

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
January 6, 2021 – Draft**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Cmsr. G. Wiseman, Mental Health Commission (MHC) Chair, called the meeting to order @ 4:33 pm</p> <p><u>Members Present:</u> Chair- Cmsr. Graham Wiseman, District II Vice-Chair, Cmsr. Barbara Serwin, District II Cmsr. Candace Anderson, District II Cmsr, Douglas Dunn, District III Cmsr. Laura Griffin, District V Cmsr, John Kincaid, District II Cmsr. Kate Lewis, District I Cmsr. Kira Monterrey, District III Cmsr. Alana Russaw, District IV Cmsr. Geri Stern, District I</p> <p><u>Members Absent:</u> Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Dr. Suzanne Tavano, (Director, Behavioral Health) Colleen Awad Isenberg Fouzia Azizi Angela Beck (Mental Health Commission – Administrative Support) Jaspreet Benepal Cathy Botello Jennifer Bruggeman (Mental Health Services Act Program Manager) Jessica Hunt Lynda Kaufman Isabelle Kirske Anna Lubarov Audrey Montana (Mental Health Services Act Senior Clerk) Carolyn Obringer Akindele Omole Rona Popal Christy Pierce Dom Pruett (Representative of Supervisor Candace Andersen) Haji Razmin Stephanie Regular Rryn Schumacher Robert Thigpen</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENT:</p> <ul style="list-style-type: none"> Lynda Kaufman (Psynergy Programs): Wanted to give report on the COVID and the congregate settings. Psynergy (Contra Costa County contractor) has one facility in Greenfield has been a hotspot. The other three facilities remain COVID-free. Just starting to get communications about vaccines rolling out to our communities. It will be the Residential Care facilities for older adults first, followed by the adult residential facilities. 	

III. UPDATE on 4D status, Jaspreet Benepal, Chief Nurse, Contra Costa Regional Medical Center:

- 4D has opened the 20 bed, inpatient psychiatric unit, mainly to decompress Psychiatric Emergency Services (PES) during the COVID-19 environment, to have the minimum impact on the congregate close living in the locked unit.
- Working on increasing the census. Happy to say we are open to accept any number of patients that have an admission requirement to be held on 4D. Started with 6 patients, increased to 12 and now ready to take more patients.
- This was all due to staffing upload issues – staffing, orientation, training take time and the main reason to go slow and ramp up.
- No COVID patients on 4D or 4C. COVID patients needing psychiatric care have been admitted on medical units and providing services where it has been best suited to serve them. Examination of our surge in COVID patient population rising, needed to prepare to take care of patient in need of psych services (who are also COVID positive) to admit them to the PES unit.
- Staff is being trained in a refresher course on how to manage COVID.
- Created a temporary partition on 4D to maintain social distance so we do not have COVID patients mingle with non-COVID patients.

Comments and Questions:

- What is the capacity on 4D? 20 beds. Hired nursing staff which is a difficult task nationally. Able to secure several RNs and training/orientation at present to take care of patients.
- (J. Kincaid) – Are you able to rely on registry nurses or were you able to recruit through civil service? Hired registry nurses and trying to fill positions by hiring temp/permanent/per diem – any qualifications to serve patients, we hire.
- (J. Kincaid) – Problems around the country (anti-ligature measures, etc.), can you give us an update on where you are with that? 4D was expedited, we did work with regulatory bodies and are on board, we update frequently requesting for us to continue to serve and keep the unit open while making the unit ligature resistant. 4C PES has been completed but 4D is still in process. CDPH is on board and in close communication with us. Any notification/documentation needed we provide current status. For mitigating purposes to make sure staff/patients are safe, we do staffing based on patient acuity.
- (J. Kincaid) – You are in process and in compliance because of status granted but do you have any idea when that will be completed? Work is going on and it took several months for other units to be ligature resistant because of the back order from manufacturers (not just California, nationally). If we have the documentation and in compliance in providing the information to California Department of Public Health (CDPH), so they know our current status. We keep requesting the waiver and they keep approving it. Most hospitals are going through similar challenges.
- (B. Serwin) – What has the population been like? Are you at capacity and needing more beds? No, actually, we have had a few beds every day that we can admit more, and we evaluated our psych emergencies to see who may needs admission and we do admit them, but we haven't been full on 4D as yet.
- (B. Serwin) – But 4C? 4C is frequently in 19-23 and we try to ensure we are utilizing 4D beds also and not keeping anyone in PES that requires admission.
- (B. Serwin) – So you fill out 4C first and then move to 4D? No, we assess and evaluate where it would be best for the patients to come and admit in the appropriate unit.
- (J. Kincaid) – Can we then conclude this has been successful and has taken some pressure off PES and the fact that we have a few beds open is a good thing? Yes, it has been a positive impact on PES, we have been able to

<p>decompress PES, at times when we have patients, we have beds and then PES doesn't have to manage at increased volume as they did before.</p>	
<p>IV. UPDATE on the mental health needs of Afghan refugees in Contra Costa County, Commissioner Kate Lewis, Commissioner Kira Monterrey; Lisa Mulligan, Refugee Mental Health Coordinator, Jewish Family and Community Services - East Bay; Fouzia Azizi, Department Director, Jewish Family and Community Services - East Bay; Rona Popal, Executive Director, Afghan Coalition.</p> <ul style="list-style-type: none"> • Chair Graham Wiseman - Lisa Mulligan unable to attend today's meeting and will present at a later date. • Rona Popal, Executive Director, Afghan Coalition Presentation (share) <ul style="list-style-type: none"> ■ Afghan Coalition founded in 1996 to address the needs of the Afghan community in the south county. <ul style="list-style-type: none"> ▪ Challenges of an immigrant community; combating isolation and promoting integration. ▪ The Afghan community is very isolated and vulnerable, especially in Contra Costa County (CCC). <ul style="list-style-type: none"> ◇ Very social but only within their culture. ◇ Not very aware of services and programs available. ◇ Affects quality of life and health. ▪ The causes of isolation: language, culture, fear, trauma. All because when they arrived in the US due to the Russian invasion, the wars within Afghanistan, then the Taliban; almost 40 years of war. How do we help? <ul style="list-style-type: none"> ◇ Translations services, education, culture counseling, cultural prevention counseling and empower as a group with support groups, skills and resources, such as starting their own businesses. Especially from home, as a lot of women cannot leave home due to caring for children and the culture does not allow them to get out of the home. There are many small business opportunities (i.e. making jewelry or cooking) so they can be empowered from home. ◇ Support groups for men and women, leadership training and mental health. Mental health is one of the most important we are running at present. ◇ Meeting their needs: Translation services, cultural counseling is very important and how to use the system as they are coming from a very different system and culture. There is no system of resources in Afghanistan. There is a fear they will lose their children, their name, culture and faith. ◇ Addressing trauma and isolation ◇ Addressing stigma from the culture. ◇ ESL and other educational help (adult school, as well as traditional) ◇ Community kitchen is an important social support group. ◇ Financial literacy help is provided ◇ New program: Elderly outreach to learn social media. Hired workers to help learn computer programs such as Zoom and other platforms. Go to homes and help set up / learn how to use platforms to navigate getting help with programs, not be so isolated at home. Every week, there is a support group, and they receive links to get in touch with program representatives and to help reach family members. This program is timely, went online during COVID. People are home, bound to home and cannot leave and some living with their abuser. It has helped them talk to us and reach out so we are able to help provide services for those in abusive situations to help provide services such as shelter and counseling they would otherwise be fearful to reach out for help. ◇ Help with legal aid, Immigration attorney 	

- ◇ The youth program: The youth in the community learn English well and do not communicate with parents; believe their parents do not know anything, do not follow parents/family rules and the family are hearing they will lose their children if they discipline. The programs are helping to connect to legal services, social services.
- ◇ Small food program, every Friday for those who have lost their jobs.
- ◇ Provide job assistance (online application) help.
- ◇ Provide prevention counseling, psychotherapy.
- ◇ Looking to the future to expand program.
- Haji Razmin, Board member, Afghan Coalition in Alameda and Contra Costa County for 15+ years. Living in Contra Costa for more than 24 years, very familiar with the family conditions. There are over 10,000 families in Central/East Contra Costa County (Concord, Antioch, Pittsburg, Brentwood). The community needs help/services, especially the older members as they are still living in trauma and combined with the cultural differences, they cannot enjoy living in this free country.
 - The Coalition is trying to coordinate our efforts with CCC to establish offices in the county so that we are able to provide the help to them in their language.
 - There are many barriers, cultural stigmas that it is hard for community members, especially older community members to reach out and be open to discussing with therapists and reach out for doctors and other services.
- Cmsr. Kate Lewis reached out to some members of the Afghan community and some of the resources that help support the Afghan community for Behavioral Health Services (BHS) in Contra Costa. Very pleasantly surprised to receive an immediate response after reaching out. Rona responded the same day, set up a call and shared all the information in this presentation and more. Very interesting to hear, especially how much their program supports many Afghan refugees when they first come in. The issues with mental health stigma, interpersonal and partner violence and how that stigma creates boundaries and barriers to receive that kind of behavioral/mental health care they need. Also, that a surprising number of Contra Costa Afghan residence reach out to the Alameda site for the services and connecting to resources and services. If there was potential for expanding the resources into Contra Costa, it is a much-needed resource for community members and residence that are living in contra costa, but also there is an expected influx of Afghan refugees coming to this area, as well. As preparation for supporting the transition for these community members. Speaking with Lisa Mulligan from the Jewish Family and Community Services (JFCS), clarified they are located in Concord and do a lot of counseling and sees a lot of Afghan community members and does help with placement and resources. There are a few 'case managers' that are members of the Afghan community that are very helpful and had a very split opinion regarding the lack of Afghan behavioral health employees. The reason being, because of the huge stigma, often the residents would prefer to speak to someone that was not of their community. Often, one of the things we struggle with being a support person in a mental health capacity is being of the same culture and having the same understanding and background. However, the stigma sometimes prevents someone from accessing care. For that reason, the case managers in Concord are the go to 'resource builders' and the actual mental health providers do not speak the language. The biggest hurdle at her site is language barrier issues and access to resources that do have appropriate language options for Afghan residence. Farsi interpretation but might be in need of Dari or Pashto and it does not have the same communication ability. Impressed with the incredible work Lisa and Rona are doing.

- Comment (G. Wiseman) Being an immigrant, born in Iran with Farsi upbringing, understands the communication difficulties and language/cultural differences. There are many barriers within the different languages which makes it even more difficult to discuss how one feels and to share that with the language difficulties. It is important to communicate how we feel clearly.
- Cmsr. Kira Monterrey interviewed a young man in the community (male, 20's) currently earning a doctorate in psychology, so works in the mental health field, as well. He identified that anxiety, depression and PTSD are high among the population (older and younger). What he sees as the biggest barrier is stigma and lack of knowledge regarding mental health services and lack of acceptance, especially among the older generations. Many members of the community do not believe in mental health therapy. Lack of mental health knowledge and resources is a big issue. He believes addressing the stigma and putting more information out there could be helpful, especially for the younger population as he believes to be more willing to access mental health resources. He identified there are large student clubs, very active on social media and that could be a way to put information out to help reduce stigma. He identified there is a strong sense of community and banding together. Another issue identified during the interview is that suicide is a problem, but many families try to handle this problem on their own rather than resorting to hospitalization. This is attributed to stigma, fear of embarrassment / pride, as well. Mentioned some strong organizations that have potential to be helpful as information is being put out as resourceful such as the Afghan Women's Coalition Center and the Afghan Football Support Organization is a huge organization that a lot of younger people are members. There is also a new mosque in Concord that could be a nice hub for information. He did identify there are a lot of members in this community but most of the resources are found in Alameda county. Another barrier is the clash of world views between younger and older generations. Younger generation is more willing to seek help with mental health, but the older generation looks down on this.

Comments and Questions:

- (Ronald Popal) Due to our culture, there are two things that have not been accepted yet. (1) Personal relationships-having a boyfriend/girlfriend. The young generations hide this, whatever they do, who they date is kept from the family. (2) Gay/Lesbian, identifying as and having relationships-this is something against the belief/culture. That has caused the youth to run away/suicide. They are unable to come out to their families and community.
- (G. Wiseman) What do you think the MHC and BHS in Contra Costa can do to help address some of these issues? (R. Popal) Really need to resource for the Afghan community in Contra Costa County. Mosques are not a place for talking about problems, it is a place to pray. That is an issue with the community, putting all the resources on mosques as it is what they believe, their spiritual guidance. However, it is not a place, especially for young people to address mental health and interpersonal issues. Need resources in Contra Costa that provides more culturally competent programs. Our offices provide a space that reminds them of 'home' the way they are greeted, the surroundings – it makes them feel comfortable to open up. The program needs to be culturally competent for them to feel comfortable to open up and ask what they need.
- (G. Wiseman) Understanding how faith and culture play a role in addressing mental health issues, the stigma and family shame. Services that do not conflict with these issues to help people in need. Youth in the community are more open to communicate and seek help. The key is communication.
- (B. Serwin) Many of the services being utilized are in Alameda. Is that because there are more services available in Alameda? Do the case managers have

more relationships there? Are we tapping out the resources we do have here? Are they using our clinics? How do we get a handle on what kind of resources we need for the mental health component of it? (Dr. Tavano) Within a few years of the passage of the Mental Health Services Act, we did identify a significant and growing population of Afghan population in Contra Costa. It was a bigger portion of JFCS and really look to them to provide services. Unaware of the language capacity now but it was not uncommon we would call upon them if someone spoke Farsi and did not have a Farsi speaking clinician. We have been aware of the growing population. Fremont has a rather large population (Alameda County) and believe that is where the resources have grown. We will need to research data on the numbers.

- (J. Bruggeman) Barbara, Correct. JFCS, MHSA Prevention and Early Intervention (PEI) contracts with CCC and the population is under their Refugee and Immigrant program. The population they work with varies over time, depending on where they are coming from. In recent years, they have been working a lot with the Afghan community. Opportunity to visit program and meet case managers. Believe there are four case managers and one behavioral health clinician.
- (B. Serwin) Feel it is hard to get a handle on what is the unmet need, if we have people going to Alameda? Is JFCS completely tapped out? That is something (Rona and Haji) would be helpful to learn more about. What needs are being met and not met? (R. Popal) There are a lot of issues and we need more resources in CCC. **Need** support, speaks language.
- (D. Dunn) Alameda County, through MHSA Funding has funded quite a few different culturally specific community centers. Is that something that would be helpful here in CCC? (R. Popal) Yes, something like HUME center with staff and counselors that speak their language and doctors of same culture. Bring all those resources under one roof to help and support the community.

V. RECEIVE Behavioral Health Services Director’s Report, Dr. Suzanne Tavano

- COVID Report: Go to cchealth.org website shows what phase and tier we are in to gauge the roll out. We are currently at Phase 1a – Tier 1, 2, & 3 within 1a. As soon as that tier is wrapping up, it goes to Phase 1b, 1c and when it goes to Phase 2 is when the general population will be eligible to receive the vaccination. There is no calendar, it is based on the vaccine being received and people being vaccinated as soon as possible.
- On December 20th received call for BHS to set up its own vaccination clinics for staff. Week of 21st planning the three vaccination clinics and opened the week of the 28th. First week was a short 3-day week. It is anticipated by Friday, 1/8, we will have vaccinated approximately 1000 BHS staff. On track with what we estimated we could do. Goals are being reached.
- Update on Reopening Don Brown Friday/Monday to re-open 6 bed availability for those stepping down from PES/MHRC. Prior to it was long-term, new model it is recuperative care (4-6 week stay). This will be a transition for them to find long-term.
- Lynda Kaufman from Psynergy rethinking how we can make referrals to the program and update we have moved quite far in the contract with Everwell in the Central Valley which will expand our capacity further for enhance board and care. Everwell is a different model, a bit more comprehensive.
- COVID spike a few weeks ago, really watching PES. Felt we needed to make some changes in order to keep PES viable. Patients come to the clinic, are tested at the door and if positive are either going to emergency or admitted to a medical/surgical unit and provided mental health/psychiatric support. Still concerned as we have one PES for the entire county and did not want to close due to an outbreak. Worked with emergency medical services to implement a process to help protect the viability of PES. Anyone calling 911 on a voluntary

basis are taken to closest emergency department and then PES works with them there.

Comments and Questions:

- (C. Pierce) Regarding Don Brown. Will people released from the jail be able to start going there? (Dr. Tavano) No final decision. Need to watch closely as beds are very limited and, if we know clients/had contact. NEED to be COVID negative. We will have to see how that goes
- (G. Wiseman) Want to thank you Suzanne and show appreciation for all we are doing to address COVID in CCC. Also working with Youth Mental Health, the last three weeks we have lost 7 youths to suicide. Want to thank you for all the effort within the county to address and help parents and students as we go through a very difficult time.
- (Alana Russaw) Working with the state, how do we identify who is essential who is not? I am working from home, so of course doctors and nurses to go ahead in vaccinations. How is it determined who is in particular tiers? (Dr. Tavano) Federal CDC Guidelines and then each state determines priority populations and each county has its ethical decisions committee that has its ethical decisions committee that has broad representation throughout the community and that is factored in the determination. All must be consistent with the general CDC guidelines. If you go to the website and look at the tiers, it will tell you who is up next. We don't know exactly when. Refer to: <https://www.coronavirus.cchealth.org/vaccine-es>

VI. RECEIVE suggestions for 2021 Commission-wide goals beyond 2020 goals in progress

- Cmsr. John Kincaid – Involvement in the new office of Racial Equity and Social Justice.
- Cmsr. Kira Monterrey – Mental health crisis with COVID and going to require a lot of resources: Divorce, suicide, kids/teens hurting, depression, isolation, how it is impacting mental health problems as time goes on, domestic violence, sexual assault in home, molestation. There is going to be more mental health issues to follow for a long time due to the pandemic and we should look at this. (G. Wiseman) agree.
- Cmsr. Doug Dunn – Capacity of BHS to deal with mental health issues. Monitor ability to provide the care needed for these issues moving forward.
- Cmsr. John Kincaid – Participation in budget process.

VII. RECEIVE report on Community Planning Meeting of the County Office of Racial Equity on Social Justice (Dec 16th, 2020) Commissioner Barbara Serwin

- Cmsr. Barbara Serwin – Summary of Meeting. December 16, first meeting of the Community Planning of the newly founded office of Racial Equity on Social Justice. Attended by several commissioners: Cmsrs. Kincaid, Stern, May, Russaw. Link to recording, key documents can be found on the MHC website for background. In November of 2020, the Board of Supervisors voted unanimously to accept a proposal by Supervisor Gioia and Glover to create the office. The purpose to promote equity and eliminate disparities and harm in Contra Costa County, with the initial priority to eliminate structural racism. Second purpose to enable the county, working with the community including community organizations and leaders, cities and school districts, better coordinate strength and expand the county's existing work on equity and inclusion. Lastly, to allow the County to better partner with the community in prioritizing and implementing this work.
- To date, \$250,000 has been raised from foundations and endowments to fund a community planning phase for determining the structure, the operation and

<p>priorities. The county has already approved a \$600,000 budget for three (3) full-time positions, a director of program analysis and administrative support and for that to kick in once the community engagement and planning process has been brought to a close and solid plans are in place moving forward.</p> <ul style="list-style-type: none"> • First meeting went well, 2 hours, 222 participants with the majority representing community organizations with a stake in pursuing racial equity and social justice. Very successful outreach effort, pulling together multiple community groups to build a broader coalitions, which is one of the top priorities of the group. With so many efforts in place, this office is wanting to bring them together and develop more momentum and more effectiveness as a group. • There were several planned and impromptu speakers including Supvs. Glover and Gioia and those that presented were outlining the challenges and the needs, goals and strategies of the community in fighting for racial equity and social justice. The second main approach was personal testimony, many individuals spoke regarding the forms of racism experienced in their lives and a great deal of support for those individuals through the chat as well. • Overall theme was to engage people to acknowledge, discuss and disrupt the persistent pervasiveness of white supremacy and anti-black movement in our systems and organizations, specifically in our county. Mental health was not a planned topic of the meeting. It is too early to tell whether mental health will become a part of the offices set of interest, but as suggested, we need to launch into this and lobby for this. 	
<p>VIII. APPROVE December 2, 2020 Meeting Minutes</p> <ul style="list-style-type: none"> • December 2, 2020 Minutes reviewed. Motion: J. Kincaid moved to approve the minutes as written. Seconded by D. Dunn. Vote: 8-0-1 Ayes: G. Wiseman (Chair), B. Serwin (Vice-Chair), C. Anderson, D. Dunn, L. Griffin, J. Kincaid, K. Lewis, A. Russaw Abstain: K. Monterrey 	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>IX. COMMISSIONER COMMENTS</p> <ul style="list-style-type: none"> • D. Dunn Update from Pat Godley re: budget process, has anyone received an update? (B. Serwin) We were going to touch base in early December. We have a meeting later in January with Pat Godley, Dr. Tavano, Cmsrs Dunn and Wiseman and will receive an update from there. • D. Dunn – Smoking cessation issue will be on February agenda. Alameda County has moved forward in discreet stages over the past five year (possibly Santa Clara county is doing something like this and will have information in the February meeting on that issue). 	
<p>X. CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ul style="list-style-type: none"> • Wanted to share that I was on vacation the last two and a half weeks in Florida, which gave me a different perspective on how deal with Corona within the community. On the last two days of my vacations, I was inundated with emails from multiple parents in multiple school districts regarding student deaths. Before I left, there were ten student deaths I was dealing with. These are children who have given up. Children who have thought the pain is too intense, I am going to hit the reset button. As I was gone, I was hoping this was going to calm down. As someone who is involved in youth mental health, I know that June is the peak of student suicide, but what I am seeing is we are reaching that peak NOW in December and January. We are reaching a peak where our children are giving up and thinking the pain is too hard to endure and are opting for suicide. When I got back, I had six messages from six school districts of youth suicides. Four in our own county. I think we are facing 	

something we do not want to admit to. I think we are facing something that is going to become overwhelming. Our young people not understanding how to deal with stress, isolation and remoteness of going to school just on Zoom. As the chair, I just want to share, I think 2021 is going to be a tough year. I think we need to look forward on how we can support our children, our youth, our parents as we go forth into a year that is really kind of touched by uncertainty. How can we support these young people thinking the only way out is to die? Most of you know I lost my son Colin as a sophomore to suicide. He felt the pain was more than he could endure. I really think as we go forward, we need to address as a mental health commission in our county, not only how this COVID is affecting all of us, but more importantly, how it is affecting our use. Those involved in suicide prevention know that the biggest obstacle is: 'you are not alone'. We are all struggling with this. We are all struggling is how do we deal with this as a mental health commission. How do we deal with what is going on in our lives? So as the new chair, I want to thank you all for voting and electing me as your chair. As we go into 2021, mental health is even more important than it has ever been in the last hundred years. We need to keep in touch with our community, our parents, our students, our elderly... how can we help? As we go forward, I want to adjourn this meeting with hope that 2021 is a year where we connect with students, parents and the community and help people understand.

- (Cmsr Laura Griffin) I would really like to see us put emphasis on removing the stigma. It stops them from getting help, it stops them from talking to others about it, from feeling normal, that they are not alone. You don't want to tell your employer. You don't want to tell your friends. How do we get rid of the stigma? It is one of the biggest problems there is. People don't come forward when they need help. Emotional issues, no one wants to admit to, why? Stigma.

XI. Adjourned Meeting at 6:36 pm