

**MENTAL HEALTH COMMISSION**  
**MINUTES – 1<sup>st</sup> Draft**  
**May 23, 2013**

<b>Discussion</b>	<b>Action/Follow-up</b>
<p><b>I. Call to Order / Introductions</b></p> <p>At 4:30, Executive Assistant Karen Shuler announced that Chairperson Carole McKindley-Alvarez was unable to be in attendance due to a family emergency, and Vice Chair Peggy Kennedy was out of town on a speaking engagement for her business. Karen then read from the Bylaws the procedure that was to be followed in choosing a Chairperson pro tem to act in their place to conduct the meeting. She said that Carole had recommended that Teresa be chosen because of her experience and knowledge of running meetings. Karen announced Teresa as a candidate and asked if there were other nominations. Colette nominated Sam, who declined. Colette then nominated Evelyn, who declined. Colette then nominated Louis, who declined. Colette then nominated Jerome, who declined. There were no other nominees.</p> <p>➤ A vote was called for to approve Teresa as Chairperson pro tem for the meeting. The vote was 7-0-1. It did not meet the quorum vote requirement, so it did not pass.</p> <p>Karen announced that since the vote did not pass, there was no one to conduct the meeting, and the meeting would be cancelled. Gina then appeared at the meeting and Karen explained the situation to her, asking if she had any nominations for Chairperson pro tem. She did not. Karen called for a second vote.</p> <p>➤ A second vote was held to approve Teresa as Chairperson pro tem for the meeting. The vote was 8-0-1. The motion passed.</p> <p>Chairperson pro tem Teresa called the meeting to order at 4:39 p.m.</p> <p><u>Commissioners in Attendance:</u>  Louis Buckingham, District III; Evelyn Centeno, District V; Jerome Crichton, District III; Jack Feldmen, District V; Dave Kahler, District IV; Colette O’Keeffe, District IV; Teresa Pasquini, District I; Lauren Rettagliata, District II (arrived at 4:45); Gina Swirsding, District I (arrived at 4:35); Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u>  Carole McKindley-Alvarez, District I; Annis Pereyra, District II; Peggy Kennedy, District II, Supv. Karen Mitchoff, BOS Representative</p> <p><u>Non-Commissioner’s Present:</u>  Andrea Clark, ANKA; Mara Gold, Supv. Mitchoff’s Office; John Gragnani, CCCMH/Local 1; Steven</p>	<p><b>1<sup>st</sup> vote to approve Teresa as Chairperson pro tem:  Does not pass due to lack of quorum vote. 7-0-1</b></p> <p><b><u>Ayes: (7)</u></b>  <b>Teresa</b>  <b>Dave</b>  <b>Jerome</b>  <b>Louis</b>  <b>Evelyn</b>  <b>Jack</b>  <b>Sam</b></p> <p><b><u>Nays: (0)</u></b>  <b><u>Abstain: (1)</u></b>  <b>Colette</b></p> <p><b>2<sup>nd</sup> vote to approve Teresa as Chairperson pro tem:  Passed 8-0-1</b></p> <p><b><u>Ayes: (8)</u></b>  <b>Teresa</b>  <b>Dave</b>  <b>Jerome</b>  <b>Louis</b>  <b>Evelyn</b>  <b>Jack</b>  <b>Sam</b>  <b>Gina</b></p> <p><b><u>Nays: (0)</u></b>  <b><u>Abstain: (1)</u></b>  <b>Colette</b></p>

<p>Grolnic-McClurg, MH Director; Peggy Harris, Concerned Citizen; Mary Long, MHCC; Erin McCarty, BHA; Karen Shuler, MHC Executive Assistant; Nina Smith, AOD Advisory Board; Connie Steers; Cynthia Staton, Consumer; Eugenia Tobar, WRAP Facilitator; Janet Marshall Wilson, MHCC Patient’s Rights; Evelyn’s sister.</p>	
<p><b>II. Public Comment</b></p> <ol style="list-style-type: none"> <li>1) Connie Steers commented on the Denti-Cal hearings in Sacramento tomorrow regarding reinstating Denti-Cal and expanding services. The need for expanded services is great for people with psychiatric disabilities who take medications because the medications can cause serious and life-threatening side effects, but they are often too embarrassed to speak up about it.</li> <li>2) Eugenia Tobar, a former WRAP Facilitator with MHCC, said the most important part of WRAP is the values and ethics of wellness and recovery. She stated MHCC spoke about transparency, but did not practice what they said. She claimed that although Maria Ramirez had no experience, training or knowledge, she insisted on supervising the WRAP Program. She added that the WRAP program was presented with \$75,000 a year for providing a WRAP support groups for the mental health community, but since Maria took over, they were only held at the Wellness and Recovery Centers which are open Mondays-Fridays, 8-4:30, and groups are only held twice a week.</li> <li>3) Cyndi Staton said she appreciates the MHC for hearing their comments at the last meeting. She said some consumers aren’t here because they were still upset after attending the memorial service of a fellow consumer, Dawn Alonzo, who attended this meeting last month. Cyndi mentioned that this consumer had been suspended by the MHCC Wellness Centers, and wondered if things would have been different had she not been suspended. Cyndi stated that just because an agency has been around a long time, it doesn’t mean that it is providing good services and its actions shouldn’t be questioned. Funding should not be automatically issued. She also said she is concerned about who funding is going to. Regarding the discussion on an audit, she said it may be a good idea to do a fiscal audit to get questions answered, of all services, not just MHCC.</li> <li>4) Janet Wilson:             <ol style="list-style-type: none"> <li>1-Welfare &amp; Institutions Code 5270 is being considered by some counties. It allows for an extra 30 days hold in the hospital without the restrictions of a temporary conservatorship for when people need additional hospital time. She said Patient’s Rights supports this because it’s less restrictive.</li> <li>2-Denti-Cal is being discussed before legislators. Since adult Denti-Cal was lost in 2009, many people are losing their teeth.</li> <li>3-Janet expressed concern that AB109 housing was not being discussed.</li> </ol> </li> <li>5) Brenda Crawford, former Executive Director of MHCC, asked that this Comment be read into today’s Public Comments:             <p>“The purpose of this communication is twofold. One is to again go on the record that the allegations that were made in the MHC meeting which was held April 24, 2013 concerning my inappropriately</p> </li> </ol>	

<p>using my influence when I was the Executive Director of MHCC to somehow provide consultants who I had a personal alliance with contracts in the amount \$45,000.00 is patently untrue! When I was the ED of MHCC I felt that a certain amount of these irresponsible, slanderous and dangerous public comments came with the territory. However, as a private citizen who no longer has any affiliation with MHCC it is a whole different ballgame. I would suggest that folks are very careful and make sure that their public allegations are based in provable facts. In California collectively known as defamation, libel and slander are civil wrongs that harm a reputation; decrease respect, regard, or confidence; or induce disparaging, hostile, or disagreeable opinions or feelings against an individual or entity. The injury to one's good name or reputation is affected through written or spoken words or visual images. Please be aware that I will protect my name and reputation by any legal means necessary. The other reason for this memo is to express my sincere gratitude for having the opportunity to work with all of you over the past five years. There have been times that our work together was extremely painful but I always knew deep down that we might have different approaches and strategies but our overall goals were to improve services for mental health consumers and their families in Contra Costa County. I will always appreciate the opportunities that I had to work with all of you and how my life has been enriched and the growth that my connection with you all provided. I use to tell folks that I was spiritual not religious but the older I get I know I am a combination of both. Whenever great and profound changes occur in my life I know that my God has orchestrated those changes for my higher good. Knowing this I am sure my path will cross with many of you as we continue the fight for full inclusion and social justice for mental health consumers and family members. Take care.”</p>	
<p><b>III. Announcements</b></p> <ol style="list-style-type: none"> <li>1) Clarification regarding CA Healthline Newsletters distribution. Teresa referred to statement contained in the packet that summarized the discussions: “Managing Editor Kate Ackerman explained to Karen they were required to have the official Terms of Usage to meet legal requirements, but they did not follow them and the materials could be distributed under the guidelines she had explained to Sam.” Articles received for distribution to the Commission will be sent out each Friday.</li> <li>2) Appointment of Lauren Rettagliata to the District II Family Member Seat on the Commission. Teresa welcomed Lauren to the Commission and Lauren gave a brief description of her background.</li> <li>3) Teresa said she had attended a very moving funeral for a family member of CCC Family Support Worker Bob Thigpen. A card was distributed for Commissioners to sign.</li> </ol>	
<p><b>IV. Commissioner Comments</b></p> <ol style="list-style-type: none"> <li>1) Sam said he wanted to recognize and acknowledge Karen for the work she does, especially for the Bylaws Task Force.</li> </ol>	

<p>2) Teresa said the U.S. Committee on Energy and Commerce is forming a national organization after New Town for children who hadn't been served by the current mental health systems. There were questions regarding the use of SAMHSA funds for mental health. She added there is testimony and a video online. She wanted the Commission to be aware of the discussions.</p>	
<p><b>V. Approval of the Minutes from April 25, 2013</b>          Evelyn made a motion to approve the Minutes and Louis seconded the motion.          Discussion:</p> <ol style="list-style-type: none"> <li>1) Colette asked that a correction be made to page 5, second to the last sentence: change the sentence "A question was asked about consumer involvement" to "A question was asked about consumer involvement in the planning and execution of the program."</li> <li>2) Referring to item 1 under the Executive Committee's report, Colette said the wording regarding the reason applicant Haddock was not recommended for appointment was incomplete needs to reflect issues some members of the Interview Panel had with him. It was suggested that the wording "he used inappropriate and disrespectful language such as 'consumers going ballistic and going psycho' when he was a staff member at an inpatient psychiatric hospital" be added.</li> <li>3) Gina mentioned Karen may have left that language out of the Minutes to protect the applicant.</li> <li>4) Evelyn said she agreed with Colette that we need to show why the MHC voted not to appoint him. We cannot accept a Commissioner who used language that disrespects the consumers.</li> <li>5) Referring to item 2 under the Executive Committee's report, Sam mentioned that Karen sometimes writes a motion passes unanimously and puts the numbers (12-0, etc.) and sometimes just says a motion passes unanimously but does not put the numbers in. He asked that the numbers always be stated.</li> <li>6) On page 9, item XI, number 1, Colette said she had asked that her comments be written in full, and she had sent an e-mail to Karen giving the exact wording but the comment in the Minutes were not the wording she had requested. Karen apologized and said she didn't remember seeing the e-mail. Colette said she had copies of them to prove she had sent them. Karen said she wasn't doubting that, but she did not remember having seen them. Colette's comments from the e-mail will replace what had been written. "Serious allegations against MHCC were made in the past by a large number of consumers. The MHC declined to investigate because it was seen as an internal matter. Recent episodes of serious malfeasance are now under investigation. Because MHSA funds are involved, the Mental Health Commission must participate in this investigation, especially since an internal audit in the past did not uncover problems."</li> <li>7) Teresa asked that three corrections be made on page 7:</li> </ol>	<p><b>Vote to Approve Minutes:          Passed 9-0-1 to approve as amended.  <u>Ayes: (9)</u>          Teresa          Dave          Jerome          Louis          Evelyn          Jack</b></p>

<ol style="list-style-type: none"> <li>1. In the paragraph on Discussion of the motion, change “receivership” to “oversight.”</li> <li>2. Change item 2) under Discussion from “She experienced meetings where her son was secluded and restrained” to “She is aware of numerous times when her son was secluded and restrained.”</li> <li>3. Teresa voted on the motion on page 7, but said she felt she probably should have recused herself from voting because of personal interests. It would not have changed the vote. She recused herself from the vote and the vote was changed from 12-0-0 to 11-0-1.             <ul style="list-style-type: none"> <li>➤ The Minutes were approved as amended by a vote of 9-0-1.</li> </ul> </li> </ol>	<p><b>Sam</b>  <b>Gina</b>  <b>Colette</b>  <u><b>Naves: (0)</b></u>  <b>0</b>  <u><b>Abstain: (1)</b></u>  <b>Lauren</b></p>
<p><b>VI. Mental Health Director’s Report – Steven Grolnic-McClurg</b>  <b>MHSA</b>          Staff continues to work diligently to enact the approved 12-13 plan. The spreadsheet updating progress on the ’12-’13 approved plan can be accessed at <a href="http://cchealth.org/groups/cpaw/pdf/2013-0411-agenda-packet.pdf">http://cchealth.org/groups/cpaw/pdf/2013-0411-agenda-packet.pdf</a> April meeting packet. Staff anticipates presenting CPAW with a draft 13-14 plan at the June meeting to receive feedback.          Discussion: Steven hopes the Public Hearing may be held by the Commission in August.  <b>MHSA Program Manager</b>          One candidate for the MHSA Program Manager has advanced to a third interview. In order to have as wide a pool of candidates as possible, staff attempted to re-contact two individuals who were on the hiring list but who were not able to be reached. One candidate who was highly ranked responded, and was on vacation during the period when we attempted to contact him. This individual is interested in the position and we are attempting to reconvene the original hiring panel to see if he would be recommended for a second interview.  <b>Healthy Families</b>          MH administration is continuing to evaluate the success of our agreement for Kaiser to remain the outpatient mental health provider for the non-SED children in the cohort of families who Kaiser was previously treating. We had originally agreed upon a 3 month trial period, and we are at the point in the trial period where we either want to extend the agreement or notify these families that their outpatient non-SED care will be provided by the Mental Health Plan. We are meeting regularly with Kaiser to discuss any issues that arise.          Discussion:          Q: John: Is the county picking up the tab for the SED (seriously emotionally disturbed) children who need hospitalization.          A: Steven: Yes.          Q: John: What level of involvement does Kaiser have in identifying children?          A: Steven: We are monitoring this.          Q: Gina: Does Kaiser reimburse funds? What happens to kids with no insurance?          A: Steven: We are only dealing with kids who had been in the Healthy Families program.</p>	<p><b>Send copies of previous Healthy Family reports to Gina.</b></p>

Teresa stated she would like the Executive Committee to consider having a presentation on the Affordable Care Act implementation.

**Katie A.**

MH administration continues to work closely with EHSD in co-designing a process that meets the new service requirements for the subclass affected by this lawsuit. We have completed a readiness assessment and a draft service strategy plan and have submitted these to the State.

Discussion: Steven added that we have a lot of work to do.

**Crisis Residential Program**

We had only one qualified contractor attend the bidders conference for this RFP, which was surprising. In reviewing why this might have occurred, we looked at our contact list for notifying contractors of RFP's. The list did not contain the emails of the contractors in our region who typically bid on programs of this scope, and so we decided to pull back the RFP and re-issue with a wider notification pool. We are looking at ways of improving our distribution method for RFPs in general. We did have robust contractor presence at the other RFPs listed.

**Primary Care Integration**

Behavioral Health is continuing to work with ambulatory care in designing a pilot model for integrated primary/behavioral healthcare provision within County Health Clinics. At this point, West County is envisioned as the pilot site for integrated model of care. We are also working on an expansion of the Concord Health Center, which has a HRSA grant to expand capacity to provide services for homeless patients. This grant provides ongoing funding for a well built out integrated behavioral health component as part of the health home, and we anticipate being able to have a behavioral health consultant, an licensed AOD specialist, and dedicated psychiatric consult liaison staffing as part of the model.

Discussion:

Steven said 1420 is currently on hold, but will be moving forward. Colette asked who she should talk to about this process, and Steven responded it would be him.

Gina mentioned she is concerned about lab work at the West County Center Mental Health Clinic because it is separated from the medical. She would like to see lab work able to be done at the mental health clinic, as well as at the Wellness Center.

Teresa agreed this was something that needs to be looked at.

Q: Teresa: Who are you working with on the Ambulatory Care Design Project?

A: Steven: Public Health, the Hospital, Behavioral Health, Alcohol and Other Drugs Services.

Teresa asked for regular reports back to the Commission.

**Electronic Medical Record (EMR)**

Current timeline for the project has the goal of an executed contract in August and a project start date of September.

**Legislative Update**

**Forward Teresa's request to the Executive Committee.**

MH administration has been asked to brief the Board of Supervisors Legislative Committee on pending legislation around Laura’s Law. This briefing will occur in June.

Gina asked how much in MHSA funds is going into Laura’s Law.

Steve said Contra Costa County has not adopted Laura’s Law. He said there were no County dollars going to it and MHSA dollars could not be used for it. Steven added that no stance is being taken yet on Laura’s Law.

Mara stated that Steven has been asked to give a briefing on Laura’s Law and other ongoing State bills to the Board of Supervisor’s Legislative Committee on Monday, June 3<sup>rd</sup> at 3:30 p.m. at 651 Pine Street, Room 101, Martinez.

Teresa said there were actually different opinions regarding whether or not MHSA could fund Laura’s Law.

**EQRO**

Contra Costa Counties final EQRO report for ’12-’13 is posted at <http://caeqro.com/webx/Reports%20and%20Presentations/FY2012-13%20EQRO%20MHP%20Reports/>. The report highlights both strengths and opportunities for improvement for our County Mental Health system. The summary section is below:

**CONCLUSIONS**

During the FY12-13 annual review, CAEQRO found strengths in the MHP’s programs, practices, or information systems that have a significant impact on the overall delivery system and its supporting structure. In those same areas, CAEQRO also noted opportunities for quality improvement. The findings presented below relate to the operation of an effective managed care organization, reflecting the MHP’s processes for ensuring access and timeliness of services and improving the quality of care.

**STRENGTHS**

1. Through a strong partnership with the county’s DPH and Health Plan, the MHP evidenced numerous ongoing physical health/mental health integration pilots that endeavor to better serve consumers.  
[Quality, Other: Physical Health integration]
2. The MHP is committed to routine evaluation of various programs/projects, both to track measurable progress (and adapt, if necessary) and to isolate successful strategies to repeat elsewhere.  
[Quality, Outcomes]
3. The MHP’s commitment to wellness and recovery ideals remains strong; its OCE spearheaded numerous projects/outreach efforts supporting C/FMs and the community at large, such as creating four Recovery DVDs, Wellness Boards at each clinic, a Welcome Packet, and a Photovoice project.  
[Quality, Other: wellness and recovery]
4. Despite not having an EHR, the MHP has endeavored to use other means (i.e., external and/or Access databases, hand logs, weekly schedule monitoring) to collect some

**E-mail Commissioners regarding the date/time/ location of the BOS Legislative Committee meeting.**

**Send Gina, Colette and Sam copies of the EQRO Report.**

<p>performance management data for analysis and system oversight. [Quality]</p> <p>5. The MHP demonstrates a commitment to adopting a number of EBPs and ensuring clinical fidelity across its system to best treat various subgroups of the SPMI population. [Quality]</p> <p><b>OPPORTUNITIES FOR IMPROVEMENT</b></p> <p>1. The lack of an EHR is limiting the data that is available to the organization, as well as necessitating less efficient methods of tracking performance indicators. Contractor providers are also impacted, receiving minimal data from the MHP. [Information Systems]</p> <p>2. Procedures/policies/daily best practices are inconsistent across regions and clinics, resulting in varying degrees of service quality and timeliness, and confusion/misinformation among staff at various levels, consumers and family members. [Quality]</p> <p>3. Senior management changes over the last two years, coupled with county reorganization, has negatively impacted staff morale and created an environment where administration is perceived as non-transparent, uncommunicative, and lacking a genuine desire to be inclusive. [Quality, Other: communication/stakeholders]</p> <p>4. Notwithstanding initial efforts, the system of care still needs more effective and routine exits/step-down options. Further, there are few general level of care options that serve consumers in between intensive and medication-only service tracks. [Outcomes]</p> <p>5. While the MHP is committed to tracking timeliness indicators however they can, data revealed wait times longer than established MHP standards (i.e., urgent services, children’s assessments, post-hospital follow-ups). [Timeliness]</p> <p>6. Due to the extended amount of time that has transpired in the ongoing selection of a replacement information system, some contract providers are moving forward independent of MHP considerations in their EHR selection. [Information Systems]</p>	
<p><b>VII. Committee Reports</b></p> <p><b>1) Criminal Justice Committee – Evelyn Centeno</b> No report. The meeting was cancelled due to lack of quorum.</p> <p><b>2) MHSA/Finance Committee – Teresa Pasquini</b> Teresa said she was mindful the Committee needed to stay in our own lane when discussing the issues brought before the Commission during Public Comment last month. It was clarified that the Commission does not have purview over personnel matters, but does over financial matters.</p> <ul style="list-style-type: none"> <li>• Teresa made a motion and Colette seconded that the MHA respond to financial allegations that</li> </ul>	



were presented to the MHC in an appropriate way and report back to the MHC.

Discussion:

Teresa stated this motion was made to ensure MHA would report back to the MHC with specifics on what steps would be taken and what was found. Evelyn said we should specify how to ask them to respond. She asked how we ask them to respond. Teresa responded that the MHA Director was there and heard the request to report back and agreed to do so. Evelyn said reporting back could be forgotten.

Teresa said she is asking the MHC to support the motion but the Committee could track this issue by placing monthly updates on their agenda. It was suggested that status updates be an regular agenda item on the MHSA/F Committee and the Executive Committee.

Colette said she felt sending a letter to the Mental Health Director would be appropriate.

Teresa said she didn't feel it was necessary as he was at the meeting and agreed to it.

An amendment to the motion was suggested: add the words "what steps and what changes would be made" following "report back" and add "through status updates in the monthly Mental Health Director's Report" at the end. The amendment to the motion was okayed by Teresa and Colette, who had made the original motion.

- The Mental Health Commission recommends that the Mental Health Administration respond to financial allegations that were presented to the MHC in an appropriate way and report back to the MHC through status updates in the monthly Mental Health Director's Report.

Discussion:

Gina expressed confusion over what the motion was about. She said she felt she needed to read the Minutes from the MHSA/F meeting before voting. Jerome said there needs to be clarity before voting. He suggested waiting until next month to vote. Lauren clarified the issue about the financial allegations that had been made and were listed in the Minutes from the last meeting. Gina said she was satisfied with the explanation and it was decided to move ahead with the vote.

The motion passed by a vote of 9-0-1.

- Make recommendations regarding the Housing Report. Because Annis, who attending the meetings and wrote the report, was not able to be in attendance, it was decided to take this back to the MHSA/Finance Committee and bring it back to the Commission next month..

**3) Quality of Care Committee – Peggy Kennedy**

There was no report.

**4) Bylaws Task Force – San Yoshioka**

Sam mentioned that at the Executive Committee he had requested 10 minutes for this report but has

**Vote 9-0-1. Motion passed.**

**Ayes: (9)**

**Louis**

**Evelyn**

**Jerome**

**Jack**

**Dave**

**Colette**

**Teresa**

**Lauren**

**Gina**

**Nays: (0)**

**Abstained: (1)**

**Sam**

**Request update on investigation process be in MH Director's report.**

**Forward CPAW Housing Report to Executive Committee.**

<p>been given only 5 minutes. He stated their target was to bring to the June Commission meeting all suggested changes. Areas that have been changed are Articles 2, 3, 4, 5, and 7. He asked for Commission input on any issues as they consider changes. He said he hopes to have a completed proposal by July. Sam turned over the discussion to Task Force Vice Chair Jack Feldman. Jack said they had decided they did not have to have a consensus in order to move items forward. He also said they had discussed having 5 Commissioners instead of 4 on Committees. There was a suggestion the Nominating Committee would convene as an Ad Hoc Committee when needed. Jack mistakenly said there would be three committees and Colette questioned that.</p> <p>5) <b>Executive Committee – Carole McKindley-Alvarez</b> No report.</p>	
<p><b>VIII. Commissioner Representative Reports</b></p> <p>1) <b>Behavior Health Integration Steering Committee Report – Sam</b> Sam said they haven't met for a couple of months. He said Steven should be reporting on Behavioral Integration. He added that he attended the AOD Advisory Board meeting and Haven had reported on this. He said he hadn't been receiving the meeting information and will attend the Steering Committee's ad hoc committee meeting. Nina Smith, AOD Board Representative to the Commission, mentioned that Haven gave an informal, unofficial Behavioral Health Integration report, that mentioned something about Zia Partners pulling out. Teresa said that Steven had said that Cynthia should be giving this report. Cynthia was unable to attend today and will present a Behavioral Health Integration report next month.</p> <p>2) <b>Social Inclusion Committee – Carole</b> Carole did not attend.</p> <p>3) <b>AOD Board – Sam</b> Sam said Commissioners should attend other board's meetings. Sam said AOD met last night. They have a meet and greet and had speakers from the AOD centers for men. He said we need this educational component from people from contract agencies and they should be invited to come. Sam reported that AOD's People Who Make a Difference Awards Report was a highlight for the BOS. He added that AOD Board members participate in Public Comment, and there is no clock timing them.</p> <p>4) <b>Homeless Board Meeting – Carole</b> There was no meeting.</p> <p>5) <b>Community Corrections Partnership (AB109) – Evelyn</b> They meet the 1<sup>st</sup> Friday of each month. July 13-14 it was reported there was \$22,854,832 in funds. \$17,612,665 was received by county agencies. Departments could use leftover monies for hiring, doing more programs. She said she attended the budget workshop March 3<sup>rd</sup>. Departments gave status reports of what was being done with their monies. Some asked for more money. The</p>	

<p>Superior Court has spent their allocated money. The Sheriff's Department has not asked for additional money. Probation, Behavior Health, Detention Health Services and the Public Defender's Office are asking for additional monies. The information is posted on the County website.</p>	
<p><b>IX. Future Agenda Items.</b> 1) Update on Behavior Health Integration Project</p>	<p><b>Place report from Cynthia Belon on MHC Agenda.</b></p>
<p><b>X. Adjourn Meeting</b> The meeting was adjourned at 6:40 p.m.</p>	

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