

**Mental Health Commission Minutes
February 28, 2013**

Agenda Item	Discussion	Action
I. Call to Order / Introductions	<p>Chairperson Carole McKindley-Alvarez called the meeting to order at 4:34.</p> <p><u>Commissioners Present:</u> Louis Buckingham, District III Jerome Crichton, District III (arrived at 4:38) Peggy Kennedy, District II Carole McKindley-Alvarez, District I Colette O’Keeffe, District IV Teresa Pasquini, District I Annis Pereyra, District II (left at 6:30) Gina Swirsding, District I Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u> Evelyn Centeno, District V Jack Feldman, District V Dave Kahler, District IV Supv. Karen Mitchoff, BOS Representative</p> <p><u>Non-Commissioners Present:</u> Cynthia Belon, BH Director Genoveva Calloway, Mayor, City of San Pablo Andrea Clark, ANKA Paul Fodlin, BART Mara Gold, Supv. Mitchoff’s Office Steven Grolnic-McClurg, MH Director Lucia Melano, MFTi Mariana Moore, HS Alliance Christine Raine, BART Dorothy Sansoe, Sr. Deputy CAO Karen Shuler, MHC Executive Assistant Janet Marshall Wilson, MHCC</p>	
II. Public Comment	<p>Janet Wilson said she had received a request from a family to investigate a death in supportive housing. She stated that Patients’ Rights could investigate under Welfare & Institutions Code 5522. <i>(County patients’ rights advocates may conduct investigations if there is probable cause to believe that the rights of a past or present recipient of mental health services have been, may have been, or may be violated.)</i> She asked the MHC for their support.</p>	
III. Announcements	<p>1) Commissioner Monique Tarver’s resignation Carole read Monique’s e-mail resignation: <i>Hi Karen, I got your voice mail and emails and would like to extend my sincere apology for the delayed response and thank you for your patience</i></p>	

	<p><i>and perseverance in contacting me. I would like to also take this opportunity to give a few updates. Currently I am supporting and caring for two of my children who are living with mental health concerns and both need a lot of my attention and commitment to managing their care and ultimate success in achieving optimal wellness. Additionally my grandmother has become recently ill. As I still remain committed to my career as a Mental Wellness Consultant I also must take care to maintain my own wellness. As you can imagine these circumstances have created quite a demand on my time and has caused me to re-evaluate my commitments. At this time I regret that I am unable to serve on the commission and give the office the proper amount of time, attention, and respect it deserves. I am grateful for the opportunity and look forward to supporting the efforts of the commission in the future when I am able to donate more of my time. For some reason I am unable to locate Peggy's and Carole's email addresses so please feel free to forward this to them. Thank you for all you do!</i></p> <p><i>Warm Regards, Minister Monique Tarver Mental Health and Spirituality Trainer/Wellness Educator CA Statewide Mental Health & Spirituality Initiative Co-Chair</i></p> <p>2) MHC Applicant Status There are currently three openings on the Commission: Family Members in Districts II and V and a Consumer in III. Two applications have been received, both from Members-at-Large.</p> <p>3) Appoint MHC Representatives to attend AB109 Community Partnership Committee, AOD, and Homeless meetings.</p> <p style="padding-left: 40px;">a. AB 109: A representative will be chosen from the Criminal Justice Committee.</p> <p style="padding-left: 40px;">b. AOD meets the 4th Wednesday of the month from 4-6:15.</p> <p style="padding-left: 40px;">c. Homeless: Meets quarterly. The next meeting is March 8.</p> <p>Carole asked anyone who is interested in representing the MHC at these meetings to contact Karen. Information about these meeting's dates/times will be sent to the MHC via e-mail.</p>	<p>Annis asked that County committee and board meetings be placed on a calendar and distributed to the MHC as was done in the past. Carole referred it to the Executive Committee for discussion. Place on March EC Agenda.</p> <p>Place appointments of representatives on March MHC Agenda.</p>
<p>IV. Approval of the Minutes from</p>	<ul style="list-style-type: none"> • Peggy made a motion to approve the Minutes and Louis seconded. Carole called for discussion. There 	<p>Vote: 9-0</p>

January 24, 2013	was none. The Minutes were approved unanimously as presented.	Post January Minutes to web
V. Vote for remaining seat on the Executive Committee	<p>Sam Yoshioka is the only candidate. Carole announced Evelyn had withdrawn her name from consideration. There were no nominations from the floor.</p> <ul style="list-style-type: none"> By a written and announced vote of 7-0-2, Sam was appointed to the Executive Committee. 	<p>Vote: 7-0-2</p> <p><u>Ayes</u></p> <p>Louis Jerome Peggy Carole Colette Gina Sam</p> <p><u>Abstained</u></p> <p>Teresa Annis</p>
VI. Report from Mental Health Director Steven Grolnic-McClurg	<p>MH Director's Report</p> <p>I appreciate the opportunity to update the Mental Health Commission on a monthly basis. As this is my first update, please let me know if I am on the mark on what I am presenting, or what changes you would like in the report, and I will do my best to accommodate these.</p> <p>MHSA</p> <p>As stated at the most recent CPAW meeting, we are going ahead with the 12-13 MHSA plan as approved, with all components approved moving forward. We are attempting to move forward with all plan elements in an expedited manner and will be reporting on a regular basis on our progress. At the same time, we are beginning the process of creating a 13-14 plan update. This is our final one year update (starting in 14-15 we will be having 3 year plans). The goal is to have the plan approved by stakeholders by the beginning of May so it can be posted for 30 days and approved by the Board of Supervisors in June. <i>Steven stated this may be delayed for a month.</i></p> <p>Administration is moving ahead with the money in-money out audit of the MHSA fund. We intend to move ahead with the second audit – an external audit on the how funds have been used in accordance to the plans and the legislation – but are waiting for the Mental Health Commission to clarify their audit request in order to potentially avoid duplication of effort.</p> <p>Discussion:</p> <p>Teresa said it would be helpful to talk about the process and planning meetings. Steven replied they have met twice and have a tentative plan to move forward on the CRF and ARC. Funding is needed for the operation costs. He said we have a goal to approve the</p>	

	<p>money, but everyone wants to be sure best practices are followed. The 3-year-plan gives us a good opportunity to deeply consider where to go and where we're at. Facilitators are not renewing their contracts. Meetings will continue. The planning group will help choose short-term and long-term facilitators. Sam asked that the CPAW packet containing a report about the CRF and ARC be sent out to the Commissioners. Karen will send it out when she receives it.</p> <p>Teresa stated we are 5 years in on MHSA and last year we were there would be a 3-year update this year. She asked who is making these decisions? Steven replied that it's not a County decision. The OAC in conjunction with CMHDA give guidance in what we need to do. He added we will be in a better position next year because of the audits. When the State audit is done, it should help with implementing best practices.</p> <p>Healthy Families</p> <p>Families that were enrolled in Health Families are being transitioned to Medi-Caid, and their mental health care will be assigned to the Mental Health Plan. We are actively working with the Contra Costa Health Plan and Kaiser to ensure these families will have a smooth transition of care with the goal of minimizing changes of providers where possible and coordination of communication to these families about these changes. For families currently being served through the Health Plan, the estimate is that about 85 children are currently receiving services and will be transferred. For Kaiser, we don't yet have firm numbers but the estimate is that here is a significantly larger population that is being served. Contra costa has been participating in the weekly calls with the state Department of Health Care Services related to HF transition since the inception of the calls.</p> <p>Discussion:</p> <p>Steven stated this is a State decision, not County. When possible, we will work with the same providers. There will be no disruption of care. There are a lot of new enrollees and it will cause stress on the system. Louis asked if Kaiser will continue to service only Kaiser patients? Steven replied that Kaiser will continue to provide health care, while SED clients will go through County clinics. He added we are negotiating with Kaiser re: non-SED clients.</p> <p>Louis asked if some who have HMO's will be able to use these services and Steven replied only through Healthy</p>	<p>Send CPAW Report to MHC.</p>
--	---	---------------------------------

	<p>Families. Peggy asked if there is any funding to fill the gap and Steven replied there is no interest from the State for additional funding. Sam stated it is sad to see children under Kaiser being split between County services and Kaiser.</p> <p>Katie A. County Children's Mental Health is in discussions Child and Family Services (EHSD) regarding service to the Katie A. population and we are taking direction from the state consultant as to how this service is to be delivered. Each child is to be screened and provided with ongoing planning meetings by a multidisciplinary team that will include a mental health professional from county mental health. Two new Service codes have been developed to capture these services, ICC and IHBS (Intensive Case Coordination and In Home Behavioral Services) and there will be significant reporting under the settlement agreement to the state Special Master regarding the progress of county efforts toward serving this population. <i>Steven added that mandates for care are coming out of a lawsuit, with no dollars attached to it.</i></p> <p>Family Coordinator Update The final interview for the two highest ranked candidates is scheduled for February 21st, 2013 and a recommendation for hire should come out of that interview. <i>Steven stated the position has been filled and will be announced in 2 weeks.</i></p> <p>MHSA Program Manager Mental Health Administration is waiting for a list of candidates to be sent from personnel. It is anticipated that this list will come by the end of February. We will be involving stakeholders in the interview process, potentially through a similar process that was used for the Family Coordinator position. <i>Steven said he will present the process for choosing the MHSA Program Manager to CPAW. They hope to have the position filled by the end of March.</i></p> <p>Crisis Residential Program and Assessment and Recovery Center The RFP for the Crisis Residential Program is near completion and we anticipate releasing it in March. We have incorporated stakeholder feedback, including feedback from the Mental Health Commission, in formulating the RFP. The Assessment and Recovery Center RFP has been assigned to a planner/evaluator,</p>	<p>Get starting date from Steven.</p>
--	--	---------------------------------------

	<p>and an initial planning meeting is occurring on February 20th, 2013. We are looking to involve stakeholders in designing the RFP and the ARC, and will be asking the Mental Health Commission for feedback and input. <i>Steven added they would like feedback for names for the CRF. Hope House has been suggested. Any suggestions need to be in by end of day on Monday.</i></p> <p>EQRO</p> <p>Contra Costa County Mental Health had its annual EQRO audit from February 13th through the 15th. An audit is done on every county in California on an annual basis, and the resulting report is a public document available to all stakeholders. Preparing information for the auditors took extensive work from the staff, and a wide variety of internal and external stakeholders were interviewed as part of the audit. We should get the results of this audit within 90 days, and the feedback should be helpful in developing performance improvement projects for the division. In the past, performance improvement projects driven by audit data have included a project to provide outreach and connection to services for frequent crisis services utilizers, and a project to decrease wait time for services in East County.</p> <p>Further discussion: Teresa said she would like an update on the IMD Demonstration Project included in next month's MH Director's report. Sam said he would like to have reports regarding what is happening at the State level included in Steven's reports. Steven replied that he would be able to do so eventually, but not immediately.</p>	<p>Commissioners can send suggestions to Karen by end of day Monday.</p>
<p>VII. Committee Assignments</p>	<p>1) Discuss Committee sign-ups</p> <ul style="list-style-type: none"> • Quality of Care Committee: Gina, Colette, Peggy • Capital Facilities Committee: Dissolved (See Agenda Item VIII.) • Criminal Justice Committee Louis, Jerome, Carole Gina will decide between Quality of Care and Criminal Justice. Evelyn will be asked about her choice when she returns from vacation. Dave will be asked about his choice for a Committee assignment. • Nominating Committee On hold (See #2 below) 	

	<ul style="list-style-type: none"> • MHSA/Finance Committee Evelyn, Annis, Teresa, Sam. Carole will move to this Committee if Bylaws are approved allowing 5 Committee members instead of only 4. <p>Jack did not submit a form with his Committee choice yet.</p> <ul style="list-style-type: none"> • Executive Committee Carole, Peggy, Colette, Sam • Bylaws Task Force Sam, Jerome, Evelyn <p>2) Discuss Nominating Committee membership and structure</p> <p>There was discussion about blending the NC into the Executive Committee. Also discussed was having the NC meet on an as-needed basis. Sam mentioned membership on the NC is limited because you can't be on the EC and the NC. He suggested a member of the EC should be able to be on the NC.</p> <p>Gina mentioned when the NC recommended a person to the MHC and they were appointed, if that person didn't attend regularly, she felt blame was placed on the NC for their appointment. She said meeting every month is not necessary.</p> <p>Colette said when she served, they met as needed. She added that we need to see what our relationship with the BOS is first.</p> <p>Teresa said she thought the NC did an excellent job. She said the EC used to do the job of the NC.</p> <p>Regarding Gina's comment, she said the decision to recommend an applicant to their Supervisor is on the Commission, not the NC. About the BOS, she said it would be ideal if there was a process that would be acceptable to all Supervisors. We have few people and an abundance of issues. We are volunteers and adding more Committees stretched us.</p> <p>Colette said the current BOS wants the primary role in the application process.</p> <p>Carole said we should be collaborative and work with them. She suggested using Commissioner volunteers to interview as needed.</p> <p>Peggy suggested waiting until there are at least 3 applicants before convening an interview panel.</p> <p>Louis said the BS should be sending media notices out about the vacancies.</p> <p>Carole said we need to standardize the process.</p>	<p>Check with Evelyn, Dave and Jack regarding their Committee membership preferences.</p>
--	--	---

	<p>Colette responded to Peggy's comments by saying we might lose qualified people if we wait until there are 3 applicants before interviewing. It was suggested that Karen as first contact could do a preliminary vetting of applicants and at least 2 Commissioners could be asked to volunteer to interview applicants.</p> <p>➤ A motion was made by Colette and seconded by Gina to reach out to the Board of Supervisors to discuss the previous agreement that had been drawn up regarding the application procedure for the MHC, and draw up a new agreement. Carole called for discussion. There was none. The motion passed unanimously.</p>	<p>Vote: 9-0</p> <p>Draft a letter to the BOS requesting discussion and finalized agreement for the MHC application process.</p>
<p>VIII. Committee Reports</p>	<p><u>Capital Facilities Committee, Teresa Pasquini</u></p> <p>1) Motion addressing second part of the audit proposal: <i>Cap Fac recommends that the MHC support the establishment of a task force (to include members of CPAW, members of the community, representatives from Behavioral Health -- including staff, planners, evaluators, managers -- finance and quality improvement) or assign to one of the existing committees helping to develop a process for creating deliverables and selecting an auditor.</i> Teresa made the above motion and Peggy seconded it. Discussion: Teresa stated that if this is placed under a Committee, it should be the MHSA/Finance Committee. They would be more effective than a Task Force because members of a Task Force do not have to all be Commissioners. Steven said he preferred a Task Force. Teresa responded that she is okay either way; it just needs to move forward. Sam asked that the mission be clarified and Teresa replied that hasn't been done yet. Carole said they needed to establish if it will be a Task Force or fall under the MHSA/Finance Committee. She again mentioned members of a Task Force can be non-Commissioners. Karen clarified that the current make-up of a Task Force could only be a maximum of 4. Non-Commissioners cannot outnumber Commissioners and the Chair must be a Commissioner so that only allows a maximum of 2 non-Commissioners on a Task Force.</p>	

	<p><i>Costa County residents who are in need of mental health services.” In order to be effective in meeting the mandate of our mission the Mental Health Commission needs a strong partnership with the Board of Supervisors. This letter is meant as an introductory gesture to build upon the relationship we already have established and move towards strengthening our partnership through on-going updates regarding stakeholder concerns, goals and objectives of standing committees, and accomplishments and challenges of the Mental Health Commission as a whole.</i></p> <p><i>We recognize as Supervisors you hold many roles and unfortunately pressing issues typically rise to the top and monopolize attention and efforts. We’d like to establish a proactive way of understanding and attending to the mental health needs of our communities we serve through a quarterly letter designed to update the Supervisors on the Mental Health Commission’s efforts. This letter would also serve as a mechanism to support Supervisors as they make recommendations to fill our Consumer, Family Member, and Member at-large seats. Currently the MHC has reconfigured our Standing Committee’s to increase productivity in addressing the multiplicity of needs in our county. The following are our Standing Committees: Quality of Care, Criminal Justice, MHSA/Finance, and Executive Committee. Within these committees we are addressing quality of care provided at Napa State Hospital, Dental Services for Consumers, Conservatorship, AB109, MHSA oversight, integration of the behavioral health division, programming within new housing structure, and the Crisis Residential Program and Assessment and Recovery Center to name a few.</i></p> <p><i>We’d like to thank you all for your on-going commitment to meeting the needs of consumers, family members, service providers, and other stakeholders in our Contra Costa County community.</i></p> <p><i>Sincerely, Carole McKindley-Alvarez, Psy.D Contra Costa County Mental Health Commission Chair</i></p> <p>➤ Teresa moved and Peggy seconded the motion to send out the above letter to the BOS. Carole called for discussion. A copy of the letter will be sent to the Commissions. The motion</p>	<p>Send out to the Commissioner via e-mail.</p> <p>Vote: 9-0</p>
--	---	--

	<p>passed unanimously.</p> <p><u>Bylaws Task Force, Sam Yoshioka</u></p> <p>Sam delivered the following report from the first meeting of the Bylaws Task Force.</p> <p>The Bylaws TF reviewed three levels for review and consideration:</p> <ol style="list-style-type: none"> 1) Long Term Task – Addressing BHD Integration in Bylaws 2) Review and Incorporate Provisions outlined in W&I Code Section 5604.2 (a) (1) – (8) and (b) 3) Quick Fixes that Commissioners find urgent to add/subtract/modify: (examples) <ol style="list-style-type: none"> a) Increasing maximum Committee members from four (4) to five (5). b) Clarify Nominating Committee members running for office c) Clarify voting procedure: Nominations from the floor and allowing write-in voting. <p>We encourage suggestions from the Commissioners as the TF begins to develop a proposal to submit to the MHC. The timeline for the proposal is contingent on your input. Thank you,</p> <p>➤ Sam made a motion and Colette seconded to approve a request from the Bylaws Task Force that they be given an initial timeframe of 6 months to complete the revision of the Bylaws, with the option that it may be extended as needed by a vote of the Commission. Carole called for discussion and there was none. Motion passed unanimously.</p> <p>The next meeting of the BTF is March 11.</p>	<p>Vote: 9-0</p>
<p>IX. Reports from MHC Representatives to Boards and Commissions</p>	<p>1) Behavior Health Integration Steering Committee – Sam Yoshioka</p> <p>Sam said they are moving right along and have the support of the CBO’s.</p> <p>Discuss inviting Zia Partners to speak to the Commission.</p> <p>➤ A motion was made by Sam and seconded by Peggy to invite Zia Partners to make a presentation at a Commission meeting. Discussion: It was mentioned that Zia Partners charge \$400 and hour for their services. Having them attend the MHC meeting seems duplicative. What would they do here? Sam said AOD is inviting Zia Partners to their meeting. He added their reports bring up a lot of questions and it would be an opportunity to</p>	

	<p>ask questions about where we are on integration. Carole asked if Commissioners could attend the AOD meeting instead? Steven said that would be a good idea and added that Cynthia would be better prepared to give a report on integration. Sam said the issue is where the Boards are in terms of integration. Gina mentioned she doesn't understand what the Steering Committee is. Carole said more time will be placed on future agendas for the BH Steering Committee reports. She also suggested that Commissioners attend their meetings.</p> <p>Vote: 5-2-2. Failed to pass.</p> <p>2) Social Inclusion Committee – Carole McKindley-Alvarez</p> <p>Carole said she and Monique had been assigned as representatives. Because of Monique's resignation, she will attend in March or assign another Commissioner to be the representative.</p>	<p>Give BH Steering Committee more time on March MHC Agenda.</p> <p>Vote: 5-2-2</p> <p><u>Ayes:</u> Louis Jerome Colette Annis Sam</p> <p><u>Nayes:</u> Carole Teresa</p> <p><u>Abstain:</u> Peggy Gina</p>
<p>X. Prepare "May is Mental Health Month" Proclamation</p>	<p>➤ Peggy made a motion and Sam seconded to keep the Proclamation the same as last year, only changing the dates and changing Supv. Uilkema's name to Supv. Andersen's. Carole called for discussion. There was none. Motion passed 8-0-1.</p>	<p>Vote: 8-0-1</p> <p><u>Ayes:</u> Jerome Peggy Carole Colette Teresa Annis Gina Sam</p> <p><u>Abstain:</u> Louis</p> <p>Process Proclamation</p>
<p>XI. Open Forum Discussion of AB716 – BART Exclusion Program</p>	<p>By way of history, BART saw the need to address the issue of recurring offenders. They joined with legislator from Sacramento and Fresno who were addressing the same concerns. AB716 is a 3-year pilot project to deal with people who pose a threat to station agents and passengers.</p> <p>BART is reaching out to the community for input on implementation. BART officers will be receiving additional training through CIT. They want to be trained how to identify the difference between mental illness and criminal behavior.</p>	

	<p>There are specific guidelines BART must follow. Offenders must be cited 3 times within 90 days in order to be eligible for exclusion. There is an appeal process for each offense.</p> <p>The officers will receive 8 hour of CIT training, with emphasis on responding to those with mental health issues, alcohol and other drugs, the homeless and youth. They are collaborating with the Mental Health Division. No particular group is being targeted. They want it to be safe for BART employees and riders.</p> <p>In addition to an Annual Report, they will also file a Quarterly Report with the BART Board.</p> <p>Discussion:</p> <p>Louis: The CIT Training needs to teach staff how to deal with mental illness and other problems.</p> <p>BART: Nearly half of BART officers have received CIT training already. The 8 hours is a supplement to that.</p> <p>Peggy: Give examples of what constitutes unruly behavior.</p> <p>BART: Harassing employees or riders; defacing property.</p> <p>Janet Wilson: She said she read the bill analysis and thanked them for coming. An advocate got this input from clients at a mental health clinic:</p> <ul style="list-style-type: none"> • BART is too expensive • There is fear because of aggressive panhandling • Disabled seating is often not available • They feel stigmatized because of their appearance • Would welcome having an officer patrolling on the trains. <p>She added that loitering may be a problem for consumers. She suggested that agents look at behavior to distinguish between someone who is mentally ill, or has a substance abuse problem. She recommended that BART do some of their training at the hospital. She asked at what point agents would communicate a problem.</p> <p>BART: They are increasing officers on the train. Regarding loitering, people have a right to be in a public place. They will be sensitive to the homeless and will enforce the law when it is justified. The station agents will get additional training in conflict resolution. The</p>	
--	--	--

	<p>goal is to identify the repeat offenders.</p> <p>Jerome asked for a description of the data collection process when there's an event.</p> <p>BART: information is collected at the initial contact. It goes through a dispatch tracking system. The Exclusion administrators can look at it and void it.</p> <p>Jerome: An officer needs to make an assessment. How does it get followed-up on if there is medication that is needed or other help?</p> <p>BART: Through education – but the Exclusion administrator will look at each CASE.</p> <p>Jerome: How will they get help?</p> <p>BART: They hope it doesn't get to the 3 times offense that would lead to exclusion. They will try to refer to resources. Part of the process will be to get them to the right group (services).</p> <p>Carole: It would be helpful if officers had something in writing to link them to services.</p> <p>Jerome: Officers need assessment skills.</p> <p>Gina: Getting help is difficult.</p> <p>Louis asked what happens after 3 citations.</p> <p>BART: They are prohibited from riding BART. They can appeal.</p> <p>Louis: How can it be controlled?</p> <p>BART: If someone who has been excluded reoffends, it will come up in the system.</p> <p>Genoveva Calloway: She thanked BART. She explained she was now the Mayor of San Pablo, but before that had retired from working in County Mental Health for 31 years. She said the human element can be lost in laws. She encouraged BART to realize these people are human beings. She asked that the officers relax and tone themselves back and ask them if you can contact someone on their behalf.</p> <p>BART: The main focus is for us to get as much information as possible. We can be called anytime and will make presentation when asked.</p> <p>Colette asked if there was a time limit on exclusion orders.</p> <p>BART: Between 30 days and a year, depending on the severity of the offense. It can be appealed and reduced.</p> <p>Jerome: What BART is trying to do is very good, but if what you do is underestimate what you do, it won't work.</p> <p>BART: We are getting educated.</p> <p>Jerome: Do you have alliances with mental health groups?</p>	
--	---	--

	<p>BART: Yes.</p> <p>Gina: Mental illness is a disability. She said she was concerned that persons who have a disability they can't help will be cited.</p> <p>BART: Hopefully if there is an incident, we can direct them to where they can get help. We want to prevent individuals from having problems.</p> <p>Teresa said she appreciated them coming, but is struggling with this. CIT Training is fabulous, but the forensic teams are not county-wide. She asked what other groups they're going to. She mentioned an incident where a consumer was killed. She said perception may be a problem.</p> <p>BART: What we've found is that mental illness symptoms are being misinterpreted, so we want to educate the officers and the public.</p> <p>Carole thanked them for coming. She suggested we receive follow-up on 1) Policy of how officer are trained; 2) Information on linkages so we can offer suggestions; 3) How officers will be trained about mental illness without stigmatizing them; 4) How you go about making sure the mentally ill aren't criminalized; and 5) How the public is going to be educated.</p> <p>BART: The education of the public is ongoing, and they hope it will be beneficial. He added the BART Board meetings are posted on their website.</p>	<p>Receive follow-up from BART on:</p> <p>1) Policy of how officer are trained;</p> <p>2) Information on linkages so we can offer suggestions;</p> <p>3) How officers will be trained about mental illness without stigmatizing them;</p> <p>4) How you go about making sure the mentally ill aren't criminalized;</p> <p>and 5) How the public is going to be educated.</p>
XII. Commissioner Comments	None.	
XIII. Adjourn Meeting	The meeting was adjourned at 7:40 p.m.	

Respectfully submitted,
Karen Shuler, Executive Assistant
Contra Costa County Mental Health Commission