

**MENTAL HEALTH COMMISSION  
EXECUTIVE COMMITTEE MEETING MINUTES  
April 25, 2023 - DRAFT**

| Agenda Item / Discussion   | Action /Follow-Up                         |
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| <p><b>I. Call to Order / Introductions</b><br/>Chair, Cmsr. Laura Griffin called the meeting to order @ 3:33 pm</p> <p><u>Members Present:</u><br/>Chair, Cmsr. Laura Griffin, District V<br/>Vice-Chair, Cmsr. Leslie May, District V<br/>Cmsr. Pamela Perls, District II<br/>Cmsr. Barbara Serwin, District II</p> <p><u>Members Absent:</u><br/>Cmsr. Tavane Payne, District IV</p> <p><u>Other Attendees:</u><br/>Angela Beck<br/>Jen Quallick, Supv Candace Andersen’s Ofc<br/>Cmsr. Gina Swirsding, District I</p>   | <p>Meeting was held via Zoom platform</p> |
| <p><b>II. PUBLIC COMMENTS:</b></p> <ul style="list-style-type: none"> <li>(Jen Quallick) The Board of Supervisors (BOS) is continuing their budget hearings today. They were at public comment when I left the office and lots of nice interaction and good public comment. They will get into conversation on how they will proceed and offer recommendations in the next little bit.</li> </ul>  |   |
| <p><b>III. COMMISSIONERS COMMENTS:</b></p> <ul style="list-style-type: none"> <li>(Cmsr. May) Good afternoon, I just left a meeting for Antioch, early to attend this meeting. I would ask that we, as mental health commissioners, support Antioch and ask the county for some of the budget immediately. There is a fund where they can give to non-profits, ‘Reimagine Antioch’ is the organization that is trying to put together the African American Wellness program together quickly for the residents that have been affected, and continue to be hurt, by the current situation. I would suggest the name, the Alexis Parson’s African American Holistic Healing Center. Alexis Parson was a young lady that was murdered in Antioch on February 1, 2022 by her partner. He killed her and his son. She rallied for justice and was really a great lady. She received an award to help with her fight for justice, equality and police reform. She started reform efforts for the area long ago. She was very well known and worked with another non-profit in Richmond where they help those re-entering the community from prison to keep them from re-offending and going back to prison. This non-profit takes parolees (at least three times a year) to Africa (Ghana) where they spend at least two weeks. They have taken them to Nicaragua and other places to experience their ‘roots’ to change their perspective. They have been very successful. Anyway, we need to support the mental health of those in the community while the city works on reform. Perhaps we write a letter of support to the BOS to include this now, not next year but now.</li> </ul> |   |

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| <p>The community needs service providers that are people of color as that is the majority of those harmed and/or killed by these police officers. Some of whom, had family members did not even have mental illness and had good jobs, were working and then victimized by these officers, they now have both physical and mental health issues. They are unable to work and are disabled. I am hoping that we, as advocates to our community members, will support this and push for the Supervisors to get this supported by June. I bring this up as I have been in this meeting since 9:00am this morning and left prior to adjournment to attend our meeting. &lt;Cmsr. Perls&gt; Is this something we can put on the agenda? I would like to ask Cmsr. May, is this this just violence from the police? Or broadly?</p> <p>(Cmsr. May) Broadly. (Cmsr. Perls) Is there some documents you can share? (Cmsr. May) They have put together something to present at the City Council meeting tonight. Once I receive, I can send it to Cmsr. Griffin and it will be distributed. I just hope they name this after Alexis Parson, as they did with Angelo Quinto.</p> <ul style="list-style-type: none"> <li>(Cmsr. Swirsding) Thank you, we are doing something similar in West County, as well. This is of interest to me, too. In our community, with the policing issues, serving those with Mental Illness (and those that don't), there is a lot of work needed in that area.</li> </ul> <p><i>*Cmsr. Swirsding then spoke to the issue of the 2min limit on comments as she feels she is being unfairly targeted, that others speak longer and are not held to same limits. Cmsr. Griffin addressed this that it is not the case. Everyone has a 2 min limit and all are reminded and that (hopefully) by the next commission meeting, there will be a timer, trying to have it show up on screen and it starts as soon as people start to speak (as they have for the BOS meetings).</i></p> |  |
| <p><b>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS:</b></p> <p>The only announcement for today is that, unfortunately, we lost another commissioner. Cmsr. Metro resigned yesterday, due to the new teleconferencing rules. He absolutely can not attend in person. He works and he can't make arrangements to be available to attend. He is letting Supv. Glover know and we will send the letter to inform the supervisor of the vacancy. (Angela Beck) We now have ten commissioners and our quorum is at six.</p>   |  |
| <p><b>V. APPROVE minutes from April 25, 2023, Executive Committee (No Quorum for March 25, 2023 Meeting)</b></p> <ul style="list-style-type: none"> <li>Cmsr. L. May motioned to approve the minutes for February 22<sup>nd</sup> as written.</li> <li>Seconded by B. Serwin</li> </ul> <p><b>Vote:</b> 4-0-0<br/> <b>Ayes:</b> L. Griffin (Chair), L. May (Vice-Chair), P. Perls, B. Serwin<br/> <b>Abstain:</b></p>   | <p><a href="http://cchealth.org/mentalhealth/mhc/agendas-minutes.php">http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p> |
| <p><b>VI. DISCUSS Behavioral Health Bridge Housing (BHBH) Program Application and proposed strategies – Meeting attendees</b></p> <p>There was a great presentation at our Finance committee from the Indigo project and we are just following up to see if there is any further discussion. I do want to mention, there is only three (3) days left for the application. It</p>  |  |

will be closed on April 30 (last day of April). We are down to the wire. We did find out at our Finance Meeting that they do have some proposed strategies. You were all sent copies, but these are the proposed strategies:

- Emergency motel vouchers
- Licensed board and Care facilities
  - RFP to develop a large board and care facility (e.g., Psynergy, Everwell)
  - RFI to develop 1-2 small board and care facilities
  - Expand capacity in existing board and care facilities
- Shared housing with private bedrooms and supportive services
  - RFI to purchase homes/small apartment complex with onsite support staff
  - BHBH provides down payment and ongoing operations payments
  - Owner services debt with ongoing rental payments from BHBH
- Rental subsidies to support individuals in their own apartments
- Sober living/recovery residences
- Housing navigation

That is where we are at, at this point. This is what they are proposing.

**Questions and Comments:**

- (Cmsr. May) I reviewed this information. I wanted to point out, MediCAL can take up to six (6) months to receive first payment. Providers are made to wait anywhere from four (4) to six (6) months for them to reimburse. That is money that goes to pay staff and expenses before reimbursement to the practice. I am assuming that these projects/programs would need to ramp up staff without reimbursement first and that would all need to come 'out of pocket' and would need to have a lot of money in reserve. This BHBH, are they functioning under the same assumptions of payment? That was one of my main concerns. It states anything not covered by MediCAL, such as residential treatment, meaning it is not included in this. Their plan, is there payment based on that or when the person goes into a facility, how soon would the facility owners be able to get paid for that person. That is a big ask. Not too many people have the money in reserve to wait to get paid. <Cmsr. Griffin> Please email questions so that we can forward to Roberta with Indigo, if you wouldn't mind, Cmsr. May.
- (Cmsr. Swirsding) I noticed Senior Housing was not mentioned. One potential concern is housing risk. If (for example) someone has a nervous breakdown, could it put them at risk for losing their housing? This is a concern that those on MediCAL, Medicare, we have a senior population that relies on this coverage, and what happens? A lot of psych meds can cause additional health complications as they get older. (Cmsr May) they make you a fall risk, among other things.
- (Cmsr. Perls) In addition to the MediCAL funding, is their also Medicare funding? I ask is that Medicare has new rules that require facilities be less restrictive, they need to be out in the community and I am wondering if that won't prohibit a larger facility. (Cmsr. Griffin) we will add that to the list of questions. Another, I can ask them to join us on the June commission meeting and get some information after time has passed and the application has gone in, she could answer more questions in detail for us.

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| <ul style="list-style-type: none"> <li>• (Cmsr. May) Are they accepting those with mobility issues? Remember, as I said with Hope House, they don't accept anybody (cast, cane, anything) with mobility issues. Does this program accommodate those with mobility issues? (Cmsr. Griffin) I will forward that question in the email to Roberta.</li> <li>• (Cmsr. Swirsding) Some buildings are not up to standards to house those with disabilities. If the house has the capability. (Cmsr. Perls) but I think they are required to do be able to do so. (Cmsr. May) Not necessarily.</li> <li>• (Cmsr. Griffin) I think it is not perfect but it is Something and it is a start. It is a good sum \$20m.</li> <li>• (Cmsr. Serwin) I thought it was interesting and helpful that each county gets a share. I think it was equal amount and may be doing based on county population but it is not a competitive grant and everyone is assured of receiving something.</li> </ul>   |  |
| <p><b>VII. DISCUSS plan for an informal visit to Psych Emergency Services (PES) by the Quality of Care Committee and other interested Commissioners – Cmsr. Laura Griffin</b></p> <p>We are planning an informal tour of Psych Emergency Services (PES) 4C and 4D. I think this is wonderful and something we need to do. (Cmsr. Serwin) The commission toured maybe three (3) years ago, it was well before they started the remodel. 2019? (Cmsr. Griffin) I went approximately two years ago with another organization. It was very interesting. I am working on organizing an informal tour.</p> <p>Please be thinking about this if you want to join the tour. We should come up with our questions in advance. Be really clear on what we want to see. This is good to be thinking about and it is stemming from the Quality of Care committee. It is open to all commissioners and good to have as many people as possible.</p> <p><b>Questions and Comments:</b></p> <ul style="list-style-type: none"> <li>• (Cmsr. May) it would be a good to look at the calendar and see when the full moon is an go the day after the full moon. That is when you will really see them in action, the medication.</li> <li>• Will this be scheduled during a normal meeting time? Or whenever they have time? (Like Justice scheduled the detention facility tours). (Cmsr. Griffin) That's the plan, but we will see what the say. Just depends on their availability as well as those that want to go. (Angela Beck) I will check the full moon schedule.</li> <li>• (Cmsr. Swirsding) I visited PES when they were work deciding where the children would be placed and I have been a patient there, so to be really honest, I know the ins and outs of PES. It may be triggering so I think I'll sit this one out.</li> <li>• (Cmsr. Perls) Are the consumers at PES seen on a very short term? Do they have beds? Are they there longer? (RESPONSE) You can be there 3 days or more and then they move you upstairs or you are released.</li> <li>• Please refer to Grand Jury report #1901 (Actually Civil Grand Jury Report 1909: <a href="https://www.cc-courts.org/civil/docs/grandjury/2018-2019/1909/1909_ContraCosta_County_Psychiatric_Emergency_Services.pdf">https://www.cc-courts.org/civil/docs/grandjury/2018-2019/1909/1909_ContraCosta_County_Psychiatric_Emergency_Services.pdf</a></li> </ul> |  |

**VIII. DISCUSS / UPDATE on K-12 project ad hoc committee, next steps and assignments – Cmsr. Barbara Serwin**

At our last Quality of Care meeting (last week) we had Robert Auman, Senior Program Manager from the Contra Costa Health Plan (CCHP) come and present on the Student Behavioral Health Incentive Program (SBHIP). The presentation was extremely informative, he was very generous answering questions. We learned this program, which is approximately \$20m into our county over a 5-yr period to provide a variety of mental health services directly to school districts and to schools. These services are varying across school districts from therapists, wellness centers, teacher trainings and it is customized for site/school district according to their needs (as requested by the school districts). There was a needs assessment survey and each district chosen put into place their own services for their specific needs.

The program is serving 70% of the students in the county and are from the school districts recognized as the highest needs based on the percentage of the school that makes use of free meals. That is the indicator of our lower socio-economic students/families. The school districts chosen are: Antioch, Pittsburg, John Swett and West Contra Costa. The other (huge) piece of this, in addition to the creating these different mental health resources and getting providers in place to deliver these services is payment for student services by CCHP and private providers. It is an unbelievable step forward and a breakthrough on many levels, the technology of making it possible, the willingness of the private providers to participate and the will of the county to make this happen. So, between putting that payment in place and the technology to support the tracking on services and billing; the expectation is that this program will be actually be self-sustaining through the payments of the providers. Once the investments are made in the technology, the framework. That is promising, it remains to be seen. It is good they are planning that way.

The next step is to complete the technology implementation and the services to define. A little further down the line is the payment piece.

It sounds as if the main hold up to the implementation is developing the staffing. The workforce of those in the field is pretty small. In terms of the Quality of Care next steps, the next meeting, we will talk about it, but I think that just or observation of the implementation will be an important step forward for us. The question is how do we insert ourselves into the process so that we are actually more real time instead of being several months or a year downstream in getting the information.

**Questions and Comments:**

- (Cmsr. May) I wanted to find out if he described any of the non-profits that are in the communities they are working with? I think they might be working with ours. I know there is a young lady that goes to the schools. (Cmsr. Serwin) Well there are existing resources and these <referring to the presentation> are additional resources. I didn't hear him talking over payment for existing providers.
- (Cmsr. Swirsding) I am concerned about the issues where (West County) they don't even allow the police to come in or even drive by

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| <p>the schools. (Cmsr. Serwin) if I may, there is no policing, whether it be police officers... this is just providers and mental health services.</p> <ul style="list-style-type: none"> <li>• (Cmsr. Swirsding) I'm still going to on behalf on those in Richmond, in helping their children. A lot have experience trauma and they would like to see more help for those with behavioral health disabilities. These certain police officers that were visiting schools, gave their personal numbers to students. There was a strong positive relationship between those students and these police liaison officers (and the community and family). That was the main thing, the family also had that police officer they could reach out to personally. That was taken away and there are kids in crisis and no officers to help respond. There was a very positive relationship with these kids and law enforcement.</li> <li>• (Cmsr. Griffin) Well, between WISP and this program, they will be able to tap into a lot of that.</li> </ul> |  |
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| <p><b>IX. DISCUSS 2023 MHC Site Visits/Collaboration with MHSA (Mental Health Services Act) – Cmsr. Barbara Serwin</b></p> <p>Cmsr. Griffin and I had a great meeting with Jennifer Bruggeman who oversees the MHSA plan. This has come up before in the past and again recently. The notion of the MHC piggybacking on MHSA site visits.</p> <p>We met to discuss the pros and cons, areas where there is overlap and where MHSA could help us out more and vice/versa. This was discussed in the area of scheduling as an example and identified another area we can work together would be the actual onsite visit and the area the commission really specializes in is the interviewing. MHSA does a couple focus groups (1) parents and (2) kids/clients. Usually those groups are really small (4-6) and I think we really bring a lot to doing these richer interviews. We would follow the MHSA schedule so they would schedule that out and we wouldn't have the flexibility of doing sites spontaneously. We went through the pros and cons. There were a lot on both sides. We came back to if we tried that for the rest of the year and re-group and get our steno process revised based on what we learned last year.</p> <p>We carved out the interviewing, the consumer feedback, which is something the commission would do and write up. The MHSA would have a report and it would be an attachment on their larger report.</p> <p>The next step is to start working on the implementation. This is where I am coming away with 'is this really a benefit'? Are we doing this much work, or even a little more to integrate? That is a pretty analysis to go through. That is our next step. They are behind schedule (next site visit was supposed to be in April) so we need to touch base and see where they are at in their schedule. Cmsr. Griffin made the very important point that we are just down so many that we need to find ways to lesson our workload and this may be one way to do so. There may be other ways we can decrease our workload, site visits by offloading onto on person (writing or the mentor make a more significant role), we need to look at all ways and the MHSA collaboration is one.</p> <p><b>Questions and Comments:</b></p> <ul style="list-style-type: none"> <li>• (Cmsr. May) Do we have teams? Do we have to be ready to go out?<br/>(RESPONSE: Cmsr Serwin) No.</li> </ul> |  |
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- (Cmsr. Griffin) Are we going to approach as a whole committee or are we going to branch off into an ad hoc? Again, we don't have that many people. (RESPONSE: Cmsr. Serwin) I have been discussion this and the K-12 in the full committee meetings until we have our direction for both until we have everyone's thoughts. I think, once we make a final decision with MHSA that it would be to form an ad hoc. The ad hoc, as Cmsr. Griffin has described, is a committee that people just join, there are no qualifications. It is subject to the Brown Act so you need to develop your agenda in advance and it is usually for a restricted time frame.
- (Jen Quallick) A very restricted time frame. We are talking like two meetings. It has a to have a finale date. (Cmsr. Serwin) I didn't realize it was so short because we did one with Warren Hayes on a data model and it went for a year. (Jen Q) No, that is way too long, when I spoke to County Council about it, it needs to be a very limited time frame with a noted end date. (Cmsr. Serwin) So we need to go back and revisit how we want to structure it then.
- (Cmsr. Griffin) We will work on this report and address at the next QoC committee meeting and make a decision from there. We don't have enough commissioners and enough that can participate as they are tied up in jobs, and we don't have enough commissioners. I think, this year, it is already April.

**X. DISCUSS commission participation - 'May is Mental Health Awareness' Month – Cmsr. Griffin and attendees**

Updating everyone that we will have a meeting with Jennifer Tuipulotu of the Office of Consumer Empowerment (OCE). We have five minutes to present to the Board of Supervisors on May 23<sup>rd</sup>. I mentioned to her that on behalf of the commission, we asked Amanda Allgood who is a survivor of child trafficking and a SPIRIT graduate as well. She is going to say a few words (not sure how long she will have), but to speak to her lived experience as a survivor (2 minutes). I will introduce her and we decided it will be the May 23<sup>rd</sup> meeting. We would like all Commissioners to attend. The board meets at 9:00am, they go into closed session and I would advice everyone to be there at 9:00am.

(Jen Quallick) Typically presentations are first and certainly, if they know you are all present and in the room, there can be maneuvering. Yes, they start at 9:00am, go into closed session for usually about a half hour to 45 minutes and then they come back out.

(Cmsr. Griffin) We also have Cmsr. Shires would like some time to talk about what is mental health, but I don't believe that will work into the schedule. We will see, we have such a short time.

(Jen Quallick) I think what you all are doing and with what Cmsr. May had highlighted with the human trafficking and with student and that and just how big of an issue it is, coming in and speaking to what you guys are really focused on right now, that being one, and then introducing her is absolutely fabulous and continuing on with what you really hope to see through the balance of this year, I don't know if Cmsr. Shires in the room (NO) but her particularly presentation 'mental health awareness month' as

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| <p>you all know, that's not...You are doing a global of what you all are really fighting for and focused on, it is not an independent presentation and that wouldn't be the time for her to present to the board. (Cmsr. Griffin) I mentioned that to her and she is fine.</p> <p>(Cmsr. Serwin) Is there a plan to have the HS student's video presentation as they've done in the past? (Cmsr. Griffin) I don't know if Jennifer T. arranged that. (Jen Q) if that is part of the plan, you can certainly get those over to the clerk of the board to get them in record.</p>  |  |
| <p><b>XI. DISCUSS resuming Orientation Modules for new commissioners – Cmsr. Laura Griffin, Cmsr. Leslie May, and Cmsr. Barbara Serwin</b></p> <p>(Cmsr. Serwin) We are eager to get this running. The orientation module stands alone really well. I would like to write one more page, a bulleted history of the commission, in terms of the research focus and the actions taken because that gets lost. People say we never do anything of substance when actually looking at it over time, we do. We have our annual reports to work off and in the few years we don't have them, we look back at the minutes (something brief). What we have now, by all accounts is hideous. We need two things: the online presentation and then the powerpoint. We just need to change the presentation to be less color for the printed version.</p> <p>The other thing we need is the Finance of Mental Health Services, including our county budget (what is in it), but also where our funding resources are -- both the costs and actual funds we use – federal, state, MHSA and grants. People will refer to the various funding sources and the terminology of the funding is thrown around with acronyms and the average commission, unless you have been a commissioner for a number of years, it kind of goes over your head. We do have Pat Godley and he might be able to assign someone on his staff as he wouldn't do this at all.</p> <p>(Cmsr. Griffin) How many modules do we have written? (Angela B) There are supposed to be five (5) with one on reserve.</p> <p>(Cmsr. Serwin) We still need to insert the Site Visit module. Big picture, it holds up the, we have the Introduction, the Overview of Behavioral Health Services and I have it worked out that there would be two of these (actually one) and Suzanne would give the overview and each department chief would present. We had the time and it all worked out but what happened is that Suzanne took the entire first module. Then the other people filled in on the second one. They are presentations from some of the chiefs (Crisis Response Team, MHSA, Children and TAY) and Suzanne had some slides.</p> <p>(Cmsr. Griffin) When I first started, I remember Cmsr. May and I were at the in person and there was a gentle man (Warren Hayes). It was every month we were supposed to have one meeting and I still have the binder with the one section. (Cmsr. May) Alexander (our previous clerk) had put the binder together, it was not all these big presentations, it was an overview. That is going to turn people off.</p> <p>(Cmsr. Serwin) I was chair at that time and we chose those materials. Angela and I went through it but it was a huge pile of materials and we are trying to whittle it down. The finance presentation would really shrink it</p> |  |



down. What we heard in the past is that people like to hear from the heads of departments, it is (a) easy to digest and (b) they want to see the face to see who they are. Minimally, if you want it in print form, it can't be video, it has to be a presentation format. If we do it in person and could coordinate having them present up front, and the chiefs were able to do that. Those two are the difficult ones to coordinate. Finance is straight forward, as well as the site visits. I believe what we need to do is start off with the first orientation module, switch to a new / visual format and add the history page and it is good to go.

(Cmsr. Swirsding) When I started in 2011, we were meeting in person prior to meetings. There were two of us that were new and a standing commissioner that was able to ask questions to and that worked great.

(Cmsr. Serwin) We can do it in person before meetings but I am thinking we might want to do a once a year, but we really need to have in place is this print format that everyone could have, but most importantly, new commissioners would get when they come.

(Cmsr. Griffin) We even talked about maybe doing it on a Saturday. My question is where would we work on this? Which committee?

(Cmsr. Serwin) I don't think it is really a committee. I can commit to getting the historical document done and reach out to Pat Godley.

- XII. DETERMINE May 1, 2023 Mental Health Commission Meeting Agenda**
- **CHAIR ANNOUNCEMENTS**
    - Meeting Ground Rules -- Comments: Limit two (2) minutes per speaker; Focus and comment on topic being discussed, Stay on track and No Interruptions.
    - Meeting attendance rules: Please RSVP as soon as possible to guarantee a quorum; If not attending in person must be "just cause" notify the chair ASAP or "Emergency Circumstance - request must be submitted in writing and voted on by the commission.
    - Reminder all commissioners required to take the Brown Act Training (<https://www.contracosta.ca.gov/7632/Training-Resources>); and Ethics Training (<https://www.fppc.ca.gov/learn/public-officials-and-employees-rules-/ethics-training.html>)
  - RECEIVE Presentation Contra Costa County Foster Youth Program – Alejandra Chamberlain – F/Up on Drop off at PES (Reach out to Gerold Leoniker)
  - RECEIVE Report Out: Alcohol and Other Drugs (AOD) Liasion, Cmsr. Rhiannon Shires, PsyD
  - RECEIVE Report Out: Consolidated Planning Advisory Workgroup (CPAW), Jennifer Bruggeman
  - RECEIVE Committee Report Out: Finance, Justice, and Quality of Care
  - UPDATE on informal visit to Psych Emergency Services (PES) - Wait
  - UPDATE on 2023 MHC Site Visits/Collaboration with MHSA (Mental Health Services Act)
  - UPDATE on initial tasks for the K-12 gap analysis project, DISCUSS Assignments
  - DISCUSS Plans for May is Mental Health Awareness Month – BOS presentation with OCE on May 23<sup>rd</sup>

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| <ul style="list-style-type: none"> <li>• <b>RECEIVE Behavioral Health Services Director's report, Dr. Suzanne Tavano</b> <ul style="list-style-type: none"> <li>▪ <b>Update on Behavioral Health Continuum Infrastructure Program (BHCIP)</b></li> <li>▪ <b>Update on the Behavioral Health Bridge Housing (BHBH) Program</b></li> <li>▪ <b>Update on Children's Crisis Center and PES Renovation</b></li> </ul> </li> </ul> <p>Agenda items agreed/approved.</p> |  |
| <p><b>XIII.Adjourned meeting at 4:56 pm</b></p>   |  |