

**MENTAL HEALTH EXECUTIVE COMMITTEE
MONTHLY MEETING MINUTES
February 23, 2021 - Draft**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Vice-Chair, Cmsr. B. Serwin, called the meeting to order @ 3:35 pm</p> <p><u>Members Present:</u> Chair, Graham Wiseman, District II Vice-Chair, Cmsr. B. Serwin, District II Cmsr. Laura Griffin, District V Cmsr. John Kincaid, District II Cmsr. Leslie May, District V</p> <p><u>Other Attendees:</u> Cmsr. Joe Metro Angela Beck Jennifer Bruggeman Taun Haul Nancy Kenoyer Kathy Maibaum Dom Pruet (Supervisor Andersen’s Office) Kristine Suchan Sandy Young</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None</p>	
<p>III. COMMISSIONERS COMMENTS: None</p>	
<p>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS: None</p>	
<p>V. APPROVE minutes from January 26, 2021 meeting:</p> <ul style="list-style-type: none"> • J. Kincaid, two corrections on page two: The name of the commissioner (Alana Russaw) and the community mentioned on page two (Afghan). • J. Kincaid motioned to approve the minutes with edits as mentioned on page two. • Seconded by L. Griffin <p>Vote: 3-0-0 Ayes: B. Serwin (Vice-Chair), L. Griffin, J. Kincaid, Abstain: none</p>	<p>http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS potential 2021 Commission-wide goals, including number of goals, scoping of goals, work involved with goals. (Cmsr. Graham Wiseman) This was brought up at the full commission meeting and we have five (5) goals discussed to date to vote on the following:</p> <ul style="list-style-type: none"> • Contribute to Crisis Intervention Efforts: Track on and contribute in a significant way to the county-wide efforts to develop a new Crisis Intervention model. <ul style="list-style-type: none"> ▪ (Cmsr. John Kincaid) Isn’t that similar to the participation in the Community Crisis Response Initiative? (Cmsr. B. Serwin) We can put more or less effort into this. There are going to be more Rapid Improvement Events (REIs) and could really push to be a part of those. We could have two members on the design team, rather than one. However, when I learned these meetings were already happening (starting in January), I felt “Okay, we have an invitation now, we need to insert ourselves and then take it from there.” Whether we make this a goal or not, we need to be a part of it. 	

- (Cmsr. John Kincaid) I mentioned in the Justice Systems Committee, this article on 988 and since Ms. Hall is on this call, I was bringing it back up to everyone's attention that Assembly member Rebecca Bauer-Kahan and a number of other legislators are backing this 988 effort, which essentially it would replace 211, at someplace in the future. (Cmsr. B. Serwin) it is one of the goals to have a single number to assess the crisis support.
- (Tuan Hall) I don't have a whole lot to add to this. I believe it would not take away, but join as an all-encompassing phone number. It would include that. (Cmsr. B. Serwin) It is not contrary to the goal of Contra Costa County (CCC) cutting down to one number.
- (Sandy Young) The goal is for 988 to be a national number so that everyone knows it, you are not having to memorize different numbers; for example, in our county, there is a different number for youths than there is for adults; they are long numbers and some start with 800, some 888. Some call 911, because that is the number that we all know and would work throughout the state and country.
- (Cmsr. G. Wiseman) Ms. Hall, is there an advertising campaign for awareness tied to this? (T. Hall) At the moment, no. We at the Miles Hall foundation, we will definitely be spearheading that. Right now, a lot of the work we are going to do (1) get the pilot program in CCC into the forefront; (2) now we have the 988 number and we are definitely planning to do. Now that there is a coalition behind it all, it can help (hopefully) moving everything in the right directions.
- **Create a plan for Smoking Cessation:** Work with Behavioral Health Services (BHS) and the Tobacco Prevention Program to create a plan for eliminating smoking in BHS- and Community-based Organization (CBO)-operated programs and services and congregant living.
 - The question is, not so much the topic, but do we want to take on this topic as a commission for our 2021 activities.
 - (Cmsr. B. Serwin) Just to clarify, we want to validate whether or not we want each of these specific goals to be put forth as goals for the full Commission to vote on. We can send all five to the full commission or we can whittle it down.
 - (Cmsr. J. Kincaid) I would just like to note that there is a counter-argument about this alienating some clients and residents because many of those folks in mental health treatment and/or in substance use treatment smoke. It is pretty common. A couple of my patients in congregant living situations, they are avid smokers and there is a bit of a pushback from patient advocates. Some of our previous meetings it has come up. My perspective is that it is a worthy cause to try to advance as a whole wellness effort. We know the risks of smoking. I just think we have to be sensitive to the counter arguments out there. (Cmsr. G. Wiseman) There are already county ordinances regarding smoking in building that are in place. Are we, by using the commission's time, enhancing or discussing something that's already been acted upon?
 - (Cmsr. B. Serwin) This cessation effort, I look to the Substance Abuse and Mental Health Services Administration (SAMHSA) article's background recommendations regarding this and how to introduce the cessation program to your county BHS. It is very comprehensive, in terms of how smoking is treated. We also have the example of Alameda County, where they introduced this back in 2005 (or 2006). It would be interesting to see data on, whether or not anyone has captured, the number of patients that have refused to get treatment within Alameda County, if there is any way to determine. The broader statement is the negative effects of smoking, on individuals with a mental health issue outweigh the loss of some patients who do not want to stop smoking.

- (Cmsr. J. Kincaid) I don't think we were talking about duplicating but new services and looking at Alameda county's model, which apparently has been successful. (Cmsr. B. Serwin) There is a lot of energy surrounding the effort. (Cmsr. G. Wiseman) There is a lot of energy and passion. I have heard from both sides, unfortunate there are sides. My concern is to ensure we are not duplicating effort and we are spending the Committee's time on something that is impacting our county's health
 - (Sandy Young) I was just wanting to input, having been through a very extremely painful time at John Muir where we eliminated smoking. It took years to take effect, but it is very charged, there were plenty of staff that smoked. It goes beyond just making rules. We have to offer alternatives. Would that be part of it? The agencies or community organizations, the board and cares (BACs), etc.; that they would have a fund so people could have patches or whatever. There is a whole physical challenge, as well. We can talk to people about the benefits of stopping, but withdrawal is a painful thing.
 - (Cmsr. B. Serwin) What I am seeing in the Alameda case and the SAMSHA briefing, it is not just about assessment. It goes beyond to treatment in the process of cessation and support in doing so. Psychological and physical support. It is a pretty comprehensive take on the entire program.
- **Create a Plan for Value Stream Mapping Event to Increase Number of Treatment Beds and Supportive Community-Based Housing:** Work with Health Services (HS) and BHS to create a plan for a Value Stream Mapping (VSM) event focused on significantly increasing the number of placements available to house AND treat consumers along the continuum of mental health care provided by the County. This includes placements from the most restrictive and intensive care environments down to community housing with supports. This goal moves forward the Mental Health Commission (MHC)'s 2020 motion to recommend a "Housing That Heals" VSM event to the Health Services Director.
 - (Cmsr. G. Wiseman) Is this a request for the Board of Supervisors (BoS) to create a value stream mapping event, or is this for us to support someone else within the county BHS. Can we get some clarification on that? (Cmsr B. Serwin) The way the VSM approvals work, people come up with the idea, there is a lot of energy around it and very broad-based problems that are highly problematic. Someone proposes a VSM project, gathers support and gets a champion. The person that oversees all the VSM projects is Anna Roth who is the Director of Health Services. She would take it to the BoS for the vote. I just want to clarify for both of these VSM goals. The last commission meeting, Supervisor Andersen and Suzanne Tavano, the Director of BHS; took it to mean that this year, we would operate two VSM projects. If you look at the wording, it says "work with HS and BHS to create a plan for VSM projects". That involves outlining the proposal, objectives for the VSM desired outcomes, scoping and developing advocacy around it, and organized so that it can be taken to Anna Roth's team. She actually has a team for this. Then to the BoS for consideration. It is not actually conducting it; it is doing the work to get it presented. If it panned out that both of these goals were supported by the Commission, just because the plan is created, it doesn't mean it will happen next year, it could be planned for three years out. There is a pipeline and other groups that want to do VSM projects, as well. I think it important to understand. We are not talking about something that will be taking place this year for both of these goals.

- (Cmsr. J. Kincaid) Do you recall, was it Supervisor Andersen that commented on this point, ‘well let’s not go willy nilly’ I think it may have been pertaining to conservatorships, when we started talking about VSM. They do take time and money and it has to be approved and budgeted. They have been very productive. I remember her reacting to one of the items but not which one. (Cmsr. G. Wiseman) It had more to do with the smoking. (Cmsr J. Kincaid) I thought it was for conservatorship. (Cmsr. B. Serwin) I think it was both. One other thing about the VSM, is that it is meant to go into the really hardcore problems that reflect our broken system. In this case, the shortage of beds along the continuum of care. A lot of people believe that is the fundamental issue. For the Conservatorship, we have so many on LPS Conservatorship languishing in our jails but have no place for them to go and they go back out on the street. They go through the process again and again. Even though they have a conservatorship, they are back out on the street committing crimes, homeless, suffering. The Justice System is doing a very deep dive on this and it is one of those things that, we have no department that really owns all the pieces of this.

- **Create a plan for Value Stream Mapping Event for Conservatorships:**
Work with HS and BHS to create a plan for a VSM event focused on significantly improving the functioning, accountability and transparency of the process of creating and managing LPS conservatorships. This goal moves forward efforts by the Justice Committee to 1) define the issues and challenges faced by parents and other guardians in seeking a conservatorship for their adult children; and 2) define the problems faced by the County conservatorship process, including a lack of treatment beds and lack of oversight.
 - (Sandy Young) The challenge is doing this during COVID and funding.
 - (Cmsr. B. Serwin) Again, this would all be issues during actual implementation.
- **Perform a Set Number of Site Visits:** Perform 6 to 8 visits in 2021:
 - (Cmsr. B. Serwin) It is almost a useless goal, because the site visit program is being tested and introduced this year. We will get through as many site visits as is reasonable. It is going to happen regardless. I was agreed to last year that we would test and implement this year. It just puts a minimum number of site visits in place and we will either hit that six anyway. If we don’t, it is because we are resolving issues or do not have the bandwidth to implement that amount in a particular period of time.

APPROVE 2021 Commission-wide goals, Cmsr. Graham Wiseman motion to approve these five items to be recommended to the full Commission.

- J. Kincaid motioned to approve the 2021 Commission-wide goals.
- Seconded by L. May

Vote: 5-0-0

Ayes: G. Wiseman (Chair), B. Serwin (Vice-Chair), L. Griffin, J. Kincaid, L. May
Abstain: none

VII. REVIEW current open Commission seats (Cmsr. Chair, Graham Wiseman).

- We have two open seats on the commission and we have received eight applications. As we look at those openings and the different roles people can assume in the openings, we did get an influx of a group of applicants in a very short time from one specific CBO in the county. We have far more applicants than we need for the open seats. We need to form an ad-hoc committee to review the applications submitted for the specific seats to see if there is any additional information that may be needed from the county supervisor that has put their names forth. Then put forth recommendations to the BoS.

Discussion:

- (Cmsr. J. Kincaid) Is there a reason we are not naming the community organization? RESPONSE: It is National Alliance for the Mentally Ill (NAMI) Contra Costa (CC).
- (Cmsr. B. Serwin) To clarify, are those application from the general membership or from the executive team or the board? RESPONSE: One was an employee of NAMI CC, one (or two) were from the board, and the rest were members. If you may remember, when I first joined the commission, there was some concern because I was an employee at NAMI CC, like Doug Dunn was a consultant. Since then, I have left NAMI completely. Not only that, but transferred my membership to an out of county affiliate to make it clear there is no preference for NAMI CC.
- (Cmsr. J. Kincaid) I'm curious what the concern was? Was there a concern that NAMI CC has a particular agenda that would be incompatible with the MHC? RESPONSE: The concern is that no other CBO has that level of representation on the commission, it would give one specific group an unprecedented level of representation. This is a group that receives a lot of funding from the county. So, even if there is no overt behavior, it opens it up the concern of conflict. We did write the supervisors. Candace Anderson's office did speak with counsel and said the only one that really was not eligible was the employee of NAMI CC.
- (Cmsr. B. Serwin) Just to speak to the process that you are recommending. It is a situation where the choice of appointment of new applicants is done by supervisors and each have their own timeline, style and method of doing this. It has really been out of our control. I believe we have bylaws attached to this package that specifies our role in determining membership. It is a bit ambiguous because it states a very involved role for the commission, including interviewing applicants. I joined six years ago (or so) and I was interviewed, went through the process. Then recommended to the Supervisor of District II. The language is prefaced with a language that says, 'at the discretion of' and basically seems like it gives the BoS the ability to decline the role of MHC. Taking out our participation entirely. Attachment C is the Bylaws, Section 4: Vacancies and Recruitment. The first item under 4.1 Role of the Commission ***"At the discretion of and to the extent requested by the board, the Commission shall be involved in the recruitment and screening of applicants."*** Following a detailed account of what the commission should do. Then, 4.3 Commission Recommendation: MHC will make recommendations. Again, the lead in there is to the extent possible. About four years ago, Supervisor Mitchoff, brought to the committee her preference for having her own autonomy of making these decisions interviewing on forward. She didn't need or want (don't recall how she stated) Commission input. We didn't vote on that, but it goes back to the statement of ***"At the discretion of and to the extent requested by the board, the Commission shall be involved in the recruitment and screening of applicants."*** Well since then, we have really wrestled with this because, typically, we have had (easily) three vacant seats at any one time. The membership is 16 members, three (3) from each of the five districts plus a Supervisor. So, three (3), and we have had more, is a lot. It impacts our ability to get our work done and impacts our ability to form a quorum. There has been plenty of times in the past where we have not been able to form a quorum. The third thing is that the community from those districts where there are vacancies, simply are not represented in a full way. So that is why it is really important to have these seats filled. The kinds of ideas we have kicked around in terms of helping to speed up this approach is to contact the supervisor and just be the squeaky wheel, remind them they have vacant seats to reviewing applications ourselves and forwarding promising applicants to the various supervisors, to actually interviewing. But, not stepping over the line of taking on the primary role of the

supervisors, as Karen Mitchoff has defined. The other thing is, we could help advertise the open positions through networking within our own community. Sometimes commissioners get phone calls from people who are interested. We have had quite a few people come to meetings expressing an interest and then the influx from NAMI. The ad hoc committee is a great idea to look at where we can push this to speed up the process and perhaps take a little more autonomy, such that we are able to pursue this along more rapidly.

- (Cmsr. G. Wiseman) I have added a question in the chat to Supervisor Andersen's office for additional information on the process. If we go ahead with ad hoc committee to review the applicants, are there some commissioners who would like to volunteer to serve on this? Two commissioners: Laura Griffin raised hand to volunteer.
- (Cmsr. B. Serwin) This does not have to be a major commitment.
- (Cmsr. J. Kincaid) I have done this before and it is not too time consuming, my hesitancy is there are 12 applicants. (Cmsr. G. Wiseman) Some of these applicants have been sitting for a while, so they may no longer be available to serve. (Cmsr. J. Kincaid) If you can't get someone else, I'll do volunteer.
- (Cmsr. B. Serwin) One more thing, we can check our bylaws. I am not sure if the commission needs to vote on the formation of the ad hoc committee or not. There is something in the bylaws regarding this. A vote goes before the whole commission. While we move on to the next agenda item, I will look this up.
- (Cmsr. J. Kincaid) Can I ask a point of order, the way that is written, it says that people can apply all time. It sort of implies that it is a standing committee. I know it is not, it is ad hoc; it is inconsistent. I don't imagine we need to vote on it since it is in the bylaws.
- (Cmsr. L. May) Volunteered and would like all MHC staff to be able to have input, possibly split up interviews, etc. We should all 'do our part'

VIII. DISCUSS Mental Health Commission participation on the Community Crisis Response Initiative Design team, including make-up of the team, purpose, role, commitment, status of team progress (Cmsr. B. Serwin)

- The next phase of this is ongoing; it started in January and runs through May. Takes the output of the VSM, such as **the (AIM)** goals, key drivers and recommendations for changes to refine them, make more measurable and arrive at the suggested REI, which are:
 - Develop a single number to call in the case of mental health crisis in our community
 - Create or find an alternate destination for those in a mental health crisis, for example 5150
 - Having a non-police response and
 - 24/7 response throughout the county.
- This team has been pulled together and is very broad-based; those from law enforcement, behavioral health services, mobile crisis team members, the community represented by NAMI and, recently, the MHC. The process is quite intensive. We meet three times a week for an hour on Monday, Wednesday and Friday. There are individuals that participate or asked to be available to conduct research, take ideas developed by the committee to constituency. The MHC is valued in our ability to bring the perspective of family members. There is a considerable amount of work that goes on outside the meetings.
- This is all happening through May. Within that time frame is going to be the first RIE. Members of this team are expected to take a role in managing and moving forward the RIE. This is one of the first county-wide efforts to solve a county-wide problem for as long as I can remember. It has a lot of urgency to it; it really is happening and it is essential the community is represented. It is the reason I inquired as to the MHC

joining in on this team. I jumped in to start attending the meetings, as they were already in progress and happening three times a week. I did not want the MHC to get far behind. I would be happy to see, either another commissioner takes over my place or join me. We can't share the role, I have been informed, but having two of us is just a double benefit to the designs team. Then can always take over my role.

- I can't overemphasize how important it is for the commission to be at the table with the City Managers and law enforcement and all the various roles in mental health. Is there anyone with questions about what this initiative is or what the design team is doing? I have only attended one design team meeting and trying to answer the best way I can.
- There is an orientation email, notes for the meetings that have occurred so far and I haven't gotten to all of these except the orientation email. Whoever wants to participate, that is all in place (see Attachment D). It is not hard to catch up.
I am reaching out, first to executive committee members, because you all are obviously very engaged and have a leadership role. Any questions or interest?
- (Cmsr Joe Metro) VSM is something I feel comfortable with; however, the times a week (3 hrs./week), we can talk about commissioner commitments and attendance, in the event I am not able to make one of those meetings, is there a contingency plan or something in place that allows to catch up? (Cmsr B Serwin) First, there are the meeting minutes so you can see what transpired during the meeting. Second, if you were working on any particular piece of research or your assignment was to talk with your network, other family members for example, you could provide that information to the committee leaders in advance. I have seen that happen in meetings I have attended. The strongly urge everyone to attend meetings, but also understand if you need to miss. (Cmsr. J. Metro) It is mostly a facilitation, going through the meeting minutes, following up with actions and assignments that are made, including my own for the week? (RESPONSE) Yes, and the meetings are Monday 11am, Wednesday 1pm and Friday 11am. That is another issue, it does cut into the workday. (Cmsr J. Metro) Can the other commissioners evaluate their desire to potentially be on this, I need to check my new work schedule this evening for my availability at those times. (Cmsr. B. Serwin) I can also forward to you (the group) the orientation email which gives a good overview of what the project is about and the commitment.
- (Cmsr. B. Serwin) Kristine, I can't answer that question for certain, but they are very open to having different perspectives and can put you in touch with Duffy Newman who is one of the leads on the project and is in the health services department. It really is a very broad range of people. I don't know if I saw providers on the list so I will send that to you.
- (Cmsr. B. Serwin) Kathy, to answer your question regarding what type of experience or background is needed. It will people who either have experienced directly crisis intervention (as patients) or as have loved-one and they have been there, or people responsible for delivering the service or those who can network into the community. There is also, obviously City Managers and law enforcement, which none of us have that experience. Does that help?
- (Cmsr. J. Kincaid) I had interest, I just had problem with the schedule. It is right when I have certain standing appointments with clients and won't work out. It looks like it has been organized for the convenience of those that are salaried, during the workday-law enforcement, county employees and so on. I am interested and looking into attending but I can't with my schedule. My attendance would be too sporadic.
- (Cmsr. J. Metro) Revisit and throw my hat in for the Wednesday and Friday meetings. Monday's may not be workable.

<p>IX. DETERMINE March 3, 2021 Mental Health Commission Meeting Agenda</p> <ul style="list-style-type: none"> • Presentation by Gerold Loenicker, Chief of Behavioral Health Services Children’s Division re: TBD • Presentation by TBD of: 1) An overview of the settlement negotiated between the County and the Prison Law Office regarding the medical and mental health facilities and services provided at the Martinez Detention Facility; 2) An overview of work completed to date by the Martinez Detention Facility and timeline for future work • Presentation by Lisa Mulligan regarding the Mental Health Services provided by for the Afghan Community by Jewish Family & Community Services of the East Bay. • Choose 2021 Commission-wide goals • Vote on By-Law changes re: attendance of full Commission meetings and mandatory Committee membership and attendance • Review and Vote on Cmsr. Leslie May’s bylaw addendum proposal • Behavioral Health Services Director’s Report 	
<p>X. IDENTIFY questions for the Behavioral Health Services Director for the Mental Health Commission March 3, 2021 meeting</p> <ul style="list-style-type: none"> • (Cmsr. Leslie May) Would like to pose the question regarding COVID vaccinations for the most vulnerable populations, those that are homeless and gravely mentally ill. 	
<p>XI. Adjourned meeting at 5:08 pm</p>	

DRAFT