

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
Wednesday August 1, 2018 – First Draft
At: Pittsburg Health Center**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Commission Chair Barbara Serwin called the meeting to order at 3:43pm</p> <p><u>Members Present:</u> Chair- Barbara Serwin, District II Supervisor Diane Burgis, District III Duane Chapman, Vice Chair, District I Diana MaKieve, District II Douglas Dunn, District III Sam Yoshioka, District IV Tasha Kamegai-Karadi, District IV Lauren Rettagliata, District II Julie Ann Neward, District III</p> <p><u>Commissioners Absent:</u> Gina Swirsding, District I Geri Stern, District I Leslie May, District V Joe Metro, District V</p> <p><u>Other Attendees:</u> Dr. Matthew White, Acting Director of Behavioral Health Services, Medical Director, Psychiatric and Behavioral Health Erika Jenssen, Assistant to the Director of Health Services Jan Cobaleda-Kegler, Adult Services Program Chief for Behavioral Health Services Amanda Dold, Integration Services Manager for Behavioral Health Services Susan Waters, Family Support Worker for East County Adult Clinic Morvarid Naghshineh, Health Services Planner/Evaluator level B Mark Goodwin, Chief of Staff for Supervisor Burgis-District III Jennifer Quallick, Field Representative for Supervisor Andersen- District II Stephanie Chenard, MPA- Health, Housing and Homeless Services Warren Hayes, MHS A Program Manager/Executive Team member Robert Thigpen, Adult- Behavioral Health Family Services Coordinator Liza A. Molina-Huntley, EA for MHC</p>	
<p>II. HEAR presentation on Trauma-Informed Care System- Amanda Dold, MFT, Integration Services Manager for Behavioral Health Services</p> <ul style="list-style-type: none"> • Amanda- the initiative is important and critical for systems change. There is a seven Bay Area collaborative with an organization named Trauma Transformed or “T2,” from Oakland, CA. T2 serves as a clearing house to all seven counties that are involved in the initiative. The T2 initiative is focused on trauma informed systems change for: behavioral health, public health or hospital and health centers. The role of T2 is to train cohorts in all the counties, to be able to give Trauma Informed Systems 101 training. Last summer there was the first training of 13 individuals. The training is called Trauma Informed Systems 101 it is a three and half hours training. The training is focused primarily on systems change, delivering patient care is part of the training. • How do we make our systems more traumas informed? The training starts with staff that is the goal of the training? The expectation is that the trainers that received the training continue to pass on the training, for more staff members to receive certification. Contra Costa Behavioral Health started conducting trainings, for the workforce, since March of 2018. The Executive Team and Management received the training in January of 2018. • The plan is to deliver the training to over 500 employees within the Behavioral Health Division. Each training session has 30 staff members, monthly, alternating one region at a time. • Referred to attachments. Attachments demonstrate the guiding core principles of 	<p>*see attachments in 8/1/18 meeting packet, found online at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p> <p>** anyone is interested in volunteering their time for the Rapid Improvement, week event, please contact Erika Jenssen at: Erika.Jenssen@hsd.cccounty.us or Dr. White at: Matthew.White@hsd.cccounty.us</p>

trauma informed care. The foundation of the training are the two principles: **“Understanding Trauma & Stress”** and **“Cultural Humility & Responsiveness”**

- Attachment “Trauma Inducing-to-Trauma Reducing” suggests the triggers of trauma.
- Many systems are “Trauma Organized” and the goal is to move the system into a “Trauma-Informed” system and ultimately a “Healing Organization”.
- A healing organization would entail, being reflective, making meaning out of the past, growth oriented, prevention oriented, collaborative, having equity and accountability and relational leadership.
- The trainings are scheduled, to November 2018.
- Amanda Dold offered the training to the Commission and is available to help coordinate the training.
- Doug- is the training available for Community Based Organization’s (CBO’s) staff?
- Amanda’s response: many of the trainers, work for CBO’s and have been presently receiving the training
- Sam- do you have a more proactive approach and intervention, before the trauma inducing happens? Is there any data that trauma training makes a difference, in terms of hospitalization or visits to the Psychiatric Emergency Services (PES)?
- Amanda’s response: that is the goal and part of the work is starting with the training to the entire workforce. Naming that it is part of a trauma informed system helps recognize it in a different way. We are trying to be proactive by delivering the training to everybody. The next step is to have a leadership cohort and a group of champion staff members to infuse the principals and the work, in the day-to day work life at the clinic level. T2 does have some data. The training is geared more towards system change and change among staff. After the training has been completed, we would be able to identify that trauma training, helps clinicians respond better to clients and hopefully prevent less usage of PES and hospitalizations.
- Diana-can you give an example of what will look different with a trauma informed action, what is expected from people to do differently?
- Amanda’s response: one of the main takeaways is to think of people in terms of what has happened to them, as opposed to what’s wrong. The work is to stop and think, what has happened to this person, think about the bigger picture of what is in the person’s history, what has happened and what is contributing to the behaviors, that make the individual respond a certain way. The approach fosters compassion and context, allowing a better sense of where the individual is coming from. Teaching people to respond differently.
- **Dr. Jan Cobaleda-Kegler, Adult System of Care Program Chief-** the movement of trauma informed systems change, there is a lot of data on how trauma affects the stress level and an individual’s physical health. There is data, that corroborates that a lot of illnesses that people suffer from, some have been caused by stress that has been caused by trauma. Trauma is a public health issue. That is what brought the collaborative effort together, to obtain the grant from SAMSA, to see how we can work across the seven counties to share information and learn from one another on how we are responding to trauma, in different ways, in services. It is a growing movement.
- **Barbara, Chair of MHC- thinking of people who are empathetic, how is this training adding value to those individuals?**
- Amanda’s response- there are two thoughts: even those individuals that are empathetic do experience burn-out and the training does help to refresh the principals. Secondly, what is different about this training is the infusion of cultural humility, addressing racial and gender equity as part of the bigger picture. If that is not done, then we are really not being trauma informed, that is an area that everyone can benefit from. Cultural humility, as opposed to cultural competence, by receiving a cultural competence training, it does not mean that the work is completed, the journey of learning more, is continuous. Everyone has the opportunity to benefit from the training.
- **Barbara, Chair- how long of advance notice is required to reserve the training?**
- **Amanda- at least a month, before the training, to coordinate and prepare**

III. RECEIVE Behavioral Health Services report- Dr. Matthew White, Acting Director of Behavioral Health Services and Medical Director

- The Mental Health Child/Adolescent Program Chief has been selected, Gerold Loenicker, LMHFT. He was the Program Manager for the Central Child/Adolescent Mental Health clinic; has a lot of diverse experience, known to be an excellent collaborator, with colleagues and stakeholders. He will start his new role around August 13. Barbara (Chair of MHC) and Duane (Vice Chair of MHC) were involved in the process.
- Congratulated the SPIRIT class graduates, 50 participants graduated
- Regarding the BART stabbing and Mr. Cowell, the incident has triggered a general discussion in the division, about the scope of criteria that allows an individual to be in the Assisted Outpatient Treatment program (AOT), including the interpretation of some of the criteria
- **Lauren-** referred to legislation; AB1971 a bill that was brought forth by parents with severe and presently mentally ill family members, because it is very difficult to conserve an individual, too difficult. Conservatorship can be for 30 days, three months, six months- during that period, the individual can be provided the intensive treatment that they may need, to get better. The bill is receiving a lot of push back from disability rights advocates. The definition of grave danger needs to be redefined. As a mental health director, a well written letter, submitted within the next week, can have tremendous effect on this bill.
- **Doug-** two additional points were added: 1) a doctor would have to certify that a person is about to die within six months, in order for the conservatorship petition to be made and will be limited to Los Angeles County for the first five years. The Senate Appropriations Committee is considering, going back to the amended version and make it statewide, so that the likelihood of further medical deterioration or death would be a consideration. The meeting will be on August 6, he will forward the latest information, including the letter created by NAMI Contra Costa in support of the bill, to Dr. White
- **Dr. White-** calls, led by Emergency Medical Services (EMS), across counties and state, for aid in the affected areas due to the fires. There is a designated Emergency Preparedness person on staff that calls daily to neighboring counties to offer behavioral health services to support and aid the affected population. It is an ongoing alert, for neighboring counties to volunteer to offer therapy services to affected areas
- **Duane-** expressed concern for Susan Wilson that lives in Redding, affected fire area. Susan facilitated the MHC retreat in 2016 and 2017.
- **Dr. White-** the Value Stream Mapping (VSM) event in June at the East County Adult Mental Health clinic will be followed with week-long Rapid Improvement events. VSM is a way to internally examine the system in place; recognizing that there are workforce issues that enable, in meeting the needs and being able provide better access to care. By looking at the system, it allows disclosures in the system of care process to be analyzed for change, identifying where improvements can be made. The VSM process starts with a team of 20 people from different disciplines across the county, both within the behavioral health system and outside of the system. The team follows patients through the services in the system of care. Team members are assigned to different areas, within the system, such as: the ACCESS Line department to observe how phone calls were being handled, the Miller-Wellness Center, PES, to primary care clinics to see the different ways people enter into our system of care. Incoming patients were asked questions: example- what is it like to check-in? What happens next? Were follow up appointments made and in what time frame? The team noted all the comments, continuing for a total of four days, to map out the process in the system, leading to the "current state map". An extensive flowchart of how patients and staff flow and move throughout the current system. The aspirational part, was imagining if we were a customer service oriented organization and we were designing a system that was customer friendly, what would that system look like? Looking into the future and imagining what would the ideal patient and family centered system of care could be. During the observation process, it was noted that it does take a longtime to see a Psychiatrist.

<p>Another noted observation was the first, initial visit, is an intake visit. It is not a value added experience to the patient. There are several filters and blocks to access to care, versus a more customer friendly approach. The test and trial will be at the East County clinic, before making the changes across system wide.</p> <ul style="list-style-type: none"> • The Rapid Improvement Event is to figure out what needs to change, how to change it and then how to implement the change. How to unburden the initial visit, by making it patient friendly, provide care and be more efficient. Can the changes, occur throughout the entire system? • Dr. White- also informed that Erika Jenssen, Assistant to the Health Services Director, is leading the evolution of the events, along with Dr. Chris Farnitano, continuing the process of change with staff leaders within the division. Amanda Dold, MFT Integration Services Manager and Adam Down, MPA Ethnic Services and Training Coordinator are the leaders and part of the team. There are short-term and long-term projects that are needed. The RI event, the team comes together to focus on a goal or area, for the week. The first RI event will start on September 10 the focus will be “building and testing the team model”. Building the team model and making the necessary adjustments as needed, throughout the week. • Erika- is helping to lead improvements across the entire health department. The first Rapid Improvement event is when we test ideas for a week. Trying very hard not to schedule the events during any holidays, so that stakeholders can attend and participate, apologized for any scheduling issues • In process of assembling a group of people within the Behavioral Health Division to focus on improvements and overall improvement structure. The group will be responsible for assuring that there is accountability for the changes being implemented. The teams will be working on improvements, reporting and coordinate the changes system wide, after successful implementation has been accomplished. The focus of the team will be the patient’s first visit, after the change is fully implemented, it will be accountability and keeping the system going. • The Rapid Improvement event will be September 10-14, with the Report Out event on September 14, at noon, at the Pittsburg Health Clinic • There will be a Leadership Advisory Team, will invite the Board of Supervisors to identify people to participate on the team, invites the Mental Health Commission to identify two people to participate on the team, will invite NAMI and Behavioral Health Partnership, Community Based Organizations, Human Services Alliance, SPIRIT graduates and reaches out to attendees to invite family members to participate in the event. The week-long event requires attendees to attend every day, 8am to 5pm the first three days and the Report Out event on the final day. If anyone is interested in volunteering their time for the week event, please contact Erika Jenssen at: Erika.Jenssen@hsd.cccounty.us or Dr. White at: Matthew.White@hsd.cccounty.us • Would like to look at other places that do have a comprehensive first visit. Request if anyone knows of any places or models, that should be viewed or considered, please provide the information to Erika Jenssen to review. • Duane- provided scenario of a homeless individual, without a phone or computer, wanting and needing services- are walk-in patients provided with services? • Erika- drop-in care is another consideration for testing • Susan (East County clinic, Family Service Partner for BHS) – drop-in patients do come into the clinic and assessments are provided. If an assessment cannot be done at that time, a next day appointment is made available. It is hard to access homeless patients the CORE team has been really helpful and brought patients into the clinic. Some appointments are coordinated with case managers and shelters • Lauren –suggested AOT patients may want to participate in the event 	
<p>IV. RECEIVE update on Behavioral Health Services support to the City of Richmond and the Greater Richmond Police Department for a statement of policy and procedures of how abatements are conducted- Duane Chapman, Vice Chair-MHC</p> <ul style="list-style-type: none"> • Duane- referred to occurrence of cleaning a homeless encampment in Richmond. Would like there to be better communication, with stakeholders, to observe and be aware of, before the event occurs. How should we be involved? Several other considerations should be taken into account, before 	<p>**Item for MHC October 3 meeting: Continue discussion and determine MHC role and involvement in abatements throughout the County</p>

<p>displacing homeless. Where will these individuals be going? Is care on standby, readily available for these individuals; (i.e. - food, health care, mental health care, shelter space) Another homeless displacement is in the process of being scheduled. There is not a shelter available, with accommodations for pets. The homeless population is growing and stakeholders need to be involved</p> <ul style="list-style-type: none"> • Dr. White- Behavioral Health staff members were given instructions to be on standby, not engage, by the Richmond Police. A larger coordinated effort needs to be made, include the CORE team, and have plans for providing options for the homeless and inform stakeholders • Supervisor Burgis- interactions and coordinating with law enforcement, the CORE team, and Behavioral Health Services and communicating expectations, timelines and protocols, on how to do the process right, has been part of what needed to be done. Mentioned incident in East County, homeless were removed by Public Works, due to code enforcement. Unfortunately, other agencies were not contacted to offer assistance. A lot of prep work needs to be done and more communication and we are working on improving. It is an opportunity to help people, rather than make their lives worse • A light is being placed on what needs to change • Duane- researched the county policies, procedures were not followed and some of the policies need to be updated or changed. A sign/notification should be posted, informing a three-day period to leave or be removed. We need to make certain that everyone in Contra Costa County is on the same page. Asks that for the October 3 agenda, to continue the discussion regarding what role the MHC should undertake and how to be more involved. 	
<p>V. DISCUSS MHC election process for 2019 Chair, Vice Chair and Executive Committee-Liza M. Huntley, Executive Assistant to the MHC</p> <ul style="list-style-type: none"> • EA- Read the Bylaws, out loud, section 1, Article VI, which refers to the MHC nomination and election of officers (Chair/Vice Chair) and three Executive Committee members (section is included in the meeting packet) – opened forum for questions • Supervisor Burgis- asked if the Vice Chair and Chair reverse roles for the incoming year, to maintain continuity. The process should not have to be specified in the bylaws to enact. Leadership that stays in place for a long time can become problematic as well. It is important to keep things flowing. Can more than one person be nominated for a position? • Jen Quallick- agreed and confirmed that other Committees do automatically reverse roles to maintain continuity • Barbara- agrees with following continuity and informed that Duane (current Vice Chair) served previously as the Chair and that roles were reversed, in the election last year. It is easier for some to make a one year commitment, rather than a two year commitment • Duane- would like the County website to change the statement that as Commissioners will only need to serve 10-15 hours per month. Commissioners spend a lot more than 10-15 hours per month, serving on the MHC. We need to make sure that our bylaws reflect what we really want. As the Chair person, you set a goal, what would you like to see accomplished during the year? • Sam- last year, the Nominating Committee nominated themselves to the position. I am wondering, if the person is going to be on the Nominating Committee, can they not vote for themselves to being the Chair, Vice Chair or Executive Committee? We need to know the rules • Barbara- requested clarification • EA- it is not stated in the MHC Bylaws, that a person cannot nominate themselves, any Commissioner can volunteer to serve in the position, and if the person is elected into the position, by a majority vote. More than one person can be nominated, for each position available. 	<p>**the Nominating Committee consists of : before the October 3 meeting, members will be receiving nominees, volunteers and consents to serve The Nominating Committee will announce the selected and consented nominees</p> <p>**the election will occur during the November 7 MHC meeting. Commissioners will elect, votes will be tallied and the 2019 Chair, Vice Chair and three Executive Committee members will be announced after the voting takes place by the new EA</p>
<p>VI. REQUEST MHC Commissioners to volunteer, for the NOMINATING COMMITTEE for the 2019 slate of Commission leadership: Chair, Vice Chair and Executive Committee –</p> <ul style="list-style-type: none"> • Barbara- requested volunteers to form the Nominating Committee 	<p>**the members of the Nominating Committee are: Lauren Rettagliata, Tasha Kamegai-Karadi and Duane Chapman (three to five members are</p>

<ul style="list-style-type: none"> EA- at least three volunteers are required to form the Committee, up to five members can serve on the Committee. At least three volunteers are required, to form the Nominating Committee, up to five. The volunteers to form the Nominating Committee are: Lauren Rettagliata, Tasha Kamegai-Karadi and Duane Chapman. All agree to meet in late August, or as soon as possible 	<p>required to from the Committee) **the Nominating Committee members will meet in late August, or as soon as possible, to recruit nominees and obtain consents to serve from nominees</p>
<p>VII. REQUEST an additional Commissioner to volunteer for the Bylaws Task Force Committee- Sam Yoshioka, District IV MHC Commissioner</p> <ul style="list-style-type: none"> Sam- there are currently four members on the Bylaws Task Force: Duane Chapman, Leslie May, Gina Swirsding and Sam. Sam requested and wants one more volunteer, to have five members on the Task Force Barbara- volunteered to serve on the Bylaws Task Force 	<p>**The Bylaws Task Force members are: Barbara Serwin, Duane Chapman Sam Yoshioka, Gina Swirsding and Leslie May</p>
<p>VIII. DISCUSS proposal to advocate to law enforcement for always requiring a medical evaluation a Psych Emergency Services (PES) of people when they possess a weapon and/or who pose harm to self/others at the scene of a call for involuntary hospitalization (5150)- Lauren Rettagliata, MHC Commissioner</p> <ul style="list-style-type: none"> Lauren- this is a request for us, as the Mental Health Commission, to draft a letter and send the letter out to all law enforcement agencies in our county (approximately 23 different police departments). It can be done through the Police Chief's Association, to address this This is very necessary because over the last two years, has received two disturbing phone calls from the community, pertaining to a person, with psychosis. As stated by Lauren, people with psychosis can snap out of their symptoms, when the person sees a law enforcement officer. Police officers can leave a scene, leaving behind a potentially dangerous situation. \ It is her opinion that the County has one of the best Psychiatric Emergency Services (PES) in the state, believes that PES is underutilized and needs to be more utilized. We actually have a psychiatric unit, in a hospital. We need to educate police officers, although they do receive good training, more about mental health issues, listen and believe the parents, not just the child, and send the child to PES to be evaluated and receive treatment. More lives can be saved, get people into treatment and get people conserved Would like for more people to advocate for the issue, previously stated Doug- another consideration that is part of the tool box, and it's not being utilized throughout the state like it should be is AB1194. AB1194 did change the 5150 code, section .05, to require law enforcement, and clinicians in a 5150 crisis situation, to consider the persons mental health, documented, history and not just to the limited consideration of eminent harm to self or others. AB1194 became in effect on January 1, 2016 Lauren- The previous statements, made by Doug, needs to be part of the letter Dr. White- pertaining to the language, where such a letter can be written, the proposal – “require a medical evaluation at PES...” this might be confusing. Offered to provide language to provide clarity Lauren- will write the letter and forward it to Dr. White, for proofreading Supervisor Burgis- the trauma, for law enforcement, when situations do occur is pretty harsh as well. Concerned with the legality of the action- maybe write a letter to ask how to make or collaborate to make changes or a policy. Law enforcement may not be fully aware of the tools that are available, regarding mental health. If law enforcement is not fully aware, they will air on the side of caution, they might not be sure that they can. Lauren- clarified that the intent is not to set policy, but to be more information to our law enforcement agencies, that they there are more options. Does believe that the letter would give law enforcement agencies a deeper understanding that they can because there is very important legislation that they might not be aware of. It is important that they act, especially if the person has a weapon, that is where the person's rights should end and the community's rights begin. Mark- another consideration is the temporary restraining order process for removing weapons from the home, is a relatively recent bill (2014), if the 	<p>MOTION: “propose to draft a letter, for the Commission’s consideration, to be sent to the Police Chief’s Association, that will enable them to discern those who need to go to PES, because the person is in possession of a weapon or pose harm to self or others, at the scene”</p> <p>PASSED VOTE 9-0-0</p> <p>Diana MaKieve made the motion, Lauren Rettagliata seconded the motion</p> <p>**Lauren will coordinate the efforts to draft the letter</p>

<p>officer is not comfortable doing a 5150 hold, they do have the capability to apply the temporary restraining order</p> <ul style="list-style-type: none"> • Duane- let's try something different, let's invite the Chair of the Chief of Police Association and each district's or region's representative, so they can be the liaison for their departments, for first responders. Maybe they need training. • Barbara- the letter is a good place to start, send it out, give time to respond, then an invitation. Requested a motion to recommend the writing of the letter. • Diana MaKieve moved to motion, "propose to draft a letter, for the Commission's consideration, to be sent to the Police Chief's Association, that will enable them to discern those who need to go to PES, because the person is in possession of a weapon or pose harm to self or others, at the scene" Lauren Rettagliata seconded the motion. VOTE: 9-0-0 YAYS: Supervisor Burgis, Barbara Serwin, Duane Chapman, Diana MaKieve, Lauren Rettagliata, Sam Yoshioka, Douglas Dunn, Tasha Kamegai-Karadi, Julie Ann Neward NAYS: none ABSTAIN: none ABSENT: Leslie May, Joe Metro, Gina Swirsding, Geri Stern • Barbara- Lauren will coordinate the efforts and forward to Dr. White for proofing, only to provide clarity. The letter will be written first and brought back to the Commission for approval. The invitation will be made after. The letter is a good starting point, to communicate what the context is. The letter can be refined at the October meeting • Lauren- vision is to write the letter and have it available for the discussion at the same meeting when we have law enforcement, because then they can weigh in on the discussion • Supervisor Burgis- supports inviting the Chair of the Police Chief's Association to discuss with the Commission, to discuss the letter, mental health and interactions • Diana- the biggest concern is leaving the parents with the responsibility for someone that had a weapon and was threatening physical harm. I have heard the stories from the parents. We need to look at how to write the letter in a way that highlights the danger for the parents, to the police officers, so that it is understood 	
<p>IX. RECEIVE Commission liaison reports and special meeting reports:</p> <ol style="list-style-type: none"> 1) AOD Advisory Board- Sam Yoshioka (AOD) 2) CPAW General meeting-Douglas Dunn <ul style="list-style-type: none"> • Met on 6/21/18- considering the MHSA 2020-23 Three Year Plan • Top areas of concern are: homelessness, family support and serving underserved populations. • There will be five to six quarterly, community forum meetings 3) AOT Workgroup Meeting- Douglas Dunn <ul style="list-style-type: none"> • Met on 6/21/18, co-chaired with Ronnie Potts, RDA Consultants will be issuing their report in October. It will later be forwarded to the Board of Supervisors for consideration for extending the program. Announced the next meeting date. 4) Bylaws Task Force-Barbara Serwin 5) Ad hoc Data Committee- Barbara Serwin 	<p>Interested in serving as a volunteer on the Mental Health Commission? Apply online at: https://ca-contra-costa-county2.civicplus.com/6408/Boards-and-Commissions-Database</p> <p>* The next AOT Workgroup meeting will be on October 12, at 10-11:30am, at 50 Douglass Drive, in the Sequoia room, in Martinez</p>
<p>X. MOTION to APPROVE minutes from July 11, 2018 meeting Diana MaKieve moved to motion, Douglas Dunn seconded the motion to accept the minutes. VOTE: 9-0-0 YAYS: Supervisor Diane Burgis, Barbara Serwin, Duane Chapman, Diana MaKieve, Julie Ann Neward , Lauren Rettagliata, Sam Yoshioka, Doug Dunn, and Tasha Kamegai-Karadi NAYS: none ABSTAIN: none ABSENT:, Leslie May, Geri Stern, Gina Swirsding, and Joe Metro **Dr. White: made note to correct, section VI, (page 3 of 7, third bullet point) to add "to work at PES"</p>	<p>*view final minutes on MHC website at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>XI. Public Comments- none</p>	

<p>XII. Commissioner Comments-</p> <ul style="list-style-type: none"> • Lauren Rettagliata- regarding Proposition 2, (to be on ballot in November); will take 7%-10%, of MHSA funding, from the severely and mentally ill. The money will be diverted into the program- “No Place Like Home”. The interest that will be paid for \$2 billion, with the bonds that will stretch out over a lifetime of 40 years, looking at a pay back of \$5.6 billion. The question is, being a large county; we may end up paying a lot more of our money and not getting as much of it back. The problem is that the housing is not going to the severely and mentally ill. The Proposition is written towards the mentally ill, are described between 16% -25% of our population. The MHSA money is set aside for the severe and persistent mentally ill. The Governor took \$650 million last year, to cover in home support services. The government continues to want to grab at the funds that are set aside for a specific population for a reason. The number of people with a severe and persistent mental illness is not going down, it’s going up. Full Service Partnerships need to be funded, assertive community treatment, more is needed and AOT. We have to fight for the funding because the programs are always full, as advocates, why are we losing money from the most vulnerable population. The fund is being robbed, putting the most vulnerable at risk. We are asking for the Secretary of State and for the Department of Justice to listen to us, as parents of children with severe mental illness. There is a huge fiscal impact and towards our most vulnerable citizens. • Doug- NAMI is taking a very strong position in opposition of this Proposition and lists why it is a bad idea for the state and for the county on their website • Julie Neward- District III Commissioner: a family member of a person that is mentally ill, severely handicapped and a crime victim. Julie referred to herself as a very strong advocate and activist. Shared that she will be speaker on August 30, at the National Sexual Assault Conference in Anaheim, CA. How to elevate the message of the sexual assault epidemic of people with disabilities? Also runs a nonprofit for adult siblings of people with disabilities, often times overlooked. The principals of the Trauma-Informed System really resonated with her. Siblings are often left as care-givers at a very young age, and as they become adults, are also left to care for aging parents. It is important to consider future planning, it is very important. Would like help, from the Commission, to elevate the message or redirect towards another direction, to help put energy into systems change 	
<p>XIII. Chair Announcements/Comments:</p> <ul style="list-style-type: none"> • Stated another reminder of the MHC retreat. • There will not be a regularly scheduled meeting, on September 5. • The MHC retreat on 9/26/18, is in lieu of the 9/5/18 meeting • Welcomed rep from the District II office, Jen Quallick • There are three Commissioner vacancies all three are Consumer seats. Strongly encourage everyone to recruit. There is a new SPIRIT graduating class, follow up with Jennifer Tuipulotu, Coordinator for the Office of Consumer Empowerment (OCE) • Regarding the tragic stabbing of the two young women at BART last week, direct to statement by the Cowell family, their story of prolonged severe mental illness, on the kron4.com website: www.kron4.com/news/bay-area/family-of-bart-stabbing-suspect-releases-statement/1321217205 • Lauren- the family had a very long history of trying to get help for their son • The new Executive Assistant, Sara Kennard, will start on August 20 we will be meeting her at the Committee meetings. • Thanked and farewell to the outgoing Executive Assistant, provided flowers 	<p>MHC retreat will be on September 26, from 3pm to 6:30pm, at Vicente/Briones High School 925 Susana Street in Martinez, CA. Everyone is invited to attend</p>
<p>XIV. Adjourned Meeting @6:58pm</p>	