

**CONTRA COSTA COUNTY
MENTAL HEALTH COMMISSION MONTHLY MEETING
MINUTES FROM APRIL 9, 2015 – 1st Draft**

Agenda Item	Discussion	Action / Follow-Up
<p>I. Call to Order/ Introductions</p>	<p>The meeting was called to order at 4:32 pm by MHC Chairperson Lauren Rettagliata.</p> <p><u>Commissioners Present</u> 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 Tess Paoli, District III Teresa Pasquini, District I Lauren Rettagliata, District II Barbara Serwin, District II Gina Swirsding, District I Sam Yoshioka, District IV Supv. Candace Andersen, BOS Rep.</p> <p><u>Commissioners Absent</u> Diana MaKieve, District II</p> <p><u>Non-Commissioners Present</u></p> <ul style="list-style-type: none"> • Ross Andelman, Medical Director • Cynthia Belon, Behavioral Health/Mental Health Director • Hillary Bowers, Recovery Innovations • Douglas Dunn, NAMI-CC • Marsha McGinnis, BHR • Jill Ray, Supv. Andersen’s Office • Diana Renton, Community • Karen Shuler, MHC Executive Assistant • Connie Steers, CPAW-BHCP • Vern Wallace, Children & Adolescent MHP Program Chief 	<p><i>Transfer recording to computer.</i></p> <p><i>Update Commissioner Attendance Chart</i></p> <p><i>Update Data Base</i></p>
<p>II. Announcements</p>	<p>Lauren opened the meeting by giving a reflection of what the Mental Health Commission is, their purpose, and their mission; and she thanked everyone for the service they give the community and the county.</p> <p>1) Welcome to new Commissioners Duane Chapman, District I Member-at-Large, and Diana MaKieve, District II Member-at-Large. <i>(There is now only 1 vacancy on the MHC – for a Consumer Representative in District V.)</i></p>	

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	<p>2) The Mental Health Commission Retreat will be Wednesday, May 6th, 3:30-7:30 p.m.</p> <p>3) The Mental Health Commission will host a Public Hearing on the Fiscal Years 2015-16 Update to the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan immediately following an abbreviated MHC monthly meeting on Thursday, May 14, 2015 from 5:00-6:30 at 550 Ellinwood Way, Pleasant Hill.</p>	
<p>III. Public Comment</p>	<p>1) Connie Steers wanted to thank Lauren, Tess, Dave Kahler, and everyone else who helped out at Riverhouse when a resident had their bed thrown away as part of a bedbug treatment. They did a great job helping to stabilize him and get him what he needed. She would like to connect with a pest control expert to find what else should be done as follow-up. She is still getting requests from residents and from the staff there for help.</p> <p>Clarifying comment: Candace stated that Tanya Drlik is over the Bedbug Initiative in the County and has been working with many different hotels, homes, etc., and has the best practices for eradicating them. She suggested Connie talk with Jill to get the contact information for Tanya.</p>	
<p>IV. Commissioner Comments</p>	<p>1) Evelyn Centeno reported on the Community Advisory Board (CAB) Meeting on March 12. The Community Corrections Partnership requested CAB to review the mentoring services contracts of the three funded organizations to evaluate if they had the right allocation and the right services, what was needed, and if there should be a different allocation of services. They presented three recommendations to be voted on to be forwarded to the PPC:</p> <ol style="list-style-type: none"> 1. Remove Brighter Beginnings from the Administrator role and reallocate funds for Men and Women of Purpose and Center for Human Development to provide both one-on-one mentoring services and family reunification services 2. Remove Brighter Beginnings from the Administrator role and maintain current levels of funding to Men & Women of Purpose and Center for Human Development while issues an RFP for supportive mental health and substance abuse services. 3. Keep Brighter Beginnings as Administrator and 	

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	<p style="text-align: center;">reduce the funding allocation to an amount suitable to CAB.</p> <p>Evelyn spoke at the meeting and said that she found it surprising the Mental Health and AOD services are not components of the Mentoring contract and would lean toward choosing #2 for that reason. Michelle Wells, the chair of the task force, acknowledged that RDA reports they reviewed showed barriers to success are due to Mental Health and AOD issues, which is why they crafted recommendation 2. They did not vote on a recommendation, but added 3 more recommendations, including issuing another RFP to address mentoring to Mental Health and AOD clients.</p> <p>Evelyn urged everyone to attend the PPC meeting on Monday, April 13 from 1 to 2:30 pm at the County Administration Building, Room 101, to voice the need of support services for Mental Health and AOD clients.</p> <p>2) David Kahler spoke about a disaster in the housing area that has been ongoing, but now has become acute. The Federal Department of Labor ran an audit in January on Rebecca Hernandez, who runs four houses that are impeccably and compassionately run. They demanded \$60,000, which no small businesses could ever cope with. He would like to have our new representative, Mark DeSaulnier, acquaint himself with the situation and then express his opinion on the issue. He feels the Federal Department of Labor needs to be called to account. He is going to the Executive Committee to get a motion to recommend that the Commission ask Mark DeSaulnier to acquaint himself with this situation and commit himself on it.</p> <p>3) Teresa Pasquini gave an update to the Commission on her trip to Washington, DC. She posted a blog nationally on Tuesday about her son and his history of diagnosis, treatment, and how not having Laura’s Law in place has impacted her being able to make sure her son gets adequate care. Her dream is to help support the Helping Families in Mental Health Crisis Act, and she hopes it will be reintroduced while she is there. She encouraged the Executive Committee to consider exploring supporting the legislation.</p> <p>4) Peggy Black wanted everyone to know she had flyers about the film, <u>Moment to Moment: Teens Growing Up With FASDs</u>, which explores the lives of four adolescents with FASD and the effect that prenatal alcohol exposure has on their journey to independence.</p>	<p style="text-align: center;"><i>Place Dave’s request for motion on EC Agenda</i></p> <p style="text-align: center;"><i>Place supporting Helping Families in Mental Health Crisis Act on a future EC Agenda.</i></p>
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	<p>It is being shown on Saturday, April 18, at Kaiser Permanente in Oakland.</p> <p>5) Gina Swirsding addressed a problem that occurred this week in the Criminal Justice Committee. She was stigmatized in that meeting and felt like it was constantly happening, as if it was for being a mental health consumer. It was not occurring to other members of the group. She was told by a guest that she could only ask two questions at a time, and she was embarrassed that she was told that by a guest and not by the Chair. She felt that they must have spoken to each other behind her back, and she would rather they speak in her presence. She feels that she did not deserve that treatment and that if they treat her this way, they should treat everybody else the same way.</p>	<p><i>Place Gina's concerns on EC Agenda.</i></p>
<p>V. Approval of the Minutes from March 12, 2015</p>	<p>Lauren announced that through a mistake, the letter sent to David Twa outlining the proposed courses of action whenever we received information as a Commission that needed to be brought to the attention of the County, was not included in this meeting's packet. People can get a copy of the letter sent by the Commission to David Twa when they leave.</p> <p>➤ Peggy made a motion, seconded by Evelyn, to approve the Minutes from March 12, 2015.</p> <p>Discussion: None.</p> <p>Vote: By a vote of 13-0-1, the Minutes were approved as presented.</p> <p>Yes: 13 – Greg, Peggy, Louis, Evelyn, Jerome, Dave, Tess, Teresa, Lauren, Barbara, Gina, Sam, Supv. Andersen</p> <p>No: 0</p> <p>Abstain: 1 (Duane abstained)</p> <p>Absent: 1 (Diana was absent)</p>	<p><i>Post approved Minutes to website.</i></p>
<p>VI. Selection of a Representative from the MHC to the Laura's Law Workgroup.</p>	<ul style="list-style-type: none"> • Lauren stated that the information about being a representative from the Mental Health Commission to the Laura's Law Workgroup and the dates are in the packet. You must be at all three meetings to be a representative, but anyone not chosen as a representative can attend and participate as an individual. Those representing the Commission must be well-versed in Laura's Law, and represent the Commission's views and not your personal views. The Commission did vote to approve and want Laura's Law. • Douglas Dunn stated that he has a copy of the law saved in a PDF file if anyone needed it. 	

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	<ul style="list-style-type: none">• Lauren asked if any Commissioners wished to represent the Commission at these three meetings. Tess, Gina, and Dwayne were interested.• Evelyn asked if representatives would be able to state who they are representing, e.g., consumer or family member.• Lauren gave each person an opportunity to say why they want to represent the Commission.<ul style="list-style-type: none">○ Tess stated that she feels Laura's Law is for consumers. She has been on a Laura's Law work group for a year and has been learning more about it, and she feels that as she learns more she can also represent the Commission.○ Gina would like to be on the work group because she is for it as far as the AOT group goes. She has been in outpatient treatment, which is how she gets treated, so she knows what it is about. She would like to give her input, because she is really concerned about the quality of care for the consumer, especially about the psychiatric, EBT, and CBT treatment. She is also concerned about alcohol and drug treatment and those who are going to be homeless, how law enforcement is going to approach the homeless community in seeking them out. Another thing she is concerned about is how homeless people have a problem managing their money when they are in housing and need help with that, and it needs to be part of the AOT program. She wants to see a high-quality program where patients will get treated well.○ Duane stated that he is new to the Commission but not to mental health. He worked at Riverhouse as a homeless ombudsperson. It seems that everywhere he goes in the county, nothing has changed. Laura's Law is great in some respects but has some weaknesses. One thing is how the police will be trained to deal with mental health clients who are on the streets. He wants to represent the Commission on Laura's Law and see if they can make changes and make people do what they are supposed to do.• Lauren asked for suggestions on how to vote, since there were more than two volunteers.• Douglas Dunn said that this past Tuesday, he had a very interesting one-hour conversation with the new	
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	<p>AOT Director for the City and County of San Francisco, Dr. Angelica Almeida. The work group where he, Tess, Connie, Lauren, and others agreed to implement Laura's Law recommended that we implement a law that is called the San Francisco Amendment route, which makes Laura's Law as compassionate as possible. We are about the same place as they are, and she shared a lot of information, and they are looking for us to share information with them to make Laura's Law as compassionate and as helpful as possible.</p> <ul style="list-style-type: none">• Teresa commented that we do not have a family member representative offering to join. She is unable to herself. Having strong family positions and views, she wants to know how to carry the voice of our families. She thinks it is important to remember that the Commission supported it, the Board has adopted a resolution for implementation, and this work group will have freedom for individual positions and experiences to be expressed. She does not see a conflict that she might not agree with it all.• Gina added that as a child, she took care of her grandfather, who was mentally ill, so in a sense she is also a family member. She also works with mental health clients in West County.• Teresa stated that she was just commenting that we do not have a family member as a representative participating.• Lauren commented that no family member volunteered.• Louis stated that he is a family member, but he is unable to commit to all three days.• Lauren stated that she will go to the meetings she can go to, and she knows that voices will be heard from the floor as well as from representatives of the commission. She hopes that everyone can attend.• Jill Ray added that the Mental Health Commission is one of several groups that are being asked to bring people. NAMI is another one, CPAW is another one, and also the other two advisory boards: the Homeless Advisory Board and the Alcohol and Other Drugs Advisory Board. The idea is to gather a group from a variety of areas to collect concerns so they are all represented, and it is not contingent on this group alone.	
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	<ul style="list-style-type: none"> • Tess stated that if she gets a spot, she will represent the family position because of her husband. • Lauren asked each person to vote for two people. The top two vote-getters will be the representatives. The other person can still attend and have a seat at the table, and they need to be there. • Sam asked to restate how many candidates and how many positions they were voting for. • Lauren stated they were voting for which of the three candidates they wanted to be the two representatives. • Sam wanted to know if they were a consumer, family member, or member at large. • Lauren replied that anyone can go, so it is not a discussion item. <ul style="list-style-type: none"> ➢ Yes votes on Tess: Teresa, Evelyn, Louis, Barbara, Peggy, Jerome, Dave, Tess, Greg, Candace, Lauren (11) ➢ Yes votes on Gina: Lauren, Candace, Gina, Peggy, Louis, Tess, Barbara, Sam, Teresa (9) ➢ Yes votes on Duane – Gina, Duane, Greg, Evelyn, Louis, Dave (6) • Karen announced that the top two vote-getters were Tess and Gina, each receiving a quorum vote. • Lauren stated she is honored that Duane, as a new Commissioner, offered to serve and hopes that he will attend as many days as he can. She was very pleased that he hit the ground running. 	
<p>VII. Deputy Behavioral Health Director Interview Process</p>	<p>Lauren called for discussion.</p> <ul style="list-style-type: none"> • Sam asked what the commitment was. • Cynthia stated that the date is April 24, probably all day. That date could change, but as it stands, she did not anticipate any problems, and she has scheduled it for April 24 to move forward as quickly as possible. • Teresa stated that she has strong concerns about the oral board process and has stated some of them in a letter to the Board of Supervisors and the CAO, David Twa, prior to the process. Her concerns stand and have been reinforced after obtaining knowledge of the panel for the oral boards. She felt that while the people who conducted the first round of interviews; Patricia Tanquary, Wanda Session, Dr. Wendell Bruner, and Dr. Natasha Pinto; had adequate knowledge of mild and moderate behavioral health and primary care populations, she was deeply concerned that none possessed sufficient knowledge of the specialty mental 	

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	<p>health system of care for people with serious mental illnesses. There was no subject-matter expert on the panel with mental health experience, education, or qualifications. She did not believe the panel would understand if someone is qualified to oversee the mental health plan, which is the largest part of the division; therefore, how would they know if the answers given by the applicants were correct. She wanted to know how the rankings could be valid and meet the Merit System. She did not believe the panel met the spirit of the Personnel Management regulations, nor did the panel restore public confidence in the hiring process for key leaders in the Behavioral Health Division, because it excluded representation from the largest, most regulated part of the Division, Specialty Mental Health. Since the Deputy Behavioral Health Director would be in a position to act on behalf of the Mental Health Director, it is necessary that it be someone who is qualified in Specialty Mental Health service management and delivery. Because the past two appointments have been widely and publically contested, she feels it is vital that the hiring process demonstrates integrity.</p> <ul style="list-style-type: none">• Teresa moved that the Mental Health Commission consider sending a letter to the county’s Human Resource Department to verify that this panel meets the Personnel Management regulations. Seconded by Dave Kahler. <p>Discussion:</p> <ul style="list-style-type: none">• Cynthia added that the list of individuals was correct. There were two oral boards with 16 candidates. There were two members per board; however, the second set of interviews is going to be done by her and Dr. Ross Andelman, who have a wide array of knowledge, expertise, and experience in the mental health field, and by representatives from each advisory board including the Commission.• Lauren asked if the issue was whether the interviewers had expertise in specialty mental health.• Teresa confirmed that and stated that she could not find any experience based on their job requirements. She appreciated that Dr. Andelman would be part of the second panel,	
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	<p>but she was concerned that the first panel be vetted properly so the candidates would be ranked properly. Since there were a couple of contentious appointments in the past few years, she doesn't want to see it happen again. She feels that this is the largest part of the Behavioral Health Division and is a vital position. It is also vital to Alcohol and Other Drugs and to Homeless Services, and she is not minimizing those but felt compelled to express deep concerns because of the serious oversight issues in state and federal government over specialty mental health care.</p> <ul style="list-style-type: none">• Cynthia mentioned that even though the individuals were ranked, they have control over the list when they get it and can determine if they interview all the candidates despite where they were ranked.• Evelyn asked if there were any suggestions on who should be on the panel. She is not comfortable voting on this because she doesn't know if she trusts the upper level management, who decide who they hire. She also feels that they need the person to be on board to help Cynthia to help us in the implementation of the continuum of care and quality of care, and this might delay the process.• Sam asked how many total candidates there were and what the criteria were for eliminating anyone from the first interview.• Cynthia replied that there were 19 candidates. Two of them declined, as they were out of state. The third one never responded back and did not show up for the interview, which gave a total of 16. Health Services Personnel reviewed all the applications to make sure they met the minimum qualifications, and there was a whole list of qualifications and substitutions. There were 16 that went through the oral board. She has not gotten the list yet, so she has not yet been told who was interviewed. She also does not know if there were any no-shows, so she assumes that all 16 were interviewed.• Duane asked who the interviewers were for the oral board.	
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	<ul style="list-style-type: none"> • Teresa repeated that they were Patricia Tanquary; Wanda Session, who is the assistant to Dr. Walker; Wendell Bruner; and Dr. Natasha Pinto. They are highly respected people; however, to her knowledge, based on their job descriptions, they do not have on-the-ground experience with delivering specialty mental health care, which is a critical part of this job. She was concerned that they met the managerial requirements. She wants to ensure that we have the potential to rank them adequately. She doesn't know what the questions were and doesn't know if the interviewers would know if the answers were correct since they have no experience. • Douglas asked that if Dr. Andelman was involved, would part of the interview board on the second round have experience working with families in mental health crisis situations. • Gina asked if Dr. Walker appointed people. • Cynthia responded that Dr. Walker approved these individuals. It was important, because of where the Deputy Director sits in the organizational structure of Behavioral Health, to choose individuals who were not below that position or lateral, but to try to choose people above that level. This is what they generally try to do when creating oral boards. The questions submitted were submitted by her. They included some of the questions that were actually asked of the Mental Health Director candidates during the prior recruitments, and the answers were also provided. It was not just questions that were open-ended and had no responses or expectations of specific responses assigned. • Lauren called for a vote on the motion to send a letter to the Personnel Department. Vote: The motion passed 8-6-0. Yes: Dave, Tess, Barbara, Jerome, Greg, Gina, Teresa, Lauren. (8) No: Evelyn, Louis, Sam, Duane, Peggy, Candace (6) Abstain: (0) Absent: (1) Diana MaKieve 	<p><i>Prepare draft letter to Human Resource Dept., cc: BOS, David Twa</i></p>
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	<p>1) Selection of Commission Representation and Alternate to the Interview Committee for the Deputy Behavior Health Director.</p> <ul style="list-style-type: none">• Lauren stated that we need to select a Commission representative and an alternate for the interviews and asked people to give their name to Karen for this. It will be April 24.• Sam and Lauren indicated that they were interested in being considered.• Lauren asked Cynthia if, since mental health is such a large section of budget compared to Alcohol and Other Drugs and Homeless, and since two Commissioners are willing to sit on this panel, can she take both Commissioners, since we have a larger stake than Homeless and Alcohol and Other Drugs.• Cynthia agreed with that. <p>2) Selection of 3 suggested questions to be asked during the interview of the Deputy Behavior Health Director.</p> <ul style="list-style-type: none">• Lauren stated we were asked to submit three questions as a Commission. Individuals may also send questions to Cynthia to be considered for this interview process. We as a Commission can give her three questions for consideration, but whether they are used or not is at her discretion. Three Commissioners sent in questions. We have 5 questions altogether.<ol style="list-style-type: none">1. Barbara put in this question: What are the highlights of a hypothetical three-year plan that you would envision for the County behavioral health system?• Sam stated he has a problem with publically disclosing these questions, because some people will have access to them while others will not. He feels it is a problem of equity and that they should not be discussed in a public meeting.• Lauren explained that if we are asked as a Commission to present questions as a Commission, we have to discuss it publically. We cannot give Commission questions that have not been discussed as a Commission. It is their decision whether to use these or not. It is not our decision. What we were asked to do is, as a Commission, is present three questions, so that is why we are listening to	
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	<p>these questions and figuring out which ones we want to present.</p> <ul style="list-style-type: none"> • Sam asked if any Commissioner had an option to send questions directly to Cynthia and/or to the Commission. • Lauren affirmed this. • Sam therefore withdrew his questions. <p>2. Lauren read the last remaining question, which she submitted: Since the provision of decent and affordable housing with the availability of treatment in close proximity is one of the most important elements for integrating persons with serious mental illness into the community and is fundamental to their recovery, how would you go about providing this opportunity? Where would you find the funding?</p> <ul style="list-style-type: none"> • Evelyn asked if another question could be submitted for the Commission to consider. • Lauren explained that everyone had already had enough notice to send in questions, but Evelyn could still submit her question directly to Cynthia, but it would be as a private citizen and not the Commission. She encouraged her to submit her question privately. 	<p><i>Forward 2 questions to Cynthia.</i></p>
<p>VIII. Mental Health Director’s Report Presented and Discussed</p>	<p>Cynthia commented that the Commission has been asking about what has happened in Integration and specifically with the consultation that has been going on over the last 2 years. Homebase has been facilitating a group of individuals, comprised just of program managers from inside the behavioral health system at first, but then expanded to include community-based organizations, consumers, family members, and other stakeholders sitting together and working toward ideas of how we wanted to see the community move toward integration of behavioral health services. She sent out a report that is a compilation of the information that has been happening over the last couple of years. She stated that Supervisor Anderson pointed out that the flowchart on page 4 did not come out clearly, so she will have her office send just this flowchart out again to the Commission so everyone will get a clear picture of that.</p> <p>Cynthia also wanted to update everybody on what happened most recently in the Integration efforts. The SPIID (Services, Program, Integration, Implementation Design) teams are coming up with ideas for moving</p>	

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	<p>forward in terms of integration and how we really create a welcoming, accessible recovery- and resiliency-oriented system of care for individuals and family members in our community who need our services.</p> <p>The report breaks down some of the major ideas by life cycle population (children, transition-age youth, adult, and older adult), as there are very specific needs that each of the life cycle populations have. Rather than just putting everybody together, it was really important that we look at those age-appropriate issues that people face in their need for care and break it out that way.</p> <p>In summarizing what the SPIID teams came up with, they were really interested in seeing integrated service teams going forward so that all identified sites throughout all the County programs, whether it is the mental health clinics, the alcohol and drug programs that the county operates, or the homeless shelters, have multidisciplinary teams of people working side-by-side so that people can get all the services they need and that Behavioral Health has available no matter where they go. The other thing that was really important was focusing on coming up with identifying trainings and evidence-based practices, so even though people would be working side-by-side, not everybody was going to be trained in the ability to provide co-occurring services, but it was really important that we continue to identify evidence-based practices and strengthen our staff capacity by providing trainings as we go forward. Also, being able to look at the internal infrastructure, the reporting structure, the resources that are available, funding opportunities, and everything that is necessary for the daily operations and the long-term success of the Division.</p> <p>She identified three main areas they will be focusing on as they go forward.</p> <ol style="list-style-type: none">1. A new organizational structure for Behavioral Health. This is really creating the infrastructure for the Division: As opposed to having it still be three systems that are sitting side-by-side and doing the work on a daily basis independently, it is pulling out those functions that are shared across all three of the systems. Three years ago, staff got together from all three divisions and came up with a huge set of recommendations of how they would like to see a new infrastructure be developed, and using	
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	<p>the idea to consolidate around these functions, that becomes the foundation of the Behavioral Health Division, and then we have a more efficient operational system for the division.</p> <ol style="list-style-type: none">2. Another main area is creating a common framework for integration. Ideas from the SPIID team and the CBOs are coming back to the Executive Team to mull over and come up with an agreement on how we want to move forward implementing those ideas.3. The last major task for this next year is the Access Unit, to ensure that we complete what we started when we were using Rona Consulting, to create an integrated front door for behavioral health. Currently there are four different hotlines for people who need services in behavioral health. The goal is to have one hotline where people are sitting side-by-side, and clients can ask for all of the resources that they need and, to the best of our ability, we have the opportunity to coordinate their care and provide that access to resources with their calling one number. <p>Cynthia said that if anybody has questions once they read the entire report, she is happy to take those questions either as individual citizens by email or on the agenda here, and she does want people to come forth with questions and ideas.</p> <p>Discussion:</p> <ul style="list-style-type: none">• Teresa asked if this was a position paper for moving forward.• Cynthia indicated that it was.• Teresa wanted to know what data was used to support the report and where it was located.• Cynthia stated that there was data both from Behavioral Health and from community-based organizations, and that there is a consolidated set of information that was put together by Homebase.• Teresa asked if the Commission would be allowed to see it.• Cynthia said that she would look into it and see what could be done.• Teresa offered one correction for page 7, consumer feedback and family feedback. The Living Room conversations are really important to her, and they were created in Contra Costa County, and this is an adaption	
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	<p>of them.</p> <ul style="list-style-type: none"> • Cynthia asked her to email the correction to her, and she would forward it to Homebase. • Louis asked if it was possible to flowchart the integration more. • Cynthia stated that it was a great idea but can be done in the future. • Duane asked how Cynthia sees the listed examples of integrated services. He wanted a list of all who participated in it, because there were people he knew were there who are not mentioned. • Cynthia asked if he was asking for names of organizations or names of individuals or both. • Duane wanted both. • Cynthia replied that she had a list and could make it available. 	
<p>IX. Mental Health Director’s Report on recommendations to be made to the Internal Operations Committee (IOC) on the revamping of CPAW.</p>	<ul style="list-style-type: none"> • Lauren wanted to know when the report would be given to the Board of Supervisors. • Cynthia said they were supposed to go back within 60 days, but they may have to ask for some additional time. She does want information from the Mental Health Commission as to how they would like to be involved in helping create the structure and the information that they need to take forward. • Lauren asked if they could postpone the issue until next month due to time constraints. • Cynthia stated that if they were held to the 60 days, they would need it earlier, but if they ask for an extension, would ask for an extension just to the early part of June, and that is stretching it. • Doug stated that he has a recommendation from the NAMI board that we adopt eight very specific recommendations. Doug said he would forward those recommendations to the Commission. • Teresa stated that she is confused by the direction of the Committee regarding the Brown Act. She thought that it was a request that CPAW be under the Brown Act and the Better Government Ordinance, and they were told that they already are. • Jill stated that they already started to comply with the Brown Act right after the IOC Meeting. • Lauren felt it was questionable because the Membership Committee did not send out the agenda and abide by the Brown Act or the Better Government ordinance. The reason given by Warren Hayes is that 	

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	<p>they did not have to do this, because it was a personnel matter. We need some clarification, because even within Mental Health Administration, one person says one thing and another says another, and it seems that CPAW is not always abiding by the Brown Act at this point.</p> <ul style="list-style-type: none">• Teresa added that the Commission was invited to attend CPAW, although they were saying at the last minute things like “Go, but don’t sit together and don’t talk.” One reason why she feels so strongly is that she was a five-year member of CPAW, and she really wants the Mental Health Commission to be able to access information at the same time as CPAW so that we can be educated. But if we are going by the Brown Act and they aren’t, that restricts this Commission from attending their meetings and participating in the public process. It also prevents us from receiving education on plans. She did not want Commissioners not to be able to attend, she did not want to have Commissioners have to get up and leave the room, and they have been criticized in writing before by CPAW members about breaking the Brown Act by attending CPAW meetings.• Candace added that as long as everyone is allowed to go to a public meeting, as long as you don’t have members forming a quorum and having a discussion at CPAW about something that is under mental health business, that doesn’t apply. She should have been able to go to that meeting. We could consider in the future that if there is a concern about the Brown Act, we could notice it also at the Mental Health Commission, even though it is not a Commission meeting. She thought that the intent with the Better Government Ordinance is to be overly inclusive and that there was no reason they would not have been allowed to be at a public meeting.• Jill added that the Commissioners can talk, but they cannot have a discussion about Mental Health Commission business. They can give their feedback as an individual, but they are not sitting there as a Commissioner.• Lauren asked all Commissioners to act as citizen advocates, and if they have information that they need to get to the Director of Mental Health on how they would like to see CPAW operate better, to please send their comments to Karen, and they will be forwarded	
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	on to the Director of Mental Health.	
<p>X. Presentation by Peggy Black on Fetal Alcohol Spectrum Disorder</p>	<p>Peggy gave a PowerPoint presentation on Fetal Alcohol Spectrum Disorder.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Lauren asked Dr. Andelman what we were experiencing in our County. • Dr. Andelman replied that the speaker has made it clear that people do not recognize fetal alcohol exposure in our youth. We know that it is a common factor in many of our patients and that alcohol exposure and trauma are assumed as a common predisposing issue that leads them into our system, and we are not treating them any differently and not identifying them. He stated that it is very difficult to determine, because there are some early studies in the 2000s about some MRI studies to identify vascular compromise, but that is not something they want to subject our children to in order to make a determination. Very few children with alcohol exposure are identifiable by what we see in FASD; about 10%. • Peggy stated that there is now a neuropsychological profile that has been developed where there are particular characteristics and symptoms that are characteristic, whether it is an alcohol-related developmental disability or partial FAS, or fetal alcohol syndrome. They can be tested and appropriate modifications and treatment can be made, and that is all included here by the federal government. These are the people who are involved in a revolving door over and over again through homelessness, through mental health, and through criminal justice. As I said earlier, they are very much at risk for being viewed by people who do not have the best intentions. • Lauren asked Vern Wallace if, especially with our children, many of the typical and standard forms of therapy used are not effective, so how is his department working with the children when cognitive behavioral therapy is not working. What steps are taken, as that might be a clue that there is fetal alcohol spectrum. • Vern stated that they do assess for developmental milestones in their standard intake assessment. Right now they have a big push around evidence-based practices, which are not necessarily effective, but they have not formally addressed modifying treatment plans, because generally they are identified by someone 	

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	<p>else when coming into the system. He could only think of about 10 children who, on assessment, a clinician had determined had FASD.</p> <ul style="list-style-type: none">• Peggy pointed out that FASD is only a small percentage, but most of the children with FASD have no outward physical signs, but they have the same brain damage, and 2 to 5% of the population has an FASD, and actually, mental health is the single largest effect. There are children and adults in the system who have an FASD who are misdiagnosed, and when there is a fetal alcohol spectrum disorder, it is automatically the primary diagnosis – all other diagnoses fall under that, because of the need to modify treatment. They are heavily addressed by SAMHSA, but one of the things is the use of charts, the use of art-based therapy, the use of motor movement and combined with verbal and very heavy repetition. If they have the syndrome, it is an individual that has intelligence within normal limits but cannot use that intelligence in everyday life the way that you would expect.• Vern stated that when cognitive behavioral therapy is not working effectively, they typically do implement behavioral practices like charting and rewarding.• Peggy interjected that these practices will not necessarily work with these children. Reinforcement may not work because it may not carry over into their decision-making process without significant repetition and application into everyday life.• Cynthia asked that, in light of the fact that it is difficult to ascertain the spectrum disorder, are there any ideas about better assessment on the front end?• Peggy said it was involved here in the report. In terms of the characteristics of what you would see, there is a differential profile that would give clinicians a suspicion that that is happening. In California, UC San Diego has a clinic, and we now have just had a program at UCSF that is opening on the diagnosis; however, most individuals are not formally diagnosed, but clinicians or people working with them work on the premise of the clear picture they receive.• Gina asked if contracts worked.• Peggy said that no, it does not work. A lot of executive function is affected. The prefrontal cortex is affected, and so you find there is difficulty in judgment, difficulty in cause-effect reasoning, and so that does	
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	<p>affect the ability to use those techniques and have follow-through. These people have not been able to get treatment, and it is brain damage that is involved and not intent.</p>	
<p>XI. Committee Reports</p>	<p>1) Criminal Justice Committee Report -- Evelyn Centeno, Chair</p> <ul style="list-style-type: none"> • Recommend date and sign-up for site visit to the Juvenile Hall. Consider Tuesday, April 14 at 10:00 p.m. There is room for 4 Commissioners in addition to the 3 Criminal Justice Committee members who have signed up. Evelyn stated that there was no time for discussion on this and requested some dates. There are four more slots available. Those interested can sign up with Karen. It is next Tuesday, so those interested need to let her know soon. • Consider support of SB11, an act relating to Police Officer Training Standards. Evelyn stated the reason why they are recommending the Commission support the passing of SB 11 and that they advocate with the Board of Supervisors to inform the Legislature that we want this bill to pass. We believe that implementation of this bill would result both in a better quality training and in improved outcomes of interactions between law enforcement and the mentally ill and/or developmentally disabled people during crisis intervention. Therefore, in the absence of unforeseen costs, they recommend the Mental Health Commission to support and advocate for the passing of Senate Bill 11. • Evelyn moved that as the Mental Health Commission, we support Senate Bill 11. Duane seconded the motion. Discussion: It was asked if the Board is supporting the bill. Candace said that she does not know. She suggested that if it is something for the Board of Supervisors to look at, send it to her office and she will get it to the Legislative Committee to have them review it and determine if they want to put it before the Board or if it falls within the parameter of things we can support. She suggested that as an advisory board to the Board of Supervisors, that they recommend it to the Board of Supervisors and 	

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	<p>that the County sends a letter in support. That would go to our Legislative Committee, and they would make a determination as to whether they can support it. The motion was so amended. Duane seconded the motion, as long as includes other cities in the county as well. Candace stated that this includes the entire county. (Prior to the vote, Dave and Sam left the meeting.) Vote: Yes (12): Greg, Peggy, Louis, Evelyn, Duane, Jerome, Tess, Teresa, Lauren, Barbara, Gina, Supv. Andersen. Motion passed unanimously 12-0-0. No: (0) Absent (1): Diana MaKieve</p> <ul style="list-style-type: none"> • Readdress Resolution Recommending the hiring of a Mental Health Clinical Specialist for the BHC in light of Prop 47 Evelyn reported that they had looked at Prop 47 to revisit their recommendation for a Mental Health Clinical Specialist and decided that in light of Prop 47, they did not need it any more. They found out that clients who qualified for Prop 47 are not the same clients that Behavioral Health handles, so we have to keep working on this. Efforts are being made by our Executive Assistant to invite behavioral health and public defenders so that they could give up more input and information to help us move forward. <p>2) MHSA-Finance Committee Report -- Teresa Pasquini, Chair There was no report.</p> <p>3) Quality of Care Committee Report -- Peggy Black, Chair There was no report.</p>	
<p>XII. Approval of the 2014 Annual Report to the Board of Supervisors.</p>	<p>Lauren asked for a motion that we approve the 2014 Annual Report to the Board of Supervisors.</p> <ul style="list-style-type: none"> • Moved by Teresa. Seconded by Evelyn. Vote: Yes: Greg, Peggy, Louis, Evelyn, Duane, Jerome, Tess, Teresa, Lauren, Barbara, Gina, Supv. Andersen. (Prior to the vote, Dave and Sam left the meeting.) Vote: Yes (12): Greg, Peggy, Louis, Evelyn, Duane, Jerome, Tess, Teresa, Lauren, Barbara, Gina, Supv. Andersen. Motion passed unanimously 12-0-0. 	

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	<p>No: (0) Absent (1): Diana MaKieve</p>	
<p>XIII. Approval of the “May is Mental Health Awareness Month” Proclamation</p>	<ul style="list-style-type: none"> • Moved: Duane. Second by Evelyn. Discussion: Candace asked if they would like her office to move it forward. Karen stated that there was a presentation and some stipulations were attached as to what they wanted done. Jill stated that if they wanted to do a presentation, it needed to be put on the agenda right away to make sure there is a day for the presentation, and asked if Karen was ready for this. Karen stated that they are not ready, because they used the one from last year, because there was not time to get input from the Commissioners, and we did that last year also. Lauren had looked it over and said it was ready to go, so we just need to change 2014 to 2015. She will work with Jill. Jill asked if what’s attached to the agenda is what they want to record. Karen affirmed this, except for correcting the dates. Lauren stated she would get together with Jill afterward, and they may have the head of each of the committees there just to give a brief, 1-minute update to the Commission of what they are doing, and we will then hand the Supervisors our report and our action plans for the coming year. We will formalize this, and hopefully we will have Roberto Roman there also. (Prior to the vote, Dave and Sam left the meeting.) Vote: Yes (12): Greg, Peggy, Louis, Evelyn, Duane, Jerome, Tess, Teresa, Lauren, Barbara, Gina, Supv. Andersen. Motion passed unanimously 12-0-0. No: (0) Absent (1): Diana MaKieve 	
<p>XIV. Commissioner Representative Reports</p>	<ol style="list-style-type: none"> 1) AOD Board – Sam Yoshioka, MHC Representative No report -- Sam not present 2) CPAW – Lauren Rettagliata and Gina Swirsding, MHC Representatives <ul style="list-style-type: none"> • Innovation/Transportation Innovation Proposal Lauren stated that the Innovations transportation proposal is in the packet, and you need to read and be aware that this proposal is proposing to spend \$250,000 of our MHSA funds on this transportation innovation proposal. You should be aware of it, give comments back to Karen of things you may 	

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	<p>agree or disagree on, and we need to also appear at the System of Care meetings at CPAW if we are opposed to this transportation innovation proposal.</p> <ul style="list-style-type: none"> • Housing Report The Housing Committee of CPAW is under reorganization, with Thomas Gilbert from ANKA chairing and Annis Pereyra, past Commissioner, is working on the agenda, We have a team approach now in Housing. Connie and Tess are usually at these meetings. • Gina stated that she went to the CPAW Children’s meeting today, and they talked about the Miller Wellness Center and issues there of its being small and off to the side. Anna Roth was there, and she heard our input on issues with children and meeting their needs there. She thought she really listened to their needs. They also talked about how it looked inside, with nothing on the walls, etc. They dealt with a lot of issues and had their questions answered. We also talked about PES a little bit. Gina thought it worked out well. They also talked about the possibility of opening 4D, whether it is a temporary crisis place for children instead of using PES or opening it as a hospital setting. They talked about a web site for foster care. There is a need to make it a secured place. There was also discussion about how to develop a secure site for the children. <p>3) Contra Costa Inter-Jurisdictional Council on Homelessness Lauren will start attending the quarterly meetings of the Contra Costa Inter-Jurisdictional Council on Homelessness, since she is the Housing Representative on CPAW.</p> <ul style="list-style-type: none"> • Their next meeting is April 17 at 10:00 am at 30 John Muir, Room ZA (1st Floor), Martinez. They meet quarterly. Their next meeting after that would be in July. 	
XV. Adjourn Meeting	The meeting adjourned at 6:40 p.m.	

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