

Item D4 Comments-PES Report—Board of Supervisors 03/24/2020: Douglas Dunn

Barbara Serwin, Chair of the Mental Health Commission (MHC) and me, Chair of its MHSA-Finance Committee, have been involved in these discussions with both Medical Center and Behavioral Health leadership. However, this is the first time I have seen this report. In addition, despite Medical Center and Behavioral Health leadership's presentation at the March 4 Mental Health Commission meeting, this report was not made available then to either the Commissioners or the large stakeholder community that attended. As a result, they voiced their great displeasure at the Consolidated Planning Advisory Workgroup (CPAW) meeting, Thursday, March 5. In short, the stakeholder community feels they have totally been excluded from major discussions and decisions while they were taking place. As a result, they feel their input and involvement is not desired or wanted. This needs to change.

I've been given a personal tour of Psychiatric Emergency Services (PES) and am especially aware of the great need for additional and separate space for both children and adolescent psychiatric patients. In addition, our adult loved one has been involved with PES multiple times these past years. They are among the most vulnerable persons in the county.

I'm also aware of the numerous physical plant and operating challenges of keeping PES open during ongoing construction. Because of the historic coronavirus pandemic, I'm not sure Option 3 is feasible to consider at this time. Both Medical Center and Behavioral Health leadership need to effectively reach out to Commission, CPAW, and Behavioral Health Care Partnership (BHCP) leadership to really engage community stakeholders before any further decisions are contemplated.

Thank you for your careful consideration.

Douglas Dunn  
Mental Health Commissioner, Family Seat – District 3  
Chair, Commission MHSA-Finance Committee  
Family-east county-member of CPAW  
Member of CPAW System of Care Committee

**From:** [John G](#)  
**To:** [Public Comment](#)  
**Subject:** What about 4-D?  
**Date:** Tuesday, March 24, 2020 11:11:53 AM

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Why specifically is 4-D not being evaluated as a possible crisis stabilization unit for children and adolescents?

Please no vague and misleading information such as "regulatory restrictions."

John Geluardi

**From:** [Leslie May](#)  
**To:** [Public Comment](#)  
**Subject:** PES Remodel Report  
**Date:** Friday, March 20, 2020 5:57:34 PM

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As a Commissioner for District 5, Co-Chair of the Mental Health Commission, and a Mental Health Clinician in Contra Costa County, I implore the Board of Supervisors to select one of the three designs presented to you by Suzanne Tarvano and Jaspreet Benepal today.

We are past a crisis for increased beds and services and with the latest COVID-19 crisis, this shines a spotlight on the need for expansion of PES. As a 'street soldier,' I come face-to-face with some of the most serious mentally ill populations every week as a practitioner. Just this week, I received referrals from 4 new clients who have diagnosed disorders but are being triggered by the COVID-19 crisis. I had to work with them and their families to stabilize them so they would not have to go to PES. Many of this population are homeless. At this moment, we are living and witnessing a crisis that nobody could have ever imagined and quite frankly, I'm worried about the homeless with severe mental illness living on the streets, and contracting COVID-19. They live on the streets of this county and although I am aware a building can't be constructed within weeks, we need to move forward with selecting a model, working with one of the architects and contractor's bids to begin construction of this building addition/revision.

This dilemma has lasted too long and it is time to make a decision to move forward; choose which design to move forward with; and, ask the federal government for needed funding to make this a reality immediately. We do not have anymore time on our hands. The time is now before the county is plunged into another disaster with the seriously mentally ill population.

Thank you very much for addressing this issue and I hope we can solve this one need as expeditiously as possible.

Ms. Leslie D. May

Sent from [Mail](#) for Windows 10

**From:** [Kathleen McLaughlin](#)  
**To:** [Public Comment](#)  
**Subject:** Item D4 on 3/24/20 BOS Agenda  
**Date:** Monday, March 23, 2020 5:27:43 PM

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The Grand Jury report and subsequent BOS meetings to review it and the official response to it were heard more than 7 months ago. At that time many of us were assured that consumers and their families would have ample opportunity for input on any plans to correct the problems. Once again, we were NOT heard or included in any of these discussions, specifically the 3 options for a redesign of PES in this report. These "plans" are in fact concepts created by PES staff several years ago without ANY input from consumers or their families. Instead of one of these being approved or moved on for further development at this "Special" meeting we are requesting any additional discussion MUST include more public input and the inclusion of additional options such as using 4D. Previous presentations at CPAW and the Mental Health Commission were NOT discussions and resulted in dozens of unanswered/unaddressed questions. It is time for this Board to fully embrace the concept of "Nothing about us without us". Transparency is ALWAYS better than secrecy and inclusion of more perspectives and ideas ALWAYS results in a better outcome.

Kathi McLaughlin  
Original member of CPAW  
Former MHC Co-Chair and Child Advocate  
20 year member of Martinez Unified Board of Trustees

**From:** [Teresa Pasquini](#)  
**To:** [Public Comment](#)  
**Subject:** Discussion Comments on D.4  
**Date:** Tuesday, March 24, 2020 9:59:21 AM

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Please consider this comment during the discussion of Item D.4:

My name is Teresa Pasquini, I am a former Mental Health Commissioner, a founding member of the Behavioral Healthcare Partnership of Contra Costa Regional Medical Center and the proud mom of an adult son who lives heroically with a serious mental illness.

My son's first 5150 was at the age of 16. He was taken to Walnut Creek Children's Psychiatric hospital which like many psych hospitals has since closed. My son Danny has been conserved by our county for 18 years. Most of that time he has been institutionalized in out of county placements. Yet still, he has touched Psychiatric Emergency Services over 80 times in the past 20 years with over 40 5150s. He has also spent weeks on 4c

waiting for a step-down bed. We all know that there is a severe crisis in accessing psychiatric beds along the age span and continuum of care.

I want to express my support for the heroic staff of PES and all patients/families who must use this service during a crisis. This is a door that we all hope to avoid. I have been inside this Psychiatric Emergency Service numerous times and watched the ambulances roll in. I have watched the staff of this hospital greet patients who are in crisis. I have watched them show compassion, care and then do what they are LEGALLY able to do.

So, I consider our county hospital to be like gold, a treasure. It is the hospital that will take those that nobody else will take and I personally know how important that is. A separate Psychiatric Emergency

Units and inpatient psych units are also rare and not available in all California counties.

I hope that we can all agree that children should not be in PES. I think anyone of the designs would be acceptable. However, I don't understand why the community is not pushing harder on private hospitals to help with the redesign of our hospital-based psych services for kids and youth.

I personally hope to see our community move through the current problems in a spirit of improvement and partnership, not blame and shame.

Thank you.

Teresa Pasquini

El Sobrante, CA 94803

**From:** [Lauren Rettagliata](#)  
**To:** [Public Comment](#)  
**Subject:** PES  
**Date:** Tuesday, March 24, 2020 11:07:04 AM

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Who directed and oversaw the 3 Options that were presented to the Mental Health Commission?  
When were these plans drawn up? Who provided input? Was the staff that works in PES given opportunity to give its input?

Lauren Rettagliata

Sent from my iPhone



**From:** [Barbara Serwin](#)  
**To:** [Public Comment](#)  
**Subject:** Comments from Barbara Serwin, Chair, Mental Health Commission re: Board of Supervisors 3/24/20 meeting, PES agenda item  
**Date:** Tuesday, March 24, 2020 4:19:45 AM

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Dear Board of Supervisors,

Below are my public comments regarding the PES agenda item on today's agenda (3/24/20). Thank you for sharing them at the meeting.

Best regards,

Barbara Serwin

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Comments from Barbara Serwin, Chair, Mental Health Commission, on 3/24/20, regarding PES:

Dear Board of Supervisors and meeting participants:

As the Chair of the Mental Health Commission, I have taken on the task of obtaining community feedback regarding PES options and of sharing that feedback with decision-makers. As it stands, I am nearly empty-handed. The process for developing PES options, and the process for obtaining feedback from the community, have both been short-circuited.

In early March I strongly recommended to CCRMC and BHS leadership that they deliver a comprehensive presentation that lays out all of the PES options that have been explored, including those that have been taken off of the table, and those not yet explored. Each option should be evaluated in terms of what it uniquely provides to the community, what problems it solves, its pro's and con's, constraints, potential funding and so forth. The presentation should address all of the questions that we can expect the community to ask. Instead, the presentation that we received focused narrowly on three redesign options. It was as though no other options had ever been discussed.

I had hoped for a collaborative and transparent process for the development of options. Instead, a set of three redesign options that were created years ago and that were deliberately not shared with the community, appeared out of nowhere without any explanation of who had held them, why they had held them back, and why they were appearing now. It was as though they dropped out of the sky. Why does this matter if we are finally seeing them now? It matters because when work is not collaborative, the results suffer. When work is not transparent, trust is lost.

I envisioned a well-coordinated process of CCRMC and BHS leadership working on options and getting feedback on these options, with the goal of developing an option that everyone could get behind and that the Mental Health Commission therefore could support. It hasn't worked that way. Instead, the three redesign options that appeared out of the blue were presented to community groups over the course of a month. With no time for community members to reconvene and discuss, here we are at a PES presentation at a special meeting of the Board of Supervisors without any understanding of how and when a decision is going to be made and whether the curtain has gone down on community input.

We all want to move forward rapidly on PES. I'm in fact hoping we can slow it down enough to make sure that we are in agreement regarding which problems we are trying to solve and to get a transparent process in place for coordinating analysis, feed-back and decision-making. As a community, we possess the answers. So let's come together to find the right solution for the people and families we care so much for.