

**MENTAL HEALTH COMMISSION
EXECUTIVE COMMITTEE MEETING MINUTES
MARCH 22nd, 2022 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair, Cmsr. Barbara Serwin, called the meeting to order @ 3:41 pm <u>Members Present:</u> Chair, Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Douglas Dunn, District III Cmsr. Alana Russaw, District IV <u>Members Absent:</u> Cmsr. Leslie May, District V <u>Other Attendees:</u> Cmsr. Kathy Maibaum, District IV Cmsr. Joe Metro, District V Angela Beck Jennifer Bruggeman Jen Quallick, Supv Candace Andersen's Ofc Dawn Morrow, Supv. Diane Burgis' Ofc</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None</p>	
<p>III. COMMISSIONERS COMMENTS: None</p>	
<p>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS: None</p>	
<p>V. APPROVE minutes from March 22, 2022, meeting:</p> <ul style="list-style-type: none"> • Cmsr. L. Griffin motioned to approve the minutes as written. • Seconded by J. Metro <p>Vote: 3-0-0 Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), A. Russaw Abstain: none</p>	<p>http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. UPDATE on Site Visit Program</p> <ul style="list-style-type: none"> ➤ Crestwood Our House Report ➤ Hope House date and team ➤ Crestwood Bridge date and team <p>The Crestwood Our House Report, a solid draft, has been produced by the team. It has made the circuits of the team and myself with edits forwarded by me. The next step is the report is to be moved forward to the Program Manager for Crestwood Our House to review, ask questions, add comments, etc. before it goes on to BHS Staff.</p> <p>Hope House update: We have a date now, April 7th and the team consists of Cmsr. Stern, Cmsr. Metro and Cmsr. Wiseman as an additional team member if there are enough clients at Hope House to justify three commissioners (interviewers). Depending on how comfortable everyone is with the idea, we are seriously looking at an in person site visit. To date, we haven't done that, which means we have done our client interviews but</p>	

<p>our reports are missing the site visit. It would be fantastic if we could. We would still conduct interviews virtually because it is hard to communicate fully with a mask on. Since this is interviews, it is all about communication. We do not know how many beds yet. The typical stay is 14 or 16 days that are covered by insurance and about that point, people are transitioning out. We should give it to the beginning of April.</p> <p>Crestwood Bridge: We are still in beginning stages, having trouble tracking down the program manager for Crestwood Bridge. There has been a change on the team and it has been difficult getting contact information. We do not have a full team yet, we have not had any responses to volunteers. Having difficulty getting responses, Cmsr. Serwin to draft an email to the commission to remind everyone this is a mandatory commitment (two site visits per year for each commissioner). Cmsr. Serwin is slated to be a mentor for that site visit and likely the target will be May.</p> <p>The last site visit meeting, we would like to begin planning the process for site visits with facilities that support children and adolescents. We have our questionnaires developed for children, a separate one for adolescents and another for family member/caregiver. We were assuming we would use the same process we use for adults for the children/adolescents with the additional step of getting permission from a caregiver and having that caregiver present during the interview, particularly with the children. We had a discussion with Chief of Children and Adolescent Division and he felt that step, getting the permission, would be difficult. That piece of the process would be a challenge and was trying to steer us more in the direction of using Quality Improvement/Quality Assurance. They do an annual survey of clients and suggested we that data. Using that data doesn't really serve our purposes in terms of what our objectives are for the site visits. We are going to start revisiting this process, in September. We will try to iron out that piece and get buy in from BHS and start in late fall with the first children/adolescent site visits.</p>	
<p>VII. UPDATE on MHC Code of Conduct</p> <p>Commissioner Griffin and I have been working on these conduct guidelines and looking at many different models for ideas of what is important to include. We have a good strong draft now that I would like to share with you <screenshare> draft conduct guidelines document.</p> <p>The purpose is to encourage professional behavior that leads to open and respectful dialog in meetings, electronic communications and other media, and that supports effective business operations, consensus decision-making and positive action.</p> <p><u>The first section covers all meetings (in-person and virtual)</u></p> <ul style="list-style-type: none"> • Act with integrity, treat everyone with mutual respect, trust, and dignity, and assume that they are acting in the best interest of the Commission. • Come prepared to discuss the agenda items and handouts. • Value other perspectives. It's okay to disagree politely and respectfully; different perspectives are welcomed and encouraged. • Turn off or mute cell phones. • Focus on the subject matter and issues. No side bars. 	

- One speaker at a time. Raise your hand to be acknowledged and do not interrupt.
- Avoid dominating a meeting and encourage everyone to participate.
- Keep your comments within the time limit and be brief and to the point. Be committed to starting and finishing on time.
- Use person-first language when talking about people with mental illness. For example, not “He’s bipolar” but “He has bipolar disorder”.

Zoom meeting guidelines we felt important:

- Mute your microphone when you are not speaking to keep background noise to a minimum.
- Avoid making background noise like shuffling papers when you are off mute.
- Use the “Raised Hand” icon in the “Reaction” options to raise your hand virtually.
- Use chat sparingly, only to ask related questions, share contact information, and share helpful links and information that are on topic. Refrain from side-bar conversations, shout-outs, advertisements, and anything else off-topic that may be distracting.
- Position your camera properly and keep your camera on if possible. Keep your web camera in a stable position and focused at eye level to create a more direct sense of engagement with other participants.
- Maintain a stable image of yourself to avoid distracting other meeting participants. If using a digital background, make sure your image is displaying properly and not moving around.
- Avoid multi-tasking like emailing and texting during the meeting. You’ll participate more and retain more if you focus solely on the meeting.
- Prepare to share materials in advance. If you will be sharing content during the meeting, make sure that you have your files and/or links ready to go before the meeting begins.

Digital Communications: Email, Text Messaging and Social Media

- Act with integrity, treat everyone with mutual respect, trust, and dignity, and assume that they are acting in the best interest of the Commission.
- Write as you are intending to be perceived, i.e., professional and respectful.
- Do not share confidential information.
- Think before you share. Assume that whatever you write will be shared. Commissioners may be the subject of a public records request.
- Don’t mix business and pleasure. Keep work and personal communications separate.
- Don’t be reactive. Think before you respond.
- Consider your tone. Don’t shout, i.e., using all capital letters.
- Don’t vent online.
- Use person-first language when talking about people with mental illness.
- Use person-first language when talking about people with mental illness. For example, not “He’s bipolar” but “He has bipolar disorder”.

Officially Representing the Mental Health Commission

- Do not commit the MHC to any action unless authorized to do so by the MHC Chair and/or by vote of the Commission.
- Do not make any statement on behalf of the MHC or purport to represent the MHC through any public medium, including the press and digital social media, unless specifically authorized to do so by the MHC Chair and/or by vote of the Commission.
- It is acceptable to be in a public forum and make a statement, but if you are not authorized, it is really important to state you are representing yourself as an individual member of the public, and may not be the official point of the view of the commission.

Conflict of Interest

- Commissioners should not act or vote in situations where they may have or it may appear that they have a conflict of interest, such as employment by an organization related to the matter at hand or hold a business interest related to the matter at hand. In the case of a conflict of interest, Commissioners should recuse themselves from discussing or voting on the matter at hand. This requires that they should leave the meeting before any discussion or voting occurs.
- No member of the mental health board or his/her spouse shall be a full-time or part-time county employee of a county mental health service, employee of the state department of mental health, or an employee of/or paid member of the government board of mental health contract agency. If they do, they may not be appointed to the commission. Any commissioner who becomes such an employee while serving on the commission must resign from their seat as a commissioner.

Agenda Language to Communicate Conduct Guidelines. This section is more about how we will use this language in practice. What we would like to do is to present our guidelines with every meeting agenda as a separate sheet. Borrowing from CPAW (Consolidated Planning Advisory Workgroup), we would like to open with each agenda, the opening language here. Just to point out that the input of all participants is valued and to ensure all voices can be expressed in a productive and respectful environment, we have adopted the following self-governance agreement for all participants at all MHC meetings. After that, we will list the meeting guidelines.

This language will be included on MHC meeting agendas:

- Opening language: The input of all participants at Mental Health Commission meetings is highly valued. To ensure that all voices can be expressed in a productive and respectful environment, the MHC has adopted the following self-governance agreement for all participants at all MHC meetings: (list Meeting Conduct Guidelines for in-person meetings; if virtual list Zoom Conduct Guidelines as well).
- Closing in-person meeting language: The Chair or the Vice Chair, at their discretion, may remove anyone not abiding by the MHC conduct guidelines from the meeting.

- Closing Zoom meeting language: The Chair or the Vice Chair, at their discretion, may mute or remove from the meeting, anyone not abiding by the MHC conduct guidelines

List of Sources for these guidelines have been pulled from:

- Contra Costa County Advisory Body Handbook, 2021
- California Behavioral Health Board and Commission (CALBHBC) Conduct Agreement
- Contra Costa County Grand Civil Jury
- Contra Costa County Mental Health Commission By-Laws
- Consolidated Planning Advisory Workgroup (CPAW) Meeting Working Agreement
- League of Women Voters Minnesota Code of Conduct
- Contra Costa County Form 700 Statement of Economic Interest
- California Welfare and Institutions Code, Chapter 1 Provision 5604

Questions and Comments:

- (Cmsr. Russaw) I had a question regarding social media. For example, I would maybe put in my byline on LinkedIn that I was a commissioner, but I wouldn't say that on Facebook. I haven't done either yet, but I am wondering what is the consistent moving forward? I think everyone should be doing the same thing as far as social media presence. I don't want anyone speaking on behalf of me.
(RESPONSE: Cmsr. Serwin) Right, so the guideline underrepresenting the commission, your own point of view without permission from the chair or vote by the commission covers that. If you want to make a statement about the commission on social media, you will need to identify that this is your perspective and not necessarily that of the full commission. It is fine to announce on your social media outlets that you are a commissioner, and what the business of the commission is, what your role is, but as far as taking a position on anything, if it's not the official position of the commission, you would need to call that out as your own personal point of view. Does that cover your question?
- (Cmsr. Russaw) A bit. Let's say someone is outrageous with some of their feelings or statements and someone knows they are commissioner and post something just as crazy, I think that is what I'm worried about. That is why I am worried about even stating I'm a commissioner on social media. It is not even worth it. I would keep my personal, personal and professional, professional. I'm just going to err on the side of caution. If you're my mother, you know I'm a commissioner, but if you are my co-worker or someone else, then you will have to figure it out otherwise, but it won't be from social media.
- (Cmsr. Serwin) I think that's wise. It's something that we can suggest in these guidelines. The fact is, we don't have any consistent way of monitoring that. We have to rely on people's self-implementation of these guidelines. That's where things like acting with integrity or overall principle comes into play.
- (Cmsr. Russaw) You and Cmsr. Griffin stated it in the best way, we are all grown and we would just hope people make wise decisions.
- (Cmsr. Griffin) Whenever you are working with social media, you are taking a risk. It is risky. You are putting yourself out there. If you can avoid putting it on any media outlet, it is best to be cautious if you are

worried about that because you are taking a chance when you put yourself out on social media.

- (Cmsr. Serwin) The fact that we are working in different environments, we really have to address each one specifically. Our aim was to be truly comprehensive. We have seen guidelines that are seven points line, but that just leaves a tremendous amount of behavior on the line.

VIII. UPDATE on Budget Process and available information

To be really frank about the budget process is, on one hand it is quite fair to say the folks in charge of developing the budget are out ahead of us. We don't have the latest information because they are working on (at all times) moving it forward. At the same time, in order to evaluate the priorities of BHS, some of that is looking at the budget revenues that have been dedicated to the various projects. The high price tickets are the larger, more expensive projects per client. We want to be able to pull those out, so that we can evaluate them. We don't have the most up-to-date information. Another aspect is having the most up-to-date information as it becomes available in a timely and quantitative way. I have worked really hard, every day, to get information. I feel, from my perspective, that it has simply been too difficult to get. When this is all said and done for this budget cycle, I'd like to have a sit down reflection with the director of BHS, the CFO, and talk about what went well and what didn't go well, what can we improve upon? I'd say one person who is the sterling exception to this, Jennifer Bruggeman, her MHS information is always transparent and readily available and I greatly appreciate that.

I don't mean to be negative, but some of this is a natural process for developing a budget but I have been stressing since 2021 the importance of the involvement of the MHC as a key stakeholder and being involved in the budgeting process, such that we can provide our input while the budget is being developed, rather than being presented the budget after it is created and has been presented/voted on by the BoS. At that point, it is moot. The process moving forward, I can point out what information is available now and what information we really need to see before the budget is final so we can weigh in without priorities.

We now have a draft of the proposed budget with the revenue breakdown. If you like, I can share that with you now; but it is at the highest level possible where the largest dollar amount is salaries and benefits.
<screenshare> Mental Health Division Summary FY 2022-23 Projection, which has been attached to these minutes.

The grants we have been applying for—some of which we have received, some we are waiting on—we have, if you recall, the summary of grants that Dr. Tavano has presented at our commission meetings. For grants that have been awarded, it would (eventually) be nice to see the breakout of what is being spent. Compared to this information, it is pretty granular. We need the latest status update. We are missing a major update of the Mental Health Housing information, it is high priority to most stakeholders, including the MHC. We haven't seen the specific Division program budgets, example the expenses for the child and adolescent budgets, the adult and older adult budget and all the major divisions within BHS. The final published budget, there is a sidebar for each of those divisions and it would be nice to see those in advance of the final budget. For example, with the

MHSA budget we do see what the budget is for each of the major categories and then we see the budgets for the individual programs. That is the only way we can make an assessment of where the money is being spent. The program budgets roll up to the division budgets and the division budgets roll up to the overall total budget. We really need to look at that but it's doubtful we will be able to, given how it has gone so far. I asked for the updated mental health housing information today and received a response from Dr. Tavano that she will be presenting it at the April MHC meeting. It is really hard for me to digest that information on the fly. If we have the information early enough that we can incorporate in our packet, that would be an immense help.

Questions and Comments:

- (Cmsr. Serwin) We can have discussion at the Commission meeting and if there is anything we want to strongly advocate for, we can have meetings after the commission meeting up to the point that the proposed budget is presented to the BoS, so we still have a window of time after our commission meeting up to the vote to advocate.
- (Cmsr. Dunn) As a last stop, I can devote as chair of the MHC Finance committee, the time during that meeting to ensure we advocate and make it very clear to BHS, Mr. Godley and Dr. Tavano at the April 21st Finance meeting (if the BoS meeting is the 25th).
- (Cmsr. Serwin) Obviously, the more time we have the better so we do have the Finance meeting and the time before that to meet with BHS.
- (Cmsr. Dunn) I know for a fact that apparently CCC BHS is passing on round three of potential funding that has to do with housing for those on SSI and have mental health issues. I'm going to do a last minute reach out to some community organizations, but Dr. Tavano stated that no community organization has stepped forward so we are passing on that. That's \$480mil statewide. CCC is passing on a chance of a piece of that. She has indicated very clearly there is going to be community meetings on round four, which is children and adolescent.
- (Cmsr. Serwin) We are going to cover this in another agenda item IX.

IX. Behavioral Health Care's efforts relating to upcoming Behavioral Health Continuum Infrastructure Program (BHCIP) grant opportunities

I was going to cover this, but Cmsr. Dunn has a much more detailed understanding of this. Cmsr. Dunn, I just wanted to make sure that the Executive Committee knows what the BHS Continuum Infrastructure program is and what the grant opportunities are.

(Cmsr. Dunn) Round 3, is persons on SSI, who may or may not have mental health issues, housing. It looks like the county is going to pass because no community-based organization (CBO) haven't stepped up. I am going to reach out to two of them here by tomorrow and see if they know about this and want to put something together at the last minute because the deadline is March 31st.

(Cmsr. Serwin) The challenge there is that these projects need to be 'shovel ready' in order to be considered for the grant. If you haven't done a lot of work beforehand and have partners lined up, you are not in the running.

(Cmsr. Dunn) Chris Celio, HUME Center, spoke of several micro housing projects and I will see if that is 'shovel ready' and can fit in to this.

Round 4 is children and adolescents. I got this information from the listening sessions that the department of health care services had via zoom, through Mr. Gerold Leonicker, the chief. He said he would get back to CBOs and have no idea how many persons (I was one of 600) were with CCC CBOs there. Dr. Tavano has made it clear that they are going to hold Community stakeholder meetings on Rounds 4, 5, and 6. The last three rounds will be \$480.5mil a piece, statewide and just brick and mortar.

(Cmsr. Serwin) Round 4, as of our last commission meeting, Gerold did not yet have a set of programs he wanted to pursue through grants. As you just said, BHS intends to get stakeholder input on that.

(Cmsr. Dunn) Rounds 5 and 6 are the last two opportunities for the incompetent to stand trial (IST) and mental health rehabilitation center (MHRC) multiple levels. That information should be forthcoming within the next six weeks to two months.

(Cmsr. Serwin) What is the broad bucket scope of each of those two?

(Cmsr. Dunn) They are very broad, but would be other than children and adolescent (that's Round 4). They would be other than Crisis Services, which is round 1 and 2. They would be other than SSI (Round 2) so by process of elimination it tells you what is left. We are talking about just under \$1.5bil (the last three rounds 4, 5, and 6).

(Cmsr. Serwin) Do you remember the deadlines for the last three rounds?

(Cmsr. Dunn) There hasn't been a deadline set yet for Round 4, just the listening session. If we want to get our ideas in, I need to get them in by March 25th. That's not the deadline, but in terms of the Frequently Asked Questions (FAQs) sheet, the Department of Health Services is putting out for all the persons interested in Round 4. It is building, the legislative trailer language said, that there are several years before these facilities have to be up and running. The project needs to be awarded in 2021-22, again if the deadline gets past July 1st, then that goes into 2022-23, in terms of getting it built, you have up to 2025-26 to be built. The deadlines aren't quite as tight as normal.

BHS Steering Committee (Cmsr. Griffin) I was invited to be a member of the Steering Committee and we met on the 15th and basically threw some ideas around. There was a PowerPoint presented and I was trying to get a copy of it. They just wanted to hash out what the priorities were and there were a lot of different representatives from all over BHS. I was just the commissioner coming in for the MHD part of it. It was basically just the initial 'this is what's out there, this is what we're going to try to do' but I have no hard facts yet on the break downs and hoping we are having a follow up meeting soon. What was discussed most was when they could present this to the MHC and CPAW. They wanted us to reschedule the commission meeting for the 6th so they could present it earlier. I told them that won't work. Bottom line, they are going to present to us. They are going to invite us to a presentation (MHC, CPAW and the public).

(Cmsr. Serwin) Did they present grant ideas? (Cmsr. Griffin) what to do with the money once it has been awarded.

<p>(Cmsr. Serwin) I thought the Steering Committee was more about...</p> <p>(Cmsr. Griffin) Gerold was very interested and said we definitely could use a facility for youth and other people were speaking up on other topics. How to get the word out was basically what we spoke about. We didn't really get into anything else.</p> <p>(Cmsr. Serwin) Did they talk about how to... that's exactly what we are trying to do now, so that we can pitch forward our own ideas if we have any. (Cmsr. Griffin) Last I heard, on the 15th, they would get back all of us for a more in-depth meeting, as well as reach out to the MHC and CPAW with a presentation. That is where they left it and have not heard back from anyone.</p> <p>(Cmsr. Dunn) That is my question. A lot of these grants are coming out after the 2022-23 FY. My question to Mr. Godley and Dr. Tavano is how are they going to account for the 2022-23 (maybe the end of 2021-22), how are they going to figure these into the budget if/and when CCC BHS wins these grant proposals. That's the big question.</p> <p>(Cmsr. Griffin) I will reach out to Adam Down and get a hold of the presentation that comes into the goals and their deadlines that they seem to be trying to figure out. That way we will have a clearer look at what exactly they are thinking and planning.</p>	
<p>X. DISCUSS Behavioral Health Services (BHS) Mental Health Housing plan summary</p>	
<p>XI. DETERMINE April 2022 Mental Health Commission Meeting Agenda</p> <ul style="list-style-type: none"> ● CHAIR ANNOUNCEMENTS <ul style="list-style-type: none"> ● MHSA Three Year Plan 2022-23 Update Public Hearing at MHC May Meeting – Update available to review now. ● Draft 2022-23 County Recommended Budget will be presented at the Board of Supervisors April 26th meeting ● PRESENT MHC Code of Conduct ● PRESENT the “Psychiatric Advanced Directives” (PAD) program, Jennifer Bruggeman, Program Manager, Mental Health Services Act (MHSA) ● DISCUSS Behavioral Health Care’s efforts regarding upcoming Behavioral Health Continuum Infrastructure Program (BHCIP) grant opportunities <ul style="list-style-type: none"> ● Description of BHCIP and timeline ● Consultant-moderated stake-holder planning process ● BHS Steering Committee ● DISCUSS latest information available regarding BHS budget priorities and projected budgets <ul style="list-style-type: none"> ● Recap of information presented at February 2, 2022 MHC meeting ● Mental Health Housing Projects ● DISCUSS other TBD budget topics, e.g., Revenue Sources, Department Budget ● DISCUSS MHC budget priorities ● DISCUSS process for advocating MHC Priorities ● DISCUSS remaining steps in the budget process 	

Agenda items agreed/approved.	
XII. Adjourned meeting at 5:01 pm	