

**MENTAL HEALTH EXECUTIVE COMMITTEE
MONTHLY MEETING MINUTES
March 21, 2017 – FINAL**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Commission Chair Duane Chapman called the meeting to order at 3:16pm.</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II (arrived @3:21pm) Diana MaKieve, District II Sam Yoshioka, District IV Gina Swirsding, District I</p> <p><u>Commissioners Absent:</u> None</p> <p><u>Other Attendees:</u> Jill Ray, Field Rep. District II Supv. Andersen’s office Lauren Rettagliata, District II (arrived @3:25pm) Adam Down, Behavioral Health Administration (arrived @3:20pm) Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p>Transfer recording to computer</p>
<p>II. Public Comments:</p> <ul style="list-style-type: none"> • None 	
<p>III. Commissioners Comments:</p> <ul style="list-style-type: none"> • Gina- Would like a representative, from SPIRIT, (Service Provider Individualized Recovery Intensive Training), to present at the full commission meeting. Stated that she feels very strong about the benefits and helpfulness of the program and how it helps consumers become more independent heal and establishes confidence. The SPIRIT program assist others interested in mental illness wellness become certified Peer Counselors and obtain employment in helping others with similar issues. They also presented all the services, related to mental health, throughout the county. It’s a really good program, peer on peer mentoring. • Duane- I suggest that you gather some material, from SPIRIT, for the Executive Committee to read and then we will take it from there. Get the information, give it to Liza, she’ll send it to me and Barbara. Then we’ll see when to have it presented at the full commission meeting. • Diana- Finds the minutes too detailed and feels that inserting the names of the speakers is unnecessary. Would prefer the minutes to only capture the essence of the meeting and conversation rather than the “he said/she said.” • Barbara- Stated that the Executive Assistant creates the minutes, including the names of the speakers, as per her request. 	<p>Gina will gather information, from the SPIRIT program and forward it to Liza/EA</p>
<p>IV. Chair comments:</p> <ul style="list-style-type: none"> • CHAIR- Is out of town on April 4, 5 and 6 to the California Local Board Association for Mental Health. That board is going in a new direction; we 	

<p>are going to start doing training around the state. We have come to the conclusion that everybody doesn't know everything, but we need to know most of the things. I sent each and every one of you the Facebook page and the website. That is something that we, as Commissioners, need to stay in tune with.</p> <ul style="list-style-type: none"> • Sam- isn't that the same day of that the Mental Health Commission meets? • Duane- I might leave the Commission meeting early, or right after, I'll look into it. Let the record reflect that Barbara and Adam are present. 	
<p>V. Announcements:</p> <ul style="list-style-type: none"> • Duane- you all have received your Commissioner badges, with chocolates and a hand written note from the Executive Assistant, on behalf of the Behavioral Health Administration 	
<p>VI. MOTION: Approval of the February 21, 2017 minutes. Jill made the following corrections:</p> <ul style="list-style-type: none"> • On page 2- should read as follows: "noted that just tracking actions is referred to as a "record of action" • On page 4- strike sentence: "Then if more details or additional..." • On page 5- change "supported to supportive..." and the change the word "bill to grant" • Diana- I do have a comment, to me it's too detailed, about the minutes and I would love to see us pair it down to sort of just outcomes, rather than the "he said, she said." That's my personal opinion, it's too much. That is one of the reasons, because we have so much detail, we have to make sure it's correct because we are putting too much info. • Barbara- well I have asked Liza to actually put the names in. • Diana- I don't mind the names, I just don't think that we need the narrative of the entire discussion; we need more the lasting outcome of the discussion, to me, that is what I would prefer. • Duane- that means we need to stay focused and keep it simple and one conversation going, not all over the place, it would help us and the Executive Assistant. I agree it's too much to read. • Barbara- I love it! I want the details. <p>Gina moved to motion to accept the minutes, as amended, and seconded by Diana VOTE: 5-0-0 AYES: Duane, Barbara, Diana, Sam and Gina; NAYS: none; ABSTAIN: none Absent: none</p>	<p>Diane and Duane would prefer less details, Barbara likes the details. They will decide and inform the EA, regarding future minutes.</p>
<p>VII. DISCUSS fire incident, involving an elderly man, on February 28, in El Cerrito</p> <ul style="list-style-type: none"> • Duane- I did this because it happened at the Idaho Apartments, which in the past has served mental health clients. So my question is for staff, is there an incident report? • Liza/EA- no, the incident report has not been completed by the Fire Department, the fire is still under investigation. • Adam- the Behavioral Health Division would not necessarily get an incident report on that. • Duane- you do because it's part of the contract • Gina- yes, I think you do because I think it's part of the OSHA agreement, any resident of the state there has to be an incident report. • Jill- through the state, this is the county. So are you saying that the contract, with the provider, requires that they provide an incident report to the county? If it's a client of the county or at all? 	<p>Jill- will inform Duane regarding information that is available to the public.</p> <p>Adam- will follow up with H3 regarding Fire Marshall report of fire on 2/28/16</p>

<ul style="list-style-type: none"> • Duane- it should be at all, they have Contra Costa County clients there. • Jill- Are all, county clients, or the County places people there? • Duane- the county places people there and I know that there are a lot of mental health clients living there • Liza/EA- the provider's name is Life Long, for the Idaho Apartments. • Duane- has anything come in from Life Long? • Liza/EA- No, not that we know of. • Adam- I am confused by this; I don't know what our relationship is with Life Long in this instance. There are people living there with mental illness, that's one thing, if we are working with these residents, that's another thing. I don't know that we would necessarily get an incident report on that? What I understand, that we are waiting on, is the Fire Marshall to finalize their report, stating the cause of the fire. The report will go to Lavonna, first, and we are keeping in touch with her. • Duane- I will say it again and I have said the same in the past- it serves people with mental health, whether they are our county's or not, they are in one of our facilities that the county places people in or funds and no one has told me any different. It would be, if somebody would take the initiative to say, before I send an email out, blasting everybody- there is something going on here and we are going to look into it, it would be nice. • Jill- I will find out, whether or not, it's a county client because that's the key. Whether or not it was a county, Behavioral Health, client. • Adam- and if we did get an unusual incident notification regarding that person, you will not be able to see it, nor would be able to share it with the commission because it's a HIPPA violation. • Duane- let's back up for a little, we can see it; you just have to remove the person's name. • Adam- that's ridiculous, because there is totally identifying information. • Duane- I will fight that! You remove the name. • Jill- let's cross that bridge when we come to it; let me find out whether or not they are a Behavioral Health client to start with, because that could end the conversation. • Lauren- I just wanted to ask a question about the apartment building because many people who are clients of the mental health clinics do live there, probably not being paid by county funds but they are using their own SSI or SSDI to live there or through section 8, we don't know- but, this apartment complex is known in the community as a haven for many people who are being seen at the San Pablo clinic. Where are these people now? • Duane- they're still there, it was only one apartment. • Lauren- good, so it didn't burn down the complex? • Duane- no- thank... • Gina- I do want to say, regarding incident reports; they use these reports for legal reasons too. That's why they cannot be released to the public. They can be utilized for a lawsuit; it is a legal issue too. • Duane- my concern, and I will voice it again, it's just like the Riverhouse our people that our being placed there should and have a right to be safe. The county has an obligation; we have an obligation to advocate to the county to make sure that those people are treated and that they're safe! Is the program doing some in-service for the client? If you looked at the room, the man in the fire was a hoarder. They just give the man a key shut the door and that's it? There needs to be more done, than the people sitting in the office, not doing anything. Teach people how to live, show them how to 	
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<p>live safely, make sure the fire alarms are working, this could have been a more serious situation, he could have lost his life, or others. I started this and sent out emails to everyone!</p> <ul style="list-style-type: none"> • Jill- You did not include me on this. I know you're frustrated, you can reach out to me, and I will find the information that I can get and let you know as much as I can tell you. • Gina- Hoarding is common among consumers and I have tried to get people who are hoarders to get help, it's common. • Sam- I do agree with Duane, regardless whether the person is county sponsored or not, or receiving funding from the county, I think we do have an obligation to find the circumstances of what happened so that that doesn't get repeated again. • Adam- that information will come from the Fire Marshall, after they have finalized their report • Liza/EA- their report, is a public document • Jill- understand the jurisdictions here: you have a building in El Cerrito, so they are responsible for building inspections and code violations, that is not a County issue, unless they contract with the county to do those codes enforcement checks, that is not a county jurisdiction. The state has requirements, if this is a State licensed building, then they are responsible for some of it. Let's figure this out and sort it out. • Adam- I'm not clear on the Behavioral Health department's relationship or H3's relationship with Life Long? I know we have agreements with them but I'm not sure, there are a lot of pieces to this, and I don't think anyone is trying to say that it's not important or doesn't want to help. • Duane- I just want to make one thing really clear! This board is mandated, by law, to review and evaluate the community mental health needs, services, facilities and special problems; and that fits! I'm not arguing with you! • Jill- ok, let's do a deeper dive into it and I will find out what I can find out and we will go from there and determine who's responsibility it is to ensure that facility is safe. Ok? • Gina- I have done forgetful things too and we aren't sure what happened? • Duane- ok, thank you Jill for checking that out for us. 	
<p>VIII. DISCUSS the integration of Behavioral Health advisory boards = Mental Health Commission (MHC), Alcohol and Other Drugs (AOD), and Health, Housing, and Homeless Services (HHH) advisory boards- Sam Yoshioka</p> <ul style="list-style-type: none"> • Sam- we need to include and add the homeless advisory board as well • Duane- (to EA-Liza) make sure that it is documented to include HHH please. • Sam- I feel that we are not moving in the direction that Behavioral Health Services departments are moving, when we are still within the silo of mental health. The whole circumstance, condition, we are providing treatment services in an integrated form of mental health, alcohol and drugs, and homeless, it's right before us but somehow we are not in terms of our perspective as an advisory board. We are a silo Mental Health advisory board and I believe that by the integration the perspectives of the alcohol and drug and homelessness, will be of great value, than what we are doing now. We will bring a perspective, a value in our recommendations and in the way we do things. I happen to be the liaison to the Alcohol and Other Drugs board and I really feel that that group seems to be a lot more active in the community and bringing about changes in the community that will help the recovery of the people with these 	<p>*Liza/EA- add HOMELESSNESS to the minutes regarding this discussion</p> <p>*Commissioners: Sam and Gina, will form an Ad Hoc committee whose sole purpose will be to write a report detailing the advantages and drawbacks of integrating the Boards of MHC/SUD/HOMELESS; stating the process of other counties that</p>

<p>issues and problems. To me, we can learn a lot by having representation from that group and from the homeless group. The problems from homelessness keep on popping up here, in our advisory group. They know a lot more and can share a lot more that it would make our perspective a lot richer by going beyond the silo that we are currently. That's why I want to have a discussion about this with the Director of Behavioral Health and the Directors of the Alcohol and Other Drugs and of Health, Home and Homelessness and with the advisory boards, so we can have a sharing of a give and take and come up with perspectives that are a lot more valuable than just a mental health perspective, that's where I'm coming from.</p> <ul style="list-style-type: none"> • Gina- I agree with Sam, especially now, where a lot of people have a dual diagnosis and a lot of the problems with people who are consumers and also using it makes the situation and their problem worse when they have both of those issues. A lot of consumers use; it's a huge problem and a lot of them our homeless. A lot of the homeless are consumers too, they have mental health issues. It is an integrated issue. • Diana- What would we do differently? I'm not quite sure what you are asking us to do? • Gina- That's one thing I don't understand- somethings I don't agree with AOD, like the issues on Marijuana. People who are concerned about their health it is not good because it raises the serotonin in the brain and there's also drops and the suicide rate is very high, regarding consumers that use marijuana versus the ones that don't, especially with long use. I don't understand why the AOD was for passing that law. • Sam- They were against it • Gina- I thought they voted for it? • Lauren- questions that I have on this are that the Mental Health advisory board or commission, the Supervisor's choose the word "commission" for us, our existence is founded within the welfare and institution codes and it is laid out specifically, who will be on this advisory board or commission. It delineates exactly who, that there will be a Supervisor representative a representative that have or have had a family member with mental illness, and a slot left over for members at large. I haven't read the exact law but it doesn't say, five will be this or five will be that. There is a percentage where people with lived experience have to have so much and it is written into the code, exactly what our duties are and we have them before us each time. Now to say that we don't have an understanding of alcohol and other drugs, many people do. At least, all the family members of all the people I have ever known and who have sat on the commission with me have experienced alcoholism and homelessness. I have known commissioners who have had a lived experience who have been homeless and other commissioners who have had experience of alcoholism, so I think that when you have a mental health advisory board or commission, you are by its very nature, going to have people on this commission, who have lived experience in the others. With our committees, now I've been a member of the mental health services finance committee for like 5 years now, and I was designated and have kept up that designation up, I am hoping to pass off the torch soon, my specialty is to always be alert and go to the Housing and Homelessness meetings. I go to two: the Homeless Committee, that has been formed off of CPAW, and I go, when there is not a conflict with the Coco on Homelessness. • Jill- the Council on Homelessness, the quarterly meeting or the monthly 	<p>are comparable in size to CCC.</p>
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meeting?

- **Lauren-** sometimes I go to the quarterly meeting
- **Jill- it's the Coordinated Care**
- **Lauren-** My fear is, if we do this, we will dilute the work that we have to do for those who have a mental illness. We have to stay focused on that, with the understanding that someone with a mental illness, they will be experiences in these other areas. I think the way we have it set up now is Sam, going to Alcohol and Other Drugs meetings, Mike going to Homelessness, we have a representative many times from AOD that come to our meetings. I think that the board would get too large, too wildly and we would lose our focus.
- **Duane- I'm in agreement with Laura. I am sitting here looking at the W&I code, it's real clear. We can join forces by making sure that liaisons come and go. We send people their committee meetings and you report back to us and we need to make sure that they send somebody from their departments, to take part in our meetings and be able to report back, to what's going.**
- **Diana-** before we move off of this topic- there is no question that mental illness is not just in the justice department, jails, homelessness- I don't remember what the numbers are but, 30 to 40% of the homeless have a mental illness and they probably have an addiction issue that can be overlaid. Those are real true parts of mental illness. I don't know how many stories and articles I've read about the fact that our institutions are the homeless encampments and the jails. It is a major factor to the population that we are here to support and help. But, I'm not sure what we would need to do differently, because I don't know if I would want to combine drug and alcohol with the commission. I don't see what value or benefit we'd get. It clearly is part of the story.
- **Gina- I would say on the issues on services because I know with the youth, the TAY population, I think Thunder Road is the only one that's open for services and there's a very big need. A lot of our youth have mental illness, a lot of them are dual diagnosed, and there aren't enough services in the county, I actually think we lost some. The problem, I know there are a lot of services for adults but for the kids, no.**
- **Duane-** There's a pamphlet right on the table, with all the services in Western Contra Costa County that is the first place we need to start.
- **Jill- I think everyone around this table already knows this; the challenge to dual diagnosis facilities are traditionally MediCal wouldn't pay for both. Now, that's changing with the Drug MediCal Waiver. I think that moving forward that is being solved, at least in the short term, until we figure what is happening with the Affordable Care Act. I think that what you're discussing is past issues that are being addressed presently and into the future. If that's the reason you think combining the boards is a good idea, it's happening.**
- **Lauren-** I think a lot of times we perceive that Children's is being short changed, as far as receiving mental health dollars and services but remember the Assessment report that was done, it showed us that actually what we perceive is not true. As much money, if not more, is going towards children as is going towards the adult population, of those between 26 and 59 years old. In fact, in the assessment it actually showed that population, the adults 26 to 59, as far as services within our community, were receiving percentage wise, less of the money from MHSA.

I don't know about realignment funds. Our contract providers, show that more money is spent in children's than in adults. Everyone's heart strings go out to the children but we've got to look at the data and look follow the funding. We only have so much in the pot of money; we don't have parity in mental health and we are extremely short. I am hoping and working night and day so that, at least here in California, at the legislative level that we pass parity for specialty mental health. That will help us have a larger flow of money. If MediCal is block granted to the state and we have a law in place that says specialty mental health is on parity with physical illness, that will help our people who are experiencing mental illness to get better treatment.

- **Barbara-** I agree with Lauren there are differently first steps and the advisory boards and commission there's a limit in terms of what kind of work you can get done with a certain number of bodies. I don't feel like, putting them all together, as they are works. At the same time, I feel like each of these groups has some deep work to do and are overtaxing in and of each other. We need to do that work at that level and I'm looking at how the liaison option works, how well is it working, how can it work better or creating a inter advisory board committee, that comes together regularly to focus on the issues that overlap, can be another way to achieve the objectives that your identifying. I just wondering if there are different structural ways to accomplish the same.
- **Sam-** I think there's a misconception going on here. There's already integrated Behavioral Health Boards in California and they didn't combine it. That misconception about combining doesn't fit the law. These boards existing now, in California, are basically under the mandate of the Mental Health Commission. OK? We are not talking about combining the two groups or three groups. We are still within the law that mandates the Mental Health Board, what they did was add to, which the law allows. We are not changing the proportions at all. We can add people from Alcohol and Other Drugs; we can add people from Health, Home and Homelessness and still maintain what is mandated in the law. We already have these boards in existence, we are not breaking any law, and we are within the law, but yet bringing the integration in the Mental Health Board Commission by changing it, by saying that we are now a Mental Health/Substance Abuse/Homelessness Advisory Board. There are different names on how to state it and there are several counties that already have made the change. The other thing that I want to emphasize is that I would never compare myself with some of the members on the AOD board or the HHH board, they have the commitment, dedication that I don't have. They are out in the community, trying to change and help people, which I don't do. I can't say that I will represent them, never.
- **Duane-** Why don't we set up a committee, Sam and Gina, to see what the strength is in integrating and what the weaknesses are? I want a full report.
- **Barbara-** Maybe looking at the experiences of the counties that have integrated, if it's working well for them, or not, how did they do it.
- **Gina-** I wanted to say in the DSM 5, yes there is dual diagnosis, drug and alcohol, it's integrated in the system. With the kids there is a lack of helping people with issues, they have to wait until they're 18 for substance abuse.
- **Duane-** Then all that information is what you need to put it in the report and give it to the committee, Executive Committee, and then maybe we can see that we need the law to be changed. Different boards that follow

mental health the can take it to the State Legislator and say- the law needs to be changed.

- **Gina-** Does AOD take care of kids?
- **Attendees-** yes, they do.
- **Barbara-** I just want to put out there and you may or may not want to consider this in your committee, these are just organizational structural approaches and there are many different ways in which we can achieve the objective of bringing all three groups perspectives together. There are many different ways to do it and you may want to take that into consideration.
- **Duane-** I then ask the two of you (Sam/Gina) to put it all together for us, the size of Contra Costa, cause it may be easier for smaller counties to do it.
- **Lauren-** Sam, it seems like you've done some research on this and I am not familiar with this and can you tell us where we would find information on what counties have already integrated?
- **Adam-** quite a few, off the top of my head, I know that Sutter County has and a couple of others, I've done a little research on it too. Often times, what happens, speaking personally not for the department, I do think that there is some validity to efficiencies towards that, administratively. It is a lot of process and the Board of Supervisors will need to be involved and approving that sort of structural change. The departments will need to be on board, you will have to go as far as disband, by order, the current formation of those committees and reconstitute it by new appointments. It is a big bureaucratic lift, to do, but it's worth looking at. I think this idea of an ad-hoc committee to look at is a reasonable sound one.
- **Sam-** I do have some information
- **Diana-** What is the picture? The others go away and we become one large one? But you're saying that a representative from the AOD and HHH, that sits on our board?
- **Adam-** that's how some counties are doing it but it doesn't have to be, I suppose?
- **Jill-** To give you a little back up, when you set up an advisory body, it's done through a "Board Order," it establishes it, it determines- we just did this with the Sustainability Commission, it's quite a process. You determine how many seats, who will sit on those seats, whether there district seats, specific named seats, then you go through- like the Mental Health Commission are all district seats, the Supervisor's all do their own. If it's named seats then that goes through either internal operations or Family and Human Services to do the recruitment, the interviews, and the appointments. You create the Board Order, determine what seats, fill the seats, determine what the terms are, what the mandate is, who they report to- so you do all of that. If you are talking about taking, for example, Mental Health Commission and AOD, and combining those boards, well you have two different Board Orders that establish them. You will need to go through a process to combine them and create one body, through board action. It's not impossible, by any means, like I said; we just created the Sustainability Commission. It doesn't happen often, we from time to time, sunset advisory bodies that are no longer serving a purpose for a variety of reasons. Sometimes we integrate what they do into another board or commission. It's a process and I think starting with a work group or task force, to research it and determine the best path to go forward is a place to start. My guess is that it would be easier to look

at Mental Health Commission and what will now be called SUD (Substance Use Disorders). I think it will be too challenging to add Homelessness into it, quite frankly. They just redid the Council on Homelessness and it was really carefully planned out. Lavonna determined what seats would be best to really address that and it's different funding streams too. I think to do a deep dive first, then look at it, then you can propose it to the Board of Supervisors and if their interested they can take it up under Family and Human Services, or IOC, to determine whether or not that is in the best interests to the County?

- **Adam-** it's worth looking at, I do think its worth to study. If you guys want to do that, everyone's points are right on here.
- **Diana-** if we didn't go forward, Lavonna came a couple of times to the commission and presented information on homeless and what was going on and what changes we expected to see, it was a really good overview. But, we don't have an active role now. It's more informational for us to fill in the picture and having that kind of a presentation from SUDS and have them come, annually, would be again the same thing, it would be more informational without really a role. If were to change it, were we had a more integrated role, then what would we as commissioners be doing differently? Is that what you're going to find out?
- **Duane-** That's what they're going to find out and look at other counties like us. LA County has changed but it's a complete different one, they stand on their own. Do we need a
- **Jill-** they have a lot of funding
- **Lauren-** I was just wondering Adam, do you have to ask County Council or can you find out the one that I wanted to be assured of is that, whichever decision we make, that the mandated things that are set for the Welfare and Institutions Codes would not be lost if we disbanded and created another board? I don't know the answer to that.
- **Adam-** that will all go through County Council for sure. The examples that I've looked at, and I am not the expert, but I have seen a couple of examples- the Welfare and Institution Codes was referenced as part it. That's the State mandate and the Board gives that authority out to you.
- **Duane-** let me say this, Adam and Jill, you both seem very educated on this would you two assist Gina and Sam?
- **Gina-** I would like to research more of this myself
- **Adam-** you're welcome to bounce anything off of me, you're welcome to do so. Do you want to do an official motion to do the ad hoc committee?
- **Barbara-** I have more comments, as far the research- you can look at what areas diverge. Because there's overlap and there's going to be things that are totally different, so how do you resources to cover these different things?
- **Adam-** I think there's a ton of things to do with this, if this is something that we're interested in doing? The first step would just understand what's out there and we are on that path with doing some research.
- **Diana-** and the drawbacks need to be included and part of the brigade.
- **Duane-** So, do we have a motion to form this committee?
- **Jill-** Is it a task force or work group? What does your official Bylaws say that you can create?
- **Adam-** It's an Ad Hoc committee
- **Barbara-** I MOVE THAT WE CREATE AN AD HOC COMMITTEE TO RESEARCH AND UNDERSTAND THE BENEFITS AND DRAWBACKS TO MERGE WITH THE

<p>AOD/SUD AND/OR HOMELESS ADVISORY BOARDS. Gina seconded the motion VOTE: 5-0-0 YAYS: Duane, Barbara, Sam, Diana, Gina NAYS: none ABSTAIN: none ABSENT: none</p>	
<p>IX. DISCUSS the scope and structure of the Commission’s role in participating in on-site reviews of treatment and residential care facilities with Behavioral health Administrative staff</p> <ul style="list-style-type: none"> • Lauren- As far as MHSA, as far as those facilities that receive MHSA funds, we as a commission have been invited numerous times to go out to visit the different sites. I have had the opportunity to go to six different sites, only six, but there are more. There are residential sites and locked facilities that receive realignment funds one and two. I have not been to those sites. Duane and I went to the Brookside and Concord shelters to visit. I have gone on a number of occasions to the Don Brown’s site, which is in Antioch. I have also been to other sites that many of our clients go to: the Bay Area Rescue Mission, the TLC homes, the By Brett homes, Diablo Valley Ranch and Riverhouse- I have done so as a concerned citizen. I’ve made four trips, with Bob Thigpen to Riverhouse. There are many times that Commissioners Connie Steers has been out many times to many of the facilities and Commissioner Tess Paioli. They have even gone in the middle of the night to help bring supplies and things needed to people at these facilities, especially at Riverhouse. It’s very hard to bring a whole commission to visit a site. I don’t think we’re gonna get a true picture and we have to be vigilant and signing up for the MHSA program and fiscal reviews because you get a deep dive when you go to that. The committee that you work with will show you the contracts that are signed, the inner workings of the reports that have to be filed, monthly, you will receive a lot of information and go out on two occasions to see the site. Some of our sites there are very important and have two commissions go to the Crestwood in Pleasant Hill that has two programs going. Duane and I have been to Family Courtyard on several occasions. I have not gone to OUR HOUSE in Vallejo, although it’s not in our county, it does have our residents, I haven’t been to CRESTWOOD in Stockton or the one in Vallejo, these are more intense sites. If we wanted to do that type, I would think that type I would think that we would need to work closely with Joseph Ortega and Jan Cobaleda-Kegler that work with Adults and the bed committee. • Duane- I thought we invited them to this meeting? • Adam- I think we did too • Liza/EA- Yes, they were invited, Joe was not able to come due to prior commitments to scheduled sites. He’s out in the field doing reviews of sites. Jan had a schedule conflict with another meeting. • Lauren- The other administrator who has deep responsibilities and is out dealing in the fields is Jane Yoo. I do believe that if there were specific sites that we wanted to look at, if we contacted Jane or Joseph, they both are very receptive. • Duane- I agree that every commissioner should be doing a site visits, at least one or two and you should see where the county is placing people and what’s out there. See what we are advocating for, see that people are being taken care the way they should be. I sent a copy of Napa’s PROGRAM OBSERVATION REPORT, that they do, their commissioner’s do. It’s in the folder that the Liza/EA did for us; it’s well done and good. It tells 	

you something different that the county reports are asking for. It fits the needs of what the Mental Health Commission do, so Liza, make a copy for everyone. We need to do this and we need to document that we're doing it. That's part of our mandates or jobs.

- **Gina-** You know how many places that I've been, a lot, all over the county, even in East County, Central County to different facilities. What are you asking, are you asking us to do the review? I do not understand, so please tell me.
- **Barbara-** **It came from me, to get it on to the agenda that I have heard that people have said- there are all these homes out there and we're advocating to your point; do we know what we are advocating for? Is it our responsibility to be out to the sites?**
- **Gina-** most of the times that I've gone, it's because I've gone with a consumer. I've been to Putnam house, Hope House, AOT, to the Native American Center, to Cali House, Crestwood- it's usually because I'm invited by a consumer or just happens to be a circumstance. I don't understand what you want?
- **Duane-** **let me tell you what we want: we need to develop a form, for Commissioners to take with them and when they're at a facility, like whether you went to visit a facility for one reason or another, there's some questions on here that you can ask, as a Commissioner, or should be asking.**
- **Gina-** How do you do that when- I am more a participant.
- **Duane-** **If you're going as a Commissioner, you are obligated to report back observations of what you see. If you go as a private or public citizen, it doesn't matter. If they are inviting you as a Commissioner, then you do need to report, you need to follow the Bylaws.**
- **Gina-** I've been doing this since I've been on the Commission and there is a need or stuff comes up.
- **Barbara-** **to me, we have the list of the facilities and I feel as a group we should be tracking and become familiar with them. And, we need to follow up and divide the list among the Commissioners to be responsible.**
- **Gina-** driving is an issue for you and I need to know where I'm going and where it is.
- **Barbara-** **so you would sign up for a place that's close to where you live**
- **Jill-** I think you have to be careful and I think that's what the Bylaws cover. If your there as an invited guest with somebody, then you're not wearing your Commissioner hat, otherwise it winds up like an "I gotcha" if you see something
- **Gina-** **I am not into "I gotcha" I don't want to do that.**
- **Jill-** Right? So that's what I'm saying. Versus, if you go as part of a review of residential care facilities with Behavioral Health, then you're in that role of observing and documenting what you see.
- **Lauren-** **There is one group of housing that was funded by MHSA that has no one going to see. It's permanent housing, it was built with Capital Facilities money and there are a number of apartments/homes that were built. It was like \$8 million dollars that were put into these facilities and I don't think that we, as a Commission, have never been out formally to see the units, to be assured that these units are still being used for what they were bought and purchased with MHSA funds and were to remain as housing for the mentally ill. That's something that we need to check with**

Jane Yoo and Joseph Ortega. How are we being assured that these residents are being kept and set aside for those with a serious mental illness?

- **Liza/EA-** Can you please state the name of the facility or facilities?
- **Lauren-** Villa Vasquenselas is in Walnut Creek = has three units, Virginia Avenue in Richmond = has two and Garden Park in Concord = one unit, Lilly Mae Jones in Richmond = has seven units, ANKA ONE in Antioch has four units, ANKA TWO in Pittsburg has four units, ROBIN LANE in Concord = has five units, ALONE GARDENS in El Cerrito = has five units and THIRD AVENUE in Walnut Creek = has five units. I think this is something that the Commission should make sure that is happening because some of these sites reside in very coveted areas.
- **Adam-** Housing and facilities is a huge topic and I am trying to get into a manageable chunk to do something with here
- **Jill-** that concern seems to fall outside the scope of item VIII.
- **Adam-** what do you guys want to do? I want to make it happen for you but I am trying to get clear on where to go with it first?
- **Barbara-** That's why we are here discussing this now
- **Gina-** This is what I'm thinking about, me going by myself to a place, I don't feel comfortable
- **Duane-** housing visits are made- yes or no?
- **Jill-** As worded in item VIII-" ...onsite reviews of treatment and residential care facilities with Behavioral Health Administrative staff" is that what you're talking about?
- **Barbara-** I put together the language for this and I wasn't paying that much attention to it, to me it was any or all or a sub-section of it. That's why I threw the cast or the net.
- **Adam-** I'm wondering, even taking a step back, residential care facilities and treatment, which is a big enough job. Where do you want to start with that? What committee is this coming out of? What meeting do you want to go first? Do you want to arrange something with Crestwood? Does it want to happen by itself? Does it need to be with a staff member?
- **Barbara-** I think that's what we're starting with, it's to get this conversation going. What the objectives would be? How we would do it? What are our options for conducting the work?
- **Duane-** This is something that we are mandated to do! And we are trying to figure out: how we're going to do it, what do we need? We need help in doing this. The help we need is for the people that are going to do a site visit. If staff know that they are going to do visits, they have a schedule, why not share that schedule with us so the commission can choose who wants to go to what?
- **Gina-** Are we going alone? Or are we going with someone? Oh, ok
- **Jill-** Here's where the confusion is happening. I know you just used Riverhouse as an example, we are not responsible for inspecting Riverhouse, so we don't do that, so that's the challenge. So that's where we're having a hard time with this. Let me back up one step further, you're doing the visits with the MHSA funded programs, right?
- **Diana-** right
- **Jill-** don't go beyond that, help me here, so you do the visits with the MHSA programs, you've done that?
- **Diana-** We've had the opportunity, I have not done one and we haven't really talked about it in for almost two years

- **Jill-** So that's happening or happened?
- **Duane-** **it's happened one time, twice. Last time we went with the mental health staff was to Family Courtyard, or did we go on our own?**
- **Lauren-** we went with mental health staff, because they had never been there before
- **Jill- Explain to me the next layer that's missing. Not using Riverhouse because we don't inspect Riverhouse.**
- **Lauren-** ok so we have a number of facilities that we have not stepped foot in that are paid for through realignment one and realignment two. These are the locked facilities.
- **Adam-** **so they're MHRC's**
- **Lauren-** Yes, they are locked facilities and there are unlocked facilities such as, Our House, that we have contracts with and we don't really even have that mapped out. So I would think that one of the first things that we need to do is to have a discussion with Jane Yoo and Joseph Ortega, as to where they go. What they visit, how they visit them? I'm sure that they are visiting them on a regular basis and filling out reports. We don't see that. If they aren't visiting them on a regular basis, then maybe that is something that we as a commission would want to suggest happen. Maybe there are times that we would like to see, since we're spending as a county, I don't know what the number is, let's say \$1.7 million dollars are being spent on youth homes and nobody is visiting these sites, how do we know what is happening? Let's go see what is happening with that money. We have a number of people that are in locked facilities at Crestwood Stockton, do we consider that facilities, as Contra Costa residents feel that they are adequately providing for the needs of our people?
- **Adam-ok, so there's so much there and that's a full program job to do that.**
- **Barbara-** I think, just back up here- this is a discussion and we are tossing out what we know and what questions we have. Just to talk about those ideas doesn't mean that it all needs to be taken in A or B, that anything we do, I can see the implementation being staged and there's only so much we can do as a commission. The commission, we need to decide what our particular goals are and the highest priorities of types of facilities we need to focus on.
- **Adam-** **It sounds like you're interested in seeing the Crestwood facilities**
- **Lauren/Duane-** we've seen Crestwood
- **Adam-** **so which ones are you interested in- Crestwood Vallejo, you've been out to those ones?**
- **Lauren-** no, we've been to Crestwood Pleasant Hill
- **Jill-** **So I guess the first question is: What is the Behavioral Health visitation schedule for these types of facilities? That would be the first question, right? And then, from there, once you've gathered that information you all determine what parts of it you want to implement in what stages, right?**
- **Duane/Diana-** right
- **Barbara-** **I think the first phase is figuring out what our objective is**
- **Jill-** I thought I heard that, it was just to be familiar with what we're providing out there in the community, I know I heard somebody say that.
- **Adam-** **What I would suggest, as far as the Crestwood go- without talking about the broader issue which needs a lot of work, to massage out, I would like to try to arrange some sort of meeting with Joe and Jan to see**

how that might look? That might be the easiest first start. It doesn't have to be a full commission meeting; it can be just a chat to see what that is like? I don't know, maybe a smaller group of the commission, another ad hoc to discuss it. I think that's a good place to start. That specific one because that is a big one. As far as an ongoing thing, there's some structural things Barbara, like your saying, where we going to do this, what are we trying to get out of it, how do we want to do this, on an ongoing basis or what committee is looking at it, what's expected of the staff, how to arrange the calendar, all that stuff, can be discussed down the road. As far as the Crestwood one, I don't know what the rules are and I don't know how comfortable the providers are or our staff schedules or how all that works. Not that you can't go see them, I just don't know these things, so I think that's where we start that conversation with Jan and Joe.

- **Barbara-** regardless if, it's an organized thing or not, we have a right to go visit these sites and a responsibility to do so.
- **Jill- sometimes- if it's a locked facility, you need permission to gain access**
- **Barbara-** I'm saying within reason.
- **Diana-** I have a couple of thoughts- with the MHSA, physical reviews, we have a process in place where we can in fact, open participation to the broader commission, and we could. Right now it's been a focus of the Finance committee because that's where the funding is. That has a process that we could easily play into with a model. That is one thing that we can acknowledge that we want to expand that role. Like I mentioned before, when I first started on the committee we had a lot of discussion and opportunity to join Warren and his team to do that. I haven't heard it come up that we have been invited for a long time to participate.
- **Lauren-** About six months ago, the list went around again
- **Diana- Maybe I missed that meeting. But I think that that is one place that we have. And that gives us a model on what you're looking at and how you might go about it. If we have the conversation that we talking about with Jan and Joe, to sort of see what the options are and tag along on a visit might be interesting to see what we learn.**
- **Barbara-** Right, I think we should be piggy backing the whole way.
- **Adam- the stuff on the MHSA side is a tighter ship. Joe is out at these facilities every day; he's there all the time. Warren administers that program and that might end up being a discussion. That is easier to integrate and that is the lion share of the adult, you get most of the board and cares in that. What you don't see is the MHRC's and those other ones and that part, is again, operated out of the Adult Program Chief, it's a little bit different.**
- **Gina-** I have a question, I know that the State comes in and makes visits at the facilities; don't they come into the locked facilities too? Just talking about this, my anxiety level is like at a ten! I don't want to go to a locked facility. I think from the consumer side, if you're coming over to do a visit, if it was me, I would feel like your invading my space. I have to understand what the reason is to tell these people.
- **Adam-** I would imagine that the state does a lot of certification. You guys do have a role to see them and visit them and I'm ok with that, it's just how we make it happen. Regarding item IX, let's get Joe and Jan to talk about this at the full commission meeting to talk about this.
- **Barbara-** you wouldn't sign up for that then Gina- you don't have to go to a

locked facility, you pick the ones you want to go. Well, they were supposed to be here and I am sorry everyone that their not.

- **Adam- just so everyone knows, we are in the middle of our triannual audit right now. We are all wildly preparing documents and its six inch binder's worth of stuff that is going to get reviewed right now, everyone is putting this together, and staff is a little bit scarce and slammed. I just wanted to let everyone know, if we've feeling a little bit distant at the moment that goes to the Behavioral Health side.**
- **Duane-** I walked in one day, unannounced, ok to the Brookside shelter, and when I got in there I noticed that there were more fly's than clients. The flies were everywhere and when I saw the flies on the food, I had enough. I reported what I saw and of course there were excuses made but it got straightened out. That's what I'm saying, I don't care what we do, and our clients have a right to be treated with dignity and respect. That means that they shouldn't have flies flying all over their food. Maybe we don't have what we need to have but what we've got we need to make sure that it's being taken care of properly.
- **Diana- I think that takes a certain amount of comfort level to go unannounced into a facility. I probably wouldn't do it. I would want to go holding somebody's hand, at least the first few times and have a fairly good checklist of things that I would look at or do or respond. And who knows what that's going to look at because I can't build it. So, Gina, your concern, put it away because I right there with you.**
- **Gina-** I think I would be fine if I was with someone like Warren, I'd feel more comfortable because you're going with someone who is a staff person and that for me is very important. I don't want to go by myself, that's all I know. I have gone to facilities, but to go as a commissioner and come back with a report, that's a whole other issue. But I do think that it's important, I agree, we do need to see what's going on.
- **Duane- I would never ask any of you to go by yourself. Some of us have more experience doing this and are ok going by ourselves. Let's look at the observation report from Napa, look at the information that they gather. We need to see what information we need. Because right now, we have none! I hate it when someone says to me- well somebody says- no, no, no...if somebody said something, have them write it, I want it in writing. That is more powerful than – somebody said. Then we as a commission can look at it and close the gaps and it tells the people that we are really looking at what they're doing.**
- **Lauren-** I wanted to thank Adam, the information that he did. Because we do get scattered information all the time. This report he did is clear and delineates what is what. The fact that we have this Napa observation example helps, having this discussion helped to put a lot of things in a workable framework that we can move forward on.
- **Barbara- we started this in the Quality of Care Committee because we were looking at it from that perspective but we then realized it's a full commission effort that needs to be made.**
- **Liza/EA-** That's why I gave you all the copies of the Napa example so you collectively, as a group, can decide what you would like me to fine tune. Then, I can create the Contra Costa Mental Health Commission observation report.
- **Lauren- we did have one, I don't know if it got lost, once when the computer got fried, it was a few years ago.**

<ul style="list-style-type: none"> • Liza/EA- Your right, there was an old one but I do think that this form is better • Lauren- I think your right, it's much better. • Duane- I love this Mental Health Board Task List- where did this come from? This is beautiful. • Barbara- I suspect, I know who that was • Duane- I looked at this and I wanted copies for Barbara and I and I want copies for everybody. It's clear, it tells us what to do, what we're responsible for and I know we haven't done any patients' rights advocacy updates. • Liza/EA- I did, I provided a copy for everyone • Barbara- we just started that conversation in the Quality of Care committee, with the different groups that are active, like OCE (Office of Consumer Empowerment). • Gina- there is a problem with people under conservatorship and I don't think OCE deals with those issues. 	
<p>X. CONSIDER forwarding, to a future Commission meeting, an agenda item to receive and report on housing and residential placement including topics requested to be addressed</p> <ul style="list-style-type: none"> • Barbara- Can we move on to item ten and come back to this? I thought that there was one that there is so much going on and that you would like to see a report. What kind of report would you like to see? • Sam- Any of these concerns have resolution? Or do we just pass on to the next? • Barbara- I don't know, I am not certain to what it is that you would like to be presented at the commission • Sam- I can email them to you • Barbara- that would be great • Diana- what about the homeless count? Lavonna's information and update last year was really good, maybe we can do that again, I would like that to be an annual update. • Jill- the homeless count is not in yet. 	<p>Sam- email Barbara a list of items to present to the commission</p> <p>Barbara- Invite Lavonna to do another update regarding the homeless</p>
<p>XI. DISCUSS outreach and communication Commission goals for 2017 responsibilities for visiting facilities in 2017</p> <ul style="list-style-type: none"> • Duane- the one thing I would like to see as quickly as possible the mailing list for the Mental Health Commission. • Jill- Are you asking for that email list offline or to be presented at the next meeting? • Duane- just for me, I just want to see what are we lacking and who are we missing? One of the providers said that they are not getting any information about our meetings. I want to see what's going on. • Liza- Since I did get the website changed, with my contact information, I have been getting calls and emails for request to get added to the list. At least two to four a week that I'm adding to the list. • Duane- We need to have our information on the web page updated. • We need to take a picture, the next time we have everybody together, with our badges. • Has anybody thought about us doing a newsletter? • Liza/EA- or a brochure? I was given a sample, this week by Adam, and I will get started on it so it's ready for Mental Health Awareness month in 	<p>Liza/EA- will forward the email list for MHC to the Chair the following week and will have the web page updated and create a brochure for the Mental Health Commission</p> <p>Lauren/Barbara- call NAMI (Dave) to request a column in monthly newsletter and write an article for Mental Health Awareness Month</p> <p>Duane- call Chair of</p>

<p>May.</p> <ul style="list-style-type: none"> • Jill- that would be great to present the new brochure at the next EC's agenda in April and everyone can make changes, edits and then roll out in May. • Lauren- you're talking about a newsletter, I was wondering, I know that they will give you a column if you asked, but NAMI puts out an excellent newsletter each month that zeros in on very specific topics. This month, Jan Cobaleda-Kegler, is the person in administration that they're interviewing. Dave Kegler is the editor and puts out a beautiful newsletter each month. • Jill- is the Mental Health Commission monthly meeting posted in there? • Lauren- yes and we can ask for a column, he would love it • Liza/EA- who would be in charge of writing the column from the commission? • Duane- I think it would be a beautiful thing for Barbara and Lauren to do it together • Lauren- no, I am not writing any articles for NAMI, sorry • Barbara- Liza, you're a good writer • Liza/EA- it should come from an advocate's point of view, don't you think? • Lauren- we could rotate it amongst the committee's we could do that • Gina- we can give an update about our committee's and write a little article about the meeting • Lauren- we talking about 300 words but 300 words of editorial quality, monthly, it would take some time • Barbara- it can be quarterly? • Duane- ok, so Barbara and I will work on that • Liza/EA- how about having an article posted for May, for Mental Health Awareness Month? • Jill- that would be a great kick off for that • Duane- we need to make a presentation to the Board • Lauren- we did one year do a beautiful presentation where Roberto Roman did a singing number, the year before • Jill- somebody needs to contact either Supervisor's Glover's office or the Clerk of the Board and get it on the agenda, for a presentation. Cause they only allow three presentations a meeting. • Duane- Jill, can you help us with that? I won't do the presentation. Somebody from the commission needs to ask Supervisor Glover • Jill- you contact Supervisor Glover and let him know you want a presentation done for Mental Health Awareness Month, they do the resolution and the put the place holder in. He's the Chair of the Board this year, so that's how you do it, so he would be the one doing the resolution. • Duane- ok, I'll do that, I'll contact him. • Jill- I have one other suggestion when it comes to presentations. Since we already have an outline for the resolution, you can provide it to the cities that anybody is willing to go to get on their agendas. Some of the cities will put it as a presentation others will just do consent and sent you a resolution afterwards. But anybody can go to the meeting and submit a speaker card and it's pulled off of consent and you can talk about it at public comment. If you want to get awareness out there and stigma reduced, that's the way you do it. Prescription drugs does it, all these 	<p>the Board of Supervisor's Glover for Resolution for Mental Health Awareness Month to add to agendize the presentation- ASAP</p>
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<p>different organizations do it and go to all the different cities.</p> <ul style="list-style-type: none"> • Liza/EA- Even if you just do your own city, where you reside. • Duane- that's a good idea • Lauren- you would have to do it this week to get on the different venues of the different cities • Gina- there must be someone who does outreach to the mental health community, who is that person and how can we be a part of something like that or do something like that? Outreach events, we can't we do something and invite the community? • Lauren- NAMI rotates their community outreach events because you have to sign up, depending on availability, primarily in Concord. Not West County or East County to bring the consumers in and contact all the facilities and make sure that the people have rides to get there. NAMI has a lot of community fund raisers. • Jill- there is no funding for PR anywhere within the County. The Information Officer interacts with the media, in charge of the website and to keep it current 	
<p>XII. Adjourn Meeting at 5:13pm</p>	

Respectfully submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
March 31, 2017
Final minutes approved on April 25, 2017