

**MENTAL HEALTH COMMISSION
EXECUTIVE COMMITTEE MEETING MINUTES
May 23, 2023 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair, Cmsr. Laura Griffin called the meeting to order @ 3:51 pm <u>Members Present:</u> Chair, Cmsr. Laura Griffin, District V Cmsr. Tavane Payne, District IV Cmsr. Pamela Perls, District II Cmsr. Barbara Serwin, District II <u>Members Absent:</u> Vice-Chair, Cmsr. Leslie May, District V <u>Other Attendees:</u> Angela Beck Jen Quallick, Supv Candace Andersen’s Ofc</p>	<p>Meeting was held as a hybrid meeting, via Zoom platform and in person at 1340 Arnold Drive, Suite 126, Martinez, CA</p>
<p>II. PUBLIC COMMENTS: None.</p>	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. Perls) I would just like to say we had a wonderful, fascinating excursion yesterday to the hospital and touring PES, 4C and 4D (Psych Emergency Services) at Contra Costa Regional Medical Center (CCRMC) and I would like to thank all involved in making that happen. Actually seeing and talking to the staff, they had a lot to say and I really couldn’t believe they gave us two hours. • (Cmsr. Serwin) Today, the commission presented to the Board of Supervisors (BOS) in honor the ‘May is Mental Health Awareness Month’ with myself and Cmsr. Griffin, Amanda Allgood (SPIRIT Graduate). The BOS had some lovely pertinent words to say about mental health awareness in general. I think it was very helpful that the SPIRIT Team was there and they had wonderful t-shirts they made to wear. It was a very meaningful presentation and well received. MAY IS MENTAL HEALTH MONTH. 	
<p>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS: Just to thank Cmsr. Serwin for helping me this morning. Again, the supervisors really were moved by Amanda. So thank you.</p>	
<p>V. APPROVE minutes from April 25, 2023, Executive Committee Meeting:</p> <ul style="list-style-type: none"> • Cmsr. B. Serwin motioned to approve the minutes for January 24th as written. • Seconded by Cmsr. P. Perls <p>Vote: 4-0-0 Ayes: L. Griffin (Chair), T. Payne, P. Perls, B. Serwin Abstain:</p>	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

VI. UPDATE on MHC members and committee assignments – Angela Beck, Executive Assistant

We are down five commissioners. Vacancies as follows:

- Member-at-Large, District I
- Family Member, District III
- Family Member, District IV
- Member-at-Large, District IV
- Member-at-Large, District V

Committee memberships are as follows:

- Finance (Chair only) – 4 vacancies
- Justice is full, Cmsr Stern will be stepping down
- Quality of Care, full
- K-12 subcommittee is a workgroup, not ad hoc

Documentation on this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes:
<https://cchealth.org/mentalhealth/mhc/agendas-minutes.php>

VII. UPDATE on AB 817 - currently under consideration by the legislature. It would eliminate the Brown Act teleconference location posting requirements for advisory bodies – Cmsr. Pamela Perls

(Cmsr. Griffin) Written and submitted by California Assemblywoman Blanca Pacheco (Dist. IV), basically it is just trying to eliminate the Brown Act teleconference location posting requirements for advisory boards. Since we are an advisory board, we wouldn't have to follow their teleconferencing rules. No in person. We could go virtual.

Ms. Assemblywoman Pacheco states the in person requirement is just part of what she states. The in person requirement to participate in local government bodies presents a disproportionate challenge for those with physical or economic limitations, including seniors, persons with disabilities, single parents and / or caretakers, economically marginalized groups and those living in rural areas and face prohibitive driving distances. Participation in local advisory bodies and appointed boards and commissions often serve as a pipeline to local elected offices and opportunities for state, local, federal levels. Basically she threw that in there too, it is not too great for people that are handicapped or have a hard time getting to places.

(Cmsr. Perls) There is apparently a precondition that in order to use the teleconferencing under the new act, we need to make some findings, by majority vote, four (4) views of teleconferencing the first time and then every twelve (12) months thereafter. They specifically list what finding we need to make. Where we are supposed to publish those findings other than in our minutes, I don't know. Example of findings:

1. Legislation: Legislative body has considered circumstances and the teleconference meetings would enhance public access for meetings and would promote the attraction, attention, and diversity of subsidiary body members.
2. There are some very specific things about public comments and basically making sure you can have comments (no restrictions). The issues that opponents worry about is the whole point of the

Brown Act is to ensure the public can watch in person what is happening, there is not some snide advisor next to you and there was a lot of corruption that caused them to enact the Brown Act. They don't want someone (boss, colleague etc.) dictating to you. Like an open courtroom. (In the attachments, we have the pros / cons – arguments for and against).

Questions and Comments:

- (Jen Quallick) Well, something we are considering for our Women's Commission, as we have to cancel our third meeting in a row, I don't know if you want to consider for something like these subcommittee meetings but if you are open to posting your home address on the agenda, the likelihood of someone else from the public coming to your home. You could then continue to Zoom. You are within the county. If you everyone had it noted and it's posted, then you could continue to Zoom. You could attend at any address that is posted on the agenda.
- (Cmsr. Serwin) When will it be voted on? Do we know?
(RESPONSE: Cmsr. Perls) The last time I checked (couple of days ago), it had been amended in March 16 and it was in the local government committee to be reviewed. It doesn't have a financial impact, it shouldn't go to appropriations. I will keep an eye on it. It is a long process, it has to go to the committee, go to the floor, read, debated, more review and amendments (possibly) and all over again. It is something that they are being responsive to the criticism that all of us have had. There are the same complaints from all counties. The other thing, I suppose we can recommend the support of the Board of Supervisors put it on their legislative advocacy list.
- (Cmsr. Perls) we could send a letter to the BOS, supporting the Assembly Bill and we could go to our Assembly Reps and Senators to support this bill.
- (Jen Q.) You can advocate as an individual, but not as a member of the Commission.

VIII. DISCUSS recent Board of Supervisors (BOS) presentation for Mental Health Awareness Month held on May 23, 2023 – Chair Laura Griffin and Cmsr. Barbara Serwin

The presentation was held today at the Board of Supervisors meeting. Cmsr. Serwin did a fine job of recapping this presentation and unless you have some questions regarding the presentation.

Next year, while I won't be chair, it would be great if we could have more commissioners show up. I know we don't have very many but the more that come to support, the better it is. We will start planning earlier next year.

IX. DISCUSS recent MHC visits to PES, 4C, and 4D units on May 22, 2003 – Chair Laura Griffin and Team

(Cmsr. Griffin) This tour took place yesterday. I am going to tell you that it was absolutely amazing. They spent over two (2) hours with us. We met with Matthew Luu, who is the Program Chief for CCRMC, Dr. Tarun Bhandari, Chief of Children’s Psychology, Dr. Sergio Urcuyo, Chief Medical Director, Kristina Serrano, Ngozi Emenalom, and Nurse Mariamay Torres.

All six of them met with us for at least an hour and a half prior to the walking tour. It was just unbelievable, their dedication, compassion, energy for PES and those patients. It was exemplary. We were there to advocate, learn about the facility, take a look at and also advocate for them. That opened up the flood gates.

It was great, I believe in working as a team to help. We found out some things they need help with, but PES looks the same as the last time I toured. They are going to open up the new Children’s Crisis Stabilization Unit (CCSU) that is a part of the Miller Wellness Center (MWC). I was surprised to find out that Behavioral Health (BHS) is charge of the whole thing. PES and the Hospital has no say in it.

(Cmsr. Serwin) It was interesting that they knew nothing about it. Absolutely no control and not privy to any of the details. They did know who the contractor was. Also they lost the outpatient (walk up) clinic where you could just walk in to get medication refills, etc. Now they have to go through PES. Another drawback to splitting out of these resources is that now we don’t have an integrated system. Points of contact are two separate things and it makes sense to have certain processes different, they were able to do that under one roof to have the different processes for children vs. adults and we needed to separate them physically.

Questions and Comments:

- (Cmsr. Perls) The CCSU, I thought they were still going to have the walk-in on the other side. (Cmsr. Serwin) That is the health clinic, it has changed focus, it is now psychiatric and general practitioner clinic.
- (Cmsr. Perls) I wonder if part of the hospital conceding control of the CCSU had to do with funding or licensing?
(Cmsr. Serwin) They were not forthcoming. (Cmsr. Perls) They sounded discomforted because, am I correct that, Bhandari will be called in to check in / examine the kids? (Cmsr. Serwin) That is in the integrated practice that will be in the Miller Wellness Center.
- (Cmsr. Griffin) One big problem they are having now is that (according to the new 5150 law, the amendment) it allowed patients (clients) if they wanted out, they would have a hearing and it previously was on Zoom during the pandemic, but now there is no more Zoom and the Our Public Defender’s (PD) office feels they need to be in person and so the Sheriff’s Department, which is not the correct way of transporting them, were transporting until two weeks ago. Now, the dilemma, how do

they get these individuals to their court dates. It is a real scramble. We asked what they are doing to handle the situation and they stated they haven't done any yet. They are trying to figure it out. Transporting on their own is dangerous to the patient, the staff and to the public in general. They said the average is 6/day and they don't know what time or date for any given client. Same day. Then, a psychiatrist has to be consulted and different staff have to come together to make this happen and it is grabbing on peoples time randomly throughout the day and week. It has fallen in their lap.

- (Cmsr. Perls) If I may back up a little bit. Lanterman-Petris-Short (LPS) Act allows the prosecution to request that the court commit them to a particular kind of conservatorship, which removes their rights as adults in many ways. It requires they enter treatment. It is a little different from other conservatorship and it is limited. What happens is the way a patient can defend against the request to the court is a writ that basically states to the court that I don't want you to take over but I want you to release me. What is happening, because of the transportation problem and they need an expert witness to attend, they are defaulting and the court has to release them. What struck me the most, was not so much how the PD is defining it. Legislation almost always has a statement of intent, in plain language it states this is the problem that has been presented and this is why we think there should be a change or new law. If this hasn't gone to court (or committee) to determine the language means this (and not that), other counties are not following our is. What I would like to do is speak to each of the PD that process these cases. I doubt the legislature that wrote this amendment, I doubt it ever occurred to them this would be a problem, that we can't defend against the writs, therefore we have a revolving door of people who are very ill and need help. There has been abuse of the LPS conservatorships – as in overused, inappropriately used and there has been an uproar about making sure people's rights are defended.
- (Cmsr. Griffin) It is on our agenda for the next commission meeting, this specific topic. We need to research this more and add to our plate.
- (Angela Beck) One note, I spoke to Jennifer Bruggeman about our tour and the conversation on the transportation. She was previously in San Mateo and she said they do not (not ever and still don't) transport patients to court, it is always done at the hospital with an administrative judge and a PD. Contra Costa County is the ONLY county that does this. That allows this. Either Santa Clara or San Jose, on very rare occasions will have a patient appear in court but the PD and/or the court arrange appropriate safe transport. CCC is the only county that is doing this and putting the onus on the hospital. The Sheriff's were doing this as a courtesy for the last 23 years and abruptly stopped two weeks ago. Due to the staff and ambulance

shortages, Dr. Urcuyo stated he would have to have two people put a patient in a sedan. That would be a severe dangerous situation for the patient, the staff, and the public at large if the patient were to escape. The staff is not at the hospital to perform their jobs. It is totally dangerous, it is straining the already short staff. It should not be. There is no reason they cannot have these hearings at the hospital (and/or) on zoom. They have a designated room, they have been doing it that way throughout the pandemic and there is no reason to go back to in person. They think the patient is being coerced, but if the administrative judge and the PD go to the hospital, it's the court mandating.

- (Cmsr. Griffin) If we do research on this topic as a commission and write a formal report, can we do that? With recommendations? Like a white paper? That is what we should do.
- (Cmsr. Perls) The decision wouldn't be up to BHS, it is the court. (Jen Q), but there could be a dialogue between BHS and all the parties that needs to take place.
- (Cmsr. Griffin) Again, it is just bringing it up. Sometimes things just kind of go over their heads.
- (Cmsr. Perls) I just don't think legislators see the stream all the way down to the bottom. You are absolutely right, there is no reason the court can't come, bring a stenographer, etc. I'd also like to point out, no offense to the former police officer, but it's not a good scenario for the police officers who aren't trained to handle a severely mentally ill patient to transport them. It is not a good situation at all.
- (Angela Beck) One more thing that needs to be in the notes: Dr. Urcuyo, the other point he made, even with the sheriff's transporting, it is criminalizing mental illness. Just the act of putting that patient in the back of a squad car in handcuffs to take them to court. They don't know where they are going or what is happening, they don't know. It is the appearance.
- (Cmsr. Griffin) Well, we have pretty much covered all of our notes and we will discuss this again at the next meeting and at the commission meeting. I wanted to say, just being in that room and having those folks talk to us the way they did and open up the way they did was moving. They were pleading for help. We will send an email and a card thanking all of them.

X. DISCUSS / UPDATE on K-12 project next steps and assignments – Cmsr. Barbara Serwin

This will be very brief. Where we are at with the K-12 project – we have learned about the Student Behavioral Health Incentive Program (SBHIP) that is going on statewide and in our county. We have been given a lot of details on that. So the Commission is pivoting from doing its own gap analysis of tracking the needs for the K-12 students in our public schools to looking at SBHIP and considering what kind of role we want to take. At our last meeting, I

provided a list of potential questions that we could be asking and evaluating. Today's presentation, it is really solidified in my mind subject to the committees approval that we should be focusing in on three things that are measurable, high level and have to do with performance.

- Are the methods for identifying target students working? Are we really getting the kids that are truly ill and don't have access? Are the new mental health services being introduced to the schools actually being used by the target population? Do we have wellness centers, for example, that are empty? Are kids going to their therapists or social service provider?
- Find a way to evaluate and track on the success measurements of the various school site initiatives. There are parameters that will be tracked. We can look at those and ask what their success parameters are across the schools.

If not those questions, we should be boiling it down to look at evaluation of the success of this project. There are other questions we can ask in terms of more specific workings of the project. I think as a commission, we want to look at successes. We can do those big picture things and then address the more specific points if we have the time downstream.

Next step – These ideas were presented at the last committee meeting and our next committee meeting, we need to just finalize as a group what it is going to be. Next step from there would be to determine what are our next steps in terms of performing this research. A lot will be who will be contact people? What are going to be our sources of information? We can get tracking methodology down, its going to be another year to year and a half before there will be data to start evaluating. The data is going to roll out over the next couple years.

Questions and Comments:

- (Cmsr. Perls) Can you just identify one and two again?
(RESPONSE: Cmsr. Serwin) There is going to be one or two people on each campus that identify students that need support. That, I'm sure, will start with the teachers and what behavioral issues to these get involved in at school. Someone needs to say, Johnny needs help or Jackie needs help. Are they actually finding the right people? Are they actually successful in bringing those people into the program? Are they successful in bring the parents in? Lots of times, there is denial. Are the new mental health services actually being used by the target population? This project is predicated on the availability of providers in the community to provide the mental health services to the schools. We know there is a shortage. Is it a network that doesn't have enough resources? Or the resources that are serving kids outside school today switch over toward the schools? Are they are a bit ore school facing?

XI. DISCUSS 2023 MHC Site Visits/Collaboration with MHSA (Mental Health Services Act) – Cmsr. Barbara Serwin

<p>Cmsr. Griffin put out the idea that, in order to conduct site visits this year, in light of the low membership we have for the commission, that we need to be strategic about our resources and how we do this work. She suggested we work with MHSA for the remainder of the year and sort of piggyback on the sites visits they are conducting. Where our site visits are really focused on the consumer and family experience, their site visits are comprehensive. Everything from budget utilization to all aspects of operation. We did an analysis if it all made sense? That included, would this really help us? We did this for each step of the site visit process, in terms of putting a site visit together and writing up the report.</p> <p>Angela, Cmsr. Griffin and I met last week to walk through this. We felt that it was worth giving it a try and see if it works.</p> <p>Next step is to meet with MHSA and discuss schedule. They thought they would have a site visit lined up for April and we need to figure out what their timing is. Secondly, we need to know what site they are planning and ensure that site is a priority for the commission. We don't want to expend our resources if it is a low level priority for us and if it is a low level priority for us, would they consider changing the site visit so it is something that is equally important to us.</p> <p>Then we have to walk through the process of working with MHSA of what pieces need to be integrated and how will that work on the ground.</p>	
<p>XII. DISCUSS MHC liaisons needed for MHSA Advisory Council (MAC) and Alcohol and Other Drugs (AOD) meetings – Cmsr. Laura Griffin</p> <p>I wanted to discuss with you all, we need liaisons. We do have one for the Alcohol and Other Drugs (AOD) meetings – Cmsr. Shires. Now that Douglas Dunn has left the commission, we don't have anyone for the MHSA Advisory Council (originally CPAW, Consolidated Planning and Advisory Workgroup). I was going to open this up to the commission to see if there is anyone interested, or if someone from the Executive Committee is interested, please let me know.</p>	
<p>XIII. DISCUSS MHC Committee meeting report outs will now be a standing item on full commission meeting agendas</p> <p>I wanted to restart having report outs at every commission meeting, just a two minute report out, just to let the public know and be in touch with the committees and what is going on.</p>	
<p>XIV. DISCUSS and determine next steps / assignments in resuming Orientation Modules for new Commissioners</p>	<p><i>Tabled for next meeting. We are still working on resuming the orientation module.</i></p>
<p>XV. DETERMINE June 7th, 2023 Mental Health Commission Meeting Agenda</p> <ul style="list-style-type: none"> • CHAIR ANNOUNCEMENTS 	

<ul style="list-style-type: none"> ➤ 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 on H-3 Homeless Services from Christy Saxton, MS, Director of Health, Housing and Homeless Services ● UPDATE on BOS Presentation on May 23, 2023 – Mental Health Awareness Month ● UPDATE on visit to Psych Emergency Services (PES), 4C and 4D ● UPDATE on K-12 project, next steps ● UPDATE on 2023 MHC Site Visits/Collaboration with MHSA (Mental Health Services Act) ● RECEIVE Committee Report Out: Justice and Quality of Care Committees ● RECEIVE Behavioral Health Services Director's report, Dr. Suzanne Tavano <ul style="list-style-type: none"> ➤ Update on the Behavioral Health Bridge Housing (BHBH) Program and proposed strategies ➤ Update on Behavioral Health Continuum Infrastructure Program (BHCIP) ➤ Update on Children’s Crisis Center and PES Renovation <p>Agenda items agreed/approved.</p>	
<p>XVI. Adjourned meeting at 5:06 pm</p>	