



The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

**CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
PLANNING MEETING**

**Friday • January 8 • 4:00-7:30 p.m.
1340 Arnold Dr., Suite 200 • Room 200 • Martinez**

The Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Executive Assistant at least 48 hrs. prior to the meeting at 925-957-5140.

Public Comment on items listed on the Agenda will be taken when the item is discussed.

Purpose of Planning:

- New members will become more oriented to their role and the role of the Commission
- Commission members will agree to work as an effective team on behalf of the mental health community and the Board of Supervisors

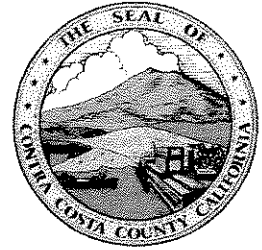
1. 4:00 **WELCOME** – Peter Mantas, Chair
2. 4:05 **REVIEW AGENDA/Establish ground rules for the planning process** – Peter Mantas, Chair
3. 4:15 **INTRODUCTIONS AND GETTING ACQUAINTED**
4. 4:40 **PUBLIC COMMENT** - The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit.
5. 4:50 **DISCUSS 2010 LEGISLATIVE PLATFORM** – Facilitated by Dorothy Sansoe
ACTION
6. 5:15 **BRAINSTORMING KEY ISSUES** – Facilitated by Julie Freestone
 1. Review the Commission Focus Areas for 2009 (10 min)
 2. Mental Health Director's briefing on upcoming issues – Donna Wigand (15 min)
 3. Each Commissioner should present their top issues for 2010
7. 7:00 **2010 FOCUS ISSUES** - Refine the key issues on which the Commission will focus
8. 7:30 **EVALUATE RETREAT AND ADJOURN**

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 72 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours.



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**2010 STATE LEGISLATIVE PLATFORM
CONTRA COSTA COUNTY
MENTAL HEALTH COMMISSION**



Each year, the Board of Supervisors adopts a State legislative platform that establishes priorities and policy positions with regard to potential state legislation and regulation. The Mental Health Commission also adopts a related platform with regard to mental health issue. The Mental Health Commission State Legislative Platform includes policy issues that provide direction and guidance for identification of bills which would affect the services, programs or finances of mental health services in Contra Costa County.

2010 Legislative/Regulatory Advocacy Priorities

Each year, issues emerge through the legislative process that are of importance to the Contra Costa County Mental Health Commission (Commission) and require advocacy. For 2010, it is anticipated that critical issues requiring the attention of the Commission will include the following:

State Budget – The state is facing continuing structural deficits through 2009-10 and into the future. The long-standing practice of state government has been to look to counties as a means of balancing its budget. While opportunities to do so are more limited with the passage of Proposition 1A, the magnitude of the deficit makes it certain the state will be creative in their effort to include counties as part of its budget balancing solution. Of particular concern to the Commission is the inadequate funding for mental health services. The annual shortfall between actual county expenses and state reimbursement has grown steadily since 2001, creating a de facto cost shift to counties. The funding gap forces counties to reduce services to vulnerable populations and/or divert scarce county resources from other critical local services.

Mental Health Care – Counties have a high stake in California's health reform efforts. Counties serve as employers, payers, and providers of mental health care to vulnerable populations. Consequently, counties stand ready to actively participate in discussions surrounding improving the mental health care system in California. As proposals for Health Care reform by either the Administration or the Legislature are presented, they will be reviewed for their inclusion of and impact on the mental health system of care.

2010 State Legislative Platform Policy Positions

As requested by the Board, a brief background statement accompanies policy positions that are not self-evident. Explanatory notes are included either as the preface to an issue area or following a specific policy position.

Mental Health Revenues/Finance Issues

As a political subdivision of the state, many of Contra Costa County's mental health services and programs are the result of state statute and regulation. The state also provides a substantial portion of the County's revenues. However, the state has often used its authority to shift costs to counties and to generally put counties in the difficult position of trying to meet local mental health service needs with inadequate resources. While Proposition 1A provided some protections for counties, vigilance is necessary to protect the fiscal integrity of the mental health system in Contra Costa County.

1. SUPPORT the State's effort to balance its budget through actions that do not adversely affect County revenues, services or ability to provide mental health services.
2. OPPOSE any state-imposed redistribution, reduction or use restriction on general purpose revenue, sales taxes or property taxes unless financially beneficial to the County.
3. OPPOSE any efforts to increase the County's share-of-cost, maintenance-of-effort requirements or other financing responsibility for state mandated mental health programs absent new revenues sufficient to meet current and future program needs.
4. SUPPORT efforts to ensure that Contra Costa County receives its fair share of state allocations, including mental health funding under Proposition 63. *The state utilizes a variety of methods to allocate funds among counties, at times detrimental to Contra Costa County. For example, with Proposition 63 mental health funding, the Department had anticipated \$12-16 million per year. The state allocation is only \$7.1 million for the first 3 years, in part because the homeless population was not considered in the allocation methodology.*
5. SUPPORT continued efforts to reform the state/local relationship in a way that makes both fiscal and programmatic sense for local government.
6. OPPOSE reductions in county-run State mental health programs that shift responsibility or costs to the County.
7. SUPPORT state actions that maximize federal and state revenues for county-run mental health services and programs.
8. OPPOSE efforts of the State to avoid state mandate claims related to AB3632 mental health services for children by delaying payment schedules.
9. SUPPORT timely, full payments to counties by the State for programs operated on their behalf or by mandate. *The State currently owes counties approximately*

\$1 billion in State General Funds for social services program costs dating back to FY 2002-03.

Mental Health Care Issues

Currently, California has a complex array of existing mental health coverage and delivery systems that serve many, but not all, Californians. Moving this array of systems into a universal coverage framework is a complex undertaking that requires sound analysis, thoughtful and deliberative planning, and a multi-year implementation process. As California moves forward with health care reform, counties urge the state to prevent reform efforts from exacerbating problems with existing service and funding. The State must also consider the differences across California counties and the impacts of reform efforts on the network of safety-net providers, including county mental health providers. The end result of health reform must provide a strengthened mental health care delivery system for all Californians, including those served by the safety net.

10. SUPPORT State action to increase mental health access and affordability. *Access to care and affordability of care are critical components of any health reform plan. Expanding eligibility for existing programs will not provide access to care in significant areas of the state. Important improvements to our current programs, including Medi-Cal, must be made either prior to, or in concert with, a coverage expansion in order to ensure access. Coverage must be affordable for all Californians to access care.*
11. SUPPORT Medi-Cal mental health reimbursement rate increases to incentivize providers to participate in the program.
12. SUPPORT efforts that implement comprehensive systems of mental health care, including case management, for frequent users of emergency care and those with dual diagnoses. *Approaches could be modeled after current programs in place in safety net systems.*
13. SUPPORT efforts that provide sufficient time for detailed data gathering of current safety funding in the system and the impact of any redirection of funds on remaining county responsibilities. *The interconnectedness of county indigent health funding to public health, correctional health, mental health, alcohol and drug services and social services must be fully understood and accounted for in order to protect, and enhance as appropriate, funding for these related services.*
14. SUPPORT efforts to clearly define and adequately fund remaining county responsibilities.
15. SUPPORT State action to provide an analysis of current mental health care infrastructure (facilities and providers), including current safety net facilities across the state, to ensure that there are adequate providers and health care facilities, and that they can remain viable after health reform.

16. SUPPORT efforts to provide adequate financing for the reforms to succeed.
17. SUPPORT legislation that improves the quality of mental health care, whether through the use of technology, innovative delivery models or combining and better accessing various streams of revenue.

Contra Costa Mental Health Commission Focus Area Action Plan- 2009

Revised 12/28/09

Mission Statement: The Contra Costa County Mental Health Commission has a dual mission: First, To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and Second, To be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

Item	Strategy/Activity	Commissioner Lead	Timeline	Status/Outcome
Focus Area #1	<p>Capital Facilities and Projects Workgroup - Mental Health Proposed Site Development for PHF/Other Programs</p> <p>Participate in the development of programs for the site set aside for a psychiatric health facility (PHF) and/or other services</p>	Annis Pereyra		
	<p>Sponsor a public hearing or other educational forum to inform commissioners and the public on Crisis Stabilization, and proposed capital development plans.</p>			<p>Recommendation to broaden the topic to address crisis stabilization</p>
	<ul style="list-style-type: none"> • PHF – Assurances are given but later changed because of cost • Express the real worries of the PHF 			

Contra Costa Mental Health Commission Focus Area Action Plan- 2009

Revised 12/28/09

Item	Strategy/Activity	Commissioner Lead	Timeline	Status/Outcome
Focus Area #2	<p style="text-align: center;"><u>Establish a Quality of Care and Quality of Life Assurance Workgroup</u></p>	Peter Mantas		
	<p>Support efforts that improve post-discharge and timely coordination of care.</p>			
	<p>Address Gaps in the System</p>			
	<p>Monitor that inpatient needs are being met</p> <ul style="list-style-type: none"> • Quality of care <ul style="list-style-type: none"> ○ Contract review ○ Are the Contract providers making decisions on level of service and what service ○ Police – not willing to take 5150s to the hospital ○ Two-Tier vs multi-tier System to be politically correct (haves and have-nots) <ul style="list-style-type: none"> ▪ Cadillac services for some while lower care for others 			

Contra Costa Mental Health Commission Focus Area Action Plan - 2009

Revised 12/28/09

Item	Strategy/Activity	Commissioner Lead	Timeline	Status/Outcome
Focus Area #2	<p style="text-align: center;">Establish a Quality of Care and Quality of Life Assurance Workgroup . . . Continued</p> <ul style="list-style-type: none"> • Beds <ul style="list-style-type: none"> ○ Justification on the reducing beds ○ Out of county placements due to the loss of beds ○ People pushed to lower level of care ○ Different level of care at CCRM that is no longer there ○ Bed count ○ 10 remaining beds may be going away due to economies of scale (Acute care beds) ○ Nierika House <ul style="list-style-type: none"> ▪ People are much worse off because their care was downgraded 	Peter Mantas		
	<ul style="list-style-type: none"> • Ensuring good quality of life for consumers <ul style="list-style-type: none"> ○ Picking safe (internal and external) ○ Picking accessible outside resources (transportation and services) ○ Picking quality of housing ○ Subsidized transportation costs 			

Contra Costa Mental Health Commission Focus Area Action Plan- 2009

Revised 12/28/09

Item	Strategy/Activity	Commissioner Lead	Timeline	Status/Outcome
Focus Area #3	MHC Budget/Finance Workgroup	Scott Nelson		
Focus Area #4	Diversity and Recruitment Workgroup	Anne Reed		
Focus Area #5	Cultural, Racial, ethnic, social group diversity MHC Brochure/Survey Workgroup	Bielle Moore		
Focus Area #6	Governance Assure Compliance with Statutory Obligations	Executive Committee		
	Promote/Publicize the Commission's focus areas	David Kahler		David will develop a promotion plan
	Update Bylaws and Develop Policies & Procedures	Peter Mantas		
	Review Board of Supervisor's Legislative policies as relates to the work of the MHC			
	Maintain a running list of issues brought to the Commission and link to resource for resolution as needed.			

Contra Costa Mental Health Commission Focus Area Action Plan - 2009

Revised 12/28/09

Other summary items of April 30, 2009 Planning Session Comments

- Information from MHA not provided and or can't be trusted
- Deliver the message "mental health system in this county is not working" Systemic change is needed... System is in crisis...
- Engage with service providers and all stakeholders
- Join existing community committees
 - With focus of children, TAY and older adults
 - Older Adult Mental Health Community Task Force (Commissioners O'Keefe and Pereyra)
 - Patients rights (possibly have each committee representing the each age category focus on this independently)
 - CPAW (Commissioners Pasquini and Pereyra)

To participate in CC-MHC meetings, attendees agree to abide by the following rules:

- A board meeting is a formal meeting.
- Upon arrival pick up a copy of the agenda and other materials provided at the door.
- Silence or mute the sound emitted from all electronic devices in their possession (including but not limited to cellular telephones, pagers, radios, personal data assistants, and hand-held or portable computers)
- Attendees recognize that the chair is in charge of the meeting, and will immediately abide by all calls for order.
- Attitude and behavior:
 - Attendees should treat each other with respect and be sensitive to the physical, informational, and social needs of others.
 - Demonstrate quiet and dignified behavior at all times.
 - Show respect for the speakers even if you disagree with them.
 - Devote full attention to the speaker. (No text messaging, sleeping, visiting with neighbors, etc. This is not a social activity with your friends.)
 - Avoid private conversations. They make it difficult for others to hear the proceedings.
 - There must be no outbursts. This includes commenting, whooping, shouting, booing, heckling, stomping feet or other inappropriate/suggestive gestures and/or disruptive behavior.
- During certain meetings the chair may insist that attendees should wait until recognized by the chair before speaking and then address themselves to the chair (not to other speakers making previous comments), speaking only to the current issue.
- Commissioners should refrain from parliamentary maneuvering, political game playing, or attacking each other's motives.