MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
August 4th, 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 @ 4:32 pm Members Present: Vice-Chair, Cmsr. Barbara Serwin, District II Cmsr. Candace Andersen, District II Cmsr. Douglas Dunn, District III Cmsr. Laura Griffin, District V Cmsr. Michael Hudson, District IV Cmsr. Kathy Maibaum, District IV Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Alana Russaw, District IV Cmsr. Gina Swirsding, District I Members Absent: Cmsr. Geri Stern, District I Presenters: Jennifer Bruggeman (Program Manager, Mental Health Services Act) Gwen Daugett (West County Children's Behavioral Health Services) Dr. Stephen Field (Medical Director, Behavioral Health Services) Dr. Chad Pierce (Clinical Specialist, West County Children's Behavioral Health Services) Dr. Suzanne Tavano (Director of Behavioral Health Services) Other Attendees: Phil Anderson Colleen Awad (Supv. Karen Mitchoff's ofc) Guita Bahramipour Angela Beck Y'Anad Burrell Lynda Kaufmann Jeff Landau Karen Lai Carolyn Obringer Theresa Pasquini Pamela Perls Dom Pruett (Supv. Candace Andersen's ofc) Stephanie Regular	Meeting was held via Zoom platform
II. PUBLIC COMMENT: • (Pamela Perls) I wanted to draw attention to a couple of California Court of Appeals decisions that have come down recently from the first District, in which the Department of State Hospitals (DSH) and Department of Developmental Services (DDS) were systematically violated due process rights for failing to get help for adults suffering from mental illness who have pending criminal charges. It imposes the 28-day deadline to transfer adults who have been accused but not convicted of crimes and found to have severe mental illness, unable to understand the legal process. It is a class-action suit filed by the American Civil Liberties Union (ACLU). Apparently it is unusual for the state courts to call out the state agencies for neglecting people. I can forward the article to Ms. Beck and put link in chat.	

III. COMMISSIONER COMMENTS

- (Cmsr. L. May) I have several comments and have asked that some paperwork be distributed. One is concerning the Contra Costa Jail COVID-19 outbreak with 96 cases reported thus far. Second, an email received from a county employee and an article about COVID-19 outbreak among staff at Zuckerberg's San Francisco General Hospital and UCSF Hospital. Third, on same forms regarding my family members contracting COVID-19 during labor and delivery at a hospital outside of our county. I was questioning why Anna Roth and Dr. Suzanne Tavano were not addressing the issue at Contra Costa Regional Medical Center (CCRMC) because of an employee that has chosen to stay at home because of fear of getting it. The third one I distributed was instructions for all the commissioners from the Board of Supervisors regarding commissioner responsibilities <ZOOM Link Froze/no audio for a period of approximately one minute> role commissioners play in selecting how people fill vacancies. And the fifth one, I wanted to get a follow up from the Contra Costa Grand Jury. Something was announced in one the meetings that stated it couldn't be discussed, but would like to know what happened, can it be discussed now? The sixth thing, I asked that invite Kenneth Hardy at our next retreat. It was discussed at a meeting.
  (Cmsr. G. Wiseman) Thank you, Commissioner May. You did lock up there for a moment so if you would like to put those in chat, where everyone can see them, it may be an excellent opportunity.
  (Cmsr. L. May responded in chat) I asked that 3 articles of interest be distributed to commissioners regarding COVID-19 outbreaks and instructions regarding commissioner responsibilities and creating Ad-Hoc committees. A written decision from BOS regarding the 'equity' provision and the role commissioners play in selecting people to fill vacancies. Follow-up about the Grand Jury subpoena and details about the matter. I am requesting Dr. Kenneth Hardy to speak at our next retreat.
- (Cmsr. G. Swirsding) Last night, was national night out and we visited some of the sites. Some site had vaccinations. They had vaccinations at the introduction and at the end party. It gave opportunity for people in the community to get vaccinated and I was happy to see that.
- (Cmsr. D. Dunn) To Ms. Perls questions about the state hospitals issue, we will be delving into that in depth at the August MHSA-Finance committee meeting and I'll also talk about it on the last agenda item on this meeting this evening.
- (Cmsr. A. Russaw) Cmsr. Leslie May and I attended the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) meeting. It was very informative discussing some of the issues related to vocational and mental health for persons with disabilities. I wanted to see if we could report further on that, if needed. I was glad we both were able to attend and look forward other commissioners being available for community as such.

IV. CHAIR COMMENTS/ANNOUNCEMENTS:

- In a meeting with Dr. Tavano and Matthew Luu from Behavioral Health Services (CCBHS), it was requested that any requests for information from (and/or presenters who are) county employees to speak to the Mental Health Commission (both committees and main Commission), that all requests for county employees is to go through Dr. Tavano so they can be assigned, as well as copy the Chair and Vice-Chair of the commission (myself and Cmsr. Serwin) and our assistant (Angela Beck) when making the request. It will help us determine if it is something that should be handled at a committee level, or perhaps it is something we should deal with full mental health commission meeting level.
  In future, all requests for reports, data, and speakers from the county should be forwarded to Dr. Tavano, cc'ing myself, Commissioner Serwin and Ms. Beck.
- (Cmsr. G. Swirsding) Would that also include staff like a police officer/sheriff? In the Justice committee, some things (to me are a little sensitive regarding the police) and have spoken to quite a few police officers and some are interested in

attending. (RESPONSE: Cmsr. Wiseman) That is a very good question. Please be sure to include myself and Cmsr. Serwin in those requests so we are aware and then we can tell if this is something best handle at the committee level or elevated to the full commission. That is not a request of county employees as we are stating need to go to Dr. Tavano. • (Angela Beck) Just to clarify, when we do have these types of invites, I am supposed to copy Dr. Tavano; however, when the commissioners are reaching out these different employees for the committees, should that go through Dr. Tavano first. (RESPONSE: Cmsr. Andersen) Yes, she should be issuing the invitation rather than individual commissioners. That way Dr. Tavano can make the determination of the correct person for this issue. Again, it is staff time of all our different county departments and it is most appropriate. The executive committee is the typical place where the requests are made to the Executive committee and they will funnel to Dr. Tavano at that point.	
V. APPROVE July 7th, 2021 Meeting Minutes • July 7th, 2021 Minutes reviewed. **Motion:** D. Dunn moved to approve the minutes as written. Seconded by C. Anderson. **Vote: 11-0-0** **Ayes:** G. Wiseman (Chair), B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin. M. Hudson, K. Maibaum, L. May, J. Metro, A. Russaw, G. Swirsding Abstain: None	**Agenda and minute can be found at:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VI. "Get to know your Commissioner" (Commissioners Laura Griffin / Alana Russaw) • Commissioner Laura Griffin, District V, Quality of Care Committee Member – I am a consumer and the mother of a consumer. I was an elementary school teacher for many years and retired after 25 years with the Contra Costa County (CCC) Office of Education as an administrator in the special education department, which was very rewarding. I am also a member of the National Alliance of Mental Illness (NAMI)(and a member of Mental Health America (MHA), which promotes early identification and intervention. I was also a member of the 2019/2020 Contra Costa Grand Jury that helped produce the comprehensive report on CCC Psychiatric Emergency Services (PES) improving care for children and adolescents. I am so happy to know that Dr. Tavano has reported (even way before COVID) that they were making strides to putting some our recommendations into action. Heartfelt thank you for that and hope it continues when funds are available again. When I retired in 2017, I wanted to dedicate my time as an advocate for mental illness and helping others like myself not feel so alone with their mental illness and let others know they weren't alone, that is really important, and to do everything I can to help reduce the stigma associated with this mental illness that you have heard me speak to many times As a 'Baby Boomer' I grew up in an error when mental health issues were not discussed much or acknowledged. Even today, the stigma of mental illness is still present in our society, as you know. I have lost many friends (including childhood friends) to suicide, which you really never get over. Physical illness is considered normal; however, mental illness, in most cases, is not. I have suffered from anxiety and OCD from an early age of five, but never knew until my mid-40s. My parents and teachers didn't know what was wrong with me so they labeled me as a nervous child. I lived life feeling scared, alone and different from other kids/adolescents. I learned to survive and to live with my condition not knowing what it was and keeping it a secret, suffering in silence like so many people do. In my forties, I realized I had a problem, as I had a bit of a 'breakdown' which led me to see a doctor and I was in denial. "Oh no! that can't be me, I don't have mental illness or anxiety disorder and I'm not suffering from	

Obsessive-Compulsive Disorder (OCD), I'm not crazy. The doctor told me, "Laura, you are not crazy, you have an illness, just like diabetes or heart condition or a thyroid problem. It is an illness and it is nothing different, you are normal." That was a turning point for me. That was the first time in my life that anyone had really talked to me about it and putting two and two together. I agreed to get help for my condition and I am still in therapy today. I am living a productive life. I still have challenges and regret all time I lost. I even likely overlooked that my son as the same condition.

I applied for the commission so that I could do everything I possibly can to speak out against the stigma, with the hope that someday mental illness will be viewed and care will be provided for those with mental illness, just as physical health care is provided to everyone in need. I am so proud and thankful to be a member of the commission, which gives me the opportunity and a vehicle to help others and educate the public. That is my story and I look forward to doing as much as I can to be involved with commission.

- Commissioner Alana Russaw, District IV, Justice Systems Committee Member – I was born and raised in East Oakland. I decided to take my talents to Hampton University in Virginia for undergrad in an historically black college. I have been in school the majority of my life, but to keep my ear on the pulse of the community, I worked jobs that truly changed others' lives, as well as my own, in the mental health field. I have a Bachelor of Science (BS) in Cellular Molecular Biology, as Master's in Public Health, a master's and a Doctorate in Clinical Psychology, as well as a licensed Substance Abuse Counselor. My passion in life is eliminated health disparities in the underserved, underrepresented, disenfranchised and marginalized populations. As Commissioner Griffin spoke, there were issues I did not realize, I never truly overcame the postpartum depression I had after my 3-yr old son and to seek my own treatment. By doing so, it opened more healing for myself and allowed me to work better with others. I have worked in the non-profit sector, jails, prisons, schools, county and state facilities, both in rural and urban settings. My interests revolve around anything to help strengthen my knowledge base on policy, advocacy, laws and regulations in regard to mental health. It is imperative that I continue to facilitate dialogue with those I work with to provide culturally competent services. I am passionate about research and psychological assessment which informs service delivery and gives us data to help not repeat the same mistakes in the future.

  Prior to becoming a commissioner, I had the pleasure to review old notes from meetings, attend a few meetings to really see what I was getting myself into and I have definitely not been disappointed. I am beyond excited to be a part of this esteemed commission and do the real work. I would like to give a special out to Supervisor Mitchoff, for believing me enough to appoint me to the commission and be a voice for those often unheard in our county.

VII. INTRODUCE the new Commissioner Michael Hudson, District IV

I am a Marine Corps Veteran. I served 25 years in the military, multiple deployments globally. I have experienced a lot, good and bad, some pretty awful things that created some significant mental stress as folks can imagine. Worst of all, just knowing I have lost more friends to suicide and mental health issues than anything the enemy threw at us in combat. I also realize this is not a problem unique to the military veterans and is something that is present in our society for multiple reasons.

I did have an experience with an individual that was obviously suffering from mental health. We see this everywhere and those we don't see as they carry these burdens without any outward signs and are often overlooked. This particular case, I was wearing a t-shirt that was military related but not obvious, it was a little innocuous and wouldn't be able to tell. This gentleman approached me and handed me money. It was pretty obvious he did not have it to give but was willing to give me something. It just showed me there is humanity and humanity is part of the solution to our issue.

This is the obvious person "the crazy guy" as they say (the one you keep your kids away from). I'll be honest, I'm always guarded because you never know, people are suffering from mental illness, using drugs. It could be potentially dangerous. I didn't accept the money, I appreciated it, but he saw me as a veteran and I know you have seen some things and perhaps you have it worse than I do, in his way. Even though looking at him, he was obviously without adequate shelter and health concerns. I have never forgotten it, nor the individual. Sometimes we encounter a person suffering and we understand that there could be a violent interaction, police get involved and I understand there is violent or criminal behavior that complicates the issue and I know this is a complex environment. It is a multi-tiered complex environment that does not have a one-size fits all solution. With that said it is a combination of supporting law enforcements to enforce the law and protect public but to recognize there are other tools and resource available and we must be present in leveraging those tools and resources to help people. People do not just choose to live like that. People do not want to deal with mental health demons on a daily basis so they try to self-medicate or seek help and find the system is broken. The system is grossly inadequate, which I saw that in the military and it was absolutely horrific seeking help and here, I notice the same thing. Especially underrepresented communities where the resources are minimal, the stigma is high, it is a mess. Although there is a great deal of money to support some of these programs, we know that not all programs are equal. Some are run less effectively than others. It is up to us to be the watchdogs. That is how I see this role, collectively, to closely examine, conduct site visits and offer insight and note things that could be done better and improved. That is where I am really interested in getting involved. I have had leadership responsibilities over the years in the military and have been personally responsible for a great many things. It is not a matter of having the resources, the budget, the money to do something; it is about the actual examination and system of holding those responsible and accountable to make it work. If it is just a resource to check box, we have a hospital and resources and place to send people, but in those places, resources are ineffective and it is a losing battle. I definitely want to be part of a solution and team up with volunteers like the members here and be part of doing something positive in our community.	
VIII. INTRODUCE the new Behavioral Health Medical Director, Dr. Stephen Field Thank you everyone for having me and the opportunity to even be in the role, it is such a privilege. I trained in California, so all of my knowledge about mental health is about California and I know those laws inside and out. I have always worked for county institutions, including residency down south in Los Angeles and eventually made my way up here to Contra Costa County. Previously, I was doing all out-patient work, including psychotherapy. I have worked at rehabs, forensic programs, AB-109 I am passionate about. The careful connection and overlap of forensics and mental health and substance use and how to treat all of those. Treating one without the other does not get us very far. Most recently, I just came from the inpatient program here at Contra Costa Regional Medical Center (CCCRMC). I was an inpatient psychiatrist for two years and then for the last two and half years as the Chief of the inpatient unit including the expansion of the second unit, the re-opening of 20 additional beds and running the consultation and liaison service for the medical side of the hospital, as well as really working with the medical staff and residents and teach them about how to approach mental illness from every angle; including when they are there to deliver a baby, to get a gall bladder removed and to just treat compassionately and openly. My main mission is what probably most of us share is really about access and destigmatizing mental illness and just talking about it like we talk about everything else. I think years in the future we can there. I love this county and recently moved to this county, despite working here for four and a half years. Everyone has been	

incredibly approachable and accessible. I love communication and think it is a lot of what I can and hope to bring. It is my vision as the Medical Director is my experience, even as a consultation liaison, I always joked when they called it a liaison consultation program. I think that is my approach to patient care, to working with staff, the community is really creating those relationships and understanding and common goals. Thank you for the warm welcome and having me here today.	
IX. UPDATE on Crisis Intervention pilot program, funding opportunities and next steps, Dr. Chad Pierce, West County Children's Behavioral Health and Gwen Daugett, Project Manager, West County Children's Behavioral Health I would like to present what the Community Crisis Response services have been up to over the last several months. **Behavioral Health, the 4th Arm**: When someone faces a crisis – a fire, crime or medical emergency – they call 911 with the expectation of getting immediate emergency services. However, when that emergency is a behavioral health crisis, our system breaks down. Without clarity, individuals and families in the midst of a behavioral health crisis flounder in a system that, due to bias and stigma, fails to offer a single, logical and consistent means of providing appropriate help. The consequences are dire. In behavioral health emergencies the first responder is too often law enforcement personnel who lack the skills, training and knowledge to appropriately address this health crisis that impacts one in five Contra Costa adults. Instead of appropriate care, compassion and support, people in the midst of a mental health episode are stigmatized and criminalized, preventing them from getting the help they need when they need it. The needless suffering imposed by this broken and unjust system must be overhauled. We can no longer allow bias and stigma to segregate someone with behavioral health challenges as being somehow less deserving of help than the person whose house is on fire or suffering from a heart attack. We have to address this enormous problem by firmly fixing Behavioral Health as the 4th Arm of an Emergency Response System. A clear example of structure designed to produce inequity of what we have had and that has caused systemic discrimination. We need that 4th Arm as a part of how we respond to crisis. Our reality, Behavioral health issues are wide-spread, prevalent and increasingly recognized as a major area of need. Approximately one in five are experiencing behavioral health issue; are the third most common emergency medical service (EMS) calls; and consist of approximately 10,000 visits to PES every year. What are the consequences? There is jail, lack of investment at the state level, stigma, people left without reasonable plans, and the police have limited options around 5150 detention holds – transport or walk away (hope and pray). Behavioral health is a prominent feature of our health reform and will inevitably be a part of police reform. Our work is grounded in community and driven by the community. We went to the community and asked what they needed. The community's response was a clear desperate cry: "We don't have a system" "Enough is Enough" and "Something has to Change". People with lived experiences were the foundation of this work, they volunteered their time and their stories to shape and inspire this work. They explained the need and told us their hopes and dreams. Multi-disciplinary county-wide teams including health experts, first responders, law enforcement, community-based organizations (CBOs), cities and community members sharing their lived experience. Powerful partnerships with CCC cities dedicated to working with us to find a better way. We have been working together since September of 2020. The driving force of this effort was to find a workable solution, timely and culturally	Documentation regarding 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

sensitive responses that would help thousands of individuals and family members suffering with behavioral health issues.

When our community came together to work with our multi-disciplinary design team and local CBOs wanted input and stories from people and families throughout the county who have suffered to address the behavioral health teams. We devised this statement. Anyone in CCC can access timely and appropriate behavioral health crisis services anywhere, anytime. ANYONE, ANYWHERE, ANYTIME as our target and our goal.

Our design team came up with a model "A3 = Anyone, Anywhere, Anytime" and in developing a caring approach that was culturally and clinically responsible, we looked at the key needs of anyone facing the behavioral health crisis. The need for help, someone to talk to, someone to respond and a place to go.

We are developing a model that will address the needed 4th arm of the response calls that come in:

- 911 – Calls come directly in and are routed to the Miles Hall Community Crisis Hub, answered 24 hours, 7 days a week by a clinical provider. The call is triaged and dispatched to a field team that would either stabilize the situation or stabilize and call first some well treatment destinations, if appropriate.
- The Miles Hall Community Crisis is Hub is the core of our work. Named for Miles Hall, a young man who was experiencing a behavioral health episode and due to our broken system, was tragically murdered by the police. Sadly, the Miles Hall's story is shared by too many people in Contra Costa. Part of his story that is shared by people as the family's tried to get help when they needed it.
  In honor of Miles Hall and the hundreds of other Contra Costa residents to safe, not only the challenges of a behavioral health incident, but also that added the wrong help because of a citizen not designed for their unique situation, we have named this Hub after Miles Hall.
  - The Hub will be staffed 24/7 by licensed clinicians. When any call with a behavioral crisis is received, it will be directed to this hub where licensed clinicians will be available 24/7 to provide help. This includes helping individuals obtaining the prescription they need or it might require sending out a crisis response team to provide assistance, or possibly de-escalated over the phone and a team isn't sent. If not de-escalated over the phone, we do send a team. It is the responsibility of the Hub clinicians to triage the situation and send out appropriate team for assistance.

Design and Implementation Phases –

- November 2020 – March 2021
  - Refine AIMs and Priority Areas
    - ◊ Final Aims and Prioritization
    - ◊ Finalize plan for Rapid Improvement Event (RIE) Learning Collaborative
    - ◊ Data Collection
    - ◊ Identify RIE Participants
    - ◊ Prepare RIE Teams
- March 2021 – June 2021
  - Rapid Improvement
  - Learning Collaborative
    - ◊ Learning Session RIE #1 week of March 22nd (4 Days)
    - ◊ Learning Session RIE #2 week of April 26th (4 Days)
    - ◊ Learning Session RIE #3 week of June 7th (4 Days)
- Summer / Fall 2021
  - Begin Phased Implementation
    - ◊ Testing in simulated workspace (e.g., space, networks, limited technology, staffing for Hub pilot) June 14 – July 29
    - ◊ Initiate Hub pilot August 3
- 2022 - 2023

- Continue Implementation
- Refine, Spread and Scale

The Initial Phase (Implementation Phase)

- Launch Hub pilot with existing calls to mobile crisis answered in centralized location and triaged
- Hire project manager (Gwen Daugett) to develop structure including governance body, project staff, and dedicated workstreams
- Plan for Hub expansion including acquisition of facility, staffing, technology
- Determine future demand for predicting resource requirements
- Pursue federal, state and local funding sources

A^3 Anyone / Anywhere / Anytime –

- Innovative approach based on community's needs, vision
- Delivering a timely, flexible, culturally & clinically appropriate response
- Offering hope to a community suffering
  - Suffering is Unacceptable:
    - ◊ People are Suffering
    - ◊ There is racism and Stigma
    - ◊ Loss of life, criminalization and incarceration.
    - ◊ No comprehensive system in place

Our research and work based on stories and input from the community offers an innovative way of helping people in need. No longer will the first responder be law enforcement officers unequipped or trained to respond to a behavioral health situation. Instead, we revolutionized our response systems by offering compassion, expertise, flexibility and a culturally and clinically appropriate response. With this new system, our family members suffering from behavioral health issues will finally receive the help they need to heal and enjoy the life they are meant to enjoy. Suffering from mental illness is not a crime.

"Don't be afraid to say you need help. Always put yourself first, especially with mental health." Angelica

"This worked for my family, and everyone in our community should have the same access and experience I had." Anon. caller to the HUB who received the help they needed.

Comments and Questions:

- (Cmsr. G. Wiseman) Thank you very much Dr. Pierce and Gwen Daugett for that presentation, it really gives us hope. Knowing the Hall family and the tragedy, we really do need change and I am so impressed we have been able to address this in such a quick manner. I understand it is a 'rapid improvement event' it really has been 'rapid' in identifying the problems, getting the community input and moving forward on this. I was really impressive.
- (Cmsr. C. Andersen) Chad great presentation. I have been at each of the updates watching to see the progress made and I love this whole A3 concept of anyone, anywhere, anytime. I was so pleased we were coming up with a way to honor Miles Hall. The only thing, and please don't take this offensively, but I want to correct something. Since the death of Miles Hall, we have all really tried avoiding calling it a murder by police. I realize this, for some people they may see it as that. The District Attorney did a very thorough investigation and determined the officers tried very hard to use less than lethal means to help Miles and so calling it a murder, even in this setting, from my perspective, is not appropriate. Again, I don't want to take away from your great presentation, I know you are presenting to the Mayor's conference, that we are making so many end roads with our police, with our law enforcement to work as partnerships and I don't want them to be defensive if we are going from this perspective. So that is my only minor remark since we are in a public meeting, I think it is important to note the DA's

findings. Yes, his death was a tragic loss of life no one wanted us to see, but in the future I hope we won't refer to it as a murder, that puts people on opposite sides, working against each other rather than collaborative approach we have been trying to take through this process.

- (Cmsr. G. Swirsding) Is this available throughout the county? (RESPONSE: Dr. Pierce) Currently we are just conducting the pilot study and the hours are very limited. The goal is for it to be across the county for anyone regardless. If you are in CCC you should be able to receive the support you need.
- (Dr. Suzanne Tavano) As you have heard me report before about the Mobile Crisis Response Teams (MCRT) for adults and for youths, and you have had some presentations of those in the past. We are continuing to operate those. What you heard from Chad is a presentation of where we ultimately want to be in term building out the whole system. We have continued our mobile intervention, but this is really a presentation on the bigger picture of where we would like to be. But yes, we are responding to calls from the whole county, including West county.
- (Cmsr. A. Russaw) Was there any data you can share from the pilot program at this point? (RESPONSE: Dr. Pierce) We are on day two, so not a lot. I think we have had 7 calls yesterday (and 6 today). I don't know how many teams went out. We did have one team that went out on four separate calls.
- (Cmsr. M. Hudson) Dr. Pierce and team, as we move from pilot to scale this into full functioning, I am wondering what your predicted resource limitations are? Where the shortfall lie, to see where this my struggle in terms of scale? Do you have the resources needed? Or are there hurdles we need to overcome? (RESPONSE: Dr. Tavano) We are designing the final state where we would like to be. It will be a process of building toward that end. We have been using different calculators available to crisis now and others to try to anticipate the required number of staff we will need. Really it will be testing and scaling as we go along. It sounds like a small step but previously, we didn't have a call center. Calls would come in, the MCRT would receive the call and try to de-escalate by phone and if couldn't, would hop in a car and go out to respond. This is really changing that whole workflow. There are people that answer the phone timely and are able to triage with remote support service and dispatch the team in the closest proximity to the caller. This is building out a whole system we don't currently have.
- (Cmsr. B. Serwin) Wondering whether or not there has been any forward motion on potential funding sources and how it is coming together? (RESPONSE: Dr. Tavano) We were able to submit two grand applications with federal earmarks, we didn't think we were going to get them (longshot) but they made it through all the committees at the federal level and if the US President signs off on the bill and the funding, we will get two awards. We were asked not to request more than approx. $1bil., we will be receiving a grant for $1.1 mil to add on to our existing mobile crisis response teams. We will be adding people trained in substance use disorders so they can be a part of the response as well. We will also receive $1 mil toward the renovation of the Oak Grove Campus to serve as the hub. Under the MHSA, we were recently able to add one (1) MCRT. As we see opportunities, we will be pursuing them. There are a few state funding opportunities that will be competitive awards and we are working on those grant applications now. (Cmsr. B. Serwin) Is there an update on the Measure X funds? (RESPONSE: Cmsr. Andersen) They are still talking. I am very hopeful that we will ultimately be providing some funding for this because it is such an important program. The Measure X committee will be making recommendations to the full Board of Supervisors (BoS) and are getting closer to wrapping it up but still a couple months out before the board will make a final determination.
- (Cmsr. K. Maibaum) What is the estimated size of the work force? The field and the call center staff? <This will be covered in the BHS Directors report>

• (Dr. Pierce) Someone asked in chat regarding the phone number and I will put in chat, but we wanted folks to know that the way we are running the pilot, the current MCRT number is being forwarded to the Hub during certain days and hours. Currently, T/W/T from 1:30pm to 4:00pm and goes back to the regular MCRT. So, if someone calls the number at a different hour they will get a different message. Just to be clear. The number is (833) 443-2672 • (Guita Bahramipour) SB 118 or Crisis Act Grants pilot program allows for alternative approaches to emergency response such as mental health crisis, Domestic Violence, Substance Use, and homelessness. How is your program different from SB 118? (RESPONSE: Dr. Tavano) I apologize Guita, but I'm not exactly sure, we can talk and I can look more into it.	
X. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano, PhD., Director of Behavioral Health Services I have already reported on the two grants we have received notification on that we will be receiving. It is getting a bit confusing, for years there were little drips of opportunities to build out the behavioral health system. Now both the federal and the federal feeding into the state, there are many more opportunities, but we are finding since the state budget passed, now everything is happening at the same time and tracking all the grant opportunities. We are just building a matrix now so we don't miss any opportunities. In terms the commission will understand, when you read about the money available, some of the funding will be allocated and each county will get a certain allocation. A lot of the funding now is through competitive grants and that is what we have been focusing on. The two we are working on (due on Monday) are block grants and hope to build out the first episode psychosis /early intervention program and be able to work in some of the crisis work, as well. Very soon after, our applications are due for the big state-wide grants to really support mobile crisis and we are paying a lot of attention to those and multi-tasking but want good applications submitted for that funding. We should get a base allocation and the dollar amount is not nearly enough to lift what we are trying to do, I don't think on funding stream will be enough, but there is a competitive component to those grants also and that is where will be focusing our attention in the next couple weeks. • There is the crisis HUB and we are referring to the call center. Ultimately, when we talk about the crisis HUB, it will be the call center plus actual crisis intervention services for mental health, substance use and co-occurring crisis. • Youth CSU update – meeting every two weeks to move project forward. Goal is completion within 12 months. Building out for a capacity of at least six youth and re-evaluating the data over utilization by kids under 18 at PES to see if there are any trends we need to be paying attention to. The way the rooms are being designed is they are beds, each room is a bedroom, but a couple are large enough, that if we needed more capacity we would be able to put reclining chairs in and still accommodate up to eight youth. We are trying to keep it to six because with all the crisis intervention efforts we have underway, we really want to reduce the number of people going to PES and to CSU, we won't have enough capacity but really build out so we are not overly reliant on those. • COVID – know we have been set back with the variants and have been seeing an increase in the numbers predominantly people have not been vaccinated at all. Some are breakthrough infections in vaccinated cases, the number is small, and the incident of the illness is mild in comparison. We are really trying to continue to educate everyone. The vaccines are working really well. The longer it takes to get everyone vaccinated, it just allows that space for variants to form and then we need to start dealing with those also. • We have kept our clinics open all these 18 months and some months ago we went back to full hours of operation and all staff throughout all BHS are working three days a week in person and two days remotely. What we are finding is a	

number of us are working in person every day. We are urging flexibility as the guidance from the county and the state changes, we are updating the protocol. • We will be asking for proof of vaccination, any staff not fully vaccinated will be required to have COVID testing every seven days and we need to set up a tracking and oversight mechanism for that. These measures are to keep staff and clients safe. **Comments and Questions:** • (Cmsr. K. Maibaum) Are we going to receive anything to review in the near future from the Crisis Intervention pilot? (RESPONSE: Dr. Tavano) Yes, we are still trying out different crisis triage tools, different electronics of all sorts (headphones, cell phones) and working on a dispatch system we don't currently have but the design team has been testing a few. At the end of the pilot, we will have a report on the pilot, lessons learned and figure out what we need going forward.	
XI. UPDATE on Site Visit Program sign-ups for Site Visits / Training, Commissioner Leslie May We have asked all commissioners to turn in their site selection by Monday at noon, but we are several have not. As of today, do have all except for Cmsr. Dunn and we can move forward. We have already chosen our sites. We are on schedule and should be discussing within the next meeting. There will be an update via email regarding Site visit sign ups and training. We will be conducting the training prior to the next commissioner meeting in September (September 1) at 3:00 pm and it will run for an hour. At this point, we are now unsure with COVID and the surge whether we are going to be able to the sites and actual on-site visits versus having to do them remotely. (Cmsr. G. Wiseman) I wanted to emphasize that as mental health commissioners, one of our responsibilities is to conduct these site visits and that is what this team of Commissioners May, Serwin and Griffin are working on to ensure we fulfill that requirement and visit the site in order for us to know what is going on. (Cmsr. B. Serwin) As Commissioner May pointed out we have chosen the sites for the months remaining in the years and sign-ups for the 2022 site visit will start in late November – early December. Just keep in mind this will be going on through next year. If you don't get your first choice over the next four months, there will be plenty of opportunities next year. We will be conducting the site visit training this coming month in September (an hour before the main MHC meeting) starting with the site visit module because the site visits start in September. Commissioner orientation modules will start in November. Lastly, as this is new process for all commissioners and it entails some real work and a lot of steps, me and commissioners May and Griffin will be acting as mentors through the first round of site visits and will actually be attached to teams. (Cmsr. L. Griffin) I just want to thank you all for signing up, we have your choices listed and we will work hard on getting the assignments as best we can in the order you chose. We will be working on that have the assignments by Friday afternoon.	
XII. DISCUSS MHC 2021 Retreat "Reflection, Recovery and Re-Imagining: Behavioral Health Services in Light of COVID-19" on October 6th, 2021 3:00 – 6:30 pm.) All members of the public are welcome. We will be working with county administrative service on specific invites for members within County Behavioral Health, targeting what we can do in the coming year for Mental Health Service in our county. Location updates: (Angela Beck) I have a list of four meeting sites that will accommodate the meeting. I have reached out to all four with an approximate number of people (min/max) and I am still waiting to hear back and follow up. I am	

hoping to be able to have this in person. I am doubting with the surge and things starting to shut down again. I am concerned about having the venue locked down and reserved. All else will fall into place. I am working with Audrey and Jennifer to get it all taken care (forms, budget, catering options, etc.). (Cmsr. G. Wiseman) Thank you. Part of the Executive Committee discussion on this, was regardless of the status of the COVID lockdown, we will continue with the retreat. The hope is for it to be in person and if not, it will be a zoom event. (Cmsr. L. May) I just want to ensure that I did provide the name of a person. When we know our final selection of any speaker. That will be addressed in the next Executive Committee meeting. After we have reached out to Ken Hardy. Are there any commissioner comments or question regarding the retreat? (NONE). Are there any from the public? (NONE).	
XIII. DISCUSS and VOTE on proposed new by-law on excused absence from MHC meeting due to unforeseen, extraordinary circumstances, Commissioner Leslie May, Contra Costa County Mental Health Commission PROPOSED LANGUAGE (Added as Section 2.1b in **bold**): *Section 2.1b is proposed language for a new by-law regarding excused absences from Commission meetings. It is in red font. The other text is pre-existing by-law language for context.* *2.1 Attendance requirements* • *Regular attendance at Commission meetings is mandatory for all Commission members.* ◊ *A member who is absent from four (4) regularly scheduled Commission meetings in any calendar year shall be deemed to have resigned from the Commission. In such event the former Commission member 's status will be noted at the next scheduled Commission meeting and shall be recorded in the Commission 's minutes. The Chairperson shall, without further direction from the Commission, apprise the Board of Supervisors of the member 's resignation and request the appointment of a replacement* ◊ *Each Commissioner will ensure that when s/he attends Commission-sponsored meetings (excluding Commission and Commission Committee meetings) or activities representing her/himself as a Commissioner, s/he expresses only those views approved by the Commission.* • ***A Commissioner's absence from a regularly scheduled Commission meeting may be excused in the case of an unforeseen, extraordinary circumstance, including but not limited to major illness, natural disaster, or civil unrest. Commissioners shall obtain consent from the Chair at least one day prior to the meeting that will be missed for any planned absence. Excused absences will be recorded in the meeting minutes as "excused absence".*** **Comments and Questions:** • (Cmsr. G. Swirsding) My one concern is, if I go on vacation is that an excused absence? (RESPONSE: Cmsr. G. Wiseman) So, Commissioner Stern is on vacation. She notified the clerk and me she would be on vacation. It is an excused absent. Per our bylaws, you can miss four regularly scheduled meetings. This is regarding a major illness for the commissioner or the family, a natural disaster or similar unrest. Unforeseen circumstances you cannot plan for and including as an excused absence.	

• **Motion:** D. Dunn moved to vote on this by-law addition. Seconded by L. May. **Vote: 11-0-0** • **Ayes:** G. Wiseman (Chair), B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin. M. Hudson, K. Maibaum, L. May, J. Metro, A. Russaw, G. Swirsding Abstain: None	
XIV. UPDATE on disposition of by-law regarding standing committee quorum formation approved on 4/17/2018, Commissioner Barbara Serwin, Contra Costa Mental Health Commission This is just really a 'housekeeping' item. I want everyone to be aware of as we have a bylaw change that was introduced in early spring of 2018 and it approved by the Commission and then approved by the BoS on April 17, 2018. To summarize the bylaw, it was the one that supported the creation of a quorum for a subcommittee meeting, by which if a quorum is not reached, a member of the Executive team can step in for the missing committee member and, thereby form a quorum. I was working on bylaw changes and came across the bylaw change didn't make into our updated bylaws, which should appear on the amended bylaws for April 18, 2018. However, the bylaw does appear in the redlined copy of the amended bylaws attached to the agenda of the BoS on April 17, 2018 meeting. The problem is, with the redline, there is a problem with that as well. The copy of this change is inserted in the wrong section of the bylaws and are very difficult to find. I was searching multiple times and found them in the wrong place. All that needs to be done is the bylaw change needs to be added to our amended 2018 bylaws but that it needs to be moved to the proper section in the bylaws. **Comments and Questions:** • (Cmsr. C. Andersen) When the BoS had the redlined version, was that approved by us in the wrong section or was it approved in the correct section? (RESPONSE: B. Serwin) I can't say for sure, but I would gather that it was approved in the wrong section. (Cmsr. C. Anderson) Let's shoot it over to Julie Enea because we will be bringing the bylaw change that was made today to internal operations (IO) and when we bring everything to the BoS, let's get this cleaned up too. (Cmsr. B. Serwin) I can just indicate where it belongs. (Cmsr. C. Andersen) Yes, if you can just indicate where it belongs (and where it now is) and we can roll that into our agenda item on this. When we bring it to the board, we will have all these changes made at once. New and Improved bylaws with everything where it should be. Thank you for doing that and let's get it corrected. (clarification request by A. Beck, Cmsr. Anderson reply:) Julie Enea, she is the staff (IO). If you get that to her and the other approved by the commission today, we can get it on the agenda and everything approved at once. • (Cmsr. L. May) I wanted to add, additionally there was another part to the membership and attendance for us that has not been seen, it was approved but I have not seen it updated. If we can get clarification from Supervisor Andersen, has this been voted on. May 5, 2021, page 9 and 10 of the minutes, we had a vote pass, as well as committee membership and attendance. (RESPONSE: Cmsr. C. Andersen) that was approved and sent over to IO. It will be voted on and we were waiting to get this final piece voted on today and all should be on the IO meeting in September. Angela, touch base with Julie and feel free to loop me in. (A. Beck) I will do that, I was instructed to send the bylaw changes with the vote tally, the meeting minutes (on the vote), as well as the meeting minutes where the changes were first mentioned over to Sarah Kennard and she would forward it. (Cmsr. C. Andersen) that is good to know Sarah was getting these. Let's get these over to Julie because she is the staff to IO.	Documentation regarding 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

XV. DISCUSS strategies for increasing the action orientation of the Commission, Commission Chair Graham Wiseman

I attended a meeting, it was my third or fourth meeting as a mental health commissioner, in which we were discussing PES and the troubles we were having with juveniles be mixed with adults when they are committed for 5150s. Someone behind me tapped me on the shoulder and said, “you know I used to be on this commission 20 years ago and we were having the same discussion” and that has really stuck with me. I don’t want to be on a commission or in a group, that 20 years from now, ‘we outta change the flavor from strawberry to vanilla shakes on lunch served on Wednesdays’. I really want to ensure the commission we are working on, with so much power, integrity and devotion in our community is targeted to actions.

Our responsibilities are to work with county behavioral health services to ensure contracts we are entering into are serving our community. Our other responsibilities are to report back to the BoS through Supervisor Andersen on what we are hearing from the community regarding mental health needs and success. That is why this has been put on here. I am hoping at our retreat, we will have an opportunity as commissioners to, not only share our opinions, but also hear from members of the public, on what we feel we need to act upon.

Often we hear about things going on in mental health that we cannot act upon. While our sympathy and empathy is there, it is nothing we have control over or influence over. I am hoping as we proceed and shape into what the ‘new normal’ is going to be, with school starting and we are ending our summer vacations, heading back to work (with or without masks), we do need to figure out what we are going to do as far as being action oriented. That is why it is on the agenda.

Comments and Questions:

(Cmsr. D. Dunn) The MHSA-Finance committee, within the next meeting or two, we will be looking at an item of great importance to the highest need end of persons within the mental health challenge. That is the state hospital Incompetent to Stand Trial (IST) issue. As a result of what I am hearing, and I will be sharing the latest information with the committee that this latest August meeting, we will be making recommendations as to what we think needs to be done in this area, directly to the commission and it will be taken to the BoS within the next two months. There are some very drastic things that will happen if we don’t take action. There is funding out there, at least for the building of facilities in the county. There isn’t money provided, as I understand, for ongoing programming. At very least, we need to get the ball rolling on the physical structure building. Facilities for this IST population in CCC. We can no longer just contract out.

(Cmsr. B. Serwin) I know we are out of time, but I am volunteering to offer for our retreat to see a list of ways that, in the past, how we have acted more proactively. Much of what we do is receive presentations and identify issues that way. If I can see a list, we can build on that during our retreat.

(Cmsr. L. May) We have our commission meetings and our committee meetings, but as all of us should be aware, we go out into the community, it is not just about this. We normally work with other groups/organizations, hear the need and bring it back to the commission. In answer to this question, I think we need to have an agenda item each meeting and someone volunteer to give five minutes to update what meeting we attended (outside MHC) and give feedback on what occurred at the meeting, what the community need is and actually beating the pavement, even through Zoom.

(Cmsr. G. Swirsding) I have to agree with Commissioner May. We bring things back and forth. Sometimes, there may be something we may be voting on and discussing in the commission that is happening directly in the community and it is that committee that changes something. I have seen it many times being on the

commission. It may not be commission directly, but bringing it back to a committee, it is their action that brings out the brings out what we discussed in the commission and making the BoS aware.	
XVI. Adjourned at 6:33 pm	