

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
Wednesday, August 2 2017 – FINAL MINUTES
At: 550 Ellinwood, Pleasant Hill, CA**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Commission Chair Duane Chapman called the meeting to order at 4:35pm.</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II (4:39pm) Supervisor Candace Andersen, District II Diana MaKieve, District II Lauren Rettagliata, District II (left at 6:11pm) Sam Yoshioka, District IV Gina Swirsding, District I (4:43pm) Michael Ward, District V (4:40pm) Douglas Dunn, District III Patrick Field, District III (left @5:45pm)</p> <p><u>Commissioners Absent:</u> Connie Steers, District IV Meghan Cullen, District V</p> <p><u>Other Attendees:</u> Cynthia Belon, Director of Behavioral Health Services Division Elizabeth Andersen Jennifer Tuipulotu, Interim Program Director of OCE Roberto Roman, OCE Quincy Slatten- SPIRIT program Brandon McGuire- SPIRIT program Janet Costa- SPIRIT program Gloria Menjivar, West County Adult Mental Health Robert Thigpen, Coordinator for Adult Community Partners Ann Isbell, Evaluator for Behavioral Health Services Administration Haley Wilson, CPAW and SOC co-Chair Guita Bahramipour, AOD Advisory board Linda Velarde, family member Ronda Deplazes, family member Adam Down, MH Project Manager Victor Montoya, Program Chief of Psych Emergency Services (PES) Jill Ray, Field Rep- District II Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p>EA-Transfer recording to computer</p>
<p>I. Chair announcements and comments:</p> <ul style="list-style-type: none"> • Duane- Updated version of the Brown –Act Regulations was provided to the Mental Health Commissioners and can be found on the website for public viewing: https://www.cacities.org/Resources-Documents/Resources-Section/Open-Government/Open-Public-2016.aspx The Brown-Act Regulations will be discussed during the Mental Health Commission’s retreat/training. According 	<p>*Mental Health Summit handout provided at meeting on 8/2/17. Please view attachment.</p>

<p>to the Brown-Act Regulations, ad hoc committees do not need to have an agenda posted, nor invite the public. Please read page 14 of the “Open & Public V: A Guide to the Ralph M. Brown Act, Chapter 2: LEGISLATIVE BODIES, under the heading “What is not a legislative body for purposes of the Brown Act?”</p> <ul style="list-style-type: none"> • There will be a Mental Health 2017 Summit on September 19, featuring full day and half day (morning) session options. Registration will start at 8:00am and will be at the Lafayette Veterans Memorial Center at 3780 Mt. Diablo Blvd in Lafayette. • Mental Health Commission’s 2017 retreat/training is for all, including new Commissioners and the public, and it will be on Saturday September 16 from 10am to 3pm. The California Association of Local Behavioral Health Boards and Commissions (CALBHBC) donated money to fund the lunches for the any CALBHBC members, out of Contra Costa County, that wish to attend. The training is free, but lunch will not be provided for the public. If anyone who is not a Commissioner or a CALBHBC member wishes to purchase their lunch, they must contact and reserve their space and order their lunch by or before September 7. Contact the Executive Assistant, Liza Huntley, via email at: Liza.Molina-Huntley@hsd.cccounty.us . Space is limited to 50 attendees. The cost for lunch will be approximately \$10.00 for a sandwich, chips and bottled water. A lunch flyer will be sent to those who are interested, prior to the event or attendees can bring their own lunch, if desired. • The MHC retreat/training event will take place at the IBEW Union Local 302 building at - 1875 Arnold Drive, in Martinez. • The retreat/training will be videoed, if you plan on attending, you will need to sign a consent form to be videoed during the training session. 	<p>*Please view handout provided at meeting on 8/2/17, regarding MHC retreat/training flyer for event on 9/16/17</p>
<p>III. Public comments (3 minutes per speaker)</p> <ul style="list-style-type: none"> • Jill- Spoke to Anna Roth, the Chief Executive Officer for Contra Costa Regional Medical Center and oversees Detention Mental Health as well. They will be starting a Value Stream Mapping process for Detention Health Services in Contra Costa County and has asked for a representative from the Mental Health Commission to be part of the process. The meetings will start on August 28 through September 1, 2017. Provided copies of invite letter, from Anna Roth, to Commissioners during meeting and encouraged Commission participation. • Barbara – stated what a great opportunity it is for the Commission to participate in. • Linda- A member of the public regarding family member with mental health issues and reaching out to inquire regarding obtaining assistance for mental health services in the District III area, in Brentwood. Although she has private insurance, stated that hospital’s primary concern is not with the family member’s mental issues, but more so with the monthly income of her family member. Expressed various complaints regarding staff members at Kaiser and other hospitals. Concerned with the lack of knowledge, empathy and experience of mental health professionals. Would like to know how the Mental Health Commission can do to help and change the broken system throughout the County. Does the Mental Health Commission create change and correct processes? Mr. Victor Montoya, Chief at Psych Emergency Services, was present to offer assistance • Jill- suggested contacting the District Supervisor in her area of residence, to discuss her statements during the meeting 	<p>*Handout provided at meeting on 8/2/17. Invitation requesting MHC to participate in the launch of VSM- sent by Anna Roth, RN,MS,MPH and Chief Executive Officer of CCRMC. Meetings will start on Monday, August 28 thru Friday, September 1. (*see attachment)</p>
<p>IV. Commissioner’s comments (3 minutes per speaker)</p>	

<ul style="list-style-type: none"> • Doug- NAMI will have a fundraiser on Saturday October 7, "NAMI IN MOTION WALK" at the Pleasant Hill Park in Pleasant Hill, from 9am to noon • Patrick- mentioned concerns over the rising costs of medications and the decline in assistance. Medicaid is not covering costs for patients. • Sam- reminded everyone that September is "NATIONAL RECOVERY MONTH" and the theme is: "Join the voices for recovery, strengthen families and communities" 	
<p>V. MOTION to APPROVE minutes from July 11, 2017 meeting Gina moved to motion, Mike seconded the motion</p> <ul style="list-style-type: none"> • No corrections were needed • VOTE: 10-0-0 • YAYS: Supervisor Andersen, Duane, Barbara, Gina, Doug, Sam, Lauren, Diana, Mike, Patrick • NAYS: none ABSTAIN: none • ABSENT: Connie, Meghan 	<p>*Post final minutes to MH website at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. RECEIVE and DISCUSS Strategic Plan for Behavioral Health Services with the Director of Behavioral Health, Cynthia Belon (*see attachment)</p> <ul style="list-style-type: none"> • Cynthia- the Behavioral Health Division was formed six years ago, during the development and changes of the "Affordable Care Act." The goal is to continue to find ways to improve patient care and look at the systems of care that share patients, due to overlapping issues. The idea of taking the mental health system, alcohol and drugs, and at the time, the homeless system and creating one division. Shared patient's interests, needs and care, providing comprehensive care for the individual in need of assistance. Now, six years after, in January 2017, the Strategic Plan was implemented by the Division. The plan was developed through various phases, to bring the plan to fruition. Referred to page seven, in the plan, there are three main phases that are identified. The first phase initiated in 2012 to 2013, developing systems in process orientation and development and planning and research. These were major activities, some Commissioners and stakeholders, were involved in some of the processes. Consideration is towards formal integration and the ability to be able to provide: "every door is the right door, in comprehensive care for individuals, taking a look at the person as a whole." Part of the initial phase was to create the mission, vision and guiding principles, which included the community at large. A tool developed in 2012, assisted all the programs under the division to be able to assess the activities, of the programs, in relationship to providing co-occurring services for patients and it continues to be utilized throughout the division. Another creation, by the community, was a tool known and utilized as Service and Program Integration Design Teams (SPIDT). To work on integration and include recovery and resiliency services to the community, including trauma informed. The facility- El Portal was a pilot program, in West County, adding a homeless services provider and an alcohol and drug counselor to the mental health clinic. • Phase two of the plan started in 2013 to 2015, a deeper analysis and alignment of the policies and priorities that were being identified through the SPIDTS, the steering committee and the programs completing the encompass EZ tool. We focused on integration activities, working closely with primary care and identifying implementation of behaviorists, to immerse them into the health centers settings. CHC2 in Concord, the first example of a primary care site, that also included a staff member who had 	<p>* Contra Costa Behavioral Health Division 2017-2022 Strategic Plan. Please view attachment provided at meeting on 8/2/17</p>

the ability to provide resources and assessment around alcohol and drug, as well as homeless services. That was the first example as far as integration between Behavioral Health and Primary Care. BHS partnered with Contra Costa Health Plan (CCHP) to provide services to the mild to moderate individuals. The individual is referred to the access unit and referred to one of the, approximately 243, network providers.

- Phase three started in 2014 and is ongoing, with the focus being on systems transformation, outside of the division, with primary care, the health plan and public health, Whole Person Care, a prime example of integration across the department. It is important to look internally as well, looking at integration efforts within the division. Currently, there are three systems sitting side by side, escalating what is learned within the division. The homeless system of care was pulled out of Behavioral Health, known as H3, (Health, Housing and Homelessness) is now its own division because of how critical the need is for housing. Housing is a public health issue that affects everyone and needs to be emphasized. An "Integration Manager" was hired, Amanda Dold, and her role is to work with all the programs in Behavioral Health and redo the compass EZ. Every 90 days she will update regarding the progress of the programs. BHS entered mental health services into Discovery Health, a residential treatment program in Martinez for men and operated by the county. Most recently, we are working on the Drug MediCal waiver implementation, working on getting all the mental health clinics and the two, county operated, homeless shelters become Drug MediCal certified. The idea will be to add AOD counselors to all of the sites, so those services can be provided, if needed, for co-occurring care. The pilot will start in West County at El Portal and West County's Children's mental health will be the first two sites that the division will start with for the Drug MediCal certification. The applications will be submitted in August. When the plan was first formulated, it was important to identify key priorities. The four areas identified as a key priority were: Comprehensive Coordinated Care, Treatment Housing and Supports, Data Systems and Evaluation, Division Operations and Infrastructure. On page 11 of the Strategic Plan, Comprehensive and Coordinated Care starts with the idea to improve efficiency and the idea of serving people where they're at, focusing on the whole individual, integrating wherever possible and every door being the right door. There are five goals that are articulated, including prevention and early intervention and a critical component of the division's Continuum of Care and establishing simple referral processes. As of August, the implementation of the Drug-MediCal waiver, the Access unit formerly only for mental health, is now for mental health and AOD. There is currently one entry way for access and assessment. This will help streamline and increase efficiency and prompt to get people connected to services. The fifth goal is to improve communications, collaboration and community education by increasing the public understanding as well as reducing stigma, of the issues affecting patients daily. Finally, treatment, housing and support, coordinating the three leads to better outcomes for consumers. The pilot projects have demonstrated that what works for consumers. Working with people and helping them make positive choices, in partnership, instead of telling them what they need, reassess their progress and follow up in terms of ongoing care.
- On September 26, the Mental Health System will be on EPIC and be able to

share information with the hospitals and health centers, CCHP, Public Health; all other divisions are on EPIC. The staff has been working very hard to make the Electronic Health Records integration happen. In May of 2018, BHS will be leaving the PSP billing system and moving on to Share Care as the new billing system.

- Once phase one has been completed in the mental health system, next year will be phase two, including the AOD system moving on to EPIC. The division is also working diligently on issues related to confidentiality, or sharing of information under 42CFR part II, which is for AOD patients, which has strict guidelines and proper firewalls must be installed.
- Annually, the division will continue to work on outcome measurements during the qualitative review, from EQRO, to look at quality improvement practices and reporting.
- Regarding division operations and infrastructure, as the Director of BHS, initially notices that the three systems within the division were doing some of the same activities on a daily basis as daily functions. Recognized that we needed a way to maximize efficiency and effectiveness, by building a foundation for the division itself. While looking at shared activities, amongst the three systems, created an infrastructure to complete as units of activity. Recently, a new position was created, Chief of Operations and Helen Kerns has been hired into the position. Her main activities will be creating a contract's unit, for the division, with the understanding that many of CBO's contractors have contracts within the children's and adult system of mental health and AOD. We are working on consolidating the contracts and consolidate the language, to maximize on how we do business, instead of dealing with hundreds of contract requests being sent in throughout the year. The Chief of Operations will also be focused on purchasing, workforce development, emergency and safety preparedness, and capital facilities management. The Deputy Director, Matthew Luu, has been working on the internal consolidation of the shared activities that are more clinically focused and quality improvement. There is a lot of work ahead to reach the goal of comprehensive coordinated care, with the division operations and infrastructure acting as a support for the daily operations. The critical pieces are the comprehensive coordinated care, treatment housing and supports, data systems and evaluations.
- Patrick- coming from San Mateo County, where the cost of living has increased, along with Santa Clara County, and forced people to move to the East Bay, have you planned for a growth in population and do you foresee the same happening in Contra Costa County?
- Cynthia- the waiting list for services is getting longer, the demand is getting higher, due to the increase in population. We are focused on increasing resources, as quickly as we can, to keep pace with the increases in West and Central County. We are aware of the trend and how it will change the needs of the County.
- Gina- I have just learned that the Native American clinic has been closed in West County, where I would refer people to obtain services, without needing insurance. Do you have any knowledge why the clinic closed?
- Cynthia- I will have to do some research regarding that issue.
- Sam- Congratulated the Director for doing a wonderful job, very impressed with all the work and progress being done. I do have a question, why isn't the division looking into the integration of the advisory boards of three divisions.

<ul style="list-style-type: none"> • Cynthia- the division has approximately 500 staff, working very hard to bring services to the community. We have had previous conversations regarding the integration of the advisory boards and would like to see the matter agendaized for a future meeting, thank you for bringing it up. • Lauren- I wanted to ask about the Whole Person Care program. The 1115 waiver was signed by Medicaid and Medi-Cal; extra funds are being received to help get ready to have parity for those with serious mental illness. We currently do not have parity; hopefully we are going to work toward it. It is to my understanding that with Whole Person Care, there will be clinicians, community support workers, working separately and away from the clinicians and community support workers currently working in the clinics. Do you see this as a problem, because the staff of Whole Person Care seems to be unaware of what is going on in Behavioral Health? It appeared to me that they are creating their own system that is separate from the current system, why? • Cynthia- thank you for bringing that up. For Whole Person Care, the population is a very specific sub section, basically high utilizers. As far as I know, they have identified that they will be looking at helping 14,000 individuals that have been identified as meeting their criteria/definition. They are in the process of hiring mental health clinical specialists, alcohol and drug counselors, to provide case management services, along with other services. BHS division does not see the Whole Person Care program as a silo, since we have been working together since the beginning. I believe they currently have approximately 7000 individuals enrolled, for the individuals that meet the criteria for the mental health clinics, they will be referred to BHS division for additional services. The Whole Person Care funds are paying for the Sobering Center and we are in the process of identifying a site. We also have Care Connect, which was before Whole Person Care, focusing on high utilizers of the medical system. We need all the programs to serve the all of the individuals in the County. As more staff is hired, they will become more educated in the provision of care and more assistance will become available and cross-referring. • Barbara- the process sounds very thoughtful, rigorous and inclusive which is really great. What are the identified greatest challenges, that are driving the plan and what your projecting outward, some of it is inferred by design, can you speak to that? • Cynthia- the greatest challenge, right now, is to bring in additional resources to meet the needs of the population. We anticipate that over the next two years, we will be building up more services. We need intensive outpatient treatment and it is a required service for the Drug Medi-Cal waiver. The system is based on medical necessity. When the access line is called, a brief assessment is done and the medical necessity and level of care is determined. Then the person is referred to the appropriate program, after which a more comprehensive assessment is done to ensure that the person does need the level care referred to. Over the next 18 months of implementation, the services, needs and resources will be reevaluated and shifted to meet the needs. Regarding psychiatric support, there is a need for more psychiatrists and we are aware of the situation and are in the process of addressing that. We are anticipating that in the next few months, we will see things to turn around. As the demands grow, we need to constantly reposition to meet the need. The training of staff is another challenge that we are addressing and we are trying to 	
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<p>implement more into the adult system of care. We are looking into step-down services and add more group and drop-in care.</p> <ul style="list-style-type: none"> • Doug- regarding the electronic health records, how is the division working to accept collateral information from families, to help their loved ones in a crisis situation, such as medication allergies? • Cynthia- good question and I will be happy to take that question forward • Linda (public) – if all staff will be trained on the same page at all the sites, what is the timeframe for the completion of the training? • Cynthia- training has been ongoing. Trauma informed care has been happening for the last six year. We are looking at training the entire system, we recognize that systems experience trauma can manifest in different ways and it is important that systems be trained. Next year we will be looking at how to start the training in the system of care in trauma informed. Evidence based practices trainings are offered regularly in our system, both in person and online, to allow for flexibility. ASAM training has been started, to be implemented for the Drug Medi-Cal waiver, to get staff certified. Training is continuous and constantly evolving in terms of identifying new evidence based practices to incorporate into our training model. 	
<p>VII. RECEIVE presentation regarding the services provided to consumers and family members, from the program representatives of the “Service Provider Individualized Recovery Intensive Training” (SPIRIT) program and SPIRIT VOCATIONAL services by the Office of Consumer Empowerment (OCE) Interim Program Director- Jennifer Tuipulotu, Quincy Slatten, Brandon McGuire and Janet Costa</p> <ul style="list-style-type: none"> • Jennifer- currently oversees the Office for Consumer Empowerment, (OCE) and will share two programs. SPIRIT program instructors will be presenting a Power Point and recognized three Mental Health Commissioners that graduated from the program and after the presentation will discuss the new vocational program that is a part of the SPIRIT program. SPIRIT is a six month college (9 units) course that starts in January. SPIRIT one and two course take place during the spring semester, it consists of two classes per week, lasting three hours each. Classes are Mondays and Wednesdays, from 1pm to 4pm. The subject matter is supportive communication, cultural diversity, ethics, and patients’ rights, resume writing and interviewing skills. Upon completion, a certificate is given during graduation. After graduation, potential candidates seeking employment are followed up by providing vocational services, including assistance with seeking employment or volunteer positions. Students with transportation issues are linked to services. (*see attachment for further details.) • Gina- shared positive experience, having graduated from the SPIRIT program • Jennifer – informed that the SPIRIT vocational services does partner with the Behavioral Health Services Division, along with other non-profit/profit organizations, to find volunteer, part-time and full time employment for graduates who are interested. • Patrick- inquired regarding successful job placement • Janet- stated that the program tries to assist, if and when problems arise after employment, to assure in finding a proper placement for both parties • Guita- inquired if topic of Alcohol and Other Drugs (AOD) are incorporated in the SPIRIT program • Jennifer – informed that AOD topics are part of the curriculum and there are students that were in the AOD program 	<p>*Contra Costa Behavioral Health Service Provider Individualized Recovery Training (SPIRIT) program Please view attachment provided at meeting on 8/2/17</p> <p>**SPIRIT program application attached</p>

<ul style="list-style-type: none"> • Sam- is there a data base of the graduate’s success of placement? • Jennifer- not all students require immediate placement. Some students continue their education, enroll for personal development, or wish to volunteer, it depends on the individual’s preference • Doug- what about family members that graduate from the program and wish to work as “Family Support Workers” for BHS, does SPIRIT offer assistance? • Jennifer- yes, we are currently working with the Coordinator of Family Support Workers, Robert Thigpen • Diana- from where does SPIRIT draw their candidates, where is the program advertised and what is the required qualification and the cost to enroll in the program? • Jennifer- presenting at the Mental Health Commission meeting helps get the word out, it is included in the Community College Spring Catalog, at hospitals, health agencies, treatment facilities, and clinics. There are 40 spots for enrollment, each year, and approximately 125 to 150 applications are received. We encourage those students that do not get chosen in the first round to re-enroll the following year. The qualification to enroll in the program is based on lived experience, with mental health, homelessness and substance abuse, or a family member. It is not required that every student has to have a mental illness or substance abuse issue, to attend the program, you can be a family member of someone. Because the program is a college course, there is a cost per unit, but we encourage candidates to apply for a waiver of the fees or FASFA, some students are given an allowance, which helps them pay for transportation to school or pay for the units. Will send, via email, the SPIRIT application, to forward to anyone who is interested in enrolling, the application can also be found on the Behavioral Health website at: http://cchealth.org/mentalhealth/pdf/SPIRIT-application.pdf • Patrick- does the students issues, impede their ability to gain employment or do their work? • Quincy- there are many graduates that have gone through various mental health or recovery programs and have found successful job placement, without their issues inhibiting their job performance. SPIRIT tries helping the students in obtaining independence and empowerment. • Duane- impressed with the amount of graduates finding employment and hopes that the Board of Supervisors offices consider hiring SPIRIT graduates too. 	
<p>VIII. CREATE an ad hoc Nominating Committee to solicit nominations from Commission members for the 2018 Mental Health Commission</p> <ul style="list-style-type: none"> • Duane asked several of the commissioners to volunteer to form the ad hoc Nominating Committee. Diana and Barbara volunteered to form the committee, Duane added himself to be included to form the committee. The Nominating Committee will collect nominations, from all Commissioners, for the 2018 Chair, Vice Chair and Executive Committee. • MOTION to elect Duane, Diana and Barbara to form an ad hoc Nominating Committee. Barbara motioned and Doug seconded the motion. VOTE: 10-0-0 YAYS: Supervisor Andersen, Duane, Barbara, Diana, Doug, Lauren, Sam, Gina, Mike, and Patrick NAYS: none ABSTAIN: none 	<p>* The ad hoc Nominating Committee includes: Duane, Barbara and Diana and will meet, prior to 9/16/17 to update the MHC</p>

<p>IX. DEVELOP a plan for filing the voluntary role to co-chair, along with an alternate, for the quarterly Assisted Outpatient Treatment program (AOT) meeting. The next AOT meeting will be on September 22, from 10am to noon, at 50 Douglas in the second floor conference room</p> <ul style="list-style-type: none"> • Duane- requested volunteers for co-chairing the next AOT meeting • Lauren volunteered to co-chair the next meeting and Doug volunteered to be an alternate, in the event that Lauren cannot make the meeting. • Lauren- how is the agenda set? • Cynthia- you will be working the Behavioral Health Administration staff to put together the agenda for the meeting 	<p>*Lauren will serve as the co-chair the next AOT meeting and Doug will serve as an alternate</p>
<p>X. DISCUSS the role of the Commission in monitoring the development of the facilities and the implementation of treatment programs to be in the expansion of the West County jail facility, including a clarification of the future usage of the M module</p> <ul style="list-style-type: none"> • Supervisor Andersen- it is a helpful discussion, but what we need to do is to have someone from the Sheriff's Office, make a presentation about what they're doing. It is not necessarily us, as a Commission, that is going to be directing what they're doing. It will be helpful, early on, to have regular presentation, perhaps every six months? We need to make the contact with the Sheriff's department and find out what their planning process is, where we might have the opportunity for input. The grant was just approved, along with a very detailed proposal. It is certain, that things will need to be achieved, and that the Commission would need to identify opportunities to weigh in on. • Duane- The Commission can send a letter to the Sheriff's department and to Anna Roth, to identify opportunities, and to request information from both departments- • Barbara- it is asking the role of the MHC- active, passive- interactive dialogue? What is the process for the Commission to have input? Should the Commission be having a more interactive dialogue, with the Sheriff's department or Detention services, identifying clear cut points where the Commission would like to have input and where, from the Sheriff's standpoint it would make sense to have input from the community? This is what needs to be determined. • Jill- a conversation with Anna Roth, that heads detention health and who will be setting up the programing and is contracted to do so for the Sheriff's department, she fully anticipates having involvement from Mental Health Commission in the process, at such time that is starting to be developed. At this time, they are not ready for that, but will be reaching out to the Commission, as soon as they are ready. • Supv- There is certain points in time, in which it would be appropriate for the Commission to weigh in. Until it is known what those are, the Commission is not the department running the jail or moving forward, there will be opportunities. • Barbara- I am not suggesting that the Commission is the one driving but we want to be ready and know what points are important to the Commission to have input, from a stakeholders standpoint? Jill, do you have any information yet in terms of a timeline and how long do they expect the process to go to? • Jill- not at this time, there are a lot of pieces that need to be developed, it is too soon, it is in the early stages • Supv- I believe a timeline can be created. The building of the expansion, has not come to any of the committees, most likely it will be coming to the Mental Health department, Public Protection, as Jill stated, we are not close to being 	<p>*Handout provided at meeting on 8/2/17.</p> <p>Invitation requesting MHC to participate in the launch of VSM- sent by Anna Roth, RN,MS,MPH and Chief Executive Officer of CCRMC. Meetings will start on Monday, August 28 thru Friday, September 1. (*see attachment)</p> <p>MOTION: The Mental Health Commission will create a letter, addressed to the Sheriff's Department and to Anna Roth, in charge of Detention Health/Mental Health Services, requesting input and updates regarding the expansion of the West County mental health treatment center and along with updates regarding the M module in the Martinez facility.</p>

<p>there yet, but we can certainly find out from both the Sheriff's department and Detention Health and ask what they perceive the timeline will be.</p> <ul style="list-style-type: none"> • Duane- It is necessary to document that the Commission is involved, for stakeholders and the members of the community to know that the Commission has been part of the process, not just in support of the proposal, but part of the process. Then the Commission has done their job in keeping the community informed. • Lauren- Can we make a motion, that as a commission write a letter addressed to both, Anna Roth/Detention Health and Sheriff's Department, explaining our willingness and enthusiasm to give input into this and work with them. Suggesting because of the interest in the West County Behavioral Health and we stated that we wanted to be part of the process but the Commission did not formalize it and things went on without us. If we do formalize our request to be included in this project, then they will for certain include us, going forward. • Lauren moved to MOTION to forward a letter to both departments to request that the Mental Health Commission be informed and part of the process of the expansion in West County, along with updates regarding the M module in the Martinez detention facility. The MOTION was seconded by Mike Ward • ROLL CALL VOTE: DOUGLAS DUNN, MIKE WARD, GINA SWIRSDING, SAM YOSHIOKA, DIANA MAKIEVE, LAUREN RETTAGLIATA, SUPERVISOR CANDACE ANDERSEN, DUANE CHAPMAN, BARBARA SERWIN • NAYS: NONE ABSTAIN: NONE VOTE: 9-0-0 • GINA- Extremely concerned that both genders are housed together in the M module and believes that the genders should be separated. • ADAM- As previously stated by Supervisor Andersen, it is a good idea for the Sheriff department to have the opportunity to answer the public's questions, the sooner the better. Suggested to listen to what the Sheriff's department has to say, it is important for the department to give a presentation. • Supv Andersen- it is best to allow the Sheriff's department to give a current status and update. It will take a while to build the West County facility, currently in the process of making some interim changes in the Martinez facility, to address the current situation. 	<p>The Chair and Vice Chair will discuss the structure of the letter, with the Director of Behavioral Health Services, and work with the Commission to create the letter and the Executive Assistant will send the letters to the respective parties.</p>
<p>XI. DISCUSS and Consider rescheduling committee meetings to one per week</p> <ul style="list-style-type: none"> • Duane- requested input from Committee Chairs. No reply was given. Duane and Barbara will meet with each of the Chairs to discuss the possibility of rescheduling further, maybe an ad hoc meeting • Barbara- the issue can be discussed during the ad hoc Nominating Committee meeting. Invited Gina to join in the discussion as the Chair of the Justice Systems Committee and Lauren as the Chair of the MHSA/Finance Committee. • Gina- stated that back to back meeting days will not work 	<p>*Chair, Vice Chair and ad hoc Nominating Committee members and the Committee Chairs, will discuss issue during their meeting</p>
<p>XII. RECEIVE Commission Representative reports</p> <ol style="list-style-type: none"> 1) AOD Advisory Board- Sam Yoshioka – <ul style="list-style-type: none"> • SAM- reported that presenters at AOD meeting educated the audience regarding nominating committee for those who make a difference, give recognition to others and reward others for their efforts. Requested if the Mental Health Commission can do mimic the AOD board in offering recognition and rewarding its members. 2) CPAW General meeting- Lauren Rettagliata – 	<p>*Please view attached report done by Lauren regarding the Council on Homelessness provided at meeting on 8/2/17</p>

<ul style="list-style-type: none"> • Doug- reported on CPAW, on behalf of Lauren Rettagliata, informing regarding the presentation at the meeting by Jenny Robbins and Steve Blum from Health, Housing and Homelessness and the completed “Point in Time” (PIT) current homeless count in Contra Costa County for 2017. <p>3) Children’s Committee- Barbara Serwin</p> <ul style="list-style-type: none"> • Barbara- informed that the Children’s Program Chief for Behavioral Health Services, Vern Wallace, submitted responses to the Grand Jury report which addressed the understaffing and budget decline, along with some of the data that was noted is incorrect. <p>4) Council on Homelessness-Lauren Rettagliata –provided a handout at meeting, see report attached.</p> <p>Duane- noted that the County’s Chief Operating Officer, Pat Godley, stated during a Committee meeting the previous month that he would be willing to consider a partnership with another county for an inpatient children’s facility.</p>	
<p>XIII. Adjourn Meeting The meeting was adjourned at 6:36pm.</p>	

Respectfully submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration
FINAL MINUTES APPROVED 9/16/17