

**MONTHLY MEETING MINUTES
MENTAL HEALTH COMMISSION (MHC)
December 7th, 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. Kerie Dietz-Roberts, District IV Cmsr. Douglas Dunn District III Cmsr. Gerthy Loveday Cohen, District III Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Tavane Payne, District IV Cmsr. Pamela Perls, District II Cmsr. Rhiannon Shires, District II Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Christian Aguirre Colleen Awad Guita Bahramipour Angela Beck Cathy Botello Jennifer Bruggeman Y'Anad Burrell Lisa Chow Skyelar Cribbs Gigi Crowder Dr. Stephen Field, Medical Director of Behavioral Health Services John Gallagher Vi Ibarra Jennifer Quallick (Supv. Candace Andersen's ofc) Ericka Raulsten Stephanie Regular Lauren Rettagliata</p>	<p>Meeting was held via Zoom platform</p>
<p>II. 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. Please refrain from commenting on voting process or candidates during public and Commissioner comment. iii. Cancelled: Finance, Justice and Executive Committee December meetings (Quality of Care meeting will be held at its regular date, December 15th @ 3:30pm. 	

<p>III. PUBLIC COMMENTS:</p> <ul style="list-style-type: none"> (Lauren Rettagliata) Great thanks for all the hard work that you have done (Barbara) for the many years you have chaired this Commission. My family has greatly benefited from all the work you have done. I have worked with other past commissioners, including the late Dwayne Chapman. The day before he passed, we were actually talking about you and how grateful he was that you would be carrying on. I thank you from the bottom of my heart. Teresa (Pasquini) can't be here this evening but she also thanks you. 	
<p>IV. COMMISSIONER COMMENTS: None.</p>	
<p>V. APPROVE November 2nd, 2022 Meeting Minutes</p> <ul style="list-style-type: none"> November 2nd, 2022 Minutes reviewed. Motion: L. May moved to approve the minutes. Seconded by G. Stern Vote: 12-0-0 Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), K. Dietz-Roberts, D. Dunn, G. Loveday Cohen, L. May, J. Metro, T. Payne, P. Perls, R. Shires, G. Stern, G. Swirsding Abstain: None 	<p>Agenda and minutes can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. “Get to know your Commissioner” – Commissioner Pamela Perls</p> <p><u>What I bring to the Commission:</u></p> <ul style="list-style-type: none"> I am intellectually curious, interested in just about everything, especially the lives of other people; I am comfortable sharing what I have learned in one setting with others in another setting; I often take a broader perspective (my legal training); and, I am very comfortable asking questions, speaking up and advocating and being persistent. <p><u>How I am connected to the community:</u></p> <ul style="list-style-type: none"> I have three daughters, all have anxiety disorder; My middle daughter is dual diagnosed with both mental health conditions and developmental disabilities; My mother had an undiagnosed mental condition; I have experienced the difficulty of getting an accurate diagnosis for my daughter and getting the correct services, having to negotiate with different bureaucratic systems like MediCAL, MediCARE, private insurance to meet claims and provided services or deny them. Recognizing that mental health affects the entire family; and, We have spent the last ten months with my daughter not having housing and my whole family sharing to house her (which has been difficult). <p><u>How I see my role in the Commission:</u></p> <ul style="list-style-type: none"> Ask basic questions (I’m a newbie) and difficult ones as I learn the complex mental health system; Share other perspective to eliminate what the commission may encounter— What it looks like from the outside as sometimes it’s hard to know when you are deep in the system; I belong to a number of civil rights groups, political groups like the ACLU that may give me other ideas/perspective about things like care court, LPS conservatorship, other views; 	

<ul style="list-style-type: none"> • I am going to be a new member with different ideas that may or may not ‘fly’ because they may be out of left field in an area I don’t have as much experience as my peers; • To share the experience of those with dual diagnosis, including intellectual and developmental disabilities and substance abuse; • To encourage the commission to break down silos and with other groups of common interest; and, • To Show our constituents are part of a larger community the same needs (housing, transportation, employment, and healthcare) 	
<p>VII. RECEIVE Presentation, 2022 Kids Count Data Book - State Trends in Child Well-Being, Dr. Rhiannon Shires, Psy.D., Commissioner, Mental Health Commissioner (MHC)</p> <p>We have all been through a lot since COVID-19 emerged over two years ago. Schools went virtual, so did many jobs while others vanished and the economy convulsed. We isolated ourselves and families. The healthcare system buckled, leaving doctors, nurses, researchers and others drove tirelessly to save lives. By July 2022, over one million in the United States died from the novel coronavirus, including more than 1600 children. Over 200,000 kids in the US lost a parent or primary caregiver during that same period.</p> <p>In short, the coronavirus up-ended everyday life to an extent not even seen since WWII. It is no surprise that millions of parents, caregivers and other adults are feeling overwhelmed. Our children, who face what the US Surgeon General has called a Mental Health Pandemic for Youth. Addressing a youth mental health pandemic requires understanding what mental health is: Beyond the absence of illness, it involves a capacity to fully function mentally, be productive, fulfilling relationships and adapt. For young people, emotional and social well being are especially important as in the ability to navigate the challenges of life and realize their potential. Mental health is just as important as physical health, and as with other components of child well being and success, the foundation for good mental health is laid during early childhood. Cognitive abilities, language proficiency and social skills develop along side mental health.</p> <p><u>The Pandemic Aftermath</u></p> <ul style="list-style-type: none"> • Experts estimate that 14% - 20% of young people in America are experiencing a mental, emotional or behavioral disorder. • Nearly a quarter of parents with children ages 6 - 17 said their child has been bullied in the last year. • One in five children reportedly struggle to make friends. This is (in-part) because while being isolated when these developmental milestones would be developed, they did not have the modeling, the social queues and connections with other children to learn how to be with other children and how to make friends. Even if they had started to develop this previously, what isolation does to people is it takes away abilities they previously developed. Same with social skills, if you isolate, all of a sudden, If you are the most proficient social person you can suddenly become socially awkward and must relearn those skills. This is true, particularly for children because it is developmental at every age, there are different expectations. 	<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: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

- 35% of parents expressed some level of concern or anxiety about the safety of their neighborhood.
- A third of families could not always afford nutritious meals.
- A quarter of parents said they had no one to turn to for emotional support with raising their kids.
- A third said they were doing only somewhat well or not very well handling the demands of parenting, further contributing to household anxiety.
- Most distressingly, 2,553 children ages 10 to 19 died by suicide according to the U.S. Centers for Disease Control and Prevention.
- Pandemic stress physically aged teens' brains. Until now, such accelerated changes in brain age have only been seen in children experiencing chronic adversity, such as neglect and family dysfunction.

Economic Well-Being

- Parents who are struggling to maintain steady employment and cover the cost of housing are not the only ones who carry the stress of living in poverty.
- Their children experience it too in ways that can harm their development.
- Being unable to access food, health care or childcare can influence a child's brain development and readiness to learn, as well as behavior and emotional well-being.
- Teens who are not in school or working may face new stresses as they become financially responsible for themselves.
- Being anxious or depressed can affect a young person's ability to apply for, interview for, accept and retain a job.

Education

- A lack of access to Early Childhood Education can undermine a child's social and emotional development.
- Students contending with mental health issues may not be able to focus in the classroom, falling behind in core areas such as math and reading, and ultimately struggling to graduate.
- These and other obstacles can compound a child's anxiety and complicate the already emotionally charged processes of entering adolescence and figuring out what is next after high school.

Health

- Appropriate and timely medical interventions can support better mental health.
- Being born at a low weight can impair early childhood development.
- Children who are uninsured are less likely to have access to mental health services.
- Struggles with mental health, though only one potential factor in childhood obesity, can lead to and further aggravate issues with being overweight.
- And while child and teen deaths reflect suicides, they also include victims of violence.
- Gun violence surged in 2022 becoming the leading cause of death for young people ages 1 to 19.
- Also, youth exposed to shootings and other violent incidents are experiencing Post-Traumatic Stress Disorder.

Why Youth want Mental Health Care but do not access it

- Fear of discussing concerns 48%
- Concerns with obtaining permission to access care 45%
- Fear of not being taken seriously 43%
- Lack of affordability 41%
- Fear of identity being misunderstood (LGBTQ) 26%
- Lack of transportation to a treatment site 21%

Taking Action

- 73% of parents believed their children would benefit from mental health counseling.
- Prioritize meeting kids' basic needs. Youth who grow up in poverty are two to three times more likely to develop mental health conditions than their peers.
- Children need a solid foundation of nutritious food, stable housing and safe neighborhoods - and their families need financial stability - to foster positive mental health and wellness.
- Ensure all children have access to the mental health care they need, when and where they need it. Every child should have health insurance. Schools should increase the presence of Social Workers, Psychologists and other mental health professionals on staff.
- Strive to meet the 250-to-1 ratio of students to counselors.
- Pediatricians should screen for adverse childhood experiences.

Bolster Mental Health Care

- Kids who have experienced violence or other traumatic situations need programs designed to help them heal and build on their unique strengths or cultural tradition with which they identify.
- Care should be geared toward early intervention which can be especially important in the absence of a formal diagnosis of mental illness.

California is No.4 in having the richest economy, but child wellbeing we are only No. 33. California's report card: Overall 33, Economic Well-Being 45, Education 37, Health 7 and Family/Community 37. We have a lot of work to do. I feel as a Mental Health Commission, we need to take a very serious look at this report card and, as a group, brainstorm and come up with ideas to see what we can do as a group to outreach and make a change.

Questions and Comments

- (Cmsr. Serwin) Can you tell us a bit about the organization you are sharing this data from? <noise interference> (RESPONSE: Cmsr. Shires) The Annie E. Casey Foundation. They compile this data into the Kids Count Network, represents members from every state and is instrumental in making this data book available to national, state and local leaders across the country.
- (Cmsr. May) You were emphasizing children who live in poverty are susceptible. I wanted to say they are susceptible to witnessing and being victims of multiple traumas. I did not see anything addressing that in this presentation that the Casey Foundation put together. They recommend 250:1 students to professional psychologist/therapist. I have worked in schools and that is too many students per one mental health professional. It is impossible. When we really get down to the nitty gritty, the reason of low income and color (not mentioned but I am), is that most received MediCAID and providers here in California see that as

a money losing option and there are not providers that want to service those of lower income families that can't afford. The county has too many appointments and it may take three months to get an appointment when your child needs an appointment immediately. There are providers that flat out refuse to take MediCAID/MediCAL. California does have a lot of money, but greed of providers is overpowering.

- (Cmsr. Griffin) I want to thank you, Cmsr. Shires for such a wonderful eye-opening report. We knew this was the reality. I agree we need to take a serious look as a commission and advocate (not complaining) and get out there and advocate. I have a question regarding parents, you stated 73% of the parents are supporting the idea that their children would benefit from mental health wellness. I wonder sometimes, because in my experience, I have met a lot of parents who are in denial. I am wondering, was there ever (that you know of) a survey conducted to ask the children if they were comfortable to go to their parents, grandparents or other caregivers. I think that is an important point that may be overlooked. (RESPONSE: Cmsr. Shires) I did not see anything but I agree with you. My experience is that most kids are not. Most go to their friends. What I have seen and I think because Gen Z is moving beyond mental health stigma and see that it as a healthy outlet to talk about their problems and seek help. The more we can focus on peer groups, having groups with children/adolescents, clubs; however you want to situate or create, that they actually work with each other. I have also seen in some groups where they have actually been able to talk to each other about each other present it to their caregiver or someone that can help them get help. I mean it is the nature of children with their parents. I'm a clinical psychologist and with my own kids I have to ask a 101 questions to get to an "I'm not feeling okay" response.
- (Cmsr. Griffin) if the peer communication is working, or improving, that is a big step.
- (Cmsr. Payne) First, I'd like to thank you very much for the report. I am curious, back in 'western days' when people had to work hard and didn't have much money and there was violence (gunfighting, hangings, etc.) why didn't we have mental health issues with our children then? Did we just not know about it or is this a learned behavior? Is this something we are learning / finding out now that today's society has an added increase of something? All the things you listed, all existed back then, but we had family values and people worked together to get things accomplished. Am I missing something? (RESPONSE: Cmsr. Shires) I think there used to be a sense of connection in the community, everyone helping each other. It isn't an isolated family system we have now. We have lost our sense of community, and connection. I think the problems always existed, the human psych is any more sensitive to violence or trauma, it has always been but there is just less sense of support and a more cohesive community.
- (Gigi Crowder) I was excited about seeing this topic on the agenda because some of you may know that at NAMI CC, we have the statewide contract for responding to the CALHope Program (statewide response to COVID for the African American Community). I really feel like where we are in Contra Costa County (CCC) it is one of the most diverse counties in the nation. Whenever we do reports, we need to break it down for

ethnicity because how people experienced COVID has a large impact based on resources to institutional and structural racism. I appreciate you said school not being necessarily the safest place because school is often where a lot of individuals from the AAPI, LatinX and African American kids have their first trauma there because it is not safe for them, they are told they need IEPs with parents who are made to feel they are not equipped to teach them in a one size fit all approach so I appreciate all that.

I think though, we really need to focus our attention a lot more on what we are doing with the wellness in schools program, after much advocacy, we got a small little contract of \$25K to start working in East CCC but I do know where the greatest needs are (not necessarily there, not for that age group). It is younger schools that need to partner more with natural trusted resources like faith centers that care a burden often neglected by behavioral health care centers. All kids are suffering to different degrees. In the African American community there is a disproportionate number of deaths, kids had to experience their parents getting dressed in black and going to way more memorial services than ever. That is trauma The violence increased because they are not getting the services they need to stabilize, there is often chaos. As a behavioral health department, focusing on the needs of young people and offering preventative services, I am definitely behind advocating and prioritizing to reduce the risk of more incarceration. Why are we criminalizing instead of offering treatment? We need to totally reprioritize that, as well. We also need to ensure that when a young person is in Juvenile Hall and experiencing a psych emergency, they have immediate access to services. They need access to psychiatric help. I hope the MHC will carry this as a goal to prioritizing youth in this county.

- (Y'Anad Burrell) Thank you for this report. When I joined CPAW (Consolidated Planning Advisory Workgroup) over four years ago, I joined because I saw there was a stakeholder group 'Children, Teen, and Young Adults' but unfortunately since I have been a member, that stakeholder group has not been activated and I am hopeful we can start this up. It is my understanding that the only way to activate it is there needs to be a representative from the county (BHS), I just want to underscore and highlight, that hopefully those that can 'move the dial' that this stakeholder committee can be activated and make a difference. It is unfortunate that the only way it can be activated is to be spearheaded and led by the inside, when there are all these kids suffering externally and just waiting for someone to make time to activate this.
- (Ericka Raulsten) I am speaking as a healthcare worker at CCRMC. I work at the ER in Martinez. It just hurts my soul when I see so many children having to be 5150'd for behaviors, a variety of different issues, it hurts when I have to registered a child under 11 and these children are now coming up 7, 9, 11 in the ER being filled with kids because they can't take them to 4C and they are in the ER all night. The parents are calling looking for their child. They were taken out of school because they stated they wanted to kill themselves and they were taken to the hospital. These parents are frantic and I am trying to calm them down. This commission really have to step up your game and do more. The mental health is not just for adults, but for the kids and it is becoming more of an epidemic for kids, I'm seeing more and more, especially with

the pandemic and now it is opening up—there are more kids and they are younger, they tell their teacher they want to kill themselves and the school automatically calls the hospital. My heart hurts, I am pleading with you, whatever it is you are trying to do, you need to do more. There is a sense of urgency that needs to shift into more action. It is already a crisis. I hope you all laser focus this year.

- (Lauren Rettagliata) My comment is in the chat but to respond to the ER nurse, this commission has spent hours and hours in many meeting and been the lead in requesting and putting forth plans so that the psych emergency services (PES) can accommodate those children and youth. It has been something we have worked very hard on as a commission.
- (Dr. Stephen Field) I just wanted to say YES to all those things, they are super important. Happy to report that the children’s CSU (crisis stabilization unit) construction should be starting this week and hope to have it open in late spring. One correction: Kids on 4C, it’s not that we don’t want to provide service but that is really only a place for adults and we have contracts for services (particularly John Muir) to provide more age appropriate care. We are really excited for the children’s CSU and all the hard work everyone has done to make it happen.
- (Gigi Crowder) I am excited also. I know the BHCP has also advocated for the PES for children so they don’t have to be in the same quarters with adults. However, the goal is to keep them from having to get there and any preventative that we recognize earlier and put in place would be the ultimate goal...not waiting until there is a bed for them, but to avoid the need for there to be a bed for them. That is the approach we should be taking.

VIII. DISCUSS Behavioral Health Services (BHS) Budget, Barbara Serwin, Chair, Mental Health Commission (MHC)

Brief discussion of the Behavioral Health Services (BHS) budget process for 2023. I just have a few comments as we are just entering the budget process. Approval will be April 2023 and now is our opportunity to be presenting priorities and trying to respond to priorities being stated by BHS. Basically, last year’s budget process was very difficult from my perspective as so much was driven by the Behavioral Health Continuum Infrastructure Project (BHCIP) grant process. Rather than addressing the budget priorities, there were opportunities to apply for funding to build new facilities and needing to come up with a budget to actually operate those facilities. We are still in that same situation. It is a ‘wait and see’ as we know what we have applied for but have not heard back on everything and we still haven’t even applied for everything yet. I am thinking a couple ways we can move forward are: (1) get our own ducks in a row and have a conversation about what are the key budget items we would like to support and have a list of one to five items; and (2) eliciting from BHS what their priorities are, and what assumptions are in the draft budget for next year based on BHCIP.

First, I’d like to get some input on the budgeting process. Is this a reasonable approach, spending some time talking about what our priorities are? In this meeting, we can do a rapid run through to identify those major project we have been working on. Secondly, in our January meeting, we can develop a more robust priority list, as well as the finance meeting in January. Further, in January, we can ask BHS to speak to its priorities for the year, and which BHCIP project it is focusing in on. By January, another major deadline will

have passed and (hopefully) we will have a more refined view of what kind of funding we can be expecting and which facilities we expect to get funded. Let's get on the table, what we believe our main priorities are.

Questions and Comments

- (Cmsr. Dunn) This will be front and center (Topic 1) for January, February and probably March Finance Committee meetings. I can say that in early 2023, there is Round 6 for BHCIP and, also we need to get a feel for what the BHS environment intends to do with the incompetent to stand trial (IST) issue(s). The State is providing counties \$550mil-\$575mil annually for all 58 counties. It will go up to \$635mil in 2025/26. Between myself and Cmsr. Stern, that will be the focus of the combined Finance/Justice Systems committee meetings in January. Bottom line, there will be a big focus on these issues the first quarter of 2023.
(RESPONSE: Cmsr. Serwin) So, IST is a top priority. What are the other priorities? We have the Children's Crisis Stabilization Unit (CSU) ongoing development and cost of operations and programming.
- (Cmsr. Dunn) There is also Round 6 of the BHCIP, which we haven't heard as to what is allowed and what is not allowed in Round 6, which is the last round and will start coming into focus in late January/early February 2023. (RESPONSE: Cmsr. Serwin) What are the other main priorities we have been talking about this past year that require explicit funding? A lot of it has been us pursuing the money, rather than stating up front, this is what I want the money for.
- (Cmsr. Dunn) Right. BHCIP has been (kind of) a reactive process quite honestly.
- (Cmsr. Serwin) Thank you. You said it. It has been reactive rather than proactive. There is also the crisis response which has a lot of funding, but that will continue to require funding from behavioral health services.
(Cmsr. Dunn) And also from Measure X).
- (Cmsr. May) We have spoken a lot this year about finding facilities for children, youth and children that are recovery homes where they can go into a house that is set up where they can recover from any time mental health crisis. For instance they were taken to John Muir (or PES), once they have been screened and they are ready to go, they may not be ready to go back home and they need a step down, just like how we have in Martinez and those that were closed. There needs to be places for children to go to as a step down until they are ready to go home. They are finally breaking ground on the children's PES tomorrow, but look how long it has taken? We need step down places for youth for more thorough discussion and investigation because some of these children may not want to go back home. That might be where they are triggered. It is very important we address this. There is so much focus right now with the youth mental health crisis, especially since the pandemic. We need to address this issue. All this money for MIST/FIST, it is all geared around adults, but nothing is geared around children and helping their recovery. (RESPONSE: D. Dunn) With Oren Allen Youth Ranch closing down early next year, that is going to be available. They say they have plans in place to reunite families, but as Cmsr. May has made it very clear, in some cases, that is not possible and, frankly, nor even advisable. We have to take the lead on making sure BHS see the need for non-family step downs like a Hope House for youth and older children, as well.

- (Lauren Rettagliata) Just to get everyone more familiar with what is happening on the state-level. On the state level, the reports presented by the state and recommendation given by Behavioral Health (at the state level) as well as the Department of Social Services (at the state level), the majority of most of the funding and most of the programs is now being centered on children and youth. There are some programs that, we as a commission, are wrapping up with the behavioral health community programs for those who are not housed correctly in the adult community, but when you look at the main state reports from the DHCS and the DSS (state level), it keys in on children and youth. The other thing is that the State of California has very stringent rules and regulations as to what type of living situation children and youth can be placed in. Many of the facilities were have been used to, such as the Boys Ranch and many of the larger facilities that took in a lot of children, they have been found to not work well any longer and are working in different types of living situations for the youth. We must stay really aware of what is happening on the state level as for allowances for the youth. We are moving away from the large junior detention facilities and the juvenile detention halls.
- (Gigi Crowder) I would naturally assume that we would follow trend with all the surrounding county with what is most needed in this county is still housing. We can't just rely heavily on BHCIP and not look at what this county to do with funding it has available as well. We lost Nevin and Nierika, and don't know where they are with replacing those facilities. I know there is a lot more unsheltered people on the streets now than ever before. Some, actually, want housing and want to give it a chance but there is actually no place to refer them to and I am hoping we get ahead. If funding is needed to hire grant writers that can successfully apply for the funding coming down for children's services as well as adult, that focus definitely needs to be on housing in this county. When we can predict how many individuals we are likely to lose every year due to being unsheltered and die from hypothermia, I hope we can do a better job of replacing what we have lost in the last year. I don't see Dr. Tavano, but I think we should always have an update on where we are with replacing the housing that we need so desperately.

IX. DISCUSS Liaison Role for Consolidate Planning Advisory Workgroup (CPAW) and Alcohol and Other Drugs (AOD)

(Cmsr. Serwin) I just wanted to give the commission an opportunity to get more connected with the Consolidate Planning Advisory Workgroup (CPAW) and Alcohol and Other Drugs (AOD). At times, we have had a commissioner as a liaison to both of these groups. We haven't in quite a while, although Cmsr. Dunn has been the 'defacto' member for CPAW and, most recently, Cmsr. Shires has been attending AOD meetings and is interested in that role. I wanted to put the opportunity out there that we move forward and reinstate the liaison goals, have a very basic expectation that the liaisons would attend the other monthly meetings and report out on a quarterly basis to the commission on the highlights of both of these groups activities. Cmsr. Shires has inquired numerous times and is on that participant list and we thought that we would start with her as the first liaison to AOD and to have Cmsr. Dunn continue his role and officially be the liaison to CPAW.

Then, at a later point, if someone else is interested to volunteer, we can negotiate that or if either Cmsr. Shires or Dunn would like someone else to step in that role, they can let us know. We will keep it informal.

Questions and Comments

- (Cmsr. Griffin) I just wanted to mention that I have been on the BHCIP steering committee and let you know they will be meeting December 13th and I will be able to report out to the commission on the latest updates. Hopefully we will get some good information on Round 6, but I wasn't sure if that was (sort of) a liaison position or just a temporary steering committee position but I just wanted to throw it out there. (RESPONSE: Cmsr. Serwin) Thank you, I see it as (kind of) an ad hoc role that is will not be live after the BHCIP funding process is over. Thank you, we look forward to that update.
- (Cmsr. Shires) Just to clarify, I am a Board member on the AOD advisory board and I also serve on the community awareness meeting where we are very active making our presence in the community and educating the community. My concern about only giving the report quarterly is that so much happens and what I have seen is that sometimes the MHC and AOD are on the same trajectory and we could actually be helping each other out. I think to wait a whole quarter for some things that are so time sensitive, I know I am the MHC liaison for the AOD and every single AOD meeting I give a 5-10 minute report on what is happening with the commission to keep them in sync with what is happening and what we can coordinate/collaborate on. Obviously AOD folks have mental health issue and mental health clients, a lot of them, substance abuse issues and it is an interesting way of two different boards serving these populations and I think it should be a short update every meeting so we can work together. (RESPONSE: Cmsr. Serwin) We can probably go every other month to get started and see how it goes. I just don't want to commit too much time up front to something we have tried in a lot of different ways. I just wanted language to reflect a frequency we will be successful at actually committing to do so successfully. How about we start of with every other month. How does that sound?
(Cmsr. Shires) That's fine.

X. DISCUSS Committee membership and attendance

We have been trying to get our committee membership established from the new commissioners being appointed and getting their commitments to each committee in order to have concrete teams and know who is serving on which committees. We need our teams set to get the work done and ensure quorum.

The Finance Committee is shy one member. The Justice System Committee looks like there are six members but it doesn't. Cmsr. Zarate has resigned. The Quality of Care Committee has five.

Cmsr. May is on Finance and Quality of Care and Cmsr. Swirsding is on Justice System and Quality of Care. That works for the moment, but we need you both on one committee to open up a spot for the new commissioners as soon as we are fully subscribed as a commission. Please keep in mind that you will both need to commit to one and open a space for another commissioner for a max of five commissioners per committee.

(Angela Beck) Confirming we have 12 commissioners presently.

(Cmsr. Serwin) So if you are not on a committee, you must immediately choose a committee to serve on and we will work out the extra spot(s). Please contact me immediately. Thank you.

It is important that attendance for the committee meetings be enforced as well as Cmsr. May pointed out. It is within the committees where the real work gets done. Attendance is important, if there is no quorum, the meeting is not official, is cancelled and therefore the work is put off for another month. There are others from within BHS, CBOs and others within the county (as well as outside the county) departments that are invited or requested to attend meetings. They have arranged their schedule to attend and provide information the committee is requesting of them and reflects poorly on us when a meeting must be cancelled and participants have already gathered. Frankly it is disrespectful to everyone in attendance.

Bylaws for attendance are referenced in **Section 2. ATTENDANCE:**

2.1 Attendance Requirements

- a) Regular attendance at Commission meetings is mandatory for all Commission members.
 - 1) A member who has four (4) unexcused absences from regularly scheduled full Commission meetings in any consecutive twelve-month period, as opposed to calendar year, shall be deemed to have resigned from the Commission. In such event, the former Commission member's status will be noted at the next scheduled Commission and shall be recorded in the Commission's minutes. The Chairperson shall, without further direction from the Commission, apprise the Board of Supervisors of the member's resignation and request the appointment of a replacement.
 - 2) A Commissioner's absence from a regularly scheduled Commission meeting may be excused in the case of an unforeseen, extraordinary circumstance, including but not limited to major illness, natural disaster, or civil unrest. Commissioners shall obtain consent from the Chair at least one day prior to the meeting, for any planned absences. Excused absences will be recorded in the meeting minutes as an "excused absence".
- b) Each Commissioner will ensure that when s/he attends Commission-sponsored meetings (excluding Commission and Commission Committee meetings) or activities representing her/himself as a Commissioner, s/he expresses only those views approved by the Commission.
- c) Regular attendance of one standing Commission Committee, with the exception of Executive Committee, is mandatory for all Commission members.
 - 1) A member who has four (4) unexcused absences from regularly scheduled Commission Committee meetings in any consecutive twelve-month period shall be deemed to have resigned from the Committee. In such event the former Committee member's status will be noted at the next scheduled Committee meeting and shall be recorded in the Committee's minutes. The resigned member shall choose a different Committee on which to serve.

Questions and Comments

- (Cmsr. May) I wanted to point out about these meetings, it is important to be on time and stay on to the end. We have had three commissioners drop off this meeting before it is over and it needs to be addressed. There are some of us that participate fully and some that do not. I do a lot, I work from home and work at a facility and race home to attend these meetings and I feel that if you are a commissioner, you made a commitment and your attendance is expected. You are expected to show up for the full commission meeting and stay until it is adjourned. This is an important meeting as we are voting tonight and should be on this call to put their vote in. This needs to be addressed as it is unacceptable. So, while we are looking at committee membership rosters and those on this list, I was shocked, I thought a couple were gone due to attendance issues. If they are going to be here, we have to adhere to the Bylaws. You must attend the meetings you have committed to, the main commission meeting and the committee you have selected. I am tired of several of us being over committed to several committees because we are short members and then there are commissioners that are not living up to their full commitment to this commission. I don't know if it is to fluff their resume or what, but they were appointed by their district supervisor and made a commitment and are not honoring that. If they cannot fulfill that commitment, they need to just step away if they are unable to participate as agreed and fulfill their duties. We are not able to get work accomplished without the full commitment. (Cmsr. Serwin) I don't know who left we have the same number of commissioners. (Angela Beck) There were 13 commissioners at the start of this meeting. Minutes Approval there were 12 who voted, one dropped off. Two commissioners have dropped off and two came back on. We are missing three commissioners for the vote.
- (Cmsr. Serwin) Your point is well taken, Cmsr. May.
- (Cmsr.Perls) I want to ensure I am meeting my commitments, I have been attending Quality of Care and Justice. Am I on either?
(RESPONSE: Cmsr. Serwin) Yes, you are definitely on. (Angela Beck) This list is the information as we have now. It definitely needs to be updated once we have everyone's commitments. We need to be Quality of Care and Justice Systems sorted out. (Cmsr. Serwin) Let's sort this out offline.

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

Agenda Item tabled for next meeting (absent)

XII. VOTE on Mental Health Commission (MHC) 2023 Officers

The vote was conducted by Zoom Poll application. All non-commissioner participants in the meeting were placed in the Zoom waiting room. There is no way to stop meeting participants from voting who are not allowed to vote. Only commissioners may vote.

The polls were conducted and the results the voting for the Mental Health Commission Officers for 2023 are as follows:

MHC Chair 2023
Laura Griffin

MHC Vice-Chair 2023

Douglas Dunn

MHC Executive Committee Members 2023

Douglas Dunn

Laura Griffin

Leslie May

Pamela Perls

Barbara Serwin

Questions and Comments

- There was a tie for Executive Committee and the poll had to be rerun. Cmsr. May stated she was going to be very busy and would abdicate her seat to Cmsr. Swirsding. However, that is not protocol. Cmsr. Serwin stated they would address this offline.
- Cmsr. Serwin welcomed all participants back to the meeting and announced the results (above).
- Cmsr. May again mentioned the commissioners that dropped off and did not vote. She stated that in January she may render her resignation on the commission due to other commitments and not being able to make a difference and accomplish the goals she had set forth by joining the commission. She feels there is a lack of respect and racism she has faced throughout her service to commission, more so since 2021. She has asked to present numerous times and feels she has not been given the opportunity to participate and is feeling disrespected and disillusioned.

XIII.Adjourned at 6:28 pm