



**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES**
 Hosting the Public Hearing,
 On the Fiscal Years 2017 to 2020
 For the Mental Health Services Act
 Three Year Program and Expenditure Plan
May 3, 2017 – FINAL

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions The Chair of the Commission, Duane Chapman, called the meeting to order at 4:38pm.</p> <p><u>Members Present:</u> Chair -Duane Chapman, District I Vice Chair- Barbara Serwin, District II Supv. Candace Andersen, District II Diana MaKieve, District II Gina Swirsding, District I Douglas Dunn, District III (arrived @4:43pm) Meghan Cullen, District V Lauren Rettagliata, District II Mike Ward, District V</p> <p style="padding-left: 40px;"><u>Commissioners Absent:</u> Sam Yoshioka, District IV Connie Steers, District III Jason Tanseco, District IV</p> <p><u>Other Attendees:</u> Warren Hayes, MHSA Program Manager of Behavioral Health Adam Down, Behavioral Health Services Admin Jill Ray, Field Rep Supv. Andersen’s Office, District II Roberto Roman, Office for Consumer Empowerment Guita Goudarzi, AOD liaison Charles Madison, President of NAMI Sharon Madison, NAMI Kanwarpal Dhaliwal, RYSE Center Organization Kassie Perkins, ANKI BHI Sheri Richards, CPAW Judy Cohen, NAMI Mark Cohen, NAMI Kristen Clopton, CCBH Teresa Pasquini, Family member Robert Thigpen, CCBH Anne Sutherland, AOD Chair Don Green, NAMI PG- Soto Barbara Scott, NAMI Kay Derrico, NAMI</p>	<p>EA-Transfer recording to computer</p>

<p>Melinda Meahan, CCBH Liza A. Molina-Huntley, Executive Assistant for MHC **The attendees had the privilege to hear Mr. Roberto Roman singing at the beginning of the meeting. All in attendance enjoyed his talented voice.</p>	
<p>II. Proclamation to declare May as Mental Health Awareness Month</p> <ul style="list-style-type: none"> • Supervisor Candace Andersen – summarized the Proclamation stated that it was passed on May 2, at the Board of Supervisor’s meeting. All the Board of Supervisors have signed the proclamation and had great things to say about the Mental Health Commission. Her remarks focused on how important it is that we continue to work to destigmatize mental health. Everyone has been touched by someone who has had challenges due to mental illness. We need to continue to advocate improving the lives of those who suffer with mental illness. Provided and presented the official proclamation, on behalf of the Board of Supervisors. Thank you to everyone for all that you do. 	
<p>III. CREATE an ad hoc committee to screen Mental Health Commission applicants, to forward to the Board of Supervisors for approval and appointment.</p> <ul style="list-style-type: none"> • Duane- referred discussion to Supervisor Andersen due to some concerns. We need to remember that the Board of Supervisors appoints our member that is the first step is. The next step should be, but our Bylaws say something different than the Contra Costa Advisory Body Handbook does. I will let Supervisor Andersen take over from here. • Supervisor Andersen- We are in the process of making a brochure, kudos to Liza who made a really nice brochure about the Mental Health Commission. Supervisor Mitchoff did express yesterday that her concern, which she expressed previously, about her desire to appoint Mental Health Commissioners before anyone else talks to them or screened. She doesn’t like that screening process. What she would like to do is to have Supervisors appoint whoever they want to, as long as the person meets the required statutory requirements of being a consumer, a family member or at large. Then any interaction with the rest of the Commission would take place after that point 	<ul style="list-style-type: none"> • The Board of Supervisors will meet and appoint applicants interested in becoming new Commission members • The Bylaws will be modified to mirror the Contra Costa Advisory Handbook regarding applicants processing

through an orientation with the Chair or the Committee members. In the past, we have been doing that at times, we haven't always had someone from the Commission reviewing them first. It is a really important thing to Supervisor Mitchoff so we will be bringing that to the Mental Health Commission, a revision of the Bylaws and to the Board of Supervisors that would change that process to mirror the Advisory Board Handbook. The Supervisor would appoint someone and then after that they can interaction would take place with the Commissioners.

- **Gina-** When I am out in my district and I see somebody, I can approach a person with the brochure. I am in the district with Supervisor John Gioia. Why I am saying that is because I talk to a lot of people and tell them about our commitment. The first thing that they ask is: are the meetings in West County? Because it is hard for everyone to come out, a lot of people have transportation issues.
- **Supervisor Andersen-** This brochure will be very helpful and we want you recruiting members, if you have a vacant seat. Let's let it go through the Supervisor and let them make that decision and then they will meet the Commission afterwards. Please continue recruiting. What Karen was concerned about was a formal recommendation by the Mental Health Commission; she just wants to make that decision, then following that decision the interaction with the Commission.
- **Barbara-** I'm just curious on what her perspective is and what commandeer that she wants that?
- **Supervisor Andersen-** The perspective is that, she is ultimately making the appointment, she wants to make that decision and would rather have potential Commissioners sit in on a Commission meeting and then come talk to me about it and hear about their thoughts regarding the role of a Commissioner. She wants her own independent decision; she doesn't want people to tell her if that person should be on the board. She expressed a strong preference for her making the decision; an appointment can take place and then have an orientation follow up. Historically, we have done the appointment and an orientation done post appointment, with the Chair or an ad hoc committee that explains the full details regarding what the Commission does

<p>and what their roles are. Talking to the person, we never had anyone rejected because of it. For that reason, in reference to Supervisor Mitchoff and then the other possibility would be to send the whole thing to internal operations and have a drag out discussion.</p> <ul style="list-style-type: none"> • Diana- I think one of the biggest concerns that I have about that is that the Supervisor feels to have somebody placed on the Commission is to have somebody in front of their face. We, on the Commission, are very aware of the fact that we are down five Commissioners right now and that makes it difficult for us to do our job. So if we can't get out there and try to find people and recruit, it makes it harder on us. • Supervisor Andersen- Yes you can, with this process in no way do we stop you from recruiting. I think that Supervisor's Mitchoff's concern is having a practice where when someone applies they have to go before an ad hoc committee for a recommendation, as well as meeting her. She did not think that having an ad hoc committee helps. • Diana- So does that mean that we don't have a role or voice in whom comes on to the Commission? • Supervisor Andersen- in a nice way, no. It is her decision on who she appoints for her district and she wants to have the first interface that person has that's going to operate in the role as a Commissioner. That in no way limits Commissioners from going out and recruiting and stating what district openings there are and having that conversation and refer them to their District office. • Doug- In my experience, my name was discussed at the Commission and was issued and appointed by my district supervisor. • Lauren- the procedure was, when I was Chair, was that people could apply through their Supervisor's office or contacting through the Executive Assistance or directly through the CAO's office, they could send an application. The applications were received and our Executive Assistant would verify if they lived in the county and what district they lived in. Then we would interview these people. When I went to my interview there was another gentleman that was also interviewing for the same position and I was interviewed by the whole Commission. I was fortunate that I was picked in the interview. California State law does not 	
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<p>state or outline the exact procedure of the appointment.</p> <ul style="list-style-type: none"> • Teresa- So this is nothing new that I'm hearing here in terms that there's always been some Supervisor's that feel very strongly about this, it's not only Supervisor Mitchoff that has this strong feeling, I believe John Gioia also has that feeling, maybe not as much now as he did at one time. I think that it's unfortunate the Supervisor has the right to self-appoint and direct appoint. I was direct appointed, as Doug just said. I can tell you that I wished that that wouldn't have happened to me that was a very uncomfortable position for me to be in. I actually came into a room; I believe Diane is here, I believe she was the Vice Chair at the time when I appointed. I came into a room full of people that didn't know who I was, and it wasn't friendly, quite frankly, so I think that it's too bad that there can't be some kind of middle ground here? I think absolutely Supervisor Mitchoff is correct, that it is ultimately her decision and that there has always been that power struggle going back and forth. Ultimately you want to make sure that you have public volunteers that feel comfortable coming to a table with people and know what there is, there should be more interchange. • Supervisor Andersen- and that is where I'm hoping with this whole change in Bylaws, that we can have, when someone is appointed that this when we can focus on the orientation, and inform of the duties and responsibilities as a Mental Health Commissioners, this is how they operate, here's an introduction to the subcommittees and their vacancies and coming and sitting in on a meeting before being on the commission. • Gina- like Teresa, I also did feel a little bit out of place. I think one thing that is nice about it, if we tell them what's expected and we let them ask questions and we shared our experience. A lot of it is getting to know each other. • Barbara- Just a couple of things, in terms of that interview process, that ability to interact with the Commissioners was really important, in my experience. I also feel that it shows transparency and that's important. When the application is put out there, it's for a Committee to review. • Teresa- I think it's been almost two years that I was on this Commission and my seat is still 	
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<p>vacant, which is absolutely inexcusable! I am making a public statement to the Commission, as a former Commissioner, that it deeply offends me that such an important position, there has been a lot of community uproar in West County and there is no representative for people, other than Duane and Gina, and I'm still getting phone calls, and so. So I'm happy to say that to John Gioia and I'm happy to say it to anybody, but my point is that if you're going to amend the Bylaws and ask that these direct appointments from the Board, then they need to make sure that happens.</p> <ul style="list-style-type: none"> • Supervisor Andersen- They absolutely do. I agree 100% and I don't want any of this to stop anyone's desire to be out in the community recruiting people. • Duane- so this is what we're going to do- everything is on hold for right now, except we are still going to go out there and recruit people. Keep recruiting. I am going to check with the California Association of local Behavioral Health Boards and Committees and see how other people are doing it and get some support from them and CAL OSHA, and get some support from them and directions from them, in writing, and that way we will then meet with the Supervisor and let her know what we have come across and see if we can come to a happy medium. I think that's the best way to do it. • Supervisor Andersen- I am going to weigh in on this and I am going to peacefully find the least objection that we can still accomplish what we want to do which is to get new Commissioners oriented to the norms of this Commission and get them excited about being here. • Duane- do we need a vote on this? No, we are leaving it as is. 	
<p>IV. RECEIVE introduction to 1420 Willow Pass renovation and CREATE an ad hoc committee for continuing review of the project by Adam Down.</p> <ul style="list-style-type: none"> • Duane- This is a new project that there was some discussion about and Adam will inform the rest of the board. • Adam- Thank you for putting this in a crowded meeting agenda. I often work for the Commission and one of my other roles is that I also work on facilities with the department. Many of you have visited or 	<p>The ad hoc committee will meet with Adam Down, and or Behavioral Health Administration staff, regarding the updates for the renovation to 1420 Willow Pass in Concord. The Commissioners Gina, Lauren and Meghan are the ad hoc committee members and Mike Ward will serve as an alternate.</p>

<p>worked or done something at the 1420 Willow Pass clinic, which is a centered Concord adult's mental health clinic. It can use some work, I think anyone who has visited would agree with that statement. There is an opportunity to improve it, the vocational unit had been downstairs, and it was vacated three years ago. The main area upstairs, on the second floor has been continued to be filled with staff members and clients, it's a very busy clinic and creates an environment that is less than welcoming. We feel like we can accomplish quite a bit with some renovations there and expanding, decompressing staff, into that lower level unit. The process of where we're at right now, we engaged the general service department, professional services, consultation and project feasibility early on. We worked with the employees on site, cross section employees, we had nurses, doctors, clinicians, management and a clerk, everybody sat around and asked- what can we do here to make this better for you? We really zeroed in on a few things, the very important we heard them from Commissioners as they've gone and you can see it when you just walk in yourself. The preliminary design that we put forward for approval- to increase lobby, patient waiting area size, decompression of various staff members in the clinic, improved clerical work function, better patient circulation, additional treatment rooms, and a creation of a welcoming environment, including removing the Sheriff's station that is front and center as you walk in the door. We know that it was important to many people. What I hear today, we are looking at about \$980,000 in total budget. Of that, \$700,000 is construction costs, approximately. What was proposed to the Executive Board, and forwarded to this meeting, was to get an ad hoc committee, assign a smaller number of people that we would like to work, as we move forward, to ensure that the public process has been followed, that you are able to accurately advise and inform the</p>	
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<p>Board and the Mental Health Director and your aware of the project as we promised. With that I would like to turn it over to you for any questions or to appoint an ad hoc committee that I will work with going forward to keep bouncing the ideas and report back to the Commission at future meetings.</p> <ul style="list-style-type: none"> • Lauren- As some of my fellow Commissioners may not be aware that my day work is that I have commercial properties and that I am required, as an owner of commercial properties to work with some of my leaser's to do renovations'. The one thing that I wanted to point out to our Supervisor Andersen is that the County does not own this building and putting in \$980,000 into a building that we do not own maybe warranted but I know that when I have leasers' come to me when they have to do renovations there is usually an agreement worked out because leasers are very concerned that they can put massive renovations and then only have like a three to five year lease. Usually you then negotiate a longer term lease that incorporates the amount of money that the leaser is putting into the building. Also, every time I go into negotiations with the leasers, if flooring, walking and carpeting are in deteriorating conditions, such as they are at the 1420 Willow Pass property, the owner of the property, usually finances the funds of this type of renovation. I am pretty familiar with renovations and what it takes negotiate them. It does seem like a lot of money but I haven't done one in the last five years in California. I would ask the Supervisors since this is a lot of money, every dollar that we spend on renovations can possibly be used for care. I understand that this is coming out of the general fund. • Supervisor Andersen- Do you know the term of the lease that there is on that building? (Adam) • Adam- I believe we are in there right now until 2020? Public Works Real Estate is engaged in this project as well. 	
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<ul style="list-style-type: none"> • Supervisor Andersen- I know we have a pretty good real estate department and let me share some of this with you- the reality is that many of our federal and state programs, we will be reimbursed for lease payments, we will not be reimbursed for a building that we own. So it has been beneficial for us to lease and rent buildings, rather than own them, because then we wouldn't have the reimbursement funds. It is also much cheaper for us to contract, with an outside building with a property management company because they then maintain the building, they provide custodial services and using our own public works labor, to maintain custodial staff is really very expensive when you add all the county benefits. It's generally much more cost effective to lease a building, for its intended purpose but we do have real estate professionals who manage the county's leases and do work out details like getting credit for the property improvements and lease terms. I don't want anyone to think that no one is watching the store and we are just throwing money out here. • Lauren- I had significant questions because on the Oak Grove property that the County did purchase, it seems like sometimes the County isn't making the wisest decisions when it comes to real estate decisions that they make that deal with mental health. • Supervisor Andersen- that's pretty hard if you are going to another location on Oak Grove • Lauren- this is a good location, I am just asking that we really do, do due diligence with public works or whoever is negotiating. Because the building, if they are supposed to be maintaining that building for you? I know that at one time Public Works came in to clean the carpets, the building has been in a very deteriorated state, always has been for the last four years and it's not what I would consider a public building at all. That is my two cents and I just want the very best for the people. 	
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<ul style="list-style-type: none"> • Adam- We are hoping that the ad hoc committee will have a real understanding and we will present this to them. We haven't engaged that far, we have merely scoped out a proposal, that at this point it's still preliminary. That information will be forthcoming, that is the point of forming the ad hoc committee so we can continue to work and make sure that your concerns are met and others concerns are met. • Gina- It's really interesting because in West County they built a new clinic, which is beautiful, it's only medical and the mental health section is at a whole other place. I have visited the Concord clinic, what I like about is that it has the medical part is connected so patients are able to get all the help right there. Where in West County, it's not connected and they have to go to two different places, it's hard to get to and not easy if your handicapped or in a wheelchair. One of the major problems in West County is for consumers to get their lab work done, it's very difficult for them due to transportation and they are on a limited income and have to go to two places. I think it's great that it's combined in Concord. • Lauren- West County is opening up space there. • Gina- yes, that's in process, I know that. • Duane- With that being said, I am going to ask for volunteers from the Commission, to be on the ad hoc committee. Who wants to volunteer for it? Lauren, ok, Gina ok, anyone else, public? • Adam- I would like to propose one of the new Commission members- Michael or Meghan, this a meeting that I can be flexible around your schedules. It does not have to be a set meeting; we can work around and make it work for the people who are involved, if that's ok? • Duane- ok so far I have Gina and Lauren and Meghan, if Meghan cannot make a meeting, then Michael will attend as an alternate. 	
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<ul style="list-style-type: none"> • Adam- we will be flexible around your schedule (Meghan) • Duane- Then that is that, thank you very much for volunteering 	
<p>V. APPROVE minutes from April 5, 2017 meeting Motion to approve the minutes was made by Gina, Doug seconded the motion</p> <ul style="list-style-type: none"> • No corrections required • VOTE: 9-0-0 • YAYS: Supervisor Andersen, Duane, Barbara, Gina, Diana, Doug, Lauren, Mike and Meghan • NAYS: none ABSTAIN: none • ABSENT: Sam, Connie, Jason 	
<p>VI. Duane adjourned the Mental Health Commission meeting at 5:21 pm in the memory of the Behavioral Health Director's father who just passed, Vernon Belon and also in the memory of a young man, who committed suicide, because of the two people we share in a moment of silence.</p>	
<p>I. The Chair, called to order- The Public Hearing on the Mental Health Services Act Three Year Program and Expenditure Plan at 5:22 pm</p>	
<p>II. Opening Comments by the Mental Health Commission Chair- Duane Chapman.</p> <ul style="list-style-type: none"> • Everyone can read, so I am moving on and we will allow three minutes time for each speaker. We are here are to confirm and complete the process. Warren, can you start the process? 	
<p>III. Fiscal Years 2017 to 2020 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan- by Warren Hayes, MHSA Program Manager</p> <ul style="list-style-type: none"> • Warren- First of all, I would like to thank the Commission for putting in a big chunk of their time to host the public hearing which is required by statue and regulations and I believe they are listed here. It has been my privilege to provide support for the stakeholder process that started last summer when our consolidated planning advisory work group did the planning and were the helping hands for our community forums that were held in October, November and December. Those were 	

<p>designed to solicit in several venues interactive dialogue around the needs and priorities for the County regarding mental health. In January and February the information was reviewed, that we got from the community forums as well as to review a quantitative needs assessment that looked at Behavioral Health needs from a little different lens. In March we held a joint meeting, the Consolidated Advisory Planning Workgroup (CPAW) and the Mental Health Commission members were invited to have an informal discussion regarding the draft of the Three Year Program and Expenditure Plan. Then we got into the formal part of the process, whereby we posted the draft on the website, changes were made as a result of the informal discussions with CPAW and the Mental Health Commission members. We then posted the corrected draft, for a public comment period of 30 days. That is required also by law. The Commission then hosts, this event, which is a public hearing, which is a formal event. As much as I would love to get into discussions and dialogue about the three year plan, this event this evening is really for the public to provide comment, as well as the Commission members to provide comment and then have the comments listed from both the public and Commissioners, as it is listed on the agenda. We are in the formal period, which means that if you sent me an email asking why we are doing something, at this point we will discuss it, give me a call. A lot of you take advantage of that and I very much enjoy those discussions, they are off the record but they are really important because this is not a simple process. The Mental Health Services Act (MHSA) dollars have lot of strings attached and I am happy to explain to those who would like a deeper knowledge of how these things come together. This process is all in preparation of the plan. After this evening, we will then provide a formal written response to the public comments that came in the 30 day</p>	
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<p>period, the public comments tonight, as well as the Commission’s comments and any potential recommendations. That will all go into the three year plan and soon as we get a response to those and get it approved by my boss, the Behavioral Health Director, we will send it to the County’s Administrator’s Office for putting the plan on the agenda, for the Board of Supervisors. We hope to have this before the Board of Supervisor’s for their consideration, sometime in June, so that hopefully we have a plan in place starting July 1, which is the start of the three year period.</p> <ul style="list-style-type: none"> • Duane- ok, with that I am first going to ask for public comments, regarding the plan. • Warren- Duane, one last thing here is there is a two page public hearing presentation, that’s in your materials. I had put this together as a two page summary that is in your packet. I can read that into the record if you’d like, the last three years I have read the summary so it shows up in the minutes. • Supervisor Andersen- I don’t know why you need to read it into the agenda to have it part of the minutes? We can hand it over to Melinda and have it be made part of the minutes, unless you really want to read the whole thing in? • Warren- No, this is really up to the Commission folks. • Supervisor Andersen- I have read it, has everyone on the Commission read it? I’d hate to have you recite it unnecessarily. • Warren- I think your points well taken. Right after the draft minutes, which were just approved, which is page six, then the next page is Adam’s report on Willow Pass, but after that is the two page summary. If you have not read it you might want to take a look at while there’s public comment? • Duane- Yes, let’s start the public comment 	
<p>IV. Public Comment regarding the Plan- (Transcribed by Melinda Meahan @47:12 on the audio recording)</p> <ul style="list-style-type: none"> • Duane- I will start first by calling Mr. Charles Madison. Please everyone speak loud 	

enough so we can get it on the recording.
Thank you.

- **Charles Madison-** I want to first thank Warren and his group for finally getting a 3-Year Plan together that is readable. For so many years, you had to hunt all over the document to find out what area you were dealing with, and so now we have a program where you can actually look at something. My hat's off to you. Thank you so much for getting that into the program. Secondly, I want to thank the County and I want to thank CPAW for recognizing and adding families into this. I'm speaking as a family member here, and that we are so happy to see that there is an allocation to support families in the 3-year program, and that's pretty much what I've got to say, so thank you very much, everybody, and thank you, Warren.
- **Mary Ann Andrews-** First, I would like to thank the County, CPAW, and all others concerned that a program to support families has been shown in the budget. It's very important to have families supported through these programs for the health and wellness of their loved ones. I understand family members can be tossed around by the whirlwind that is mental health. These programs help educate families to become aware of how to handle and understand their loved ones. It cannot be easy to have a loved one with mental illness, and how to deal with the effects are not always obvious. When do I call to have my loved one hospitalized, and did I do the right thing? Why these suicide cries? What is real, and what is not real? These struggles and so many more can be overwhelming at best. It is important for family members to know that they are not alone as they struggle with the devastation that mental illness can leave behind. To help them to try to understand something that is sometimes not understandable is no easy task, but with these funds, this task can be started. I know that these funds will go to promote awareness and compassionate

<p>understanding of mental illness as a real disease; so again, I would like to thank you for your support of family members.</p> <ul style="list-style-type: none">• Sharon Madison- I am piggy-backing off of the people who just spoke before me, that I definitely want to express this to everybody, and I really want to acknowledge that the Mental Health Commission, our County, our supervisors, and their recognition of the vital role that families do play in the mental health treatment plans for our loved ones. We've been waiting for this for a long, long time. For some reason, we've been put out in the field like we weren't part of this, and when we look at all these treatment plans and programs and whatever, it becomes quite evident that a lot of the burden of these illnesses falls on the family. So I know I have said this before, but I do want to reiterate this, that I feel that what better gift we can give someone who is living with a mental illness than an educated family. Thank you.• Anne Sutherland- Thank you for taking my comments and questions. I am a local physician. I was appointed as a member-at-large on the Alcohol and Other Drugs Advisory Committee and was immediately elected chairman, so I'm new at this. I'm trying to educate myself. I originally wanted to be of service. So please educate me. I read through as much of this as I could, and just as mental health has been marginalized in the community, I'm getting the impression that substance use disorders are marginalized within the mental health community. Please prove me wrong. I looked through this, and I did not see any services specifically allocated for substance use disorders. We have two full-time paid staff members and a lot of volunteers, and other than that, my impression is that we don't have much in the way of funds allocated. My simplest question is, is anything going to be done about getting rid of alcohol and drugs in homeless shelters, because people with substance use	
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<p>disorders go through rehab; it's an expensive process, a lot of them don't have homes to go back to; their families end up getting wrecked by their disease, and when they go back to homeless shelters, it's my understanding that a lot of these are called "wet"; there are drugs and alcohol in the homeless shelters, and it ends up being a revolving door for these people. The time and money that were spent on them is wasted, because they relapse.</p> <p>The second part of my question is that substance use disorders are now considered to be a mental disability. What's being done to integrate them into the mental health services at large?</p> <ul style="list-style-type: none">• Kanwarpal Dhaliwal- Good evening; I'm with the RYSE Center in Richmond. This is the first time I've been to a Commission meeting. It's good to be here. I've attended CPAW meetings. Also, I want to echo the suggestion/request to maybe also move meetings around to different regions of the County. It is not easy to get here, and for those of us working in other regions, to be coming to Central County 2-3 times a week is actually pretty challenging. I would just ask that consideration. <p>What I want to talk about is a few things. One is just the appreciation of the work, the struggle, the healthy struggle. Sometimes it doesn't feel healthy. It really is sort of figuring out how do we ensure that the most structurally vulnerable communities get what we need and what we deserve. And I know that it is no simple feat to do, and I just want to appreciate that work. And in that spirit, I also offer one of the things that we think is really important to start to look at is the sense and idea of atmosphere of trauma, atmosphere of distress. Our young people in our communities talk all the time everywhere they go that they feel threatened, whether it's the system, whether it's going into Target, whether it's going to City Hall, that fact and there's the stress that's happening all the time. I think we are starting to try to</p>	
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<p>figure out how to address that more holistically. I really want to offer and hope I can work with any and all of you on, on behalf of RYSE, on behalf of the providers that we work with in West County, is how do we really address this holistically so that all the levels of mental health or the distress actually are addressed more holistically when we see the relationship between all of them. I think that sometimes for us what feels challenging about just looking at episodic or individual. Understanding that what happens in our bodies and our minds and our relationships is also related to the social conditions that we're in, and so we really want to push that, and that the solutions are community-grounded, community-rooted. Yes, we all know there's a lot going on in West County, and there's a lot of challenge, and we really feel like we need our services to come from a place of seeing or being part of humanity and not having to be systematized or put into a system before we get anything. Thank you.</p> <ul style="list-style-type: none">• Teresa Pasquini- I actually didn't plan on making a public comment; I came to listen today. But I, too, would like to compliment the Commission and CPAW on the Community Planning process. I have been a part of the planning process for these 3-Year Plans since the inception of the MHSA, and I do see a simpler plan to read and follow. I am also happy to see attention given to the families that the Commission has long advocated for. I'll be curious to see how those plans are implemented and how effective they are. I think it's very important to have family support and education, but it doesn't do us any good to educate on how to navigate a broken system, and I can't emphasize enough how the system is still very broken and fragmented, even though we do have some really wonderful programs in place. I did want to share that I had the privilege of attending a Laura's Law court session last week. Somebody I have advocated for over	
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<p>12-13 months to get into the program was actually finally found. Even though she had hit our Psych Emergency door and/or 4C door 6-7 times and also hospitalized in Marin General and had been referred, but then lost, she was found. I did have the privilege of attending a court session. She had invited me in. I'm not her family member, so we do have a lot of consumers who need advocates – strong advocates – who do not have family members to support them. Gina, this is sort of for you, because I know how you feel about Laura's Law. So I actually pushed – I was told it's a closed session, and I said, "If a consumer is struggling with going to court and they are afraid of going to court, and they have invited somebody to come with them, can we just ask why somebody couldn't be invited in?" And so I was told I had to go and sit in the hallway, which I did do. The Public Defender did invite me in at the request of the consumer. It is supposed to be a consumer-driven process, and so I would like to encourage – I still haven't seen a meeting come forward about our Laura's Law, but the last time I was here, I requested. I haven't seen a community meeting planned. I am really very strongly interested in seeing some changes and some improvements in our Laura's Law process.</p> <p>Last but not least, housing-housing-housing. Housing and transitional care. You all know the story of my Danny. I believe most of you know the story of my Danny. He is currently in an out-of-county placement, and he is doing amazing, very, very well. And as you know, he's been 5150'd over 50 times in his life. The trauma of that is very serious. He's been sent out of County to locked facilities for most of his adult life. This started at 18; he's going to turn 35 in August. We're hoping for him to be able to come back, but I had a conversation with his conservator today, and I don't feel there's a program available in Contra Costa County that would adequately provide his</p>	
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<p>needs. I didn't see anything in this plan that would support consumers who do not require to be in a locked facility that could come back into our community and transition back and be supported. I would strongly encourage the Commission, CPAW, and the Board to explore new contracts with new providers. There are programs out there like Synergy in Morgan Hill. Synergy is opening another program in Sacramento. We have to start thinking outside of the box for the people who have been in a box or locked up, you know, "out of sight; out of mind," for most of their lives, and that is true trauma. I would just really strongly encourage – I don't know if there's anything in the plan; I didn't see anything. I am happy to see the Oak Grove finally come around; however, I would really like to also comment that that's not something really to celebrate, because that was actually on my agenda 6 years ago. I don't know what's taken so long, so that's a little frustrating as well. So I celebrate the good things and the positive things, but we have a long way to go. Thank you.</p>	
<p>V. Commissioner Comments-</p> <ul style="list-style-type: none"> • Duane Chapman- As a Commissioner, I'm glad to see that we are concentrating on the family. Family means a lot to everybody, and I don't tell everybody a lot that I have 3 people in my family that suffer with their mental health, one died, and I have two others that I take care of. Family is very important; to understand to make sure you're doing the right thing. How many times I've called the police. How many times I have fought with my brothers and sister to do the right thing, and when I read this and saw that there was going to be a lot of attention to family, I said, "Right on." However, we still have a lack and a broken service. Yes, we're not perfect. The County is not perfect. But as a Commissioner, I ask you, and as the Chair of this Commission, if you see something that needs to be paid attention to, stop, write it down, and send it to me. Because if it's in 	

<p>writing, it's better than saying it. And then with that, we have something to take to the Board of Supervisors. But you know, people can say anything they want to say. If you don't get up and say it in front of the Board, or you don't put it in writing, guess what? It didn't happen. So I know we have a lot of energy and a lot of concerns, but if you have a problem you think about that young man who committed suicide earlier this month. It took me back, and I want to make sure that as many people as we can save, we do it together. Thank you.</p> <ul style="list-style-type: none">● Lauren Rettagliata- I did submit them via writing, and I will leave Melinda a copy. My first comment is, I have a number of comments, I have drilled down, and I am going to drill down into the housing section. Because housing was cited as the number one thing that needs to be addressed at our Community Planning Process by the people who attended; housing and supportive housing. Yet, if you'll note in the vision statement, there is not one thing that is mentioned about providing housing through our mental health services plan. So I would like that to be addressed. I think there needs to be a statement in the vision that we as a community have addressed housing and supportive housing as our number one need. It wasn't just this year; it's been for the last 3 planning meetings I've been at. In the Needs Assessment on page 10 clearly calls and this is the quantitative study that was done by the Mental Health Department, clearly called for improved capacity to assist consumers who move from locked facilities to community based services. Yet this is not addressed in the Plan. It was called out as being much needed. It was called out in the Quantitative Needs Assessment. It was called out at the Community Planning Process meetings. It has been continually called out at Mental Health Commission meetings. There is no provision for this in the 3-Year Plan. The lack of housing and the correct supportive housing was	
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<p>identified as the number one need. The \$1.7 million funding in the Plan is not new money but old money that was not used. It is designated for permanent housing and not for transitional housing, which is integral to a workable system of care. “No Place Like Home” program funding cannot be used for this essential treatment and care element, so I think we really have to address it, and we cannot wait for the next 3-Year Plan to do this.</p> <p>shelters are listed under housing services. Shelters are not housing. Shelters are emergency services. Shelters need to have their own designation under emergency services.</p> <p>Since MHSA funding is the major source of the shelters, what provision in the County System of Care Plan assures that beds for those with a serious mental illness receive priority? What are we doing to assure that patients from Psych Emergency, Contra Costa Regional Medical Center, 4C, Miller Wellness, and Hope House and Full Service Partnerships have access to this emergency service? MHSA clearly states that the funding is to be directed for the use of those with a serious mental illness – not a mental health condition, not for someone in temporary trauma, but for serious mental illness.</p> <p>This Commission worked diligently for two years to develop a program and fiscal review process. We now have an excellent tool to evaluate every program funded with MHSA funds, that are contracted, and also that are performed by our own county. Of the last seven programs evaluated, all seven were found deficient in effective communication between the contract manager and the contractor. How are we going to remedy this was not addressed in the 3-Year Plan. Almost all of the augmented board and cares had findings that required further attention in quality assurance and staffing sufficient for the program. There were also medication; there were very many deficiencies. So my</p>	
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<p>question is, we should have in this 3-Year Plan, because we knew we had this problem, we should have addressed what are we going to do if we have to shut down an augmented board and care, because this is a real possibility. As you know, I went on some of the facilities. Some of them looked pretty good, but actually there were many recommendations were being made that what was happening was people were being placed out into augmented board and cares and really never heard from again. They were disconnected with their case management. That was noted by Warren's team that went out. So these people may not be using our emergency rooms; they're not really receiving treatment and care, and we may have to shut down some of these augmented board and cares. So my question is I think this 3-Year Plan should address and have money provided for what happens to these people if we do have to go in and shut down an augmented board and care. And my question is, with the tool that we have before us, with the program and fiscal reviews, who is held responsible to see that deficiencies are corrected? Will the contracted agency be allocated the MHSA funding if these deficiencies are not corrected? If we shut down augmented board and cares, where do the residents go? And where is the plan to house these residents if the placement they are currently in is not providing care? Then on page 20, there was an attempt to address housing, and it says, relevant program/planning elements: Sufficient affordable housing for all consumers of Contra Costa Behavioral Health Services is not what MHSA, that these funds cannot really be used, there's no way that we can address the 3,800 homeless residents that we have. But what I'm saying we can't just dismiss that we have 3,800 homeless and say MHSA funding can't address this. MHSA funding is asked to address the housing needs of those who are severely and persistently mentally ill. Where it ends,</p>	
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<p>where we need that critical gap to provide traditional housing for those leaving locked facilities and those who are housed in a full service partnership. In February 2016, full service partners came to a Mental Health Services Act committee meeting and let us know that 10% of those that they serve were homeless. This homelessness was not by choice, I don't believe. I think many times it is because the alternative is an abysmal living situation, many times situated in what we call a drug corridor, many times in room and boards that are bedbug infested, and many times in areas and shelters that are hidden from public view.</p> <p>Supportive housing, on page 38, Shelter Inc. 119 units, \$2.281 million. What is used to assure that those who receive one of the 119 units have received a diagnosis of severe mental illness? I know we used the LOCUS and the CALOCUS, but these units are for the severely and persistently mentally ill, so is a physician's assessment required for these people? How do we assure that the people living in these 119 units are severely and persistently mentally ill? Do we do a check every three years, do we do a check every four years, what do we do?</p> <p>We have now have an MHSA plan for at least eight years, yet we have the same conditions getting even worse. We have to ask ourselves, for 8 years we have had MHSA funding for the limited future, and as you know, the Commission wrote the White Paper and we showed that conditions for the severely mentally ill are not improving in this county. So, is what we're doing the right use of the funding? Though intake times have improved for those with a serious mental illness, treatment time and the ability to see a psychiatrist at the clinics has not improved, and I thank Warren and his team for the placing in the Workforce Education and Training (WET), at least it's an attempt to draw psychiatrists into our county.</p>	
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<p>What method is used by our county to place MHA contracts that are more than \$250,000 out for re-bid at least every five years? Without having a request for a proposal opportunity every so many years, the County loses the ability to be assured that the best services are being provided by the best contractors. I know that, because I've been reading the plans now for five years, I've never seen anything go out for a re-bid on a request for a proposal. I appreciate the time that everyone has had to take notes on this.</p> <ul style="list-style-type: none">● Gina Swirsding- One of the things I'm really glad, looking over the plan, is that because we did have, from my part of the county, they came out to speak on their needs of trauma. Getting help for those, especially those who experience gun violence. I've been talking all throughout the County, mostly with police officers and first responders, paramedics. Because in many aspects of gun violence, the burden is actually a lot on them. And this was my experience, when I got shot at, there is no help. Even though I went to a group, at Herrick Hospital at an outpatient program, and they would never let me talk about it. In my experience with mental health, the reason why I'm mentally ill is because when I got assaulted in 1989, I did not talk, because the person who assaulted me died in the process of it. Not only did I get as being the victim, but also got visited by the homicide detectives. In my mind, I was thinking I was going to jail. And I still sometimes believe that, even though it's been so long. I have this fear that I'm going to go to jail because this person died because I defended myself. When you don't talk, you become mentally ill. So, when I got shot at, I started talking, and that's when actually I think it was good. If you don't, what happens is you have revenge, like I did. Why was I like that? Because actually in reality, I was really suicidal. I didn't care. So why I'm saying this is I've been working with a lot of kids in	
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<p>my area, and a lot of them are traumatized. They're functioning, they're going to school, but a lot of them are traumatized because of gun violence. I'll ask kids' questions and then you see their little eyes open, and they start talking about what their experience is on the gun shooting they experienced. That's why a lot of our gang members go out and shoot each other. So where did I get the help? Not from the psychiatric community, not from the police department, because they disassociate, not by the military, because they disassociate. I ended up talking to gang members, and that's where I got my help. So I started asking around, where is the building, where I could go if I was a victim of gun violence? I couldn't get help because there is no place. There's a place for people who are sexually assaulted, for people with domestic violence, there's places you could go and say, "Hey, I need help." And they can help you through that process, but when it comes to gun violence, there is no place. I read an article about a woman that her daughter was shot, last year, at the Hilltop Mall. The woman is from Mill Valley and the daughter was too. This mom now is going to Richmond from Mill Valley, trying to find out why her daughter was shot. That is a response that people can have. So I don't know what to do but the reason why I joined this Commission was because of just this matter of gun violence; which occurs in every part of this county. Even in Concord and I've heard about it in all different places. It's increasing. So I just think there needs to be a place for people to go and there needs to be a small group. In a small group, where people who were shot at, can talk together about it. Like people with drug and alcohol, you have people who can relate and you get help that way. That's how I get help for my mental illness, talking to other people who have experienced the same thing. I'm joining the Commission again for another three years and this is one area I really want to be</p>	
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<p>addressed. I know it may not be in this budget but I'm already working with some people in my county. I'd like to see this throughout the county, from East County to Central County and in West County. There are a lot of victims out there and they're alone. But I'm glad, I read some of the stuff in the plan and I like it. So I want to say, you did listen to us.</p> <p>Supervisor Andersen- Warren is here to listen and accept the comments</p> <p>Duane- So we need to develop a list of comments and a list comments and recommendations to the County Mental Health Administration and to the Board of Supervisors.</p>	
<p>VI. Develop a list of Comments and Recommendations to the county mental health Administration (MHA) and to the Board of supervisors (BOS)</p> <p>Duane- I think we've heard everything today and I know that we have Melinda here and we have Liza, who will get all this information back to us as quickly as possible. One of the things as a Commission, we're going to hand-deliver the comments that were said today, to the Board of Supervisors and we will ask them to read them, word by word.</p> <p>Warren- Duane, just so you know your statement will be part of the plan.</p> <p>Gina: Can a Community member still go to the Board of Supervisors to express some of their needs?</p> <p>Supv. Andersen: You always can go to the Board of Supervisors. We're down to 2 minutes, because our meetings are so long. You have 2 minutes to make a public comment.</p> <p>Gina: No, before the June thing.</p> <p>Duane: Anyone else have anything to say that you think is important enough to give to the Board of Supervisors? You will go first, you have three minutes.</p> <p>Guita Bahramipour: Could you please describe on page B34, regarding First Hope and the budget is \$1.6 Million. I just want</p>	

to know how they can manage with such a little funding to manage this wonderful program.

Warren: I'd be happy to talk to you in depth about the First Hope program.

Duane: Excuse me, we are not having an open discussion.

Warren: It's an excellent question I'd be happy to chat with you offline in depth about it.

Sheri Richards: I wasn't going to speak; I just wanted to listen and be a fly on the wall, so to speak. I want to say that I've been inspired at this meeting, hearing from AOD, hearing from Gina, that people that are in this Commission and people that volunteer are motivated because they have their own personal stories. For me it's about older adults and I didn't hear that this evening. I wanted that to go on the record. Something that I've said, I think I said it in one of the planning meetings, all the issues of housing, transportation, stigma, discrimination, add old age to that, and the voice for older adults just isn't there. It's my observation. What got me here was just simply curiosity, but it was also coming from a home of being the responsible person, I felt some sense of responsibility to bring back the information to the Older Adult Committee and I'm so glad I came. What is missing is internal advocacy. It would have been really neat if someone in one of the areas said, "Hey, Sheri, this would really be a good meeting for you to go to." Lauren nudged me at CPAW, and I think that was in the back of my mind, maybe this is what she was talking about. So I appreciate any communication, don't hesitate, because new people like myself, I'm learning the ropes, and this doesn't come naturally. People need encouragement to speak up and to voice what they are witness to. Thank you.

Jill: So maybe, Warren, you could just give a little burb on what the deadline is to receive comments on this plan?

Warren: Actually it is. I think Duane

<p>actually explained it quite nicely just now, which is that Melinda is our scribe. She gets all the comments. We then go into lockdown to sort it all out and officially respond to all the comments, and that then goes into the 3-Year Plan that the Board of Supervisors can see what the public comment period, because that started in March, and so this public hearing tonight actually is the culmination of that.</p> <p>Jill: So if anybody has comments on the final plan, go to the Board of Supervisors hearing and make their comments public at the Board of Supervisors, or submit them prior to that meeting?</p> <p>Warren: Yes</p> <p>Supv. Andersen: If you want a response, you have a few minutes left.</p> <p>Kanwarpal Dhaliwal: I would like to see a consideration of the emerging science around chronic stress, chronic trauma across the lifespan, so adverse childhood experiences, all of that. I don't see any of that sort of in it and it's definitely something I think is important and that we have an opportunity to integrate into what we already know. So I'd like to see the chronic trauma, chronic stress, ACEs kind of stuff, trauma-informed approaches be a part of it. I'd also like to really see, for the record, how we are addressing the trauma of racial aggression that plays out in all that we're doing.</p> <p>Gina Swirsding: I want to echo what she said. That's what lacks in psychiatry, is how to treat people with PTSD. I was placed on different types of medications because it mimics other things. My psychologist, who is a specialist for PTSD, was constantly fighting on my behalf, to get me off the medication that made me worse. I couldn't sit and watch my favorite TV shows because PTSD mimics other mental illnesses so I was given the wrong medication which made me very aggressive. Being placed on the wrong medication can make a person more aggressive or even suicidal. When my psychiatrist, who worked at the Veterans</p>	
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<p>Administration, fought for me to be finally taken off the wrong meds, I got better. There are a lot of medications and psychiatrists and they all handle trauma differently. It's about finding the right doctor, to prescribe the right medication. They need to know how to handle people that have been through trauma. Especially if a person is older and taking other medications, due to other health problems, this is something that does need to be evaluated.</p> <p>Duane- Alright, with that, on behalf of the Commission, any other comments? The only thing that I am going to ask everybody else to do is to make sure that you get one of these brochures. Especially all of you that came to visit today, become a Commissioner, and come have some fun. Like I so love, it's not a ten hour job, ok. If there is nothing further and we are all in agreement?</p> <p>Commissioners- Yes!</p> <p>Duane- Then I call this meeting to end.</p>	
<p>VII. Public Hearing was adjourned at 6:20 pm</p>	

Respectfully submitted,
Melinda Meahan, Clerk-Senior Level and
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration
*FINAL MINUTES APPROVED ON 6/7/17