

**MENTAL HEALTH COMMISSION
EXECUTIVE COMMITTEE MEETING MINUTES
October 25th, 2022 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Vice-Chair, Cmsr. Barbara Serwin called the meeting to order @ 3:38 pm</p> <p><u>Members Present:</u> Chair, Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Douglas Dunn, District III</p> <p><u>Members Absent</u> Cmsr. Leslie May, District V</p> <p><u>Other Attendees:</u> Cmsr. Tavane Payne, District IV Cmsr. Gina Swirsding, District I Christian Aguirre (4:00pm) Angela Beck Jen Quallick, Supv Candace Andersen's Ofc</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None.</p>	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> (Cmsr. Gina Swirsding) During the holidays, will we be meeting on the first Wednesday of the month (January)? I have relatives visiting from out of town at the time. (Cmsr. Serwin) yes, typically we do. We can discuss offline for your situation. 	
<p>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS: None</p>	
<p>V. APPROVE minutes from August 23rd, 2022, meeting:</p> <ul style="list-style-type: none"> Cmsr. D. Dunn motioned to approve the minutes as written. Seconded by L. Griffin <p>Vote: 3-0-0 Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), D. Dunn Abstain: none</p>	<p>http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. UPDATE on Site Visits end of year activity and first quarter 2023 projected activity, Commissioner Laura Griffin</p> <p>Hope House: We have wrapped up the report and it is ready for the final step. It has been presented to the commission, hasn't it, Cmsr. Serwin?</p> <ul style="list-style-type: none"> (Cmsr. Serwin) It has, I would suggest at our next meeting to do an FYI that it was present at Quality of Care – the comments from the Program Administrator and they will be incorporated before the commission meeting and we'll include it in the packet. <p>Next Steps: We need to meet once more as a final meeting of the year and get started looking at what worked, what didn't work, and what we can do better. The committee is going to meet. We had a date set but</p>	

<p>unfortunately something came up. We will be meeting to discuss further on that and let everyone know where we are headed. Likely it will be children's facilities.</p>	
<p>VII. UPDATE on the Mental Health Commissioner (MHC) 2023 officer slate, Commissioner Laura Griffin</p> <p>Tomorrow is our deadline for nominees to vote at the December commission meeting. We have a health slate of nominees thus far on the slate, we have two (2) Chair nominees; three (3) vice-chair nominees and seven (7) for the Executive committee. Stay tuned.</p> <p>Questions and Comments:</p> <ul style="list-style-type: none"> • (Cmsr. Serwin) Wow, that is a very healthy slate. Thank you Cmsr. Griffin. 	<p>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</p>
<p>VIII. UPDATE on MHC 2022 Retreat: Viability, structure, speakers, topics, Commissioner Barbara Serwin</p> <p>We have been discussing a retreat for December at the same time as the commission meeting. I wanted to discuss a few things (1) the viability as it will be a real challenge to get it organized, get invites out and the logistics to make it happen before the December meeting rolls around. We have approximately 5 ½ weeks (ish). We did send a 'save the date' out but we need to follow that up very soon. There needs to be an official invitation with an agenda attached. Unfortunately this needs to be done on zoom which there is a lot more logistics than in person. I am hoping next year we can do this in person.</p> <p>In terms of structure, we have talked about a few ideas. We could have a main speaker, with a brief presentation but mostly question and answer and then have Pat Godley (the county's Chief Financial Officer) come to give a brief presentation on budget and to have individuals be able to ask questions of him. He has come to a couple of commission meetings and he does not speak long. He likes to have his questions in advance and it would be a bit of a different format for him. It is very difficult to get him to come to a meeting but if I start now, there is a good chance I could get him on our calendar. We are going into the next budget cycle and it is really important we get our concerns out there and this meeting could be the opportunity for that.</p> <p>We have spoken to having breakout sessions for questions and answer with staff and/or community-based organizations (CBOs), to talk about topics we don't normally speak on at the commission and are more detailed than we get to speak on at full commission meetings (maybe a little more controversial). A couple items have come up; incompetent to stand trial (IST) population; children's stabilization unit; and crisis response. We have spoken about all of these at the commission meetings. This next month, we will be covering quite a bit about the children's center. The crisis response we haven't seen in a while and I am really curious what their data is showing. How many people are being served? What size? How many teams? The number of calls being responded to? How many 5150's? What percentage of calls are accompanied by a police officer? What percentage are attended by a peer/someone with lived experience? All data possible</p>	

that we can review. These are questions we haven't had the opportunity to ask. We can certainly invite them to a commission meeting, but I think it would be interesting for the opportunity to speak more candidly and off-the-cuff as they are being put on the spot. I would like to hear your thoughts on viability, structure, topics.

Questions and Comments:

- (Cmsr. Dunn) Another topic to deal with would be criminal justice and mental health. This is very important, particularly the incompetent to stand trial (IST) issue. The meeting just before this one (the Justice Systems Committee meeting) we heard some very alarming information from public defender Stephanie Regular, as to what the state is doing to avoiding sending persons to state hospitals and declaring them competent by doing remote evaluations to avoid having them declared incompetent in order to not go to the state hospital where there is now a 3000 person waitlist to get in.
- (Cmsr. Serwin) for each breakout session, we can have more than one person that we will be asking questions of, like a panel.
- (Cmsr. Griffin) I think would be really good, the topic Cmsr. Dunn just brought up, I think to have Stephanie present as a guest speaker and, I'm not sure if we should do any breakout rooms, myself-I think I would just want to hear the stats that were heard today and ask questions. Stephanie to give a presentation and then our questions. Maybe one other guest speaker we feel is very important and the same format. I don't think we have time for break out rooms, questions. I am concerned for the time we have for planning, as well as getting the word out to the people we do decide as guests to come because they might be unable to attend. We can't do this a week or two before to invite them. I'm very concerned about the logistics.
- (Cmsr. Dunn) It blew me away, all the information I heard.
- (Cmsr. Griffin) It should be there, we should be speaking about this. It should be open to the public to hear as much as they can, if Cmsr. Dunn, Cmsr. Payne, and Cmsr. Swirsding, or Stephanie Regular hadn't showed up, none of us would have known.
- (Cmsr. Swirsding) And also about the kids, if they have a crisis at Juvenile Hall or the Ranch, they don't bring them to the hospital.
- (Cmsr. Serwin) Did you have more comment about that?
- (Cmsr. Griffin) I just feel we should have those two major guest speakers to come talk to us. We need to find out. This is where people, especially children, are slipping through the holes/cracks in this area. I think we need to make people aware of what we just heard. It should be a simple retreat with those two guest speakers with questions and answers. That's my suggestion at this point. It needs to be kept simple, it is already the end of October and we don't have even a month to organize it.
- (Cmsr. Dunn) Another person that needs to be there in this discussion (frankly the 'hot seat') is to find out what Behavioral Health Services (BHS) is going to do about it is Dr. Marie Scannell. (RESPONSE: Cmsr. Griffin) There you go, we know Suzanne Tavano can't be there, or she said she might not be.
- (Cmsr. Serwin) This is good feedback, the one thing I'd like to say is that from all the retreats I have been involved with (I've done three now), is

the feedback from people is they want things to be interactive. Or at least some interactive component. The first one I dealt with was with Anna Roth and a group she had coming to present the hospital. They did most of the talking and it was the number one feedback that we need to be more interactive. If we can find a way to balance the presentation and keep them focused. Maybe we just go with one break out room. Maybe at the beginning we do a good icebreaker. Maybe we can ask the CBOs to divide up and team them up, they would be good to ask questions of because we don't get them on to our agenda's very often unless there is an issue.

- (Cmsr. Griffin) How many attend the retreat, typically?
- (Cmsr. Serwin) Typically the commission and the high level staff. There aren't that many members of the public. (Cmsr. Griffin) We need to keep that in mind when deciding on breakout rooms. You can't have a bunch of break out rooms and just one or two people in each room.
- (Cmsr. Griffin) When do we review how we have done on our goals this last year and when do we develop our new goals for 2023?
(RESPONSE: Cmsr. Serwin) My perspective is that we made progress on site visits, initial progress on children's issues and we made a bit of progress on where the money is going. Then Behavioral Health Continuum Infrastructure Program (BHCIP) ended up requiring a lot of focus. I feel we should be saying, rather than starting off with new goals, we should continue to push forward on our existing goals, unless someone feels strongly about not doing so. We have a list of goals (12 long) and I feel we did a very thorough job last retreat and it was the standard topics that come up but in a ranked order and after a lengthy discussion and I felt we were really solid on them.
- (Cmsr. Griffin) So the commission doesn't have to vote on keeping / continuing with same goals.
- (Cmsr. Serwin) We can just present at the commission and it would be my recommendation, then take a vote.
- (Cmsr. Swirsding) That was after the retreat (interrupt by Cmsr. Serwin) it was at the end of the retreat. (Cmsr. Swirsding) we didn't vote at the end of the retreat. (Angela Beck) No, we collected the goals from the breakout rooms where the topics were discussed, they came back to the meeting with their list of goals and we sent out a survey monkey questionnaire for ranking the goals. Then the goals were prioritized. It was a huge pain to get everyone to participate. Not everyone took the survey. People that participated and felt strongly about these goals in the meeting, they didn't go and follow up by taking the survey monkey).
- (Cmsr. Serwin) I suggest we either do this in the December meeting or the January meeting at the beginning of the year.
- (Angela Beck) I just don't think there is enough time to pull the retreat together. I remember last year and pulling it all together, we have less than 6 weeks <cut off by Cmsr. Serwin> Last year's retreat was a very carefully orchestrated series of brainstorming meetings that were narrower and narrower in focus. It had to be planned out carefully. It is not much different than a commission meeting but with one break out room.

- (Cmsr. Griffin) We actually have about 3 ½ to 4 weeks, because you want everyone confirmed two weeks in advance with guests and everything.
- (Cmsr. Serwin) I feel we should take a pass, we have a list of topics, we can identify who we want to invite, invite them this coming week and just say we are feeling this out, we'd like to invite you to present at the retreat, are you available? Then see if we get enough people who are ready to go now that we could send out the full invitation with a list of speaker(s). That is the critical thing.
- (Cmsr. Payne) This isn't like a real retreat, it's like another zoom meeting, correct? (Cmsr. Griffin) Yes.
- (Cmsr. Serwin) Unfortunately, we don't have time to arrange or hold a physical meeting and we are really hoping we can next year. I feel there is an 80% chance we can do it comfortably. It really boils down to whether we can get speakers confirmed in a timely manner.
- (Cmsr. Swirsding) I'd like to volunteer, my daughter is really good at making posters/flyers to send in emails. It has all the information and send it out to people. (RESPONSE: Cmsr. Serwin) Angela has done that in the past, so you can speak with her about it. Maybe we could send out our invitations first. We need to get the basic invite out regarding this approximately 3 weeks from the beginning because we have already sent out the save the date. We can mention it at the upcoming commission meeting. (Angela Beck) We just need to get on it, we don't have enough time.

IX. DISCUSS strategy for collection of MHC Commissioner desires/needs for the Children's Crisis Stabilization Unit, Commissioner Barbara Serwin

Behavioral Health Services (BHS) has worked with the behavioral health care partnership (BHCP) to collect needs. There were a couple of break out meetings to collect needs from BHCP committee members. To refresh, that committee was formed by hospital staff and past commissioner Teresa Pasquini and was very involved in getting the committee be a part of it all. The committee was reorganized a couple years ago and the committee members are comprised of those with lived experience, members of SPIRIT.

The co-chair of the committee is Jennifer Tuipulotu who oversees the SPIRIT program and other Office of Consumer Empowerment programs (OCE) along with Gigi Crowder who is the Executive Director of NAMI (National Alliance for Mental Illness) and one other person that I am unfamiliar with.

There is a lot of consumer input in those meetings. There has already been break out meetings on topic and their feedback is included as an attachment for this meeting agenda.

I would like for the commission to walk through the process of collecting desires for the unit and to add it to the BHCP and forward to Dr. Tavano as soon as possible so that it is considered as the programs for serving at the crisis unit.

At the last leadership meeting, I raised this question to Dr. Tavano regarding if this is the right to be collecting information about this. She said yes, but the one thing she did say, as well is that she wanted direct input

<p>and qualified that as input from people who have experience with Children’s Crisis Stabilization Units. I was surprised by that because (a) we haven’t had one in this county, and (b) this is a question that should be posed to the entire community and there are certainly plenty of people with children who have needed this and we simply did not have one and know what they would have liked to have. It is something I would like to open up the commission regardless of the desire for direct experience.</p> <p>The major opportunity is at the commission meeting on November 2. We can send an email to our commissioners (and the public), asking for input and sharing the input from the BHCP to see which ideas have already been generated. Then send them on to Ms. Beck and volunteer them at the commission meeting as an agenda item. We can discuss what ideas have been corrected and brainstorm in that meeting as well.</p> <p>Questions and Comments:</p> <ul style="list-style-type: none"> • (Cmsr. Swirsding) I think it is a great idea. In West County, when we had Tony Thurmond, he was the running the school board. We worked on police involvement in the schools to help with crisis intervention. It worked really well, as the police worked with the students but also worked with the families when there was a crisis. This has since been dropped. It was one of the best programs I have seen in our county that worked. There were regular monthly meetings with the Mental Health staff. • (Cmsr. Dunn) I have reviewed this document and what I saw missing was the glaring situation we have been hearing about at the monthly NAMI CC criminal justice advisory committee. Persons either at juvenile hall or at Oren Allan Youth Ranch that are in crisis. They are prohibited by a policy established in 2010 to be taken to psych emergency services (PES) and there is no place for them to go in the county. It is my understanding this is going to be allowed this new children’s crisis stabilization unit because it is a CCBHS-owned building, built by MHSA funds, but I don’t see this particular bullet item listed in this handout. That item needs to be put somewhere on this document. • (Cmsr. Serwin) Do you think this is an effective way to get more input? • (Cmsr. Dunn) We need to go back to Gigi Crowder and to Jennifer Tuipulotu as the co-chairs and ensure that item gets on this document. This is what we want to see in the children’s crisis services unit. • (Cmsr. Serwin) Anyone have thoughts on how to get the discussion started, possibly we can break it down by topic on what has already been identified and generate discussion that way? 	
<p>X. UPDATE on Behavioral Health Services (BHS) contracts discussion with Dr. Suzanne Tavano, Commissioner Barbara Serwin</p> <p>The last BHS/MHC leadership meeting (last week), the Vice Chair (Cmsr. Griffin), the Chair (Cmsr. Serwin) and Dr. Suzanne Tavano, Jennifer Bruggeman and Matthew Luu attended. This is an open forum to ask each other questions that we don’t typically get to in a meeting or items we want to discuss and work through / figure out before discussing at the commission meeting.</p>	

I brought up the question of BHS contracts with the CBO's. Sixty percent (60%) of the work required by BHS is performed by CBOs. Our contracts are a big deal. The commission has the mandate to review, understand all contracts. This is something that we have only begun to do again. Commissioner Dunn has really led the way through his Finance Committee reviewing (primarily) the children's contracts. We have found them very difficult to read and they are not in any detail that is useful to easily surmise what the services are based on the description in these documents. There is no workplan included. I was hoping the contract would include would be the performance metric and what to do if the contract performance measurements are not met. The contracts don't include this. If they do, it is not in any detail that we can decipher.

We can say that the contracts aren't standardized enough that it is easy to compare them for same services. We have benefited from Jennifer Bruggeman taking the time to put together a summary of the contracts we are reviewing and include what their services are, who they serve and it is very helpful. Then Finance/Quality of Care committees have been taking a deeper dive into the contract. Basically, it requires a lot of careful review. We have come up with several questions and have needed to meet with Gerold Leonicker (Children's Services Chief) to get our questions answered.

I have been asking Dr. Tavano for the last three years if we could have a conversation about these contracts, how they are developed, how they are reviewed by the county, by her department. She told me frankly that some of these contracts aren't reviewed on the second year (or third) and just renewed automatically. This is the reason we really want to review these contracts. Her response over the last two years has been that CalAIM is coming and the contracts will all be standardized. There is new policy or legislation (unsure which) to overhaul how contracts are standardized, the content and overall process of creating these contracts. I felt it is a reasonable answer and that CalAIM was very comprehensive in how it would overhaul how BHS does their work, how the services are provided.

I asked, as CalAIM got closer, at least three times, and every time I was told it was pushed out for another year. I very clearly asked again and Dr. Tavano's response was that CalAIM doesn't deal with contracts, just the services provided and billing. How the services are paid for and the contracts are standardized because the contract shell is provided by the county counsel. I was floored. We were waiting because it would be a huge assist both BHS and the commission to have standardized contracts.

I wanted to share this with the Executive Committee because I feel very disappointed. It is important information and to hear one thing from Dr. Tavano and then hear from Jennifer that it is happening and then to be told it is not even on the table. I wanted the Executive Committee to be aware of this and to know that, at least between Cmsr. Dunn and I that we need to address this. We will either have Dr. Tavano present at (possibly) the finance committee and / or do some research on our own as to what CalAIM does, in terms of contracts.

Questions and Comments:

- (Cmsr. Dunn) You have covered this very well. As a result of what you have just said regarding the county counsel clarification, we will need

to ask for specific attachments to the contracts because, Ms. Bruggeman has indicated that most contracts have attachments that provide more information as to the actual contract. If we need workplans, we will need to ask for that attachment moving forward.

- (Cmsr. Swirsding) My understanding was the contracts had attachments with budgets and workplans/services.

XI. DETERMINE November 2022 Mental Health Commission Meeting Agenda

- **CHAIR ANNOUNCEMENTS**
 - **Review of Meeting Protocol:**
 - ✓ **No Interruptions – raise hands**
 - ✓ **Limit 2 min – timed**
 - ✓ **Stay on topic – stick to agenda item**
 - **Welcome Commissioner Pamela Perls, District II**
- **“Get to know your Commissioner” – Commissioner Kerie Dietz-Roberts and Pamela Perls**
- **UPDATE on the Behavioral Health Continuum Infrastructure Program (BHCIP) activities, Dr. Roberta Chambers, Indigo Consulting, and Adam Down, Mental Health Project Manager, Behavioral Health Services (BHS)**
- **DISCUSS Hope House final report**
- **DISCUSS needs/desires for new Children’s Crisis Stabilization Unit**
 - **Needs/desires identified by Behavioral Health Care Partnership**
 - **Needs/desires of MHC Commissioners**
- **UPDATE on Site Visits end of year activity and first quarter 2023 projected activity**
- **ANNOUNCE MHC 2023 Officer Slate**
- **Behavioral Health Services Director's report, Dr. Suzanne Tavano**
 - **Update on applications for BHCIP grants**

Questions and Comments:

- (Cmsr. Dunn) Do you believe that the discussing needs and desires for the new Children’s Stabilization Unit could move to January, if need be? It is awfully full right now. (RESPONSE: Cmsr. Serwin) The problem is that they are actively collecting the needs and requirements right now. I don’t want to miss that train. We could drop the Hope House report and not even do an FYI.
- (Cmsr. Dunn) the BHCIP is important. The deadlines to submit we know. They could do that at the January meeting.
- (Angela Beck) Two quick suggestions: Then needs and desires, maybe Cmsr. Serwin and Cmsr. Griffin can create an email to send out to the commission with handout to review and have everyone submit the information before the meeting to be ready to talk about it at the meeting. To expedite the discussion. Secondly, for the BHCIP portion, it seemed her presentation was very thorough in past but the last time, that large review and it should be an update. Repeating that information was good, but it is redundant and taking up too much of the presentation time. I think it would be better use of time to have a more abbreviated review (if any) as everyone in the meeting is up to speed on what has already occurred. Just get into the meat and bones of the actual updates. It should be more focused. (RESPONSE: Cmsr. Serwin) I could ask for that and give only a certain amount of time.

<p>(Cmsr. Dunn) and if we have to, she can come in January because the county BHS will not have made their final decision until January 7.</p> <ul style="list-style-type: none"> • (Cmsr. Payne) I would like to put this out there. Maybe we should think about assigning a commissioner to keep an eye on the legislation for mental health. It was a big deal in our last meeting, wasn't it Cmsr. Dunn? (Cmsr. Dunn) Very much so. (Cmsr. Payne) There was some things happening that a lot of us didn't realize was going on that happened without our knowledge and we could have put forth some effort to ensure they were addressed. • (Cmsr. Serwin) Very good idea. I think Cmsr. Perls follows the legislation quite closely and might be a good candidate. We also have a past commissioner (Teresa Pasquini) who is constantly monitoring, has her finger on the pulse in terms of what is happening in the legislature and would be a good source for whoever that person is. • (Cmsr. Payne) Yes, but they HAVE to keep us informed. They all knew but never let the commission know. (Angela Beck) Teresa was unaware as well. Stephanie Regular brought the information forth in the Justice Systems committee. • (Cmsr. Griffin) I agree, Cmsr. Payne, we need a liaison on the commission, one of their volunteer duties, to really be on the look out 'the watch dog' if you'd like to use that term. (Cmsr. Payne) I have never really looked at legislation but now I am aware of it and I am going to start watching it. I don't know if I want to be the main person but I am happy to share what I find out. • (Cmsr. Griffin) Excellent point, maybe we can solicit volunteers at the January meeting. <p>Agenda items agreed/approved.</p>	
<p>XII. Adjourned meeting at 4:54 pm</p>	