



HEALTHY KIDS, SAFE SCHOOLS, STRONG COMMUNITIES

A COUNTY-WIDE INITIATIVE TO EXPAND MENTAL HEALTH
SERVICES TO PROMOTE POSITIVE OUTCOMES FOR
CHILDREN AND YOUTH IN CONTRA COSTA COUNTY

EXECUTIVE SUMMARY

We can make our schools and communities safer, our law enforcement more effective, and see better outcomes for youth and families. This vision is possible, if children's mental health needs are identified early, and addressed with a strong continuum of services delivered by a healthy ecosystem of providers.

Far too often, youth with mental health needs end up (re)entering foster care, dropping out of school, encountering law enforcement, becoming homeless, or requiring hospitalization or other inpatient treatment. To prevent these poor outcomes and unnecessary human and financial costs, more services are needed for both the highest needs youth and in prevention and early intervention activities.

Across California there is a timely and critical opportunity to promote safe, stable families, schools and communities due to substantial state and federal fiscal incentives for counties to expand funding for the federal entitlement for children's mental health services, known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Expanding Contra Costa County's funding for children's mental health would address unmet needs by providing more children and youth with mental health services, and would support a healthy ecosystem of service providers able to

offer timely, accessible, and effective services to youth and families.

A 10% expansion of EPSDT in fiscal year 2017-2018 would mean roughly a \$2.6 million dollar increase in state-reimbursable expenses (at virtually no cost to the County), plus a \$2.6 million dollar increase in federal financial participation, for a total expansion of \$5.2 million for children's mental health services. Based on Contra Costa spending per EPSDT beneficiary, an additional \$5.2 million would serve roughly an additional 500 to 700 children and adolescents per year.

Stakeholders across the County are mobilizing behind this initiative, including children and families, law enforcement, philanthropy, service providers, and state-level advocates. By seizing this timely opportunity to expand services, Contra Costa will ensure that children are healthier, that schools are safer, and that communities are stronger.



THE IMPORTANCE OF CHILDREN'S MENTAL HEALTH

The Consequences of Unmet Children's Mental Health Needs

Mental health is a critical component of each child's ability to learn, grow and thrive. Unfortunately, many children—approximately one in five youth nation-wide—struggle with mental health problems that negatively impact their health and well-being. Given that over 70% of mental disorders onset prior to the age of 25, childhood and adolescence a critical time in which to identify and address mental health needs before more costly and restrictive interventions are required.¹ However, estimates suggest that 75-85% of children and youth in need of mental health services do not receive them.² This remains true in Contra Costa County, where only 8% of Medi-Cal eligible children receive EPSDT specialty mental health services.³

Untreated mental health needs can lead to lifelong challenges for youth, and have stark consequences for families and communities:

SCHOOL EXPULSIONS AND DROP-OUT

Children in preschool and elementary school with mental health needs experience rates of suspension and expulsion three times greater than those of their peers without mental health needs.⁴ This pattern only increases with age, as roughly 44% of youth in high school with mental health problems drop out of high school.⁵ One in 10 youth who drop out of high school were institutionalized (often in jails or prisons), as compared with 1 in 33 of those who do not drop out.⁶



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SUICIDE

Suicide is the 2nd leading cause of death among 10 – 24 year olds.⁷ Indeed, a nationwide survey of high school youth across the U.S. found that 16% of students reported seriously considered suicide, 13% reported creating a plan, and 8% reported attempting to take their own life in the 12 months preceding the survey.⁸ Only 29% of youth expressing suicidal ideation receive mental health services.⁹

CRIMINAL JUSTICE INVOLVEMENT

Roughly 70% of youth in the juvenile justice system have a diagnosable mental health disorder.¹⁰ More than 90% of justice-involved youth have been exposed to trauma, or Adverse

THE IMPORTANCE OF CHILDREN'S MENTAL HEALTH

Childhood Experiences (ACEs)—which include different types of abuse, neglect and household dysfunction.

PLACEMENT INSTABILITY AND HOMELESSNESS

Over 80% of children and youth involved in the child welfare system have mental health problems.¹¹ Youth in foster care with mental health needs are less likely to experience permanency and are more likely to be placed in residential care in order to access needed services.¹² Estimates suggest that over 50% of foster youth will experience homelessness after exiting care.

Increase in Population Requiring Services

As a result of the Affordable Care Act (ACA), Medi-Cal coverage for undocumented children, and state-wide litigation on behalf of youth in the child welfare system, **the number of youth eligible for EPSDT Specialty Mental Health Services is rising dramatically.** EPSDT is a federal entitlement that provides comprehensive and preventative health care services to low-income children and adolescents under 21 who are enrolled in full-scope Medi-Cal and have a mental health diagnosis requiring treatment. EPSDT Specialty Mental Health Services can include assessment, plan development, therapy, rehabilitation, collateral services, case management, medication support services, crisis services, psychiatry services, psychology services, Therapeutic Behavioral Services, In-Home Behavioral Services, and Intensive Care Coordination.

As children and youth in Contra Costa are already experiencing delays and gaps in service provision, it is critical to expand services now. Further, Contra Costa County's community-based providers have received only one rate reimbursement increase of 3% in 14 years, and must be better supported in their efforts to sustainably provide high quality services for all children and families. **Expanding EPSDT provides an opportunity to both increase service access for children, and also ensure a healthy ecosystem of providers who are able to effectively address unmet mental health needs.**

The extraordinary loss of life and potential that comes from failing to address these mental health needs in a timely and effective manner is shouldered first and foremost by each individual young person and their family we fail to serve, but also by our teachers, classrooms, police officers and first responders, emergency rooms, and communities as a whole.

THE RETURN ON INVESTMENT

The Benefits of Early Intervention

Timely, easily accessible and developmentally appropriate interventions can prevent many mental health problems entirely, and reduce the long-term severity and impact of more serious mental illness. This makes it **in the best interest of the community to address these needs early.**

Prevention and early intervention activities offer significant cost savings in the public interest. Indeed, a study by the Center on the Developing Child at Harvard University found that “investments in the earliest years of life produce the greatest returns. Most of those returns, which can range from \$4 to \$9 per dollar invested, benefit the community through reduced crime, welfare, and educational remediation, as well as increased tax revenues on higher incomes for the participants of early childhood programs when they reach adulthood.”¹³

Investments in delinquency-prevention programs and diversion alternatives to the juvenile justice system are shown to save \$7 to \$10 for every dollar invested, and significantly reduce crime.¹⁴ Community-based crisis services reduce the overall cost of care by 75%, an average of \$40,000 per child per year.¹⁵ For example, the average cost of mobile crisis services is 23% less per case than when law enforcement is involved as the first responder to a mental health crisis.¹⁶

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THE RIGHT TIME FOR INVESTMENT

The timing for EPSDT expansion is opportune. In addition to rising EPSDT-eligible populations that the county is legally obligated to serve, the state is committed to ensuring that the EPSDT entitlement is fully funded, and more specifically, **the state prioritizes covering County costs that exceed the county mental health realignment funding base for EPSDT and Drug Medi-Cal.** Indeed, over the past two fiscal years (FY14 and FY15), Contra Costa County has exceeded its base allocation for EPSDT and Drug Medi-Cal, and has been made whole by the state. **Virtually 100% of County expenditures on EPSDT are reimbursed by the state and federal governments, which means there is essentially zero cost to counties in expanding investment in children's mental health.**

There is currently little competition for the priority use of growth funds (which totals over \$160 million), making this the right time to take advantage of growth funding. While there is a legitimate concern about what would happen if every single county expanded and growth funds were exhausted before each county was fully reimbursed, it is highly unlikely that every county will expand, particularly in the immediate future. As such, there is a significant incentive for counties to expand *now*, when there is significant growth funding available and few counties availing themselves of it.

A 10% expansion of EPSDT in fiscal year 2017-2018 would mean roughly a \$2.6 million dollar increase in state-reimbursable expenses (at virtually no cost to the County), plus a \$2.6 million dollar increase in federal financial participation, for a total expansion of \$5.2 million for children's mental health services. Based on Contra Costa spending per EPSDT beneficiary, an additional \$5.2 million would serve an additional 500 to 700 children and adolescents per year.

THERE IS OVER \$160 MILLION IN STATE GROWTH FUNDING, WITH PRIORITY FOR REIMBURSING COUNTIES WHO EXPAND CHILDREN'S MENTAL HEALTH SERVICES. A 10% EXPANSION IN CONTRA COSTA COULD SERVE AN ADDITIONAL 500-700 KIDS PER YEAR.

THE BENEFITS FOR CHILDREN AND FAMILIES

Service Enhancement through Expansion

Contra Costa County's existing continuum of care for children and adolescents requires expansion and enhancement in order to address the unmet mental health need county-wide. The following key enhancements to the children's continuum of care would save considerable public dollars, promote public safety, and invest in youth health and wellbeing:

- (1) **Community-based crisis services** to reduce the use of law enforcement as the primary mental health responder in the community, enhancing the availability of Mobile Response Teams, crisis stabilization, and crisis residential treatment options for youth.
- (2) **Enhanced alternatives to keep children and adolescents in school and out of court**, using Therapeutic Behavioral Services, Wraparound/In-Home Behavioral Services, and probation-focused evidence-based practices to address truancy and delinquency.
- (3) **Prevention and early intervention services in early childhood and in schools**, to identify and address mental health needs early through integrated, multi-tiered and data-driven services for all children ages 0-17.

Children and youth are in need of increased access to mental health services, and the county must come together to meet those needs and ensure that providers have the necessary resources to provide the highest quality services. There is powerful and exciting momentum — among county leadership, the provider community and other stakeholders — across Contra Costa County to collaboratively identify creative and responsive solutions to the barriers that prevent children from accessing the services to which they are entitled.

Contra Costa County can experience substantial cost savings, enhanced public safety and improved outcomes for children and youth with mental health needs by ensuring that all children and youth receive the mental health services they need to grow and thrive. We must come together to nurture healthy kids, to cultivate safe schools, and to build strong communities, throughout Contra Costa County.

The Healthy Kids, Safe Schools, Strong Communities Initiative is made possible through funding from the Thomas J. Long Foundation, and in collaboration with the Breaking Barriers Initiative, the Human Services Alliance of Contra Costa County, Tipping Point Community, Zellerbach Family Foundation, Walter S. Johnson Foundation, California Alliance for Children and Families, Lincoln, and Seneca Family of Agencies.

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- ² Kataoka, S.; Zhang, L.; Wells, K. (2002). Unmet Need for Mental Health Care among U.S. Children: Variation by Ethnicity and Insurance Status. *American Journal of Psychiatry* 159(9): 1548-1555.
- ³ Arnquist, S., & Harbage, P. (2013). *A Complex Case: Public Mental Health Delivery and Financing in California*. Oakland, CA: California HealthCare Foundation.
- ⁴ Blackorby, J.; Cameto, R. 2004. Changes in School Engagement and Academic Performance of Students with Disabilities. In Wave 1 Wave 2 Overview (SEELS). Menlo Park, CA: SRI International.
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- ⁶ Sickmund, M., & Puzzanchera, C. (2014, December 1). Juvenile Offenders and Victims: 2014 National Report. Retrieved from <http://www.ojjdp.gov/ojstatbb/nr2014/downloads/NR2014.pdf>
- ⁷ *10 Leading Causes of Death by Age Group, United States – 2014*. National Vital Statistics System, National Center for Health Statistics, CDC. Retrieved from <http://www.cdc.gov/injury/images/lc-charts/leading-causes-of-death-age-group-2014-1050w760h.gif>.
- ⁸ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention (2015). Retrieved from http://www.cdc.gov/violenceprevention/suicide/youth_suicide.html
- ⁹ Freedenthal, S. (2007). Racial Disparities in Mental Health Service Use by Adolescents Who Thought About or Attempted Suicide. *Suicide and Life-Threatening Behavior* 37(1): 22-34.
- ¹⁰ Schubert, C. A., & Mulvey, E. P. (2014). Behavioral health problems, treatment, and outcomes in serious youthful offenders. *Juvenile justice bulletin*.
- ¹¹ Pecora, P. J., Jensen, P. S., Romanelli, L. H., Jackson, L. J., & Ortiz, A. (2009). Mental health services for children placed in foster care: an overview of current challenges. *Child welfare*, 88(1), 5.
- ¹² Hurlburt, M. S.; Leslie, L. K.; Landsverk, J.; Barth, R.; Burns, B.; Gibbons, R. D.; Slymen, D. J.; Zhang, J. 2004. Contextual Predictors of Mental Health Service use Among Children Open to Child Welfare. *Archives of General Psychiatry* 61(12):1217-1224.
- ¹³ Center on the Developing Child (2007). *Early Childhood Program Effectiveness* (InBrief). Retrieved from www.developingchild.harvard.edu.
- ¹⁴ Aos, S., Miller, M., & Drake, E. (2006). *Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates*. Washington State Institute for Public Policy. Olympia, Washington.
- ¹⁵ Oswald Urdapilleta, et al., "National Evaluation of the Medicaid Demonstration Waiver Home- and Community-Based Alternatives to Psychiatric Residential Treatment Facilities: Final Evaluation," IMPAQ International, Columbia, MD, 2013.
- ¹⁶ Substance Abuse and Mental Health Services Administration (2014). *Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies*. HHS Publication No. (SMA)-14-4848. Rockville, MD.

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Jim Renon
2442 NW Market St. #744
Seattle, Washington 98107
(925) 255-6479

FAX

From: Jim Renton - Cell: (925) 255-6479
Return Fax: (800)906-9126
Attention To: Ms. Jami Napier - Chief Asst Clerk of the Board
Regarding: Letter dt 11/28/16 to Board of Supervisors

Good Morning Ms. Napier,

In light of the county's intention to block emails from me to county employees, I re-send my letter of November 2, 2016 to the Board of Supervisors previously faxed to your office. This includes a copy of my May 2, 2016 letter to the court.

Please include my 11/28/16 letter to the BOS (which includes as an attachment my 5/02/2016 letter to the court) in the agenda materials and minutes for December 6, 2016 Board of Supervisors Meeting. If this is past the cut-off for the December 6, 2016 meeting, please include this in the agenda materials and minutes for the subsequent Board of Supervisors Meeting.

November 28, 2016

Via Email To: david.twa@cao.cccounty.us

Mr. David J. Twa, Esq.
County Administrator
Contra Costa County
651 Pine Street, 10th Floor
Martinez, CA 94553

Via Email To: dianne.dinsmore@hrd.cccounty.us

Ms. Dianne R. Dinsmore
Director of Human Resources
Contra Costa County
651 Pine Street, 2nd Floor
Martinez, CA 94553

RE: REQUEST TO ENFORCE THE COUNTY'S PERSONNEL MANAGEMENT REGULATIONS UNDER § 33-3.1303 OF THE MERIT SYSTEM ORDINANCE AND SPECIFICALLY TO REMEDY THE VIOLATION OF PLACING UTILIZATION REVIEW COORDINATOR DIANE RENTON, R.N. ON LEAVE DUE TO WORKPLACE BULLYING WITHOUT FILING A DISABILITY RETIREMENT CLAIM ON THE EMPLOYEE'S BEHALF, AS MANDATED UNDER § 1105 (a) OF THE PERSONNEL MANAGEMENT REGULATIONS;

REQUEST TO RESTORE LOST PAY, INCLUDING PENSION CREDITS, TO UTILIZATION REVIEW COORDINATOR DIANE RENTON, R.N. FROM APRIL 1, 2016 TO PRESENT AS PROVIDED UNDER § 1105 (c) OF THE PERSONNEL MANAGEMENT REGULATIONS THEREBY ENABLING HER TO VEST FOR HER PENSION;

FURTHER REQUEST FOR CONTRA COSTA COUNTY (EMPLOYER) TO FILE FOR SERVICE-CONNECTED DISABILITY ON BEHALF OF UTILIZATION REVIEW COORDINATOR DIANE RENTON, R.N. BEFORE THE CONTRA COSTA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION (CCCERA)

TO COUNTY ADMINISTRATOR DAVID TWA, ESQ., HUMAN RESOURCES DIRECTOR DIANNE DINSMORE AND THE MEMBERS OF THE BOARD OF SUPERVISORS:

Effective April 1, 2016 Contra Costa County Health Services Personnel Officer Dorette McCollum placed Utilization Review Coordinator Diane Renton, R.N. on unpaid leave from her position. At the time she was placed on leave, the extent of her position was a payroll title and a cubicle, having been inexplicably stripped of all her work duties on the morning of December 1, 2014 when she was ordered not to perform "any work". Acting upon the advice of counsel, Diane filed a declaratory and injunctive relief action the same day and proceeded to report to her "do nothing" position for the next 13-months. As a result of the daily humiliation, embarrassment and personal as well as professional degradation of being forced to spend at least eight (8) hours per day in a cubicle under orders not to perform "any work" this "excellent employee" began experiencing panic attacks, anxiety and PTSD which prevented her from being able to perform any work. Despite this incapacity, Diane continued to report to the office and collect her full pay and benefits until January 8, 2016.

Pre-Writ Requests
November 28, 2016
Page 2 of 4

I. PERSONNEL OFFICER DORETTE McCOLLUM VIOLATES § 1105 (a) OF THE PERSONNEL MANAGEMENT REGULATIONS BY PLACING DIANE ON LEAVE WITHOUT THE EMPLOYER FILING FOR A DISABILITY RETIREMENT ON DIANE'S BEHALF.

Immediately before Diane was placed on leave, Contra Costa County approved the application filed on her behalf for long-term disability, with the cause of injury listed as Workplace Bullying. These facts, including the cause were known to Dorette McCollum, to the county, to its attorney (Catherine Beller) and to the court. In fact, the undersigned's letter to the court dated May 2, 2016 was attached to Diane's leave paperwork. *For reasons unknown, this appears to have been removed and purged from her Personnel File although the undersigned's handwritten reference to said letter is contained on the leave form.*

The Personnel Officer's placement of Diane onto unpaid leave constitutes a violation of § 1105 (a) of the Personnel Management Regulations or PMR because the county failed to concurrently apply for a disability retirement before the Contra Costa County Employees' Retirement Association ("CCCERA") on Diane's behalf. Magistrate Joseph C. Spero of the United States District Court for the Northern District of California has determined that the county's PMRs "*have the force of law in Contra Costa County*". (See Burt v. County of Contra Costa, Pacer No. 3:73-cv-00906-JCS at ECF No. 239, paragraph 11). These regulations consist of the Merit System Ordinance and were enacted by Contra Costa County, a political subdivision of the State of California, before being ratified by the electorate in 1980. Section 3303.1303 of this ordinance directs that it "*shall be administered and enforced by the county administrator*". In the absence of any claim of "unlawful discrimination" as a predicate for this PMR violation, the undersigned's request for enforcement of this PMR violation bypasses the Merit Board and is lodged directly with County Administrator David Twa. For the record Mr. Twa's duty to enforce the PMRs is a non-delegable duty as the voters did not authorize the County Administrator to delegate this duty to the County Counsel or to any other designee.

II. REQUEST TO RESTORE LOST PAY, INCLUDING PENSION CREDITS TO DIANE FROM APRIL 1, 2016 TO PRESENT AS PROVIDED UNDER § 1105 (c) OF THE PERSONNEL MANAGEMENT REGULATIONS.

Section 1105 (c) of the Personnel Management Regulations, which pertains to "DISABILITY" allows the Director of Human Resources to order lost pay restored for good cause and subject to the employee's duty to mitigate damages. Here, Petitioner mitigated her damages through successfully pursuing a long-term disability claim for Workplace Bullying. Personnel Officer Dorette McCollum then placed Diane on an unpaid leave without filing a disability retirement application on her behalf before the CCCERA.

Under the authority granted to Human Resources Director under § 1105 (c) of the PMRs, Diane lodges this instant request for full restoration of her lost pay, including pension credits, from April 1, 2016 until present. *This will permit Diane to vest for her pension.*

Pre-Writ Requests
November 28, 2016
Page 3 of 4

Concurrent to this request to the newly appointed Director of Human Resources, Diane simultaneously requests the County Administrator exercise his authority under § 33-3.1303 of the Merit System Ordinance and restore her full pay and pension benefits from April 1, 2016 to present.

III. FURTHER REQUEST FOR CONTRA COSTA COUNTY (EMPLOYER) TO FILE FOR SERVICE-CONNECTED DISABILITY RETIREMENT ON BEHALF OF UTILIZATION REVIEW COORDINATOR DIANE RENTON, R.N. BEFORE THE CONTRA COSTA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION (CCCERA).

Diane again requests Contra Costa County (as the employer) file for service-connected disability retirement before the CCCERA on her behalf. For the record, Diane would be unduly prejudiced and burdened if compelled to file for a service-connected disability retirement on her own behalf. Due to the deprivation of her paycheck and future pension (having gone onto long-term disability shortly before she could vest for a pension), she has been compelled to turn her home of 32-years into an Airbnb rental and relocate to Canada where the cost of living is 25% lower on account of the exchange rate. Moreover, she has incurred tremendous prejudice in attempting to secure witness testimony and has court actions pending against the county in California and Washington State, where a court has ordered her former Medical Director to sit for deposition. The county has threatened to file a Motion for Protective Order to prevent this individual from testifying which further underscores the actual prejudice that Diane is suffering in attempting to secure witness testimony.

IV. THE COUNTY MADE ITS DECISION TO PLACE AN EMPLOYEE ON LEAVE AND DEPRIVE HER OF PAY, INCLUDING PENSION CREDITS WITHOUT FILING FOR DISABILITY RETIREMENT ON HER BEHALF AND THE APPROPRIATE REMEDY TO THIS STATUTORY VIOLATION IS THE COUNTY'S IMMEDIATE FILING OF A DISABILITY RETIREMENT APPLICATION ON DIANE'S BEHALF.

Supervisor Federal Glover's staff has advised the undersigned that pay is a constitutional right for public sector employees thereby elevating the deprivation of Diane's pay into the zone of a constitutional violation under the California Constitution. Moreover, the county violated its own ordinance, one which was ratified by the voters through failing to apply for a disability retirement on Diane's behalf **prior** to placing her on leave. The county knew Diane to be disabled as she had been granted long-term disability benefits through the county administered disability program with the cause of injury listed as Workplace Bullying. The most appropriate remedy for these violations is the immediate filing of an application for service-connected disability retirement on Diane's behalf before the CCCERA.

V. REQUEST TO CHIEF ASSISTANT CLERK TO THE BOARD OF SUPERVISORS TO PUBLISH THIS CORRESPONDENCE IN THE RECORD OR MINUTES OF THE DECEMBER 6, 2016 MEETING OF THE BOARD OF SUPERVISORS.

Pre-Writ Requests
November 28, 2016
Page 4 of 4

By carbon-copy of this correspondence to Ms. Jami Napier, Chief Assistant Clerk to the Board of Supervisors, the undersigned requests this correspondence, which is addressed to the Board of Supervisors, be included in the record or minutes of the December 6, 2016 meeting of the Board of Supervisors along with the enclosure to this correspondence.

Very truly yours,



JAMES RENTON
Acting under Power of Attorney for
Utilization Review Coordinator
Diane Renton, R.N.
2442 N.W. Market St. # 744
Seattle, Washington 98107
Telephone: (925) 255-6479
Facsimile: (800) 906-9106
conciierge@astorybookgetaway.com

Enclosure: Leave of Absence papers for Diane Renton, R.N.

CC: Jami Napier / Chief Assistant Clerk to the Board of Supervisors
Dr. William Walker / Health Services Director
Sharon Hymes-Offord / Risk Manager
Scott Selby / Assistant Director of Risk Management
Dorette McCollum / Health Services Personnel Officer
Cynthia Belon / Behavioral Health Director
Felix Box / Secretary to Cynthia Belon
Matthew Luu / Deputy Director of Behavioral Health
Dr. Jon Whalen / Interim Behavioral Health Medical Director
Dr. Jan Coblede-Kegler / Adult Program Chief
Debra Beckert / Nursing Program Manager
Stacey Tupper / Behavioral Health Personnel Liaison
Sandra Scroggins / Health Services Personnel Disability Leave Coordinator
Office of the County Counsel (which has been acting as an extension of Personnel in matters pertaining to Diane Renton's employment since December 2014)
Melissa Carofanello / Health Services Personnel Services Assistant III
(who has been acting under the direction of the County Counsel's Office)



CONTRA COSTA COUNTY REQUEST FOR LEAVE OF ABSENCE

INSTRUCTIONS: Requests for all military leaves, leaves for family care or serious health conditions, and those leaves of absence without pay that exceed fifteen (15) calendar days must be submitted to the departmental personnel office and/or department head. Section 100.6 of the Personnel Management Regulations governing leaves is available to review on the county website: www.co.contra-costa.ca.us. Memoranda of Understanding contain the same or similar provisions and take precedence where applicable.

3R/Ter

Date Stamp

Name Diane Renton
Address PO Box 138
Canyon, CA 94516
Tel: 925-255-6477
Fax: 925-906-9126

SS No. _____ Empl No. 76441
Pos. Title Utilization Review Coordinator Class Code VWSD
Dept Health Services Ag No. A-18
Div 5955 Pos No. 10600

Leave of Absence from 4/1/16 through 3/31/17

My work schedule is: (Check one or fill in.)

5/40 ☒ OR 8/80 ☐ OR 4/10 ☐ OR 3/56 ☐ OR _____ days per week / _____ hours per day

Scheduled days off are: Saturday AND Sunday AND _____

TYPE OF LEAVE: (Check one)

- ☐ LOA to Exempt
- ☐ Pregnancy Disability
- ☒ Personal Serious Health Condition or Illness
- ☐ Other Personal Medical Reason
- ☐ Education
- ☐ Care of Family Member with Serious Health Condition or Illness
- ☐ Parental
- ☐ Care of Newly Adopted Child
- ☐ Care of Newly Placed Foster Child
- ☐ Care of New Baby
- ☐ Military
- ☐ Project
- ☐ Other

MY REASONS FOR REQUESTING LEAVE ARE:

For the reasons which are enumerated in my May 2, 2016 letter to Judge Spanos in the matter of Diane Renton v CCC, a copy of which is attached hereto.

James R. Renton 5/05/2016

Employee Signature: 5/5/16 James R. Renton (Power of Attorney for Diane Renton, RN)

Department Approval (To be completed by appointing authority or designee) ☒ Approved ☐ Not Approved

Appointing Authority Signature: Robert McCollum Date: 04/29/2016

MILITARY LEAVE ONLY

☐ Approved for Military Pay ☐ Not approved for Military Pay

Human Resources Director Signature: _____ Date: _____

☐ Approved for Health Plan Continuation ☐ Not approved for Health Plan Continuation

Human Resources Department: _____ Date: _____

Distribution: Original - Human Resources Green - Benefits Census - Auditor PR Pink - Department Goldenrod - Employee
DETACH AK-14A (Goldenrod) AND GIVE TO EMPLOYEE
SUBMIT ALL OTHER COPIES TO THE HUMAN RESOURCES DEPARTMENT
AKH (11/14) LOA.FRM

WILLIAM B. WALKER, M.D.
Health Services Director

DORETTE MCCOLLUMN
Personnel Director



PERSONNEL SERVICES
1320 Arnold Drive, Suite 261
Martinez, California
94553-6537
Ph 925-957-5240
Fax 925-957-5270

For Your Information re: your Leave Of Absence (LOA)

We have approved a Leave Of Absence (LOA) on your behalf. While you are on an approved LOA, it is your responsibility to know when your leave expires and:

- **Confirm with your supervisor that you will return from leave as scheduled.**
- **Notify your supervisor if you are unable to return to work as scheduled. If the leave is for medical reasons, you must also provide updated medical documentation.**
- **Notify your supervisor if you are being released on a limited basis so that your supervisor/manager and/or Personnel can attempt to secure a limited duty assignment for you. You must provide medical documentation stating what the limitations are and the duration of the limitation.**
- **Upon your return to work, immediately contact Payroll at 925-957-5230 to advise of your return. Failure to do this will delay your next paycheck.**
- **If you have Direct Deposit and/or a Salary Advance, it is your responsibility to have both reinstated as both may have been cancelled due to your LOA.**

If you do not return from your LOA as scheduled, and do not notify your supervisor, additional time off may be considered an unapproved absence.

If you fail to provide the required medical certification, which allows Health Services Personnel to process your LOA, you may lose your medical benefits.

PERSONNEL
SERVICES

SERVICES
1320 Arnold Drive, Suite 261
Martinez, California
94553-6537

DECLASSIFIED

05 MAY 2015 04:31

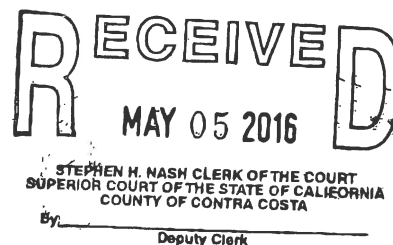
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May 2, 2016

The Honorable George V. Spanos
Department 34
Contra Costa Superior Court
725 Court Street
Martinez, California 94553



Re: Diane Renton, RN v. Contra Costa County, et. al.
Contra Costa Superior Court Action No. CIVMSN 15-0866

Dear Judge Spanos:

During the course of a judicially supervised Case Management Conference before Department 34 on March 23, 2016, the court asked if there had been any showing of proof as to Petitioner Diane Renton's medical unavailability. Diane, who is my Mother, is employed as a Utilization Review Coordinator/RN for Contra Costa County's Behavioral Health Services Division.

Subsequent to the court's inquiry into Diane's medical status, Contra Costa County granted my claim on her behalf for Long-Term Disability Benefits under the county administered benefit program for managerial employees. The cause of her illness is listed as "Workplace Bullying" and she has been clinically diagnosed by a well-respected psychologist whose credibility has been established in both state and federal courts, as suffering from: (1) being the Target of Adverse Discrimination or Persecution (ICD-10 diagnosis code 60.5) secondary to her county employment; (2) Post Traumatic Stress Disorder ("PTSD"); (3) anxiety; and (4) Major Depressive Disorder. The county has found Diane to be disabled as of her last day at the office, which was on January 8, 2016 and benefits are commencing retroactive to March 9, 2016 due to a sixty (60) day waiting period.

The facts giving rise to her disability are as follows. On the evening of September 20, 2015, Diane complained of an "elephant" like pain in her chest and collapsed in the middle of the street outside of my building in Seattle, Washington. At the time she was boarding an Uber for the airport in furtherance of returning to her county office in Martinez the following day where she had been ordered to resume work duties for the county's problematic Utilization Review Unit, which is a hostile work environment that she had been removed from nearly two years earlier¹. She was rushed to the nearby University of Washington Harborview Medical Center and admitted to Critical Care.

¹ Five days prior to suffering this medical emergency, Diane was telephoned at her office by a county employee pressuring her to dismiss the county's individually named Program Chief, Respondent Victor Montoya, from this legal action, which Diane would not agree to do. **Less than one (1) hour later** she suffered tangible and adverse job action as she was ordered to resume work duties for this hostile work environment where county personnel had published false and defamatory allegations concerning Diane in an "employment diary" in an attempt to get her terminated from her job. When Diane expressed her justifiable reluctance, but not a refusal, to perform this "punishment" work assignment for this hostile work environment she was immediately met with a pre-rehearsed accusation that she was "refusing" work. The following day she was given a writing assignment, which was to explain why she felt "uncomfortable" with resuming work duties for a hostile work environment. She was not at work for the remainder of that week as she was recovering from shingles hives that had burst out on her face due to the stress of having to attend an upcoming conference with individuals from the Utilization Review Unit and which resulted in a continuance of the parties initial appearance before the court on Friday, September 18, 2015. By this date, Diane was on her second day of absence from work due to the shingles which prompted a county employee to call Diane at home and inquire if she had been fired.

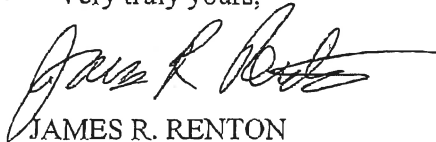
The Honorable George V. Spanos
Case No. CIVMSN 15-0866
May 2, 2016
Page 2 of 2

Diane was unable to work following this time, but continued to receive her full pay and benefits. This is because one of the Registered Nurses who cared for Diane during her hospitalization had shared with me the story of a nurse in Colorado who had been removed from his position and made to report to a basement office where he has no work duties. Diane was like the Colorado nurse in that she been ordered not to perform "*any work*" only hours following her return to the office on December 1, 2014 following an approved FMLA leave. As of September 2015, the Colorado nurse has been able to maintain full pay and benefits for seven (7) years and counting despite the fact that he has no work to perform. The way it was presented to me, an employer has no way of ascertaining if an employee is able to perform work when their ordinary assignment is not to perform "*any work*".

Complicating matters, on the evening of Diane's admission to the hospital she had financing pending on at least two properties. The lender was already reluctant in proceeding with at least one of the loans as the property failed to meet underwriting criteria in several categories and I had leveraged my business relationship with the bank in order to secure this loan on my Mother's behalf by promising them several loans simultaneously. Further, I was aware that Diane needed to be actively employed through the morning the loans were actually funded in order to secure financing approval. These loans were critical to her fiscal well-being since they were intended to finance investment properties acquired for the purposes of providing some replacement income in the event her county employment came to an end which is something Diane feared given that she had been ordered not to perform "*any work*" ten (10) months earlier.

For the reasons cited herein, I moved home from Seattle and woke my Mother up every day, got her medications for her and brought her to office where she sat in a cubicle despite the fact that was unable to perform any work. This unorthodox employment arrangement continued on for a few months, ending only after the county finally attempted to assign Diane work responsibilities on the afternoon of January 8, 2016. Diane, who was unable to perform the assigned task, or any work task for that matter, was then compelled to formally transition onto Long Term Disability. To satisfy any inquiry by the court as to a showing of proof concerning Diane's disability status, a copy of the disability papers are enclosed along with this instant letter to the court.

Very truly yours,



JAMES R. RENTON
PO Box 138
Canyon, California 94516-0138
Telephone: 925.255.6479
Facsimile: 800.906.9126

Enclosure/1

Cc (with enclosure): Sharon L. Anderson, County Counsel
Attention: Ms. Catherine Beller, Esq.
651 Pine Street, 9th Floor
Martinez, California 94553

Counsel for Respondents

**Contra
Costa
County**



**Human Resources Department
Employee Benefits Services Unit**

Administration Building
651 Pine Street, Fifth Floor
Martinez, CA 94553

April 29, 2016

Diane Renton
P.O. Box 138
Canyon, CA 94516

EMP 76441

Dear Diane Renton:

The purpose of this letter is to notify you that your claim for long term disability (LTD) benefits has been received and approved for payment.

You are eligible for the monthly LTD benefit after you have been totally disabled for sixty (60) calendar days. Your waiting period is 1/9/2016 – 3/8/2016. The first day you are eligible for LTD benefits is 3/9/2016.

Monthly benefit payments are issued and mailed on the 10th of each month, for the prior months' disability. Your first LTD check will be issued on 5/10/2016 for the period of 3/9/2016 – 3/31/2016, and 4/1/2016-4/30/2016. Regulations require federal, state and FICA taxes be withheld. Payments for other deductions, for example retirement and any medical/dental premiums are not taken.

If you have any questions, please call me at (925) 335-1793.

Sincerely,

Cindy Valdivia

Cindy Valdivia
Human Resources Technician
Contra Costa County

(Do not use this Proof of Service to show service of a Summons and Complaint.)

- (SIGNATURE OF PERSON COMPLETING THIS FORM)