



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**MENTAL HEALTH AND  
 SUBSTANCE USE SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



**MARIN COUNTY MENTAL HEALTH BOARD**  
 March 10, 2015 @ 6:00 P.M.  
 20 North San Pedro  
 Point Reyes Conference Room  
 San Rafael, California 94903  
**M-I-N-U-T-E-S**

Larry Meredith, Ph.D.  
 DIRECTOR

Suzanne Tavano, Ph.D.  
 DIVISION DIRECTOR

20 North San Pedro Road  
 Suite 2021  
 San Rafael, CA 94903  
 415 473 6769 T  
 415 473 7008 F  
 415 473 3344 TTY  
[www.marincounty.org/mh](http://www.marincounty.org/mh)

**MENTAL HEALTH BOARD**

**ATTENDEES:** Everett Brandon, Aida-Cecilia Castro Garcia, Sandra Fawn, Narayan Khalsa, Robbie Powelson, Marvin Mars, Katie Rice, Gary Schepke

**STAFF:** Suzanne Tavano, Director, Mental Health & Substance Use Services  
 Bonnie Barrett, staff, Mental Health & Substance Use Services

**GUESTS:** Cesar Lagleva, Mental Health & Substance Use Services  
 Maya Gladstern, Marin Advocates for MH; Tatum Wilson; Hugo Landecker

TIME	SUBJECT
6:00 PM	CALL TO ORDER at 6:05 p.m.
6:05 PM	INTRODUCTIONS: Introduce Board Members
6:10 PM	<ul style="list-style-type: none"> <li>REVIEW AND APPROVAL OF MEETING MINUTES: No changes; Approval of minutes <b>Vote: Unanimous Aye – Motion by Marvin Mars and Second by Katie Rice</b></li> </ul>
6:10 PM	OPEN TIME FOR PUBLIC COMMENT: <ul style="list-style-type: none"> <li>No public comments</li> </ul>
6:10 PM	MENTAL HEALTH & SUBSTANCE USE SERVICES: <ul style="list-style-type: none"> <li>DIRECTOR REPORT: Dr. Suzanne Tavano – Reports that CMS seems prepared to approve Drug/Medi-Cal 1115 Waiver. The opportunity was shifted to Bay Area counties, giving them first chance to opt in; allowing Marin to build a continuum of services while supplying federal dollars. Co-occurring access will become more readily available due to the increase in Medi-Cal eligible through the Affordable Care Act. Through the D/MC Waiver, money will be available to expand the types of services offered, creating greater capacity, more programs, and an increase in contractors. Thus providing increased services to more clients.</li> <li>Marin is hosting the Bay Area Regional Directors meeting on March 19, 2015 with the 1115 Waiver the topic of discussion.</li> </ul>

	<ul style="list-style-type: none"> <li>ASAM (American Society of Addiction Medicine) is providing the guiding principles for D/MC which are client driven, based on a recovery model. MHSUS is moving forward with their new Mobile Crisis &amp; Triage teams. Triage is up and running with referrals coming in. Outreach &amp; Engagement are actively engaging with clients and hoping to coordinate with local jurisdictions through bi-directional communication and collaboration. Recruitments and hiring's are on-going for the new programs. While PES is part of the crisis continuum, with the additional services in place they are hoping to intervene before a client goes to PES. Care teams, interwoven with MHSUS, try to divert from hospitalization. The Care Team II serves W. Marin and San Rafael clients. Crisis Mobile will offer services county wide, providing a method of response when folks call in for outreach to clients who can't/won't come in to access services.</li> <li>Discussion of updated MHSUS org chart</li> </ul>
<p>6:30 PM</p>	<p>REVIEW AND APPROVE BYLAWS:</p> <ul style="list-style-type: none"> <li>Sandra Fawn discussed revision of MHB Bylaws as approved by county counsel to change membership committee language. <b>Vote: Unanimous Aye – Motion to Approve by Gary Schepcke and Second by Katie Rice.</b></li> <li>Ensuing discussion of the governing rules which state there must be 50% plus one of the entire number of board members for a quorum. Request to modify the current number of seats from 16 to 12. Katie Rice will bring recommendations to the Board of Supervisors for approval. <b>Vote: Unanimous Aye – Motion to Approve on quorum rule by Katie Rice and Second by Gary Schepcke.</b></li> </ul>
<p>6:35 PM</p>	<p>ETHNIC AND UNDER-REPRESENTED GROUPS OUTREACH - DIALOGUE:</p> <ul style="list-style-type: none"> <li>Cesar Lagleva, County Ethnic Services Manager – Discussed outreach strategies, interest to get engaged in MHSUS from consumers and family members. Inquiry about number of qualified candidates for boards and committees, the level of interest, needs and desires of the Mental Health Board.</li> <li>Impact of Cesar's role on community integration and diversity. How to get involved with key organizations and coalitions, outcome objectives.</li> <li>Through Prop 63, established committee to broker relationships bringing diverse community voices. Identified key folks who will play a good role in policy decisions on committees and boards.</li> <li>Identified a lack of penetration and understanding of systems. Need for general and targeted outreach &amp; engagement. Learning about key community leaders, development of relationships and building of trust; need for visibility to sustain.</li> <li>Working with conclaves to identify underserved communities; talking to residents in housing complexes and senior/community centers. Cesar</li> </ul>

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	<p>has been connecting with multi-disciplinary groups in Marin City, affinity groups, grassroots organizations, housing advocates and school administrators. He is working with partners delivering services in communities and establishing services in pockets of communities. Currently there is a system of care in Marin City, which has its own network for informal support. San Rafael has Canal Community Alliance and Pickleweed Community Center. Identified sensitivities surrounding mental health and substance use issues. Discussion of ethnic services and training – communities would like assistance in developing their own workforce. Quality of care and consistency needs to be developed. Mutual benefits are to be found in training local workforce to provide education &amp; training skills for SMI (severe mental illness).</p> <ul style="list-style-type: none"> <li>• While trying to build QI (Quality Improvement) in underserved communities, lack of services and resources were identified in the LGBTQ community. Challenges included sensitivity to privacy. There is an emergence of transitional aged youth, as the consumer base is getting younger.</li> </ul>
<p>6:55 PM</p>	<p><b>CELEBRATING THE UNCELEBRATED:</b></p> <ul style="list-style-type: none"> <li>• Sandra Fawn, Chair – Updates and needs. AOD Advisory board is co-sponsoring the CTU event. 2 members of the board volunteered to assist. Invitations going out at the end of March. 60 nominations have been received, judging panel in place. Venue confirmed.</li> </ul>
<p>7:00 PM</p>	<p><b>MEMBERSHIP COMMITTEE:</b></p> <ul style="list-style-type: none"> <li>• Robbie Powelson - New applications and recruitment strategies. Two possibilities for new members. There has been some interest by referrals from Cesar Lagleva. Discussion of committee changes; designations and how they should be addressed. Consumers and family members have the ability to call and make a public records request to find out which positions are open.</li> <li>• Recommendation for presenting documents to public in open time. <b>Vote: Unanimous Aye – Motion to Approve by Gary Schepke and Second by Everett Brandon.</b></li> </ul>
<p>7:05 PM</p>	<p><b>CALMHBC – LEGISLATIVE COMMITTEE:</b></p> <ul style="list-style-type: none"> <li>• Robbie Powelson – “Scared straight” program has been found to increase incidents of recurrence, contrary to belief of viable intervention program.</li> <li>• Legislation SB 614 recognizes Peer &amp; Family Specialists as a category for Peer certification.</li> <li>• AB927 – Establishes accountability for nursing facilities in “change of ownership” situations.</li> </ul>

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<p>7:10 PM</p>	<p><b>HOMELESSNESS REPORT:</b></p> <ul style="list-style-type: none"> <li>• Gary Schepcke – Kudos to “Home for All” group, which is starting to see positive things happen.</li> <li>• Chronic homelessness is a big problem, with numbers differing between federal and state on those with disabilities and SMI. Most money is spent on chronic homelessness.</li> <li>• Supportive housing shows significant cost savings on incarceration, etc. Dr. Tavano is working on related data.</li> <li>• Showers are available at Ritter for the homeless.</li> <li>• Service providers have bus tickets.</li> <li>• MHSUS Triage team is to start addressing homeless issues.</li> <li>• Per Dr. Suzanne Tavano, San Francisco is using a model of moving homeless communities as a group, rather than breaking them up when moving to supported housing facilities.</li> <li>• There is an identified core group of troubled individuals in the criminal justice system that do not come to supportive housing, therefore the only services they receive are from jail; partly due to mental health and substance use issues.</li> <li>• Helen Vine has repeat offenders, although some folks do want to get off substance use. Need to look at increased capacity for people wanting help. While they have added beds, identified need for funding to keep cohort from growing.</li> <li>• Attempt to address chronic inebriates and look at the ability to distinguish between MI and SU psychosis. Folks must be engage able and want to get sober, in order to achieve sobriety. Facilities are needed to address issues aggressively, as Helen Vine does not have capacity.</li> </ul>
<p>7:25 PM</p>	<p><b>YOUTH MENTAL HEALTH SERVICES COMMITTEE:</b></p> <ul style="list-style-type: none"> <li>• Robbie Powelson, Narayan Khalsa – Drafting Resolution about young people being involved in services.</li> <li>• Youth feel segregated from decision making, lacking interface between actual services and input.</li> <li>• Tay clients must constantly advocate for their own needs; people who are unable to do so, experience no input or contributions for giving voice to consumer. Wish to have youth involved with treatment services.</li> <li>• No age limit or barriers to serve on boards and commissions; challenges include more outreach for inclusion.</li> <li>• Per Dr. Tavano, having the voice of TAY clients be heard should be part of formulizing a system as clients not being heard can't benefit from services provided.</li> <li>• There are discrepancies with what providers are saying and perception of consumers, contributing to disconnect between the parties.</li> </ul>

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7:35 PM	<p><b>SITE VISIT REPORT:</b></p> <ul style="list-style-type: none"> <li>• Robbie Powelson, Marvin Mars – Report on HOPE program, which serves adults 65+ years and older. HOPE is a full service partnership with case managers, peer counselors and peer counselors providing in-home services. Currently serving 40 clients in the FSP, with medication clinics serving more. Peer counselors, matched with clients, provide 1:1 support. This is a very successful program.</li> <li>• Identified concerns include boundary issues separating friendships and professionalism. Partnerships with private providers and managed Medicare recipients, dilemma being uncompensated care as some services are not covered by Medicare. Currently, only one Marin psychiatrist accepts Medicare.</li> </ul>
7:45 PM	<p><b>NEW BUSINESS:</b></p> <ul style="list-style-type: none"> <li>• Potential speakers for upcoming meetings – Sean Stephens, County Veteran's Services Manager. Patty Lyons, supervisor of HOPE program, HOPE Peer Counselor.</li> <li>• Gary Schepcke – Call back on housing issue, exorbitant impact fees before you can start building.</li> </ul>
8:00 PM	ADJOURNMENT

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