

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
January 5th, 2022 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Cmsr. B. Serwin, Mental Health Commission (MHC Chair, called the meeting to order @ 4:31 pm</p> <p><u>Members Present:</u> Chair, Cmsr. Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Candace Andersen, District II Cmsr. Douglas Dunn District III Cmsr. Kathy Maibaum, District IV Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Alana Russaw, District IV (Left 6:00pm) Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Cmsr. Graham Wiseman, District II</p> <p><u>Other Attendees:</u> Guita Bahramipour Angela Beck Jennifer Bruggeman Y’Anad Burrell Gigi Crowder La’Tanya Dandie (5:58pm) Jessica Hunt Theresa Pasquini Pamela Perls Jennifer Quallick (Supv. Candace Andersen’s ofc) Stephanie Regular (5:15pm) Arturo Salazar, Visiony_Compromiso Arturo Uribe</p>	<p>Meeting was held via Zoom platform</p>
<p>II. Moment of Silence for Richard Clayton, spouse of Supervisor Diane Burgis</p>	
<p>III. PUBLIC COMMENT:</p> <ul style="list-style-type: none"> (Y’Anad Burrell) First, I missed the Supervisors name, it is for my district? I will reach out to him and I would like to say to this commission, many for you who have known, I have been a CPAW (Consolidated Planning Advisory Workgroup) member for four years now. I have lived in District I (Richmond) for over 27 years. Now hearing Supervisor Gioia’s desire to hold out until there is a fit in the area of someone LatinX/Spanish speaker, I would hope that there still could be a way to have this community at large served in the interim. It has been a couple of years, at least I know I applied for this and reached out to Supervisor Gioia. We know each other personally, he appointed me to the Arts and Culture commission which I have been on for the past ten years. What happens in the meantime? While the best fit according to the supervisor is being sought out? There is 	

<p>not representation and to have that vacant for over a year and a half is a huge disservice to those interested who want to serve, including black people. It might be true that the larger population is LatinX in Richmond now. I know it has changed over the years; however, there still needs to be someone to serve. I will say that to this body and will also reach out to him and Mr. Lyons again. I have applied for this seat twice but have never heard back, NO response at all. So that becomes disheartening. In either case I am going to serve this community in the best way that I can in either capacity (commissioner or not) because the community needs to be served. Again, I will reach out to let him know and I would like to say this here because I am not new to anyone, but I definitely have been intentional in wanting to put the best effort forward to ensure, not just African Americans but people of color that live in this district are served and represented on this commission. Thank you.</p> <p>(RESPONSE: Cmsr. May) I am just glad that Y’Anad Burrell spoke up because that statement (from Supervisor Gioia) is very discriminatory. To make a statement like that because, if he really knew the history of Richmond, it was primarily home to the Black community. Port worker, and I can go back and pull up historical facts and for him to put forth primarily LatinX are in that City, it is not true and very discriminatory and I just all I have to say about it.</p>	
<p>IV. COMMISSIONER COMMENTS</p> <ul style="list-style-type: none"> • (Cmsr. Leslie May) I would like to personally thank Commissioner Laura Griffin for her professionalism and her friendship and being the sole commissioner to show up for my sister’s memorial and would like to thank Cmsr. Serwin, Cmsr. Griffin and Executive Assistant, Angela Beck for the flowers I received and the card and I would like to thank EA Angela Beck for her comfort gifts that were sent to me. • (Cmsr. Andersen) John Gioia sent a comment to Angela today (Angela, did you get that)? He was hoping it would be part of the public comment. (Cmsr. Serwin) I will be presenting in the Chair Comment Agenda Item. 	
<p>V. CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ul style="list-style-type: none"> • Second module of Commissioner Orientation “Introduction to Behavioral Health Services” will be presented BEFORE THE FEBRUARY Commission meeting at 3:30 to 4:20 PM • Commissioners encouraged to attend the annual Budget Year Key Issues & Projections at the January 25th Board of Supervisors’ Retreat • Supervisor John Gioia’s statement (sent to EA Angela Beck) to be read and placed into record for this meeting: <ul style="list-style-type: none"> Dear Mental Health Commission: Thank you for your service to advance the mental health well-being of county residents through your service on the Mental Health Commission. As all of you know very well, the pandemic has increased the severity and number of mental health challenges in our communities. I’ve spoken to many residents and also have family members who are experiencing greater mental health challenges during these difficult times. Given the fact that there is not currently a Hispanic/Latinx individual on the Mental Health Commission, I am focusing my 	<p>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</p>

<p>outreach to fill the vacant District 1 At-Large seat with a Spanish speaking Hispanic/Latinx resident. 26% of Contra Costa residents and 40% of the residents of District 1 are Hispanic/Latinx. These residents deserve a voice on this important commission. We will not be able to adequately hear the concerns of Hispanic/Latinx residents on this vital issue unless there is representation on the Commission.</p> <p>I will encourage my colleagues on the Board of Supervisors to also consider outreach to identify and appoint more Hispanic/Latinx residents to the Mental Health Commission. If any of you know of Hispanic/Latinx residents in District 1 who may be interested in being appointed to the Commission, please let me know.</p> <p>Thank you for your service!</p> <p>Supervisor John Gioia, District I, Contra Costa County</p>	
<p>VI. APPROVE December 1, 2021 Meeting Minutes</p> <ul style="list-style-type: none"> December 1st, 2021 Minutes reviewed. Motion: C. Andersen moved to approve the minutes with correction. Seconded by G. Wiseman. Vote: 12-0-0 Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, K. Maibaum, L. May, J. Metro, R. Shires, G. Stern, G. Swirsding, G. Wiseman Abstain: None 	<p>Agenda and minutes can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VII. “Get to know your Commissioner” <u>Commissioner Geri Stern, District I</u></p> <p>I have been one of the commissioners from District I for about five or six years now. Originally I was going to be spending much more time as a commissioner because I thought I was going to retire two years ago. However, due to circumstances changing in my life, I have not been able to spend the time I would like. I have been fortunate enough to be the chair of the Justice Systems committee and enjoying the work we are doing on that. I wanted to just acknowledge Ms. Burrell’s comments and Commissioner May’s comments. I don’t know what is going on with John Gioia and his selection process, but I want to assure you I am working as hard as I can on behalf of everyone in the city and in West County to represent this District. I am sorry people feel it is not happening. In terms of my background, I have an undergraduate degree from CalState Long Beach in Nursing and have a Master’s in Psychiatric Nursing from Texas Women’s University in Houston and I was one of three nurse practitioners in the state of Nevada in the early 80’s. I have worked at the University of Colorado Psychiatric Unit, the Methodist Hospital in Houston, at Baylor Medical Center, San Francisco VA Hospital, Mt. Zion’s adolescent psychiatry unit, and the Tenderloin Clinic in SF (aka, the ‘Gay Clinic’ in the early 70’s). When I was in Reno, I was a consultation Liaison nurse at Washoe Medical Center in charge of developing the psychiatric emergency services for three major hospitals in the area, as well as covering Washoe Medical Center on all of their units for any psychiatric concerns that came up with the nursing staff. I have also been in private practice doing individual group and marital therapy. I was also able to prescribe psychiatric medication to clients in private practice. Since 1988, I have been a realtor full-time. It seems a bit of a</p>	

strange background, but I use my psychiatric training with my clients every single day. I have determined there is a large untreated mental health population among those buying and selling homes. I just have to say it has been a challenge not being able to prescribe medication to some of those that have high anxiety when selling or buying property. The last couple of years I have just been in charge of chairing the Justice Committee and we have been working really intensely trying to look at issues related to conservatorships and detention mental health. We are going to be doing some interesting things this year and I am excited about that.

(Y'Anad Burrell) Thank you Geri, for the background. We connected briefly through email about a year and half or so ago. We were both surprised by all the work we were doing. Thank you for acknowledging my comment. I just want to say, I know you mentioned that some discouragement that I may think the work is not being done, I hope that did not come across in that way. I believe your service, and everyone on this commission, have served with integrity and intentionality. I definitely appreciate your service in West County and in District I. Thank you.

Commissioner Joe Metro, District V

I represent District V as a Commissioner-At-Large. I have had the privilege of service the commission since 2018. I am grateful for the opportunity to serve the board and the community. I have BS in Chemistry from the University of Maryland, Eastern Shore and attended their dental school for a year at Howard University School of Dentistry in Washington, D.C. I completed an MBA from John F Kennedy University. My background is in Chemistry, Quality Assurance, Quality Compliance and I have been a corporate Auditor for the Biotech Industry, including pharmaceutical companies. I have managed labs that have tested Fluvirin vaccine components, so I have some pretty solid technical laboratory and compliance regulatory background. My hobbies include: bike riding, running and love working on things (breaking and fixing them). I feel the passion we all have (all the commissioners) and it is all very relevant and obvious when we meet how passionate we all are. I share that enthusiasm and passion to drive for better things and change. One of reasons I was compelled to join the commission was, as a father of a 24-year old with exacerbated schizophrenia at an onset that came on about the age 16, at that same time, my niece was also (coincidentally) suffering from the same disease. Public school programs offered very little help at that time, for the student or the family members. That is when I first became indoctrinated into mental health. It wasn't until numerous hospitalizations, 5150's, that it became obvious to me there is definitely a need in this program for mental health and mental health services and support. Through the great work of the AOT (Assisted Outpatient Treatment) and mobile crisis centers, the mental health services (Nierika, Crestwood and others) that I have been involved with, I have seen it in the faces of the folks suffering with severe disability and their families that drive the passion that I have to want to serve them in the community. Through that, I hope to bring some of the experiences that I have and continue to have. Looking at things objectively and through a critical lens and always being data driven. The one thing I'm always interested in is working with Data committee and would love to get back into doing something that allows me to wrap my hands around that work. How data is collected, how it is disseminated and how the mental health mapping process is conducted, what issues need to be addressed and what are really important to address? I think, from that perspective, that is what drives the improvements

we need, and raises all the issues that should be raised and allowed to be objectively evaluated, given the resources we have. This should be addressed as a county member, and an advocate and advisor to the Board, it is our duty to ensure everyone has a voice and those that need our help so that no one falls through the cracks. I am a strong advocate for that and for the right for those patients (customers), as well as all those family members, irrespective of what background they may come from. Mental Health has no discrimination. Mental health attacks everything, everyone and that is the sad thing. All of us, commissioners, I know are very passionate about that and I share in that. Again, it has been a privilege being a commissioner and working a great group of individuals and with the public. I also want to say that NAMI (National Alliance on Mental Illness) was the catalyst that got me involved with the Mental Health Commission.

VIII. DISCUSS potential models for Commissioner meeting conduct:

- Contra Costa County 2021 “Advisory Body Handbook” (pg. 17) recommended conduct for Commissioners
- Mental Health Services Act (MHSA) meeting “working agreement” example
- California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Conduct Agreement and other models

Most commissions and boards have some meeting conduct code. As we have moved beyond meetings into email and social media platforms, our code of conduct pertains to a broader field. I have been collecting models for addressing how to best treat each to have the most productive and valuable meetings, with these critical outcomes. There are plenty of great models throughout the county groups and I have come across the three resources I have included in our handbook. One from the county ‘Advisory Body Handbook’, on page 17 there is a brief description of recommended conduct, appropriate meeting behavior. There are some specific guidelines like being attentive, respectful and courteous to members of the public and fellow commission members, avoid interrupting persons speaking and avoid personal remarks but focus on the subject matter. That is the nature of the recommendations that the handbook includes.

Another recommendation from the MHSA Program Manager, Jennifer Bruggeman, the CPAW meetings all begin with a review of the working agreement that everyone commits to at the beginning of the meeting in order to provide a baseline of conduct.

(Jennifer Bruggeman) This is just really basic guidelines how to engage during the meeting and has been around a long time. When I came on board a few years ago, this was already part of the CPAW meetings and those that have attended will be really familiar with this. It is always attached to the agenda (at the bottom) and we have a facilitator that runs our main meeting and will briefly go through the agenda and reviews the working agreement and it sets the tone for the meeting.

(Cmsr. Serwin) It is very positive, one of the items is that it is okay to disagree politely and respectfully as different perspectives are welcomed and encouraged.

The third document is a conduct agreement I came across, from the California Association of Local Behavioral Health Boards and Commissions. This organization provides resources and information on best practices to mental

health boards and commissions. This conduct agreement is posted on the website that covers some of the same issues as the previous two models.

The three models are all included in the meeting packet and I am thinking we can come up with something through the executive committee to present to the rest of the commission that combines the best ideas of these examples. Just a one page (or less) set of guidelines for conduct during our meetings.

(Cmsr. Griffin) I would just like to add to our conduct agreement: Tips on how to conduct zoom meetings and tips on conduct for zoom meetings: Mute when not speaking and keeping your video on. Many people feel disengaged when you only see a photo, especially with the Commissioners. I think it is important tact. There are number of things I would like to see regarding zoom meeting etiquette and tips addressed as well.

(Cmsr. May) I was going to basically say the same thing as Cmsr. Griffin. I would also like to see something put in regarding the very racist remarks made in the meetings by many regarding groups of people that are being marginalized and ignored. There is quite a bit of that going on in these meetings. When you hear something (esp. for me, as a commissioner), if it is directly offensive, I will speak up and I will not let it slide. If I don't speak up, it continues as if it is okay. That is why we are still many decades behind trying to get the same respect that others have received. I will be speaking up, no matter what.

(Gigi Crowder) I wanted to share, I know you are looking at zoom etiquette, but please do give consideration for individuals not having their photo up if their bandwidth / network connection not able to accommodate and so sometimes people will have it off for that reason. Also, others may not want the background in their homes to show (no safe space to share). I also put my hand up because I wanted to share, while working with the California Behavioral Health Director's Association, we had an essential agreements for having a robust stakeholder process, when you don't always have the voices at the table, everyone else who is participating will be consciences and think about who is missing and carry the voice for them. It is really important especially in the family movement that we take a look around and champion for all instead of just our own common voices. One last thing I would like to share (that was very uncomfortable for me last month) regarding the election process. The individuals running were doing the counting of the votes and it didn't feel like a transparent process. I had a few of my staff on the call and they asked, 'can that happen'? I would just like to put forth, in the future, you should probably look at the optics for those looking in with a process like that. I know we are using zoom, and it makes it more difficult, but perhaps it should have been someone else counting the votes. (RESPONSE: Cmsr. Serwin) Actually the zoom platform itself was counting the votes and it is all on a spreadsheet. (Gigi Crowder) We were left to trust the process and my younger staff, asked 'Can you do that?' and I agree with them. It felt weird and I am just asking you to consider sharing more information. When a person counting the votes announces themselves the winner, it is a bit awkward.

(Cmsr. Serwin) So, what happened in our last meeting is that I immediately sent, Realtime (to Angela) the results of the zoom vote, which she has the spreadsheet, which she could share.

(Gigi Crowder) I don't doubt the results, what it looked like to others, it looked a little odd.

(Cmsr. Serwin) I will take that under advisement and hopefully we can have a better technical setup to make that easier in the future.

(Cmsr. Swirsding) I'm a consumer and this whole talk about District I, I feel people think I'm not doing anything, but I have. There is lot I do for the area I live in (Richmond and the rest of the District). I have helped bring members of my community of all races to get mental health help (physically driving them to get help). Right now, because of COVID, it is very difficult for me to go out because of the shelter-in-place (SIP). It is very depressing. So, to make comments that nothing is being done by people on the commission, it seems unfair. Our last Member-At-Large was Duane, he did a lot and we worked together a lot for getting help for people in this area. I don't really know what to say other than I would like people to not mention my name, because you don't know what I do and don't do. You are not in my shoes. There is a lot of discrimination with mental health, for example, I broke my arm and was not prescribed pain meds due to my mental illness. There are many more examples of discrimination I personally experience as well as others, who are discriminated against just due to their mental health diagnosis. I just feel like this whole subject of what is happening in District I, I am not in control of it but I attend the meetings and do everything I can to help my fellow community members. (RESPONSE: Cmsr. Serwin) You have said a lot, very meaningful and powerful. You have so many years of service under your belt to the commission and to your community that it is hard to summarize it all. Thank you for speaking up on your thoughts about this. No one doubts your commitment.

IX. DISCUSS Crestwood Our House in Vallejo site visit and 2022 (January-April) targeted sites, Angela Beck, Executive Assistant, Mental Health Commission

We have a site visit scheduled for January 19th, it is a Wednesday. We are working out some of the logistics with the Program Director. Commissioner Dunn and Commissioner Maibaum are the site visit team, with Commissioner May as the mentor. We might need one more commissioner volunteer to help with those interviews. (RESPONSE: Cmsr. Serwin) we did and perhaps we can get a volunteer now or offline.

(Angela Beck) There is list (Attachment E in the meeting packet), which shows the site for February is Hope House in Martinez; March is Harmony House; and April is Crestwood Bridge and Pathways. If you all review the list, we will need volunteers as Cmsr. Hudson is on a break. (RESPONSE: Cmsr. Serwin) Cmsr. Wiseman and I are working on following up with that.

(Angela Beck) What I would suggest is that everyone could take a look at the list and give a preference which you would like to volunteer for. We will be reaching out to Hope House to start the process of scheduling next week. The Site Visit team is working on what to do for Crestwood (Our House) regarding the technology challenge. (RESPONSE: Cmsr. Serwin) There are a couple of places we Cmsr. Hudson down and we should just assume we will need to replace him with a volunteer until we know otherwise. Cmsr. Swirsding, currently you are down to take part in Harmony House.

(Angela Beck) The April site visit with Crestwood in Pleasant Hill, we will likely need two more commissioners due to both programs and the size of the site.

(Cmsr. Russaw) I can fill in for Cmsr. Hudson and I can be a back up to Cmsr. Swirsding.

<p>(Cmsr. Maibaum) I had reached out to Angela. January 17th does not work but January 19th will.</p> <p>(Cmsr. Stern) Along the same lines. I need dates in February as my schedule is packed.</p> <p>(Cmsr. May) Please take into account January 17th is Martin Luther King Jr. Holiday. It is a holiday. (RESPONSE: Angela Beck) Thank you for pointing that out, the site visit will then be on January 19th for sure.</p>	
<p>X. DISCUSS priority Commission topics for 2022, Commissioner Barbara Serwin</p> <p>The key part of our retreat was to identify topics for 2022. Cmsr. Serwin shared the document with the topics to focus on in 2022 that were voted on during the commission retreat. Please note the Topics (in the form of goals) from 2021 that are incomplete but relevant committee is still actively working on will remain in place and 2022 topics will be added to these 2021 topics.</p> <p>The topics to focus on are as follows:</p> <ol style="list-style-type: none"> 1. Advocate for the full implementation of parity in health insurance coverage such that mental health expenses are covered at the same level as physical health expenses (66.67%) 2. Evaluate mental health services in K-12 public schools (e.g., Wellness in School Program) (61.11%) 3. Evaluate where per capita funding for mental health services is being spent within the county (50%) 4. Advocate for ending the permanently legal financial discrimination that disallows Federal Medicaid payment for treatment provided by Institutions for Mental Disease, e.g., hospitals, nursing facilities, or other institutions with more than 16 beds (the IMD exclusion) (50%) 5. Advocate for a transparent and data-driven assessment of community mental health needs, beginning with the consolidation and sharing of data that is already collected (44.44%) 6. Evaluate the availability and adequacy of mental health services for traditionally under-served populations (e.g., teens, Veterans, persons of color, certain ethnic groups) across all county districts (44.44%) 7. Advocate for providing free mental health medications and services for the homeless population (38.89%) 8. Understand the policies and impact of the new California Advancing and Innovating Medi-Cal (Cal AIM) improvements across the Medi-Cal system (33.33%) 9. Advocate for improved transportation options for people with a mental illness to mental health services, resources and events (27.78%) 10. Advocate for the creation of mental health support groups for participants who all have the same diagnosis, with or without facilitation by a therapist (27.78%) 11. Assess the mental health needs of victims of human trafficking and advocate for needed resources (22.22%) 12. Ensure that the MHC provides full community representation (22.22%) 13. Advocate for ADA access and services for mental health facilities (16.67%) <p><u>Major 2021 annual goals or topics initiated during 2021:</u></p> <ul style="list-style-type: none"> • Advocate for funding of housing, services and programming for the 60 75 IST (Finance Committee topic) • Assess the existing Lanterman-Petris-Short (LPS) Act Conservatorship program and advocate for essential improvements (Justice Committee) • Continue to advocate for an adequate number of in-patient treatment beds (placements) in county-accessible mental health residential facilities (Quality of Care Committee) 	<p>(Cmsr. Serwin screen shared a document “Topics to Focus on During 2022”</p>

Comments and Questions:

- (Cmsr. Dunn) The incompetent to stand trial (IST) issue is going to be a very big issue for the commission to deal with in 2022. The misdemeanor IST motion we will be voting on shortly is just a small piece of this very large issue and has a major impact for persons of color in the criminal justice systems with major mental health issues in this county.
(RESPONSE: Cmsr. Serwin) That's great, as I pointed out at the bottom, current comments will be honored. At the same time, it is up to your committee to define a scope and stick to that scope.
- (Cmsr. Swirsding) The topic on insurance, it is also with MediCare with older adults. Many in our area, it is not covering much of the mental health medications, etc. I am constantly calling MediCare on their behalf, there is a huge issue with MediCare.
(RESPONSE: Cmsr. Serwin) Thank you, I know that is something the CalAIM project initiative is meant to improve upon. One thing I will add to what I have already said is that we identified these topics through our voting process and it is pretty clear cut but that doesn't mean we can't be educating ourselves and taking action on issues that pop up that are important to the community or that we can look at just by inviting subject experts to come to a meeting and to discuss (e.g., the CalAIM initiative).
- (Cmsr. May) I noticed #11, something I thought was very dear to this whole community, received 22.22%. This is Human Trafficking month. I work in that field right now. Obviously the people on this commission does not think it is important enough and it won't be important until it happens to one of their family members, their loved ones. Then it will be important. This is going on and it needs to be higher and should have received much more support from the commissioners than what it received. I understand about IMDs and all these other topics, but this population that is suffering from these horrific assaults will likely be in that population if we don't do something about this right now. Human trafficking does not discriminate by how much wealth you have, which neighborhood/district you live in. I have just received five referrals (age 7 and up) today. They're from all over this county. In one day, I received five referrals. I just got finished working with the FBI because the unhoused population here in the county are having their housing vouchers taken by 'pimps' to use their housing in the two hotels out here in Antioch to prostitute these same children and adults that they have snatched off the street until they can get them away from the area within 24-48 hours. So, this is bad and people need to open their eyes and really think about their choices when something like this is delivered on a survey. Really pay attention on what is going on in your communities and listen to the news. Otherwise, there will be a flood of folks filling in these facilities as there is only so much me (as a therapist) and others can do to help them.
- (Gigi Crowder) I was surprised there was nothing around housing and exploring options around housing. We did that moment of silences for our supervisor's husband who passed and I have attended three memorial services for individuals (all in Antioch), and I remember the last individual, Tyrone, thinking how cold it was out there and hoping he survives through the night to later learn he did not. I really appreciate the work that Teresa and Lauren are doing around Housing that Heals and I would hope it would score high on the list but it was not anywhere on this list. We have lost

two of our residential treatment facilities and spoke to it at length at the last meeting. We are in desperate need for more housing solutions. (RESPONSE: Cmsr. Serwin) I think I must not have expressed this clearly. Thank you for raising that. It is a core topic on the Site Visit Program and Housing that Heals is, essentially, the second main topic at Quality of Care right now. That is the very last goal on the second page. We are looking at, not only treatment beds, but supportive housing.

- (Pamela Perls) I wonder if the commissioners might be willing to add an underserved population under #6, which would be the disabled community, particularly developmental disability. (Cmsr. Serwin) Thank you for calling out that oversight.

XI. DISCUSS and VOTE on the Motion brought forth from the December 16, 2021 MHSA-Finance Committee Meeting (Agenda Item VII):

“The Mental Health Commission requests county Behavioral Health Services for additional funding, including MHSA and other funding sources, in the amount of \$3 million for Assisted Outpatient Treatment and other programs placement of misdemeanor incompetent to stand trial (MIST) clients.”

This motion was discussed at some length during the December 16th MHSA-Finance Committee Meeting. Mental Health Systems, who operates the AOT program and is one of the entities that persons can be referred to, coming out of MIST situations, put together how they came up with the \$3million figure. Also, Ms. Stephanie Regular (Supervising Attorney, Public Defender’s Mental Health Unit) was there and gave some great information letting us know there are 22 persons already in this county that have been getting some services but all of those psychiatric services have now gone away as of January 1st.

<Motion read> Does anyone have any questions regarding the documentation to back up the additional money requested? <referencing the attached documentation from Mental Health Systems>

Due to the Department of State Hospitals (DSH) and what they want to do with this population and the recommendations the IST Solutions workgroup are handing off to Dr. Ghally, Health and Human Services Secretary and the state Dept. of Finance and the legislature, they are pushing as much responsibility for this population down to the counties as possible. Our purpose in requesting \$3mil, the bill for this population is starting to come due. This is only one small part. We will also have the felony IST, which will be anywhere from 50 to 60 persons and the next area we will be dealing with.

Comments and Questions:

- (Cmsr. Andersen) I have been closely following this new re-alignment from the state (as we all have been). What would be most helpful as we vote on this, is to have a better understanding of what our response is. Doug, since Suzanne is not here, has BHS staff agreed that this is the best way to approach this? I know they have plan in place, there are different approaches of how to move forward and I am very supportive of us expanding AOT and whatever we need to do (expanding conservatorships or anything else) to address this population, but I want to ensure we have had some feedback from BHS staff as to is this the best way to address this or is there are other approaches we need to be looking at, as well? Maybe you don’t have that information, and I am sorry Dr. Tavano is not here to

address it. Maybe other BHS staff can address?

(RESPONSE: Cmsr. Dunn) I don't have that information and again, we did this because these people, some are already back in the county and some will be coming back to the county from the state hospital and I have not heard what the plan is. This is just an effort to push things down the court so we can hear from BHS and what the plan is. This is what the community thinks we need to do and further the discussion as best we can.

(Cmsr. Andersen) Maybe one possibility is to request, at our next MHC meeting, we have a presentation to the whole commission, with more background on this change and what the plan is. After that presentation, ask some more questions whether we think what we really need. All of us on the Board of Supervisors (BoS) are looking at is that we have allocated Measure X dollars and as we look at our Detention Mental Health facilities, all these things are part of that equation. I am wondering if we shouldn't get a bit more information before we make this request and see if we can agendaize this for our next commission meeting. I agree with you 100%, this critical that we all understand what is happening and that we understand what the county's plan is. Then where we need to mobilize and request additional funding or provide additional suggestions.

- (Teresa Pasquini) I was at that meeting and heard that conversation. I understand the concept of this motion. I am hesitant to kick the can down the road another month because this is a population that is here and we had information received from our current AOT provider that they aren't capable of handling this population under their current budget. I am concerned about waiting a month. I agree that it would be really great to have a clearer understanding of what the county plan is, but I think we have been asking for, actually, since this topic came up last year and have not seen or heard anything. I am a little torn on how to suggest, I think it's clear we need this and more. However, we did have the current provider of AOT services state they are not capable of handling more without more funding. (RESPONSE: Cmsr. Dunn) That is where I am at Cmsr. Anderson, with Teresa, I am willing to table this but not anymore than another month.

(Cmsr. Andersen) Maybe there is a hybrid. I appreciate Teresa's comments and her efforts with implementing AOT and maybe there is a motion that can be passed that we request additional funding for expansion of services subject to having a presentation to the MHC about whether this will meet the needs and how else will the needs of this population be met. Again, I would love a little more information but since there seems to be some urgency, I don't have a problem with us requesting additional funding going forward but we would like presentation to the MHC to better understand if this band aid help and what else is in the plan to address this.

(Cmsr. Dunn) what I suggest then is to take out the dollar amount and state subject to a presentation from BHS at the earliest possible time. Would that satisfy your concerns?

(Cmsr. Andersen) Absolutely. Main thing is to be informed and at our next meeting get a really clear understanding of what needs to happen, what is already in the works, but we determine where the gaps are.

(Cmsr. Serwin) It sounds like we have some rewording of the proposed motion and that we have agreed that, at the February meeting, we will have this topic as an agenda item. I will work with Cmsr. Dunn and Cmsr.

<p>Andersen to work out the agenda, and bring on board whatever experts we need there to speak. Does that sound right?</p> <ul style="list-style-type: none"> (Jennifer Bruggeman) I am sure Suzanne would be happy to do that at the earliest possible date. I don't know the details but I do know it is high on her radar and is well aware of this issue and has been listening to what the community is saying and it is really upon us now. I think the sooner the better, because I know the MHSA budget needs to be finalized by the beginning of February. <p>(RESPONSE: Cmsr. Dunn) Shall we amend this?</p> <p>(Cmsr. Andersen) I would just amend to take out the dollar amount. And request a presentation be brought forward to the MHC.</p> <p>The Executive Assistant (EA), Angela Beck read amended motion as follows: <i>"The Mental Health Commission (MHC) requests county Behavioral Health Services (BHS) for additional funding, including MHSA and other funding sources for Assisted Outpatient Treatment (AOT) and other programs placement of misdemeanor incompetent to stand trial (MIST) clients that we are now responsible for. As soon as possible, provide a presentation to the full MHC regarding the county's plan to address the needs of this returning population."</i></p> <ul style="list-style-type: none"> Motion: C. Andersen moved to approve the motion brought forward by Cmsr. Dunn. Seconded by L. May. <p>Vote: 11-0-0</p> <p>Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, K. Maibaum, L. May, J. Metro, R. Shires, G. Stern, G. Swirsding, G. Wiseman</p> <p>Abstain: None</p>	
<p>XII. DISCUSS and VOTE on the Motion brought forth from the December 16, 2021 Quality of Care Committee Meeting (Agenda Item IX):</p> <p><i>"The Mental Health Commission advises Behavioral Health Services and the Board of Supervisors to fund a comprehensive needs assessment of the county's continuum of care system of placing, tracking, treating, and housing the specialty mental health population."</i></p>	<p>Agenda Item skipped. Motion to be discussed at next Quality of Care meeting and will be added to January agenda.</p>
<p>XIII. DISCUSS Behavioral Health Services (BHS) 2022-2023 budget and MHSA three-year plan budget update, Commissioner Barbara Serwin</p> <ul style="list-style-type: none"> ➤ Review the BHS budget cycle and timing of stake-holder input ➤ Review the MHSA three year plan budget update process and timing of stake-holder input ➤ 2022 BHS and MHSA priorities ➤ 2022 Commission priorities ➤ Next steps <p>The budget process kicks off on January 25th when the budget year key issues and projections report is presented at the Board of Supervisor's retreat, as we mentioned at the beginning of the meeting. The county provides an overall outlook of the state economy and particular concerns for expenses and revenues and makes some projections. February and March is the time in which the departments are building their budgets. During this period, the departments are directed to meet with their constituency (advisory boards and commissions) to hear the needs and priorities of the public. The budget</p>	

narratives are developed, the program goals are stated and budget line items are put together. In early April, there is a recommended budget in place that is presented to the BoS and the public. Mid-April, there are deliberations regarding the budget and in July the next fiscal year begins, then in September, the final budget is adopted and goes into effect the fiscal year.

(Cmsr. Andersen) That is the process. The primary way we get our budget recommendations are through the department heads. We would likely be hearing from Dr. Tavano as to what she felt was really going to be important. It is often times very helpful to, not just advocate, but work with the department head and figure out if they will get behind this proposal because they will need to be implementing it, as well. You have defined the process very well, but on the other hand I don't want to discourage anyone from coming and stating here is a strong need, but certain it is not already being addressed. That is why it is important we have the facts so when it comes to the Board, we can see 'here is the gap, here is where we hope you will put some dollars' and then have a department head who can say, 'yes that is an area where we need the dollars, I didn't include in my budget because I was told I need to stay within 3% of my budget last year (or whatever that is)'. Realistically, some of our best mental health projects have come through a pilot project using MHSAs dollars, just because those are funds that have to be used for mental health purposes. When we can run a pilot, we can usually determine within two or three years that it is working.

(Cmsr. Serwin) What I am thinking for the commission is that we were hoping to hear from Dr. Tavano today regarding the BHS priorities. She is not here, so we can't address that. At our committee meetings in January and February, we will be needing to discuss, prioritize and document the concerns and needs of our constituency. Then at our February meeting (and any meetings in between) we will be hearing from BHS what their priorities and plans for the year. Following that, we can go through the process of meeting with the department heads for an exchange of information, hearing what they have planned, what their goals are and fit in/advocate and give our feedback as to what we feel concur with or the gaps we see that need to be addressed.

(Cmsr. Andersen interrupt) What is going to be important is for us to know is what BHS is planning to have in their budget request. Any new plans, programs...so that we are not expending effort and overlapping. There is that communication and it is really important to have Dr. Tavano bring this to us (maybe) in March she can be talking about what she is going to request in her budget, new programs, how to bolster existing programs, so that we as a commission can really understand where these funds are going and ask the hard questions 'what are we doing about this'?

(Cmsr. Serwin) I really think we need to move that up to February as we want to stay within the general timeline of the budget process. In the past, the MHC has missed the starting point and we want to ensure we are in there when the decisions are made. Jennifer let's hold off on the MHSAs priorities but could you give us quick idea of what the budget update process and timing is of stakeholder input? I hear February.. what is the critical point this needs to be into you, sounds like February.

(Jennifer Bruggeman) Right. I just spoke with our finance team earlier this week and they advised that they would like to have the MHSAs proposed 2022-2023 budget by early February. We are really getting down to the wire. We need Suzanne to weigh in and provide guidance on what her thoughts and

priorities are. We do have a standing monthly meeting with finance and she has been attending that. It is coming up next week and I'm hoping she is back and we get further clarity at that point.

(Cmsr. Serwin) Would it be possible for MHSA to share its draft budget with the commission at this point so we could at least be looking at it and understanding where the funds are placed and the priorities?

(Jennifer Bruggeman) Yes, I think so. We could do that, perhaps after we get a bit more information next week, I can communicate with you on that.

(Cmsr. Serwin) Commissioners, I would recommend that this month and February will be key months for identifying and formalizing our priorities and comparing them to BHS has identified as its priorities. We really need to be thinking about those as individuals at our committee meetings the next two months.

I'd like to point out some of the other documents relating to this agenda item in the attachments, in addition to the process there is a memorandum from last year (January 5th, 2021) from Monica Nino, County Administrator, "Budget Preparation for Fiscal Year 2021-22 and Beyond". This is put out every year at the same time, with modified details. The purpose of the memo is to assist department heads in preparing their next year's budget requests and related documents. It states the majority of documents will receive an allocation of general purpose revenues that is similar that of the current year. There will be an assumption of a 4% increase in the property tax; therefore, 4% has been allocated into the budget assumptions. That is where it is stated that department staff should discuss their budgets with their respective advisory committees and solicit their written suggestions. This document goes into a lot of detail on how the budget process works. If you are interested in that, I highly recommend reviewing this document.

I have also included in the packet, the budget for BHS for the past fiscal year. It is required reading for all of us, and the only way you are going to get handle on where the funds are spent and what the priorities are. The first page is a rollup of the budget, but once you get into it, you will see a narrative for all the various programs and services. Within each narrative you will find summaries for each of the major programs and divisions. There are approximately seven or eight different areas where the money goes. Then there is also the MHSA plan update 2021-22. Perhaps when we can send out both, so there is a comparison.

Comments and Questions:

- (Cmsr. May) I was just going to suggest that from the beginning since we just received these documents and to try to go through these documents will take some time. I have questions regarding the budget. One of which is the employees' salaries and the hourly positions, how many people are working, also wages and discussion regarding employees at CCRMC that there is only a small pool of employees that get to work overtime. I know for a fact there were only a select few that got to work overtime and at the hospital. Some of those employees and the year they used to publish were making \$150k to \$170k as a clerk. No other employees were given the same opportunity. What I would really like to see is equity when we sit down at the table. The budget for wages is a very important topic to discuss because it is unfair employment practices and favoritism, nepotism going on in the system. We need to discuss this and it needs to be tabled until we get a fair amount of people from all areas to sit at this table to

<p>discuss this budget. It shouldn't just be the executive administrators, we need more transparency in this county.</p> <p>(RESPONSE: Cmsr. Andersen) There is a lot that is part of the budget. Typically, because we have over 20 different labor unions and negotiations setting salaries, this is something even we on the BoS set. It is really part of the departments and the whole negotiation structure. It is helpful to evaluate how competitive our salaries are, we lose good people to other counties. We know that. We lose good people to other healthcare provider networks. It is a real challenge and right now, with healthcare providers in such a high demand, it is no easy solution. What happens is we have Suzanne and Anna Roth come to the BoS and say we can't fill these positions, we need get additional funding in our budget so we can raise these salaries and hire the people we need. That is helpful for the commission to understand that.</p> <ul style="list-style-type: none"> • (Teresa Pasquini) I am a bit disappointed on the motion for Quality of Care being pushed down. I congratulate you all for having this conversation around the budget and moving it up to January to ensure you get in on the entire conversation. I am frustrated that we don't have more information to have this conversation and go back to Cmsr. Metro's comment about being objective and data driven. Recalling the data committee work that was done by this commission. It is frustrating because my recollection was that it was set up in order for us to have information when the budget comes around to make decisions. I don't know what happened to that committee and that information. We have human log jams and we can't keep moving these motions and conversations down the road, it is not solving the problems. What I'd like to see is accountability and data. I just want to elevate the concerns that I have. We should be acting like our hair is on fire. People are dying, on our streets and in our jails and we need to get this information, make these decisions and act on it. 	
<p>XIV. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano, PhD., Director of Behavioral Health Services</p>	<p><i>Dr. Tavano was out and unable to present the Director's Report.</i></p>
<p>XV. Adjourned at 6:30 pm</p>	