

MONTHLY MEETING MINUTES
MENTAL HEALTH COMMISSION (MHC)
July 6th, 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 @ 4:33 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. Gerthy Loveday Cohen, District III (6:00) Cmsr. Leslie May, District V Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Cmsr. Yanelit Madriz Zarate, District I</p> <p><u>Members Absent:</u> Cmsr. Joe Metro, District V Cmsr. Tavane Payne, District IV Cmsr. Rhiannon Shires, District II</p> <p><u>Presenters:</u> Dr. Suzanne Tavano, Director of Behavioral Health Services</p> <p><u>Other Attendees:</u> Mair Assefa Karen Allenfort Amanda Allgood Guita Bahramipour Diana Baros Roozbeh Bashi Angela Beck Jennifer Bruggeman Michelle Cocker Kelsey Comins Mercedes Duarte Kerie Dietz Roberts Dr. Stephen Field Autumn Fury Kelly Garcia Cara Gonzales Jessica Hunt Jaelon J. Donald Lang Kristin Kilian Lobos James Marks Dawn Morrow (Supv. Diane Burgis' ofc) JaMetra Oates Teresa Pasquini Pamela Perls Jennifer Quallick (Supv. Candace Andersen's ofc) Jennifer Reed Stephanie Regular Lauren Rettagliata</p>	<p>Meeting was held via Zoom platform</p>

<p>II. PUBLIC COMMENT: None.</p>	
<p>III. COMMISSIONER COMMENTS: None.</p>	
<p>IV. CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ul style="list-style-type: none"> i. Review of Meeting Protocol: <ul style="list-style-type: none"> ➤ No Interruptions ➤ Limit two (2) minutes ➤ Stay on topic ii. August MHC Orientation Topic will be an “Introduction to the MHC” iii. Mandatory membership on at least one standing committee (two in the case of Executive Committee members) <p>I have asked Angela Beck, Executive Assistant, will send out an email regarding the three (3) standing committees and the openings. All commissioners will have a week choose a committee to participate in. Any commissioners who have not chosen will be assigned to one, knowing which committees really need support and what your interest are. If anyone needs to talk to me or one of the committee heads, I am the chair of the Quality of Care committee, Commissioner Stern is chair of the Justice Systems committee and Commissioner Dunn is head of the Finance committee. We are all share background and topics each committee is involved in.</p> iv. Welcome newest Commissioner: Gerthy Loveday Cohen, District III <p>Questions and Comments</p> <ul style="list-style-type: none"> • (Cmsr. Swirsding) Some of our committee meetings are early in the day and I know that if I was working or going to school I wouldn’t be able to attend those early meetings. In the past, they were a bit later so people could attend. May this could be what is happening with some of the newer commissioners, they are not able to attend in the meeting during those times. (RESPONSE: Cmsr. Serwin) That is a very good point. If your schedule so demands, you could look to the committee chairs to possibly change the meeting time. If we set a meeting time, we like to keep it for at least a year because it is a standing meeting and it easy for everyone to keep track. • (Cmsr. May) How do we deal with the Executive committee since we are now down one person? Do we wait until the end of the year to process an application, voting for that position? How do we fill it, mid-year? (RESPONSE: Cmsr. Serwin) First, it is up the committee whether or not to open it for a vote. Are we getting our business done, or not? Is there a lopsidedness in opinions? How much time is left in the year to make it worthwhile to go through the voting process? Secondly, if we were to choose to have an election, it would be a very simple election: Announce the election in one meeting and solicit people who would like to run and then next month have a simple vote. • (Cmsr. May) How long do new members have to choose a committee? (RESPONSE: Cmsr. Serwin) At this point, I was really hoping we could do this within the next week and a half and just bring it to a close. If anyone is a new member and they are really needing more time to understand the committees, that is certainly can be an exception but I am really hoping we can all press ourselves to get this done and have the committees fully staffed. 	

<p>V. APPROVE June 1st, 2022 Meeting Minutes</p> <ul style="list-style-type: none"> June 1st, 2022 Minutes reviewed. Motion: D. Dunn moved to approve the minutes. Seconded by Y. Zarate. <p>Vote: 8-0-0</p> <p>Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, L. May, G. Stern, G. Swirsding, Y. Zarate</p> <p>Abstain: None</p>	<p>Agenda and minutes can be found:</p> <p>https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. “Get to know your Commissioner” – Commissioner Tavane Payne</p>	<p>Item tabled due to absence</p>
<p>VII. Update Commission Membership and open seats, Angela Beck, Executive Assistant</p> <p>District II Member-At-Large seat is vacant District III Consumer seat is still vacant. District IV Member-at-Large seat is vacant.</p> <p>Questions and Comments</p> <ul style="list-style-type: none"> (Cmsr. Serwin) We are down three? This is the best we have done in a number of years. There are five districts with three commissioners appointed for each district which makes 15. We have Supervisor Anderson (one supervisor always assigned to our commissioner) making it a 16 member board. (Cmsr. May) I just want consistency. We had decided we were not going to be titled consumer, family member, etc. They changed it to Seat 1, 2, and 3 on the county website. To be consistent with that decision, people do not have to identify themselves as Family, consumer, etc. as it is prejudicial for the public (It could be) it’s a privacy thing. We should get in the habit of identifying as commissioner, the district representing and any committees we sit on. To go into the seat title, I suppose it could be a violation of the Health Insurance Portability and Accountability Act (HIPAA) in once sense, if you are a consumer, it is nobody’s business. (Cmsr. Andersen) The only thing I would add is because of the way requires us to have a Mental Health Commission, we are required to have seats in each of those positions (consumer, family member, member-at-large). The Board of Supervisors (BOS) working with county counsel, has agreed that on the website, we don’t need to identify it, but still need to (at least in each supervisor’s office) make sure we have three qualified applicants for each of those slots. Certainly, at the commission level, there is no easy we need to discuss, just say one of the seats is being filled and each supervisor knows what position it is. That’s just state law that requires this so that we have a balanced commission. (RESPONSE: Cmsr. Serwin) Thank you. I do think it can be helpful discussing for recruitment purposes, it’s good to know which seats are open. When going out to recruit, we do need to know what role that is. (Cmsr. Swirsding) The commission has helped me to address being a consumer. When I first started, I would never say it but now I do speak out, even in the public. People come up to my dog, I speak with them and find out they are consumers, as well. Actually, in reality, we really all are consumers and just depends on where on the pendulum we are, even grief is a form of mental illness. So, for me to state I am a consumer and for my age and how old I am and what I have survived, I don’t feel it is a stigma any longer. Especially when you see in the media 	

(like) in the Olympics, there was an athlete that stated she had mental health struggles. That really empowered me in many different ways. I don't look at it as a stigma any longer.

- (Cmsr. Serwin) Thank you. I would point out that Dr. Tavano post in chat "Of course, Commissioners will decide on self-disclosure, but from the perspective of reducing stigma, self-disclosure by persons in authority positions has proven to be quite affective" and as a consumer, myself, I do feel that way and I understand that some consumers aren't comfortable with that but I think this is well accepted.

VIII. UPDATE on Site Visits, Cmsr. Laura Griffin

This is such a hard topic to report out on because it seems as though there is not much progress. We are doing a lot of work in the background, slower than expected but we are getting there.

The latest update on Crestwood (Our House), in Vallejo is that we had an issue with the Director not approving of some points in the report. Cmsr. Serwin has diligently and patiently gone back and forth with her and has an appointment with her next week to go over the final draft.

(Cmsr. Serwin) I would just like to point out that her concerns have been along the lines of an inaccuracy on description of what the organization is or does, as opposed to having negative views of what has been written or the process.

(Cmsr. Griffin) We have set a date, July 31, as a deadline. It will be on the Commission Agenda for the August 3 meeting. Once Cmsr. Serwin has this finalized, it will go out to staff for other feedback. Hopefully, there won't be too many changes and we can get on the Agenda for the third.

As far as Hope House, in Martinez, that is ready to go and will follow the normal steps. We will send it to the Director and add to the agenda for September.

What are we doing now? We are basically going to take a little pause in July and August. In those two months, we are going to work hard to figure out what we did right and what we can improve on. That is what we are going to work on as a committee so that we can get up and running in September.

We decided to put the children's site visits off until next year and continue with the adults. We do need more members on the site visit committee. It only consists of Cmsr. Serwin, myself and Cmsr. May. If anyone is interested in joining our team it would be helpful. We would really appreciate it. It is a rewarding experience.

(Cmsr Serwin) Just one quick point, I had a good conversation with Dr. Tavano today about Crestwood, Pleasant Hill. It had been on our schedule as the next site to visit and that facility has had to iron some things out, has a new Director. I thought we should give them some time for that person to get comfortable in their role. We will target for end of year for the site visit.

Questions and Comments

- (Teresa Pasquini) Thank you for that report out. It is part of the mandate, I really appreciate the work you are doing. I mentioned in the Justice System meeting that I was concerned about transparency of the site visit discussions, etc. and I saw there was quite a bit of report out at last months MHC meeting on this. I am curious, are we now doing site visit reports like the program and fiscal reviews? This is a new process from when I was on the commission. I know it's been (6 years) some time

now. We used to bring the reports into the committee and report out to the public. I am curious why it is being filtered through the director first? That was a process going on with the program and fiscal reviews but it feels different. I am just curious why that has changed. It doesn't allow public conversation and shared information in a timely way. I am not trying to be critical, just trying to understand. I know at one time there was a desire to combine the program fiscal reviews and the site visits. If that is what your doing, ok, it's different. (RESPONSE: Cmsr. Serwin) A couple of points. Our process is that we have the site visit, the site visit team sits down together and collates it's findings and writes a report. The report is first shared with the Program Director of the site so that he or she can help correct any inaccuracies, point out additional information that we didn't capture through our interviews, ask any questions. Basically, get them comfortable with the report and then move to the next level of sharing with Behavioral Health Services (BHS) staff, the Adult/Older Adult Chief, the Director, the liaison, anyone with expertise in the area of that site, so that they have the opportunity to point out any inconsistencies or any input that they feel should be made, as well. Any input from these reviews will be evaluated by the site team. So far, all of it has been very obvious (the three reports I have worked on). Obvious changes, not any controversial changes. The next step is to bring it to the full commission to review, report and address questions. If there is anything further information that needs to go back to the Program Director or the BHS Staff, we can do so at that point. The site visit committee has gone back and forth a bit, do we first present to the Quality of Care committee or go straight to the full commission? With these first couple reports, we thought we would just go straight to the commission since it has been such a long time since the site visit and developing the report. We have a report template but we have found that each process of writing the report has generated a different flavor of report and we are trying to identify what are standard is and what is the most useful report output. The report does come with responses to all questionnaires. We have the report on top and underneath the responses to each questionnaire for each participant in the site visit, both clients and staff. If you want to refer down to more detail it can be done. The information itself will be transparent. The intent is to be fully disclosed and discussed with the public and then posted on our website. Does that differ substantially in any way from the program and fiscal review process?

- (Teresa Pasquini) Yes, the site visits and program/fiscal reviews weren't the same. That might be the same process for those. I think its different and I am personally not comfortable with public programs not being shared with the public and letting us all hear together what you saw and what was good and bad so we can all learn together. It just feels 'perfected' <Teresa Pasquini/Cmsr Serwin talking over each other> (Cmsr. Serwin) I did say it would come the public <Interrupted by Teresa Pasquini> After it has been refined, that wasn't the way it was done. (Cmsr. Serwin) It is not refinements, but reviewed for inaccuracies and-for example, when we did the test run for Hume Center, I worked with he Program Director to identify a few things she had not communicated originally. Then I had questions in the report of things that I wasn't quite sure of and she provided the information to fill that out. We haven't had anyone question what a client said or attempt to change what the client

has said or our evaluation of that. It has really been more about the facts and I'd rather have something go out with the facts correct and not get a discussion going on about an incorrect fact and to keep everyone focused on client experience. That is why we are including the client questionnaires in the report.

- (Lauren Rettagliata) I worked very hard, along with Teresa and (I believe) Cmsr. Dunn, when we envisioned and helped write the program and fiscal reviews. We had some very important people from the State working with us so that we were taking the correct deep dive and really asking for the correct documents. Many of the programs receive Mental Health Services Act (MHSA) funding. So, my question is that I hope you would have a coordinated effort in order for program and fiscal reviews that happen through MHSA and your site visits, is there some what you can work to coordinate these visits because one of the problems we had was not having enough commissioners on the program and fiscal reviews, which do a deep dive into the financial viability of the program. The other thing I enjoyed since I'm not a social worker or trained as a licensed (_____ trailed off). I would just like to see a coordinate effort between MHSA/MHC, take a look. I hate to think all the hard work that was done to coordinate and make this program and fiscal review is no longer going forward. At one point there was thoughts of making it for programs that received re-alignment. It really helps catch those programs that aren't doing what they should be. When I first became a commissioner, we had that happen and the MHSA program and fiscal review will catch something like this. You have a team of people out there, if you coordinate, all would be writing your own report. You would have a separate list of things besides what the program and fiscal reviews are looking at and there may be times when they overlap/intertwine, but you could use the documentation you have developed and spent a lot of time on. I would like to see a coordination of the efforts and the site have both reviews together.
- (Jennifer Bruggeman) Thank you Lauren, it is a really good suggestion and thoughtful. I appreciate all the history that you have in terms of developing the template for the program and fiscal reviews. I would be open to some level of collaboration if the commission would like to do that. The whole process is a pretty heavy lift. It is a lot of work to coordinate the whole thing and perhaps, if we considered some type of collaboration we could share that responsibility a little bit and both maybe divvy up the responsibilities a bit. I would definitely be interested in talking further about that.
- (Lauren Rettagliata) The one thing I'd like to point out is, is the commission, today aware of the large reports that are available that MHSA has in the office so that you have a historical perspective on the site you are visiting. Most of the sites you will visit are MHSA and by reading their binders or the electronic reports as they are computerized and in depth. It gives you a great historical perspective of what has happened at these programs in the past. (RESPONSE: Cmsr. Serwin) We are definitely doing research prior to the site visits. We have not specifically included the step of reviewing MHSA documentation and we will add that into our process. My initial thoughts regarding this, when we were developing the Site Visit Program, we looked at the internal BHS way of reviewing sites and the program and fiscal reviews. We looked at how to combine these. What we found, after looking at how

site visits are done in other counties, we zeroed in the consumer experience and left the fiscal reviews, the utilization reviews, the compliance issues to BHS, the State and the program and fiscal review and focus on the consumer experience. Then worked on the process and the line of questions we wanted to know on the sites. We also looked to MHSA and with COVID / Shelter-In-Place protocols, the in person reviews were on hold. We have just begun the conversation of how we want to prioritize the site visits. Is it commissioner interest? Is it where we have heard there are challenging issues needing to be addressed? There have been some things that have come up where we wanted to look to current issues, Hope House last winter for example. Do we look at the big contracts first? That is something we need to nail down and maybe it is a variety of criteria that guide us in making the choice of which facility do we visit next? I don't know the MHSA strategy. I know there is a three-year cycle and MHSA is not through their initial cycle, so how does MHSA prioritize site visit. We should sit down and speak to that because that is the number one place we would need to coordinate, which sites do we want to look at. I think what we are looking at is quite different. They are complimentary.

- (Lauren Rettagliata) The consumers (interaction with those in the program) was probably one of the major key components of the onsite visit when MHSA personnel went. I think I went on seven or eight visits with them, one whole day was devoted to interviewing those that are participating in the program, as well as interviewing family members (when appropriate). That took up a whole day. When you are reading the reports, they are huge and very extensive. That was always a top priority at the MHSA program <interrupt Cmsr. Serwin> what I found in looking at the MHSA reports is that they were focus groups. We really want to do a deeper dive through the questionnaire, and the questions are quite extensive and I feel we wanted more consumer voice when I read those reports.
- (Cmsr. May) I just want to say that when we send out the report to the Program Director, that is a courtesy for them just to go once over, review it and if they want to add or address and send back, we make the correction and move on. This particular facility, this has gone on for two or more months now. This is ridiculous. It is July and we have only done two site visits and we are still struggling with her. It is time that we present it the way it is. No more. They should not have control over the commission report. This is a courtesy. It is written in the rules for them to review, but she cannot hold this up for months and months. (RESPONSE: Cmsr. Serwin) I take it on myself for not being the fastest.
- (Cmsr. May) From the time we send it to the Director, they have two weeks. That should be it. Two weeks to respond, we thank them and we move on. We have too many people trying to control this commission and we need to the work we are doing as unpaid service to do. I think we are all intelligent enough to put together a very good report. It is insulting to me personally and I don't know about the other commissioners, but this is just at the point that this is ridiculous. (RESPONSE: Cmsr. Griffin) Thank you Cmsr. May and thank you to everyone for their insight and input...Lauren, Teresa, Leslie, Jennifer. If I could just say, this is what we need to in this next month and a half...really listen to what we heard tonight, take heed, see what we can

do to make this program move along faster, more accurately and meet the transparency. I agree with that.

IX. DISCUSS and VOTE on Quality of Care Committee Motion regarding applications for the Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion (CCE) grants

(Cmsr. Serwin) So that everyone is familiar, going back to the large grants the State is awarding, we have been hearing about the various rounds for over a year, Round 3, the shovel ready projects, those grants have been awarded. We had the children's round that is up and due August 31st and we have two more rounds (5 and 6) which are the bulk of the funds being awarded. Those are for facilities for BHS. We have heard about the needs assessment that BHS has conducted so we know what their priorities are.

Cmsr. Serwin read the motion as follows:

"Toward the goal of capitalizing on an historic opportunity to build infrastructure essential to the delivery of mental health services in Contra Costa County, the Mental Health Commission advises the Board of Supervisors to require Behavioral Health Services to apply for all relevant Behavioral Health Continuum Infrastructure Program and Community Care Expansion grants, that Behavioral Health Services meet the deadlines for the grant applications, and that all necessary resources are made available to and employed by Behavioral Health Services to write the most competitive grants possible."

This motion really speaks to the historic opportunity to build infrastructure. It is once-in-a-generation (if not greater) that this opportunity comes along, it was very unexpected. It is definitely something we can not miss out on. This is not a criticism of BHS but more a statement of the urgency of capturing these funds. It is a huge job and a huge responsibility to write these grants and we want to ensure BHS has had access to any funds necessary to have the resources in place to write these grants and they are making use of it. There are two very talented people in charge of writing the grants and, again, no criticism of them, but is two people enough? Do we have the full skill set involved? There are professional grant writers, for example. That is the question being raised. This motion, the timing of it, comes as we are in the critical phase of these grants. The children's grants round is due August 31, **Rounds 5 and 6 are due in January and February of 2023 respectively (check actual dates, they are sooner than this).**

The timing of this motion is to coincide with a letter that National Alliance for Mental Illness (NAMI) Contra Costa (CC) has written to the BOS likewise urging all steps necessary are taken to ensure that competitive grants, that tackle all the needs identified by the BHS Needs Assessment study are addressed. We are not getting all the grants, but applying for as many or all increases our chance for getting some of that money. That is the background.

(Cmsr. Andersen) This is something that I think is very well intentioned in bringing this motion forward but I think it really important to note that BHS is working on this. The full BOS is aware of this very unique opportunity for these grants and have been receiving many letters from NAMI and others as well. If you want to go ahead and pass the motion, I think in some ways perhaps it is symbolic, but I would never 'require' the way it is phrased, I would suggest 'encourage' because we don't order our department heads to do things. We encourage where relevant. I would want somewhere in this

Documentation on 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>

motion to acknowledge that they are working on this. They have an amazing team assembled that has been working on this for months and, as I've been receiving these letters, I thought clearly we are not doing a good enough job of communicating that this work is in process. We have the players at the table at the table and the county administrators office (CAO) involved, as well as Eric Angstadt who is over real estate and can speak to sites, etc.

If you are going to pass this motion, I would change 'require' to 'encourage' BHS 'to continue' to apply for all relevant... . Then it becomes a symbolic motion but not one that we are ordering them to do something they already doing a really good job of and acknowledge the very hard work they are doing. (RESPONSE: Cmsr. Serwin) Thank you, both are easy to do.

(Cmsr. May) Historically, there have been funds from grants that have been missed out on. Not pointing fingers, may be they thought they had enough people (or whatever the case) to apply but the date(s) slipped by and we were unable to get the grant funding. I know for a fact, I have spoke to Dr. Tavano a while back. She said there were a lot of projects they were working on in the county but I have a stake in this myself because the locations from the report that Indigo Project wrote is for locations out here in East County where I have been screaming about this for since I got on this commission. There is nothing out here, it is desolate. "oh well, it's just East County" and now that the locations have been selected (?) we don't know exactly where, just that they are in East County. I want to ensure we have our paperwork in on time so we have a fair chance of securing some of these funds. I have even met with my own mayor, city manager, spoke to them about it and got them on board. There is a big need for this. I have encouraged them as well to write a letter or go the BOS meetings to get this ball rolling. So, in terms of language and how it is written, I don't know that it is necessary to change it. I seems every time we write something we need to change the language. It is as if people get into their feelings of 'you're trying to tell us what to do' and I think emotionally, at this point in time, that is not what anyone is doing, we are trying to help people. We see this severe mental illness here in East County every day and it is getting worse. It is getting to the point where I'm fearful. We need these places, especially in East County where, historically, we have been ignored. So squabbling about how it is written? To me, there is so much more important things to deal with this. No one is saying Dr. Tavano and BHS is not doing their job. What I am saying, and I am going to stand by my word, is that we have missed the board several times. And if we miss this boat, there will be fingers pointed. I don't care if I have to step of the commission, I will be one of the first and the biggest finger you will see pointed. This is ridiculous at this point in time and we are all tired of playing games. I am not into politics and there are a whole lot of people in this community that are not politicians. I wouldn't be one because I need to be able to look at my reflection in the mirror when I wake up every morning. This is playing politics with peoples lives and their families lives. It is ridiculous. We need help. We need this money. It is available. We need assurance and transparency and where they are in writing these grant proposals. I used to write grants, when I first started college, I did that to earn my money. So, we need to know where we are in the process and not all this secretive stuff we are faced with, 'Oh, we can't talk about this, it's secret, it's confidential, I can't do that' and it's as if there is NDA for everything going on in the county. We need to stop playing politics and start getting the work done.

(Cmsr. Andersen) I was just going to say as a politician who does look at herself, I feel pretty good about myself, every day in the morning when I wake up Leslie and I have prioritized mental health issues. The point of the two words I wish to change is to acknowledge the very hard work of are partners in BHS. That is why, yes I'm a lawyer, yes I wordsmith thing and I am sure I drive you crazy with it, but to me, it is very important we are in a partnership working together and as this is a resolution going to the BOS, I am trying to smooth it so it will be acknowledging what is actually happening, not something we are ordering BHS to do, something they are already working on. With that, I would go ahead and make a motion with those two very minor changes that we go ahead and move it forward.

(Cmsr. May) Which to words, Cmsr. Andersen, which two lines?

(Cmsr. Andersen) *"Toward the goal of capitalizing on an historic opportunity to build infrastructure essential to the delivery of mental health services in Contra Costa County, the Mental Health Commission advises the Board of Supervisors to **encourage Behavioral Health Services to continue** to apply for all relevant Behavioral Health Continuum Infrastructure Program and Community Care Expansion grants, that Behavioral Health Services meet the deadlines for the grant applications, and that all necessary resources are made available to and employed by Behavioral Health Services to write the most competitive grants possible."*

(Cmsr. May) I will make a motion to change and re-read motion as above.

(Cmsr. Dunn) I was going to make a motion to accept the motion with the revisions that Cmsr. Andersen suggested.

(Lauren Rettagliata) Thank you Cmsr. Andersen. The one thing I'd like to point out is that the CCE grant funds is a one time opportunity. It is a lot of money. It is \$850mil and this is on the table only for as long as the money is available and we have yet to put forward an application. It is not the fault of BHS but we have to really work hard to get our people who administer programs and have housing to deeply understand what this is and not let this opportunity go by. I was hoping the BOS can work with those they interface with more than we do as private citizens and commission members to make the community more aware this money is an historic opportunity that CCC needs to get. (RESPONSE: Cmsr. Andersen) Absolutely Lauren. It is a great point and certainly we all (I know my colleagues have as well) have been contacting Suzanne, our county administrator Monica Nino to make sure all the resources are there to do that. Once we are able to identify what the plan is going to look like, absolutely there is a lot we can do and outreach into the community to really get the word out of what we are looking at and what we are hoping to accomplish.

(Lauren Rettagliata) CCE funds could be something where the BOS could really work with their local community groups, the chamber of commerce in the cities, real estate people. These are people that can actually open the doors and tell people that may be able to refurbish apartment buildings or take buildings they are having problems renting out commercially and re-use this money to reshape them. That is what I was asking for the help from the BOS, hoping they would actually help pound the pavement and ensure the chamber of commerce's and other groups were very aware this money is out there.

(Pamela Perl) I had the opportunity to join the committee and listen to their discussion and participated a bit. I think the emphasis was really intended to be the very last part, which the concern that BHS didn't have the resources

to get these grants together. It's a huge amount of work, it's like exhibits on a brief. It takes a lot of work to do it and if there are only two people, that might be inadequate. The hope was that the BOS would make sure there were funds available for, or personnel available through a contract, or whatever is needed to ensure they were able to produced a viable competitive grant and get it in on time. I don't think anyone meant to offend or call them out. Simply that if they have missed deadlines, that is the bottom line, they have missed some previously. And as much as they have worked hard, it indicates that we, as a county, are not getting them the resources to do the work. I am sure they are short-handed and it is difficult, but that's the takeaway I got. The concern that they be able to do the job and on time. It would be a terrible loss to miss this one.

(RESPONSE: Cmsr. Serwin) Thank you Pamela for that. That was definitely, from my perspective, the thrust of the conversation. I think, several of us from our own experiences, have a good sense of what that workload is like and there are several needs identified by the Indigo Consulting report. Part of it, for me, is that we haven't had a stakeholder meeting in quite a while. I personally don't know what the strategy is, in terms of which grants are we writing? What are the priorities? They have to be prioritized. Which resources are assigned to those projects and we have a lot of needs and if we are doing a lot of proposals, it just boils down to being stretched very thing. In general, the transparency of just knowing what we are tackling, I think the public would feel better if we knew exactly what we are taking on.

(Cmsr. Andersen) I was going to defer to Dr. Tavano because when we started getting letters from NAMI and others, we reached out to her and also reached out to our county administrator and said, are there additional resources needed, this is a very important grant(s) we want accomplished. How do we get the CAO's office involved with providing the back up support? Typically, if Dr. Tavano felt they needed additional grant writing capacity or such, through the CAO, they would make special request to the BOS if it weren't something they could accomplish within their own budget and resources. In my discussions with Dr. Tavano, this is a really high priority. It isn't just something that is going to slip through the cracks or we are going to miss a deadline. (Dr. Tavano) Thank you. I think it's most unfortunate that the agenda was structured the way it is because you have this motion prior to my report and I could have answered almost all of these issue and questions. I don't know Cmsr. Serwin if you want me to do so during my scheduled report or do the report now. But I do think it is most unfortunate the agenda was structured in this way. Quite honestly, listening to the conversation but I just am not going to play defense on this because I know the enormous amount that has been going on. (RESPONSE: Cmsr. Serwin) It would be great if, at this point, you could speak to any of the issues on the table because they probably do match up well with your report but if we can focus on the issue that have been raised, then we can go through and take a vote, assuming a motion will be put in a motion stance or revised in a way that people want to vote on it. (Dr. Tavano) Thank you, Cmsr. Serwin. I am not being oppositional, but I feel like either give the report that addresses this in its entirety now or just wait until you finish the motion and vote. It is very disturbing to me, quite honestly, to hear this discussion without you all first hearing what has actually been going on. I sat very quietly through it all. So which ever way is best. I don't think it's worth

<p>doing piecemeal. So either I can give the report now or at the end of the agenda when scheduled.</p> <p><cut to BHS Director’s Report></p> <p><u>VOTE on Motion:</u></p> <p><i>“Toward the goal of capitalizing on an historic opportunity to build infrastructure essential to the delivery of mental health services in Contra Costa County, the Mental Health Commission advises the Board of Supervisors to encourage Behavioral Health Services to continue to apply for all relevant Behavioral Health Continuum Infrastructure Program and Community Care Expansion grants, that Behavioral Health Services meet the deadlines for the grant applications, and that all necessary resources are made available to and employed by Behavioral Health Services to write the most competitive grants possible.”</i></p> <ul style="list-style-type: none"> • Motion to Approve: L. May moved to approve the motion. Seconded by Cmsr. Serwin. <p>Vote: 8-1-0</p> <p>Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), G. Cohen, D. Dunn, L. May, G. Stern, G. Swirsding, Y. Zarate</p> <p>Nay: C. Andersen</p>	
<p>X. REVIEW/DISCUSS letter to the Board of Supervisors regarding the Justice System Committee motion for a State-level Director of Conservatorship</p>	<p><i>Due to time constraints, this agenda item moved to next mtg.</i></p>
<p>XI. Review progress on MHC 2022 goals</p>	<p><i>Due to time constraints, this agenda item moved to next mtg.</i></p>
<p>XII. RECEIVE Behavioral Health Services Director’s Report, Dr. Suzanne Tavano</p> <p>I’d like to first acknowledge all the SPIRIT Interns for attending and it is very encouraging to see you all going into behavioral health. Moving on to my report.</p> <p>We do have a website. I would direct any of you who ae interested, not only in this, but also our progress in implementing CalAIM, which I will say is an enormous initiative. I don’t know that you all have been following but we have quite a bit posted under breaking news on the website around CalAIM and all of the enormous work going on around that. Also we have been adding documents around the infrastructure grant.</p> <p>I’d like to update you all on the shovel ready, Round 3 that just occurred. We did not submit our own applications for that; however, we sponsored applications submitted by Seneca and we just received notification that both those application proposals were approved. They are going to be remodeling a facility in Alameda County and in Sonoma County and they are intended to be multi-county collaboratives. We will definitely be contracting for those services once the construction and remodeling is completed. We are really looking to forward to them. They are the new level of services called Youth Crisis Residentials (YCR). We are also staying in contact with Seneca because the other grant application for Round 4, which is near approaching, Seneca is in the process of putting together a proposal that we would then sponsor and participate in that project as well as a multi-county collaborative. The reason we are not lifting or trying to lift our own facilities for youth is that we looked at the data, as do all the other counties, and we all recognized that multi-county collaboratives for some of these projects will go further.</p>	

That is update on Round 3 and Round 4. We are not going to submit our independent proposal for Round 4.

We have gone through many major grant opportunities, and have been approved for every grant we have gone after. There have been many in the last three years. We provided that list to the commission in the past. We can do it again. We have been very effective at writing the grant proposals and getting them approved and I wanted to remind you all about that.

As for the BHCIP grants proposals, it is not just two people doing it, we have a team of people now working very diligently on the upcoming rounds (5/6). We had to start the work internally, it is the way the county works. We have a request for a Board Order on the next BOS agenda, July 12th, allowing us to pursue these grant opportunities with the understanding that, once we submit proposals, if any of them (and we anticipate they will) are approved, that we would then go back to the BOS to gain their approval to accept the grants. The first step is a generic Board Order allowing us to pursue them. We put down a rather arbitrary dollar amount because we really don't know what the opportunities will actually come to fruition so we picked a number that is probably a modest number but it is there. Hopefully, it is on the agenda next week. That really starts the official process but we have unofficially already been moving forward. In addition to staff from BHS, we have staff from Health Services finance office working with us very diligently. We have started the work we need to do with public works and real estate to identify properties. We are also working in coordination with the CAOs office. When looking at properties to purchase, there is a due diligence process that takes time and money and we have received approval to assign funds to start the work at some potential sites to see if they meet all of the due diligence requirements that the county has for obtaining these properties. There are four properties in particular and we are trying to schedule a steering committee for next week to start with the members, update them on what is being looked for BHCIP projects. As a reminder the BHCIP is for facilities, not programs. Four sites are being looked at more closely at this point. Under CCE is managed by the State Department of Social Services and has to do with facilities for persons that are SSI beneficiaries and a couple other criteria. That is a very different grant criteria. We are working very closely with two entities in our county that will be submitting CCE grant applications that we are sponsoring through the process. Both of those entities ask that we not disclose who they are at this point and we don't want to blow any opportunity up. When a property owner or a provider asks us to please keep things confidential until things are further down line and it can be made public, I will respect that so we can move forward.

We still work on 'no place like home' and some of our proposals just received approval as well. Moving those forward.

We are working very hard and know we are progressing quite a bit. That's my report. I will say going back to the motion, as this is just me being my transparent self, it is somewhat dismaying to me when motions are made to go to the BOS to direct us to do work that we are already doing. It doesn't feel collaborative. That's just me expressing a personal sentiment about that.

Questions and Comments

- (Cmsr. Serwin) How are you prioritizing the choice of grants to pursue? Is it priorities that came out of the Needs Assessment report? I don't

remember them being ranked. Or is it real estate availability? What can be done with the real estate? (RESPONSE: Dr. Tavano) I can remind this group what the process is. It was a required process that we went to in order to position to apply for these grants and so it started with the needs assessment and that needs assessment was completed and presented about a couple rather large forums. Then based on the needs assessment, it was refined and the steering did have input into that. We knew that it was not going to be possible to put everything that came out but the priority short list that was developed, there was lot of shared consensus around the mental health rehabilitation center (MHRC). There is one located within our county and it goes to what has been spoke about in the past for a number of years of bringing our residents back home so that they can received the services they need within the county so the MHRC is at the top of the list. We also want to replace the crisis residential treatment (CRT) program that was closed down when the contractor gave 30days notice. If we could get more than one, that would be great. Also on the short list is an adult residential treatment (ART) program. There was also, replacement of the Concord outpatient clinic. It is not in good shape. The rent is being raised and the property owner is refusing to make any improvements to maintain the building so we are over a barrel but we feel the people we serve should receive their services in good places. It is still on the list and is still a need. That's the short list and that short list is really overwhelming. We are trying to identify properties that have the protentional of having one type of services co-located there. I think, if we can move toward they model Teresa and Lauren have talked about in terms of Housing That Heals, we will see what the opportunities are. One property I can talk about is a very viable one and is already owned by the county. It is out in west county. It is a good size space and we might be able to more than one thing at that particular location. The other sites, I cannot disclose the location right now.

- (Cmsr. Serwin) Are those needs ranked? Or is it opportunistic? (RESPONSE: Dr. Tavano) Trying to find a property for a specific program was making it more challenging so, we shifted gears with public works real estate to identify property that were potentially obtainable and then which of these facilities could be sited at those locations.
- (Cmsr. Serwin) This is more for Cmsr. Andersen. Dr Tavano has laid out the series of steps that are part of the county process for this kind of work. I am wondering if there is any opportunity to expedite any of this, or if that is already happening. (RESPONSE: Cmsr. Andersen) I believe this is already happening. In my discussions with our CAO Monica Nino, we need to put resources from her office to move things forward. I think it is really important to note that on the BOS, whenever we are discussing the potential acquisition, or leasing a property, we go into a closed session because you lose your whole negotiating power if a property owner knows we are interested in a property, then the price is likely to skyrocket. There is a lot of confidentiality and it isn't because we are trying hid things, but get the best deal we can with public money. And with everything I am hearing from Dr. Tavano, I am going to withdrawing my second of the motion, even as revised, I really don't believe it is necessary. I think it is clear they are working hard and it is a bit insulting to the department, even as revised. To send on to my colleagues on the BOS because it is indicating you have a lack of

confidence in the BHS. That you don't believe they are capable of doing their job without significant oversight and I am going to recommend we not move the motion forward based on the report.

- (Dr. Tavano) If I can add, your advocacy is so important. Once we identify properties and start moving forward, that is when I would really appreciate your advocacy in supporting it moving forward. There is so much room for you advocacy.
- (Cmsr. May) I do agree with Dr. Tavano, her presentation should have been done prior to any discussion about this. We did get some answers, but we haven't had any answers before that. To be honest, we have not had any answers and the person to present it was unhelpful because she couldn't answer due to confidentiality.
- (Lauren Rettagliata) <in chat> I think the spirit of this motion has been taken in the wrong spirit, Pamela got it right, the commission sees this as this opportunity is historic and wants to express the seriousness. (RESPONSE: Cmsr. Serwin) We have already stated there was no insult intended. I now in my work that I have people I need to respond to and if someone tells me this is really important, I will always double down, look at my effort and whether to adjust that effort.
- (Teresa Pasquini) I'm just going to say that I'm really disappointed in the way this conversation has gone. CCC is the only large county in the state that does not have an MHRC/IMD. That is because we have tippy-toed around this subject for years. We have been shipping our loved ones off to other counties and making family drive and making consumers separated from their community. I am really sorry that it is difficult to hear the facts, but we have had BOS sitting on the dais, bragging about the fact we don't have these services in county. I am telling you that I appreciate, Barbara, your attempts hear. There is a purpose in the advocacy and if we wouldn't have gotten those letters out, I'm not sure how quickly this would have all materialized. And the BHCIP has been around for months. We have been working on this for several years. Lauren and I as volunteers at the State level and collaboratively with our BHS team for two or three years now. So I don't understand the feelings around it, quite frankly and it is ridiculous. It is ABSOLUTELY Ridiculous. The feelings we should be concerned with are those consumers separated from their community and living in other counties. I haven't heard any commitment about it changing. We have a jail full of consumers with a nice newly remodeled jail but no place for them to go when they get out. I'm sorry to be so upset but I have put a lot of time and effort into this. I have tried hard to partner and collaborate. And it is really offensive to hear this from the leadership, quite frankly. It really shows great disrespect to the commission, to their efforts and to those of us in the public that have been working diligently to collaborate.
- (Dr. Tavano) Also understanding that the bigger picture (we do collaborate with H³ and we don't want to both apply for the same grants and compete with each other. It might be helpful if you did hear what H⁴ is doing because they applied for lots of grants related to housing. One currently going on is around family support and I know I just signed some letters of support committing to BHS for another application they have in. It is no disrespect to the commission from me to say what I said. I have been very clear that this county does need an MHRC and it is at the top of the list. I have made efforts with current providers of MHRCs

<p>to invite them into the county and it hasn't worked so far but definitely agree with what Teresa said. We should have the capacity to treat people within their own community. We are very much dedicated to that. In terms of nothing would have happened without those letters, I don't feel like it serves any purpose for me to do a timeline and substantiate all the work happening prior to and delivery of those letters.</p>	
<p>XIII.Adjourned at 6:28 pm</p>	