QUALITY OF CARE COMMITTEE MEETING
MINUTES
June 17, 2021 - FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Quality of Care Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @3:34 pm. Members Present: Chair- Cmsr. Barbara Serwin, District II Cmsr. Laura Griffin, District V Members Absent: Cmsr. Leslie May, District V Cmsr. Gina Swirsding, District I Other Attendees: Cmsr. Kathy Maibaum Cmsr. Joe Metro, District V Victoria Alexander (SPIRIT) Grace Ash (SPIRIT) Angela Beck Jeff Clair (SPIRIT) Willie Green (SPIRIT) Tiffany Jenkins (SPIRIT) Lauren Rettagliata Aviance Robertson (SPIRIT) Janice (SPIRIT) Maria (SPIRIT)	Meeting was held via Zoom platform
II. PUBLIC COMMENTS– None.	
III. COMMISSIONERS COMMENTS – None.	
IV. CHAIR COMMENTS – None.	
V. APPROVE minutes from the May 20, 2021 Quality-of-Care Committee Meeting. • Cmsr. Barbara Serwin moved to approve the minutes as written. Seconded by Cmsr. Laura Griffin. • Vote: 2-0-0 Ayes: B. Serwin (Chair), and L. Griffin. Abstain: none	**Agendas and minutes can be found at:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VI. SELECT Adult sites to visit August 2021 through March 2022, Commissioners Barbara Serwin, Laura Griffin and Leslie May. The Site Visit Program (SVP test phase is complete and we are ready to launch it officially with other commissioners who are non-quality of care committee members. We are scheduled to start the site visits in August. Today we are looking at the Adult sites we have been provided by Jan Cobaleda-Kegler, Mental Health Program Chief, Adult/Older Adult, Contra Costa Behavioral Health Services (CCBHS). There are a few missing, sites that are not a part of her scope	Documentation regarding this agenda item was shared to the Quality of Care Committee on-screen and included as handouts in the meeting packet and is available on the

(i.e., Psych Emergency Services (PES) and 4C/4D in the hospital) and we need to keep those in mind, as well. Today we should work on choosing which sites we would like to visit during the period August or September through next March. The reason for that timeframe is that we have put forth that it is mandatory to participate in site visits as a commissioner. Specifically, two site visits per year with a minimum of two commissioners per site visit (with an average of 13 commissioners on board over the last three to four years) this would be one site visit per month. (Cmsr. B. Serwin screen-shared list of Contracted Licensed facilities under the scope of the Adult BHS), the list includes the facility name, address and city, total beds offered and the number of beds are BHS is contracted for each site and the type. What we are missing is the amount of the contract and when the next contract review date is. This a key information necessary for prioritizing site choices, but I would like to review sites based on the criteria we do have to date. (Cmsr. B. Serwin screen-shared Rational Criteria for Site Selection). Sites may be chosen for a variety of reasons to ensure the SVP remains flexible and able to meet a range of commissioner interests and concerns: • Programs that have not been visited within the past three years by the Commission (should also read BHS in any in-depth way). • Programs with contracts coming up for review. • Programs known to be doing particularly well (with the idea of looking at the strengths and how it can be shared by other programs). • Programs known to be struggling in some way and what support the program need. • Programs with strategic interests - offering new treatment program, or a new site. • Programs of particular interest to individual commissioners. We know that many commissioners come to MHC with experience of certain sites they have a passion about and we do want to promote that interest. We can start with the larger sites and contract upcoming review dates and prioritize these sites. (Lauren Rettagliata) I notice there are no AOT (Assisted Outpatient Treatment) Programs. In AOT, they do not use adult residential facilities (ARFs), they have room and boards (R&B). R&B have a large number of people, our county does contract with R&B through the AOT program and through full-service partnership (FSP) program, so you are missing a large number of people. You are also missing Nireka House, River House and Kirker Court. This list is very incomplete, as far as facilities to visit. The RCFE are just Residential Care Facilities for the Elderly, Social Rehab is a new designation that I am not aware, unsure if it is an official designation, possibly dual-diagnosis or co-occurring disorders; they may also do drug rehabilitation. If that is the case, I don't know why Nireka House is not on the list. (Cmsr. Serwin) This list states it is the Contra Costa Behavioral Health (CCBH) contracted licensed facilities; however, the file name is CCC contracted Board and Cares (BACs). (Laura Rettagliata) Many people in our programs are residing in Unlicensed facilities, so there are some very large facilities that house people with mental illness, one being River House (Martinez) with over 160 people that reside there and over 1/3 are seen in our mental health clinics. Also, Kirker Court Apartments is not on this list. These places are in our contracted	Mental Health Commission (MHC) website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

programs. You may not want to visit, but you should be aware of the program. These facilities are contracted through AOT, with Mental Health, and therefore, should be able to see where these folks are housed. Hume Center is the second largest full-service partner and you should be able to find out from them, where the majority of their people are housed. You should also ask CC Central Mental Health Clinic and West Adult Mental Health Clinic where the majority of their clients living if you want to see facilities. How many commissioners have been to central county? How many have been to the east county clinic, the east county children's clinic, and the new west county behavioral health clinic? This is where the majority interface with BH are seen. It is very important to see these sites and then select sites. Commissioners should have already walked the grounds of Crestwood in Pleasant Hill. If not, they need to and be able to know where the places are. You can see, the bulk are living at Crestwood Pathways, Crestwood Ridge and at the Crestwood 'Our House' in Vallejo, which is out of county but still have the right to go take a look.

Selection criteria, Size/number of contracted CC beds is one key factor but it is not the only factor. The contract review date is another key factor. We need to have a mix of small and large (and as Lauren pointed out), we should add clinics that are not contracted / housing, like River House. We should set our scope for identifying sites for the next three or four months, while we get the contract data, and then get the unlicensed BACs/R&Bs. We can then ask for volunteers to sign up to visit sites for the next three months. We should a Crestwood and Nireka House. (Lauren Rettagliata) One thing I really encourage, arrive early, talk to those outside walking around the facility who live there; also (knock on some neighbor's doors) and speak to the neighbors to get a feel of the community and acceptance, what is going in the community (exactly what is happening).

We should choose one of the Crestwoods. Nireka house, there have been some concerns quite recently so we should have them on the priority list. We should pull in the adult clinics and five, possibly some smaller facilities and then look at the contract revied dates. Smaller facilities, refer to Jennifer Bruggeman, as there are some that did not score all that well and visit these sites that may have not done well in their program / fiscal review. Visit one site and ensure you can interview the clients and talk to the caregiver on site actually provides the care. Ask the deeper, more penetrating questions, as there have been some very serious violations of the labor laws in California (people working 24/7, 7 days a week). There are many facilities outside the county not on this list. Everwell is on the list and is in Stockton, but this list seems to be missing other facilities outside the county (central valley for example). Also, pull up the CC&L reports to review the past/current violations before visit, as some violations, such as rape/murder that has occurred in the past, because anyone can spit shine a place if there is notice you are coming.

(Cmsr. L Griffin) Without the contract review dates, it is difficult to select those facilities we should look at, save the facilities that Lauren has pointed out. We really need that information. We should go with the Crestwoods, Nireka House and possibly one of the clinics to start out with. In the meantime, we can hopefully receive the information on the contract. (Cmsr. B. Serwin) I was suggesting we choose six, for now, and then look to see which make sense with their contract review date. It is really important to get the CCL information, that is critical. Strongly suggest visiting the central county clinic and compare it to the new west county clinic. Then you are seeing a building the county owns and operates (and has built and is new) and then seeing a facility where the county leases the property and aske a lot of questions regarding spending on facilities

that is not being utilized. It is important to know the case history and speak to the case managers. Ensure it is possible to interview case managers that work out of those facilities and interview beyond the consumers/clients and interview staff. We have not specified beyond the program director and clinical staff. We are just launching the program and having commissioners conducting the site visits for the first and we want to ensure we do not put the really high profile/high impact places out there only for them. (Lauren Rettagliata) Is there any reason you are not visiting a shelter, such as Brookside, which is a large recipient of MHSA funds (as well as funding from Behavioral Health)? Brookside is run by the county and Don Brown. I don't know if it is still operating, but also contracts. (Cmsr. B. Serwin) We have enough to get started for the next three months; however, we still should look and some smaller facilities.	
VII. DISCUSS process of assigning sites to Commissioner, Commissioner Barbara Serwin. Rationale and method for assigning commissioners to sites, ideally they will choose sites of interests that motivate, and indicate their first, second, and third choice. The executive assistant will balance out the commissioner to the site and make the final assignments. Many of the commissioners are family members or consumers. We should pair a more senior commissioner with a more junior commissioner, as well. It is mandatory all commissioners participate. (Lauren Rettagliata) Have you considered partnering with the Office of Consumer Empowerment (OCE) to ensure you have a peer with you, that has experience with the behavioral health administration (BHA) because they work at the county? (Cmsr. B. Serwin) We have not, at this point the logistics are so complicated, taking on additional scheduling and training. We can certainly take that into account and it is an excellent suggestion. We are unaware of the size of their staff and it is a monthly commitment. We can add as an extension of the program and can track on that recommendation as it is a good one. Once sites are determined and the schedule, how many commissioners needed for each site, we set up a chart and send an email to determine eligibility and interest and then assign the next three months, via email. There will be a total of six to choose from and will need to be flexible. We need the contract data to determine the sites and set the schedule. The training is scheduled to be held at the August 4th MHC meeting and should aim to have signups by mid-July to determine assignments, to have the assignments ready during training. Initially we had determined the first site visits should start in August; however, we need 5-week lead time prior to the actual site visit. The first site visit may need to be held in September. A brief announcement regarding the sign-up process, training, and impending email to submit preferences should be on the MHC meeting agenda. We need to have a mockup table with the sites schedule in order to email and received feedback from all commissioners. Will coordinate prior to next QoC meeting to look through data and determine sites in order for EA to create sign up spreadsheet. This will need to be emailed to all commissioners with a return deadline. QoC committee members will determine assignment and have those ready to present at the next MHC meeting in August corresponding with the training.	
VIII. DETERMINE final steps with HUME Center visit and report.	

The Draft report was shared with the program director, and her comments submitted to us. These were then incorporated back into the document, with the comments were annotated. The updated draft of the report was then on the agenda to be presented at the MHC meeting. It was included in the meeting packet. However, due to lack of time, it was not thoroughly reviewed or presented during the meeting. Moving forward, we need to determine if this report is something that needs to be voted on as a team by the commissioners, with the entire Commission or just present the findings and the report as is, no review. Reporting: Site visit reports should be shared out to the entire commission. This report will then be distributed to all involved, the Director of BHS, Adult Chief and the public. We currently need to distribute our Hume report to the above parites. The latest SV report should be shared each month at the next full MHC meeting. However, if there is not available time (unable to be added or tabled for the next month), the report would be shared with the commission via email, at the committee meeting and/or presentation at the next full MHC meeting. So, if there is no time to share/present findings at the full MHC meeting, we would send via email, so as not to hold up the process, and then present to the commission at the next full MHC meeting. It was determined to send the report to the MHSA Program Manager (Jennifer Bruggeman) and the Director of BHS (Dr. Suzanne Tavano), the Program Director, the Adult Division Chief (Jan Cobaleda-Kegler), as well as the Program Manager for the corresponding division (Children's services, TAY, PES, etc.), and anyone involved with the site/program that would be impacted by the findings, as well as the public. We want to present to the commission, either by email or in person in September, deliver to CCBHS Director and Adult Division Chief, and to the Site Program Director, as well as to post to various websites. The Hume Report should be delivered / presented at the August MHC meeting. There is no time in July due to the Public Hearing for the MHSA Plan update. Just sending via email, most people do not take the time to read; however, presenting at a meeting, there is more of a 'captive audience'. Therefore, it is important to present at the full MHC meeting to give the opportunity to comment and ask questions.	Further discussion for the SVP team to work through finalizing the 'final steps' in this process. Team meeting TBD and held prior to MHC meeting in August, as there is no time for this on the agenda due to the MHSA Plan Update Public Hearing.
IX. DISCUSS plan to move forward "Housing that Heals" agenda This is one of those really big projects, I am just not sure how to move forward as we received so much pushback regarding the Value Stream Mapping (VSM) concept (VSM) from Supervisor Candace Andersen and Dr. Tavano (BHS Director). Understanding the reasons why, as VSM is a huge undertaking of time and resources; however, this is so important to continue to push and make happen. The packet included the "Housing that Heals" document. In this document, there are some recommendations toward the end. (Lauren Rettagliata) I feel your frustration. We have been down this road so many times and nothing changes. There may be some new contracts, but the one thing we must look at: What do we have that's new? What do we have that is really good and innovative as far as housing for those with a serious mental illness? The landscape has not changed. The county does not have the capacity to house people. I do not like the word 'beds' as that is what our whole paper	

was about. We are looking for more than beds. What happens to people that are going need to spend a great portion of their lives, many years…sometimes three to five years, and in some cases (sadly) their whole life because they never get to the point in the recovery process because of severity of their illness. They are either in and out of the shelter system and streets, or they are placed in facilities such as Crestwood or another BAC. No criticism to those that run the BACs, but they can only do so much with what they are given. When you go to sites, we hope the MHC will visit a facility like Crestwood, but also take the time to visit sites such as Psynergy.

We only have ONE person at Psynergy in Morgan Hill. The Directors of Psynergy have asked many times that the BH Administrators give them a list of 25 people that might be able to leave locked facilities and move into placements within the community. They work with the person who is in the locked facility for the minimum of a month, visiting and getting to know them, understanding what their needs are before moving them into the community setting to see if they are going to be successful.

The BoS need to make it a place where the entrepreneurs, these private providers (both for-profit and non-profit) are utilized. We have an excellent non-profit private provider not on not on the list, Hope Solutions, that receive MHSA funds. There are three MHSA homes that are not on the list that Anka ran. That is only three houses and they are always full. If they are not full, we have people that could move in. Kirker Court Apartments is full and it is a ten-year waiting list. It passes what we call 'the family standard of care test' which means, would you move in there? If not, we should not be placing people there for long extended periods of time. There are also those in our facilities with no option to have your own single room. For those with a schizophrenia diagnosis, it is a must! Asking those with that diagnosis is counter-productive and can be one of the most disruptive things you can do.

We need to get Hope Solutions the ability to expand and be in talks to bring in Eden Housing. We have River House and now it has a multitude of problems, but also has many things that are being done right. Kirker Court Apartments is a good facility with really good operators, but it is full. We are not taking advantage in asking providers to step up and invest in our county. Crestwood, which operates the Pleasant Hill facility, also opened Crestwood, a Mental Health Rehabilitation Center (MHRC), this a really secured place, but it is better than the state hospital.

We are aware that Governor Newsom was going to (wants to) close the State Hospitals. It is not a bad idea and it will come to fruition, but anyone in an LPS Conservatorship would be asked to leave the state hospital. The problem, NAMI spoke out and BH Directors Association said 'Where are they going to go? We don't have anywhere for them to go' and these folks are living at the state hospital where 90% of the clients are forensic. The state hospitals are actually an arm of the state Department of Corrections.

We are a large county (1.1 million and growing very quickly); we are asking for our own MHRC. We were the home of Crestwood, their first county they ever opened up at, and now are very significantly wealthy and an LLC (for profit). Why aren't we initiating talks with them, with Telecare, with California Psychiatric Transition. We need to push the MHC to do some study/research and ask these questions, why don't we have HOUSING for these people? Where are they going to live? I am all for 'Housing First' but not everyone can be there and need to be in these other programs before they can get to Housing First.

Housing First receives money from H3, housing development, those that monitor where the affordable housing, the shelter plus care certificates we receive and the like. They are the people you are referred to when you call 211 and need housing. H3 is housing first. The idea behind Housing First is we are going to give you a place to live (house, apartment, shared apartment) and wrap all the services around you. This works for many people, but not all. Approximately one percent of those with mental illness because they are so sick, this does not work. They do not open the door to receive services, they do not go and receive the supportive services being offered even if the clinician is knocking at their door, they refuse. These people need more, like what Crestwood and Hope Solutions provide.

Hope Solutions is a place for women and their children, the women must have a serious mental illness to live there. It is a wonderful place. MHSA built a community center on site so the children are receiving before and after school care. The women living at the shelter were able to see their clinician and psychologist. There is a psychologist and two clinicians on staff, as well as afterschool teacher on staff. This is an apartment they rehabbed through Mercy Housing, one of the largest non-profit housing providers in the nation. It was an apartment house in the drug quarter but have successfully sectioned it off, gated and built walls around it so the families living there are not affected by the drug traffic, even though they are in that area. It has been over a decade and our county needs ten of these places and will need a lot of support. They are such a good provider, when Anka fell, they were asked to take over the three homes Anka ran and they just can't expand fast enough. How do we work with them and help them to expand? The BHA is not having talks with the providers we have. I was told it takes five to seven years. It has been seven years and there is not one new bed.

(Cmsr. B. Serwin) Why do you think the BHA has not been in discussions? (Lauren Rettagliata) I don't think they ever envisioned they would ever be in the housing business and they felt, when the state hospitals close and the clients are brought back into the community and offered them all the services we have in place; that is all that would be needed. There would be no problem, they would just meld back into the community. However, as we all can see and there has been much documentation (Chronicle has shown many times, the state has its own documentation); there is a direct correlation between the number of people with a serious mental illness in our jails and prisons to the number of state hospital beds closed. For every state hospital bed closed, there are that many people now residing in jail classified as having a serious mental illness. To that point, think back to what the streets of San Francisco looked like 15 years ago and how they appear today. The degradation CalBerkeley has shown happening in our own delta (the homeless encampments there), what you see in Richmond. Think what all these places were like 15 years ago compared to today. There was an encampment that went up on the 680 corridors in Walnut Creek. The homeless situation, those in jails, these people don't need to be in state hospitals but do need intensive help with housing and I don't believe the BHA ever saw themselves in the housing business, just providing the intensive supportive services.

(Cmsr. B. Serwin) I know there has been great research done, your experience and documentation Housing that Heals. There are other reports your document references and I don't know if anyone else has had the chance to look at the Beyond Beds document attached to this agenda. There is plenty of

documentation, it needs to be read, there is no need to start from the beginning. As for our county, we need to identify our basic needs, identify the barriers (we clearly have tremendous barriers), what are the opportunities and next steps. Those four things alone, to me, seem to be a lot to tackle. That is a very basic analysis. So, the question is, does the community conduct a basic analysis of the available data and pull it all together? In order to have a two- or three-page summary of the situation so the commission can determine what the next step are. Based on what the opportunities are and the barriers we need to overcome, to bring those opportunities to fruition?

(Lauren Rettagliata) We do and the MHC has our summary that we provided. There is an executive summary of our report and we didn't release it because, if we release the report, people won't read the full report. We want people to read the report. We do have the three-page document that we have condensed it all down to. We produced this for the Department of Health Care Services (DHCS) and BHC planning, the California BH Director's Association in conjunction with NAMI a three-page summary. I am sure we can give those to the MHC. The solutions are there. There are some very specific solutions in that document for Contra Costa County.

(Cmsr. B. Serwin) That's great. If our next step is for this committee is to go through the full document, the executive summary and just put together a strategy of how to involve the entire commission.

(Lauren Rettagliata) There are solutions in the back of the document for the county as well as the state. It is a state-wide problem and there are things we are working very hard on, on a state level. We don't want to lose any of the BACs we do have, they do work for some. We are working with the governor's office and the state budget to bring the daily allotment up from $35/day to $100/day with SSI, in order for our BAC operators can stay open. Otherwise, they are going to close. There is no way a BAC can stay open. Then we need to improve the services people receive when they are in a more institutionalized setting such as Crestwood Pleasant Hill. They are capable of giving us better.

One thing I have noticed while attending the MHC meetings over the last year, and it's not that it is not important to hear the COVID numbers and vaccinations, but, the reports we are getting from BHS, they are not touching on the important things. They are not addressing what questions we all want to learn about, what needs to happen. All that was spoken to was the COVID19 and how often the BHA staff was going to the offices. I was just listening and thinking, 'are you kidding me?' Why aren't we talking about what is happening out at project Home Key? Why aren't we talking about (no one even mentioned) the LPS conservatorships and where our people are going to go once the state gives notice? How do we bring our people home? These are questions that shouldn't take up every meeting but need to be addressed. Questions like, 'no place like home', how did we fare against all the other counties? How much money did we take in? We gave up 7% of our MHSA money. What amount of money did we receive/are we receiving? Where are our applications? What happened to Round 1, 2, 3 and 4? And how are we stacking up against the other counties? If we are doing terribly (which I kind of think we are), why? How do we improve this? We did well in Project Home Key, we were the governor's poster child on Home Key, but that was H3, not behavioral health. Has anyone else, beside me, been out to the Motel 6? You need to go. You need to go park in the Walmart parking lot and see all the drug dealing happening right behind there. The day I was there in the morning, EMS was taking away and emaciated person out of a

room. Where are they allocating the money? they have taken out the pool (necessary), they were putting in a new HVAC system (needed), but what is happening there? How many with a serious mental illness is there? And what are the programs? You don't need permission to park at Walmart and walk over the Motel 6 in Pittsburg. It is your job as commissioners to know.

(Cmsr. L. Griffin) I am in agreement. They are dragging their feet and we really need to have these questions answered. These are the important questions and issues, what the commission really stands for. We have got to do that. How can we go about getting those specific questions directed to Suzanne so she can actually answer them in our meeting?

(Cmsr. B. Serwin) When I was chair, I would have a list of questions for Dr. Tavano and she would just speak about what she wanted to speak about. In some cases, before our commission meetings, the leadership of the commission and the leadership of BHS, in some cases Dr. Tavano would update us on certain topics and we would say that is a great thing to update commission on. So sometimes we do hear that information, but I have realized how much time is being dedicated to COVID-19 and the sense of urgency and what BHS was doing toward that. It was great but not really related to Mental Health. This is not where we need to be spending our time in the meeting. That is something Graham and I can address right away for the July meeting.

(Lauren Rettagliata) Have you thought of having, instead of having her give a pre-report, have her or Matthew Luu available and have each committee direct a specific question to her. Each committee have her address a specific question and have them speak toward their issues. Have her give a three-minute update and then there will be 15-minutes where she will receive questions from each of the committees. (Cmsrs. Griffin and Serwin) That is a great idea.

(Cmsr. B. Serwin) That is great and something to try, but like I said, the Executive committee prepared questions and we just couldn't necessarily keep her focused on those topics. If they were presented real time, that would be a different approach that maybe would yield better results. I know she has certain things she feels the commission needs to be updated on, but it needs to be a compromise in terms of what the commission wants to hear vs what she is aware of and feels should be presented.

What is going to be key in terms of advocacy, I want to choose some next steps and, being the next step, the Housing That Heals document and summary, and pulling together a meeting that is dedicated to reviewing the document and pulling in the documents that are referenced, to familiarize everyone. Do you feel that is helpful or not?

(Lauren Rettagliata) It might be a bit much for you to ask. They are being required to go on these site visits, some people aren't great readers-some enjoy reading and some don't. I think we can provide time at each meeting to address a section and focus on follow up with "No Place Like Home" and what is happening? Where is it going?

(Cmsr. B. Serwin) We need to understand the barriers for our county, it is really important to know as it is hard to find a way of attacking the situation from a commission standpoint. That is something we can go to Jan, the Adult Chief, Dr. Tavano and ask what is in the way. Same for the BoS. What prevents us from making more progress. If it's just the money or what we need to push harder on.

(Lauren Rettagliata) The money is not the question here. The county is not building the housing. What the county is doing (this will be part of the barriers) What the county is providing, and we haven't looked at this, but law already states that, if a BAC is closing they have to offer it to the county to keep this open or if the facility is closing, they have to say, 'can you keep this open'? Our county did keep the Pleasant Hill facility. We need more than just that. It is the actually the for-profits and non-profits that will actually build the housing. So, how do we make it so that we are a county that these providers want to build housing in? Why isn't Lynda Kauffman and Psynergy coming into Contra Costa? You have got to ask them these questions. I don't want to be the one to tell the answer, I know, but you all need to hear it from them. You need to ask, 'Why isn't Crestwood building more facilities if they have this one?' Why isn't telecare the provider for Hope House? Hope House is amazing, it has had its problem but why don't we have the transition? Hope House is transitional, where is the beyond transition? Why did we stop at transitional? Where do people go once they exit Hope House? Can telecare become that? We have also had Bay Area Community Services (BACS) that is a player, ask them 'what is it going to take for you to building housing here?' BACS runs Nireka and Nevin House. They are huge provider in Alameda County. Invite Patricia Blum, one of the top Executives with Crestwood. Talk to these people and find out. What can they do? and What are their thoughts. Telecare is a local Bay Area company that began in this area. Find out. Hope Solutions, Eden Housing that runs River House and built Kirker Court. (Cmsr. B. Serwin) Do we all feel we have enough information to start scheduling developers to come in and speak on their requirements and asking BHS what their barriers are to get the BoS to move forward on this.	
X. REVIEW "Alternative Destinations," new options in addition to Psych Emergency Services (PES), primarily recommended by the Crisis Intervention Rapid Improvement Event 3 Design Team.	Passing on this item, the RIE that Crisis Intervention has been working on is redefining.
XI. Adjourned at 5:32 pm.	