

**MONTHLY MEETING MINUTES**  
**MENTAL HEALTH COMMISSION (MHC)**  
**September 4<sup>th</sup>, 2024 – DRAFT**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b></p> <p>Cmsr. L. Griffin, MHC Chair, called the meeting to order @ 4:35 pm.</p> <p><u>Members Present (In-Person):</u>            Chair, Cmsr. Laura Griffin, District V            Vice-Chair, Cmsr. Tavane Payne, District IV            Cmsr. Y’Anad Burrell, District I            Cmsr. Ken Carlson, District IV            Cmsr. Gerthy Loveday Cohen, District III *JC            Cmsr. Sani Momoh, District III            Cmsr. Vanessa Rogers, District IV            Cmsr. Barbara Serwin, District II *EC            Cmsr. Geri Stern, District I            Cmsr. Gina Swirsding, District I            Cmsr. Contesa Tate, District V            Cmsr. Jenelle Towle, District IV</p> <p><u>Speakers</u>            Dr. Suzanne Tavano, Director Behavioral Health Services</p> <p><u>Other Attendees (*in Person):</u>            Phil Arnold, NAMI CC            Colleen Awad (Supv Carlson’s Ofc)*            Guita Bahramipour*            Angela Beck*            Jennifer Bruggeman            Elaine Cortez-Schroth, Contra Costa Crisis Center*            Paul Cumming, Sr. Associate Outreach, Everwell*            Alejandra Escobedo            Dr. Stephen Field, Medical Director            John Gallagher, Hope Solutions            Nicole Green, Vice Chair, Alcohol and Other Drugs Advisory Board            Fatima Matal Sol, Alcohol and Other Drugs Program Chief*            Audrey Montana*            Jennifer Quallick (Supv. Andersen’s ofc)</p> <p><b>Motion:</b> L. Griffin request approval for Cmsr. B. Serwin to participate remotely based on ‘emergency circumstances’ for this September 4, 2024 MHC meeting (in accordance with AB2449 – Teleconferencing options allowed under the Brown Act, dated March 1, 2023).            Seconded by T. Payne  <b>Vote: 11-0-0</b>  <b>Ayes:</b> L. Griffin (Chair), T. Payne (VC), Y. Burrell, K. Carlson, G. Loveday Cohen, S. Momoh, V. Rogers, G. Stern, G. Swirsding, C. Tate, J. Towle  <b>Abstain:</b> N/A</p>	<p>Meeting was held at:            1025 Escobar Street,            Martinez, CA 94553 and via Zoom platform</p>
<p><b>II. PUBLIC COMMENT:</b></p> <ul style="list-style-type: none"> <li>(Elaine Cortez-Schroth) Suicide Prevention Awareness Month announcement. Also the first ever annual ‘988-day’ raising awareness to the 988 suicide/crisis lifeline and emphasize the importance of mental health support. Since its launch nationwide two years ago, more than 10 million calls, including 1.7mil texts and chat of people looking for help with suicidal thoughts, mental health and substance use related crisis. In California, 988 is currently routed to 12 call centers. In California alone, received over 350k calls and responded to over 40k texts/chats last year</li> </ul>	

<p>alone. Expansion of the text/chat compacity has doubled in more than a year, so the crisis center here in Contra Costa will launch their new platform starting in October to further expand our crisis response capabilities. For the Contra Costa Crisis Center, this is a dramatic increase in the lifeline calls, with nearly 22k 988 calls alone this past year, which is 79% increase over the first year and have managed over 70k calls on 19 crisis lines (including 211). We are set to receive over 80k in the upcoming year. Geo-routing will start next month and could potentially further increase our call volume.</p> <ul style="list-style-type: none"> <li>• (Phil Arnold) 61 years ago, Dr. King gave his ‘I have a dream’ speech in Washington, D.C. 18 days later, on September 15, 1963, the 16<sup>th</sup> Street Church was bombed where four innocent girls were murdered. As we approach 9/11 and remembering that date, I am mindful of what my dear friend, Joe Ovick (County Office of Education Superintendent) promoted, at that was to “Practice Civility” as we must set the example for our youngsters going to school. Encouraging everyone to be extremely vigilant regarding what is going on and could have an adverse traumatic impact on our little ones (grade school through junior high), starting the new year.</li> <li>• (Guita Bahramipour) Remember that thoughts matter, suicidal thoughts matter just as much.</li> <li>• (Fatima Matal Sol) Also September is National Behavioral Health Recovery Month. (Behavioral Health includes both Mental Health and Substance Use).</li> </ul>	
---	--

<p><b>III. COMMISSIONER COMMENTS:</b></p> <ul style="list-style-type: none"> <li>• (Cmsr. Swirsding) Good news, today regarding the crisis center in Oakland. There were two young men I have helped and they brought their little brother to me while I was at a function in Richmond. The 8-year old wanted to know who he calls when he needs help? The concern is they did not want child protective services involved. He can call 988.</li> <li>• (Cmsr. Burrell) Bay Area Air Quality Management District (BAAQMD) released their Strategic Plan 2024-2029 &lt;URL: <a href="https://www.baaqmd.gov/baaqmd.gov">Draft Strategic Plan (baaqmd.gov) [baaqmd.gov]</a>&gt;. As a Community Emissions Reductions Plan committee member for Richmond, North Richmond, and San Pablo, I keep an eye on that plan. The public comment has closed as of August 1, there is still an opportunity to give public comments and send emails. There are two areas in the plan; Environmental Justice area; there is also Identifying and Reducing Health Disparities. I believe those are synergies and intersection powered work. It is a good plan overall. It is a heavy lift. If we are cut our pieces in, we can move this along collectively.</li> <li>• (Cmsr. Carlson) We actually approved that plan (Just got back from that meeting in San Francisco this afternoon), there will be more work done because it is so much. There will be performance metrics coming forward. Watch the process, we will find ways to hold ourselves accountable and meet the needs, especially in those heavily impacted communities., like Richmond, San Pablo, West Oakland</li> <li>• (Cmsr. Tate) Suicidal ideation, attempts or planning does not cause someone to complete the act. Some people shy away from talking about it because they believe speaking about it, that it leads to someone actually following through. Don’t be afraid to be very direct. You don’t have to beat around the bush and be very direct. That too can also save</li> </ul>	
--	--

<p>a life. It allows them to feel seen/heard and witnessed. Many times the emotional distress is not feeling understood, seen or heard and feeling alone. Being direct allows individuals to finally feel seen. It can be an opening port of entry to introduce services.</p> <ul style="list-style-type: none"> <li>• (Cmsr. Towle) Frequently, we think when they are in the depth of their depression, that it is the danger point. The reality is that once they are medicated and start feeling better, that is where the danger zone is. They have the energy to do ‘deed’ and not out of their depression long enough to feel the hope again. I just want folks to know that the window of time is not what you might think.</li> </ul>	
<p><b>IV. CHAIR COMMENTS/ANNOUNCEMENTS:</b></p> <ul style="list-style-type: none"> <li>➤ Suicide Awareness Month – Thanking Elaine for her presentation. Just a reminder that Suicide affects us all. It can be very private and must be very aware of people in our families, friends or anyone that you think might be struggling. It is not always those that show the ‘signs’. This is a time to reflect take the time we need, contact those we need to and know that you (we) are not alone. I have had some people dear to me commit suicide and sometimes you just regret you didn’t see any signs.</li> </ul>	
<p><b>V. APPROVE August 7, 2024 Mental Health Commission (MHC) Meeting Minutes</b></p> <p>The Mental Health Commission (MHC) August 7, 2024 Minutes were reviewed.</p> <p><b>Motion:</b> K. Carlson, moved to approve the minutes. Seconded by G. Swirsding</p> <p><b>Vote: 12-0-0</b></p> <p><b>Ayes:</b> L. Griffin (Chair), T. Payne(VC), Y. Burrell, K. Carlson, G. Loveday Cohen, S. Momoh, V. Rogers, B. Serwin, G. Stern, G. Swirsding, C. Tate, J. Towle</p> <p><b>Abstain:</b> N/A</p>	<p><b>Agenda and minutes can be found:</b></p> <p><a href="https://contra-costa.legistar.com/Calendar.aspx">https://contra-costa.legistar.com/Calendar.aspx</a></p>
<p><b>VI. RECEIVE Presentation on the Integrated Behavioral Health Board – SB326: Board Guidelines – Cmsr. Laura Griffin</b></p> <p>Integrated Behavioral Health Board: SB 326: Board Guidelines.</p> <p><i>&lt;Please refer to Attachment A: BHB Integration presentation slides included in the meeting packet&gt;</i></p> <p>There is a workgroup created at the request of Supervisor Carlson consisting of:</p> <ul style="list-style-type: none"> <li>• Dr. Suzanne Tavano, Director of Behavioral Health Services (BHS)</li> <li>• Fatimah Matal Sol, Program Chief, Alcohol and Other Drugs (AOD)</li> <li>• Jennifer Bruggeman, Program Manager, Mental Health Services Act (MHSA)</li> <li>• Laura Griffin, Chair, Mental Health Commission (MHC)</li> <li>• Tavane Payne, Vice Chair, Mental Health Commission (MHC)</li> <li>• Logan Campbell, Chair, AOD Advisory Board</li> <li>• Nicole Green, Vice Chair, AOD Advisory Board</li> </ul> <p>As a workgroup, we do not make any decisions and just work on logistics and administrative details. We do not fall under the Brown Act. Thus far, we have created this presentation for you all today. Next month, we will have a joint meeting with AOD Advisory Board and the MHC to review what each entity does and together as a group getting ready for the merge in January.</p> <p><b>Introduction</b></p> <p>Proposition 1: Modernization of Mental Health Services Act</p> <ul style="list-style-type: none"> <li>• Passed in March 2024</li> <li>• Requires all counties to have a combined Behavioral Health Advisory Board beginning 1/1/25</li> <li>• Restructures the Mental Health Services Act (MHSA) also known as “millionaire’s tax”</li> </ul>	<p>PowerPoint slide show presentation for this agenda item was shared to the Mental Health Commission via screen share. This will be added to the minutes as the file was not ready at time of posting.</p> <p>Documentation on this agenda item can also be found:</p> <p><a href="https://contra-costa.legistar.com/Calendar.aspx">https://contra-costa.legistar.com/Calendar.aspx</a></p>

- Focus on Housing and related services, Intensive Wraparound Care (Full-Service Partnerships)
- Allows expanded use of MHSA funds to include Substance Use Disorder (SUD) services, in addition to Mental Health care.
- MHSA becomes Behavioral Health Services Act (BHSA)
- Full implementation to begin with the 2026-29 Three-Year Plan (7/1/26)

**Membership:**

The Behavioral Health Board will Consist of:

- 10 to 15 members
- 50% consumers, or the parents, spouses, siblings, or adult children of consumers.  
\*One of these members will be 25 years of age or younger
- 20% will be consumers
- 20% will be families of consumers
- One member will be a veteran or veteran advocate
- One member will be an employee of a local education agency
- Term of three years
- Appointments will be staggered

Exceptions:

- Member of the board, or their spouse, shall not be a county employee of a county mental health or substance use disorder service, an employee of the State Department of Health Care Services (DHCS), or an employee, or paid member, of the governing board of a mental health or substance use disorder contract agency
- A consumer of behavioral health services who has obtained employment in any of the above and holds a positions in which the consumer does not have an interest, influence, or authority over a financial or contractual matter shall  
\*abstain from voting on a financial or contractual issue concerning the member's employer

**Functions:**

- Review and evaluate the local public mental health system
- Review and evaluate the local public substance use disorder treatment system
- Advise the governing body on community mental health and substance use disorder services
- Review and evaluate the community's public behavioral health needs, services, facilities, and special problems where services are being provided
- Review county agreements
- Advise the governing body and the local behavioral health director
- Ensure citizen and professional involvement at all stages
- Submit and annual report
- Review and recommend appointment of the local director of behavioral health services
- Review and comment on county's performance outcome date
- Assess the impact of the realignment of services
- Conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision.
- Review adopted BHSA plan and make recommendations to the local behavioral health agency.  
\*Provide an annual report of written explanations to the local governing body and DHCS

**Development of bylaws to include:**

- A specific number of members
- Quorum be one person more than one-half of members

- Establish the chairperson of the behavioral health board be in consultation with the local behavioral health director
- Establish that there may be an executive committee of the behavioral health board

Proposition Local Stakeholder Involvement (BHSA “Integrated Plan” Changes)

MHSA	BHSA
Stakeholder involvement on: <ul style="list-style-type: none"> <li>• Mental health policy</li> <li>• Program planning and implementation</li> <li>• Monitoring</li> <li>• Quality improvement</li> <li>• Evaluation</li> <li>• Budget allocations</li> </ul> Requires participation from unserved/underserved populations, individuals with SMI or SED and their families; providers of mental health, physical health, and/or social services; educators or their reps; law enforcement.	Stakeholder involvement on: <ul style="list-style-type: none"> <li>• Mental health <b>and substance use disorder</b> policy</li> <li>• Program planning and implementation</li> <li>• Monitoring</li> <li>• <b>Workforce</b></li> <li>• Quality improvement</li> <li>• <b>Health equity</b></li> <li>• Evaluation</li> <li>• Budget allocation</li> </ul> Also requires sufficient participation from diverse groups
30-day comment, public hearing, and annual report on recommendations not included in plan	30-day comment, public hearing, and annual report on recommendations not included in plan

Anyone interested in continuing on with the new commission, please send an email to your supervisor to let them know with the restructuring of the MHC into the new BHC that you are interested in continuing to serve. The creation and appointments will be in place as of January 1.

**Questions and Comments**

- (Cmsr. Towle) Specific questions regarding terminology and acronyms. (RESPONSE: Dr. Tavano) State terminology. SMI (Serious Mental Illness) is the adult term; SED (Serious Emotional Disturbance) is the term for children.
- (Cmsr. Swirsding) Concerned for children living in (AOD) homes where there is substance use. How does AOD help children in these homes. (RESPONSE: Fatima Matal Sol) Within AOD, we have a number of programs and children receive services with their parents. Parenting programs for substance use disorders (SUD) and parents go through treatment at the same time as the children; including pregnant mothers and those with small children. In addition, there is a large component around primary prevention. We know SUD is preventable and a large portion of our funding that is slated for this category, we are unable to spend for anything else but prevention. Our emphasis in Contra Costa (CC) is the youth in both middle school and elementary school. We work with parents, as we know how much of an influence they have in SUD. All services are listed in the Strategic Prevention Plan on the AOD’s webpage <URL: <https://www.cchealth.org/home/showpublisheddocument/10155/638428254490300000>>.
- (Cmsr. Tate) Having the pleasure of writing grants and working on programs with Fatima when I worked as the Director at the Greater Richmond Interfaith program. All of her programs are amazing and never knew there was that much emphasis on providing substance use and substance abuse support, especially for youth. We partnered on substance use prevention for pregnant women and children. We also focused (under the First5 initiative) in helping parents work on parenting classes, but also had a SUD component to it, which I saw firsthand.
- (Dr. Tavano) Love this conversation because you are all doing the work of an integrated board. I know the commission has a lot of questions about AOD issues and the AOD has questions about MH issues.
- (Cmsr. Payne) This will be addressed in our next meeting – discussion what each advisory board does to start integrating.
- (Dr. Tavano) Last week at the AOD Advisory Board, is there are culture differences between the two boards and it is going to take some effort and commitment to work through culture issues. Example, speaking about consumers and people with lived experience, that didn’t really resonate with

the AOD Advisory Board as the language is different. Merging these two cultures together there will be sharing information and the need to understand each other's culture. Along with that, I want to bring up the issues of stigma and discrimination because we will have to address those because people have different preferences in terms of whether they identify with having mental health issues or substance use issues. How do we make the space for everybody?

- (Cmsr. Payne) I think our workgroup is really moving toward wanting that kind of feel that integrates the two. We are learning each other's way of doing things and the understanding that this is like a family being brought back together.
- (Dr. Tavano) Just to add to that, we aren't making anything up, we are just following the law and trying to condense it and present in an understandable way. In the packet, we went through two pieces of legislation (SB326) the other is the bond measure. SB326, it is a large document, we provided the link: <URL: <https://legiscan.com/CA/text/SB326/id/2834153>> which was written before the law passed so there are sections that are no longer active. The summary is provided and will be sent out via email to all participants after the meeting (as well as attached to the end of the minutes as it was unavailable at the time the agenda packet was published).
- (Cmsr. Payne) Questions regarding the required composition of the members percentage broken down. It is confusing. (RESPONSE: Dr. Tavano) In total, 50% should be those with lived experience. Of that 50%, at least 20% must be clients/consumers with lived experience and the other 20% families. The other 50%, since we are a large county, someone representing education, veteran, TAY (transitional aged youth).
- (Cmsr. Burrell) Many of the functions, there is a line that states 'review county agreements' and I recall seeing that in this body's charter. What is the idea behind review and advise? Which county agreements?  
(RESPONSE: Contracts and Grants)
- (Cmsr. Carlson) When you look at the totality of the functions that are under purview, looking at it through evaluating a needs assessment that would fall under behavioral health, what services and then who are contract is with and what is the services supposed to be to assess how it matches up with the services we prioritize.
- (Cmsr. Burrell) We were also looking at (in Quality of Care committee) which goals we were deciding to focus on and carry into the new commission – one was the schools and contracts with the schools. That is what brought up the idea of having some connectivity to what is going on county-wide and what may integrate with some of the research and contracts/agreements that we are looking out. That is how this came up as we were discussing that. I wanted to bring Cmsr. Serwin into that thought process.
- (Cmsr. Payne) We are trying to focus our committees with specific goals that match up with the committee's focus and mission statements.
- (Cmsr. Griffin) To be clear, the new body will be in effect January 1<sup>st</sup> and will be looking at the committees to decide what the committees will be. AOD doesn't have the same committees that we do and there will be some merging and will be up to the new commission to hash it all out and see how it all fits. AOD doesn't have a finance committee.
- (Fatimah Matal Sol) They don't have a finance committee but they do have program and services committee that aligns some of the priorities with what is established at the beginning of the year, which right now, that committee is about to launch a survey to all of our programs asking about health disparities and cultural competency. That is evaluating programs to the extent it aligns to the strategic plan, it is something committee is going to have to review; not from the fiscal point of view, but from the quality of services.
- (Cmsr. Towle) I just want to know how we are going to stagger if we are all signing up again?

<ul style="list-style-type: none"> <li>• (Cmsr. Carlson) That will be the hard part because we haven't gotten there quite yet. We will have two times as many members as we have seats. We want to be culturally diverse, district diverse and we want to represent as we do on the MHC, every district is represented in three different ways. How do we do that? How do we bring you all in? (Colleen Awad) Right now all seats are three years and staggered, it can be done and do some temporary shorter ones / longer ones. What we have gone over today is currently following. So there will be some adjustment.</li> <li>• (Cmsr. Payne) How are we going about the bylaws and the blending of those? Is the BoS staff merging those bylaws or is the workgroup going to work at creating a draft?</li> <li>• (Cmsr. Griffin) That will be up to the new commission. (Dr. Tavano) The California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) did a draft (template) of bylaws. It has all the required elements, so however it gets added to but not retracted from, so at least most of it is there when you review those models from the state. (Cmsr. Griffin) it will be up to the new body.</li> <li>• (Cmsr. Carlson) The new board will be created, you will likely choose a spokesperson and review/create a draft with whatever adjustments you have and then it goes to county counsel and it will come back to vote on it and then seat your executive board and so on. It will be a process and likely a couple months.</li> <li>• (Guita Bahramipour) I want to know how housing is going to be on the list of goals and priorities. (RESPONSE: Dr. Tavano) We already, under Prop 1/BHCIP, there is the opportunity to send proposals that would be for programs that are co-occurring but also for freestanding SUD. The big underlying piece about moving from the Mental Health Service Act (MHSA) to Behavioral Health Service Act (BHSA) is, for the first time, funds can be dedicated to services for those with primary/exclusive SUD diagnosis, so moving forward, everything we do will be done together.</li> </ul>	
--	--

<p><b>VII. UPDATE on the August 30, 2024 Detention Visits – Cmsr. Tavane Payne</b></p> <p>The tour visit participants consisted of a mix from each committee including: Cmsr. Rogers, Cmsr. Momoh, Cmsr. Tate and Cmsr. Payne. The tour consisted of the West County Detention Facility (WCDF) and the Martinez Detention Facility (MDF). It was an amazing tour. It was very informative and we learned a lot including what we were doing great, what we might be able to help out with; but the system is working. We have decided to create an ad hoc with our commissioners on tour and including Manju Mathews and will be inviting each lieutenant that conducted our tour to join on Zoom, as well as extend an invitation to Dr. Tavano and Supervisor Carlson. We will also be touring the juvenile detention facility in the future. This ad hoc committee will create a cohesive, all inclusive package for the BOS to show them how MH/AOD we are trying to be a partner with BHS. We want to focus on creating this site visit report in October/November to present to the BOS. It was suggested during the tour to survey the staff and inmates on their experience to include in this report (without names).</p> <p><b>Questions and Comments</b></p> <ul style="list-style-type: none"> <li>• (Cmsr. Rogers) It was very eye-opening, everyone was very welcoming. WCDF admin staff found an opportunity for surveys (particularly for the employees): what kind of support services to the employees need that they are not getting (not something they have been asking) and they will consider doing that. There is also a staffing issue with both locations for mental health counselors and found out the issue seems to be they are not able to hire because most people prefer remote positions. If the residents have access to tablets, we proposed maybe there could be a way to access counseling via tablets and perhaps hire counselors who are virtual.</li> </ul>	<p>Documentation on this agenda item can be found:</p> <p><a href="https://contra-costa.legistar.com/Calendar.aspx">https://contra-costa.legistar.com/Calendar.aspx</a></p>
--	---

- (Cmsr. Momoh) It was an overall good experience, “eye opening” and got an in-depth what is happening within the detention facilities. As Cmsr. Rogers stated, there is the understaffing issue and I think really causing burnout and causing the staff to feel overwhelmed. If we can look for ways to partner and get them more resources, improve the staffing. One major concerns was that I realized there was a lack of connection between the detention facilities and CBOs. I’m hoping there is a way they can explore utilizing CBO’s to fill out most of the services they are lacking at this time.
- (Cmsr. Tate) I wanted to address was directed toward the Re-entry population in that process, especially in WCDF. Noticed how the atmosphere looks so much like a rehab center. It was very peaceful, I remember going there many years ago and what it looks like now. It looks like a rehab, which is a really great way to represent being in a detention facility, but something I noted while on the tour was on the comment “We have a mixed population” and the way the detention facility was constructed was not for individuals with higher level crimes. We could hyper focus on those CBOs with the weight lifting of the rehab and getting individuals who can do more community-based services and leaving the detention facilities for individuals who need more higher level of care. It would really help with the issue of the staffing, but also open to a more segregated way of looking at the work. This segways more into what was discussed at MDF where the lieutenant mentioned that they feel their hands are tied. They are to have more of a legal justice eye, not trained to have a mental health eye, so the work needs to be more separated with officers who can’t do their job because they are asked to go outside the scope of their roles. MH professionals are there to have a more clinical eye and can’t necessarily do what the offices do, so ensure the roles are easily defined and differentiated to ensure the inmates don’t get lost in all these different providers. I look forward in continuing to find avenues to bring in CBOs to help. Also, helping the inmates inside the program find value in continuing their rehab when they are released. There are some inmates we were able to speak with that spoke very highly of how easily accessible obtaining mental health was.
- (Cmsr. Stern) The last time we were on tour, we toured the library and they do appreciate donations of paperbacks (as many as you can bring). If anyone wants to donate extra books, they are very excited and you just need to call to set up an appointment to drop off. Did you get to see the new psych sections?  
(Cmsr. Payne) The building is not completed yet but it does look great and it is huge but we don’t know the completion date. It will be included in the report.
- (Nicole Green) I just wanted to say I was very excited about your conversation on this and yes, I will take you invitation to join that ad hoc group. I wanted to add from our AOD perspective, one of our recommendations are around the justice impacted. I am excited, outside of the AOD Board, I am also part of the office of re-entry and justice board, so there are other surveys done with in-custody and think it is great you all are doing that. One recommendation in reference to finding CBOs, inside the detention center there are a lot of different CBOs that come in touch with individuals for MH/BH/AOD, the tablet is great, but when they provide you with the CBOs, ask them to give you everyone that is in touch with the participants because there are a lot outside of the BHS aspect, there are CBOs that solely focus on the re-entry aspect.
- (Cmsr. Serwin) Clarification questions on book donations. Contact the librarian and make an appointment the librarian for donations.
- (Phil Arnold) I am enthused by the initiative and the deliberate actions you all are taking. My experience in custody services go back to 2009 when Sheriff Warren Rupf appointed me to the sheriff's Inmate Welfare Fund and part of that was to understand and to do things that would help make reentry successful, like parenting classes. I also served 9 years (2011-2020) as the chair person of the CCC Board of Parole and part of my process was to ask for a 90 day action plan, starting with the day of release. We start with basics – what are you going to wear, where are you going to work and how are you going to

<p>get there? Decisions they haven't made in years since being in custody. Basic things that we think about every day. And that was what I enjoyed about the parole board hearing, because not only was I trying to help reduce recidivism, but also trying to make sure that our 1,100,000 constituents were safe. We helped them get their GED, the skills they need and plan for when they are released. We also need to ensure the mental health of our offices is in place too. You can't have an 8-hr stressful day with your eyes going back and forth and then come home and hug your spouse, pet your dog and ask Junior if his homework is done. You don't have a trouble tree to park that on. So it is bidirectional as far as the mental health is concerned for all of us actively involved. I invited every department head to come to a parole board hearing. The only person in the county that every attended was Joe Ovick. Thank you. You are on to something, don't let go of it. CBOs are going to be key.</p> <ul style="list-style-type: none"> <li>• (Cmsr. Serwin) I just wanted to reiterate Cmsr. Swirsding's question on change. What I am really focused on is what has changed? Certain promises were made with good intentions but many things haven't occurred. I am also very interested in the big settlement with the county that occurred about three years ago or so; What has been implemented? Where is that information being published? How on track are we?</li> <li>• (Dr. Tavano) Thank you Phil, when people speak to their lived experience, it makes it all the more real. Really we always appreciate when you speak. Also, there will be more about it going forward but the CAL Aim Justice-involved initiative will start while people are in detention and the work we do with them before they leave detention in a warm handoff in support services in the community. Behavioral Health had to submit an implementation plan to the state (which we did). We go live this October and we must be ready, the rest of the system goes live in 2026. Over the course of this next year, we will be having more conversations.</li> <li>• (Nicole Green) We had a survey and research done in reference to restorative justice and there is a report that can be shared as well. Maybe with the new commission, this information can be share to broaden the conversation on what is happening with reentry and the restorative justice.</li> <li>• (Dr. Tavano) Just to add that Fatima and I both sit on the CCP (Correctional Community Partnership) and there is a community advisory board with much work going on there. I think it would be really beneficial to hear from members, the work that has been going on, the surveys conducted, and take that whole body of work and build on it rather than start all over again.</li> </ul>	
<p><b>VIII. RECEIVE Committee report outs</b></p> <ul style="list-style-type: none"> <li>➤ <b>MHC Finance Committee – Cmsr. Tavane Payne</b></li> <li>➤ <b>Justice Systems Committee – Cmsr. Tavane Payne</b></li> <li>➤ <b>Quality of Care Committee – Cmsr. Barbara Serwin</b></li> </ul>	<p><i>Due to time constraints brief summaries were given.</i></p>
<p><b>IX. Adjourned: 6:15 pm</b></p>	<p>ZOOM recording available at:  <a href="https://zoom.us/rec/share/hB2bmEPuoiBK8UCjp-H5VsGyAwDmDG9kjjnEOtKanZlx72H5s1O-uH6X3Q9gABV7.ajytSUAT2O_Tdmfc[zoom.us]">https://zoom.us/rec/share/hB2bmEPuoiBK8UCjp-H5VsGyAwDmDG9kjjnEOtKanZlx72H5s1O-uH6X3Q9gABV7.ajytSUAT2O_Tdmfc [zoom.us]</a>  Passcode: xnm\$*10d</p>