

**CONTRA COSTA COUNTY
MENTAL HEALTH COMMISSION MONTHLY MEETING
MINUTES FROM August 13, 2015 – FINAL**

Agenda Item	Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions</p>	<p>The meeting was called to order at 4:31 pm by MHC Chairperson Lauren Rettagliata.</p> <p><u>Commissioners Present</u> Supv. Candace Andersen, BOS Rep. Greg Beckner, District IV Peggy Black, District V Louis Buckingham, District III Evelyn Centeno, District V Duane Chapman, District I Jerome Crichton, District III Dave Kahler, District IV Diana MaKieve, District II Tess Paoli, District III Lauren Rettagliata, District II Barbara Serwin, District II Gina Swirsding, District I (arrived late) Sam Yoshioka, District IV</p> <p><u>Commissioners Absent</u> None.</p> <p><u>Non-Commissioners Present</u></p> <ul style="list-style-type: none"> • Guita Bahramipour, AOD Board • Cynthia Belon, Behavioral Health/Mental Health Director • Hillary Bowers, Recovery Innovations • Rebecca Brown, Further the Work • John Cervetto, RDA • Roberta Chambers, RDA • Norie Clarke, UU Church of Kensington • Travis Curran, Crestwood • Douglas Dunn, NAMI-Contra Costa • Nancy Ebbert, First Hope • Ralph Hoffmann, Concerned Citizen • Nancy Kelly, UU Church of Kensington • Phyllis Mace, First Hope • Fatima Matal Sol, AOD Board • Robert Nelson, Sheriff's Office • Teresa Pasquini, former MHC member • Melinda Meahan, MHA • Julie Peck, Telecare Hope House 	<p><i>Transfer recording to computer.</i></p> <p><i>Update Commissioner Attendance Chart</i></p> <p><i>Update Data Base</i></p>

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	<ul style="list-style-type: none"> • Jill Ray, Supv. Andersen’s Office • Karen Shuler, MHC Executive Assistant • Gilbert Weisman, M.D., UU Church of Kensington • Janet Marshall Wilson, Community 	
II. Announcements	<p>Evelyn announced that regretfully, she has to resign her position as Commissioner for the time being due to a one-year graduate program she just started. She expressed her gratefulness to have been given the opportunity to serve the mentally ill population and hoped she would be able to return next year when her program is completed. She wanted to inform anyone interested in serving as a Commissioner about all that it entails and the time required. Lauren expressed her appreciation for all the work Evelyn has done, especially on the Criminal Justice Committee.</p>	<p><i>Notify Supv. Glover’s office.</i></p> <p><i>Update Roster</i></p>
III. Public Comment	<p>Ralph Hoffman wanted to inform everyone of the Contra Costa Zero 2016 Campaign to End Homelessness and briefly described what it entailed. He stated that there were flyers on the back table for anybody who wanted more information on the campaign.</p>	
IV. Commissioner Comments	<p>None.</p>	
V. Approval of the July 9, 2015 Minutes	<p>➤ Duane made a motion, seconded by Louis, to approve the Minutes from July 9, 2015.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Staff was asked to correct the spelling of Guita Bahramipour’s name. • Barbara wanted to clarify something attributed to her on Page 15 in the report from the Quality of Care Committee report, where it said, “First, he talked about expanding Katie A staffing and case load,” and she did not mean it to say that they were going to increase the case load, but the capacity for case load; she asked that this be changed to say “...expanding Katie A staffing and capacity for case load.” <p>Vote: By a vote of 12-0-1, the Minutes were approved as corrected.</p> <p>Yes: 12 – Supv. Andersen, Greg, Peggy, Louis, Duane, Jerome, Dave, Diana, Tess, Lauren, Barbara, Sam</p> <p>No: 0</p> <p>Abstain: 1 – Evelyn</p>	<p><i>Make corrections to Minutes.</i></p> <p><i>Post corrected/ approved Minutes to website.</i></p>

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	Absent: 1 – Gina arrived after the vote was taken.	
VI. Presentation by First Hope	<p>Phyllis Mace from First Hope, assisted by Dr. Nancy Ebbert, gave a PowerPoint presentation about their program. A copy of the PowerPoint is available through the MHC office (925-957-5140).</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Gina wanted to know how the clients are being intensively treated, since they are not in partial hospitalization programs, and what First Hope does to help their clients to not be placed in hospitalization or partial hospitalization programs. Phyllis answered that they use a version of an assertive community treatment model that is needs-driven, and if a client is in crisis the staff could be in contact with them every day. She elaborated on the various ways they keep tabs on their clients and make sure they get the support they need and pointed out they can make daily changes quickly to meet their clients’ needs. Gina felt that a partial hospitalization program was an advantage because they wouldn’t be alone, and Phyllis replied that the average age of their clients is 16 and they are mostly in school, are involved with each other, have groups together and are very tight. • Peggy asked if First Hope services are for students diagnosed with developmental disabilities, and Nancy stated that their program has some exclusions, including IQ level and autism, as these populations have limitations that would hinder them from benefiting from the program. She did agree that it would be great to develop something for that population. • Lauren pointed out that there was a tremendous need to develop a program for those who also have a diagnosis of a developmental disability. • Sam asked if their program was a county-wide program or if it is just focused on their central county location. Phyllis stated that while their main office was in Concord, they had an office in San Pablo and another office in East County, but all the groups meet at the Concord site for reasons of efficiency, and they provide transportation for those who need it. • Phyllis clarified for Sam that the range was 12-25. Sam asked what they did for children below that age, 	

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	<p>and Nancy stated it was another area of need, but their program was developed to find the group that has a clinical high risk of going on to schizophrenia. She stated that a program for younger clients would need to be different but acknowledged they probably do need to develop something in that area. She added that in order for all of their groups, which are divided by age and language, to have an adequate size, they have to run all the groups in one location.</p> <ul style="list-style-type: none"> • Diana stated she did not know what the protocol was to refer a client to First Hope, as her clients don't seem to be aware of the program, as well as where the program was advertised and how to publicize it. Phyllis replied that there were brochures on the back table and there was also a link on the County web site, and potential clients or their families or counselors were welcome to call First Hope directly. She also stated that all the hospitals should know about them and they have done outreach with some private insurers and the Department of Pediatrics at John Muir. She acknowledged that private-sector, small-practice primary care is one area they haven't penetrated as much. • Lauren asked whether clients who are privately insured could participate in the program, and Phyllis said that they could. • Guita asked who would participate in an intervention to encourage a potential client to get help and how the intervention would happen. Phyllis described various ways they coach concerned teachers or loved ones on how to talk to the potential client to motivate them to come in for an assessment. She related how their assessment questions are very subtle and help the client to understand what is going on with them and that they do not provoke a defensive response. • Guita said that they identify people with those behaviors at AOD and wondered what she would look for in order to call. Phyllis replied that they have a one-hour training course to help people see the subtle early indicators and encouraged her to invite them to come and conduct a training session. Nancy added they went through intensive training from the Portland group plus two years of ongoing 	

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	<p>consultation and are now a certified clinic, so they have a lot of training. She added that their trainers are very good as well.</p> <ul style="list-style-type: none"> • Greg said that he thought their program was a great step in the right direction, and he was very happy with the results he has seen so far, but he was concerned about what they have done to fight stigma, especially in the workplace and at school. Diana felt that the first stigma-breaker is the multi-family group, where they find other people going through the same thing where they can freely discuss what they are going through. This has helped them get more involved in their school or vocational program. The clients learn how to present themselves in public and what to and not to share about themselves. Greg said there was a very fine line on who to tell that you have or may have suffered from a mental breakdown and that he got different reactions from two different employers. He asked whether they intervene with employers, teachers, or school administrators. Diana replied that they help out with this if the client wants them to. Greg asked if the way they reduce stigma is having the client know how to present themselves in a way that would not produce stigma, and Diana clarified that the first step was to deal with their own stigma, and then they can strategize about community interaction. 	
<p>VII. Behavioral Health Director's Report, Cynthia Belon</p>	<p>Cynthia opted to not read her report due to time constraints and just asked if anyone had any questions or comments. She clarified a few issues: (a) At this point, Project Homeless Connect has been canceled/postponed for probably 4-6 months, and they are looking at other venues in which to have it. (b) Recruitment was still open for both the AOD Chief (but ends tomorrow), and for the Adult Mental Health Chief, which ends next week. She added that Priscilla Olivas has been hired as the Quality Management Program Coordinator, and they hoped to continue to expand the quality assurance activities that they have in all three divisions. (c) She also mentioned that Lauren, Dave, and Diana had met with Stacey Tupper with recommendations for revising the position description of the Family Services Coordinator, including increasing the salary. The salary</p>	

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	<p>increase has gone through all the steps needed for approval and been approved, and Personnel is prioritizing this position to move it forward to begin recruitment.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Lauren asked about if a member of the MHC would be part of the interviewing team, and Cynthia affirmed this. • Douglas Dunn mentioned that he attended the July 29 Bidders’ Conference and there were seven bidders there plus one via phone and if anyone had any questions about what happened there to please feel free to talk to him. • Gina commented about the CPAW portion. She felt that the CPAW committees were more conducive to individual participation than the MHC Committees. She felt left out and inhibited in MHC Committee meetings and did not feel free to speak up. She felt that at CPAW Committee meetings it felt more open to everyone in the room. She did not feel that the Brown Act was the cause of this, because she has been to other meetings governed by the Brown Act that were not like this. Lauren told her that Cynthia was very receptive to emails and suggested that Gina meet with her or to send Cynthia an email to express her concerns. Gina said her concern was to let the Board of Supervisors know why there were so many people at CPAW and not at the MHC. Supv. Andersen said that her perspective was that they served different purposes: CPAW is advisory on more technical issues than the MHC, and there are different roles and responsibilities. She acknowledged that there was a discussion about whether there is some overlap between CPAW and the MHC, whether CPAW was usurping some of the MHC roles, and whether they were making recommendations that ran counter to MHC recommendations. She added that this was important to the Board of Supervisors because of the transparency in the County with the Better Government Ordinance ensuring that any committee, including CPAW, is governed by those rules. She felt the difference was due to the different dynamics 	

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	<p>caused by different individuals on the different committees. Cynthia recalled some previous discussion about merging the two, but she reinforced that they serve very different roles and that it was important for them to be kept separate. Jill pointed out that some CPAW subcommittees were closed or no one could attend them, so agendas were not posted, and that those issues were addressed. She added that there was not much changed in CPAW other than adding a few more representative seats. Lauren asked to verify whether this was being addressed on August 18, and Jill affirmed this. Lauren stated that anybody with concerns can go to the meeting and fill out a speaker card. Barbara felt that perhaps they could add an agenda item to discuss how they interact and how things are or aren't working for people to voice their concerns.</p>	
<p>VIII. Discussion regarding MHC support of SB 863 (Expansion of the Richmond Jail Facility)</p>	<p>Robert Nelson from the Sheriff's Office gave a PowerPoint presentation on grant funds available through SB 863 and the facility that the Sheriff's Department would like to apply for those funds in order to build. He was joined by Rebecca Brown, who shared her experience in the criminal justice system with a mentally ill husband who was sent to jail several times and how she feels that the proposed new facility will better serve the needs of incarcerated mentally ill clients.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Duane asked for clarification about the 1978 date the Martinez Detention Facility was built. He believed it was opened in 1981 but did not remember it starting until 1979. Robert did not know the answer but suggested he contact Tom Chalk for the answer. • Nancy Kelly stated that based on her experience with the criminal justice and mental health systems, she feels that California criminalizes the mentally ill. She stated she had read the grant and believed the funds could be used for building a facility to be used by people out of custody on probation or parole to provide re-entry services. She felt that 75% of the proposed structure is a maximum-security jail and pointed out that the City of Richmond and its mayor and the Richmond Police Chief are all against the project. She opined that there is no overcrowding in 	

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	<p>Contra Costa County and supported her opinion using both Sheriff’s statistics and a comparison to what is happening in Fresno County. She insisted that they were not giving up any capacity in Martinez but were adding 416 new beds in West County and voiced her opinion that mental health should be in the community for re-entry along with job opportunities and housing for people coming out of custody.</p> <ul style="list-style-type: none"> • Gilbert Wiseman felt that there should be a focus on the transition out of jail, and what was important was community facilities for vocational services, housing, job training centers, and day programs with drop-in groups where their families can be seen. He felt that the focus needs to be on recidivism, and the issue with mental health patients is how to help with the re-entry process. He felt these facilities were primarily needed, secondary to some improvements that are needed in the jail facilities. • Norie Clark felt that this was a medical issue, and that since the Board of Supervisors could not keep Doctor’s Hospital open and has over 100 RN positions that have not been filled, they are not supportive of medical health services that are needed in the County. She felt the money should be spent on where the need is, which she felt would be services outside of detention centers. She described a situation where RNs went to a Board of Supervisors meeting for more support and resources and did not get it, and also described overcrowding in Emergency Services. • Douglas Dunn said a facility like this would probably help a loved one of his who is currently jailed in Oregon if he was ever returned to the county. • Teresa Pasquini stated she was supporting the project and was going to be testifying before the Board of Supervisors to try to get their support for it. She did not feel this was truly a jail expansion project but a public safety project. <p>➤ Peggy made a motion, seconded by Dave Kahler, that the MHC support the Sheriff to apply for the AB 863 grant for expansion of their facilities.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Duane stated that he initially was not going to 	

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	<p>support this, but that he would support it; however, if they don't get day treatment back in programs around the county, he was going to complain to the Board of Supervisors.</p> <ul style="list-style-type: none"> • Evelyn voiced her concern about the impact to the County's operating funds because of the 10% cash match required. She felt the funds should go toward providing services. She also was concerned about what would happen with the Martinez Detention Facility, which she felt was not helping to rehabilitate people. She felt that if all the money went toward construction, it was not going to help the community. Lauren pointed out that \$80 million was going to come from the state and the estimate of what cash might be needed was \$3-4 million. • Supv. Andersen pointed out that through the \$18-22 million of AB109 funding that we have, there is a robust re-entry program and that this program would not take money away from AB109 funds. She stated the matching funds would come out of different funding sources. She indicated she was abstaining because she would be voting at the Board of Supervisors meeting but felt that Central County needed the programs that are already available in West County. She felt they were missing a very important part of the jail population. She expressed her frustration that jails have become mental asylums and there is inadequate treatment for mental health. She sees this as the first time looking at how to help the mentally ill who are in jail without appropriate treatment, and unfortunately these people normally end up in Martinez. • Jill pointed out that it was the District Attorney, not the Sheriff, who puts people in jail and added that she wanted the MHC to know exactly what the current numbers and capacity is at all three campuses, because they are not full at present. • Evelyn reiterated that she wanted Supv. Andersen to clarify whether this project was going to take funding from AB109, and Jill clarified that a portion of AB109 funds that were being to pay for staff were being reallocated to CBOs. • Peggy spoke about her work with people with Fetal 	

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	<p>Alcohol Spectrum, which has a 60% incarceration rate with a high recidivism rate and her experience with a loved one with repeated incarcerations due to her inability to understand the judge’s instructions. She agrees that it is a mental health and not a criminal issue and also that the mentally ill are criminalized. She disagreed that there were adequate mental health services in the community.</p> <ul style="list-style-type: none"> • Louis stated that in the intake process in the Martinez Detention facility, the person is asked if they have a mental illness, and if they say they do not, they are placed in the general population. He described the appalling conditions of M Module at the facility. He believes that if the grant money is only for construction of a facility, the County will have to come up with a lot of extra money for staffing to make the programs work. He also felt there should be some integration with PES so that when someone says they do not have a mental illness at intake, this can be verified and people can be placed where they will get the treatment they need. Lauren said that was her experience as well and said that they would work to get communication between the two. • Rebecca pointed out that the State money cannot be used for programs, but the proposal does demonstrate that the Sheriff’s Office is committing to \$4.4 million for operating support -- psychiatric staff and CBO programs. Louis felt that was not an adequate amount of money. • Gina felt that since the money was there, if we didn’t get it, another county would. She felt that many correctional officers are not trained in how to care for mentally ill inmates and needed that training. She said that she had also heard many stories about mentally ill consumers who were mistreated both by prisoners and correctional officers while in jail. <p>Vote: By a vote of 9-1-4, the motion was passed. Yes: 9 –Peggy, Louis, Duane, Dave, Diana, Tess, Lauren, Barbara, Gina No: 1 - Jerome Abstain: 4 – Supv. Andersen, Greg, Evelyn, Sam Absent: 0</p>	<p style="text-align: center;"><i>Send letter of support for SB863 to BOS.</i></p>
IX. MHC Committee	1) <u>Executive Committee</u>	

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Reports	<p>➤ Lauren moved, seconded by Peggy, to have Anna Roth or a designee report monthly on PES and 4C to the MHC. Vote: By a vote of 10-0-0, the motion was passed. Yes: 10 –Greg, Peggy, Louis, Duane, Jerome, Diana, Tess, Lauren, Gina, Sam No: 0 Abstain: 0 Absent: 4 - Supv. Andersen, Evelyn, Dave, Diana</p> <p>2) <u>MHSA Finance Committee</u></p> <p>➤ Lauren made a motion, seconded by Peggy, to write a letter to Dr. Walker and copied to Cynthia Belon and the Board of Supervisors stating that the MHC had not been included in the process outlined in W&I Code section 5604.2, requesting that he ensure that the MHC be involved in the future. Vote: By a vote of 10-0-0, the motion was passed. Yes: 10 –Greg, Peggy, Louis, Duane, Jerome, Diana, Tess, Lauren, Gina, Sam No: 0 Abstain: 0 Absent: 4 - Supv. Andersen, Evelyn, Dave, Diana</p> <p>3) <u>Criminal Justice Committee</u> No report.</p>	<p><i>Contact Anna Roth re: bringing reports to MHC.</i></p> <p><i>Send letter to Dr. Walker, cc'd to Cynthia re: MHC involvement in MHSA budget process.</i></p>
X. Commissioner Representative Reports	<p>1) <u>AOD Advisory Board</u> Roberta Chambers and John Cervetto from RDA shared a PowerPoint presentation on the Contra Costa County Behavioral Health Drug Medi-Cal Organized Delivery System Waiver. Discussion:</p> <ul style="list-style-type: none"> • Lauren asked if what she needed from the MHC was to identify Commissioners who would be available for the Phase III workshop in November or December and if this would be similar to the Laura's Law workgroups. Roberta said that they wanted representatives from the MHC in each of the workgroups; however, it was not a closed meeting and they would facilitate a workgroup for as large of a group as is needed for those who are able to commit to the four sessions. • Peggy asked if they know when the meetings would be held, and Roberta said they were still finalizing it. Peggy clarified that she wanted to 	

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	<p>know what time of day, and Roberta said that it would be during the day for 4-6 hours. Lauren asked if Peggy had any time off during the week, because she had a particular interest and expertise in the subject, and Peggy replied that she works full-time.</p> <ul style="list-style-type: none"> • Tess asked where the meetings would be located, and Roberta said the workgroup meeting would likely be in Central County to minimize travel from East and West County, but they are not yet sure of the location or the date. • Gina asked if this would involve the TAY population, and Roberta replied that it involves the entire population, that there is a specialty TAY focus as well as gender-specific and perinatal foci and that they would look at the entire system. • Lauren told Roberta she would let her know what Commissioners were interested in September, and Roberta said she would inform the MHC of the dates when they have them. 	
XI. Report on Follow-up items from July MHC Meeting – Information	Due to time constraints, no report was given.	
XII. Future MHC Agenda Items	Due to time constraints, there was no discussion.	
XIII. Adjourn Meeting.	The meeting adjourned at 6:43 p.m.	

Respectfully Submitted,
Melinda Meahan, Scribe and
Karen Shuler, Executive Assistant
Contra Costa County Mental Health Commission