

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
June 7, 2017 – FINAL
APPROVED July 11, 2017**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Commission Chair Duane Chapman called the meeting to order at 4:32pm.</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II (arrived @4:37pm) Supv. Candace Andersen, District II Sam Yoshioka, District IV Diana MaKieve, District II Gina Swirsding, District I Meghan Cullen, District V Douglas Dunn, District III Connie Steers, District III (arrived @4:37pm)</p> <p><u>Commissioners Absent:</u> Jason Tanseco, District IV Michael Ward, District V Lauren Rettagliata, District II</p> <p><u>Other Attendees:</u> Cynthia Belon, Director of Behavioral Health Services Matthew Luu, Deputy Director of Behavioral Health Services (departure @5:00 pm) Jenny Robbins, Housing and Services Administrator for Health, Housing and Homeless Services (departure @5:36 pm) Steve Blum, Supportive Housing Manager for Health, Housing and Homeless Services (departure @5:36 pm) Debra Beckert, Nurse Program Manager (departure @4:55 pm) Jill Ray, Field Rep Supv. Andersen's office, District II Vic Montoya, Program Chief for Psych serves at CCRMC (departure @5:58 pm) Robert Thigpen, Adult Mental Health Family Services Coordinator Dr. Ann Isbell, Health Services Planner/Evaluator-B Claire Battis, Health Services Planner/Evaluator-B Jersey Neilson, Health Services Planner/Evaluator-B Teresa Comstock, Chair of Napa County Mental Health Board/CALBHBC Carole Masasovic, Chair of Berkley Mental Health Commission/CALBHBC Steven Dambede, CALBHBC Steven Marks- Talia Rueben, Community Advisory Board member (CAB) Karen Wise, ANKA Behavioral Health Kassie Perkins, ANKA Adam Down, Behavioral Health Admin (departure @5:58 pm) Teresa Pasquini- Family member/former commissioner Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p>EA-Transfer recording to computer</p>
<p>II. Chair announcements and comments:</p> <ul style="list-style-type: none"> • Amendments to the MHC Bylaws regarding membership applicants- • Chair/Duane- has viewed Bylaws from several different counties and compared them to Contra Costa County's, along with Napa County's Bylaws. Would like the Commission to update the Bylaws, according to the request 	<p>*The Commission will choose two Commissioners, next month, to</p>

from a Supervisor. Would like to choose a new and old Commissioner, to jointly work on the revision of the Bylaws, next month.

- **MHC communication protocol-**
- **Chair/Duane-** This issue was discussed previously regarding Commissioners directly requesting information to various Behavioral Health Services staff. The Commissioners all agreed that **all requests for information would be directed to the Chair and Vice Chair, first, and they will forward the request to the Executive Assistant.** The Executive Assistant will then forward the request to the appropriate Behavioral Health Services staff member.
- **Supervisor Andersen-** Clarified that the previous process of the Mental Health Commission, interviewing applicants, did not sit well with Supervisor Mitchoff; therefore, all people who are interested in applying to become a Commissioner should be directed to the person's District Supervisor. It is the District Supervisor's responsibility to appoint the applicant. After the person has been appointed, the Commission can determine the protocol to follow. Everyone can recruit new commissioners and refer people.
- **Introduction of representatives from CALBHBC- California Association of Local Behavioral Health Boards and Commissions-**
- **Chair/Duane-** Since everyone has met the members, are there any questions?
- **AOT (Assisted Outpatient Treatment) Workgroup will start June 12, 2017, from 10am to noon, at 50 Douglas Drive, in Martinez in the second floor conference room.**
- **Chair/Duane-** Informed that he and the Behavioral Health Director, Cynthia Belon, will be facilitating the first meeting.
- **EAST/SOUTH COUNTY MHC meetings in the fall-Commissioner Diana MaKieve is working on obtaining a location in November in South County**
- **Diana-** Informed that the San Ramon Regional Hospital has a nice conference room to accommodate the Mental Health Commission meeting in November and will follow up.
- **Supervisor Andersen-** offered assistance with other options in South County, if the previously mentioned is not available in November. Also, encouraged people to attend the Board's meeting on June 20 to discuss the mental health facility expansion in West County. It would be helpful to provide the perspective on why the Mental Health Commission has approved the proposal. There are some people in opposition of the expansion but unfortunately there are mentally ill people incarcerated that need to be provided with mental health services to help with the recidivism in the jails.
- **Chair/Duane-** Attended an event in Brentwood, opposing the expansion, noticing that it was the same group of people that continue to misinform the public throughout the county. It is bad enough to be in jail, it's worse without services. There is a new bill out, 42CFRR2, there are some changes regarding behavioral health and substance abuse treatment.
- **Director Belon-** Regarding 42CFR2, which is very restrictive, was put before stakeholders, interested parties, and websites- to respond and obtain information to what the community wanted. It was halted by the new federal administration. As of March 21, 2017 the revisions that were recommended by all parties went forward. Consent forms are still required but parties can be more specific regarding what information can be shared and to whom, specifically and all parties need to be identified along with a termination date on the consent form. The individual can request that the consent form be pulled. It can be stated as "to all interested parties," but the individual that is

revise the section, in the Bylaws, regarding applicants for the Commission, according to the consensus of the Board of Supervisors.

<p>being treated can ask that their provider a list of all individuals where the information has been shared. That is the major change. It does have implications for a billed out and CCLink, we have not made any decisions, as of yet. Consents still need to be used in all cases.</p>	
<p>III. Public comments (3 minutes per speaker)</p> <ul style="list-style-type: none"> • Talia Rueben- A LCSW (Licensed Clinical Social Worker), resident of Richmond and works for homeless outreach programs for the City of Oakland. Distributed flyers regarding CAB =Community Advisory Board and requested that anyone interested in being part of the Contra Costa County Community Corrections Partnership to complete the application and to submit the application as indicated on the flyer (see attached). CAB currently has seven vacancies that need to be filled for January, 2018. Members from all districts within Contra Costa County are encouraged to apply. • Jill Ray- Distributed the updated “HOMELESS?” and the “STAND DOWN ON THE DELTA 2017” flyers. The “Stand Down on the Delta,” is a bi-annual, four-day encampment for homeless and/or at risk Veterans to come together and receive support on August 11-14, at the Contra Costa Fairgrounds, volunteers are needed to help with this event. • Teresa Comstock- Introduced self and members of CALBHBC, present to understand more about the priorities of the Commission of Contra Costa County and jointly advocate at the State level. Encourages everyone to look at the website and Facebook for CALBHBC. 	
<p>IV. Commissioner’s comments (3 minutes per speaker)</p> <ul style="list-style-type: none"> • Commissioner Doug Dunn- Commented on the State Governor’s proposal to shift realignment funds, allocated to mental health, to fill in gaps in the State’s budget. (See attachment under “June 7, 2017 MHC Comments”). • Vice Chair, Barbara Serwin- Wanted to thank Behavioral Health Services Director, Cynthia Belon and Dr. Ann Isbell, Evaluator, for inviting the Commission to participate to review proposals, regarding contracting a provider for services for a new TAY (Transitional Aged Youth) program facility in Concord. She congratulated Dr. Ann Isbell, for facilitating the review process and felt she did a great job! 	
<p>V. MOTION to APPROVE minutes from May 3, 2017 meeting Sam moved to motion, Gina seconded the motion</p> <ul style="list-style-type: none"> • No corrections were needed • VOTE: 8-0-0 • YAYS: Supervisor Andersen, Duane, Barbara, Gina, Diana, Doug, Sam, Meghan and Connie • NAYS: none ABSTAIN: none • ABSENT: Jason, Mike and Lauren 	
<p>VI. RECEIVE updates from the Director of Behavioral Health Services, Cynthia Belon</p> <ul style="list-style-type: none"> • Director Belon- What the IHSS proposal means specifically for Behavioral/Mental Health is that we would lose the 1991 Realignment growth dollars for three years. In non-recession years we anticipate that we get between \$1 to \$3 million dollars per year in annual growth dollars. It is used to cover the cost of living adjustments and it is used for “match”. It can be a significant loss in these areas. The loss of this money will place additional financial hardship on the mental health system. It was not anticipate putting any growth dollars into the 2017-2018 budget, we will not experience any hardship for these years. It was stated that the loss will be offset with holding the increase with IMD costs for three years. The CBHDA, which is the California 	

Behavioral Health Director's Association, recommended that it be held for five years, to my understanding, that is what is in the most recent proposal. Regarding the electronic health record, Behavioral Health Services has moved forward with phase one of the implementation, going onto CCLink. The target date for going live is September 26, 2017, for all 11 mental health clinics, the older adult program and First Hope. To insure its success a governing structure has been created with a Project Manager, Project Sponsors, Champions and Subject Matter Experts, which are comprised of clerks, clinicians, nurses and Psychiatrists, these individuals have been instrumental in helping to create workflows to gain a better understanding of what is needed. Currently, the department is working on clinical build out sessions that will focus on various forms that are utilized and determine what is needed to create to incorporate into CCLink. Phase two, will start after phase one has been completed, and it will target the alcohol and drug system and all of the community based organizations, including a portal for patients to be able to access their health record. There will be a portal for community based organizations, that will allow referrals and billing processing, but not for documentation. The projected target date for the completion of phase two is the end of April, 2018. The PSP program will be phased out.

- **Teresa P-** Has been tracking the Commission, attending Committee meetings, and was aware of the new proposed State budget, shifting \$660 million dollars of IHSS money. Expressed her concerns and disappointment regarding the lack of communication within the county and its residents. Very concerned regarding the State budget, proposing to decrease funding for mental health services. Feels that the Commission should be based on the best needs for the consumers and their families and the residents of this county utilizing mental health services. Expressed that if the public had been made aware of the State budget changes, more people would have been able to lobby sooner, against the State budget. Feels that the State Governor's actions are outrageous, regarding taking away a funding stream that is already limited and insufficient for what is needed. Extremely disappointed that the State budget was not brought to the attention of the Mental Health Commission or the MHSA/Finance Committee meeting, when the Chief Operating Officer- Mr. Godley was present. The State budget will affect the planning that the County just completed.

Would like to partner to advocate and make changes, together. Drove to Sacramento, to obtain Contra Costa County information, due to the lack of transparency regarding budget information.

- **Supervisor Andersen-** the County's Administrator, David Twa, is a member of the subcommittee that is currently working on developing a better plan. The County is not pleased with the proposed State budget, in many areas, and it would have been best to maintain the budget status quo, instead of taking funds that have been specifically allocated for certain areas. The County Administrator has worked very diligently to negotiate the best possible solution. A resolution was sent out on May 9, on the Board of Supervisor's agenda, regarding the issue. Letters have been sent out to lobbyists to assist, the Administrator has been working closely with CSAP, trying to come up with different ways to modify funding- although, it was a surprise that the State has decided to tap into the mental health funds.
- **Director Belon-** At the MHSA/Finance meeting that Mr. Godley attended, earlier this year, the State's proposed budget cuts were discussed and reiterated at the

Family and Human Services meeting, when EPSTD and Federal was discussed.

- **Gina-** Inquired if the State has a website that keeps the public informed of changes, new legislature, related to health and human services? How could a person find information or issues regarding mental health? On the County website a person can sign up for notifications, does the State have such a website?
- **Supervisor Andersen-** this issue came out in the State's budget, which was a surprise to everyone. There were issues with IHSS funding for several years. It was a surprise when these funds were taken by the State for funding relief and have the County deal with a \$7 million decrease in budget, threatening people's services. Letters in opposition have been sent out. The County does not have a way to inform the public of changes in the State budget. There is not a State website that works like the County's website, regarding applying for public notifications. It is unfortunate that the information received from the State is after the fact, not before.
- **Director Belon-** the Department of Health Care Services visited Behavioral Health Services, from April 10 through April 13, conducting a program oversight and compliance review. The review covered 216 different areas, that Behavioral Health Services had to provide evidence of implementation including policies and procedures, data reports, meeting agendas and minutes to show that the department was in compliance with different State's and Federal's regulations. The preliminary results from the System Review Audit, Contra Costa County had a 90% compliance rate, a really good rate! Only 20, out of 216, were chosen as partial or noncompliance items. It was a significant increase from previous audits. The staff did excellent work during months of preparation. Behavioral Health Services is working on items not in compliance, to make them compliant. The chart review compliance rate was 95%, excellent work!
- **The Oak Grove Residential Treatment for TAY** (Transitional Age Youth- ages 18 to 26 years old), will be a structured residential treatment program for young adults leaving hospitalization or a locked facility, that still need a structured environment: the RFI was posted on March 22, the bidder's conference was on April 17, received proposals from providers, which were reviewed by the review panel, (the Mental Health Commission's Vice-Chair, Barbara Serwin, participated in the review panel process). An award has not been made because the review panel created a list of questions for the bidders and responses should be received by mid-June. The project will be a structured residential program, a "step-down" program and an outpatient program, hoping that the proposals will include all three elements.
- **Prop 47-** Contra Costa County will hopefully receive, almost \$6 million dollars, over a three year period, to provide diversion services. Targeted for individuals who prearrest, arrest or post arrest are in need of Behavioral Health services. The program is for low level offenders. It was determined that Antioch had a high level of individuals that have co-occurring issues, who could benefit from the program. Several departments will be working together and be part of the program, specifically the Antioch Police Department, and community based organizations such as "healthRight360" (the network provider for reentry services in East County), along with H3 (Health, Housing and Homelessness). Housing vouchers and transitional housing will be part of the assistance for individuals in the program and part of the proposal and will be a comprehensive, diversion program.
- **Jill-** The reason why the program will be in Antioch is because a thorough

<p>evaluation was done to establish where the services were needed the most. Police records, recidivism rates, types of crimes, were taken into consideration, and it was determined that Antioch was the area of highest need, despite the push for the program in West County. Contra Costa County's application rated #5, out of 58 applications, in the State.</p> <ul style="list-style-type: none"> • Director Belon- In regards to the Drug-MediCal waiver: the alcohol and drug system have put out an RFI, to all of its providers, to request information regarding levels of care to be provided, as per the new waiver system. Currently, AOD (Alcohol and Other Drugs) does not place individuals in treatment, based on medical necessity, in the near future, AOD will be moving towards medical necessity and assessments determining the level of care needed. Requiring that all providers respond in writing regarding their planning; whether it includes detox or intensive outpatient residential, or other services. Programs that are not Drug-MediCal certified AOD will be working closely with the provider to support them to become certified. Currently, there is not a contract but the County is moving forward with plans and starting July 1. Workflows are being completed in "Access," becoming Behavioral Health Access Unit. The workflows for utilization reviews and utilization management have been completed; next will be quality improvement/quality assurance. The department is working on assisting individuals in terms of policies and procedures and creating and updating them in preparation. The State is currently waiting for a response from CMS (Centers for MEDICARE & MEDICAID services), that will allow to move forward with the implementation plans for the Drug-MediCal waiver for counties that are participating in the plan. Contra Costa and Santa Clara Counties have approved implementation plans but will not be sent until after CMS has responded with "boiler-plate" language to the State. Hopefully it will be resolved soon, and be sent to the Board of Supervisors for approval. The plan is to have all of the Mental Health Clinics to be "Drug-MediCal Waiver" certified and Alcohol and Drug Counselors will be hired for each clinic. Paperwork for Drug-MediCal Waiver certifications of both El Portal and West County Children's has been submitted. • Psychiatrists' recruitment: unfortunately the negotiations with the union continue and have been extended for two more months, and it is anticipated to be ongoing for several more months. • Gina- concerned about patient's electronic record and the accuracy of the information- how will Behavioral Health handle issues that might arise? How will patients be able to rectify their own records? • Director Belon- Stated previously that phase two will include a portal where patients will be able to view their own records so they can report any discrepancies to their provider. • Vice Chair Serwin- Would like a future presentation, from Director Belon, regarding Behavioral Health Services Strategic Plan. How long is the department's strategic plan for? • Director Belon- The department's strategic plan is a five year plan, starting 2017, and would be willing to do a presentation regarding the goals and objectives of the Behavioral Health Services department. 	
<p>VII. RECEIVE presentation regarding injectable protocol-Debra Beckert, RN, Nurse Program Manager</p> <ul style="list-style-type: none"> • Debra- Last year presented regarding injectable medication was available to patients who needed it. Current protocol is a five day check: medication comes in through the pharmacy, as per doctor's order, medication is checked 	

<p>to match the correct medication and dosage with doctor’s request and the correct patient. Then two days prior to administering medication, the second check is done to assure the patient is receiving the correct medication and dosage. Since the system has been in place, no incidents have occurred. Opened forum for questions or comments from the audience.</p> <ul style="list-style-type: none"> • No questions or comments were made. • Deputy Director- Matthew Luu- commented the following: That Behavioral Health Services would like to take the opportunity to hear back from the Commissioners and the public, when there is an area that there is need for improvement. As noted in the previous year, it was noted that there were deficiencies regarding medication not being available, which was taken seriously and therefore lead to implement checks and balances and assigned a responsible party to be accountable. As a result of the implementation, happy to report that further incidents. Requested feedback from the commission and the public so that Behavioral Health Services can continue to improve. 	
<p>VIII. RECEIVE updates from the Health, Housing and Homeless Services (H3) from Jenny Robbins, Housing and Services Administrator</p> <ul style="list-style-type: none"> • Jenny – Updates regarding program: started new outreach teams, C.O.R.E. (Coordinated Outreach Referral and Engagement program) are the new outreach teams that are working throughout the County, with homeless residents, in order to provide services. Some of the homeless population resists services, so the services are being brought to them in order to get them engaged and encourage them to obtain shelter. The program is also providing the homeless with “survival” supplies: food, hygiene products, and undergarments in addition to providing the homeless with linkages to connect people more to services. They also provide referrals. The public can dial “211” and press “3” to gain access to outreach services in the program. Access is currently being streamline access, not to confuse the public and/or providers. Dispatchers prioritize calls and then triaging to teams to access the individuals in need of services. The CORE program started with three teams, in January 2017, two day time teams and one evening team. Will have six teams operating by July 1, 2017. In addition to CORE, H3 has new “Warming Centers,” which provides a warm and safe place for the homeless during evening hours; beds are not available and can be accessed via the CORE teams. The capacity of the Warming Center is for 30 people, at the Concord shelter on Arnold Industrial Way. There has been an increase in families accessing the Warming Centers. The information to access services is on the flyers presented (See attachments). Another presentation can be provided to discuss in depth the layers of services that are being provided in the Homeless Programs. There are two teams that are assigned to Martinez, Pleasant Hill and soon will include Concord and Walnut Creek, providing local police departments with the access information, working with officers in the community to help the homeless. The program’s teams are also available throughout Richmond, Brentwood, Oakley, and Discovery Bay traveling throughout the entire county. Beds at the shelter are prioritizing in accordance to the most vulnerable population, including the elderly due to complex health care and behavioral health care needs. Beds are being prioritized daily and being informed of availability to the CORE teams for placement, prioritizing based on vulnerability, including the elderly, which has increased dramatically in the shelter programs. HUD is currently paying for the majority of the additional services; the next phase of CORE is to obtain a Care Center and a Warming Center in East County. Currently there is only one 	<p>*The H3 program will update the Mental Health Commission, after the “Point in Time Count” report has been completed.</p>

Warming Center in Central County. Will do the same for West County as well.

- **Connie-** Inquired how the elderly can access information, specifically to meet their needs.
- **Jenny-** Dial 211 and press “3” to access dispatch to a CORE teams. At the Concord shelter, there is currently a Case Manager/Housing Specialist, specific for the older adult population. There has been a significant increase in the number of older adults that need services.
- **Gina-** There are homeless people all over the county, including South County and in rural areas, is H3 reaching out to all areas, or just focused on the major areas of Central, East and West County? And, are people who are “couch surfing” being reached out to for assistance?
- **Jenny-** Yes, the program is reaching out to all areas within the County. The email address for CORE is core@hsd.cccounty.us is a great way to communicate when and where homeless are seen. On June 1, a new team was created called “Creek Team,” in partnership with Public Works. The team will focus on rural areas and unincorporated areas throughout the county. Feedback from the community is encouraged. It is challenging to contact people who are “couch surfing.” There is a limited capacity in the shelters, there are 500 beds throughout the entire county, that are full and the turnover rate is about 2 to 4 beds every evening. The beds are prioritized, to people that have health conditions, living outside or in their cars, and couch surfers, depending on availability.
- **Jill-** Added that H3, is fairly new and they are doing phenomenal work in the first phase of a very complex program and have plans to do more in the fall. There are various layers and H3 is addressing the issues in different ways and it is a long journey.
- **Jenny-** Later, this year, there are plans for a “coordinated entry,” in general various phases. A new program that will start is “Prevention and Diversion” helping people before they need a shelter or coming into the County’s system of care by providing support and short term assistance to help people get started. The program is an evolution.
- **Chair/Duane-** **H3 is doing a great job, and is doing a lot more now, than what was being done before, for the community.**
It is wonderful to see how H3 engages with the community.
- **Jenny-** H3 is trying to fill the gaps that were in the system and the program is being diligent about finding out what the need is how to address the need, continuing to find ways to improve.
- **Teresa-** Had dropped off consumers to a shelter, but had not entered a shelter. Did visit a shelter and had lunch with the residents and it was a good experience. Regarding the increases and populations that was stated, is there any data? Also, any data regarding where people are coming from- how many people are coming from PES or 4C, how are these people being coordinated through the system?
- **Jenny-** I can state that it is estimated that there has been 100% increase in older adults in approximately the last three years. We are doing data internally and that is why we shifted a Case Manager to be dedicated to the older adult population. I can provide the data information. The program did complete the “Point in Time Count” at the end of January, this year; the data will be released within the next two weeks and in the full report, will provide more information. I can give some figures but the report is not completed. PES referrals are tracked, every person is asked from where they are referred from and the service provider? The program can obtain information, up to three years back, to see how many referrals have come from PES, into the Concord Shelter and Respid

<p>facilities.</p> <ul style="list-style-type: none"> • Chair/Duane- We will invite H3 to come back to update regarding the report. • Robert Thigpen- How many people are on your outreach teams and is there a peer support component as part of the teams? • Jenny- Each team is comprised of two people, an outreach lead and an outreach specialist, they do go out in two's for safety. It is not a peer model, although some staff has had lived experience and they have the passion for getting outside and bringing services into the community. The team has 50+ years of experience, as a whole. • Sam- Is there a widely accepted methodology to determine the kinds of homeless solutions, a number for addressing homelessness, in a suburban county, such as Contra Costa, with a population of 1 million residents? To determine in the future, the type and number of housing that is needed and address the goals for next year, the following year or three years ahead? The county that resembles Contra Costa, socio-economically, is San Mateo County and I would like to know what San Mateo is doing to address the housing needs for their community? • Jenny- Are you asking for a comprehensive "Needs Assessment"? We are working closely with other local Bay Area counties, the counties that receive funding from HUD, are directed towards the "Coordinated Entry" process, which is a larger scale of how to streamline all the different services. The counties are communicating to see how other counties are prioritizing, coordinating, the model being used, what other programs are offered to the homeless population? We are bouncing off ideas with one another, but the programming is new for the all local counties, although the counties are in different phases. The counties have stopped working in silos, wait list, 1-800 phone numbers and creating new ways to leverage the resources in the best possible way for the community. San Mateo might be similar, but their funding is very different. Each county has different layers of funding that comes through the county and that will determine what services are offered. 	
<p>IX. DISCUSS 2017 Commission retreat/training on September 16, from 10 am to 3pm, at 1875 Arnold Drive in Martinez. Materials used for training: 2016 Mental Health Board Manual (see attachment)</p> <ul style="list-style-type: none"> • Chair/Duane- The training will cover the "do's and don'ts" of the Mental Health Commission. The facilitator will be Susan Wilson. For example: the Chair asked the facilitator if the Commissioners should be reviewing the County's contracts and the facilitator informed that it is not the Commissioner's role to do so. We will try to see if the training can be recorded. All of the Board of Supervisors will be invited, along with their senior staff and liaisons, and Behavioral Health Services staff. There will not be a full commission meeting in September, due to the retreat/training event. • Gina- would like the SPIRIT program to do a presentation for the full commission meeting. • EA/Liza- has discussed the presentation with the program, interim coordinator, Jennifer Tuipulotu, to see if a presentation can be done during the Commission's August meeting. Jennifer will check the feasibility of the date. 	<p>*EA will try to schedule SPIRIT presentation for the August MHC meeting</p>
<p>X. RECEIVE the Commission Representative Reports</p> <p>1) AOD= Alcohol and Other Drugs Advisory Board- Sam Yoshioka</p> <p>Sam- appreciates the Director's report. There was a guest speaker, Dr. Vaughn Stief (from John Muir Behavioral Health), an Internationally acclaimed addiction knowlegist. During his presentation, informed that</p>	

<p>the heroin addiction started in 1952. Opiates are treated now with a medication called Suboxone, utilized to get those individuals addicted to opiates, off their addiction, but unfortunately, also addictive. The presenter has written a book to help people and for other colleagues, to address the issue of addictive medications which needs to be addressed at a national level.</p> <p>Connie- was there any discussion regarding the current opiate addiction epidemic?</p> <p>Jill- the County is making a variety of efforts to deal with the opioid epidemic and appropriate dosages.</p> <p>Director Belon- At the health centers, "Choosing Change", it is medication assisted treatment, it requires that the patient attend clinic groups, that include a social workers and/or alcohol and drug counselors that manage the group. Time is spent with the patient to ensure that the dosage is the proper amount needed, to get the patient to their "maintenance" dose and patients are monitored by a doctor as well. The Bart Methadone programs in the community that provides assistance and the department is looking into expanding assistance to patients, as part of the Drug-MediCal waiver.</p> <p>2) CPAW= the Community Planning Advisory Workgroup- Lauren Rettagliata (absent)</p> <p>3) CPAW, Children's Committee- Barbara Serwin</p> <p>4) Council on Homelessness- Lauren Rettagliata- (absent)</p>	
<p>XI. Adjourn Meeting The meeting was adjourned at 6:10pm.</p>	

Respectfully submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration
Final minutes approved on 7/11/17