

**MENTAL HEALTH COMMISSION**  
**QUALITY OF CARE COMMITTEE MEETING MINUTES**  
**April 21<sup>st</sup>, 2022 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b>  Quality of Care Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @3:37 pm.</p> <p><u>Members Present:</u>  Chair - Cmsr. Barbara Serwin, District II  Cmsr. Laura Griffin, District V  Cmsr. Leslie May, District V  Cmsr. Joe Metro, District V  Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u>  Cmsr. Douglas Dunn, District III  Cmsr. Rhiannon Shires, District II  Angela Beck  Jennifer Bruggeman  Edgar Martinez  Dawn Morrow (Supv. Burgis Ofc.)  Pamela Perls</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. PUBLIC COMMENTS – None.</b></p>	
<p><b>III. COMMISSIONERS COMMENTS:</b></p> <ul style="list-style-type: none"> <li>• (Cmsr. Gina Swirsding) Comment regarding the Martinez Detention Facility (MDF) Tour and not being able to go on the tour. Clarification given by Cmsr. Serwin. A. Beck commented regarding the visit to West County Detention Facility (WCDF) in the upcoming months and will update Cmsr. Swirsding with the information as it becomes available.</li> </ul>	
<p><b>IV. CHAIR COMMENTS – None.</b></p>	
<p><b>V. APPROVE minutes from the February 17<sup>th</sup>, 2022 Quality-of-Care Committee Meeting.</b>  Cmsr. L. May moved to approve the minutes. Seconded by Cmsr. G. Swirsding.</p> <ul style="list-style-type: none"> <li>• Vote: 5-0-0</li> </ul> <p>Ayes: B. Serwin (Chair), L. Griffin, L. May, J. Metro and G. Swirsding.  Abstain: none</p>	<p><b>Agendas and minutes can be found at:</b>  <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>VI. DISCUSS Site Visits Activity for March, 2022 – April 2022 Updates by Vice Chair, Commissioner Laura Griffin</b></p> <ul style="list-style-type: none"> <li>➤ Crestwood Our House Visit</li> <li>➤ Hope House update</li> <li>➤ Crestwood Bridge update</li> </ul> <p>Crestwood Our House, Vallejo Site Visit Update – Cmsr. May was the mentor. The report has been completed and will be sent on to the Program Director. It is in its final steps and will presented to the Behavioral Health Services (BHS) Director.</p>	

Hope House, Martinez Site Visit Update – Interviews were completed on April 7<sup>th</sup>. Cmsr. Griffin was the Mentor, Cmsr. Joe Metro and Cmsr. Geri Stern were the interviewers. From my perspective of hosting half of the interviews (Cmsr. Serwin hosted the other half of the interviews), it went really well. From my understanding, the report is currently being written. (Cmsr. Metro) Yes, I have received Cmsr. Stern’s reports and adding to mine. The report is in process.

Crestwood Bridge (and Pathways), Pleasant Hill Update – (Cmsr. Serwin) Working with the program manager (Travis Curran) on scheduling the site visit. For reasons unknown to me, Travis responded to (what he thought was) a corporate decision to convert Crestwood Bridges/Pathways to an MHRC (Mental Health Rehabilitation Center). This information he took upon himself to share with staff and clients, which was a fiasco. People were told they would need to find a new place and staff were distraught. I was told it was approximately forty clients. That quickly came to the attention of the public and turned back to Dr. Tavano and BHS. It was quickly ascertained that, somewhere over history, Crestwood had wanted to convert a facility to an MHRC, particularly that facility in central county; however, BHS responded that the need for an MHRC is much greater in East County. BHS instead wanted Crestwood to focus on improving programs and services at Bridge and Pathways. Right now, Crestwood and BHS are continuing discussions regarding this and try to bring it to some resolution.

I believe Dr. Tavano will present this at the next Mental Health Commission in May. For our purposes, it became a hiccup in our path to schedule the visit. My approach is to contact the Program Director’s manager. I do have a name to follow up with and to explain what our program is, where we were at in the process, and to find out if there is a new Program Director in place and are capable at this point of putting together the process on their end, or is there someone else we can work with, who may not be the Program Director but may have the experience to reschedule with us. That is the next step in my view. If anyone has any ideas to add to very open to hearing thoughts.

**Questions and Comments:**

- (Cmsr. May) We discussed that we were going to try to reach out to people a couple of months in advance; exactly because of cases like this, we don’t want to slow our teams down, we want to keep forward motion. One more comment, about this program, please volunteer. Commissioners would you please volunteer for more site visits, we need to have that team together and ready.
- (Cmsr. Serwin) That is an important message to the commissioners. Cmsr. Griffin, our site visit liaison, is really working hard to recruit Commissioners to the site visits. Now, site visit are mandatory commitment to the commission (two site visits per year). I will be stressing this at the next commission meeting. We have had several commissioners step up and it is really about fairness
- (Cmsr. Griffin) Just to reiterate the importance of commissioners stepping up and volunteering. We are getting this ‘under our belt’ as far as Zoom, but I think we should be able to start in person soon. That is going to be a huge difference for us and really, if you can please think about volunteering, we need people. The only other think I wanted to give you all an overview, our site team which consists of Commissioners Serwin, May, and myself (Griffin), we will be meeting next week and discuss further about what our next steps are, as far as Crestwood.

<p>In the future, what we are planning -This is just draft at the moment, but we really want to visit 4C/4D and thought it would be in August, possibly. Then try to schedule the Children / Adolescent facility and get them scheduled sometime September through December. That is kind of our scope and what we are looking at. It is very rewarding, actually. Hopefully, everyone will volunteer and if you have any questions, just shoot me an email and I'll respond.</p> <ul style="list-style-type: none"> <li>• (Cmsr. Swirsding) I signed up but not recalling where.</li> </ul> <p>(RESPONSE: Cmsr. Griffin) You did sign up, but things changed, there were some sites that were closed and/or rescheduled. So, we need everyone to volunteer / sign up for the new sites after we post. How it works is, we have programs chosen per our criteria, we send out a list of which sites we are looking to schedule and ask for volunteers. Once we have our team together, we schedule the interviews on a day that works for everyone on that team and present to the program manager.</p>	
<p><b>VII. DISCUSS the concept of campus Wellness Centers in high schools and some of the trends, challenges, and bright spots in supporting the mental health of students in Contra Costa County high schools, Graham Wiseman, Co-founder and CEO, BeingwellCA</b></p> <p>Commissioner Wiseman, unfortunately, could not be here to present. We will discuss the attachments for this Agenda item and we can go through the highlights and hope he will be able to share and speak to this with the committee in the near future.</p> <p>Wellness Centers are designed to be a safe space where students can go to get support and information. These centers will: increase school attendance, improve employee and student support, provide access to mental health resources, decrease stigma around seeking help and help to coordinate care</p> <p>Some of the benefits of on campus Wellness Centers are:</p> <ul style="list-style-type: none"> <li>• Provide immediate access to support</li> <li>• Allow students to remain on campus and return to class</li> <li>• Reduce mental health use of Home and Hospital program (65% for anxiety in a local district)</li> <li>• Deliver early intervention for mental health support</li> <li>• Build awareness and reduce stigma on campus</li> <li>• Engage the community in mental health awareness</li> <li>• Improve coordination of services amongst nurses, counselors, support and administration</li> </ul> <p>Wellness Centers work in collaboration with the Counseling Department and Health Office to expand support services for students, faculty and staff. These services include: mental health counseling, outreach, peer support and case management:</p> <ul style="list-style-type: none"> <li>• Staffed by district employees</li> <li>• District Wellness Director – coordinate staffing and sites to meet student needs</li> <li>• Wellness Coordinator – Licensed LCSW, PPSC</li> <li>• Intake / Triage Specialist – to greet student, perform initial triage, referrals</li> <li>• Interns – MFT or PCC Trainee, MSW Intern or similar</li> <li>• Adjacent to or in close proximity to existing counseling services</li> <li>• Comfortable furnishings such as couches and bean bags with neutral décor.</li> </ul> <p>Space should offer privacy but not hideaways</p>	<p>Commissioner Wiseman was unable to present at this meeting due to an emergency.</p>

- Open during school hours – option to open after hours in crisis such as student death
- Integrated with Student Health Classes
  - Freshman orientation tour
  - Mental Health Presentations by Wellness Center

Data collection process for reporting and assessment through district:

- Student name/ID number
- Number of visits
- Number of unique visits
- Referrals (internal/external)
- Evaluation linked to CHKS results

### **Day to Day Model**

Wellness Centers are open to students, faculty, staff, parents and community support groups. It provides immediate support for people experiencing stress, anxiety, depression, grief, suicide ideation or other mental health issues.

Students can self-refer or be referred by faculty/staff to Wellness Center. Upon arrival are greeted at the door, which preferable can be accessed independently of other school departments, by the Wellness advocate for triage. A student would sign in electronically with either name or student ID card and then be given an opportunity to share their situation. Triage options could include:

- 10 minutes to collect thoughts
- hot/cold beverage/snack
- One on one conversation
- Referral to: Wellness Coordinator, Counselor, School Psychologist, Assistant Principal, - immediate or by appointment
- Wellness Coordinator can refer to additional resources such as outside agency, community support group, etc.
- Referral to student club
- Crisis intervention – 5150 process
- Return to class with excused status
- “Handle with Care” status – Handle with Care is a collaboration between law enforcement and the school district. When law enforcement visits a home (for any reason) and school age children are present, the names and schools of the children. The Police would then notify the district who in turn would notify the school site that these students should be “Handled with Care”. The teacher would only be informed of this status to give the child some leeway. They have had a bad day/night.
- A student would not be returned to class until their immediate need is met

### **Questions and Comments:**

- (Cmsr. Griffin) How many of these Wellness Centers are there? You mentioned seventeen schools? (RESPONSE: Cmsr. Serwin) I am not certain but seventeen is the number that sticks with me.
- (Cmsr. Griffin) Where are these approximately located? (RESPONSE: Cmsr. Serwin) I am unaware but let’s put that question down to follow up with Cmsr. Wiseman.
- (Cmsr. Griffin) I am thinking all schools in all districts need these, but we probably do not have any in areas where they are most needed. They need to be in all High Schools and especially Junior High Schools.
- (Cmsr. Swirsding) In West County, El Cerrito High has something like this. The Wellness Center, I believe in El Sobrante, it was also used for abortion and

other physical health issues. I am wondering if that has changed as I know some students that were attending that high school and they were upset because they tend to concentrate on issues of physical health than Mental Health. (RESPONSE: Cmsr. Serwin) It could be there are health centers at some high schools and it maybe Mental Health has been added into that but I can't say.

- (Cmsr. Swirsding) The Richmond high schools they will bring the students to "Our Pal" and due to the pandemic, a lot of the services are no longer and many of the kids with mental health issue are afraid to go to school. There were police on campus and now they don't. Many are scared to go back to school. They ask what is going to happen with the mental health help we get? A lot of the programs have fallen apart due to the defunding of the police department.
- (Cmsr. May) They did have something like this at a Charter school where I worked with one half of the center something like this but not as comprehensive and the other half for counseling. What I wonder that is not listed here, at what point do they contact parents? The reason I ask is because schools are under a different reporting than myself as a therapist. When do they contact the parents to be involved if they have to (for example) the student needs to be 5150'd because they are not stabilized.
- (Cmsr. Dunn) Per the Behavioral Health Continuum Infrastructure Projects (BHCIP) I think Wellness Centers could be one of the items that can be used for funding if it is for building the facilities. Wellness Centers and Peer Respite Centers, in terms of fundings for Contra Costa County (CCC) locations, school locations in CCC, not just one place, but throughout the county. There is \$480.5mil statewide that is up for bid, these should be the top two items to bid for. (RESPONSE: Cmsr. Serwin) The grants are new buildings, expansion of buildings and wonder if it works with remodels, as in to convert a space. (Cmsr. Dunn/Cmsr. Griffin) Yes, I believe so.
- (Cmsr. May) It states adjacent to or in close proximity to existing counseling services. So, for example, those nice trailers they have, they can be put up quickly, fix it up beautifully inside so they can step out of the building into that location. That would be a separate space and it is confidential so the other students cannot here through the HVAC vents, and such.
- (Pamela Perls) I simply wanted to ask, in addition to the other questions, I noted it said district employees. For some districts, this may be a big expense. We have Acalanes Unified School District (AUSD) where we had a series of suicides at Acalanes and Las Lomas High School, which is Walnut Creek. They had a temporary counselor and that was it. She was there for a year or two, so it would be marvelous, wondered about the funding for staff.
- (Cmsr. Serwin) Some of the documents I attached for review speak to the federal funding stream and how it is being funneled down to the school districts. I will mention that when we look at those documents.
- (Cmsr. May) Another big problem. Many school districts want therapists on all campus, they want these therapists to have a PPSC (Pupil Personnel Services Credential) as well. They need to ensure these Wellness Centers do not require that. Example, with my credentials I can work pretty much everywhere, but if I apply to work at the schools (and I have applied to several part-time positions), they always ask for a PPS credential which requires a separate accreditation program and anyone that has already completed their master's and other credential programs, this is an extra

<p>expense that should not be required. We need to make sure, and Cmsr. Wiseman needs to ensure, if he wants our endorsement, that this is not going to be required and discriminating against those that are fully qualified and want to work with these children at these types of facilities by ordering them to have the additional PPS certification.</p> <ul style="list-style-type: none"> <li>• (Cmsr. Serwin) If we can use interns in our detention centers, and we use interns quite a bit. Thank you I have written that concern down.</li> </ul>	
<p><b>VIII. UPDATE Committee on the Contra Costa County Wellness in School Programs (WISP) activities, Commissioner Laura Griffin, Vice- Chair of the Mental Health Commission</b></p> <p>Wellness in School Programs (WISP), the county received the grant in partnership with BHS and the CCC Office of Education (CCCOE) for a four year, \$6mil grant from the state Mental Health Service Oversight and Accountability Commission (MHSOAC). It is to support school-based mental health services and I am really excited about it because that is where it starts. If we can get right into the schools.</p> <p>Their mission is to build the capacity of county schools in identifying and addressing student behavioral health and approve timely access to care for these students, as well to build awareness of the range of existing behavioral health services and support available to students and their families and care givers. It is educating the teachers and the support of the administrators, those in the school where these children attend, day in and day out.</p> <p>Another very important goal that cannot be overemphasized is to destigmatize mental health needs and create an appreciation and for the importance of mental health wellness and understanding, to increase the communication and collaboration between CCC COE, BHS and School Districts in our county. That is what this grant is all about. The grant also allows for the broad support for schools for the next four years which can benefit a lot of students. That is why I am so excited, as well as more targeted support to high need, underserved schools in our districts.</p> <p>WISP will leverage and expand upon existing school-based behavioral health services so, if they have services, they will expand on it. The funding for WISP will continue through August 2025, with the county planning to continue the program after that.</p> <p>The CCCOE has held a series of collaborative meetings for school counselors, wellness staff, administrators, district leaders to meet on a regular basis since November 2021, to meet with mental health providers and giving them a chance to discuss challenges and opportunities to support student mental health. I attended a collaborative meeting on April 18<sup>th</sup>. There was a great presentation from CC Crisis Center on 211, it was very informative and then had break out sessions with specific questions. My breakout room participant question: “Is there a safety plan or crisis plan in your school or school district if there a student death? Is there a student action plan?”</p> <p>Unfortunately, they did not report out from all the different break out rooms. I was in the room with San Ramon Valley Unified and yes, they have a crisis team at their school sites that supports students and parents. The teams were made up of school sites, counselors and social workers on each team. In their district, the admin person would make the call, a site visit support at this particular school. San Ramon, also at times, has contracted with an outside agency to</p>	

provide grief support if there is an incident of suicide. So, I only have the information to report out on San Ramon.

What the WISP team hopes to accomplish in the takeaway from attending the meeting, in the coming months it is their hope is to create a plan for each school in our county to have a safety plan in all their schools. This is a fantastic goal. It will take a while. This goes hand in hand with the wellness center, but it starts with the teaching the administrators, counselors and teachers as a collaborative on how to manage to these children and get these sites going.

Another good thing that came out of it was the suggestion that they want to have 211 information on the back of all student ID cards. Some school districts already have this, and others didn't. The other suggestion was not only on the student ID cards, but school staff and administrator IDs, as well.

My question to Nick Berger, who is the Director of the Program on the CCCOE side, "how is the parent community accepting this?" We all know that sometimes parents can be a hindrance to wanting to admit their children do have this problem.

I plan, as long as the commission allows me to shadow this program and follow it, see where they are going, how it is doing, and measure their accomplishments. If we can get one in every school in our county, can you imagine?

**Questions and Comments:**

- (Cmsr. May) The WISP program is going to be so beneficial, again most of my clients are children, and it is the parents that are adamant in denial. It gets to the point you become tone deaf and maybe they feel embarrassed or someone is going to blame them. It is the parents that have the most resistance and the children are afraid of finding out.
- (Cmsr. Serwin) It is terrible because it is the parents that turn around and blame it on others, and attack teachers and staff.
- (Cmsr. Griffin) I see the parent community as being the obstacle in order to make this successful. That's why I was bothering Nick about an update because he stated they were having monthly meetings with the parent community and I wanted to follow through with him on that but haven't heard back. It's like pulling teeth from these people, but you are right, Cmsr. May. It is also the children, they have a problem and their parents aren't helping them with it or they don't want to hear about it.
- (Cmsr. May) Yes, there is a serious problem out here in East County, in some of these schools. I hear about it a lot, where the kids want to talk to their parents and they are being told "Shut up and do your work" and they are trying to tell their parents they are struggling, it could be as simple as an IEP, but they don't know what it is called, they just need help. Then the parents ignore it or feel it's not really a problem and then it causes substance abuse issues both with the children and the parents. There are so many variables to this and it makes it worse.
- (Cmsr. Griffin) I also forgot, but wanted mention that each team has a District Leader and a BHS support person for each district.
- (Cmsr. Serwin) How much direct services are being delivered in the schools? I hear Gerold Leonicker speaking about this program acting like technical resource, where they are talking to schools to see what their needs are and then helping them get the resources into place and that it is only in the areas of greatest need where they are going to be delivering services. I am curious

<p>about what that is. I understanding providing the technical services enables schools to develop their own competency, but at a certain point, they need the therapy happening right there because the kids don't have the ability to get to a clinic and the parents aren't facilitating it or even signing on to it.</p> <ul style="list-style-type: none"> <li>• (Cmsr. Griffin) The next collaborative meeting on May 11<sup>th</sup>. I am writing down these questions and will ask these questions.</li> <li>• (Cmsr. Swirsding) I noticed in our county, culturally there are different needs. The Hispanic community for example feels safe meeting in the schools (the parents) and with the African American community, it seems they are more comfortable meeting in churches. The churches in our district are very much involved with helping the youth in different ways, especially the older transitional age youth (TAY). This issue of trust with the parents, it is very important they feel comfortable and safe. I have worked with this community for quite a while and many parents don't trust some of the things the school is doing and have a lack of trust. They feel good about meeting there. There are a lot of family issues around that as well.</li> <li>• (Jennifer Bruggeman) I just wanted to add I have been a part of the WISP Steering Committee and know it was asked if the program is intended to provide direct services. The answer is not really because they only have a team of five people. It is a pretty small group and they are covering all eighteen districts, but the goal is to help each individual district and everyone that is willing to mobilize resources to set up wellness centers in their local schools. That is the idea, to help the schools to get this in place. The program itself does have three different tiers. Tier one is the general outreach and education. Tier two is more of a parent support, coaching or classes for folks who need that level of support. Tier three is to provide some direct assistance to kids and families that are in crisis and not connected to the resources they need. That would be a situation they may be able to be a bit more hands on with the individual family, but generally speaking it is more about outreach and education and helping local districts get into a position where they can set up a wellness center if they don't already have one.</li> </ul> <p>More information on WISP: <a href="http://www.cccoe.k12.ca.us/departments/studentprograms/wisp">www.cccoe.k12.ca.us/departments/studentprograms/wisp</a></p>	
<p><b>IX. MENTION articles regarding children and adolescent mental health in the context of the COVID-19 pandemic (see articles in meeting packet), Commissioner Barbara Serwin, Chair of the Mental Health Commission</b></p> <p>Commissioner Serwin reviewed several articles regarding the COVID-19 pandemic and the effect on children and adolescent mental health. The following were discussed in great detail:</p> <ul style="list-style-type: none"> <li>• "Children's Mental Health is in Crisis" from American Psychiatric Association website</li> <li>• "COVID Harmed Kids' Mental Health--And Schools Are Feeling It" from the PEW Charitable Trust website</li> <li>• "Adolescent Mental Health, Connectedness, and Mode of School Instruction During COVID-19" from ScienceDirect website</li> <li>• Report 262: COVID-19 and Children's Mental Health Addressing the Impact from Little Hoover Commission website</li> <li>• Opinion: What California can do to improve children's mental health Article in the East Bay Times</li> </ul>	



<p>The article “COVID Harmed Kids’ Mental Health and Schools Are Feeling It” published by Stateline in November, 2021. It is useful in that it is a broad take but has some details and I would recommend reviewing it and you all might want to start with this one. It provides an overview of the school experience and the kinds of behaviors teachers are witnessing, disruptive behavior, more violence and bullying. They provide solutions and very interesting is they describe funding and what is happening with these big pots of federal money that are being passed out to the states. It speaks a bit about screening and addresses some interesting and alarming statistics, including a national map with statistics on number of therapists per youth and illustrating the shortage we have for youth needing mental health support.</p> <p>The next committee meeting, Commissioner Griffin will go over a few articles that I couldn’t address.</p>	
<p><b>X. DISCUSS Action Plan framework for outlining steps for achieving Committee goals, Lauren Rettagliata, Prior Mental Health Commission Chair and Chair of Quality of Care Committee, and Family Advocate, Commissioner Barbara Serwin, Chair Mental Health Commission</b></p> <p>We have an action plan framework for achieving committee goals (from former Commissioner Lauren Rettagliata). Lauren was going to present this, but unfortunately she has some family medical issues and could not be present at the meeting. Attachment G - Mental Health Commission Quality of Care Committee “Action Plan” framework was screenshared to discuss.</p> <p>The goals listed were for 2015. It is not suggesting this be mandatory, but was thinking more along the lines that we might want to give some thought about whether or not we want to structure our goals by using this template and if it would help us organize and meet these goals by the end of the year or whatever time frame we think is a realistic time frame for each goal.</p> <p><i>&lt;It was pointed out by Cmsr. Swirsding that each committee used this template for their individual committee goals and confirmed by Cmsr. Dunn&gt;</i></p> <p><b>Questions and Comments:</b></p> <ul style="list-style-type: none"> <li>• (Cmsr. Griffin) I like this template and agree this is a good tool.</li> <li>• (Cmsr. Serwin) We will work this into our agendas and it might be a good thing for a bit of homework, for each of us to take a goal and work on it, come back to the group and discuss so it can be moved further along faster before we get to much further into the year. Maybe we can divide it up in May, I can bring an action plan with the goals filled in. We can assign who want to take each.</li> <li>• (Cmsr. Griffin/Cmsr. Swirsding) Keep the first goal on the template.</li> </ul>	
<p><b>XI. DISCUSS Quality of Care mission statement: Keep or change?</b></p> <p>➤ <b>Current: “To assist Contra Costa County mental health consumers, family members and the general public in advocating for the highest quality mental health services and supports delivered with dignity and respect.”</b></p> <p>The mission statement for the Quality of Care committee is:</p> <p>“To assist Contra Costa County mental health consumers, family members and the general public in advocating for the highest quality mental health services and supports delivered with dignity and respect.”</p> <p>I have attached an article regarding the Top 50 non-profit mission statements. It defines a mission statement and what the purpose is, some guidelines for</p>	

creating a great mission statement and it lists the Top 50 and grades them and gives reasons for those grades. The criteria by which they are graded is readability, reach (as determined by reading level) which are the two main criteria. A few mission statements were read as examples of having an 'A-grade' readability, reason being that these mission statements had a sixth-grade reading level. Some of these have adjectives or adverbs that give it a little more 'oomph'. With that in mind, these statements are short with a very low reading level to reach the maximum number of people. So, as I look at ours, the two major things I have notice is they seem very wordy and the use of passive language.

When I read ours, just to break it down, we are assisting consumers, family members and the general public in advocating. We are advocating directly. Our primary strength is that we advise the Board of Supervisors (BoS) and BHS. Our primary method of operating is not to indirectly influence the BoS by helping the community influence. The other point, highest quality mental health services and support is wordy. So, I took a pass, not to say this is what I am recommending, but to give a take on simplifying what it look like.

The first one is: To advocate for the highest quality mental healthcare for all people living in Contra Costa County.

The second is: To fiercely advocate for the highest quality mental healthcare for all people living in Contra Costa County.

If we can try to make it more succinct and more direct, and more powerful all.

- (Cmsr. Dunn) I would change the last one. Fiercely would likely get the hackle of some of the supervisors. A better word would be to 'strongly advocate...' and the rest is fine. Better yet, instead of 'for all people' I suggest 'for all Contra Costa County residents' and it may sound like a fine point but because of the system is structured currently, we have many of our residents living out of the county in treatment facilities, etc.
- (Cmsr. Serwin) The other thing to keep in mind, again, what is the reading level. I like the word people, rather than resident, is that it is a simpler term. How can we work with that. Let me ask Pamela what your thought was.
- (Pamela Perls) I was just going to ask, my understanding is that your biggest strength is that you are advising the BoS, so instead of 'advocating with' because you are mandated to actually make recommendations, I would suggest using "To advocate for the highest quality mental health care through advice and oversight" because that is the other thing you do and should at least get that in somewhere, but it's different from being advocate, you all are actually mandated to advocate for the highest quality mental healthcare for all of the people of Contra Costa County. Maybe a second sentence specifically to provide advise to the BoS and oversight of the Mental Health Division.
- (Cmsr. Serwin) That is way too wordy, somehow we need to get that concept into two or three words. One of the questions this article raises is: Is your mission statement longer than twenty words? Can you get it below 15? Can you design it to clearly communicate in such a way people can remember it and communicate it to others? If you can't get a mission statement below 15 words, consider also creating a mission tagline that people can remember more easily.
- (Cmsr. Griffin) I like "to advocate for the highest quality mental healthcare for the people of Contra Costa County" but I would add 'to destigmatize

<p>mental illness’ and I would put that little phrase in there because, to me, it is really important and that catches somebody’s eye, as well.</p> <ul style="list-style-type: none"> <li>• (Cmsr. Serwin) I would raise that up to the level of the overall commission. We are looking specifically at the Quality of Care. I feel like the stigma thing is such a big umbrella.</li> <li>• (Cmsr. Griffin) But its an important one that we do not mention enough.</li> <li>• (Cmsr. Dunn) that is a discussion for another time for the MHC mission statement.</li> <li>• (Cmsr. Griffin) Okay. That make sense. But I do like “to advocate for the highest quality mental healthcare for all people living in Contra Costa County” because to advocate, we are to the BoS.</li> <li>• (Cmsr. Dunn) But to get around the issue of all persons living in, it should be ‘for all people OF Contra Costa County” because that covers for all, regardless of where they live, if they are a resident of CCC and are in a Board and Care in Modesto or a MHRC elsewhere in California, they are a resident of CCC.</li> <li>• (Cmsr. Serwin) I suggest people to think about if we want an adverb or not, where I suggested Fiercely. I know Cmsr. Dunn suggested something different. Sleep on it, but maybe our next meeting we can hash it out and finalize it and vote.</li> </ul>	
<p><b>XII. Adjourned</b> at 5:39 pm.</p>	