MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
March 3rd, 2021 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Cmsr. G. Wiseman, Mental Health Commission (MHC) Chair, called the meeting to order @ 4:33 pm Members Present: Chair- Cmsr. Graham Wiseman, District II Vice-Chair, Cmsr. Barbara Serwin, District II Cmsr. Candace Andersen, District II Cmsr, Douglas Dunn, District III Cmsr. Laura Griffin, District V Cmsr, John Kincaid, District II Cmsr. Kate Lewis, District I Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Kira Monterrey, District III Cmsr. Alana Russaw, District IV Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Other Attendees: Dr. Suzanne Tavano, (Director, Behavioral Health) Colleen Awad Isenberg Angela Beck (Mental Health Commission – Administrative Support) Jennifer Bruggeman (Mental Health Services Act Program Manager) Rebekah Cooke Virginia Farr Jessica Hunt Kody Jones Lynda Kaufmann Karen Lai Carolyn Obringer Teresa Pasquini Christy Pierce Dom Pruett Lauren Rettagliata Joni Spears	Meeting was held via Zoom platform
II. PUBLIC COMMENT: • (Lauren Rettagliata) Our family needs to document our deep concern for the community's sake that our family member has been discharged from the hospital while he is still of grave danger to others. Hope is two facets: Anger at the way things are and the courage to see that they do not remain the way they are. Our family is terrifyingly angry. We hope you share in this anger because this county needs to have the courage to change the way things are. There is no hope for those who do not seek voluntary treatment. The system of care is broken if it keeps repeating the same action and expects very seriously ill people to have a different outcome. This, in essence, is the definition of insanity. Our son has experienced delusional thinking and paranoia, where he has actively sought to harm others. He was brought by the Martinez Police to the right place, Psychiatric Emergency Services (PES), because he pulled a knife on a man walking on the street. He has also made numerous threats to the people in his apartment complex. This man called the	

police because he feared for his life. Our son, then went to 4D, the inpatient psychiatric ward. This time the hearing officer held him for treatment. We were subpoenaed and appeared before Judge Virginia George, in Superior Court on February 24th, 2021. At that time, we believed that he would be held for further treatment and a conservatorship would be sought. Instead, yesterday, he was discharged. For the past two years, he has not cooperated or accepted treatment with the Alcohol and Other Drug Treatment (AOT) team offered. In fact, this January, he even proudly told us that he was always verbally abusive to his case manager and would never follow his advice. This is who was called to pick him up when he was just discharged yesterday. This is where the brokenness of the system is clearly eminent. The AOT program is good. It works for those who will engage. It takes the time to meet people and continually invite them to treatment. But, when a person becomes delusional and paranoid to the point of endangering the lives of his neighbors, threatening them with a knife and begins to threaten people on the street because of those delusions, it is a broken system that places them back in the same program. He was discharged back into the AOT program that he failed to engage in for over two years. He is trapped in the delusional world of being constantly under surveillance and being threatened. The community he lives in is not safe because of his illness and we, his family, live in fear that he will harm someone. Captain Johnson of the Martinez Police has told us that she has requested the Mental Health Evaluation Team (MHET) see our son. This, though, is not the intense treatment he needs, unless he is in a secured treatment facility where it is assured, he is taking his medication and is following a schedule that enables his mind and body to heal, he has no hope of overcoming this severe mental illness. AOT is being asked to provide treatment where a clear history shows, that through no fault of the program, he has failed for over two to engage. Unless the system of care is repaired, tragedy upon tragedy will break this community. We are in deep prayer and in deep sadness for our community. Thank you.

- (Rebekah Cooke) I have been attending video conferences for approximately a year now and would like to express my observations. There doesn't seem to be some sense of urgency (emergency) this really requires. It is frustrating. We are talking about smoking and menstrual issues and ethnicity and who gets what beds. If there's no beds, how do we get enough beds? If there's no money, how do we get enough money? Do we make it known to the news agency? With COVID, there are parents with children getting 5150'd? It is going to get worse. It is not going to get better. We are talking about smoking, and while I know that is important. *You can walk and chew gum at the same time and you don't need gum to get to other side of the room*… we are talking about 'gum' right now. I notice the agenda; the very last part is conservatorship and beds; that should be the only thing on the agenda right now until we can figure it out. Until we can come up with a task force that can come up with (a) how to get money, (b) where to get beds…we are bleeding at the seams here. (Cmsr. G. Wiseman) Thank you, Ms. Cooke. Please be aware that Dr. Tavano's dialogue this evening will be addressing some of your concerns and we will also be talking about how to implement the process, which is the Value Stream Mapping (VSM) discussion we will have later, as well. Thank you for helping keep our focus.
- (Virginia Farr) I feel the same way about the smoking. I feel smoking cessation is important, but there are other important topics such as Adverse Childhood Experiences Awareness (ACEs Aware), that deals with childhood trauma. The governor has given grant money and it would be nice if we had a system to help support that. It is coming to Contra Costa (CC) through 1stFive California. Each screening would bring in $29.00 and help prevents trauma and crisis, and so on. In a sense, we are working upstream instead of downstream. It would be nice to prevent the trauma in the first place so they do not end up in a crisis

center. This should also be a priority, PREVENTION. Trauma is so hard to heal and preventing would eliminate much of the need for healing.

III. COMMISSIONER COMMENTS

- (Cmsr. Leslie May) A few items we need to address. The killing of residents in East County, specifically Antioch. This needs to be put forth and spoke about in this commission. All of these individuals have serious diagnosis. I just found out another one of my clients from Hope House was arrested and will be gone for murder. Yes, we have a lot to cover in this agenda. Hopefully, we will be able to cover it all. Moving forward, we need to ensure that all issues are discussed. Sometimes there are too many presentations and we need to speak on the issues at present, not hear more presentations. This needs to be addressed directly. Final comment, I have asked for an addendum document to be distributed and added to next month's agenda regarding commissioners and responsibilities and alternate commissioners. Hoping everyone received this documentation I provided.
- (Cmsr. G. Swirsding) I would like to speak about myself, as a consumer, with the whole COVID issue (for me). I have depression and am just trying to relay what other consumers feel. We are all going through the same feelings of depression. Everything is virtual, there is no live social interaction. The worst part, for me, I want to stay in my home, but realizing we need to see people, the live social interaction. I just want to express, over the matter of time, we miss time. We lose track of time. My sister is very healthy and still loses track of time. I have heard from many others, people coming into the ER with suffering from Mental Health breakdowns is very high. Phone and virtual meetings aside, we need the human interaction of support groups and interacting with family and friends. It exacerbates the issues of depression and other mental health conditions.

IV. CHAIR COMMENTS/ANNOUNCEMENTS:

- (Cmsr. G. Wiseman) Reflecting on the public comments and the sense of urgency regarding the prolonged COVID crisis we have been in. I see as we look forward to 2022 now, because 2020 was a real struggle and 2021 is upon us and we are looking to open up. I really want to encourage other commissioners, especially our subcommittees, to attack these with a sense of urgency. We do have a lot of crises in front of us, and COVID has drawn our attention away. I hope that we, as a commission, can come back to some of these brought forth today by the public and commissioners.
  As I was thinking about commissioner comments before tonight's meeting, I was visiting my son's grave (Sunday); a man came up to me and, just out of the blue, started talking to me about the mental health system here in our county. We were not in an environmental health was on the agenda and an unusual place to be but continued to talk to me for 15 minutes. At the end of the conversation, I shared with him that I am, actually, on the mental health commission. His plea was for improvement at PES. He owns an apartment complex right next the hospital, someone had been released and 4:00am, during shift change, and had gained access to a vacant apartment and started a fire to keep warm. Why are they releasing people at 4:00am in the winter?
  I realize there is a lot of work for us to do and we really do need to keep our eyes focused on the emergency, we are in a crisis…it is an extended crisis. We all know about chronic stress, how it can play down our enthusiasm to make change. I am so glad to hear the input from people in the public and commissioners that we do need to keep our eyes focused on making positive changes in the county. There has been a change in the agenda, as well.
  We have Gerold Leonicker from Behavioral Health Services who was going to present on a grant application, but we have actually moved him to our next

month's meeting and, instead, we will proceed with a presentation from Lisa Mulligan with the Jewish Family Community Services (JFCS).	
V. APPROVE February 3rd, 2021 Meeting Minutes • February 3, 2021 Minutes reviewed. **Motion:** L. May moved to approve the minutes as written. Seconded by D. Dunn. **Vote: 13-0-0** **Ayes:** G. Wiseman (Chair), B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin, J. Kincaid, K. Lewis, L. May, J. Metro, K. Monterrey, A. Russaw, G. Stern, G. Swirsding Abstain: None	**Agendas and minutes can be found at:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VI. RECEIVE Presentation by Gerold Loenicker, Chief of Behavioral Health Services Children's Division regarding a grand application for funds for a potential new Children's/Youth Crisis Stabilization Unit (CSU) and other division highlights.	Postponed to a later meeting, TBD
VII. RECEIVE presentation on the mental health work of the Jewish Family and Community Services with Afghan refugees and immigrants in Contra Costa County by Lisa Mulligan, Refugee Mental Health Coordinator, Jewish Family and Community Services – East Bay. Jewish Family and Community Services (JFCS) – East Bay, Concord office provides provide many services to families in the East Bay, but today's focus will be on the refugee resettlement services and the mental health services we provide to refugees, in particular to Afghans. JFCS is contracted with Hebrew Immigrant Aid Society (HIAS) as a refugee resettlement agency. The majority of resettled clients are from Afghanistan and hold Special Immigration Visas (SIV). This means they have helped the US Military. Usually working as interpreters, and it is deemed no longer safe for them to stay in their home country. We help with the resettlement process for those families in the East bay. We also resettle refugees that identify with the LGBT Community. Our agency is mandated to provide comprehensive resettlement case management within the first 90 days of arrival, including: • Airport Reception. • Housing and essential furniture. • Assist with enrollment into English language program. • Assist all case members to access health screenings and appropriate follow-up. • Develop a service plan. • School enrollment. • Assist each case member with enrollment in all eligible benefits including food, cash, medical assistance. • Employment services referrals. • Provide cultural orientation. Last year we resettled 133 refugees in the east bay, the majority were from Afghanistan (112 individuals). Our refugee resettlement staff consist of four (4) Afghan case managers, and our Department Director, Fouzia Azizi, who is Afghan. A few of our staff actually came through the resettlement program themselves, which also provides a sense of comfort to those we serve. The language capacity of our agency staff speak Dari, Pashto, Farsi and Urdu. We also have staff that speak Russian, Spanish and French. Mental Health needs and trends we see is important to get a better understanding of why we do the work we do. Most, but not all, refugees experience: • "Triple Trauma Paradigm" – this describes the complex trauma they have possibly experienced that can be pre-flight (in their home country), which includes threats, intimidation, witnessing violence while trying to escape; flight	Jewish Family and Community Services presentation to the Mental Health Commission was shared as a PowerPoint presentation during meeting.

(in a refugee camp); and, post-flight, in resettlement. This can be change of socioeconomic status, not understanding the social services program systems, not having the language capacity, loss of social ties and it can be a very isolating experience without support.

- Mental Health Support Stigma – there is a lot of stigma surrounding mental health support. Huge concerns about confidentiality; often (not always) in one's home country, doctors or authority figures have breached confidentiality, so that sense of trust with doctors or mental health providers can be scary and intimidating. Also, in Afghan culture, there are concerns of bringing shame to family (going outside the family for support). There is fear children will be taken away if seeking support, or of being institutionalized. Afghan culture is a collectivist culture, "if the family is okay, then I'm okay" and the idea of seeking support for individual trauma is rare.
- Parenting Skills Building – child development support through parenting skills.
- Psychoeducation – trauma and stress responses. Many clients do not have the vocabulary to describe trauma experiences, but can identify a list of symptoms.
- Additional pandemic trends: Extreme social isolation and domestic violence.

Mental Health Services for our refugee clients, due to the pandemic, we have turned our parenting group into an Afghan Mothers' support group, which runs for seven (7) weeks. We provide three groups per year with eight (8) mothers per group. We have noticed, especially Afghan mothers, isolation during this time. The focus is on child development, parental stress. It is usually a good way to initiate conversation about mental health in general. Often, after addressing parental stress, this leads to trauma and stress responses, relaxation techniques. Through this support group, clients will reach out for individual therapy or learn new skills on relaxation (deep breathing, progressive muscle relaxation, and a multitude of techniques). We provide individual therapy, as well as trainings to external agencies in specialty mental health topics.

Individual therapy for adult refugees is in-house, free and are able to treat clients with depression, anxiety disorders (PTSD, etc.). Clients are served based on need. Case managers are trained in Trauma-Informed Care and can provide referrals to external agencies as needed. Eligibility requirement: Adult refugee/Asylee/SIV living in CCC; no nationality requirement; and in need of trauma-informed care. It is six to eight sessions, and depending on need, will continue serving a client. Psychosis is usually referred to an external agency.

External providers trainings have included Muslim Cultural Sensitivity in partnership with the Stanford Muslim Mental Health Lab. We continue to discuss Domestic Violence Trends and train on that specific to immigrants.

Self-Report Survey responses from 2019/2020:

- 100% of participants reported that they learned useful skills to become a more effective parent.
- 100% of participants reported that they had a better understanding of when and how to seek help.
- 100% of participants reported that they felt more supported after coming to the group.
- 87.5% of participants reported that they have an increased ability to recognize stress and risk factors in themselves and/or family members.

Comments and Questions:

- (Cmsr. J. Kincaid). Where are your services offered (where are you)? (RESPONSE) We are in Concord. We just moved from Walnut Creek. 2151 Salvio Street. We also have an office in Berkeley; however, the office in Concord is the location where we provide refugee resettlement services and mental health programming for refugees.

(Cmsr. J. Kincaid) Is that well positioned for your population? Can they get there? (RESPONSE) Yes, we moved partially because of that.

- (Cmsr. B. Serwin) Do you feel like your services are able to meet, are at capacity or do you feel like your program is struggling to meet the needs of this community? (RESPONSE) We are able to meet capacity, but again, it is very intensive work. We are required to help them become self-sufficient in 90 days. If you can imagine arriving in a new country and being expected to be self-sufficient in 90 days is very challenging. We have other programs to help provide intensive case management, at minimum of a year, for very high need clients. We would obviously love to provide more and have more staffing to be able to support families. Capacity can be an issue but we have been able to help all clients find housing, enroll approximately 57 children in school, etc.
- (Cmsr. B. Serwin) Do you have therapy for children, as well? Or is it all adult? (RESPONSE) It is all adult, but help with referrals for children. That is something we would like to provide inhouse support for children in future.
- (Cmsr. J. Kincaid) How does the Muslim population feel about going to, and receiving services, from a Jewish organization? Is that an issue? Or is it not an issue at all? (RESPONSE) That is a wonderful question and wish the Department Director was here to field this question. Most clients (in my observation) are happy for any help. A lot of our staff are not Jewish. The majority of our resettlement staff happen to be Muslim and I think that also helps with the sense of comfort and accessing our services. We also have walk-in clients. This means they have their own flight; we do not know when they are showing up, choose our agency and show up at our door and ask for help.
- (Cmsr. J. Kincaid) I think there is a misconception that everybody at JCFS are Jewish, but it is really a much broader organization. I was responding more to the title and was wondering if that is an issue and you are basically saying 'if you need the service, they will come' (RESPONSE) Yes.
- (Cmsr. G. Swirsding) In my neighborhood (Richmond), there are many from the middle east that suffer from PTSD. There is a significant amount of gunfire. Curious if these services are available to anyone who has lived in the middle east? (RESPONSE) For eligibility, again, requirement for CCC, they must have refugee status, SIV, special immigration or something that shows they are an asylee.
- (Cmsr. G. Swirsding) Most that I know that suffer from this, did come into this country on asylum. I was just wondering, as far as support, is this available for others, other than from Afghanistan? (RESPONSE) Yes. We are hoping to grow the program, in the future, so we can serve more clients. We would like to expand services to refugee children and would love to serve the community as best we can. It just depends on the capacity issue for how many referrals we get and if we can take a new client depending on case load, etc.
- (Cmsr. G. Swirsding) This program is also who are Jewish, as well…from Israel? (RESPONSE) Yes, refugee status, no nationality requirement.
- (Dr. Suzanne Tavano) JFCS has been one of our trusted partners for many years. I believe one of the first agencies that we funded under the Mental Health Services Act (MHSA). Historically, really helped us a lot with language capacity, due to the variety of languages. It is a wonderful program.

VIII. VOTE on 2021 Commission-wide goals:

- CONTRIBUTE TO CRISIS INTERVENTION EFFORTS: Track on and significantly contribute to the county-wide efforts to develop a new Crisis Intervention model.
- CREATE PLAN FOR SMOKING CESSATION: Work with Behavioral Health Services and the Tobacco Prevention Program to create a plan for eliminating smoking in Behavioral Health Services- and CBO-operated programs and services and congregant living.

- CREATE A PLAN FOR VALUE STREAM MAPPING EVENT TO INCREASE NUMBER OF TREATMENT BEDS AND SUPPORTIVE COMMUNITY-BASED HOUSING: Work with Health Services and Behavioral Health Services to create a plan for a Value Stream Mapping 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 Commission's 2020 motion to recommend a "Housing That Heals" Value Stream Mapping event to the Behavioral Health Service Director.
- CREATE PLAN FOR VALUE STREAM MAPPING EVENT FOR CONSERVATORSHIPS: Work with Health Services and Behavioral Health Services to create a plan for a Value Stream Mapping event focused on 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 / 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.
- PERFORM TARGET NUMBER OF SITE VISITS: Perform 6 to 8 site visits in 2021.

(Cmsr. Graham Wiseman) Open discussion on any of the items to Comment or fill in more details.

Comments and Questions:

- (Cmsr. Leslie May) Crisis Intervention Efforts and Creating a plan for the VSM to increase the number of treatment beds and supportive community based-housing, as well as the VSM for conservatorships. What I would like clarified is are we voting to do all these things today or move forward on them? (Cmsr. G. Wiseman) Yes, the question is, of these five items, as a commission, do we want to adopt these as goals for 2021. All five, or as you are indicating, a few of them. This is the time to discuss these options and put forth any recommendations. There may be something of special interest to you or one of the other commissioners. We want to ensure this is done.
- (Cmsr. Leslie May) I feel we need to focus on the order. Priorities. The VSM events should be the highest priority. The focus should be on what we have been fighting for, what the community has been sounding off that they want to happen.
- (Cmsr. Douglas Dunn) I just want to make sure that creating a plan for smoking cessation, which has been talked about at the past two commission meetings is voted on. I would like to see this voted on sooner than later because it is not that difficult. We have the Alameda County 'blueprint' to follow. If we just decide to move forward on this. I know it is not the only thing but I don't want it to be forgotten.
- (Cmsr. Candace Andersen) It is important to keep all the goals on the table. These are all very important. I fully support the prioritizing, simply because our staff only has a certain bandwidth to work on certain things. The advantage of keeping all goals is, periodically we might find grants that come available or state prioritization. Monies that we didn't know were previously available, we may need to pivot a little, but if this is already something that is a goal; perhaps a subcommittee that continues to work on these items or members that continue to work on these items, we want to have something ready to go to take advantage of those opportunities. Again, as I have mentioned before, we need to be cognizant of what we realistically have the capacity to do. Our entire Health Department staff given we are still in the midst of the pandemic and dealing with all the other issues. I don't want to minimize the importance

of these other areas; they are all important. I say keep them all in and prioritizing.

- (Cmsr. Leslie May) We had already created a plan, we have already had a VSM, it has been in process for a couple of years. I need clarification on why we need another plan. Are we recreating the wheel? (Cmsr. G. Wiseman) No, these are for different topics. Cmsr. Serwin has a little more information on these two specific goals.
- (Cmsr. Barbara Serwin) I would just direct you to the agenda. We are speaking on two totally different topics. We just went through the VSM project for the Crisis Intervention Effort going on presently. Each major topic has its own scope and requires its own value stream mapping plan. One of these focuses on breaking down and understanding our conservatorship program in the county better and having a deep examination into ways we can correct deficiencies, responsibilities, accountabilities and getting people through the program of being conserved in a much more rapid and humane way.
  Then the second VSM focuses on beds. We have this human 'log jam' because we don't have enough bed for treating people or housing those with support and limits how many we can serve. We don't have beds for them. We have people cycling out of PES because we don't have housing for them. These are two totally different scopes.
- (Cmsr Leslie May). Understood. My next comment would be that I think we need to put time restraints on these. As I have said, we have been going through these discussions for at least five years. Then COVID hit, we don't know what is going to happen this coming year. I propose a three-month limit. This is where were are failing the community. This is where we are failing our constituents that we are here to serve by dragging this out and not making a move on these goals.
- (Cmsr. Graham Wiseman) Commissioner Serwin, there is a cost associated with these Value Stream Mapping events, is there not? (RESPONSE: B. Serwin) Yes, in terms of labor. (G. Wiseman) So this is a cost incurred by the County Behavioral Health Services (BHS) to perform each one of these. What is the typical frame that it takes? From requesting, executing and completing a VSM project. (RESPONSE: B. Serwin) I looked at it from a perspective of the effort that it would take commissioners to create it's piece for this, the plan. For example, the Crisis Intervention, it is one person, eight (8) hours (up to 40 hours) a week through the end of the summer. It would be that times two (as there is not job sharing. For the Smoking Cessation planning, that involves some commissioner time and BHS time for the planning piece of it. I could see a committee working on this, researching and identifying the models (Alameda County's model) and drafting out a plan.
- (Cmsr. Candace Andersen) Can we have Suzanne comment? Really, I am less concerned about the Commissioner's time, but very concerned about County staff's capacity.
- (Dr. Suzanne Tavano) It depends on the event. The response to Crisis in the community has so many moving parts attached to it; they are all big moving parts. It is not going to be a quick pass; it is probably going to go on (a total of) a two-year period. This started months ago and is still ongoing and will be ongoing for at least another year to year-and-a-half to accomplish all the parts. Right now, I have one chief and two managers, plus multiple staff that are devoting the amount of time that Cmsr Serwin just talked about. We are very much involved and dedicated to this process but all of that is time spent on one initiative. They are the people that have to execute the plan, as well. Honestly, we can handle multiple events at the same time or I would have all of my managers completely taken up in meetings. That is just not sustainable. It is a huge time commitment. The cost is the time for staff hours doing the work. This is a very worthwhile plan and a very good investment. However,

we are then not able to get other improvement activities that is being discussed. It is a balancing act that we can take on another event while this Crisis Intervention event is going on, just due to the resources and amount of time it is taking.

- (Teresa Pasquini) I appreciate Suzanne's concerns. I would also like to extend my gratitude to all the committees (Justice System and Quality of Care subcommittees) and the Commission for your generosity of time and hearing about these concerns over the last several months. The conservatorship issues and the 'Housing that Heals' Conversation regarding beds. I noticed from last meeting there was recognition that the housing issue has not just come up this year, or last year or the year before or the year before that. It has been 20 years. It has been the number one priority since the MHSA was enacted and prior. Our Housing that Heals report has documented all of this. I was very pleased when the commission supported unanimously the concept of a VSM event. I happen to know a little bit about VSM events myself. I probably have been involved in more of them than anyone in this meeting. Along with Rapid Improvement Events (RIE's). I do know what a huge commitment they are and the expense. However, there is a big expense to doing nothing. I really don't believe the status quo can be defended. I would urge Supervisor Andersen to really try to explain to our community why we are having such serious concerns brought forward and not addressed. It is a huge concern of our county's constituents. I am very supportive of that entire process and still am. I feel the work that is being done should have been done back in 2006 when Proposition 63 was passed. Outreaching and partnering to the extent we are doing presently. I commend you. We can't continue to push this down the road and would urge the commission to support pushing this forward and finding a way to create a plan, and putting your stake in the ground to move these items forward. You can't defend the status quo.
- (Cmsr. John Kincaid) A few points on these goals. First, we are not proposing a VSM event for the Crisis Response, we are just speaking to contributing to that process. The only time VSM is proposed has to do with increasing treatment beds in support of housing. The goal is to create a plan for a VSM event. The other Goal is for LPS Conservatorships. I do question whether the full VSM approach is the only way these can be addressed. It is a pretty intensive process and involves a lot of people, and whether that is the only way to do this. I am looking for input from Dr. Tavano and Supervisor Andersen as to other approaches. The intent here is to set up a process where it doesn't get kicked down the road indefinitely. All this calls for is a goal to create a plan to do those things, trying to address the problem. (Cmsr. Candace Andersen) Both of those areas are being pursued and worked on. You are absolutely right, John. You don't need a VSM to see change happening. I am aware Suzanne has been in meetings with Jill Ray and my staff and Lavonna Martin, Director of Health Housing and Homeless Division, trying to identify additional properties the county can purchase or acquire and bring in operators. We absolutely need to provide more housing. It is not just confined to mental health. It also goes into our AB109 program with offenders and the program within our jails with additional mental health treatment. There are many housing issues we continue to work on. Similarly, with conservatorship. None of us are happy with the status quo. None of us are happy when we see people who should be conserved, not conserved. That is something that is being addressed. I don't know if we need a VSM. Keeping these goals for the MHC is really important but have to be cognizant of the capacity of staff to take the deep time that comes with VSM. When we get this crisis response executed, this going to help with some of these other issues.
- (Dr. Suzanne Tavano) I want to acknowledge Jill Ray for getting other departments from within the county involved in the conversation. We have

identified a number of reasons why we have not been more successful with applications for 'No Place Like Home', and why other counties have been more successful. It is a complicated discussion, but we are trying to move forward. I am going to put Smoking Cessation to the side because I have not been involved, but all the other goals have been on focus. There are a lot of rules, regulations and laws that apply to conservatorship that are not open to a lot of change. Conservatorship is really a legal process, than a mental health process. We are working on these issues and continue to work on them, but the structured VSM process is very labor intensive. If we divert many staff to that activity, we are going to pull away from other activities deprioritized. My focus has been on vaccination efforts and protecting our clients as they are very high risk.

- (Cmsr. Kate Lewis) For the purposes of the Commission and goal setting, can we be a bit more measurable in our goals and set timelines to some of these goals. Possibly set some steps to accomplish to measure these goals.
- (Cmsr. Gina Swirsding) Questions on these goals, I have not been able to attend all committee meetings, but am involved in the housing, especially for the older adults with mental health issues. Have I missed all the discussion on these goals? (Cmsr. Graham Wiseman) These have been discussed at length in the MHSA-Finance, as well as the Executive Committee meetings.
- (Cmsr. Leslie May) Dr. Tavano, I feel your passion. I am not saying that COVID isn't important. I am a mother and grandmother to two people with serious mental illness. I deal with this daily, including my own mental health. I had COVID, as well as my household and have been at home working 10-11 hours a day, 7-days a week with patients that are suffering from mental health issues. Seriously impacted more so because of COVID, in addition to their own diagnosis. I am not going to downplay COVID and the importance of the vaccination program. However, since I have been on the commission, I am really tired of seeing the same goals being pushed to the back burner and always something else that comes up pushing the priorities around. I understand all the parts in play, but also understand people on the street suffering, getting calls from those in the community crying about what is happening to their family members. I get word one of my patients is now going to jail for murder because she kept being released when she should have been conserved and in an IMD. This is where my frustration continues to increase with each passing month and year.
- (Rebekah Cooke) I concur with Leslie. I feel there are so many priorities and we need to pick the top ones. Maybe forego some presentations for two meetings to really have these conversations to get to the root issues that need to be addressed. I know that with COVID and there are other really big issues, but I know most of you have gone on the journey with me and my own daughter (for the last couple years) and it was horrific what she had to go through. There has got to be some way of helping these people that are so desperately in need of services. I know you are all doing the best you can with lack of funds, but we need to prioritize. It is really difficult for me to listen to not being able to do certain things because no one should have to go through the hell my family had to go through.
- (Cmsr. Kira Monterrey) I would really like to see us building momentum and not just talking about these issues. There are a lot of presentations and learning, it is great because there is so much information to soak in, but I would really like to see us build momentum and actually accomplish some of these goals. We need to be really focused and would like to echo some of the other commissioners and prioritizing and making our goals measurable and specific.
- (Cmsr. Graham Wiseman) I would like to invite you, any other commissioner and members of the public, who want to see a positive change in the meetings

to be held that you attend our Executive Committee meeting to help drive more discussion and help us focus on what is addressed at the main commission meeting. Again, we have gone over our time on this and I will have to postpone our vote on the by-law changes (Agenda Item Numbers IX and X). • (Christy Pierce) I have quite a few clients that do not have family members who are able to come to these meetings to advocate for them, the way Lauren has been able to speak on behalf of her son. As far as looking into the issue of conservatorships. Dr. Tavano, you talked about it from the legal perspective, but I do think it is really important to look at because I keep having clients that, either the jail finds me criteria for a 5150 or they are going through competency proceedings and they are found to meet criteria by their treating doctor and get them moved over to psychiatric emergency service (PES), or even to 4C, and then get released to the street or to a bed at Hope House or another program but they are still far too symptomatic to make the decision to stay. Some of them call me continuously because they have my cell. I can attest to how very symptomatic they still are and it has been shocking recently, the people getting discharged. If a VSM is too much, I do think it is important to keep the goal, in terms of examining the conservatorship issue. Evaluating smaller goals can be accomplished. Then the issue with the housing, the idea of looking into our county having its own MHRC and contract with Crestwood, or the like, the way San Francisco did. Create a committee that can look into some ideas into recommendations for solving that issue. • (Cmsr. John Kincaid) I have a point of order. I know the Executive Committee voted on these goals to vote on in this meeting, but I am wondering if we can propose a vote on these with slightly modified language, such as rather than 'create a plan for value stream mapping' maybe 'create a plan to address' the following topic which would open it up a little broader. Do we have to send that back to the executive committee or could we vote that change through now? And if so, I would so move to vote on these goals as revised. **Vote to approve Commission 2021 Goals**. Poll created by B. Serwin with modified language to choose up to three goals, to help with the prioritization (on screen vote). All goals passed and poll results on file for setting priorities. ◊ Contributing to Crisis Intervention efforts (13) ◊ Create a plan for Increasing Beds/Housing (13) ◊ Create a plan for smoking cessation (3) ◊ Create a plan for conservatorships (13) ◊ Perform 6-8 Site visits in 2021 (5) **Motion:** J. Kincaid moved to approve the goals as revised. Seconded by C. Andersen. **Vote: 13-0-0** **Ayes:** G. Wiseman (Chair), B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin, J. Kincaid, K. Lewis, L. May, J. Metro, K. Monterrey, A. Russaw, G. Stern, G. Swirsding Abstain: None	
IX. VOTE on proposed by-law change regarding mandatory attendance of Mental Health Commission meetings – moved to next month's agenda	Moved to next meeting.
X. VOTE on proposed new By-law change regarding mandatory Committee membership and attendance – moved to next month's agenda	Moved to next meeting.
XI. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano	

A number of items to review per discussions that arose in the meeting today:

- ACEs Initiative: CCBHS has been, and continues to be, very much involved with this initiative. The reimbursement for ACEs screening is for Primary Care Physicians (PCPs) and are eligible to claim. It is more of a vehicle to encourage the screening to be performed. However, we are part of a county-wide collaborative that includes many entities.
- Housing: (1) Update on the hotels – June 30 is the plan to close the two hotels in Central County and H3 has been working on transitional plans with all residents currently in those hotels. The Motel 6 in Antioch was purchased by the county so it is a great ongoing resources of approximately 120 beds and will stay, since the county owns. The Marriott Hotel in West County will continue to be operated for a while long, as well.
- Kudos to Jill Ray (Supervisor Andersen's office) for involvement in helping to convene a broader conversation around housing, starting with discussion about 'No Place Like Home' with Lavonna Martin, identifying many moving parts and need to be brought forth at the countywide level for it to move forward.
- We did award two of the non-competitive grants for 'No Place Like Home' both of the awardees declined the awards because their projects were not able to move forward for a variety of reasons. Submitted a waiver request with the State to not lose those funds now and have the ability to look for other projects that are willing and able to use the funding. Another part of the conversation facilitated by Jill the other day "what can we do for the next funding round for 'No Place Like Home' starting now. This is a larger county-wide issue, it cannot just sit with BHS. There is work going on around all of these issues. We don't talk about it all, but it is all addressed constantly.
- California Advancing & Innovating Medi-Cal (Cal AIM) Initiative: One of the new benefits under Cal AIM, is in lieu of services that would be assigned to the managed care plans for CCHP and Blue Cross in our county, with the intent for them to work with the entities that are already providing services around housing. BHS is clearly mentioned in all of these proposals. We have started work internally regarding BHS ability to take on some of those in lieu services benefits to help in navigating supports to keep housing, rent subsidies and a variety of potential possibilities.
- Crisis Services for Youth/PES issues: Continue to work on this. Completed and submitted a proposal for CHFFA (Cal Health Facilities Financing Authority) Funding, requesting approximately $2.8 million; earmarked for construction and assistance with six months' worth of startup costs. If awarded, it goes a long way to paving the way for a separate free-standing (but small) CSU for youth. Continue data analysis ongoing: If a 4-bed unit (from 0-4) 85% of the time, there are 0-4 youths on PES. If expanded to five, it is expanded even more. If expanded to 6-bed capacity, it gets us to 98% capacity. When the number of youth in PES (more than 4), the numbers get smaller, so we are trying to size this as a six-bed CSU for the capacity when needed but don't overbuild because CSUs are extremely expensive to operate. Lessons learn from other counties that have set up small free-standing CSUs for youth, key is to be prudent on size/utilization or become overly expensive and not supportable over time. Application is in and Board order passed with the County supervisors allowing us to pursue this grant money. If awarded, it would go back to the Board of Supervisors (BoS) for final approval. If not approved, we are going to rethink funding availability.
- COVID: BHS Vaccination sites had been vaccinating clients (75+ which opened up to 65+). We are no longer operating those vaccination clinics but have been working closely with Public Health, in order to have the ability to make direct appointments for our clients. As each age group is eligible, we are calling all clients in that group. This is a presents a good opportunity to reconnected as we know some have drifted over the last year. We ask if they want to be

vaccinated and we can go online to make the appointment, at same time inquire on transportation needs, arrange and check in. Public Health requested, as the broader population becomes eligible if we would be willing and able to provide vaccines out of our clinics for clients. Absolutely anything we can do to make that happen. More updates as this develops.
Also, we need to pivot to on-site / in-person visits as clients are in need. Reducing social isolation is key and with the last year of Shelter-In-Place (SIP)/quarantine, it has be created a large regression in the work. Looking toward April, we will be working to provide more in-person services, adhering to all the Public Heath Safety Guidelines, etc. We really need to open our clinics; and school-base services as the schools are opening up.

- Mobile Crisis Response: The RIE is ongoing, but can't stop and wait for the bigger process. (1) Kudos the City of Concord for approaching BHS to create a City of Concord-specific MHET team, which is well in the works. A few other cities have approached similarly. Want all to know I fully appreciate the RIE and the broader process but don't want to stop doing what we can do in the meantime and efforts continuing. (as a side, during this meeting, I received an invitation from the City of Antioch to present, likely next week, on mobile crisis). The number of inquiries requesting mobile crisis is increasing. We are managing with the staff we have and trying to hire staff. The goal is 24/7 access to any resident in the county, but the funding is to be supporting the Medi-Cal population and the uninsured/low-income population; however, with the publicity, we are getting more calls from those privately insured. We are doing our best but don't have the resources for 24/7 for the community as a whole.
- Conservatorship: Ongoing changes being made. Director Roth is the Public Guardian and delegates oversite of the conservators to BHS. It is an arrangement that has been in place for years. Overall, reporting has been shifted to Mathew Luu, Deputy Director (moving from Jan Cobaleda-Kegler). At times, I realize I sound defensive and I apologize. I agree with you all, it is just a matter of having the resources to enact change. We have been very focused on conservatorship and improving system within the legal boundaries. It is not overlooked and work in progress. Connected to placing clients in Hope House and elsewhere, I would like to remind everyone: COVID has hit all our facilities and every week there are updates from the State Department of Health Care Services (DHCS) regarding MHRCs closed due to COVID and which are open. It is a moving target weekly. Same with Hospital services. John Muir had to close to admissions for almost a month in December and similarly with a unit at CCRMC due to COVID exposure. There is much advocacy at the state level and there are now several hospitals across the state accepting COVID positive patients rather than getting them admitted to COVID-free facilities and dealing with outbreaks and closures. It is very active and changing.
- Through all this, Cal AIM is moving forward. January DHCS did post final plan (200-page document) and is available online. It is going to be a lot of work that needs to be initiated now to implement some pieces of this in a year and half, and other pieces within two years. There will be changes to medical necessity criteria, services we can provide, when we can provide and get paid; and the payment methodology is going to change from current to an intergovernmental transfer with fee per service. It will necessitate reconstructing all our contracts. It is a huge system change to work on and start implementation, codes for claims will change--no longer by time / minute, but by CPT code, which codes will represent intensity and duration of the service. Met with Cmsr. Wiseman and Cmsr. Serwin and will be scheduling a presentation in the coming months.

Comments and Questions:

- (Cmsr. Leslie May) Two items: (1) regarding changing of codes. Are you referring to Billing codes? And is this going to be county-wide? (RESPONSE: Dr.

Tavano) Yes, I am. Yes, it is.
(Cmsr. L. May) (2) Which advisory board were you referring to?
(RESPONSE: Dr. Tavano/Supv. Andersen) Measure X did pass. Next week is the deadline for applications to sit on the 17-member committee that will be making recommendations to the BoS on how to spend $80 mil in Measure X funds. There are a lot of advocates vying for the funds. A lot of those are Mental Health Responses being high priority and hopeful we will have a few appointed that will be weighing in on that recommendation. This is just an advisory committee to the BoS, who will decide how the funds will be allocated. I have also requested the County Administrator to provide a vehicle for Department Heads to come to the Advisory committee to bring forth their issues. The committee will be conducting a 'needs assessment' (greatest needs) of CCC at present. Mental Health/Homeless Services will continue to be very high on the priority list. We also have Public Safety, Fire and Labor Unions, as well as a county hospital that runs at a deficit where we will be allocating funds. If you have any interest, please apply. Our finance committee of the BoS will be making the appointment and each Supervisor gets to appoint two people. This link to apply is on the county website.

- (Cmsr. J. Kincaid) Dr Tavano. What is the rationale for this very expensive shift in how we will need to bill for services using CPT codes? What is the point? Or is there one? (RESPONSE: Dr. Tavano) It is not just us, it about the whole Medicaid program in California, mostly applying to the managed care plans (in CCC that is CCHP / Blue Cross) and 'in lieu of services' that really have to do with housing issues. That is going to the managed care plans, how can we manage some of those benefits to support the clients we are servicing with housing issues. The 11-15 waiver expired/19-15 waiver expired and were supposed to be renewed last year, but went off track due to COVID. The state was able to get an extension with CMS, but now submitting their proposal and that is what that document is about. We should be able to serve clients with less bureaucratic mess. Hopefully we can have reimbursement of funds coming back with room for grown and expansion. Current cost-based system with CPE incentivizes more time, but not quality. This is moving the system to a value-based system. By doing so, more federal dollars coming in.
- (Cmsr. J. Kincaid) One more question, you spoke on school-based services, is this just health care or does the county provide mental health services in schools (some districts)? (RESPONSE: Dr. Tavano) We provide mental health services in many district, either directly or contract with CBOs to provide services. When Gerold Leonicker speaks on Children's' services, he will speak on all the school-based programs. We are provided services and some are actually providing the 'match' to the federal dollars to expand services. There is more legislation moving forward that would assign (in total) almost $600mil divided across the state for the MCPs to work with BHP to help kids in school settings that are eligible for the mild- to moderate-benefit, but have no way of accessing in a school-based way. We are accessing under Specialty MH so how can we build on that. We are looking forward to working more with the schools.
- (Rebekah Cooke) One question and I can speak to Suzanne directly, but are there funds, when someone is conserved, is there an account or a budget item? It seems releasing someone too early will just cause the person to revert back to the beginning of, or before treatment. (RESPONSE: Dr. Tavano) Conservatorship programs are an 'opt-in' and counties are not required to have one. For LPS Conservatorship, we use our Mental Health Realignment funds to pay for MHRCs, etc. They are not Medi-Cal eligible because of the IMD exclusion rules. For every realignment dollar we spend is essentially two dollars less for treatment. How do we sustain that MHRC level of care but still

build the other end of the continuum of services so not so many people end up in MHRCs. The state does not contribute to Conservatorship services.	
XII. Adjourned Meeting at 6:36 pm	