/CPAW Capital Facilities Workgroup meeting.

Discussion: Anne asked that it be notated that Dave Kahler left after giving Public Comment and did not participate in any of the votes. It was pointed out that he was not a member of the Workgroup so could not

vote. There was discussion as to how to format the list of meeting attendees in the Minutes. It was decided that in future Minutes, members of the Mental Health Commission who were not specifically members of this Workgroup would be listed among the "Other Attendees" and be considered members of the public while in attendance. People were asked to state their affiliation for the record. The wording of the membership lists was changed as shown above for future Minutes. There was discussion on who was officially representing CPAW on the Workgroup and it was clarified that Brenda, Kathi and Tony are the CPAW Representatives. The Minutes should be corrected to show David Kahler as an "Attendee" and Susan Medlin as "Staff". Sherry said they would decide at CPAW who another representative would be to reach a balance of four Commissioners and four CPAW Representatives. The Minutes were approved as corrected (the attendance list) with one abstention.

5. CHAIR COMMENTS

- A. Report on MHC 10/8/09 meeting (refer to DRAFT Minutes from that meeting). Share public comments heard at the Mental Health Commission Meeting. Refer to letter received from the Diablo Valley Family Coalition.

Teresa referred to the Draft Minutes from the 10/8/09 MHC meeting (included in the meeting packet), and explained that this group requested that the Commission approve our questionnaire minus the IT que ... to basically give us the permission to go forward with our questionnaire process. She stated we didn't want to be held up and have go back to the Commission and so we submitted the questionnaire as it stood that day.

Kathi said that since this has to do with the Questionnaire, it should be discussed under Agenda Item #6, which is an action item.

Teresa responded that she was just going down her Chair Comments and wanted to share the Public Comments from the MHC Minutes, and asked if that should be referred down to the next item as well.

Kathi said it would make more sense and Teresa agreed.

- B. Invite new attendees (Workgroup members only) to state their personal goals for the outcome of this process.

Kathi responded that she was there to ensure that kid's issues are addressed when discussing capital facilities because in Contra Costa County we haven't had much in the way of capital facilities programs or services. She stated our kids have two beds in a room off the Emergency Room and they overflow that on occasion. She said it was her considered concern that we ought to have a separate place for them. In response to a question, she defined children as 18 years of age and under. She stated that by law, children under 18 may not be admitted, but can only be held for 23 hours and we have no appropriate place to hold them for those 23 hours. The holding space this county has is a small room with a couple of lounge chairs.

- C. Report any new developments discussed at 10/15/09 CPAW meeting.

There was nothing to report.

- D. Discuss ways to inform workgroup members, on previous efforts, without reviewing at each meeting. Brainstorn on data compilation and links to previous meetings and documents. Seek ways to inform the workgroups and the public, through a Lean process, that would assist the timeline requests.

Teresa said it wasted time to rehash things at every meeting. It was suggested that new members go to the MHC, Health Services, CPAW and MHSA websites to be brought up-to-date. There has been discussion of getting a separate website for this issue. Anne suggested creating a Facebook page as opposed to waiting for the County IT people to post items to the website. Sherry said it could be done either way. She added that the County has a Facebook page. Susan suggested doing both – posting to the website and to Facebook. She said consumers would check the website first. Brenda stated that MHCC directs consumers to the websites. Kathi made a motion to have all materials from this Workgroup posted to the MHSA website. Annis seconded the motion. The motion carried with one abstention.

- **Recommendation: Have all the MHC Capital Facilities/CPAW Workgroup materials posted to the MHSA website.**

6. QUESTIONNAIRE/SURVEY DRAFT

- A. Hear report and recommendations from Steve Hahn-Smith on survey process and IT data and information.

Steve Hahn-Smith was unable to attend.

Sherry referred to the Enclosure 2: *MHSA Capital Facilities and Technological Needs Component Project Proposal Proposed Guidelines for the County's Three-Year Program and Expenditure Plan* (included in the meeting packet). She stated they reviewed the Specific Requirements for Capital Facilities funding when writing up the questionnaire to be sure we were still focusing on what the Guidelines say:

“Capital Facilities funds shall only be used for those portions of land and buildings where MHSA programs, services and administrative supports are provided; consistent with the goals identified in the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) components of the County's Three-Year-Plan.”

She said they went back to that because a lot of what happens in the way of what is recommended for capital facilities has to be related to the CSS and PEI Plans and it has to be an MHSA service. Sherry said that in our current CSS Plan there are six workplans:

1. Children's Full Service Partners (FSP's) in far east county
2. Adults FSP's in west county (used to be called Powerhouse – now called Bridges to Home)
3. Transition Age Youth FSP's
4. MHSA Housing
5. Older Adults (not full service partners)
6. Systems Development

Sherry also discussed the goals for CSS listed in *Section 1. Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports* (included in the meeting packet), where the core are of needs identified by the community were listed:

Children/Youth

1. Failure in learning environments
2. Out-of-home placements
3. Involvement in child welfare or juvenile justice systems

Transition Age Youth

1. Homelessness
2. Incarceration
3. Hospitalization or involuntary care

Adults

1. Homelessness
2. Isolation
3. Inability to work

Older Adults

1. Unnecessary loss of functioning
 - a. Frequent hospitalizations
 - b. Frequent emergency medical care
 - c. Inability to work
 - d. Inability to manage independence
 - e. Involuntary care
 - f. Institutionalization
2. Isolation

Sherry then referred to the needs listed under the PEI Plan's *TOP Stakeholder Priority Strategies to Address Target Populations 0-25 Age Group* and *TOP Stakeholder Priority Strategies to Address Target Populations 26+ Age Group* (included in the meeting packet). Sherry said she was going through this because she wasn't sure the information about how these needs came out the way they did had been explained to them. She said it was a long planning process. The first Plan involved about 1100 individuals and the second process was about 900 individuals plus focus groups, surveys, and then out of each of those processes the needs were identified. Sherry explained that if you try to link what the Guidelines say, in terms of being sure that whatever you're doing is going to be some type of an MHSA service, and it has to be true to your CSS Plan and your PEI Plan, it helps to logically do a needs assessment survey with consumers.

Susan said she didn't want to put things on the survey that would lead consumers to think they were going to happen; it would become a token wish list for the consumers and expectations would not be able to be met.

In response to a question about when these surveys were done, Sherry explained that for CSS, the surveys done in 2004-2005 resulted in the 2006 Plan, and cover 05-06, 06-07, 07-08. For PEI, the surveys done in 2007-2008 resulted in the Plan approved in March, 2009.

B. Questionnaire/Survey Draft: Review, Discuss and make final recommendations.

Sherry said that when she and Susan were working on writing this Survey, they struggled with the issue of not putting something on here that was unrealistic, in that the state may not approve it because it was not in our original CSS Plan, or in the PEI process. It also has to be an MHSA service. Lots of things could be listed on the Survey as questions, but due to the guidelines, it might not be realistic to do them.

Rather than having to do all this work again, Anne asked about creating a comprehensive survey that would include non-MHSA funds in case other funding sources come up. Susan replied that it would need to be identified as a non-CSS survey. Tony mentioned the Survey was just a piece of the process, and that building on this has created a wealth of information. Annis mentioned they had been told the CSS Plan could be amended if a need arises. Sherry confirmed this, and added they just wanted to be careful not to put something on the Survey that could not be done to avoid raising expectations. Anne replied that she felt people understood that when they are surveyed, it didn't mean everything was possible. She said she understood this Survey to be a temperature check of what the consumers, family members, and the public think we need in the mental health system and try to take all this and see how it dovetails in this amount of money and the ideas that are floating out there and do it in a quick, efficient manner. She added that now it seems like we're just self-narrowing down everything to just these few things that we may be certain can be funded by MHSA. She added that she didn't think we were taking advantage of the vehicle. Kathi agreed with Susan, saying an expansive survey would raise unrealistic expectations. She added that she doesn't see any other monies coming in. Because of state budget cuts, MHSA funding has become a larger part of the mental health budget than was intended.

Susan stated that, speaking as a consumer and not an advocate, she wants the group to get as much as we can. She said she knows the county isn't going to approve programs or staff that doesn't have a funding stream. Consumers want a "peer-supported, don't-go-to-the-hospital, don't-be-sent-out-of-county" program which can be supported by saving money. Money can be saved if consumers have a place to go in county and not be sent out-of-county. Susan added that we should work with what they want to do and get what we want out of it. Brenda said she supported what Susan said in terms of looking at what's realistic and maybe looking at what can get approved but the county and what can actually get us the biggest bang for our bucks. She added that if we had crisis residential facilities in all three areas of the county, this model has been proven to reduce involuntary commitment in other places

by as much as 25%. She suggested looking at seeing what kinds of services are out there, what kinds of models we can bring that would meet the MHSA guidelines, and look at how these services can be in all kinds of benefits, which is to reduce out-of-county placement, etc.

Tony mentioned a part of agenda item #5 that had not yet been addressed, which was to refer to a letter received from the Diablo Valley Family Coalition (included in the meeting packet). He said there were concerns raised in that letter and also in Dave's comments last month that we might lose this opportunity if we have to go through the survey process. He added that we might want to move quicker than what the survey process would do.

Teresa said that it sounded like we were going back to the first meeting where the charge of the group was discussed, and that there was now a desire to change the charge of the group. Tony said there were letters expressing a concern about the timeframe.

Kathi mentioned that from the children's perspective, there has never been a receiving center, and according to Children's Mental Health Program Chief Vern Wallace, we are now at an outrageous number of kids in out-of-home placement, including a very large number in out-of-state, not just out-of-county placement, as far away as the east coast. We need a whole system of care, but with only having the little bit of space that we have available, one of the things that has happened is that kids under the education-related AB3632 placement jumped from out-of-home, out-of-county, out-of-state placement at places that are not (in her opinion) that therapeutic. So from the children's perspective, Kathi said they wouldn't want to lose the opportunity to have something here in the county that could help us keep our kids here and address their crisis needs. Kathi also made the suggestion that on the Survey, under ALTERNATIVES TO HOSPITALIZATION: Crisis Residential Facility for Youth Adults, Adults, Older Adults (unlocked) – they need to be separated out because young adult and TAY needs are different, and certainly the older adult piece needs to be pulled out because that's an entirely different population that needs its own services. She added that for the survey purposes it would be helpful to break out the age groups.

Anne asked Tony if he was now questioning whether we should do a questionnaire. She reviewed how at the last meeting, it was her understanding that the workgroup had agreed to do a questionnaire, go to the Commission and get their approval (which they did), and that this meeting was to finalize the questionnaire and get it out ASAP and to establish a timeline -- which allowed us to be sensitive to this, sort of amorphous December 31st deadline so that we could get the information out, get it back, compile it and then look at it quickly in order to decide whether we're on the right path with the 20 Allen project, or that we should be on another path – what opportunities there are to use the money in a way that we recommend based on the results of the survey.

Annis said that there was a need to address what the reason for this committee being here was. She said it was created because there was not proper input from the community, and there was no other way that we could function except to go back and get the community input. She added that the workgroup decided they were not going to be deadline-driven – that they can't do what the state requires under the MHSA unless the community is polled and asked.

Tony said that he thought he had heard that the group was going to go back and ask for information about the timeline. Teresa responded that it on the agenda as item #7. He mentioned again the postponement of earlier agenda items.

There were questions regarding the length of time it would take to send the survey out and receive responses back. Sherry responded they would have to be printed, mailed, e-mailed and some delivered manually. Sherry added that when the workgroup develops their timeframe, she will work within that.

Referring to what Kathi had said earlier, Ryan said his son was in a crisis situation recently and he felt the decisions on where to take his son are made on what is available. He felt that if he had had a place to go where he could calm down in this county that wasn't involuntary, it would be better.

Anne asked Ryan if the survey addressed his concern, if it is going to get the information he needs to make a decision. He asked that there be additional space to write comments placed under each topic. Anne suggested adding a space for "Your Ideas" under each topic.

Susan mentioned that "Mental Health and Substance Abuse Services (integrated)" shouldn't have been included on the survey because county mental health can't bill for them. Tony clarified that it can't be billed for if it is the primary focus of their treatment at mental health.

Tony brought attention to questions on the survey that didn't pertain directly to capital facilities, but rather to what services would be desired at facilities. Kathi agreed, saying they sounded like programs or components of programs within the facilities. Sherry said she wasn't sure they belonged there, but she and Susan had put them in there because they didn't want to lose sight of the fact that these things could happen and could be in the setting. Kathi said some of the questions do not appear to be capital facilities-related.

Anne asked for clarification on where the actual survey ended on the documents that were presented to the group. Susan responded that it was a two-page survey and ended following the section entitled "YOUR INTERESTS."

Anne questioned the need for the column entitled "URBAN OR RURAL SETTING" and suggested it be deleted. Sherry explained that in Contra Costa County there were several areas that had received federal designation as being "rural." An example given was the town of Knightsen in far east county. Connie mentioned that many of the county's licensed board and cares are in this rural area and there is no public transportation to get them to community wellness centers. Anne asked why this column is necessary since we are just interested in what part of the county they want it to be in. It was suggested the column be removed. The group agreed to delete the column.

Kathi asked about addressing the issue of transportation, saying she did not see questions regarding transportation.

Susan pointed out question #2 on the survey that asks about transportation needs.

Teresa said we're also going to address IT. Kathi asked Teresa if we're really going to address IT, stating she thought she had read there was a decision not to address IT. Teresa said IT got taken off, that Donna announced that IT was taken out, and so we put it back into the mix because nobody told us, and so since this is back to starting over, we are considering whether that pot of funds should be considered whether the IT system should be back on the table.

Susan asked if Teresa wanted a general question regarding IT put on the survey. Teresa responded that she didn't know.

Going back to transportation, Kathi said part of the issue associated with the location is its being in Central County, where it is hard for people in east and west county to get there, especially after hours. She said she thinks transportation should be addressed as a specific topic, because if we could address the transportation issues, would Central County be an appropriate location? She added that even Antioch wouldn't be appropriate for some of the more rural locations, nor Pittsburg either. 24/7 transportation should be addressed. She asked if the money could be spent for transportation and the response was that it cannot. She then asked if we could potentially spend part of the money that would be saved (by bringing people back from out-of-county placements) to address the transportation piece. The response

was that it can. She clarified that we were concerned about having a central county location because of the transportation issue, so asked that the transportation issue itself be addressed. She said if you live in east county, you're going to want to site it in east county – but where in east county? If you site it in Pittsburg, you're still not going to be able to get there from Brentwood or Antioch.

Teresa said that one of the guidelines was that it has to be on county-owned property, which is one of the things she said she asked for but hasn't gotten yet (a list of county-owned properties).

Brenda said in looking at the survey, non-capital facility issues need to be separated from facilities. Services could be included at some other point. Sherry said they had asked the group to e-mail them with facilities they did not include, but only heard from one person. She asked to be told if a facility has been left off the survey. They asked themselves if these services listed would drive a facility.

Brenda continued that even though December 31st is some sort of artificial timeline that we've agreed that we will not have frame this process, we do need a realistic timeline as to when we're going to send this thing out – when do we anticipate getting it back and when do we anticipate looking at the findings.

Teresa said she was hoping we could approve that tonight.

Anne stated her expectations for the survey, saying she is very concerned about the December 31st deadline. She said she looks at the survey and asks if the results of the survey are going to allow her to assess whether 20 Allen is the way to go or if we should do something else. She said that the December 31st deadline, however nebulous it may be, for a piece of property known as 20 Allen and what we decide to put on that property is still open to debate. The question is: are we going to capitalize on that property or not? She said that to her the most important thing was the column "Location in the County." If we get back responses that a lot of people want services in central county, that says to her certain things about the 20 Allen project or other alternatives to 20 Allen that would be in central county. She said that she considers some of the other questions to be soft things as to the hard building.

Susan said she agreed with Anne, but doesn't think we have to stop at asking for one location – but can ask for what they want.

Anne said she wasn't suggesting that we limit ourselves, but that the date of December 31st has to do with a specific location, and in order to assess whether this specific location should be on our list to pursue or not we need to have responses to a questionnaire which is designed to give us relevant information to make that decision.

Annis said we were told that the county was going to buy the property regardless. The December 31st deadline was the date they had to decide if they were going to do another retainer or purchase the property. It had nothing to do with the deadline for the psychiatric pavilion. It had to do with the property and they have decided now that they are going to buy the property.

Dave stated that Julie Freestone had sent out an e-mail saying that the longer the property is used for other purposes and the further time goes by regarding the available funding streams, the less likely it is that it will be available for mental health purposes. He added that we have an opportunity, and should act in a timely manner. Susan stated that they want to use it to store stuff while storing our consumers out-of-county.

Teresa stated the need to wrap this item up. She said she's perfectly comfortable with taking a vote tonight, except that it isn't on the agenda. She said if the group wanted, voting on it could be placed on

the next agenda. Annis said that couldn't be done because we haven't collected the input. Teresa said she'd be comfortable making a motion next meeting supporting a children's unit because she thinks Kathi's right. She said she knows the Commission has advocated for years, and when the Commission originally voted on this issue, there were passionate advocates around children's services. She added that it's an unbearable thought to have your child sitting in a little nook, separated when they're at their most vulnerable.

Anne asked to make a motion that with the removal of the right-hand column, Urban or Rural, with Your Ideas being put under each section, that we approve the survey as amended and establish a timeline to get it out the door and back quickly. Brenda seconded the motion.

Discussion:

Kathi asked if the motion includes leaving in the CULTURALLY APPROPRIATE SERVICES and PEER SUPPORT sections that are not capital facilities or if their removal is part of the amended survey. Anne said that she would prefer that they not be in and can add that to her motion so that it is very targeted. In that case, she said her motion would include a suggestion that we have a 48 hour grace period before the final questionnaire for all the members to think about other language for capital facilities and to get it to Sherry within the next 48 hours and empower Sherry with the approval of Teresa to amend the questionnaire and consider it final and go forward with production and implementation. As Brenda had to leave the room, when she came back the amendments made to the motion were explained to her as being eliminating the right-hand column, adding Your Ideas under each of the sections, eliminating everything under Peer Support n Section 1. Brenda seconded the amended motion. It was clarified that the items under ALTERNATIVES TO HOSPITALIZATIONS would be deleted. Tony asked that LOCATION IN COUNTY be revised to provide separate boxes for Central, East, West, and Centralized. Number 2 (Are there needs that should be considered?) would remain.

Teresa asked that the full guidelines be mailed to the workgroup on Tuesday. Sherry said she will take care of it.

There was discussion regarding the LGBTQQI Community. It was decided to spell this out on the questionnaire.

For the purpose of clarity and accuracy, following lengthy discussion, the motion by Anne Reed, seconded by Brenda Crawford, was restated for the record: "To accept the Capital Facilities/CPAW Assessment Survey as presented in draft form with the following changes: One - To eliminate the right hand column from #1; Two - To revise **LOCATION IN COUNTY** to provide separate boxes for Central, East, West, Centralized or All; Three - To delete everything from **CULTURALLY APPROPRIATE SERVICES** below in #1; Four - To add Your Ideas under each of the **ALTERNATIVES TO HOSPITALIZATION**; Five - To increase the space available for #2 "Other" for additional comments; and Six - To allow a 48 hour grace period for CPAW/CapFacilities members to e-mail additional capital facilities language to Sherry for inclusion. At the end of that time the motion assumes that Sherry, with the approval of Teresa, will then be empowered to finalize, produce and distribute according to the timeline that we will approve." Motion carried unanimously.

➤ **Recommendation:**

To accept the Capital Facilities/CPAW Assessment Survey as presented in draft form with the following changes:

- 1. To eliminate the right hand column from #1;**
- 2. To revise LOCATION IN COUNTY to provide separate boxes for Central, East, West, Centralized Or All;**

3. To delete everything from CULTURALLY APPROPRIATE SERVICES below in #1;
4. To add Your Ideas under each of the ALTERNATIVES TO HOSPITALIZATION;
5. To increase the space available for #2 “Other” for additional comments; and
6. To allow a 48 hour grace period for CPAW/CapFacilities members to e-mail additional capital facilities language to Sherry for inclusion. At the end of that time the motion assumes that Sherry, with the approval of Teresa, will then be empowered to finalize, produce and distribute according to the timeline that we will approve.

7. ESTABLISH BENCHMARK TIMELINE FOR OVERALL PROCESS

- A. Set goals for a timeline that would establish incremental progress demonstrating value of the process to the public and the Health Services Department.

Regarding the timeline, Teresa said she wants to honor the public comments, and the wishes of the Commission. She said the recommendation of Health Services were to go ahead and start over. The indication was that there was no pressure, but added it feels like pressure to her now. She said she still doesn't think this group has enough information to make a decision. She said the group has never been given financial information, and she doesn't think decisions can be made about programs that need to have funding streams attached, when as far as she knows the funding stream attached to this 20 Allen proposal is future CSS funds that haven't gone through the planning process. She said we can either honor the MHSA process or we can not honor it. She said she prefers to honor it and will honor it. She added that she had been told by Julie Freestone that Julie felt that if she could present to Dr. Walker and Mr. Godley some sort of a timeline, some sort of a framework that this workgroup was working on in good faith, then that would make them more comfortable. Teresa said she had been told by Supv. Gioia there had been no decision made on the purchase of this property.

Tony said he respects honoring the system, too. He asked that since we are proceeding with the questionnaire, if a timeline could be established to make things go as quickly as possible. And while that's occurring, he asked if we could be think about proposals to entertain that we know will touched on in the survey so that when data comes in so we can be ready to respond.

Anne suggested that the brainstorming of ideas be an agenda item on the next meeting.

Kathi asked Sherry how long everything would take if we have a 48-hour turnaround time to get comments to her. Sherry said if she got the information by Thursday morning, and Teresa approves the final survey, it can be electronically distributed first thing Friday morning. Getting it printed, depending on their workload, would take the printing services three working days. Then we can start the distribution of the physical copies pretty quickly (copies that have to be physically carried to locations such as libraries). Sherry said the mailing list is pretty much ready to go. She added the only problem they are having is with the clients mailing addresses as in a recent mailing 50% came back as not deliverable. That mailing had cost \$5,000. Our addresses in our system are not correct, although they are now being flagged.

Teresa said as an aside, “Gee, I don't think we need an IT system, do you?”

Sherry offered an option to mailing the surveys to the consumers – to physically take 1,000 copies to each clinic and have them available when the clients come in to register, and you leave it open for a period of two weeks. She said there'd probably be a much better return.

Brenda said we already have a model in place where we put consumers in the centers behind tables and have them fill it out.

Sherry said that's what she would propose. They could be put them in all our physical outpatient clinics. The surveys should also be placed at the Crisis Stabilization Unit and other places as well.

Anne asked if it was realistic to have a return date of November 16th. She also asked who was going to compile the information. Sherry said Steve Hahn-Smith has agreed to set up a simple access data base and MHA will provide the clerks to enter the data. A code will be inserted on the survey as a field identifier for entering it into the computer. Brenda asked if we were talking about using the model that had consumers at the center with the surveys and as consumers come in to encourage them to fill it out. Sherry responded that if we do that, we would depend on Brenda and her staff because they did it before. Brenda said then she would have to depend on Sherry to give her money to be able to do it.

Anne asked how long the consolidated report would then take. Sherry said it would take about a week to turn it around.

Because that would place getting the information back during the week of Thanksgiving, it was decided to extend that deadline for compilation to the 30th. The information can be distributed electronically on the 23rd and the group can meet on the 30th to review the findings.

Brenda said again that the most effective way to get the consumer input was to have consumers located at all of our centers encouraging folks to fill these out. Susan suggested having a drawing for a gift basket. Kathi said distributing to family members also needs to be considered.

Kathi made a motion to establish a timeline to get the surveys out by 10/26, to be returned by 11/16, with initial results to the committee by the 11/23 and a final result at some point thereafter, and meet to discuss them on 11/30. Teresa seconded the motion.

Discussion:

Sherry mentioned her experience with surveys in the past and said people mail them in at the last minute, so there may be a delay in getting all the results by the 23rd. Anne suggested that we get a preliminary result on the 23rd and a final result at some point thereafter.

Tony asked if the \$5,000 we are saving by not mailing to the consumers could be used for the consumer involvement. Sherry said she would have to amend the contract with MHCC. The movement of money to MHCC would take time.

Anne asked that the information about the group approving this timeline be communicated to Dr. Walker. The motion carried unanimously.

➤ **Recommendation:**

To establish a timeline of:

October 26th – Getting the surveys out

November 16th – Deadline for them to be returned

November 23rd – Initial results sent electronically to the Workgroup

November 30th – Workgroup meet to review findings.

8. REPORT INFORMATION ON ANY NEW PROPOSALS FROM STAKEHOLDERS

A. Children's Proposal and Older Adult Proposal

Kathi asked that Teresa invite Suzanne or Donna to come to the next meeting to discuss these proposals.

Teresa said she would officially invite Donna to have herself, Suzanne and/or Vern to address these issues.

B. Hear from other attendees on suggested use of Capital Facility Funds.

9. NEXT STEPS/SET NEXT MEETING DATE

➤ Next meeting date: Monday, November 2nd at MHCC from 6:15-8:15

- Brenda asked to go on record stating the process of getting consumer input was flawed. She added that the clinic staff is not going to be dedicated to get the information out. She said she felt Sherry, Teresa and her need to sit down and talk about how to ensure that the consumer voices are heard.
- Teresa said she also wished to go on record supporting that the consumer voices be heard. Teresa also said she felt the group had already made a decision and a vote could be taken now. Workgroup members disagreed.
- Kathi said ideas about distributing them to families should be sent in to Sherry
- Suggestions were also made to send the survey to contract service providers, county staff, etc.

10. PUBLIC COMMENT

In a comment that time should have been provided for on agenda item 6A, Charles Madison said he felt some of the consumers may not understand the terminology of the survey. He also said he felt there were leading questions on the survey. He asked what this committee or the Commission would do if there is a lot of response from Antioch or Pinole wanting the facility there. He said he is very concerned that we have 20 Allen on the plate and it's a pretty good program so long as 4C stays open. We are concerned about what the county is going to do with the property when they buy it. If we have the pavilion and can couple it with a transportation system of some type, they we could get more of the consumers in there.

Teresa said her biggest concern about what he said was "if 4C stays open" because there was nobody she had talked to considers that remotely possible.

Charles said he went to the BOS Finance Committee meeting and when Sharon (Madison) made the comments to the Supervisors about that, they said couldn't lock it in forever but they would keep it off the table, they would keep it open. We're just going to keep a watchful eye and if they ever have a hint of closing 4C, we're going to be up in arms.

11. ADJOURN MEETING

The meeting was adjourned at 8:45 p.m. by Chairperson Pasquini.

Respectfully submitted:

Karen Shuler,

MHSA Communication Coordinator