

**Contra Costa County Mental Health Commission
June 11, 2015 Meeting Minutes – FINAL**

Agenda Item	Discussion	Action / Follow-Up
I. Call to Order/ Introductions	<p>The meeting was called to order at 4:40 pm by MHC Chairperson Lauren Rettagliata.</p> <p><u>Commissioners Present</u> Supv. Candace Andersen, BOS Rep. Greg Beckner, District IV Evelyn Centeno, District V Duane Chapman, District I Dave Kahler, District IV Diana MaKieve, District II Teresa Pasquini, District I Lauren Rettagliata, District II Sam Yoshioka, District IV</p> <p><u>Commissioners Absent</u> Peggy Black, District V Louis Buckingham, District III Jerome Crichton, District III Tess Paoli, District III Barbara Serwin, District II Gina Swirsding, District I</p> <p><u>Non-Commissioners Present</u></p> <ul style="list-style-type: none"> • Guita Baramipar, AOD Board • Cynthia Belon, Behavioral Health/Mental Health Director • Travis Curran, Crestwood Healing Center • Douglas Dunn, NAMI-CC • Peggy Harris, Concerned Citizen • Peter Mantas, Concerned Citizen • Melinda Meahan, MHA • Julie Peck, Telecare Hope House • Jill Ray, Supv. Andersen’s Office • Kate Rauch, Supv. Giola’s Office • Karen Shuler, MHC Executive Assistant • Connie Steers, CPAW-BHCP • William Walker, M.D., CCHS Director • Joel Warne, Local 1 • Janet Marshall Wilson, former Patients’ Rights Director 	<p><i>Transfer recording to computer.</i></p> <p><i>Update Commissioner Attendance Chart</i></p> <p><i>Update Data Base</i></p>
II. Announcements	<ul style="list-style-type: none"> • Teresa not renewing her term on the Commission. Lauren thanked Teresa for her 9 years of service to the Commission. She expressed her appreciation for Teresa’s work and presented her with a Certificate. • Supv. Andersen also thanked Teresa and expressed her appreciation for her work on the Commission, and presented her with a Certificate of Recognition. • Teresa thanked everybody and spoke about her experience 	

Agenda Item	Discussion	Action / Follow-Up
	<p>on the Commission and said she intends to keep advocating after her term is over. Kate Rauch presented Teresa with a Certificate from Supv. Gioia and thanked her for her work.</p>	
<p>III. Public Comment</p>	<p>1) Connie thanked Teresa for her work and expressed her appreciation of the work she has done.</p> <p>2) Janet Wilson asked Lauren to read her comment: Of course I would want to join Contra Costa County’s Mental Health Commission meeting today, my friend and colleague Teresa Pasquini’s last meeting before retiring from the Commission. I remember Gloria Hill’s observation so many years ago when Teresa was joining the Commission: “She asks all the right questions.”</p> <p>I am also here for myself, to remind all of you [as I face surgery for kidney dialysis next Monday] that there are long-term effects of these psychiatric medications which are so highly touted as saving people’s lives and careers. Lithium carbonate certainly did help me with bipolar disorder – helped me complete law school, pursue a career as Director of Patients’ Rights in 3 counties, and reconcile my relationship with my mother. Without it my attorney friend says I would be on a back ward today, or dead. But this came at a cost: severe and chronic kidney disease which is irreversible, and never disclosed to me as a risk.</p> <p>I urge the Mental Health Commission to acknowledge the long-term effects of psychotropic medications, as Kristine Girard, MD, Director of Psychiatric Services for Contra Costa Regional Medical Center did publically at the May 21 NAMI-CCC General Membership meeting.</p> <p>3) Karen announced that Tess Paoli had hoped to attend but was unable to make it because she is having surgery tomorrow. Karen noted that Tess expressed concern that her absence might cause her to be kicked off the Commission, and that it meant that she was not here and getting valuable information and that she wants to participate. Karen said she assured Tess she would not be kicked off the Commission. Supv. Andersen noted that when a Commissioner was not able to attend a meeting for medical reasons, that does not count toward missed meetings.</p> <p>4) Julie thanked Teresa for her role in getting Hope House established on the campus of the hospital through MHSA funding with a 16-bed crisis residential facility. She expressed her appreciation for Teresa’s work.</p> <p>5) Peter Mantas expressed his appreciation for Teresa’s work.</p>	

Agenda Item	Discussion	Action / Follow-Up
IV. Commissioner Comments	1) Duane expressed his appreciation for Teresa. He also announced that on June 6 in Richmond, they had their first LGBT Pride picnic and that over 200 people attended with no problems. He stated that he was glad to be on the Commission and to represent his district.	
V. Approval of the May 14, 2015, Minutes	<p>➤ Sam made a motion, seconded by Evelyn, to approve the Minutes from May 14, 2015.</p> <p>Discussion:</p> <p>Lauren requested amendments to the Action/Follow-Up column pertaining to the Mental Health Director's Report:</p> <ul style="list-style-type: none"> • Page 3, 2nd bullet <i>As a Commission, become aware of the startup date of the reservation system.</i> • Page 3, 4th bullet <i>Check with 211 on their knowledge of the Access Line.</i> • Page 3, 5th bullet <i>Are PES personnel participating in the multi-county plan?</i> • Page 3, 6th bullet <i>To inform the Mental Health Commission of the contract process and please send to the Mental Health Commission the final contract. Have Vic Montoya and Ziba Rahimzadeh report to us in August about the Access Line.</i> • Page 5, Discussion on Item B, 1st bullet <i>Follow up on the amount of the CalHFA checkbook.</i> • Page 6, Discussion on Item C <i>Get follow-up from the Chief of Probation on the uniform and integration problem.</i> • Page 7, Other Discussion, first bullet. Lauren pointed out that there was a general, summary type of budget for the Mental Health Division. She reminded everyone that one job they do as a Commission is to be aware of their budget. She added that this was just the money in the Mental Health Division, but they had other mental health money in other sections of the budget, such as the hospital, Homeless, and AOD. She hopes that similar statements will be presented each month to make it easier to track it. <i>Add: When we are talking about the mental health funds that are available, it is hard for us to track if there are other mental health funds that are being used in Alcohol and Other Drugs, at the hospital, or in the Homeless budget. We need to be able to identify if there are MHSA Realignment 1 or Realignment 2 funds or other mental health funds being used there.</i> 	

Agenda Item	Discussion	Action / Follow-Up
	<p><i>It is easy to track them if they are in the main mental health services, but when they move over into the other behavioral health departments, it is hard for us to track these as a Commission.</i></p> <p>Janet requested a correction to her title listed in the attendance roster: from Former Patients’ Rights Advocate to Former Patients’ Rights Director.</p> <p>➤ A second motion was made by Duane and seconded by Diana to accept the Amendments and correction listed above.</p> <p>Vote: By a unanimous vote of 9-0-0, the May 14, 2015 Minutes were approved as amended..</p> <p>Yes: 9 – Supv. Andersen, Greg, Evelyn, Duane, Dave, Diana, Teresa, Lauren, Sam</p> <p>No: 0</p> <p>Abstain: 0</p> <p>Absent: 6 (Peggy, Louis, Jerome, Tess, Barbara and Gina)</p> <p><i>Note: The May Minutes will be posted online following review of the Amendments and corrections by the Chair.</i></p>	<p><i>Motion to approve May 14 Minutes as amended passed unanimously 9-0-0.</i></p> <p><i>Make Amendments and corrections to the May 14 Minutes</i></p> <p><i>Post amended May Minutes following review by Chair.</i></p>
<p>VI. Health Services Director Report on Federal Waivers 1115 and 1916b</p>	<p>Dr. Walker added his congratulations to Teresa and hoped that she would continue with her work after her term as Commissioner ends. He spoke about the progress being made on recognizing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, which is finally being recognized in Washington, D.C. this week, which is in the comment period now, and thought the Commission will want to pay attention to this. He offered to share links for those who are interested.</p> <p>Teresa asked that since the comment period ended on the 9th, if that meant that the comment period was closed, and Dr. Walker stated he believed the comment period was still open.</p> <p>Dr. Walker also noted that the 1115 Medi-Cal waiver for 2010, which gives a big source of funding to the 21 public hospital systems around the state, is ending in October of this year. It provided about \$10 billion to the State of California and the ability to enroll people in a low-income health plan. It also provided a significant amount of funding for system improvements such as looking at how patients are treated, safety and quality outcomes, and processes to be put in place to make sure care is appropriate and safe. They are now in negotiations for the next five years, and the CMS has sent comments back to the application that was put in in March and we are getting some pushback from the federal government, given that things are different politically than in 2010. He said that as part of this waiver, they are trying to get permission from the federal government to use Medi-Cal dollars to support not only physical and behavioral health</p>	<p><i>Obtain links from Dr. Walker.</i></p>

Agenda Item	Discussion	Action / Follow-Up
	<p>treatment but to extend it to fund other services that people need to sustain their lives in our community, such as housing and vocational treatment, which are just as important part of their care as seeing a doctor. He passed out a one-page summary (attached below) and stated that he would provide Karen with links for the full details of the waiver. He asked that anybody with contacts in Washington contact them to ask for support for this. The State legislature and Governor already support this. He hopes that it will be approved by October, or else they will need an extension of the current wavier, which is not easy to deal with. He promised to keep everybody updated on the progress.</p> <p>He then went on to discuss that the 1959b waiver, which applies to Medicaid and Social Security regulations and initially permitted states to have counties manage hospital care and was later extended to include outpatient care. The State has asked for a 5-year waiver to continue the current managed care system. There are some additions to this waiver, including some performance and outcome quality requirements. This is another way to use money more creatively to address substance abuse and other issues.</p> <p>Lauren asked what was being waived. Dr. Walker replied what was being waived was the federal regulations for how Medicaid dollars can be used, so instead of only traditional fee-for-services, other services could be paid for directly. It also allows the funds to be used for managed care.</p> <p>Lauren asked if the mental health waiver included waiver rights for parity, and Dr. Walker replied that it is simply a waiver so the federal government will allow California to manage their mental health funds more creatively through things like managed care and whole person care.</p> <p>Teresa asked if that meant the patients were waiving their right to treatment, and Dr. Walker said it didn't. They established there is a lack of parity for receiving mental health care compared to medical care under Medi-Cal. Teresa wanted to make sure the Commission understood that it is important to protect their funding and make sure they monitor how funds are spent, because consumers are not entitled to treatment under the current system. Dr. Walker added that it was extraordinary that CMS (Centers for Medicare and Medicaid Services) is taking this on, since it has been there since 2008.</p> <p>Duane asked Dr. Walker to clarify what he meant by "entitlement" and if it meant, for example, that a consumer could say they did not want services. Dr. Walker indicated that it was different than someone on a 5150 status. Duane asked if it meant that someone could walk into a facility and say they wanted services, and Dr. Walker affirmed this.</p>	

Agenda Item	Discussion	Action / Follow-Up
	<p>Duane then said that the public needed to be made aware of this, because they don't understand what they are and are not entitled to.</p> <p>Diana stated that when she was involved with the rollout of Covered California, she was originally under the impression that it would provide access to mental health services, but many of the consumers had no coverage and no diagnosis, and it was a big issue. She asked whether that was coming in this upcoming waiver. Dr. Walker explained that Covered California and mental and behavioral health benefits are not different from those in commercial health care plans in that they don't provide parity but that CMS is trying to do that now starting with Medicaid, and he felt the same type of effort needed to move into commercial insurance plans as well. Diana pointed out that Medicaid is guaranteed for people under the poverty level, but not every doctor takes Medicaid clients. She spoke to one doctor about this, who said that it was not lucrative to take Medicaid patients, and that Medicare is his payment standard. She felt this is a real financial burden for doctors to take Medicaid. Dr. Walker added that California has one of the lowest Medicaid payments in the nation. Diane asked if this meant that people who do not have behavioral health coverage today would continue to not have an opportunity to get care, and Dr. Walker explained that this was a step in the right direction, that people were getting more benefits through Medicaid now than before with warm handoffs to mental health providers. Cynthia commented that she was in Sacramento for a presentation on the 1915b waiver, and they stated that the waiver states that it cannot negatively impact beneficiary access and that quality of care services must be cost-effective. She said there was a real push for a 5-year waiver, but there will be associated specific terms and conditions that would need to be applied for them to go forward with a 5-year waiver and discussed the items, which included transparency, access, timeliness to access, quality related to tracing and monitoring, translation services, and overall improvement. They specifically wanted to see improvement in was have a 24/7 phone line with appropriate-language access and a system in place to track timeliness of access across the plan, ensuring treatment authorization requests happen within 14 calendar days, and having systems in place to log grievances and appeals and to ensure providers are certified and do get re-certified.</p> <p>She noted that the Waiver stakeholder meeting was in March, the application was submitted at the end of March, and CMS now has 90 days to approve, disapprove, or request additional information. The state is currently responding to informal</p>	

Agenda Item	Discussion	Action / Follow-Up
	<p>questions and negotiating special terms and conditions related to the above areas.</p> <p>Lauren asked if this involved the Department of Health Care Services, and Cynthia affirmed that it did.</p>	
<p>VII. Behavioral Health Director's Report</p>	<p>Cynthia presented her Behavioral Health Director's Report to the Commission (attached).</p> <p>She distributed copies of the latest draft of recommendations for the role and structure of CPAW to the group (attached). Teresa noted that there is an agenda item for the next Executive Committee to review this draft.</p> <p>Diana asked when the First Episode Psychosis (FEP) program at First Hope would be operational. Cynthia said that it started a little over a year ago, and this piece of the program would probably be added within the next 2 months. Diana asked how someone would access it. Cynthia offered to send her more specific information about the program.</p> <p>Duane asked how information about the FEP program is getting out to the community, particularly for West County. Cynthia replied that it was already on the County web site, they have had flyers distributed, and it was mentioned in the Director's Report. She welcomed any additional ideas on how to make the program better known. Duane said that he knows people who need to know about the program because they are currently calling the police, but they don't have access to a computer. Cynthia stated that she has looked at the statistics for the program and 80% of the recipients are on Medi-Cal and 13% are uninsured. Teresa asked if it was a Medicaid-reimbursable program, and Cynthia said it is currently MHSA-funded. The group discussed the program's funding issues, the challenges involved in making this program as widely available as possible, and the potential benefit of looking at programs in other counties to find any helpful information that we could use.</p> <p>Sam said he was very impressed with First Hope's presentation at the CPAW meeting last week and hoped that other contracted programs would give similarly impressive presentations. Teresa mentioned that First Hope is a County program, not a contracted program, and Cynthia mentioned that she did not think Sam was trying to say that First Hope was a contracted program but only that he hoped to see similar presentations from contracted programs.</p> <p>Dave stated that he heard a similar presentation at NAMI, where they said that initially it was a pilot program but felt that it would be expanded when more funding was available.</p> <p>Peter believed that all MHSA-funded programs or any mental health or behavioral health program should have metrics to</p>	

Agenda Item	Discussion	Action / Follow-Up
	<p>show how the program is performing so they will know whether the money is going into a black hole or producing something positive for the population. He also felt that education was important, because early intervention can prevent a worst-case scenario from happening. He felt that if a program that would mitigate significant costs on the back end was funded early-on, we consider funding it even if it is fully on MHSA. He thought that a final analysis should be done to identify the impact in the long run.</p> <p>The group discussed whether the program was already funded under Medi-Cal and that they are currently doing a cost analysis to make sure it would be funded in the future. Cynthia suggested that if there was enough interest, we could ask First Hope to make a presentation at the Commission meeting.</p> <p>Guita asked if addiction services were included in the program, and Cynthia replied that they were not currently included but they make referrals to addiction services when they are needed.</p>	<p><i>Consider having First Hope make a presentation to the Commission.</i></p>
<p>VIII. Committee Reports</p>	<p><u>Criminal Justice Committee3 – Evelyn Centeno</u></p> <p>Evelyn stated that the Board of Supervisors had placed SB 11 on the agenda for June 16. According to Lara Delaney, they had not received any support positions from anyone other than the Commission, and their practice is to have a bill go forward to the BOS with a position recommendation from either the Legislation Committee or a Department Head, and they have gotten a statement of opposition from the California State Sheriffs Association. They did not know whether they would endorse it at this point. Evelyn is concerned because it is a consent agenda item, which means they will approve it or not and the public will not have a chance to provide input.</p> <p>Supv. Andersen stated that anyone could fill out a speaker card for a consent agenda item. The item then becomes a special discussion item. She recommended that anybody who wanted to do this should come early so they have an opportunity to speak.</p> <p>Evelyn encouraged people to attend and to get other supporters of the bill to attend as well.</p> <p>Supv. Andersen stated that if there were specific points the Commission would like included, the Board could include those points in their letter.</p> <p>Lauren said she understood that the Board of Supervisors was going to support the endorsement, which Supv. Andersen affirmed, and Jill read the proposed statement of support. Supv. Andersen mentioned how important they felt this bill was and assured the Commission they would always support</p>	

Agenda Item	Discussion	Action / Follow-Up
	<p>it. Jill explained the work she did on the bill. Evelyn and Lauren both thanked Jill for her support of the issue and for making it known to the Commission.</p> <p>Evelyn stated that they did not have a quorum at the last meeting, but there were guests with information they needed in order to move forward with issues they are working on, one of which was the disability rights lawsuit against the County that was recently settled. She talked about a recent site visit to Juvenile Hall and several changes that were already in place as a result of the settlement and others that are in process of being implemented.</p> <p>Regarding the color-coded uniforms at the Ranch, they have already started identifying privilege levels with logos sewn onto polo shirts instead of by color. The youth were allowed to select the new uniform color and decided on hunter green shirts and gray pants, and those new uniforms are already being used.</p> <p>Evelyn stated that Deputy District Attorney Lynn Uilkema and Marti Wilson came and discussed how the Behavioral Court runs, with an emphasis on the part in referrals played by the District Attorney's office. No District Attorney was being assigned to Behavioral Health Court. The Committee will continue to work on this and will put it on the agenda for next month.</p> <p>There was also a presentation from the Youth Justice Commission's newly hired manager.</p> <p>➤ Lauren made a motion, seconded by Evelyn, to elect Duane to the Criminal Justice Committee.</p> <p>Discussion: Sam commented that with Duane on that Committee, there would now be 3 African-Americans on the Committee, which he felt was a disproportionate representation. He hoped that representation could be spread out to other committees. Evelyn pointed out that the committee member demographics reflected the demographics of those in Juvenile Hall, so it made sense. Supv. Andersen felt that nationality should not be an issue, but interest and willingness to serve, and that they should be color-blind on the Commission. Jill thanked Duane for volunteering and felt he had a valuable point of view with his background, education, and knowledge of issues.</p> <p>Vote: By a Unanimous vote of 9-0-0, Duane was elected to serve on the Criminal Justice Commission.</p> <p>Yes: 9 – Supv. Andersen, Greg, Evelyn, Duane, Dave, Diana, Teresa, Lauren, Sam</p>	

Agenda Item	Discussion	Action / Follow-Up
	<p>No: 0 Abstain: 0 Absent: 6 (Peggy, Louis, Jerome, Tess, Barbara and Gina)</p> <p><u>Executive Committee</u></p> <p>At the last Executive Committee meeting, Joel Warne from Public Employees Union Local 1 brought three inter-related issues that they wanted placed on this agenda. As a result, the Executive Committee asked for the Commission to consider creating a standing committee on work environment and alternatives. Lauren asked for someone to bring a motion to consider this.</p> <p>Supv. Andersen asked for more clarification of whether this was regarding work conditions of employees or facilities. She was concerned that the Commission could be crossing into personnel issues, which they should not be evaluating because they are not supervisors and are not there on a daily basis. This could create unintended consequences, such as creating a hostile workplace.</p> <p>Lauren felt this was a different type of issue.</p> <p>Teresa stated that she only read the minutes but understood that there were several staff members there sharing their feeling. She reminded the Commission that there was a mental health coalition at one time that was not a standing committee but a partnership and included NAMI-CC, Local 1, the Human Alliance, and the MHCC. That disbanded after CPAW came along, and Local 1 has not been at CPAW for a while. She would love to see an effort that would allow the Commission to hear from line staff, not in a supervisory role but to work in partnership the same as is done at the hospital.</p> <p>Lauren said that Local 1 was talking about making sure that the front-line staff feels they are safe and secure in their working environment and that we are presenting them with the best working conditions that we can.</p> <p>Joel stated they did not want an alternative or replacement for grievance procedures or routine interactions between employees and management. He pointed out that when they came to the Executive Committee, in attendance were 6 employees who had been granted work release to attend the meeting. He felt it was a sign of their deplorable working conditions that the County contacted him just this morning to let him know that the request for work release for this meeting was denied. He feels that one of the County's biggest fears is that this is made public, or else they would have notified him immediately when he made the request. He reiterated that he was not talking about things that should be dealt with through</p>	

Agenda Item	Discussion	Action / Follow-Up
	<p>grievances but specifically about working conditions that have impact on the quality of service provided to the public. He pointed out that the World Health Organization has determined that quality of working conditions translate directly into the quality of services that mental health practitioners provide. He said that the biggest concern for himself as well as the employees in the mental health unit was public safety and reprisals for protected activity. He feels there is a prevailing sense of fear in those employees of bringing their concerns to the Commission and that the County is deliberately trying to keep these issues from being made public.</p> <p>Supv. Andersen asked whether a hostile work environment should be addressed through a grievance procedure. She expressed her concerns that this doesn't come under the purview of the Commission, and a hostile work environment is caused by a person, which makes it a personnel issue. She felt that if the Commission wanted to create such a committee, a specific description of its limitations should be drafted and run by County Counsel to make sure it is appropriate for the Commission to handle it.</p> <p>Joel stated that a letter he wrote to Cynthia Belon that was sent out to mental health managers was actually a draft and leaked without his consent. He did write very specific limitations about the proposed committee that limited it to issues reasonably calculated to have an impact on the quality of services that the organization provides and felt it was appropriate for the Commission to be involved. He reiterated that he was not looking for an alternative to a grievance process, but unions do bring issues to the public, especially if it impacts the quality of service to the public.</p> <p>Supv. Andersen again recommended that a specific description be forwarded to County Counsel. She stated her main concern is about employee confidentiality.</p> <p>Dr. Walker stated that there are legal and personnel requirements for how a hostile work environment is investigated and described the process. He expressed his concern for the establishment of a committee or even a description being sent to County Counsel and asked for the opportunity to meet with union members himself and discuss it rather than going straight to the Commission.</p> <p>Joel disagreed that they jumped straight to the Commission. He stated that he has had lunch with Cynthia to discuss his concerns about Matthew Luu being hired and it didn't seem to make any difference. He felt that these issues have already been discussed to no avail, and it was more of a nuclear</p>	

Agenda Item	Discussion	Action / Follow-Up
	<p>option to try to improve work conditions.</p> <p>Peter said that the Commission's responsibility is to ensure quality of care and desirable outcomes, so anything that impacts those is under the purview of the Commission. He felt this was an appropriate thing for the Commission to address. He recommended that the Committee investigate establishing a committee that would steer away from personnel issues but make sure that quality of care meets expectations.</p> <p>Lauren suggested we table the issue to the July meeting so that we could get the individuals from Local 1 who came to the Executive Committee to speak to the Commission. She said that if what she heard at the Executive Committee is going on in all the clinics, it is a serious issue that needs to be dealt with. Perhaps they could go to the Quality of Care Committee, as this could be looked at as a quality of care issue.</p> <p>Duane stated he is concerned about the issues but would like to hear from County Counsel before proceeding. He also stated that he may have to recuse himself from the discussion.</p> <p>Supv. Andersen suggested that if the Commission wants to create a Quality of Care subcommittee or ad hoc committee, parameters should be drafted and run by County Counsel with very clear directions so that there is no question that they are compromising someone through disclosing personnel information inappropriately, which would set them up for a lawsuit. She felt that situations compromising quality of care should not be leaked to a subcommittee but should be brought to Dr. Walker's attention immediately.</p> <p>Joel stated that they would love to be able to go to Dr. Walker but felt that they have not been given reasonable access. Dr. Walker stated he had an open door. Joel felt they were impeded by the County to allow employees to vent their concerns to the Commission.</p> <p>Lauren suggested that we did not need a motion but needed to take Supv. Andersen's suggestion, begin discussions between the union and management.</p> <p>Supv. Andersen said that people were also welcome to contact her office and she would be glad to do what she could to address issues.</p> <p>Cynthia stated that they have had concerns expressed to them not related to what was discussed today that were issues related to safety, and they were trying to address those issues vigorously. She added that she had an open door as well and wanted to do whatever she could to address issues, and that they were open to hearing and continuing to discuss them.</p>	

Agenda Item	Discussion	Action / Follow-Up
	<p>She urged Joel to invite staff to their quarterly meetings to talk about issues to get their perspective, which is different than the union perspective.</p> <p>Teresa asked if the item was going to be closed to move it to the Executive Committee, and Lauren stated that they were going to followup with Supv. Andersen's suggestions and stated that she appreciated the open invitation from Dr. Walker and Cynthia to further discuss things with Local 1. It will probably go back both to the Executive Committee and the Quality of Care Committee.</p> <p>Teresa appreciated Joel's being here as well as Peter's comments and felt that it was dicey but important to not keep the public from hearing these concerns. She mentioned that the Commission has worked with Local 1 as partners, the same as they partner with contractors and NAMI-CC. She encouraged the Commission not to defer strictly to the Board, County Counsel, or even Dr. Walker. She felt that the Commission needed to hear these issues as well, as it was different than bargaining that is done behind closed doors.</p> <p>Duane made a motion, seconded by Teresa, that this be tabled until the next month and that the Commission get a report. There were not enough Commissioners remaining for a quorum, and so the motion could not be put to a vote.</p> <p>Lauren stated that there should be a motion on the floor shortly that the discussion continue with what the role of the Mental Health Commission is in relationship to items that Local 1 may bring forth for our consideration – what is our role as Commission in regard to our partnership with Public Employees Union Local 1.</p> <p><u>Quality of Care Committee</u></p> <p>There were no representatives present from Quality of Care.</p>	
IX. Commissioner Representative Reports	CPAW and Laura's Law groups were covered in the Director's Report.	
X. Adjourn Meeting	The meeting adjourned at 6:45 p.m.	

Respectfully Submitted,
Melinda Meahan, Scribe
Reviewed by Karen Shuler, Executive Assistant
Contra Costa County Mental Health Commission