MENTAL HEALTH COMMISSION
QUALITY OF CARE COMMITTEE MEETING MINUTES
August 18th, 2022 - 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 Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Gina Swirsding, District I Guest/Presenters: BJay Jones, Program Director, Hope House Ash Ziyar, Asst Clinical Director, Hope House John Gallagher, Intern, Hope House Other Attendees: Cmsr. Tavane Payne, District IV Angela Beck Lynda Kaufmann, Psynergy Teresa Pasquini Pamela Perls	Meeting was held via Zoom platform
II. PUBLIC COMMENTS: • (Teresa Pasquini) I just wanted to update this committee that I have been attending a lot of county meetings. In various meetings over the last month or so, trying to learn everything about housing plans in our county. I don't know if the commission is being updated on this, I am not hearing it come through the committee meetings and I know you all have been tracking housing that heals the last couple years. I have concerns about the communication regarding the general plan, the housing element part of the plan. I joined the last two Measure X committees because I participated and shared quite a bit. I was pretty surprised last night to hear the entire committee <dropped out> 'I call it the culture of control' that is going on, there is a motion to the board and I just wanted to bring that to your attention and < dropped out> I made a shout out last night about being told they are advisory only and their roles are to be restricted and I know better and think some of you might know what that feels like, as well and I wanted to bring it to your attention and open up communication in this county more. The mental health community should have an input on the housing opportunities _____ I know we can't have discussion on it but wanted to elevate the conversation. • (Pamela Perls) I will send this on, there was a very good article in the Contra Costa Times called "Report: California Kids Feeling Pressure" the depression and anxiety rate is second highest in the US from 2016-2020. It supported exactly what you have zeroed on of K-12. I thought you would like to see this and will send on to Angela.	
III. COMMISSIONERS COMMENTS:	

- (Cmsr. Swirsding) At the Juneteenth meeting, as mentioned at the Mental Health Commission (MHC) meeting, I had a lot of people coming to my table, knowing I had a lot of information about mental health. Many with mental health issues that are sent to PES, many are saying they are released and there is no follow up. I explained to one of the ladies, that sometimes the patient may not be open to treatment. My feeling is there is a shortage and would like to know if the county hospital is having a shortage of staff (nurses) to allow patients to leave. Alta Bates has a shortage and it's is all over California, nurses are leaving and there is a shortage. So they call other nurses from different floors to help.
- (Cmsr. May) Thank you, Pamela Perls. I read that article and it is alarming. It is important to know that our children are way more affected. We talk about adults, and children to a certain extent but mostly we are focusing on the adults. We need to focus on our children. Children are being born everyday and growing up to be little people. Most don't realize that they are little people. Those little people who are not being treated right now, grow up to be adults that go into PES. They go into places like Hope House and needing those services. If they grow up untreated as youth, they grow up being in the condition that we have heard Teresa Pasquini describe when she speaks about her son. It seems like I have watched her son grow up from a little boy through adulthood, his struggles and what she is going through now. We are so very "Over 18 and it's not my problem" No it is not, our kids are our problems until we close our eyes for the last time. I don't like to say 'Problem' they are our children and our heartbeats until we close our eyes for the last time. We really need to pay heed to this and start pushing for the services for the youth. I am not talking about 12 and up, I am saying from 5 years old and up. That is the issue here, we move forward. While we are focusing on the adults, we also need to be focusing on the children. If not, we will need another Hope Houses just in East County, and so on. The system will be overwhelmed.
- (Cmsr. Griffin) Thank you, Commissioner May and Pamela. You hit it on the head. Our children who grow up with mental illness, grow up to be adults with mental illness. It just makes sense that we need to focus on them and make them a priority. I wanted to announce that the Contra Costa County Office of Education (CCCOE) has announced a student safety and well being it is a youth mental health first aid training. It is a professional development training and for those who work with children with mental illness, or any of us, actually. The youth mental health first aid teaches adults how to identify, understand and respond to signs of mental illness challenges in youth. This training give adults the skills they need to reach out and provide initial support to youth and connect them to the appropriate care. I think this is where a lot of people should start.
  When and Where: Participants complete two hours of self-paced online instruction prior to the live virtual instructor-led training. It is being held on September 8th, from 8:30am-3:30pm and it is sponsored by the California Department of Education with funding from Blue Shield of California, Blue Sky Initiative, and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Advancing Wellness and Resiliency in Education (Project AWARE) State educational agency grant. If anyone interested, or want to pass this information on, all the information is on the CCCOE website and is in the chat box <https://www.cde.ca.gov/ls/mh/ymhfa2020flyer.asp >

IV. CHAIR COMMENTS – None.	
V. APPROVE minutes from the July 21st, 2022 Quality-of-Care Committee Meeting. Cmsr. J. Metro moved to approve the minutes. Seconded by Cmsr. L. May. • Vote: 5-0-0 Ayes: B. Serwin (Chair), L. Griffin, L. May, J. Metro and G. Swirsding. Abstain: none	**Agendas and minutes can be found at:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VI. REQUEST volunteers for the Quality of Care Committee K-12 Project, Commissioner Barbara Serwin This is one of the stated goals for the overall commission, but also stemming out of the Quality of Care committee's work to look at the gaps in services across the K-12 Districts in our county. Commissioner Griffin and I have been working on this and have made some good progress with the one of the organizations partly sponsored by BHS that they are working through. There is still much data collection information to accomplish. We are trying to identify for each county, what services does it have, if any, and which are provided by BHS, which are provided by themselves or some other contracted provider. This will require talking with people, online research, some of the data collection and trying to work with the full team to analyze and draw conclusions and recommendations. Is there anyone who would like to volunteer for this committee. Volunteers: Cmsr. Gina Swirsding, Cmsr. Leslie May **Comments and Questions:** • (Cmsr. May) My question is, once we do all this work, where does it go? Who does it go to? I don't want it going to an empty vessel. (RESPONSE: Cmsr. Serwin) One thing we are trying to figure out is what role does the Office of Education Play, how much of an umbrella role does it have or not. The Board of Supervisors. Those are the two obvious things, but we are still trying to find out which are the powers that be that control what the funding is and who the funding is going to. • (Cmsr. Griffin) We will likely 'follow the money' and I found out from the CCCOE that the funds go directly to the districts. They don't go through the CCCOE. The best way, and what the committee will investigate and interview the district superintendents and who is in charge of the funding and budget. I spoke to Nick Berger from the Wellness In Schools Program (WISP). He said the best way is to go to the district board meetings and speak on behalf of whatever we find. Expose that way if we find something wrong. It's investigative work and I think it will be worth while if we pick some districts in need. Nick stated with WISP, they are not in the business of trying to find out which districts have the most needs, but trying to implement a system in all districts. He did point out that West CC and Antioch USD, as well as Pittsburg are really in need. They seem to be the most requests and concerns coming from those districts. As a committee we can take a look at that. • (Cmsr. Swirsding) So I would just be calling in my district, or..? • (Cmsr. Serwin) We are just putting together the committee and we will start with a team meeting and put together a work plan. • (Cmsr. Swirsding) I know different contacts in the West County area. • (Pamela Perls) I wondered, may I participate and I wanted to suggest that a lot of the funding comes through SELPA (Special Education Local Plan Area) and they supervise many of the districts. I think West Contra Costa may	

have it's own SELPA, but something like 16 of the districts are under the SELPA plan. I attended a three-day conference once to try to explain the finances and it was so complicated I couldn't follow it. But that is one place to look regarding the money. My understanding was that some of the money gets funneled trough that.

- (Cmsr. Serwin) We have had members of the public participate in our site visit planning meetings. I don't know if there is precedent for that or not, but it was the natural thing to do. There were people that were keenly interested, those who were Peers, had a great deal of experience to bring to the table. There are SPIRIT team members that came and participated. We decided to run with that model. Recently, former Commissioner Maibaum reached the end of her term and asked if she could stay on working with the commission to help perform site visits. Our BOS representative Cmsr. Andersen said there wasn't a problem with that and I am glad to hear. There is nothing in our bylaws that doesn't permit that. We would love to have your help.
- (Teresa Pasquini) I was just going to add, whenever we did any committee work, it was always under the Brown Act regulations and if there was a quorum of a committee it was mandatory that we do that, and it be open to the public. Several cross county meetings, when we were advocating for Hope House, I was chair of the capital facilities process and we had multiple meetings that the commission included public participation and we had to actually do that at the time. <cut off> If you are doing any work of the commission, my understanding is it has to be done with public inclusion.
- (Cmsr. Serwin) The site visit committee, we were meeting other week, every week at times, we had a lot of working meetings where we were trying to work on questionnaires and we had a lot of informal meetings. I am not sure, but will get some advice on that. We needed to make these decisions within a few days at times to keep the work moving along. I am wondering if we can look at the work and determine, the two different types of meetings involved with decision making vs. looking over lists of school districts who are receiving services or less services and try to find a balance between formal meetings and work and just more operational meetings.
- (Teresa Pasquini) I understand what you are saying, but my understanding is if you have a quorum of the committee, then it has to be done in public. Maybe we can just plan standing meetings that are very frequent and we either hold them or not. That is the thing, needing that much time to send notices out, etc.
- (Leslie May) I was going to add, this is where we should have been a long time ago, we need all hands on deck. We have community members that are interacting with the parents and kids and they get a lot of information just from being there working with them. I would like to see more of the public to be involved. The more people, it puts less on our plate. Public meetings, we can just share the information and work together with the people we serve. I am not seeing a lot of that here in the various committee's and the commission as a whole. It is disjointed instead of joining together for everyone to help. It would be a great start to this project if we had more public input and help, teamwork.
- (Pamela Perls) My comment is very simple, I don't want to put anyone in an awkward position. I get very enthusiastic and want to help. I certainly wouldn't need or want any credit on the white paper. I don't want anyone to feel they have to transgress some rule.

- (Cmsr. Serwin) You are not making anyone feel awkward. We always appreciate your participation, it is always outstanding and helpful. We will just figure out how we need to conduct these meetings and do it that way. The public is strongly encouraged to engage.

VII. UPDATE on Hope House Site Visit Report, Commissioner Barbara Serwin

This is essentially done and just needs some final editing, formatting, etc. I would like to send it on to Cmsr. Griffin and Ms. Beck for a quick review and we can hopefully early to mid-next week. We will then send it over to Mr. Jones for his review as the program director. That is the process we go through and give him the opportunity to provide feedback to the report and correct the facts, clarify where necessary. We are not looking for the program director to modify the opinion of any clients or those who participated in the interviews.

VIII. REVIEW/DISCUSS Crestwood Our House Site Visit Report, including format, level of detail, length, and type of information included, Commissioner Barbara Serwin

Today, I want to follow up as consumers (readers) of the report, getting feedback on the content included, the format, the organization, the level of detail and scope of the overall report. Is there any feedback on that. We have a couple reports we have authored so far and have a template we have put together to help commissioners who are doing the site visit to organize and express their thoughts. It is very much a work in progress and we want to be flexible and adjust the template as we move forward to get it to be something that is the most useful for the reader.

- (Cmsr. May) I am glad that the Hope House representatives are here. I want to take the site description to be taken off our tasks. When you send a letter of inquiry / greetings, introducing the commission and our desire to set up the site visit, I believe that we should ask the director of the site at that time to ask them for the site description. One or two paragraphs regarding their site description. That way we are putting it to them, "If you would like to participate, the first step is to set up a time, and to prepare a site description of your facility and program(s)." Give them a time frame of two weeks. It takes away any doubt or onus out of our hands. I would rather them provide the description. We ran into this back and forth with this site and to eliminate any bad feelings or incorrect information, that is the best route. Our methods are great, but even so, let's tweak the introduction letter to the facilities to provide the site descriptions.
  Our questions and the interviews conducted, it is a strength of our program. Now that we are opening up more, hopefully this trend continues and we can conduct face-to-face visits and actually do those visits so that the staff isn't worried about setting up zoom and the equipment set up. I think people respond better when they are face to face. (RESPONSE: Cmsr. Serwin) That is an interesting point. We do ask in the interview for the program director to describe the site, if we had them send a description beforehand, we could use that question to clarify the description they sent.
- (Cmsr. Swirsding) One of the things I noticed in the report, the clients were saying there is a lack of group support or referral's to groups that they can attend outside the facility. There are no support groups. Why AA is successful is because they meeting in groups and I feel it is needed in the mental health system too. Besides meeting in a monthly group. It is lacking on the mental health side. We all learn from each other and there is a

support system in these group therapy sessions. It is a dynamic that is lacking.

- (Cmsr. May) I just want to get clarification on what Cmsr. Swirsding is asking, do you mean the group sessions at the facility? Going back to be able to participate? Or outside the facility? That is something altogether different from the site facility, residential facility survey's we are conducting. Outpatient? Once they leave the facility, you would like to be able to see them go back to do outpatient. That is unlikely to happen due to the billing.
- (Cmsr. Serwin) Crestwood has outpatient programs as well.
- (Teresa Pasquini) I just wanted to reiterate the comment that the report was great but also felt there was a lack of input from families. I don't know how you would like to incorporate into your report but consider asking for family input, as well. (RESPONSE: Cmsr. Serwin) That is a matter of extending the scope and developing the questionnaire for families, and another group to interview, alongside of the clients, staff and program director.
- (Teresa Pasquini) Just want to follow up and say that when I _____ the behavioral health care partnership, the focus was patient and family-centered care and the culture we tried to influence our county to think about and not just when they are children, but adults. That is something that is important to me and why I am bringing it up. I don't know how you would want to incorporate it, family members may not want to be involved. If they are, it might be a nice addition to the report. (RESPONSE: Cmsr. Serwin) Yes, I am sure there is obvious way we can include family members. There are plenty of clients that say they have no family, but there are others that do.

IX. REVIEW/DISCUSS the decision-making process for choosing where Hope House clients will go and what care they will receive upon discharge, BJay Jones, Program Director, Hope House.

(Cmsr. Serwin) The focus here is on the decision making process. Where clients go and why. I would first like to thank Mr. BJay Jones, Program Director of Hope House for attending and for John Gallagher and Ash Ziyar, Asst Clinical Director of Hope House.

(BJay Jones) I am new to Hope House, having been here since November (2021). My current goal here was to change the culture and the energy here. When you come to visit, the energy here is light and fun.

The discharge process and where people go, I have asked Ash and John to join me to help describe the process, representing the social work clinicians that work with him. John is still and intern and learning but is practicing under our regular clinicians, but it is a process "the golden thread" where we are all communicating and working together to get the client to the best place where they want to be. This is a perfect time as I have been doing a lot of training on understanding where a client wants to be, understanding where their family wants them to be, and understanding what is best suited for them. We work with the client, the clinician, their family, the case worker and it is a very intensive process. We are undergoing the process of reaching new relationships with community providers and different housing locations. There is a continual change, with places opening and closing or being full. We want to keep those contacts aware that we are here and try to have great working relationships with everyone.

Right now, we do not have an assigned 'housing locator' that is able to research and form relationships and has a grasp on various providers and housing locations. What we are doing is working directly with their case workers and

family members and collaborating on what is best for the client. That is the usual protocol is.

(Ash Ziyar) From the moment a client arrives at Hope House, discharge is definitely something on my mind as well as all the clinicians minds. There are a lot of different layers that go into a client is discharged to. Some of the things we look at are, what kind of resources does this client have? Is there an income source? Unfortunately, a client's income will determine (somewhat) where we will think about placing a client. The client has their own opinions on where they want to go. We practice a very client centered approach and we believe the clients have the ability to lead their treatment. That involves discharge planning.

We work closely with Don Brown, a good portion of the clients we serve are, unfortunately unhoused, chronically transient and have no access to funds. We have a good relationship with Don Brown. Unfortunately, with COVID, many of the board and cares we worked with (unlicensed and/or sober living environments) either shut down or moved. Again, we are currently in the process of creating a resource binder, eventually having an A-Z binder of all the available discharge locations. Focused on Sober living places, shelters in the area, unlicensed board and cares, other types of housing. We have so many lists with invalid/outdated information. Another issue I personally noticed is that, with the rising costs of housing, the rents for single rooms have doubled.

Comments and Questions:

- (Cmsr. May) Have you spoken to the neighboring cities? The city council, city administrator, or city managers. Emailing each city council, to reach out for resources and to find out if they have availability. They may say they have openings. I would really encourage you to go through the individuals in the city government. There is also a place called "Dorothy Day House" in Berkeley. Have you been over there? I want you to go check that out. See if there is something like that out here in our county. We need to get creative. (RESPONSE: Ash Ziyar) Thank you for that suggestion. This is the kind of information we have genuinely been looing for. I know BJay is attempting to make inroads through NAMI CC (National Alliance for Mentally Ill Contra Costa) and explore that avenue. This thinking outside the box is definitely something we are employing. We are in a unique position on the ground floor as we are the only CRT (Crisis Residential Treatment) in CCC. I find it to be invaluable if we were to forge some of these relationships with City Council members and let them know this is a need.
- (Teresa Pasquini) <tiling> Lauren Rettagliata and I <tiling> White paper <more tiling> about getting people to the right care at the right time in the right place. Hope House is special to me because it is the first "Housing that Heals" facility in CCC, the creation of it and getting the funding for it and participating in the opening of it. I value the work you are doing and what I think is very critical for this committee and the commission to keep in mind is what you are hearing here. That is we have a vendor that is out looking and searching for resources for their clients and we already know from the BHCIP that we are working hard to get more resources to our county. We know we have a needs assessment that states we need 70 or 80 <tiling> beds in CCC and we need to replace Nierika and Nevin. What you all are doing is heroic work in trying to figure out what to do. My concern is really about <tiling> the intention of Hope House was to get people out of locked facilities as quickly as possible and to be allowed to continue their stabilization and prevent them from going to a higher level of

care if possible. I am also assuming that there are some clients that might <tiling> and discharging to a homeless shelter is actually not part of <tiling> . This is not something that is unique to CCC, this is happening all across the state. I am hoping our commission will continue to actively push hard in our community board and all the decision makers that this has to happen. Build out our continuum of care for this population. Last thing, I made a public comment at the Board of Supervisors meeting, loss of 30 or 40 sober living environment (SLE) Beds recently that came before our board and it is going <more tiling> shocked <tiling> Suzanne Tavanno and Lavonna Martin before the board on it, <tiling> . There will be another report back, but I think again we are hearing SLEs are needed and these were SLEs. I guess I just go back to the paper we wrote, which requested _____ we now how a needs assessment and now we need to know, how are we making these decisions? That was another one of the questions, how was the bed committee directing resources for our providers in our county? Providers like Hope House that are trying to do this heroic work.

- (Cmsr. Serwin) Those are all good points. I'm going to push a bit more on that point of: How BHS interacts with you? How does BHS influence decisions? Is it that they know of places? Is it that they know what the needs are of other people in the system and trying to juggle those needs, including the clients of Hope House? (RESPONSE: BJay Jones) Teamwork, makes the dream work. We work in tandem, there is no one sole person that will say, the client needs to go here, here and there. We have a meeting and we rely on those in BHS because they are really entrenched in the community and if they have an idea for a placement for our client, we lean on that. We take it to the client, talk to the client and have meetings with the family and then come up with a plan of action for that client. (Ash Ziyar) We are in constant communication with our Liaison (Hazel Lee, Betsy Orme, Susan Gore, as well). I will say it is a very positive relationship, very collaborative and reiterating what BJay said, any discharge plan is discussed with them. If the client wants family members involved in their care, everyone client that comes through our doors is offered to loop their family into treatment. Sometimes clients want that, sometimes they don't. Of course if a client is requesting that, we will loop them in when discussing discharge plans. We are all in the same boat looking for placements. We currently have 4 or 5 folks who are conserved and a few who have been here (about to be) over 30 days, just because there is no available licensed board and care beds available. The great thing is this county is a very collaborative in helping to keep clients here longer than the scheduled 14 days. So it is nice to know this county understands the time frame is hard to get all the paperwork done and the steps, the layers, and all the documentation done in that short of a time frame.
- (Cmsr. Serwin) It is interesting to hear because from a community standpoint, we hear anecdotally that people are not given enough time or they are released prematurely. (RESPONSE: Ash Ziyar) We are also tasked with the medical necessity needs. We definitely try our best to advocate for folks to stay longer if we feel the client could benefit from another 7 days, another 14 days. Push them out to 28 days. It is very rare for someone who isn't conserved to be held over 28 days.
- (Cmsr. May) Did you work with the military, too? There was a client there that (and no one knew this) the client was in the service. I was able to connect this client with a place for veteran's to get him placed. Do you all

look for places like that? Are you in talks with them too? You would be amazed how many of these folks you see are actually veteran's and people do not know because no one asks. Also Job Corps. They take youth with mental health diagnosis, as long as there will be medication compliant, etc. and that is another place to look into. (RESPONSE: Ash Ziyar) Thank you so much, I definitely wrote those down. I have been in CRTs for about 3 years and now I am thinking, I haven't really come across any veteran's and now I am thinking that maybe that wasn't asked. Recently reached out to a program run by the salvation army, I contacted them, it was all set up. This was in Alameda County, but I sent a client over and the client called me, once they arrived and said they are going to take all my meds and throw them away. So one of the requirements of this program was no psychotropic medications. It was a wake up call, where regardless of how I've of the mind state of, if it's prescribed their attending psychiatrist, that they follow it according to that doctor's directions. We definitely want to vet these places we are sending clients to. Not only making that list, where we can discharge people to, but also vetting them, which requires one of us to tour the facility and ensuring it is suitable.

- (Cmsr. May) Swords to Plowshares is another place to look into.
- (Cmsr. Swirsding) I just want to emphasize, there is more military that are entering into the mental health system. If they have mental health issue and other health problems, they are given Medicare now. It was not so in the past, it is a new thing. You will be seeing more people coming in and getting help through the county and other places, you will be seeing more military people. Richmond Works is another resource to look into.
- (Cmsr. Serwin) I would like to read the questions emailed in from Lauren Rettagliata. She asked: Are people who are discharged from Hope House, placed in FSPs (full service partnerships)? Is the AOD team consulted for best placements if the person needs ongoing services to ensure sobriety? Is the process to allow placement in AOT begun if the person needs this level of care? (RESPONSE: John Gallagher) If you recall, I did answer some of those questions to you all, but I would defer to Ash and BJay. On the FSP question, and the AOT team. In my short experience here, we have not been working with FSPs, but there is another piece here. Everything you speak to here, my day job as a manager of case managers at Hope Solutions in permanent supportive housing and one of the things that needs to happen and we work on here, is someone is not open for case management services at one of the county clinics, we work to make that happen with the transition team, with Betsy Orme's team being someone the liaison to our other county clinics. That case management service is huge. That is where a lot of my experience is in permanent supportive housing. All those things are what case managers at Hope Solutions does for those that we have received through the county's coordinated entry program. One thing that has not been talked about here, from this homeless aspect, what are the most important things we can to, get them connected to the core team. The core team is the county's homeless outreach program where they will come, interview the client, do a vulnerability assessment as it relates to housing and get them into that management system. This is potentially their way into permanent supportive housing and into a program like Hope Solutions. It is really important in this phase to get the core team over here; and that potentially becomes part of our process to reach out the core team, assessing if they are in the system already, get that vulnerability assessment done that will help further down the road. The county has a lot of resources put into supporting

people who have been chronically homeless. There is an outreach team that will, if someone calls into 211 and states they are unhoused, there will be a couple core team members drive out, interview that person, do a vulnerability assessment and get them into the database. What happens then, in a place like Hope Solutions, we potentially have apartments around the county (Shelter Inc has the same thing). We let them know we have a couple openings and based on that person having been assessed before, completed a vulnerability assessment, H^3 will send us referrals and we will interview those folks to see if they fit well in one of our openings. It all starts with the core team going to interview those persons in that homeless situation. • (Cmsr. Serwin) AOD comes and interviews? (John Gallagher) Yes. It happens frequently here. (Ash Ziyar) Also holds true with financial counselors, we have determined at the time the clinicians do their psychosocial assessment of the client, it used to be that financial counselors would come in but now they call in and do the assessment over the phone. That helps clients to apply for social security, disability, and helps them try to get some funds started, at least get the ball rolling while they are here.	
X. UPDATE on the Department of Health Care Services (DHCS) Behavioral Health Continuum Infrastructure Program (BHCIP) Listening Session on August 8th, 2022, Commissioner Laura Griffin	***Due to time constraints, this agenda item has been moved to next mtg.***
XI. REVIEW MHC Finance Committee discussion of K-12 school district contracts with Behavioral Health Services (see attached contract) • Youth Homes Contract (Gerold Loenicker, LMFT, CCBHS Child and Adolescent Services Program Chief) • *Reference Agenda Item VI. BHS Youth Homes contract discussion, Pages 4-7 This is the wrong contract. It is outside our scope as it is pre-K, not K-12.	
XII. Adjourned at 5:20 pm.	