



*The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.*

Current (2017) Members of the Contra Costa County Mental Health Commission

Duane Chapman, District I (Chair); Barbara Serwin, District II (Vice Chair); Douglas Dunn, District III; Diana MaKieve, District II; District III; Lauren Rettagliata, District II; Connie Steers, District IV; Gina Swirsding, District I; Jason Tanseco, District III; Meghan Cullen, District V; Michael Ward, District V; Sam Yoshioka, District IV; Candace Andersen, District II, BOS Representative; Diane Burgis, District III, BOS Representative.

**Executive Committee Meeting**  
**Tuesday, February 21, 2017 ♦ 3:15pm to 5p.m.**  
**1340 Arnold Drive, Conference Room 131, Martinez**

**AGENDA**

- I. Call to Order / Introductions**
- II. Public Comment**
- III. Commissioner Comments**
- IV. Chair comments- Excessive documentation**
- V. Announcements**
- VI. APPROVE minutes from January 24, 2017 meeting**
- VII. DISCUSS AOT Workgroup Agreement and forward to MHC for MOTION**
- VIII. DISCUSS MHC integration of advisory boards with BHS staff**
- IX. DISCUSS Outreach and Communication goals for the Commission in 2017**
- X. DISCUSS and plan agenda for March 1, 2017, full Commission meeting**
- XI. REVIEW and DISCUSS Commissioners responsibilities for visiting facilities in 2017**
- XII. DISCUSS and ACCEPT 2016 annual reports from the Committee Chairs**
- XIII. Adjourn**



**MENTAL HEALTH EXECUTIVE COMMITTEE  
MONTHLY MEETING MINUTES  
January 24, 2017 – First Draft**

<b>Agenda Item / Discussion</b>	<b>Action / Follow-Up</b>
<p><b>I. Call to Order / Introductions</b> Commission Chair Duane Chapman called the meeting to order at 3:15pm.</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II Diana MaKieve, District II Sam Yoshioka, District IV Gina Swirsding, District I</p> <p><u>Commissioners Absent:</u> None- all Commissioners present</p> <p><u>Other Attendees:</u> Jill Ray, Supv. Andersen’s office Lauren Rettagliata, District II Teresa Pasquini, (arrived @3:23pm) Douglas Dunn, District III (arrived @3:23pm) Vanessa Perry with RI International (Recovery Innovations, for April Langro) Cynthia Belon, Director BHS Warren Hayes, MHSA Program Manager Adam Down, Behavioral Health Admin Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p>Transfer recording to computer</p>
<p><b>II. Public Comments:</b> <b>Chair inquired regarding the meaning of RI.</b> RI= Recovery International, the company has three locations throughout Contra Costa County. They provide peer to peer counseling, workshops, and work with those who are struggling with substance abuse and mental illness.</p>	
<p><b>III. Chair Report, Announcements, and Comments – Duane Chapman</b></p> <ul style="list-style-type: none"> <li>• Chair informed Commission of attendance at the Chair conference in San Diego.</li> <li>• Sam brought treats, from Hawaii, to share with the attendees</li> </ul>	

<p><b>IV. Announcements:</b></p> <p>The Executive Assistant of the Mental Health Commission, informed the Commissioners of the deadlines in place for the following months: starting from February to June, of 2017. The EA handed out an agenda items and attachments deadline chart. The chart is a visual aid that specifies the due dates for the agenda processing of the MHC and all of the committees. The chart is to be used and adhered to assure the timeliness of the process. The chart was created to ensure that the process complies with the Brown Act and Bylaws. Changes, additions or requests will not be made after the due date has passed.</p> <p><b>The Chair</b> requests that all Commissioners utilize one direct line of communication, from now, moving forward. All communication, requests, or inquiries, for Contra Costa Behavioral Health Services or Mental Health Programs will be sent to the Chair or Vice, only. The Chair or Vice Chair will forward the request to the Executive Assistant and the Executive Assistant will forward the request to the appropriate staff member of BH/MH. One line of communication will eliminate duplication and chaos and increase efficiency to respond.</p>	
<p><b>V. Approval of the December 27, 2016 minutes.</b></p> <ul style="list-style-type: none"> <li>• Sam moved, second by Gina, to approve the December 27, 2016, minutes, with the following corrections:</li> <li>• PAGE 3- STRIKE comments referencing Jill Ray’s comments regarding workgroup... and other comment- “concur with Supervisor Candace Andersen...”</li> <li>• PAGE 3- STRIKE comment that Teresa Pasquini would like to be part of the Task Force...does not.</li> <li>• PAGE 3- STRIKE comment that “Doug and his wife were upset....” Only his wife was upset, not Doug.</li> <li>• The motion passed by a vote of 5-0-0</li> </ul> <p>Vote:  Ayes: Duane, Barbara, Diana, Sam and Gina  Abstain: none  Absent: none</p>	
<p><b>VI. Discussion regarding current oversight group for the AOT program</b></p> <ul style="list-style-type: none"> <li>• Public comments first:</li> <li>• Doug- Sent an email to BHS staff regarding handouts for the Executive Committee on 1/21/17, past deadline, unable to hand out to the Commission. Documents reference Los Angeles County’s AOT oversight committee/workgroup, previously overseen the Mental Health Commission. Requests were made that the documents be entered at the full Commission meeting on 2/1/17.</li> <li>• Chair: All committees must adhere to the law and last minute items cannot be entered and attachments will not be entered for the full</li> </ul>	

<p>Commission meeting due to a full agenda and insufficient time.</p> <ul style="list-style-type: none"> <li>• Teresa: Would have liked attachments entered at the meetings, documents pertinent to the discussion. Supports a community based oversight model that is collaborative and that is in partnership. The system should not oversee itself. Would like to provide the commission with a copy of “Grass Roots,” a national effort regarding advocating for those with mental illness seeking treatment. Will provide the Chair/Vice Chair, with the links regarding the information of the National organization, to forward to the Executive Assistant.</li> <li>• Doug informed he has been in contact with the San Francisco County AOT Director and was informed that they conduct quarterly meetings and have a strong community involvement. He has discussed the issue of the AOT group with others from Los Angeles County as well.</li> <li>• Chair was informed during his attendance of the San Diego California Association of Local Mental Health Boards and Commission conference; that some of the other counties throughout the State of California have formed partnerships with their Mental Health Departments. He had a chance to speak to the various Chairs, including the Chair for MHC for Los Angeles County, Larry, who informed Duane that they are in a partnership with MH, representing the stakeholders.</li> <li>• Sam/Gina: Believe there is relevance to the size of Los Angeles County and their policies and procedure; including, the amount of funds that are allocated to a larger county with a population of 10 million.</li> <li>• Barbara: There is a desire to have input from the stakeholders and a need to have the ability to move quickly. There is an existing group in place with stakeholders in a broad sense. There is a way to combine the two models and bring the MHC concerns over to the AOT workgroup existing model. The formation of one cohesive group, in partnership, will eliminate duplicated efforts.</li> <li>• CHAIR: Agrees that there needs to be an oversight group and confirms that the Commission cannot operate alone. Better to join the partnership with Behavioral Health to ensure that the AOT program is operating properly and successful.</li> <li>• Gina, Doug, Duane and Lauren had attended previous AOT oversight workgroup meetings.</li> <li>• Diana: We need a clear idea of what the group is to do; a purpose and the defined expectations should be discussed. Wrote the following guideline:  <p style="text-align: center;"><b>“To form a Taskforce, that provides a forum for real and timely, critical experience and or actual outcomes of the processes and procedures, in a way that values all input and response to</b></p> </li> </ul>	
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**possibilities for improvement, promptly so that the AOT has a continuous process in place to modify and adjust AOT processes and procedures to become the best in the eyes of all the stakeholders.”**

The Commission needs to decide who will participate in the group. Similar to what Barbara was stating earlier.

- Teresa: Agrees with the conversation and progress and ultimately the goal is for all involved to have a voice and be heard. Encouraged by the efforts to work together, in partnership and agrees that it needs to be in partnership.
- Director of BH, Cynthia: Thanks everyone for their participation in the discussion and for the desire to partnership with BH. Diana’s statement, regarding a purpose for the workgroup, is appreciated as well. BHS commits to working, with the Chair and Vice Chair, regarding an agreement for the AOT workgroup.
- Lauren: Would like more reviews and evaluations, which involve the Mental Health Commission (MHC). MHC purpose is to review and evaluate the community’s mental health needs, services and facilities. Consideration of those who need to be in attendance is important to decipher.
- Sam inquired regarding the recommendation from the BH Director to explain. The BH Director clarified the recommendation made was during the previous MHC on 1/4/17, which are noted in the minutes of that meeting.
- Jill: Added the recommendations will be to the Family and Human Services committee and to the Board of Supervisors, regarding moving forward.
- A suggestion was made to direct complaints to the corresponding head of the department
- Warren does participate in various meetings concerning the AOT program and is very involved in all aspects; including partnering with other Counties for problem solving issues that arises. He offered to assist in the negotiation of the structuring of the AOT workgroup

Barbara moved to motion, to move the description of the MHC recommendation of partnership for the next Family Health Services meeting that the Chair and Vice Chair will attend; along with the Director and Deputy Director of Behavioral Health, to work out a structure of a proposal on behalf of the Executive Committee.

Diana seconds the motion.

Motion passed: VOTE- 5-0-0

Ayes: Duane, Barbara, Sam, Diana, Gina

Abstain: none

<p>Nays: none Absent: none</p>	
<p><b>VII.</b> The submission of the annual reports, from the Committee Chairs.</p> <ul style="list-style-type: none"> <li>• MHSA/Finance, Quality of Care, and Justice Systems 2016 Yearend Reports have been submitted</li> <li>• The full Commission 2016 Yearend Report will be completed by the Chair and Vice Chair and submitted no later than February 10, 2017, for review.</li> <li>• All reports will be submitted and reviewed at the next Executive Committee meeting in February.</li> <li>• Commissioner Diana will not be present at the next Executive Committee meeting on 2/21/17.</li> </ul>	
<p><b>VIII. The 2017 outreach and communication goals will be discussed at the next Executive Committee.</b></p>	
<p><b>IX. Accept and review</b> items to forward for the February full commission meeting agenda. Warren Hayes will present the Needs Assessment Report at the MHC meeting on 2/1/17.</p>	
<p><b>X. Adjourn Meeting</b> The meeting was adjourned at 4:40 pm.</p>	

Respectfully submitted,

Liza Molina-Huntley  
Executive Assistant to the Mental Health Commission  
CCHS Behavioral Health Administration

# Draft AOT Workgroup Plan

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On February 3, 2017, the Contra Costa Behavioral Health Services (CCBHS) staff and Chair and Vice-Chair of the Mental Health Commission (MHC) met to work together to define key aspects of the Assisted Outpatient Treatment (AOT) Workgroup. Those present: MHC Chair Duane Chapman and Vice-Chair Barbara Serwin, CCBHS Director Cynthia Belon, Deputy Director Matthew Luu, MHSA Program Manager Warren Hayes, Administrative Manager Adam Down and MHC Executive Secretary Liza Molina-Huntley.

The AOT Workgroup was created to provide input and oversight of the AOT Program during its initial design phase. The Workgroup is now evolving as the AOT Program moves into its implementation phase. This draft document outlines how the Workgroup will be structured and operate during this next phase.

This plan will be submitted to the MHC for approval at the full Commission meeting in March. Upon approval from the MHC, the agreement will be submitted to the Board of Supervisor's Family and Human Services Committee for consideration.

## **Objectives**

The purpose of the AOT Workgroup is to provide an open forum to enable Workgroup members and the public to voice and address issues pertaining to the AOT Program. This includes problem solving, supporting transparency and accountability, and providing input to major policies and strategies.

## **Constituencies**

- The broad set of stakeholders from the first phase AOT Workgroup will continue to participate. An inclusive list of stakeholder groups will be provided by CCBHS staff.
- Members will be determined by and in accordance with representation of stakeholder bodies. The MHC Chair and CCBHS Director will define the maximum number of members.

## **Meetings**

- The first meeting will be facilitated by the MHC Chair and CCBHS Director, and will tentatively be held in April, 2017 at 50 Douglas Drive in Martinez.
- The first agenda will be set by the Chair of the MHC, with input from Commissioners, and by the CCBHS Director.
- At the first AOT Workgroup meeting, the MHC Chair and CCBHS Director will solicit input and participation from stakeholders as to protocol for setting future meeting agendas, with the CPAW steering committee approach as a model. Note that the MHC will continue to participate in setting meeting agendas. Input will also be solicited for the selection of person(s) to co-facilitate meetings on a rotation basis, along with the MHC Chair.
- Meetings will be held on a quarterly basis.
- Sub-committees may be formed to study and/or problem-solve specific issues or challenges that arise from the AOT Program. Input from Workgroup stakeholders will be solicited for determining guidelines for subcommittees.

**In Addition**

- Administrative CCBHS staff will be assigned to provide continuity and support for organizing the meeting, agenda, minutes, postings and copies.
- CCBHS will provide a report by Research Development Associates with a summary and evaluation of the AOT Program's first year of operation; the report is due this spring.
- The AOT Workgroup will adhere to the provisions of Better Government Practices and the Brown Act.

Respectfully submitted by:

Liza Molina-Huntley

Executive Assistant for the Mental Health Commission

Edits: ad/wh/bs



## MHSA Program Review Schedule

	Program/Plan Element	Lead Staff	Month	Site Visit Date	MHC/CPAW Volunteers	Final
1.	Fred Finch Youth Center	Michelle Nobori	Mar 2014	March 17,18	Lauren Rettagliata	Yes
2.	RYSE	Michelle Z.	Mar 2014	March 27		Yes
3.	Shelter Beds	Stephanie Chenard	Apr 2014	April 1		Yes
4.	Adult FSP Support	Michelle Nobori	Apr 2014	April 2,3		Yes
5.	Child Abuse Prevention	Michelle Z.	Oct 2014	Oct 22		Yes
6.	Youth in Juvenile Justice	Michelle Z.	Nov 2014	Nov 13, 14	Louis Buckingham	Yes
7.	Children's Clinic Staff	Stephanie Chenard	Nov 2014	Nov 4, 13, 28		Yes
8.	Rainbow Community Center	Michelle Z./Nobori	Dec 2014	Dec 11		Yes
9.	Rubicon	Michelle Nobori	Jan 2014	Jan 22	Teresa Pasquini	Yes
10	Anka	Michelle Nobori	Feb 2015	Feb 18	Evelyn Centeno	Yes
11	Building Blocks for Kids	Michelle Z.	Feb 2015	Feb 25		Yes
12	Familias Unidas	Michelle Nobori	Mar 2015	March 16	Lauren Rettagliata	Yes
13	James Morehouse	Michelle Z.	Mar 2015	March 23		Yes
14	Native American Health	Michelle Z.	Apr 2015	April 9		Yes
15	Crestwood	Stephanie Chenard	Apr 2015	April 29		Yes
16	Shelter Inc	Stephanie Chenard	Jul 2015	July 31		Yes
17	NAMI	Stephanie Chenard	Aug 2015	August 6		Yes
18	Older Adults/ Senior Peer Counseling	Stephanie Chenard	Sep 2015	Sep 23		Yes
19	Center for Human Development	Michelle Z.	Feb 2016	Feb 16,17	Lauren Rettagliata	Yes
20	STAND!	Michelle Z.	Feb 2016	Feb 8	Gina Swirsding	Yes
21	Youth Homes	Michelle Nobori	Feb 2016	March 4	Gina Swirsding	Yes
22	New Leaf	Michelle Z.	Mar 2016	March 23	Gina Swirsding	Yes
23	Recovery Innovations	Stephanie Chenard	Apr 2016	April 12		Yes
24	Jewish Family & Children's Services	Michelle Z.	Apr 2016	April 18		Yes
25	People Who Care	Michelle Z.	Apr 2016	April 5		Yes
26	Modesto Residential	Stephanie Chenard	April 2016	April 26	Lauren Rettagliata	Yes
27	Divines	Stephanie Chenard	May 2016	May 9	Lauren Rettagliata	Yes
28	Suicide Prevention	Michelle Z.	Jun 2016	June 23		Yes
29	United Family Care	Stephanie Chenard	Aug 2016	Aug 11	Lauren Rettagliata	Yes
30	Oak Hill	Stephanie Chenard	Aug 2016	Aug 5	Lauren Rettagliata	Yes
31	Pleasant Hill Manor	Stephanie Chenard	Aug 2016	Aug 18	Lauren Rettagliata	Yes
32	Asian Community M.H.	Michelle Z.	Sept 2016	Sept 8		Pend

	<b>Program/Plan Element</b>	<b>Lead Staff</b>	<b>Month</b>	<b>Site Visit Date</b>	<b>MHC/CPAW Volunteers</b>	<b>Final</b>
33	Lifelong Medical Care	Michelle Z.	Oct 2016	Oct 17, 20		Pend
34	Woodhaven	Stephanie Chenard	Oct 2016	Oct 13	Lauren Rettagliata	Yes
35	Williams	Stephanie Chenard	Nov 2016	Nov 10	Lauren Rettagliata	Yes
36	CC Interfaith	Michelle Z.	Nov 2016	Nov 10		Pend
38	Lao Family Community	Michelle Z.	Dec 2016	Dec 8		Pend
39	CC Crisis Center	Michelle Z.	Jan 2016	Jan 18		Pend
40	Hume Center	Stephanie Chenard	Jan 2017	Jan 24		Pend
41	Telecare	Stephanie Chenard	Jan 2017	Jan 31		Pend
42	The Latina Center	Michelle Z.	Feb 2016	Feb 23		
44	Miller Wellness Center /Hospital Liaisons	Stephanie Chenard	Mar 2016	Feb 24		
45	COFY	Stephanie Chenard	Mar 2017	Mar 24		
46	COPE and First Five	Michelle Z.	Mar 2016			
47	Seneca	Stephanie Chenard	Apr 2017			
48	La Clinica de la Raza	Michelle Z.	Apr 2016			
50	Putnam Clubhouse	Michelle Z.	May 2017			
51	Lincoln Child Center	Stephanie Chenard	May 2017			
52	First Hope	Michelle Z.	Jun 2017			
53	Mental Health Systems	Stephanie Chenard	Jun 2017			
54	Forensic Team	Stephanie Chenard	Jun 2017		Gina Swirsding	

## Year End Report MHSA /Finance 2016

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Each Month one of the top priorities of the MHSA/Finance Committee is to insure that funding for Mental Health is focused on improving the care and treatment for people diagnosed with a mental illness. Each meeting Warren Hayes gives us an update on the MHSA spending and an overview of the Program & Fiscal Reviews done that month on MHSA programs. This Committee also has asked to be updated and kept informed on Realignment I & II Funding. We have only received the same reports seen by the Committee in 2015. These are for fiscal year 2013-2014. We hope to be brought up to date soon. We also received all County contracts for the first time. As a committee we are becoming more knowledgeable about how care and treatment is financed. In that vein, we have also asked to receive, on a regular ongoing basis, Federal Financial Participation (FFP, i.e. Medi-Cal and Medicare) reimbursement funding reports. FFP reimbursement comprises around 50% or greater of county mental health funding. Health Services Finance Department indicated they would try to comply. With this knowledge we hope to improve the lives of those who rely on the county for their care.

The committee will focus on understanding the systems in use in our county. We need to consider what the options are and collaborate with the Quality of Care Committee on housing complaints. Committee members were alerted to complaints about the inadequacy of housing, for those in need of specialty mental health services.

This committee has noted that there needs to be a plan in place that determines if the funds spent are: improving the quality of treatment and care, keeping the status quo, or causing treatment and care to deteriorate. We have improved our knowledge of homelessness, housing and shelter procedures for the mentally ill. We reviewed our housing partnerships, searching for models that work best to provide the most successful transitions and supports toward wellness. We did search for space and funding, to be used to improve and increase housing for our seriously mentally ill.

The main focus of a sub-committee was to prepare and collaborate with the Behavioral Health Department and the Behavioral Health Care Partnership to produce the Mental Health System & Budget Crisis document. It was contemplated, that this report would have an effect on how the budget for mental health is developed. The document and presentation, asked the Board of Supervisors to give budget priority to systemic deficits in care that are not being addressed in the current budget process. The Committee strives to be the vehicle for discussions, with advocates of Assisted Outpatient Treatment (AOT), where they can interface with the administrative process that finances this pilot program.

For 2017, we will focus on the past and future financing and in providing an electronic records system for specialty mental health programs.

# Quality of Care Committee 2016 Annual Report

## **Changes in membership:**

The Quality of Care Committee has had many changes in membership since late 2015: We lost Chair Peggy Black, Dave Kahler and Greg Beckner; and we gained Gina Swirsding and Connie Steers. Currently, we stand at three committee members rather than target of four. These changes significantly impacted our ability to consistently form a quorum for meetings. Fortunately, Commission Bylaws were changed recently to permit an Executive Committee member to stand in to form a meeting quorum. Therefore, we believe we will meet on a more consistent basis in 2017.

## **Improved effectiveness and timeliness of scheduled injectable medication at clinics:**

The Quality of Care Committee heard direct testimony from a family member whose son was not given a long-acting anti-psychotic scheduled injected medication at a BHS clinic. Typically, patients receiving an injectable are severely ill; therefore, lapses in medication can have serious consequences. Commissioners were familiar with other incidences throughout the county. The Committee recognized that clinics should have the same accountability, regarding issuance of medications, that a hospital has. Especially when clinics are administering anti-psychotic medications to severely mentally ill patients. This Committee, including the Commission efforts, resulted in a revised procedure to improve effectiveness and timeliness of medication. A Registered Nurse Program Manager presented the revised procedure to the Commission. Our next step, would be to review the new procedures, to see if the changes are effective.

## **Shelter deaths:**

The Committee knew of two deaths that occurred last winter. One fatality was at the Brookside Shelter and the other was at the Family Courtyard. Commissioners visited both sites and investigated regarding what type of quality assurance reviews, were in

place after fatality? We also asked, who classifies the mentally ill in these facilities that have an overflowing population. And, what is the quality of outreach to the individuals in these facilities? Despite our numerous attempts, we were unable to obtain a Coroner's report or obtain any information regarding the details of the deaths. However, we did contribute to keeping these incidents visible. Our next step would be to open an investigation regarding these deaths and to review if any progress has been made regarding implementing new procedures to secure the lives of others.

### **Consumer advocacy:**

There are many issues that the Committee members, are made aware of, that have a consumer rights aspect. Our vigilance is more important, due to the closure of the Mental Health Consumer Concerns office in 2014. There no longer is a consumer advocacy resource for out-patient clinics. Although, there is a consumer advocacy program in place for PES and 4C in the hospital setting. However, there is a strong need for consumer advocates. Consumers need to have a forum for resolution for identified issues. The structured group will be informative for Behavioral Health Administration to be aware of the issues and assist in the resolution process. There is a growing partnership with BH to work towards better care for our community.

### **Other efforts made:**

- The Committee members are developing stronger relationships, with the staff at the hospital, to build cooperation regarding patient care. We have been fortunate to have the presence of, Victor Montoya and Shelley Whalen, at our meetings to report on mental health care situations and report on current issues.
- The Committee stayed abreast of Quality of Care issues at PES
- The Committee performed an in-depth analysis of the 2015 EQRO report on behalf of the full Commission. Also, we requested participation for Commission members to be included in the EQRO program analysis for 2016.
- The Committee continues to research issues around crisis in-patient and residential facilities for children and adolescents. Committee members have attended the Children's mental health care meetings, facilitated by Vern Wallace and his staff, and received information regarding the above. A next step will be to discover possibilities for more facilities, or reveal new ways to house and care for those in need of mental health services and present the findings to the MHSA Finance Committee, the full Commission and the Board of Supervisors.

## 2016 Year End Report for Justice Systems Committee

- ❖ **The top priority for the Justice Systems Committee is to be a voice for the mentally ill that have encounters with law enforcement or are in a correctional facility, in hopes to improve conditions.**

In 2016 there were two main objectives:

- 1) To change the uniforms for those institutionalized in the correctional Juvenile Hall facility in Martinez**
- 2) Create a Community Mental Health Referral Card**

The uniforms that were utilized in the correctional juvenile facility, at the Martinez Juvenile Hall, were not uniform in color. The previous uniforms were color coded and those in the facility felt targeted due to the color coding clothing.

After many negotiations, the mission was accomplished. Juvenile Hall now has new uniforms. The new uniforms have provided confidence and a better outlook for those who are currently institutionalized.

A grant for the creation of the Community Mental Health Referral Card was obtained but unfortunately, due to many impediments, the grant was lost.

The card could be utilized by Law Enforcement and other agencies, to hand out to the community, during encounters with those in need of mental health services.

The plastic card would resemble a business card with a quick glance of referral numbers for mental health services throughout the county, including the 1-800 Crisis Center, Wellness Center, Family Partners, AOT and more.

For 2017, it is hoped to reestablish the grant and complete the creation of the cards so that they may be utilized throughout the county.