

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
November 4, 2020**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Cmsr. B. Serwin, MHC Chair, called the meeting to order @ 4:33 pm</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Diane Burgis, Supervisor, District III Cmsr. Laura Griffin, District V Cmsr, John Kincaid, District II Cmsr. Kate Lewis, District I Cmsr. Leslie May, Vice-Chair, District V Cmsr. Joe Metro, District V Cmsr. Kira Monterrey, District III Cmsr. Alana Russaw, District IV (arrived after start of meeting) Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Cmsr. Graham Wiseman, District II</p> <p><u>Members Absent:</u> Cmsr, Douglas Dunn, District III</p> <p><u>Other Attendees:</u> Dr. Suzanne Tavano, Behavioral Health Director, Contra Costa Behavioral Health Services (CCBHS) Erika Jensen (Deputy Director, Contra Costa Health Services) Carolyn Goldstein-Hidalgo (Program Manager, ACTION Team, Mental Health Systems, Inc.) Colleen Awad Isenberg (Representative of Supervisor Karen Mitchoff’s Office) Jennifer Bruggeman (Mental Health Services Act (MHSA), Program Manager) Cri Campbell Gigi Crowder Mark Goodman, Chief of Staff, Supervisor Diane Burgis’ Office Karen Lai Anna Lubarov Audrey Montana (MHSA Administrative Support) Dawn Morrow Margaret Netherby Teresa Pasquini Dom Pruett (Representative of Supervisor Candace Andersen’s Office) Jill Ray (Representative of Supervisor Candace Andersen’s Office) Stephanie Regular Jennifer Tuipulotu Kenneth Washington Isabelle Young</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENT: None</p>	
<p>III. COMMISSIONER COMMENT:</p> <ul style="list-style-type: none"> (Cmsr. G. Wiseman) Attended a Conference regarding Fresno County. They quoted Peter Drucker (Management Consultant) “If you can’t measure it, you can’t improve it”. Fresno County has implemented the Columbia Suicide Severity Risk Scale. County schools and emergency medical personnel refer to this scale. The County receives a monthly report from all emergency rooms of suicide attempts or patients with strong suicide ideation. They can then 	

<p>measure what is happening in their county in regards to mental health in regards to the severity of suicide ideation countywide. Recommend discuss this as a Commission at a later date.</p>	
<p>IV. CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. B. Serwin) <ul style="list-style-type: none"> ○ Commissioner Douglas Dunn – Has been ill but is recovering. Flowers will be delivered to his home. Three hundred fifty dollars was donated to the organization of his choice – John Muir Health Foundation - Cardiovascular Surgery Unit. ○ Last month during the Commission meeting, Raji Razmin spoke during Public Comment about the need for mental health services for the Afghan community. I reached out to Mr. Razmin and conducted research. There are issues regarding Post Traumatic Stress Disorder and the challenges of being immigrants, lacking money and not speaking English. We have a Mental Health Commission Prevention, Education and Intervention (PEI) Program run by the Jewish Family and Community Services which helps the Afghan community with some mental health services and provides supports. Thank you to Commissioners Kate Lewis and Kira Monterrey who will address this issue and conduct additional research on this community’s mental health needs. 	
<p>V. APROVE October 7, 2020 Meeting Minutes</p> <ul style="list-style-type: none"> • October 7, 2020 Minutes reviewed. Motion: Supervisor D. Burgis moved to approve the minutes as written. Seconded by G. Wiseman. Vote: 11-0-0 Ayes: B. Serwin (Chair), D. Burgis, L. Griffin, J. Kincaid, K. Lewis, L. May, J. Metro, K. Monterrey, G. Stern, G. Swirsding, G. Wiseman Abstain: 0 	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. UPDATE on the replacement of the MHC Executive Assistant (5 minutes): (Chair, Commissioner Barbara Serwin)</p> <ul style="list-style-type: none"> • The Executive Assistant position will be classified as a Senior Clerk position • Will continue to be located within the structure of the Mental Health Services Act (MHSA) and the MHSA Program Manager, Jennifer Bruggeman, will be providing oversight • Position has been advertised internally within the County. The bid remains open until November 6th. • Interviews for the position will be held in mid-November • Jennifer Bruggeman will receive and review the applications and conduct the initial interviews of the top candidates • The final candidates will then be interviewed by the Commission members. Cmsr. B. Serwin and Jennifer Bruggeman will participate. Will ask members of the Executive Committee to also participate in the interviews. If unable to participate, will contact Committee Chairs. • Training will be conducted by the Chair of the Commission (Cmsr. Barbara Serwin), Jennifer Bruggeman and MHSA Senior Clerk (Audrey Montana) • Hope to have the interviewing process completed in November • Goal is to have the Mental Health Commission’s Senior Clerk start before the holidays • (Cmsr. John Kincaid) Happy seeing support and that this is going forward quickly as we need that person. • Want say thank you to the MHSA staff, Jennifer Bruggeman and Audrey Montana, for their amazing support of the Commission during this time. 	

VII. DISCUSS Commission open seats and recruitment (10 minutes):

(Chair, Commissioner Barbara Serwin)

- Vacant Commission Seats
 - District III – Consumer Vacant Position
(Supervisor Burgis’ District – Most of Antioch, Brentwood, Oakley, unincorporated areas from Bethel Island to Discovery Bay to Blackhawk, Tassahara, Diablo and into Morgan Territory)
 - District II - Family Member Vacant Position
Consumer vacant Position
(Supervisor Mitchoff’s District- Pleasant Hill, Concord, Part of Walnut Creek and Clayton)
(Note: Currently have an application for the Family Member position submitted to Supervisor Mitchoff’s office)
- Recruitment
 - Supervisors reach out the community in their District. Those interested reach out directly to the supervisor in their district to apply. Also found Commissioners through word of mouth.
 - If you know of a Family Member or Consumer who may be interested in becoming a Commissioner of the Mental Health Commission, please reach out to that person
 - Reviewed the Job Description for a Commissioner – involves approximately fifteen hours a month
- Commissioner Appointment Expiration Dates
 - According to the Mental Health Commission Bylaws, Commissioner terms are generally for three years. All positions end in June.
 - In my experience, the information concerning the upcoming expiration of term comes from my District Supervisor. Unsure who would initiate the process to proceed with continuation of the term of appointment.
 - (Cmsr. G. Swirsding) The chart indicates my term expired in June 2020. I have been in contact with my District Supervisor John Gioia several times and I have not been informed of the expiration of the term. Usually it was the Mental Health Commission Executive Assistant, which we do not have currently, who would notify us of the upcoming expiration date. In the past, I had to go to an office Martinez and fill out an application. Commissioner Geri Stern and I have the same District Supervisor.
 - (Supervisor D. Burgis) As a County Supervisor, I appoint people to several different Committees. Is difficult to track for all the County Committees. I recently met with my staff to review all Committee members’ term dates. During COVID has been more challenging. Recommend contacting Supervisor Gioia’s office and indicate you would like to be re-appointed. Just send an email and let them know. Electronically they can help you through the process. If the MHSA Senior Clerk, Audrey Montana, can notify people that would be helpful for the District Supervisors and the Mental Health Commission.
 - (Cmsr. J. Kincaid) The terms for Mental Health Commission Committee membership is the end of the year. Is not the same as the dates in the Bylaws for Mental Health Commission Commissioners – appears this term may be the end of the fiscal year in June. Recommend discuss revising the Mental Health Commission Bylaws in the Mental Health Commission Executive Committee to reflect a calendar year for term expiration dates.

<p>Comments and Questions:</p> <ul style="list-style-type: none"> (Gigi Crowder) Is there any effort to ensure the Mental Health Commission membership is reflective of the diversity and language spoken in this County? Response: (Supervisor D. Burgis) We have a hard time recruiting people for all committees including the Mental Health Commission. We look into the Census and tap into different organizations that can help us with the diversity so that we can have better representation on all committees. (Gigi Crowder) We have a lot of volunteers at NAMI and some may be interested. I can support that effort. (Supervisor D. Burgis) Recommend people subscribe to the District Supervisor’s newsletter. I list all committees we are recruiting for in our newsletter. (Cmsr. B. Serwin) We do not advertise with NAMI or CPAW but we can do so. 	
<p>VIII: ANNOUNCE slate for 2021 Officer and Executive Committee positions (5 minutes):</p> <p>(Commissioner John Kincaid)</p> <ul style="list-style-type: none"> Members of Nominating Committee – Thank you to Commissioners Alana Russaw and Kira Monterrey Chair of the Mental Health Commission <ul style="list-style-type: none"> Commissioner Barbara Serwin, has termed out as Chair of the Commission. Served for three full terms. Cannot repeat in that same position. Two qualified, experienced Candidates for Chair position Commissioner Laura Griffin (District V) – Is a Commissioner of the Mental Health Commission, is serving on the Grand Jury, has long experience with the Office of Education, MHC Quality of Care Committee and working hard on the Site Visit Program Commissioner Graham Wiseman (District II) – Is a Commissioner of the Mental Health Commission, is on the MHSA Finance Committee, is a member of the MHSA Consolidated Planning and Advisory Workgroup (CPAW), Co-Founder of Being Well California, is an advocate for Mental Health in the Community and also focuses on youth mental health, suicide prevention and is a member of NAMI. He is also a member of the California Department of Education Suicide Response Team and the California Student Mental Wellness Policy Workgroup. Vice Chair of the Mental Health Commission <ul style="list-style-type: none"> Commissioners Barbara Serwin, Graham Wiseman, Laura Griffin, Leslie May (Current Vice Chair) are running for the Vice Chair Position Mental Health Commission - Executive Committee <ul style="list-style-type: none"> Currently has three members but would like to have more members The Mental Health Commission Chair and Vice Chair automatically become members of the Executive Committee Those who are not appointed as Chair or Vice Chair would be eligible to be on the Executive Committee The five who can run for the Executive Committee currently – Commissioners Barbara Serwin, Graham Wiseman, Laura Griffin, Leslie May and John Kincaid (5 candidates) Can have five members of the Executive Committee Elections <ul style="list-style-type: none"> Will be held next month during the full Mental Health Commission meeting (Cmsr. B. Serwin) Thank you to the Nominating Committee. Not an easy task. Everyone responded very quickly and we are very grateful for that. 	

<p>IX: RECEIVE update on the re-opening of 4D, Jaspreet Benepal (Chief Nursing Officer, Contra Costa Regional Medical Center) (10 minutes):</p> <p>(Dr. Suzanne Tavano, Director Behavioral Health Services, provided update)</p> <ul style="list-style-type: none"> • Jaspreet Benepal will not be able to join us today • 4D did open as scheduled. Unit 4C is still open. So both units open now. • 4D opening currently with six beds. Started admissions last week. Hope is to have 12 beds on 4D by December. • Will hire more nursing staff for 4D 	
<p>X: DISCUSS community emergency response Value Stream Mapping project. Erika Jensen (Deputy Director, Contra Costa County Health Services) (20 minutes):</p> <p>(Erika Jensen, Presenter)</p> <ul style="list-style-type: none"> • Excited to launch an improvement process focused on community crisis response <ul style="list-style-type: none"> ○ A group of Contra Costa City Managers approached Contra Costa Health Services re response to Behavioral Health crisis. Who is appropriate to respond to that crisis? ○ With the death of Miles Hall and others in the Country, this has gotten attention lately ○ We at Contra Costa have partnered with City Managers to do an improvement event. The purpose is to understand what is happening here in Contra Costa County in terms of community crisis response. Who responds? Where do they go? What happens before, after? Where are the gaps in service? What do we need to do to improve crisis response? ○ Once have an understanding, can think about solutions • Improvement technique – Value Stream Mapping. <ul style="list-style-type: none"> ○ Assemble a Team (40 people interested now) <ul style="list-style-type: none"> ▪ Team will look at process beginning to end of responding to a crisis ▪ Have participation from the cities, law enforcement, County community crisis teams - (Mobile Response Team (MRT), Mobile Crisis Response Team (MCRT), Mental Health Evaluation Team (MHET), family members, people who experience a behavioral health crisis (consumers), Graduates of the SPIRIT Program). People are waiting to be interviewed to participate in the Team. Commissioner Gina Swirsding offered to be interviewed as well. ▪ The Mayor’s Conference identified a sub-group of cities to work very closely on this Team for this event – Walnut Creek, Concord, Pittsburg, San Pablo, and Lafayette. All cities in the County have been informed. ▪ Also spoke with the Police Chiefs during the All Police Chief meeting. Talked with all the Police Chiefs in the County – more than 19 people (19 cities in the County) were on that call. Contacted all the County Police Departments. Have approached the Sheriff’s Department which covers a large portion of the County. Extended invitations for some to actually be on the Team. ○ Start Monday, November 9th <ul style="list-style-type: none"> ▪ The Opening Meeting will be in the morning (8:30 am to 10:00 am), is open to the public and will be via Zoom ▪ Provide education to understand what the Team will be doing for the next two weeks ▪ Will send the invitation for the opening and closing meetings to the Mental Health Commission ○ Team will proceed for two weeks <ul style="list-style-type: none"> ▪ Team will meet every day from 8:30 am to noon ▪ Observations will occur in the afternoon and evenings 	

- Different Teams will be at different places for observations
- Still must take COVID precautions during observations
- Some observations will be in person, but will use other methods as well due to COVID
- Another public meeting on Friday, November 20th for the Report Out
 - Morning (10:00 am to 11:00 am) via Zoom
 - Team will present findings, perspective, the process, statement for the future, recommendations to focus improvements
 - Supervisor Diane Burgis has spoken at these events in the past and many of you participating today have also been involved in past events
 - Will have recommendations. Then follow up improvement events to test some of the recommendations and ideas.
- This event
 - This is the biggest improvement event that we have ever done with Health Services in such a broad scope
 - Dr. Tavano help gather the right people to participate. Thank you to all.

Comments and Questions:

- (Teresa Pasquini) I want to do a shout out for this process. Have participated in past events. Helped me be a better partner – as Commissioner and Chair of Behavioral Health Care Partnership. It is a life changing experience. I encourage you all to participate as much as possible and watch the process. Very empowering and very inspiring and greatly improves our system.
- (Cmsr. G. Wiseman) Just want to know of the 37 law enforcement agencies in the County, how many participating? Important not only participate, but buy into the recommendations after this event.
- (Supervisor D. Burgis) The Miles Hall tragedy resulted in a movement that created pressure on the cities to acknowledge this issue. Those other agencies (i.e. Community College Police) should be made aware. If they are challenged, we may make more movement. I really appreciate what you are doing, Erika.
- (Gigi Crowder) The Miles Hall group has contacted every law enforcement agency in the County. Are giving out Mental Health brochures. 19 cities willing be involved. A subgroup of City Managers are participating. BART at 2:00 pm tomorrow is having a Town Hall. We hope the recommendations will create the non-police response program that we want to fill in the gaps. We belong to a group of people that feel police should not be the first responders to a medical condition. Appreciate the steps the County is taking to respond to crisis so this does not happen again.
- (Dr. Tavano) Thank you for bringing up BART. We have representation from Behavioral Health Services and Health, Housing and Homelessness (H3) at the BART Town Halls.
- (Cmsr. B. Serwin) Thank you so much. It is going to be exciting and successful. I am sure there will be amazing changes as your past such events have done so.

XI: DISCUSS cessation of smoking in congregant living situations for Behavioral Health Services Community Based Organizations. Carolyn Goldstein-Hidalgo (Program Manager, Mental Health Systems) (20 minutes):

(Carolyn Goldstein-Hidalgo presented. PowerPoint presentation – “Tobacco Cessation – Personal/Professional Journey “)

- Personal Experience and Background
 - Is currently the Mental Health Manager with the Contra Costa ACTION Team with Mental Health Systems, Inc.
 - Today speaking more from personal experiences
 - Was a smoker since she was sixteen. Her friends and family smoked.
 - Started working for Seneca in 2002. Smoking about a pack a day. Then went into the Adult System in San Francisco.

- Then worked for Alameda County for the East Bay Community Recovery Project in 2007.
 - Then no smoking policy started. Could not smoke on work grounds. She had smoked for the majority of her adult life. For smoking cessation, offered groups, individual counseling, psychiatrist. We started integrating cessation of smoking into counseling sessions, started classes.
- Bonita House in Alameda County
 - Two and a half years ago, started working for Bonita House in Alameda County in the Adult System. Smoke free work environment, housing was smoke free. Ran smoking cessation groups, psychiatric sessions with clients, individual therapy. Provided education and support services.
- Ultimately came to Contra Costa County
 - Currently work with Mental Health Systems, Inc.
 - No prohibition on smoking. I stopped smoking six months ago. Looking into helping initiate a no smoking policy. Help to initiate supports. Learned so much from past personal and professional experience. Something I would like to improve here with our clients – i.e. master leases, work environment.
 - This is my passion. I see the benefits. We need to have this conversation with the clients.
 - Offer group work/therapy, individual counseling/therapy, psychiatry services, support, encouragement, incentive certificates, etc. Hope to integrate here in Contra Costa County
- Quoted Benefits from SAMSA document provided
 - Mortality rates decreased, better Mental Health, reduces depression, anxiety, stress, provides stabilization, improves quality of life. We can assess our clients' needs and improve services.

Comments and Questions:

- (Cmsr. L. May) Would love to see this implemented. Where I work, people smoke outside but the smoke is going into the building. Or a senior home is nearby. Consider how can be implemented in view of the fact some patients receiving treatment for substance abuse. Consider how this wonder plan can be implemented in view patients may claim a violation of rights. I worked in Bonita House also. It is a good program.
- (Cmsr. G. Swirsding) I knew people who recovered from addiction to alcohol. Some of the things that helped them recover was smoking. Many patients with dual diagnosis smoke. Will be hard to help people with dual diagnosis. **Response:** Is a very controversial topic. Bonita House has a strict program and does have dual diagnosis recovery there. It is successful. To be able to provide education, therapy and support is critical. These we can place in our toolbox. Can ask "Are you ready to stop smoking" and these are the tools we have to help you. Two psychiatrists are willing to provide the patches and medication. Must be a Systems structure change.
- (Supervisor/Cmsr. D. Burgis) Thank you for taking your own personal struggle and turning it into something you feel the power to go help people. I call those people heroes. You are doing something very heroic. Most of my family smoked. I did not. I bought a pack of cigarettes for a loved one. One pack was eighty-five dollars. I was shocked. The physical impacts of smoking shortens someone's life. The mental health benefits of overcoming smoking is huge. Saves a lot of money. Also takes a hundred years for a cigarette butt to decompose and impacts our environment. Do a small test and get results. Definitely worth investing in. Thank you again for taking your personal experience and using it as a super power to help others.
- (Cmsr. G. Swirsding) All for accessing people and giving them the opportunity to quit. My concern is making something smoke free and a new patient with dual

<p>diagnosis comes in, may have some difficulty.</p> <ul style="list-style-type: none"> • (Cmsr. J. Kincaid) Best to approach in a holistic way. Offer the opportunity to stop smoking. Offer other coping mechanism than replacing one thing for another. I used to work in Methadone clinics. Many patients smoke a lot. This is the idea opportunity to do. Yes someone with dual diagnosis comes into the smoke free environment would then have to quit cold turkey. That's a good point to raise. But, if treatment is available, it's a good place to offer it. We want healthy consumers. That's the ultimate goal. • (Teresa Pasquini) As a former smoker, thank you for your passion. The County has or did have at one time a Public Health smoking cessation program. Initially told the Crestwood Program could not go smoke free. Knew of someone who went to jail and had to stop smoking. But when released from the jail and transferred out, that person started smoking again. Our consumers die fifteen to twenty years sooner than the rest of the population. I commend you for this. Thank you. • (Margaret Netherby) I quit smoking ten years ago. I was in a smoke free work environment for a long time before that. Surprised that smoking is still allowed in Mental Health facilities and programs. Now I have COPD, am on oxygen all the time. I'm glad I quit. Was the hardest thing I ever did. I really support everyone banned from smoking cigarettes indoors at least and encourage people to quit because it is better for your life. • (Cmsr. G. Swirsding) I agree with the indoors. Most people go outside to smoke. • (B. Serwin) Found some facts in my research. Forty percent of people with Mental Health issues smoke. Smokers with Mental Health issues are only half as likely to quit. Smoking is the single largest cause of reduced life expectancy for people who have a Mental Health condition. Psychiatric hospital staff are resistant to smoke free policy believing tobacco is therapeutic for patients. Only twenty six percent of staff raise the issue of smoking with patients. Studies show second hand smoke causes disease. There is no safe level of second hand smoke exposure. Commissioner Douglas Dunn is particularly concerned about second hand smoke. 	
<p>XII: Behavioral Health Services Director's Report, Dr. Suzanne Tavano (20 minutes):</p> <p>(Dr. Suzanne Tavano, presented):</p> <ul style="list-style-type: none"> • COVID-19 County Update <ul style="list-style-type: none"> ○ Can obtain updates on the County website at contracostahealth.org – has the most up to date, complete information ○ California's Blueprint for a Safe Economy. This relates to the color coding for counties. The color determines the level of restrictions. We went down from Purple, to red to orange. When we reached the orange level, more activities opened up. ○ Colors are determined by several markers – case numbers, positivity rate (currently at 2.2 percent), and equity metric. All this data is on the County website. ○ Now the number of new cases is going up. If the rate of increase continues, perhaps next week might be moved back to the red category. ○ We all need to continue to be careful. Everyone worked so hard to open everything back up and try to restore a more normal lifestyle. But, the rate of illness is going up at the same time. Still need to take very seriously. ○ In this County, our Public Health Officer has been very cautious and operating on the conservative side to keep everyone safe. ○ Yesterday new Health Orders were issued that pulled back some of the openings that had occurred. ○ No more outdoor bars. The following are limited to a maximum of twenty-five percent occupancy or 100 people whichever is fewer – indoor dining, indoor movie theaters and indoor places of worship and cultural ceremonies. Cardrooms and satellite waging sites can only be outdoors. 	

Colligate and professional sporting events, spectators limited to twenty five people and maximum of three households.

- We are still in the orange. Hopefully we can stay there. We are on the brink of going back to red.
- We are heading into the holidays. Must remain cautious and follow advisories. If gatherings, be outdoors as much as possible. If indoors, the recommendation is no more than three households after following steps to ensure everyone's safety. Soon will be Thanksgiving. These are things to think about and talk about with our friends, families and loved ones. What is going to be the plan for this year? How can we do it as safely as possible? Try to keep our numbers down so we don't move backward.
- California Mental Health Services Oversight and Accountability Commission
 - A stakeholder filed a complaint re concern over the Mental Health Services Act (MHSA) Three Year Plan budget. May have been due to a misunderstanding – alleging we were supplanting funds intended for Innovation to support other programs.
 - We had a formal interview and talked to this Commission and explained. There are no negative findings against us at all. We did not violate any of the rules. The commission found the County to be fully compliant. The County was not moving any money at all out of Innovation. Unspent funds CSS are going to be used to keep whole the other MHSA programs under CSS under the MHSA Three Year Plan. That is permissible.
 - The allegation referred to the MHSA Innovation CORE Program. There was misunderstanding there. We were not restricting this program. There is no intent to stop this program. We fully intend to grow and expand it and move out across the County (East, Central County). Will provide updates on this program.
- Mental Health Chief Position
 - Will be more involved in coordinating and overseeing all the types of roofs we try to put over people's heads - master leases, Enhanced Board and Cares, Mental Health Rehabilitation Centers, etc. Will pay attention how resources are used. Will be involved in adult Full Service Partnerships.
 - Have a number of solid candidates for the position
- Assembly Bill 1810
 - This Assembly Bill refers to diversion efforts. In proposal included \$250,000.00 for housing for people being diverted from the justice system
 - Request for Information (RFI) process has started
- Working on applying for the noncompetitive grant funds for No Place Like Home
- Starting work on the competitive grants for No Place Like Home is coming up in February. Obtained funding for the Galindo project in downtown Concord.
- Department of State Hospitals
 - What happens to people with felony charges and are found incompetent to stand trial if there are challenges finding a state hospital bed
 - The Department of State Hospitals has no intention of increasing number of beds. In fact, there is a ten percent reduction underway. They want people treated locally.
 - If diverted locally, do not need just mental health services but other services and supports as well – housing, realization may need acute care setting or be conserved and end up in a Mental Health Rehabilitation Center (MHRC). There are many costs associated with doing this. This conversation is going on statewide.
- Conditional Release Program
 - The County ran this program for many years. Because of funding challenges, Contra Costa along with almost every other county opted out and gave it back to the State. We think we can do it better than the State.

We cannot do this program without the funding to do so.

- A lot going on with the justice system, diverting people, getting them home sooner
- Settlement between the County and Prison Law Office regarding Detention Mental Health Services
 - I was not part of that process so I do not have the information
 - Generally was for two hundred fifty million dollars over a four year period
 - To go to the Sheriff's Department and funding for services as well
 - (Supervisor Diane Burgis) For the safety of the people providing services and for those who need the extra care. We will have a presentation. It is important that those being detained come out better than worse. Need to provide for the mental and physical health. Also provides programs and engagement to receive services and see their family. Proud of the work the Health Department has been doing working with the Sheriff to create a plan that is really going to serve people. Want to prevent from having people to have to go to jail in the first place. But if they are there, we want to be able to give them good care. Also, need to ensure we help those who are leaving jail.

Comments and Questions:

- (Cmsr. G. Swirsding) Dog grooming services have been shut down. Requirement of having a service dog is must give the dog a bath. It is difficult for a person with disabilities especially if the dog is large. Having someone come to the house is two hundred dollars. Who can we contact and ask that these facilities not be closed?
Response: Check on the website as to the current status of dog grooming services. Pulling back on those services is not on the list. Call that concern into the Call Center. Can also enter your concern on the website by email or Call Center. Can email or call.
- (Cmsr. John Kincaid) Is the Mental Health Conditional Release Program mainly operated with contracts with the State? **Response:** I do not know who the entities are but the State is managing the program. This County did a fine job for years and it was a very successful program. (Stephanie Regular) It is MHL Health Services received the State contract. Was more collaboration when run by the County. And there was more interest in what happens to the individual when they are discharged back to the community.
- (Teresa Pasquini) Thank you for the update on proceeding to hire the Mental Health Chief. Need continuum of tiered housing availability. The Department of State Hospitals needs partner with our County partners and family members. Would need a funding source.
- (Stephanie Regular) I am the Supervisor of the Mental Health Unit of the Public Defender's Office. Is Behavioral Health regularly meeting with the Department of State Hospitals regarding funding? **Response:** We have been working more closely with CDSR and CDH. Also contacts through the California Behavioral Health Directors' Association. This leadership has been meeting with all the involved counties. More effective when we get together and advocate as one voice. Those meetings increasing over the last few months. The topic of the Conditional Release Program was discussed by me with a representative from the Department of State Hospitals who was exploring a number of possibilities. I did inform her we could not take on all the costs for this program. If the State is willing and able to fund some of this program, we would definitely want to partner.

XIII: Adjourned Meeting at 6:21 pm