1. **5:30 P.M. - CALL TO ORDER**
   The meeting was called to order by Chair Linda Fosler at 5:38 P.M.

2. **INTRODUCTIONS**
   **COMMISSIONERS**
   **Present:**
   - Heather Deming
   - Maribel Ferreira
   - Linda Fosler
   - Cathy Gutierrez
   - Jesse Herrera
   - Anthony Ivanich
   - Alma McHoney
   - Mario Ramirez
   - Rosa Gonzalez-Rivas

   **Absent:**
   - Sydney Johnson
   - Maria Leon
   - Supv. Christopher Lopez
   - Mark Lopez
   - Margie Sokotowski
   - Cortland Young
   - Hailey Dicken-Young

3. **AGENDA ADDITIONS, DELETIONS AND CORRECTIONS**
   Commission Clerk Andria Sumpter announced a public comment letter addressed to the Commission was received and distributed to the Commission and public. In addition, handouts for agenda item No. 7 – Receive update on Training Strategies to Support Clinical Workforce Development and agenda item No. 8 – Behavioral Health Director’s report was distributed to the Commission and public.

4. **PUBLIC COMMENT**
   Theresa Sullivan, Director of Alliance on Aging which has a Senior Peer Counseling program funded by the Mental Health Services Act (MHSA)- Prevention & Early Intervention (PEI). The Alliance on Aging is a member of the Monterey County Behavioral Health Contractor’s Association in addition to the Central Coast Center for Independent Living.

   Casey Powers, Division Director of Program Services with Interim, Inc. shared the great work their Assertive Community Treatment (ACT) program is doing providing mental health services to clients with severe mental illness in the Salinas and South County regions through the ACT model. Commissioner Ramirez is their Peer Specialist. It is a multidisciplinary team that provides bilingual services. Monterey County is one of the first in California to implement the ACT model which is a more holistic/wrap around style program.
Rita Acosta with the Salinas Homeless Union suggested that staff from the Behavioral Health Bureau go out in the community either before or after the city conducts their sweeps because they take a toll on the residents.

Wes White with the Salinas Homeless Union spoke about the cars program and the (SMIH) program to sign people up for housing. The city conducts a lot of sweeps and it would be a good preventative measure to sign people up for cars. The city’s ordinance says that within 72 hours they are supposed to have a service provider come and assess them into cars, but it never happens. These sweeps happen 2-3 times a week to the same people, resulting in them losing everything they own. If it could be set-up to where residents are at least case managed to get immunity from being swept. A discussion needs to be had about bringing in porta-potties and showers, power charging stations in order to reintegrate people back into society.

5. **ACCEPTANCE OF MINUTES**

It was moved by Commissioner Ferreira, seconded by Commissioner Herrera to approve the October 24, 2019 meeting minutes and passed unanimously, with the revision to the language on page three (3) under the section, “Discussion and questions,” in the second bulleted item: change word “pediatric” to “child and youth mental health beds”.

6. **APPROVE BHC 2020 MEETING SCHEDULE:** Draft schedule was provided by the Commission Clerk.

**Discussion of Commissioners and questions from those Commissioners present included:**

- Can the King City meeting be moved to earlier in the year due to work schedules surrounding the Holidays affecting making it to the meeting on time (Day Light Savings Time), in addition can see if this helps increase attendance.
- The previous Soledad meeting location (Soledad High School) is no longer available for public use, Commission was asked by County Staff if it wants to continue to meet in this area.
  - It was suggested by a Commissioner to keep a meeting in Soledad, and not meet in King City.
  - It was stated by a Commissioner that it is important for the Commission to meet in King City, there were good turnouts there in the past, the Commission concurred that meeting earlier in the year could better.
- It was suggested by a Commissioner to meet at CSUMB-Marina Campus for the October meeting.
- It was asked if one of the remaining Marina meetings (April/August) could be moved to Seaside/Carmel/Monterey/Greenfield/Gonzales. The point was also made that the Seaside community differs from the Marina community.
  - The Village Project was noted as a good meeting location in Seaside.
- The following edits were proposed to the calendar and the Commissioners concurred: meet in King City in March; Seaside in August; Soledad in September; and CSUMB-Marina Campus in October. The next meeting scheduled for January 2020 will remain at 1270 Natividad Road where a revised calendar will be submitted for the Commission’s approval.
7. **INFORMATION:** Receive Update on Training Strategies to Support Clinical Workforce Development

Jill Walker, Ph.D., Training Manager with the Monterey County Behavioral Health Bureau (MCBH) gave a presentation referring to the power point/handouts provided: *Training Strategies to Support Clinical Workforce Development; MCBH Trainings FY 2016-17 to Present; and Foundations in Cultural Competence (Dr. Matthew Mock).* Key points included:

- **Slide three (3) – Clinical Workforce highlights:**
  - The Psychiatric Social Worker (PSW) position has three (3) levels
    - PSW-1: does not yet have their license
    - PSW-2: generally, has their license
    - PSW-3 (Senior PSW): has their license and may be assigned to help with projects
  - There are approximately, 200 PSW and a total of, 400 positions within BH, including administrative and clinical.

- **Slide four (4) – MCBH Is a Training Organization: PSW New Hires**
  - These numbers show new hires are coming straight from graduate school, with a significant number coming from California State-Monterey Bay (CSUMB).
  - The 19-20 column final numbers are pending, this fiscal year ends June 30, 2020.
  - The increase in total new hires/newly graduated is a result of
    - The close partnership with CSUMB; and
    - BH made streamlining the hiring process to minimize the number of candidates lost to other organizations.
  - A challenge is that half of the new workforce providing most of the primary care for BH clients are straight out of graduate school, resulting in MCBH being a training organization.

- **Slide six (6) – Shared Vision of Care: Values in Action under Guiding Principles**
  - Fair & Equitable speaks to where services are in addition to offering resources in languages best suited to the targeted community audience.
  - Community Integrated can mean having services in the community in addition to in working with people, they are being connected back to their everyday life (i.e. linking with mentors at Boys & Girls Club, join a sports team, engage in a community support group).
  - The Guiding Principles are grouped into three (3) sections:
    - Seamless describes that services provided to clients is universal across all Systems of Care and departments within BH.
    - Person-Centered means that all services provided focus on clients making decisions based on what’s important to them and their lives (with caveats for safety).
    - Strategic allows for checks and balances via feedback between provider and client.

- Lucero Robles, Deputy Director with MCBH has taught a class/seminar at CSUMB for students who receive MHSA funding and are focusing on a career in MCBH.
New Employee Training (NET) (slide seven (7)) encompasses both administrative and clinical staff.

The core/interventions trainings are currently geared towards MCBH staff, but in 2020 will be opened up to providers.

NET includes a client panel, the Success Over Stigma Panel from Interim Inc., where employees can engage with clients.

Training for MCBH staff is moving toward being a skill-based approach with end goal of being able to assess if those skills have been acquired.

- Example of a class is: *Foundations in Cultural Competence* course, created in conjunction with Dr. Matthew Mock (see handout); allows staff to open dialogue about diversity and inclusion issues.

In the Implementation Model for Evidence Supported Practices (ESP) (slide 13):

- Phase Three would involve MCBH Supervisors facilitating the monthly labs.
- Phase Four involves ESP, which have assessments to determine if the practices are being implemented as they were designed are effective. It is an area of biggest need for MCBH.

**Discussion and questions of Commissioners, Staff & Public present included:**

Question was asked by a Commissioner if there is information on how much of the BH staff is bilingual?

- BH staff responded that information from Human Resources indicates about 40% of MCBH staff has passed the County’s test to be a bilingual provider. There is also staff that is bicultural, but not bilingual.

The Commissioner followed up to include concern that the County’s bilingual test is very basic, and it would be a challenge to provide therapy and family intervention with that level of bilingual capacity.

- BH staff acknowledge this point and that it could impact the level of care provided and asked for ideas on what would be a better assessment tool.
  - It was suggested that a panel of bilingual individuals (inside/outside of County) provide assessments that could be implemented during training/development sessions.
  - BH staff also stated that during initial interviews, applicants are asked if they are bilingual, and their level of comfortability with the language. In addition, management asks questions in Spanish that are clinical in nature.

A Commissioner asked if the Evidence Supported Practices (ESP) include community-based practices? It is important to look at the strategic plans developed in the Prevention Projects for the different populations across the state.

- Jill responded that there are three kinds of practices:
  - Evidence Based Practices (EBPs) which have research behind them.
  - Practice Based Evidence which have been found to be very helpful, but do not have research behind them, or the research conducted is based on a “pure client” (ex: only having one diagnosis) and are therefore limiting.
  - Community Defined Practices which are a natural way of looking at healing from a cultural perspective. It could also be something that a community actively does, not defined by culture.
Jill stated, there will be a leadership change in the Cultural Competency Committee meeting, a new ethnic director will be coming on board. Would like one of the committee’s major focuses to be helping to add to the MCBH training plan in regard to adding more community reach education.

A member of the public stated that recommendations were previously made for the safety of the community via the Cultural Competency Action Plan to address situations such as the police involved shooting with Salinas Police in March 2019. It was recommended that community members be first responders. It has been requested that MCBH staff focus on community driven best practices as there are unserve, under-served and unrepresented communities. Regarding whole person care, individuals affected by the local city sweeps do not have the ability to regain quality of life. Cultural Relevancy, access and immigration are supposed to be funded by the MHSA do not have data driven focus because the culture outlined on the Cultural Relevancy Action Plan that were not integrated and funded and no innovation research has been done, if MCBH staff follows up and implements the recommendations that a consultant to the County asked for which dealt with the homeless, displaced from various racial backgrounds.

Chair Fosler responded that the public comment letter sent before the meeting had been received and distributed; for formal consideration of recommendations to the BHC, the item will need to be scheduled and placed on the agenda, once the spokesperson has alerted the Secretary that you are ready to present the item.

8. INFORMATION: Receive a Report from the Behavioral Health Director

Lucero Robles, Deputy Director gave a presentation on behalf of Dr. Amie Miller referring to the handout provided: Director’s Report – 11/21/19. Key points included:

Discussion and questions from those present included:

- Will a more extensive community planning process (for MHSA) also provide training on the budget?
  - Chair Fosler responded that each of the community meetings has started with an overview of the MHSA (what it is and major components).

Follow-up statement from a member of the public included the request for the commission to create a Steering Committee for the MHSA Planning process. The same individual asked whether this information will be posted on the website, outlying benchmarks?
  - MCBH staff confirmed this information could be posted to the website.

9. INFORMATION: Receive the Commissioner’s Reports/Updates

Chair Fosler attended MHSA meetings: Focus Group-MH Needs for Seniors and the District 1 Regional Forum, which were well attended. Community members were excited for the opportunity and provided good input. A common theme between both meetings was the importance of bi-cultural and bilingual and putting services into the community-go to where the people are.

At the recent Maternal Mental Health meeting, five priorities for the upcoming year were established and they are focused on Cultural Competency. Members from the private practice sector were in attendance who communicated that the private sector is in the dark ages in regard to maternal mental health due to our culture having the underlying assumption that no matter who you are, if you are female, you are born knowing how to
have and care for a baby. This results in women not coming forward for help when in need of (especially) mental health.

- Comm. Herrera shared the ACOMI conference is scheduled for January 25, 2020 in Soledad. On January 13, 2020, the National Association of Social Workers (NASW)-Central Coast Chapter is sponsoring a training on working with Transgender clients. In February there will a training on preparation for licensure. He encouraged MCBH to partner with NASW in some of their trainings; partnership between the public and private sectors can enrich services across the County.

- Comm. Deming would like to see presented to the commission is how the clinical/clients allowed to come into the program partner with all of the activities? While training is important, how about those that have the needs? Perhaps there will be data on how this works by having the clients interviewed or allowed to be kept track of, so they become a part of the entire program. The strategies presented today are exciting, would just like to know how they work.

- Comm. Ramirez confirmed the effectiveness of the CBT and RAF, Interim studies that with their ACT program.

- Comm. Gutierrez is looking forward to attending some of the remaining MHSA community meetings. Agrees that strengthen the relationship between private and public sectors.

- Comm. Ferreira attended the MHSA Regional Forum for District 2 and reiterated that input revolved around services being brought into the community. Suggested there be a handout for the public to have that outlined the process of how to get an item on the commission’s agenda. Lastly provided comment regarding the recent stabbing on Clay St. near the YMCA. It is anticipated there will be some backlash towards the homeless and mental health communities; she is experiencing it through the court system and hopes that the commission and the MCBH will be prepared to address those issues/questions coming from the media, public and court system. If needed providing press releases to take the lead to educate the community.

**ADJOURN**

The meeting was adjourned at 7:03 p.m.