

**MONTHLY MEETING MINUTES
MENTAL HEALTH COMMISSION (MHC)
June 1st, 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 @ 4:32 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. Tavane Payne, District IV Cmsr. Rhiannon Shires, District II Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Cmsr. Graham Wiseman, District II Cmsr. Yanelit Madriz Zarate, District I</p> <p><u>Presenters:</u> Dr. Suzanne Tavano, Director of Behavioral Health Services</p> <p><u>Other Attendees:</u> Phil Andersen Colleen Awad Angela Beck Jennifer Bruggeman Rebekah Cooke Kennisha Johnson Pamela Perls Jennifer Quallick (Supv. Candace Andersen’s ofc) Kerie Dietz Roberts</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENT:</p> <ul style="list-style-type: none"> (Rebekah Cooke) I think I sent an email to most of you regarding my daughter, who has been struggling with mental illness. She was locked off conservatorship back in December and is homeless. I can’t help her because it is dangerous for me. I have tried to get help from all resources. She has stolen a car and begged the chief of police to put a warrant out for her arrest and he was nice enough to do that. Jail seems to be the only place that she can receive help. Every minute of every day she is struggling and I have yet to hear from anyone. I have heard from Cmsr. Dunn and other moms dealing with the same thing I am dealing with, but that’s it. I have not heard from Supervisor Andersen, not her office, not from Behavioral Health (and have reached out to everyone). Someone is going to get hurt. I am told there is no recourse until she dies and I am just waiting for her to go to jail or die. Quite frankly, her life would be better off right now than where and how she is living now. This is tragic. Every day is like watching her drown and I cannot help her. 	

<p>I need help. I need a voice. I am not going to go away, and when something happens to her, I will be a force you don't want to reckon with because I have a trail (of letters and on and on), it has got to stop. Someone has to reach out to me, someone has got to help. I even had a place for her to live. She is dying out there. She is too severely mentally ill to get help. She can't do it on her own and she won't do it on her own. Like so many out there struggling, something has got to stop. Thank you for listening. I would really appreciate calls from people that can make a change. When she ends up in jail, there is not plan. Last time, she stabbed someone and was let go two days later. That is what is going to keep happening. That is not fair to me, our family and mostly to her.</p> <ul style="list-style-type: none"> • (Pamela Perls) KQED Channel 9, on June 27-28 (at 9:00PM) there will be a program 'Hiding in Plain Site: Youth Mental Illness' and will have testimony by 20 or so young people. I thought this was marvelous and would like to let you all know to watch. 	
<p>III. COMMISSIONER COMMENTS</p> <ul style="list-style-type: none"> • (Cmsr. Rhiannon Shires) <interrupted Chair/Public Comment> I do believe as commissioners, it would be important for the public to know what our backgrounds are. Part of that is having our degrees after our name. I know every other board I serve on, that is the way it is. It helps people know what different types of expertise are on the board. Again, I am putting it out that I do believe our credentials should be after our names. (Cmsr. Serwin) I welcome anyone who would like that, to do so. • (Cmsr. Gina Swirsding) I was attending the older adult meeting and a consumer had some concerns, one of which was regarding Measure X and the \$2mil that was slated for older adults. I tried to look for it and hoping someone could help me find the information. They are concerned that the older adults actually do get those funds. One of the things this community is concerned about is transportation. Many older adults don't have transportation. The second comment I have is that the Senior Centers are now opening. Each part of the county, you can call to find out which Senior Center is open. A lot of our Seniors have been isolated due to COVID. Also, seniors can get a free ride from Lyft and Uber. • (Cmsr. Leslie May) First I'd like to address Ms. Cooke, I sympathize with you. I heard you. I didn't just listen, I heard you. I will put my email in chat so you can reach out and I will see what I can do with people that I know to try to help you. I want to sympathize with you. The secondly, I would like to say is that I really would like us to take a few moments of silence for the shootings in the school in Texas and also the shootings that just happened in Oklahoma City just now. I think we need to honor the people that are being taken from us by mental illness. Lastly, I hear Dr. Shires. I have a lot of initials, too. I just don't think that is what I am here for. I am here to hear peoples stories and help others out any way I can. I am not looking for accolades. I am doing the work that needs to be done in this county and honoring those that take the time to come to these meetings and voice their opinions. • (Cmsr. Serwin) Thank you Commissioner May, I would like to that now for the next 30 seconds if we could all settle in our own thoughts. 	

- (Cmsr. Laura Griffin) Addressing a comment in the chat by Cmsr. Wiseman regarding the use of titles. If you have titles, go ahead and put them on, but as Cmsr. May stated, I agree we are here for other reasons, that what our titles are. More importantly, how do you designate your title if you are a consumer or someone with lived experience. I find that is more valuable than any title.
- (Cmsr. Rhiannon Shires) I would like to respond (Cmsr. Serwin) I cannot allow responses as it is a violation of the Brown Act. But you are welcome to respond via the chat and we can agendaize this topic for the next Commission meeting. (Cmsr. Shires) No, I would like to respond. (Cmsr. Serwin) No, this is a Brown Act violation and we cannot allow it. (Cmsr. Shires) Okay, I am leaving the meeting. Goodbye. No, if I do not have a voice and cannot explain why I want titles and hearing all this feedback, I don't want to be part of this meeting and I will leave. (Cmsr. Serwin) I will give you one minute to respond, I am breaking the Brown Act myself. (Cmsr. Shires) I was asking for titles (A) not for accolades and (B) it is not to stand out in the crowd, I believe the public has a right to know who sits on this Board (referring to the Commission). I think sometimes, a degree gives people/someone that maybe that particular person may want to reach out to because they realize that person has a certain expertise. It is not to put someone above others, it is just the public having a right to know. I resent all the statements I have heard so far. I think they are very presumptions and I think they're people who don't have titles and are very quick to put out their agenda. (Cmsr. Serwin) Thank you Cmsr. Shires. I encourage everyone to take these comments in an impersonal way and respect our Brown Act rules. As I said, I should not have permitted the comments responding to Cmsr. Shires in the first place.
- (Cmsr. Graham Wiseman) I wanted to thank all the commissioners that were out for the tour of the new mental health modules at the detention facility. It was really great to see such a great turnout. It was a wonderful thing and hoping we get some kind of presentation later on what we saw and felt. Thanks. (Cmsr. Swirsding) <comment inaudible/out of turn>
- (Cmsr. Yanelit Madriz Zarate) I just want to thank everyone for being here and wanted to take a quick second to acknowledge all the commissioners that went to the tour for the Martinez Detention Center. I had a comment regarding that. For me, as a low-income Latina and having family members who have been affected by the system, it was interesting to be in that space. I think that moving forward, I had heard some comments when we were in one of the renovated spaces, "Oh this is fancy" and for me, there is nothing fancy about being in the jail. I didn't have the time nor the energy to address during the tour, but I just wanted to make space for myself to be able to speak on that and I just hope that, in the future, we can gather as a collective and see what the best ways are to approach these tours in the future.
- (Cmsr. Serwin) Thank you very much, I do believe we have one scheduled at West County in September.
- (Cmsr. Stern) Yes, we do and anyone who is interested in joining that tour, please email me and let me know.

IV. CHAIR COMMENTS/ANNOUNCEMENTS:

<ul style="list-style-type: none"> ➤ MHC Orientation Module before the July 6th Commission meeting will be either “Financing Mental Health” or a repeat of “Introduction to the Mental Health Commission” ➤ I presented to the Developmental Disabilities Council on March 23rd and wanted to emphasize that the council is interested in increasing services available to people with a disability. At Behavioral , they are finding they are not getting what they need from the regional services. They would like to advocate jointly with the MHC for more services and more care trained to work with this population. ➤ Participated in "May in Mental Health Awareness Month" presentation to the Board of Supervisors (BOS). The supervisors were very engaged and supportive of our messages. We spoke on the fact of the outcome of COVID, particular with mental conditions related youths, how it has raised our discussion to a national level. We talked about honoring Jay Mahler, who was really a force in introducing the peer movement. We also expressed the feeling that Mental Health is a gift that everyone deserves. I will point out that presentation we delivered to the BOS and the resolution we drafted and shared at the meeting, are attachments to this agenda. ➤ Resignation of Commissioner Alana Russaw, District IV ➤ Welcome newest Commissioner: Tavane Payne, District IV 	
<p>V. APPROVE May 4th 2022 Meeting Minutes</p> <ul style="list-style-type: none"> • May 4th 2022 Minutes reviewed. Motion: G. Swirsding moved to approve the minutes. Seconded by G. Wiseman. <p>Vote: 13-0-0 Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, L. May, J. Metro, T. Payne, R. Shires, G. Stern, G. Swirsding, G. Wiseman, Y. Zarate Abstain: None</p>	<p>Agenda and minutes can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. “Get to know your Commissioner” – Commissioner Yanelit Madriz Zarate</p> <p>Hello, my name is Yanelit Madriz Zarate. I am a Mental Health Commissioner for District I. I am really glad to be here. I also want to take time to acknowledge that today is the first day of Pride Month, Happy Pride Month.</p> <p>I am from San Pablo, California. I am first generation low-income Chicana student currently at UC Berkeley majoring in Sociology. The proud daughter of Mexican immigrants. My interest to apply for the commission, I would say there were a lot of factors that came into it, but I have dealt with a lot of mental health struggles. It started mostly in 2018, when I was completing my first year of college out at CalState University in Monterey Bay. Unfortunately, during my second semester, I started going through a lot of anxiety, depression, body dysmorphia, suicide ideation. It was like a domino effect.</p> <p>After going through anxiety, I would go through depression more severely and it was a really dark time for me. I was forced to be my own leader. I had to look for resource on my own, especially being low-income, I didn’t have the opportunity to look for resources available to other students. I decided to drop out of CSU and move back home to San Pablo. I went to Berkeley City College for three years and really started advocating for my own mental health and for the mental health of others. My mentor Genoveva Calloway,</p>	<p>Shared presentation via screenshare</p>

the former mayor of San Pablo, who is a very close mentor of mine and encouraged me to apply. She is my role-model as another Latina. For me, it is very inspiring so I've been under her wing and learning how to approach social justice and the macro-level of mental health in Contra Costa County.

I have experience working as a mental health advocate at the undocumented center at Berkeley City College (shared pictures of her experience). What I would do is provide resources to students and to the undocumented community and would also provide them with peer-to-peer sessions. If there was a student going through depression or anxiety or just needed to vent and going through a lot of stress, I had experience with my own mental health and I also went through training. I would try to provide them with that safe space that I wish had when I was going through my mental health struggles out of CalState.

After getting involved with mental health advocacy, bettering my own mental health through a holistic approach, that is when I realized the importance of social justice advocacy. Even though I went through my own traumatic experiences, I realized there were so many other individuals like me who were also going through it. That inspired me to become Define American's West Regional Chapter Representative. That is where it took a lot of my mental health experience onto a social justice level, provided training for people and got involved with all things social justice.

Today I am very passionate about mental health awareness, mental health advocacy and social justice advocacy, as well, through a holistic approach.

I am currently a transfer student at UC Berkeley. I have completed my third year and moving into my fourth years this upcoming academic year. For me, family is a big thing, being the first one to pursue higher education and the first in my family to have the opportunity to serve on commission like this. I take a lot of pride and I'm very humble so I always try to, not just better myself and learn about new resources, but also take those resources back to my own family, my own community and people. I try to share all that I have learned.

Things that I hope to bring the commission are more cultural competence, through my own lived experience as a low-income Mexican-American woman, I know how it is in my community and to be able to be in a position like this, instills a lot of pride. I am very motivated to make a change. So, I advocate and represent the Latin community. It is very hard with mental health in our community as it is taboo, even when there are resources available, they are sometimes unaffordable, inequitable. I know there are many individuals, even on campus, struggling and there are not enough resources. Thank you for your time.

Questions and Comments

- (Cmsr. Swirsding) Thank you for your presentation and your work and advocacy. I think it is really great. As a consumer myself, that helped me getting involved in consumer resources in my area. That is why I go visit homeless camps. I also was on the Berkeley Campus and did a bit of work on campus. There is a lot you can do on the campus. I am so glad you are on the commission.
- (Dr. Tavano) First, I would like to thank you so much for sharing your personal story, it is a great one. The more people that speak up about their own experiences, it is a real stigma buster and we really appreciate you for that. Also please give my regards to Genoveva, I have worked

<p>with her for years and she must be very proud, as your mentor and just so happy to see you really thriving. You are just a wonderful addition.</p>	
<p>VII. Update Commission Membership and open seats, Angela Beck, Executive Assistant</p> <p>District II Family member seat will be vacant as of 6/30/22 District IV Family member seat will be vacant as of 6/30/22 District III Member-at-Large and Consumer seats are still vacant. District IV Member-at-Large seat is vacant.</p> <p>(Cmsr. Serwin) I would like to add that since we are down so many commissioners, I would ask each of us to ‘step it up’ because there is just few number of people who can carry the workload and we want to keep moving our forward during this time while the BOS is doing their searches. If anyone would like to step up more and not sure what they can do, they can turn to their committee chair, they can turn to me (Chair). Also, if you are not already on a committee, it is mandatory to be a member of one of the standing committees: Quality of Care, Justice Systems or the Finance Committee. It is really at the committee level is where much of the hands on work happens. The committee chairs carry a big load.</p>	
<p>VIII. Review procedure for resigning from the Commission and procedure and time-frame for applying for another term, Angela Beck, Executive Assistant</p> <p>The procedure for resigning from the commission is to send an email notification (or letter) to your supervisor and copy the Chair and Vice-Chair of the commission and copy the Executive Assistant (EA). The sooner you know you are going to resign, please notify as soon as you know so that the supervisor and their office can start the process to fill the open seat.</p> <p>Refer to the bylaws regarding attendance/absences. Notify the Commission Chair/Vice-Chair as well as the EA of the absence. You have four absences in over the course of one year before you will be asked to resign.</p>	
<p>IX. UPDATE on Site Visits, Cmsr. Laura Griffin</p> <p>The site visits have been going slowly. We just finished a great visit, Cmsr. Metro and Cmsr. Stern visited Hope House in Martinez in April. It was a good experience and they produced a great report. The site visit committee is running a bit behind. We will meet on Friday to review the report, give it the final okay and then hopefully it will be off to the program manager. Thank you Cmsrs. Metro and Stern for volunteering and doing such a great job.</p> <p>Our other site visit, Crestwood Our House, completed in February and we received the report back from the director who had some questions regarding the report. We are still in the process.</p> <p>(Cmsr. Serwin) I am going through the process of meeting with the program manager and really getting the detail of her feedback and incorporating responses to her feedback. I will be ready to send it off by the end of the week.</p>	

<p>(Cmsr. Serwin) Crestwood Pleasant Hill, the facility has been in meetings with Dr. Tavano and her team to work through what services will be provided there and Dr. Tavano will be providing a quick update on that today during her report.</p> <p>(Cmsr. Griffin) We are slow going and we need more commissioners to volunteer for the site visits.</p> <p>Questions and Comments</p> <ul style="list-style-type: none"> • (K. Maibaum) This will be my last meeting. I was able to participate on the virtual site visits and I really enjoyed that part. Can I participate as a citizen and not as a commissioner? Would I be able to support you in that way for the committee. • (Cmsr. Anderson) Anyone in the community is allowed to attend our meetings and make public comments. I think the only restriction that might be there would be if your employer has a restriction on you participating. Definitely, that is why we have open meetings, we want everyone to have a voice. As for participating in the site visits, that would be up to the discretion of the chair, whether or not there is a capacity for the public to attend. Typically there has not been that ability. 	
<p>X. UPDATE on BHS Behavioral Health Continuum Infrastructure Program (BHCIP) Needs Assessment Findings presentation on May 16th, Commissioner Laura Griffin</p> <p>Just a brief introduction for those of you who are not aware of this program. The department of healthcare services was authorized through a 2021 legislation to establish a Behavioral Health Continuum Infrastructure Program (BHCIP) and award \$2.2bil to construct and acquire and expand properties and invest in mobile crisis infrastructures that are related to behavioral health. The Department of Health Care Services (DHCS) is releasing these funds through six (6) grant modules targeting various gaps in states behavioral health facility Infrastructure. Just to point out that a portion of the funding is available for increased infrastructure targeted to children and youth (25 years or younger). Any of these facilities built with is funding have to be available to provide services for 30 years. Doesn't have to be the same service but it has got to be mental health / behavioral health services.</p> <p>They are making a commitment to fund services for Thirty (30) years In that facility. The state has allocated \$2bil across two different funding sources. The BHCIP funding source is through the DHCS. It provides competitive grants where counties at non-profit and for profit are going to apply for funds to build new or expand existing capacity within the mental health services for MediCAL beneficiaries. This is specific to mental health treatment, specific to MediCAL and it is the service side of the funding. This funding is for infrastructure only. It provides money to purchase land, improve existing infrastructure that we already have for new and expanded existing structures.</p> <p>So, one important goal is to bring people back into our county. The second type of fund source is the Community Care Expansion (CCE) program. This is through the department of community services (DCS) and it is the other side of the funding stream. It is about adult and senior care facilities to support</p>	<p>Documentation on the presentation review for 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>

living options for people that are on Social Security Income (SSI) and other cash assistance.

The BHCIP is structured in six rounds. The first was mobile crisis and we received the grant for crisis infrastructure. Round 2 was the planning grant, building the action plan. In Round 3 is where we are right now and I believe the last day was May 31st but not quite sure how that out. Round 4 is focused on Children and Youth Facilities and they plan on that sometimes in August, unless things have changed. Round 5 and 6, not sure yet but they have a pretty good idea that communities will be able to apply for the facilities where they have gaps in the continuum.

Currently, on April 18th BHS conducted a BHCIP stakeholders meeting to identify opportunities to build new or expand existing behavioral health facilities as part of the BHCIP grants. The purpose of this meeting was to gather feedback about the types of mental facilities that are needed for Contra Costa residence diagnosed with mental health and/or substance use conditions. They also reviewed the funding available for the state to develop these facilities and propose needs assessment methods and everyone had an opportunity to provide their input on where they felt the needs are the greatest. I was part of that meeting and it was a really good meeting.

The next step was to gather the data and looking to identify where services were needed. Who is being served and how they are being served was the primary focus. This process was completed.

On May 16th, the BHS conducted a meeting to discuss their needs assessment findings and produced a report presentation. Stakeholders, the public, were all welcome to attend and that was another awesome meeting.

To give you a snapshot of the report, the methods used to gather the data was a needs assessment tool action plan, stakeholder discussions with informational gathering, education and outreach, quantitative data (view the presentation slides with the details of exactly what they did to collect this data). They also used guided questions, such as: Who are the populations in most need of BHCIP and CCE funded facilities? What types of programs and levels of care are most needed based on the target populations? What is the current facility capacity? What is the additional estimated capacity to meet identified needs that can be funded by BHCIP and/or CCE?

BCHIP and CCE has shortlists generated by the needs assessment and is also in the presentation attached in the packet. The BHCIP side: Mental Health Rehabilitation Centers (MHRC); One (1) to 45 bed facilities; Crisis Rehab (CRT) One (1) to 16 bed facilities in West or East County. Because of the time, I will defer to have you all review the presentation slides included in the meeting packet.

Where is the program now?

The team is out, aggressively attempting to find property right now. It is a real challenge finding properties currently. Public works has been pulled in the approval process. This is not only costly, but time consuming. It can take up to six (6) months. Children and transitional aged youth (TAY), they did not come through the assessment as being a priority need, but we all know that a residential facility is needed for youth with mental health and substance use issues. We are still working on this--BHS, and MHC is behind them on this. Of course, this will have to be a collaborative with another county or counties because there is just not enough kids in one county.

Roberta Chambers will be presenting this information in the near future,

likely August. She will be able to give us the latest update and provide answers to any questions you may have. I am also part of the steering committee and will be attending all meetings as they come up. I will be reporting out, if you have any questions, don't hesitate to email me and I will do my best to get the answers for you.

XI. Report on Committees

➤ **Justice Systems Committee**, Commissioner Geri Stern

I would like to give a shout out to Cmsr. Griffin in doing an amazing job as Vice-chair and attending all these meetings. Thank you so much, as I know it is a lot of hours. Also to our Chair, Cmsr. Serwin.

The Justice Systems committee has been so busy. I am just going to cover the last six (6) months because I only have two minutes.

I would like to acknowledge the resignation of Cmsr. Russaw. It came as quite a surprise, I did not get a phone call and found out second hand and was a bit sad to hear. I wanted to add that our new commissioners expressed interest in the committee and hope they will join.

A carry over from last year into January, the motion to recommend that a Director of Conservatorship at the state level be created for submission to the BOS. The motion was passed at the Commission. I am unaware of where the motion stands at present. However, in light of today's comments by the family member with the child that is suffering from being dropped from the conservatorship program and her just not having anywhere to go to get help, I was hoping if we were lucky enough to have that position created at the state level, we could make that plea/complaint or register their needs. Supervisor Anderson, if you could give us an update on where that stands, that would be great.

- (Cmsr. Andersen reply/interrupt) Did you submit that? The typical process is a recommendation from a commission would go before the full commission and then to our legislative committee and would take it up and if agree on advocating for, it would be part of our legislative platform. Typically look for a state legislature to sponsor that. I will have my staff look into whether or not it has been forwarded already to the legislative committee.
- (Cmsr. Serwin) It has been approved at the commission level and we simply need to write that letter to send on to the BOS.
- (Cmsr. Andersen) Let's have you work with Jen Quallick to get that submitted to the Legislative committee and made part of our platform.
- (Cmsr. Stern) That is how we started out the year. We have had so many comments and complaints from the community last year regarding the conservatorship office that we felt it was an important stance to advocate for.

We received a presentation from Dr. Chad Pierce, the new Director of the A3 (anyone, anytime, anywhere) program. It was really informative and spoke about how the pilot program is developing and serving people in the community. There are staffing/hiring challenges and there are not enough people to flesh it out but are working on that. It was really important because it used to be the mobile crisis response team or part of it, so it has now developed into the pilot program to serve the

community for effectively. They are attempting to get it funded to serve clients 24/7 but it is still a challenge.

We received a very wonderful presentation by Lavonna Martin, Director of Detention Services and spent a good amount of time with us speaking about the CalAIM Program and how it is supposed to help serving the incarcerated community better. It, too, was very informative and a preview to the tour of Martinez Detention and our upcoming visits.

Culminating in our tour of MDF last week. We were fortunate to have a terrific guide, Lt. Beltrane. He is a very accomplished individual and gave us his background – involved in the military and a variety of activities in the community before becoming a Lieutenant at the detention facility and he was a charming host. He spent a great deal of time and the attention to detail as he took us around the facility. It was quite impressive. It is an interesting place. Very different than West County Detention Facility (WCDF) which is more spread out. This is more vertical in one building whereas WCDF has several buildings. We were able to see the new M-Module. It was extremely modern, although not finished. It looks like it will be an amazing place for treatment of incarcerated individuals. The planning was well thought out how they constructed it, the architecture and the way the rooms and showers were set up and meeting, community, and recreation areas. It was quite interesting and informative. Unsure what kind of a report the department is looking to, but the tour was pretty comprehensive. Cmsr. Swirsding had mentioned that when she went she felt traumatized at the facility, but it was not for us. Not sure what it was like years ago but everyone seemed very under control, we took a COVID test before entering and waited for the results. It is very clean and organized. There was no chaos or violence, just calm and well thought out and all seemed very committed to their service. I was not expecting and was very impressed.

I have been in touch with the IT department regarding the data we have been trying to get for approximately 2.5 years. With Lavonna Martin’s help, we can accomplish this finally to be able to help those in the community.

- **Finance Committee**, Commissioner Douglas Dunn
Between January and April 2022, the committee really took apart the Incompetent to stand trial (IST) issue. We passed several motions for \$13mil annually for treatment and services provisions for this high need population. At the suggestion of Co-Chair, Leslie May we have shifted gear due to the BHCIP rounds, now we are focused on children and adolescents for round 4 between now and August. We are focused on school contracts for the children and adolescent services. One contract involving Mt. Diablo School District (MDUSD), it was pointed out there are some major issues in that contract. I will be following up with Gerold Leoniker on this contract.

- **Quality of Care Committee**, Commissioner Barbara Serwin
Our draft action statement that reads: “The Mental Health Commission is evaluating the distribution and effectiveness of mental health services in public K-12 schools in Contra Costa County. Our goal is to understand: (1) how funding is being used; (2) whether school-based programs and

services are meeting the needs of all K-12 students; and to (3) identify any gaps in the delivery of mental health services in our K-12 public schools.”

We are coordinating this work with the Finance Committee in terms of the contract reviews pointed out. The work to date, we are still getting clarity on and organizing what our information needs are. We are asking the following kinds of questions

- What is the current stated of mental health needs in the county’s K-12 public schools, especially given the impact of COVID?
- What types of mental health programs and services are found in these schools today? What types are actually needed?
- What types of solutions to our evolved circumstances are being pursued by school districts and mental health professionals?
- Which school districts have mental health programs or services? Which do not?
- Which deliver their own programs? Which are served by BHS?
- Which districts are in greatest needs? Which are already being targeted for additional support?
- What dollar amounts are being spent on mental health services?
- What are the funding sources for mental health services? How are they distributed.

We started out with literature review, looking at news media and academic articles on this broad topic. There is a lot of information out there on the increase in symptoms, potential causes, responses by school districts and the mental health community, and potential federal funding for school-based mental health programs. We are trying to make use of and (sort of) piggyback on the existing information. We just started the contract review and Cmsr. Dunn stated. We are hoping to understand what funding is being spent and speaking to funds funneling down from the state to the county and BHS.

We have also been closely tracking closely on the Wellness in Schools Program (WISP) and received a presentation on the initiative that Gerold Leonicker’s team is a major part of. WISP is involved with a large number of school districts and covers a spectrum of programs and services from prevention to intensive services for mild-to-moderate students to those with serious emotional disturbances. However, WISP does not cover all the school districts in our county. We have had presentations by the WISP team, Cmsr. Griffin is participation in their collaborative brainstorming meetings and we will be tapping into their various analysis which they have done to understand the situation in our county.

Lastly, one of our next steps is to speak with the County’s Office of Education where Cmsr. Griffin has relationships based on years of services as a teacher in our county and we would like to see what they can share about schools at the district level, including how funding flows

and how much the Office of Education influences the delivery of mental health services in the county and how much of those decisions are made at the school district level.

<p>XII. Review progress on MHC 2022 goals</p>	<p><i>Due to time constraints, this agenda item moved to next mtg.</i></p>
<p>XIII. PRESENT “Changing the Response: Youth Suicide Response in Contra Costa County and Evaluating the Response in Los Angeles and Fresno Counties”, Commissioner Graham Wiseman</p> <p>Thank you for the opportunity to discuss something near and dear to my heart – changing our response here in Contra Costa regarding student deaths. As many of you know, we have lost quite a few students in the last month and a half. We have two in Orinda. I have spoken to the families at length. It really has driven me to speak more about this.</p> <p>We DO need to change our response. What we are doing is failing. I would like to start with something called ‘Shoshin: The Beginner’s Mind’ because all of us come to this discussion with preconceptions from experiences we have had on our own or perhaps stories that have been told to us. We need to set those aside and think about what is actually going on outside our county and how it affects us here in Contra Costa.</p> <p>First impressions when someone goes to a school where the children are is that the environment is completely different than it was before when we were younger. The same loving parents who were just in a traffic circle dropping off their child now come back and have to show their ID and prove they are not a child molester as that gets put through a national database. Just that portion of the parent experience becomes difficult. Then as they move on and encounter school administrators. The staff are overwhelmed, COVID has really thrown a monkey wrench into any support services we had and everyone is trying to rebuild. There is a completely different language in the school environment where our youth are existing. Those with IEPs and 504s can be confusing to those not used to it. Further if English is a second language, the conversations get more complex. Those of us who are experienced in this, we have to recall that we didn’t now what they were talking about early on either. Parents who come into a school, especially with a mental health issue of their child, are driven by fear, distrust which is often based on past experience, they are mourning the loss of that perfect child. The child they thought would thrive and enjoy school. They are driven by the best intentions for their children. So, often it is when they start to advocate for their child, the school district becomes defensive and pushes back.</p> <p>What does somebody with a mental health issue look like at school?</p> <p>It could be a young man struggling with depression and has suicide ideation. He then gets a DUI and kicked off the team. He tells himself he’s worthless, feels overwhelmed and doesn’t even want to be himself, but is the most decorated Olympian in history. That’s what someone with a mental health issue looks like (Photo of Michael Phelps). We can’t just pick them out as they come through the lunch line. It is also a process and not an event. Someone with mental health issues, it is not something we give them a pill for and it’s solved.</p> <p>What is often missing is the connection. The environment they are in has a lot to do with what is going on. In 2014, 42% of teachers said they were not happy at work. 2019, that jumped to 72%. Any work environment where almost three quarters of the staff do not want to be there is a toxic work environment. And that is where we are dropping our kid off every day, and</p>	<p>Documentation of this presentation was 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>

an unhappy classroom leads to unhappy students. I know it sounds overly simplistic, but if we are going to address what is going on in our schools. (Cmsr. May commented on the shooting in Oklahoma earlier in the meeting. I just now received a news flash of an arrest in Berkeley for a young man that was planning a multiple casualty event at Berkeley High School.)

If we are not addressing the environment they are in, then we are not addressing suicide prevention. What do they need? They need hope. They need a positive outlook on the future and unfortunately for the past seven or eight years, if not longer, we have had a steady drip of bad news. All the time. When you turn on television, it 's bad news. Mom and Dad turn around and it's bad news. That's what kids hear... it's bad news. It starts to destroy hope that we all have.

Setting Expectations

Setting up as an Adversary:

- ✓ High School student struggling with anxiety
- ✓ Described shame of having to drive old family Honda to school when others had new BMW's
- ✓ Counselor worked with student on solutions
- ✓ Counselor called parents in for first meeting and presented payment plan from local dealer to get student a new car

Setting up as an Ally:

- ✓ Student is selective mute at school
- ✓ Parent and Educator Communicate with daily updates on behavior and home and school
- ✓ Collaborate on engagement strategies
- ✓ Student is handed off to next grade level teacher with plan and process

Setting expectation is really a big deal. I was talking with a neighbor about their child's experience with mental health support at school. His daughter was very stressed out. So much so that it was affecting her grades and performance at school, leading to arguments at home. The real problem was the sense of shame this child had over being dropped off in an old Honda when the other students had much nicer cars. The fear of missing out wanting something you don't have isn't a mental health crisis, it is something that is affecting a person. Instead of addressing the mental health crisis, the first notification parent received from the school counseling office was they had been speaking with the child, identified the problem and worked out a solution. The solution was that they had gone to a local care dealer to let them know how much the payment plan was to buy a car. That has nothing to do with the mental health issue but it was the schools response. Now that parent is out telling everyone about it.

Another instance at a school, quite recent. A school in South County where the child had been suicidal, had six (6) 5150's and was exhibiting self-destructive behavior in cutting. The parent was aware and doing their best to help the child through counseling, but what the parent was unaware of is that the student had a kill list of students he wanted to kill and brought a weapon to campus. The school didn't feel it wasn't important enough to notify the parents or the police. Those are real stories of what is going on in our county when we talk about mental health issues. Sadly, when we see

information on the news, my fear is that we are next. We are not addressing this. It is something called upstreaming.

Upstreaming is that we keep seeing kids wash by, we throw a life ring out to them and say we need to by more life rings, but what we really need to do is go upstream and fix the hole in the bridge where our kids keep falling in. It is a simplistic explanation of a complex problem we know. However, we keep spending money on life rings and not on fixing the true issue.

Contra Costa County Health Services Regions:

West, Central and East County are highlighted on the service map with Lamorinda and South County greyed out. There is definitely a drive to servicing East, West and Central. That is primarily driven by funding through MediCAL and MediCare. That is where the services are. However, the students who die don't recognize those limitations. We have to make some changes. What we are doing now:

- Social Emotional Learning (SEL);
- Positive Behavior Interventions & Supports (PBIS);
- Adverse Childhood Experiences (ACE s Aware);
- Restorative Justice;
- Wellness In Schools Program (WISP); and,
- Parents – Educators - Students

These are all just a lot of programs but they are not helping. Instead of losing our students one at a time, we are losing them two at a time now. What we are doing is counterproductive. Where do we need to start? It's a long look in the mirror, a look at what we are doing and acknowledging that what we are doing is failing. Until we have that resolved, we will continue to fail our students.

Where do we start?

Senator Anthony Portantino introduced a bill to support student wellness and it is a lot of money. Is money the solution?

This bill appropriates \$1,000,000,000 from an unspecified fund to the Superintendent of Public Instruction to provide annual grants of up to \$250,000 each to certain local educational agencies serving high school pupils to establish or improve pupil wellness centers to provide comprehensive medical and behavioral health services.

“Supporting our student’s mental health and wellness in our schools is critical, especially during the post-pandemic era,” stated Senator Portantino. “Teachers and administrators are overwhelmed and students need access to mental health resources now more than ever. SB 1302 addresses this issue and is necessary for the long-term wellbeing and academic success of our students.”

Here in Contra Costa, we have our WISP team that we have heard about a few minutes ago. Great team. I have been working extensively with them to help get a grasp on what is going on in our school districts. Unfortunately, what we are finding is that we have 17 little ‘fiefdoms’ each independently operating with their own processes, policies, assessment tools. There is no united strategy. We need to look at building a collaborative environment and finding a shared purpose. In Fresno County, they had a cluster of three students die (Contra Costa just had six). Their response was to get the health care providers in their county, not just county behavioral health, but:

- Kaiser Permanente

- Anthem Blue Cross
- American Ambulance
- Central Valley Concussion Consortium
- Community Regional Medical Centers
- Corizon Health
- Fresno Behavioral Health
- St Agnes Medical Center
- Valley Children's Hospital
- VA Central CA Healthcare System

All of these healthcare systems were brought in, along with the community services:

- (5) Police Departments
- UCSF
- CSU Fresno
- CA Healthcare & Wellness
- UC Merced
- Fresno County DA, Public Health, Probation, Sheriff, Public Defender
- Seventeen School Districts
- Fresno Office of Education
- Kings View Corporation

All these people came together because they felt three student deaths were three too many and they acted. Part of the issue is that we have an agenda. There shouldn't be an agenda. We need to be addressing all students. Every single one in our county. One of the things that I had a very long conversation with someone from Mt. Diablo is handing off students who leave school. If they are suspended for fighting or not showing up, they MUST be handed off to either a private health care provider or county. We need a universal assessment tool. We need one that is used throughout the county anytime a young person is assessed. Schools and agencies can add their own, but we need ONE. I am recommending the Columbia Suicide Severity Risk Scale. It is used in 135 Countries and is in 85 languages. That is what they are using in Fresno County. We can make a difference but it needs resolute drive.

Why Wellness Centers?

You have often heard me talk about Wellness Centers in schools. Why Wellness Center? A Wellness Center is an on campus 'safe space', staffed with district employees or service provider, open during school hours (or more), intake specialist, interns, CBO's.

- Unintended Benefit - Parents come in to share "we are getting a divorce" Never would they call school secretary.
- Now students, parents AND teachers have safe place to connect and share
- International reference to Wellness Centers in UK and Aust. Therapy dogs in Wellbeing Officers

Very briefly, Dr. Cheryl King, Director of Youth Depression and Suicide Prevention Program, University of Michigan, ran a study. The study took over 400 youths who had either made a suicide attempt or some strong ideation. They split the group in half with a control group that received regular treatment and the other group got the caring adult. Someone they selected as a caring adult. The result, 12 years later they had reduced their student deaths by 660%. That is amazing. No drugs, no side effects, no

additional costs. This is what others are reading about and acting upon. Being that caring adult. Someone you could go to.

I would like to add that Los Angeles county performs death review teams any time there is a child death. They wait one year before they conduct these reviews to let some of the facts come forth, as well as letting some of those involved recover a bit. What they found is that, in their county, the majority of people that take their life by suicide, it starts at 10 years old. That was the youngest. It increases every year in age up to 17. Once they pass 17, they are no longer a youth and why they are not included in the data. The top three (3) factors are:

- History of mental illness;
- Family that has been involved in child protective services; and,
- Dysfunctional family

Other Statistics:

- The months with the highest number of deaths were January and November which is often goes against what people assume for high death months. Very rarely do we lose people in December.
- 55% of Los Angeles County is Latino. Suicide rate for Latinos was 5% below the population.
- 35% European. Death rate 34% higher than their population would indicate.
- 10% African American. Death rate 3% above what their population would indicate.

There are cultural factors but what Los Angeles is doing is trying to find out what they can do as a county by building a consortium to come together.

Questions and Comments

- (Cmsr. May) I just wanted to thank Cmsr. Wiseman for his presentation. There was something in the presentation regarding the Caring Adult. Bringing in these Grandmothers and Grandfathers into the schools. Some of these kids do not even know what it feels like. If they were to experience some older (senior citizens) walking around in school, it would be a big change. I have been stressing this for years. They are retired and want to give back. Thank you so much. I go through that on a weekly basis with clients.

XIV. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano

- Crestwood Overview
- Next steps for CCBHS BHCIP Needs Assessment
- Progress on Children and Adolescent Crisis Stabilization Unit (CSU)
- Remodel of Psychiatric Emergency Services (PES)

Update on Crestwood Pleasant Hill, unfortunately there were some things that were said and were unintended and unnecessary. It was corrected within a couple of days and we worked very closely with Crestwood.

Basically, there was some discussion at the corporate level about changing the facility but there wasn't an agreement to proceed in that way. There was some misunderstanding from staff at the facility and (sort of) presented it as something that was accomplished, when in fact it wasn't. Crestwood very quickly and appropriately once it was brought to their attention. They conducted staff meetings and client meetings and extended support to family members and explained to them that people were not going to be asked to leave the facility. This is a financial issue and the structure of the contract with Crestwood's Pleasant Hill facility was previously paying for the days beds were used, which considered a fee for service (FFS) model. We collectively agreed that moving it to a purchase model made more sense because it would stabilize their funding they were receiving for the facility and for us, it basically secured all of the beds for Contra Costa Residents. There was never an intent to close the facility or anything like that. We were already in discussions about stabilizing the facility in terms of funding and utilization.

Youth Crisis Stabilization Unit (CSU), all planning (architectural design) has been completed, signed off and moving forward with the necessary permits. Actual construction remodel is anticipated to start at end of August/beginning of September. Hoping for completion beginning of winter 2023 (six months). Speaking with providers/CBO's in providing Youth CSU programs. The Behavioral Health Community Partnership (BHCP) started years ago at CCRMC and was expanded to include out-patient behavioral health, as well. The focus is on members of the community, stakeholders, representatives and people with lived experience that have used the services had an opportunity to provide their direct feedback as we develop different programs. The BHCP will continue to be the vehicle to hear what is hoped for, actual program(s) provided at the Youth CSU.

Certified Peer Specialist (CPS), we are well positioned to move forward with this. It means creating new services to be provided, they will have their own billing codes to be billed as part of the MediCAL delivery system, with a recognized classification within it. There is a lot of interest in the community and we are really going to start with programs currently MediCAL certified, as CPS can work anywhere, but in order to claim for MediCAL services, they must be part of a certified MediCAL program.

Did not address:

- Next steps for CCBHS BHCIP Needs Assessment or
- Remodel of Psychiatric Emergency Services (PES)

Questions and Comments

- (Cmsr. Dunn) You did not give an update on the Remodel of Psychiatric Emergency Services (PES), any updates on that?
(RESPONSE: Dr. Tavano) It will be part of a comprehensive planning process that occurs at CCRMC under Measure X (they received a large

<p>Grant) that will involve multiple buildings. They have not done the formal planning process yet, but as soon as it gets to the PES, we will be a part of that discussion. It hasn't started yet.</p>	
<p>XV. Adjourned at 6:35 pm</p>	