

**MENTAL HEALTH COMMISSION
EXECUTIVE COMMITTEE MEETING MINUTES
November 23, 2021 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair, Cmsr. G. Wiseman, called the meeting to order @ 3:34 pm</p> <p><u>Members Present:</u> Chair, Graham Wiseman, District II Vice-Chair, Cmsr. B. Serwin, District II Cmsr. Laura Griffin, District V Cmsr. Leslie May, District V</p> <p><u>Other Attendees:</u> Cmsr. Douglas Dunn, District III Cmsr. Kathy Maibaum, District IV Angela Beck</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"> • (L. May) The holidays are here, there are many community-based organizations (CBOs) in our county that are hosting their individual end of the year ‘holiday’ fundraisers and parties. I would like to get a list together and advising everyone to start looking out for them. We don’t have a list of everyone, but we can go to their websites and see if they are having any kind of event and let us know. Commissioners could take several of these apiece and show up to represent the commission and let them know we are here supporting their efforts. I just think it would be nice. (Cmsr. Wiseman) That is a great recommendation, Commissioner May. Is that something, how would we pull that off? Forward any invitations to (the EA) Angela and send out to us? (Cmsr. May) If I receive anything, I will forward the email to Angela and she can send out to the commission. If any other commissioner notices, send it to Angela to send out. (Cmsr. Serwin) Also, I think Jennifer Bruggeman would have some good recommendations of those. 	
<p>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS:</p> <p>We will discuss the status of Nierika House a bit down the agenda. I have a question for the commissioners at this meeting today. The Code that outlines our requirements on what we should do as Mental Health Commission (MHC), the main requirements are that we contact or evaluate any agency giving mental health assessments in our county. That is really a huge undertaking. Right now, we mostly work with the County hospital, but Kaiser Permanente, Sutter Health, John Muir Health, as well as a myriad of different CBOs do mental health assessments. Where do we want to go with that? Is that something, as a commission, we want to dive into and focus our attention? This is just opening up for feedback. (Cmsr. May) This would be a good objective. One of our commissioners</p>	

was mentioning their adult child at Amen Clinics. (Cmsr. Maibaum) My son attended the Amen Clinic.

(Cmsr. May) We really need to start getting a list together of those places and look into their assessments because not everyone conducts the same assessments. (Cmsr. Maibaum) Amen, Diablo TMS, are just a few that come to mind. There are a lot of online therapies as well, EMDR is another. Is that what you are looking for? What exactly are you trying to look for?

(Cmsr. Dunn) I don't disagree over time what Cmsr. May is saying, at the same time, initial bandwidth is an issue. The committee I chair spends a lot of time with MHSA program fiscal reviews. Cmsr. Wiseman, you have talked about the need for the MHC to look at all the county contracts and we are speaking approximately 300-400plus contracts. To me, that needs to be our focus, not exclusive but our first step forward. Example, this county has a 20 bed state hospital contract and is a contract I would like to get more information on. Cmsr. May, your points are well taken and I think we should wrap our arms around all those other clinics that are non-county BHS and non-traditional entities that offer mental health evaluations. Question is, how do we go about it? What is first? When? How? Great idea, but what are the logistics to make it happen?

(Cmsr. Serwin) The mandated responsibilities that you recited is not only where clients are evaluated, but also facilities where they are being treated. Some places they may be evaluated but then treated elsewhere, it's hard to know (like at the schools for example). It just broadens our scope even more. I agree with Cmsr. Dunn, perhaps we need to set up an agenda item in the Executive meeting just to look at a strategy and resources for doing this. It is like site visits (in a way), where there is a target list of site and needing to come up with some way of what kind of analysis will we do? Who will do it? How do we decide on priorities? Who will conduct the work? MHSA has their process.

(Cmsr. Griffin) I agree this needs to be looked into and we do need to get a hold of it. It is a, I believe, a huge project but something we can't ignore and we really need to be proactive. We will likely need a committee to get started and set up a pilot group to investigate what this will look like, what is feasible, first steps and priorities. I am on board and think it is something we need to address in the new year. Definitely.

(Cmsr. Wiseman) Shows Contra Costa County (CCC) MHSA Plan upgrade, last I have is 2019. It is a lot of pages and attachments. Basically, showing where every dollar is spent with every CBO in our county. I reviewed and when we questioned Dr. Tavano on where is the money going in the contracts? Her response was much like Cmsr. Dunn shared, there's 400 county contracts but 200 of those are with individuals. We have cut our work in half. I asked why not start with the biggest? Who are we spending the most money with? As an MHC, should we look at that and see how it is getting delivered? The disparity gets overwhelming. I know there is one CBO that gets roughly \$625K from the county and help 38,000 people in our county. Breathtaking. Another CBO got \$2.1mil to help 20 people. There is a definite disparity there. If we have data we can look at. It is important to evaluate what that is. I brought this up as a question of "where does this commission want to go?" My term is ending next month and we have an election coming up and have some awesome candidates, all driven and caring, all trying to do the best they can for the members of

<p>our county, so where do we want to go as a commission? We get pushback and we are volunteers, we are not county employees. We are doing the best we can and it sometimes falls short. I think we have an opportunity to accel. The key is us acting as a coordinated group and is my hope moving forward.</p> <p>(Cmsr. Serwin) I think another good executive committee agenda item would be to look how we coordinate. A lot of coordination needs to happen at the committee level. We did have a meeting of committee chairs and there was a thought to have a quarterly chair meeting where we share efforts and where there may be overlap, and how it supports the overarching goals the committee chooses for the year.</p>	
<p>V. APPROVE minutes from October 26th, 2021, meeting:</p> <ul style="list-style-type: none"> • L. May motioned to approve the minutes as written. • Seconded by L. Griffin <p>Vote: 4-0-0</p> <p>Ayes: G. Wiseman (Chair), B. Serwin (Vice-Chair), L. Griffin, L. May</p> <p>Abstain: none</p>	<p>http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. UPDATE on Elections process, Mental Health Commission, Commissioner Leslie May</p> <p>We have all the nominations in and our EA, Angela was trying to get together the voting mechanism. (Angela Beck) for the nominations, that will be in the zoom. There is a poll in the Zoom meeting and I have the main list that was in our October meeting. One other question, Cmsr. Serwin, when we do executive committee; whoever is voted in for chair and vice chair, we will need to not have them listed on the executive committee? (Cmsr. Serwin) Yes we remove them as they are automatically members. We can do a practice run tomorrow morning.</p> <p>(Cmsr. Serwin) The one thing we need to double check is that I will be hosting the meeting and I will need to make you a co-host. Whoever authors the pole, may need to run the poll and that is another test we need to run because if I make you cohost, can you run it?</p> <p>(Cmsr. May) My next question, I noticed on our agenda that it is listed at the end and want to ensure we have 20 minutes to allow for enough time to edit the survey and to complete the elections.</p> <p>(Cmsr. Serwin) I think if Angela practices it, we will be fine. It took me ten minutes last year, but leaving 15 minutes would be enough. (Angela Beck) and I will be just removing one name off one poll and then two names off the other list. Those polls will already be created, unlike the retreat polls. We can prep those in advance.</p>	

VII. UPDATE on site visit to Crestwood Our House, Nierika House and small board and cares, Commissioner Barbara Serwin

(Cmsr. Barbara Serwin) Scheduling for Crestwood Our House: We have initial contact with the Program Director, Michele Sheldon. She was immediately very positive and 'just let me know when you want to come' and it is just a matter of doing the actual scheduling. Angela has been swamped. We have a site visit meeting on Monday and I am hoping we can discuss taking on that initial scheduling as we get through these first site visits to get a feel for how long this process actually takes and how much work it is to assess if it is really feasible for the EA to handle all of it.

With respect to the small board and cares, Quality of Care recently met on this and the committee and are in the process of editing / simplifying our process and documentation for the smaller board and cares in order to not intimate these facilities. Feedback has indicated they are feeling intimidated. We are 90% there but it is up to me to wrap up the final changes we decided on in the last meeting. Once that is done, it is up to us to decide to continue trying to schedule Blessed Care or move on to the next small site.

Nierika House, that facility is moving offline December 15 and ending their lease. Over the period of the next 30-45 days, they will be moving to another site, co-locating with Nevin House in West County until mid-July and are committing to having a facility all to themselves at Nevin House or elsewhere. In terms of a site visit, there is no point as they are transitioning patients and will be no site until mid-February when the move to Nevin House. It is a program in transition and we won't be getting a true read on what the program really looks like until July when it is decided if they will be at Nevin House or another site. Perhaps we should know how they are doing in this process or wait until fully settled. There is more for our team to discuss and come to an agreement before recommending which way to go.

In summary, if we can schedule with Crestwood, we could do that mid-December and is a target we really need to reach for in order for the program credibility. It has been a continued push out and has been a tremendous amount of work but we want to make it happen this calendar year. Since Nierika is off limits until mid-spring then we will need to come up in the next site visit meeting, the site we want to visit for January.

(Cmsr. Wiseman) How do we process that information and is there one more in favor than the other? (RESPONSE: Cmsr. Serwin) We have it as a proposed agenda item today, putting an update on Nierika House on the December MHC meeting agenda. I envision, the Director of the CBO that manages Nierika House, as well as Jan Cobaleda-Kegler and Dr. Tavano. We will have an update from their perspective on the table. In order to have the commission and the public's perspective, I sent an email requesting all the questions we would like to see addressed in the presentation. I went started this process by reviewing every email generated by this discussion and pulled out the question that commissioners and the public were posting so we have a list started and is circulating now. They will have their update and this list should be integrated into their presentation and allows the remaining time for additional questions on what they have presented.

(Cmsr. May) Why bother? There is no sense in going when they are in this transition. The next question is that Nevin House is one type of facility. Nierika is a Crisis Residential Treatment (CRT) program where clients stay two weeks (maximum 30 days). Nevin House is more of an STRTP (short-term residential treatment program), and have up to a year to stabilize and learning community integration and life skills to manage life once they are reintegrated not the community, even if you go into an assisted living facility. It is a totally different stage of treatment. I do not understand how they can mix both populations and planning to take over part of that program. I would also point out that I have objected to Natalie Lee, the program manager. She has only been with this program for three months. (RESPONSE: Cmsr. Serwin) It will be Jamie Almanza, the CEO/Executive Director of BACS (Bay Area Community Services) and will be the one who is accountable for all this.

(Cmsr. May) Yes, Natalie has not been there long enough to address the situation. Did you want me to bring up this information I just learned today? I received a call today that the county was sending four new patients to Nierika house today. After telling us they were not accepting any more patients. (RESPONSE: Cmsr. Serwin) That should be in our December meeting. That is a question we need to pass on to Jan immediately.

(Cmsr. May) Yes, we need to address this as that is not sanctioned by the state CCL report, I just received the report via email today. There were told to move all patients out of that house. It is empty and should remain empty and it is contrary to what they have been telling us.

(Cmsr. Wiseman) I have not been in these email chains and I know Cmsr. May shared some very alarming photos I didn't see. Is there anything the MHC is required to do at this point regarding the information we have? (RESPONSE: Cmsr. Serwin) Yes, we are demanding the information from the county in order for us to decide what actions we need to see occur and what options we need to see explored by the county for solving the problems at Nierika house. The county may act on our recommendations willingly and if they won't, then this is where we go to the Board of Supervisors (BoS) with our recommendations. We did this in the case of West County Children's clinic a few years back and campaigned extensively for changes and many were well understood by the community, in Supervisor John Gioia. We made an impromptu site visit which was not appreciated but very telling and validating the claims made by the community. There was no movement by BHS to solve those issues, so we went to the BoS and presented our recommendations. Not only did the BoS support those recommendations, but put BHS on a program whereby they needed to report every six months to the MHC and BoS on their progress in solving those problems, as well as a host of other problems that were uncovered (like wait times, etc.). Those problems were taken care of quite quickly and that is what we have the ability to do.

(Cmsr. Wiseman) So, what I am really asking, based on what Cmsr. Serwin just shared, is this something that needs immediate action where we don't wait until the next meeting? Or is this something that can wait until then? (RESPONSE: Cmsr. May) In my judgement, this needs to be addressed immediately. We need action right now. If it was my family member and they were there, I would have a fit. Transferred in after they have been

written up and told not to accept any more clients and transfer all others out? In addition, we have not received the Cal OSHA report either. This was promised because it is a dangerous premises. Side note: My mind was blown when I found out that a physician owns that property. He has told them (BACS and the county) that he is selling the property and has refused to make any improvements. I feel frustrated and concerned. Why are they allowing patients to be transferred? Even if it is cleaned up, the conditions are still bad to the point they have been fined and are supposed to correct or be shut down. They are choosing to close down December 15th, but in the meantime, continuing take patients in?

(Cmsr. Serwin) I think we need to get the information from Jan right away. I have been told there is no Cal OSHA violations. We need to continue pressing her for the information, and we have Thanksgiving break so many of these people are off the whole week. Then the middle of next week is the meeting. I just don't see time for any real action other than continuing to press them for the details in a public way so that it is not just what they are saying versus what they are saying. It needs to be made public.

(Cmsr. Wiseman) I look forward to hearing the recommendations from the committee on how we want to word or address this at the full meeting.

VIII. UPDATE on MHC Finance Committee Motion from November 18, 2021, Commissioner Douglas Dunn, Mental Health Commission

Motion: Ask Contra Costa Behavioral Health Services (CCBHS) to include Institute of Mental Diseases (IMD) Mental Health Rehabilitation Center (MHRC), as well as appropriate step-down facilities, programming and staffing needs in its upcoming Behavioral Health Continuum Infrastructure competitive grant applications to the state

This ties into another issue for the January meeting, which I will have much more information and will give a full report on what is going with the state incompetent to stand trial (IST) as well as other (separate) money from the state for other purposes. I feel it is important we get this ball rolling on this issue now.

We did get some pushback from Stephanie Regular. She wanted to take out the MHRC because we are speaking of a locked facility. I reminded her that I put that in the motion because I have seen situations where Ms. Angela Lidan (the deputy district attorney in charge of mental health litigation) at court hearings where there loved ones have been turned down for mental health diversion and the only place they will be sent is state prison if they are convicted. We need other alternatives in the county and the state, in a round about competitive way, is providing money to do just that and Ms. Lidan is not going to consider sending them to an unlocked facility. So, we need a locked facility to start out with and then have promised funding for a step down built out for that going forward.

Questions and Comments:

- (Cmsr. Serwin) Did Stephanie Regular accept your rationale? Or do you think she will question or ask for changes? (RESPONSE: Cmsr. Dunn) She asked the commission to amend to motion to not have it. However, there are these other issues. The problem with the meeting last time, she was back and forth due to court priorities. She was out where we finalized this recommendation. There might be some push

back when the motion is read out at December commission meeting to be voted on.

- (Cmsr. Serwin) The other question is how long will it take to present your case? (RESPONSE: Cmsr. Dunn) I will just focus it around this issue at the December meeting. Likely all of five minutes and be sure to have my notes tightly written. The discussion piece could take 15 minutes. Let me know and I will keep it in as tight of a time frame as possible.
- (Cmsr. Wiseman) Who at the county should we be inviting to answer these questions? (RESPONSE: Cmsr. Dunn) Kennisha Johnson. (Cmsr. May) I agree with you, definitely. Who at NAMI, will they officially put forth some similar motion? Who else could we get to push forth in this county to support us. The more people yelling in their ears, that we need to deal with this right away the better.
- (Cmsr. Dunn) Some of the CBOs getting funding from MHSA maybe more reluctant because they don't want to damage their funding. I'm thinking of Mental Health Systems (MHS) as they will be impacted by this. HUME Center could be impacted. Stephanie Regular's mental health unit are just looking for landing places for these people. The staffing is not going to be trained on Forensic Assertive Community Treatment (ACT), which is different from ACT at a higher level. What's the funding? Where is the training? This is what we need to get flushed out at the December MHSA-Finance committee meeting to bring this forward and I can bring that forward to the January meeting.
- (Cmsr. May) Unused county facilities is an important part of this information to be shared. Someone stated it was a missed opportunity. No, that was an ignored opportunity because that land has been available for so long. There are other properties and facilities, surplus county facilities and buildings that are empty and can be utilized.
(RESPONSE: Cmsr. Dunn) That is something we will touch on in December, but in the interest of time, it will be dived into at the January finance meeting.

IX. UPDATE on Mental Health Commission RETREAT, Commissioner Graham Wiseman, Mental Health Commission Chair

I want to thank everyone who participated in the retreat and we got some really good information. Over 16 recommendations on focus items for the 2022. We did conduct the poll which was problematic and we will be resubmitting a poll via Survey Monkey to vote on the top three priorities for the coming year.

Questions and Comments:

- (Cmsr. Serwin) We will be requesting all that were there at the end that participated in the poll to take the survey, as opposed to all attendees.
- (Cmsr. Griffin) I was asked to create a survey monkey for those questions. It is basically done but I received an email from Cmsr. Serwin that we needed to re-evaluate? (Cmsr. Serwin) Not re-evaluate but revise into clear sentences rather than the 'idea' as it needs to be clearly stated (some or 6 words, others longer), we need clear concepts. I will send to you tomorrow and Angela can send email out to those needing to vote.

<p>X. DISCUSS access process to county behavioral health and detention health and Community-based Organizations (CBO) staff</p> <p>Commissioner Serwin and I had a conversation with Anna Roth and Erika Janssen regarding our concerns of access and (what we perceive as) attempts to limit our access to county employees, detention health and CBOs. What we felt was an over-reach by Dr. Tavano, rather than being a collaborative environment, it seemed more like a choke-point that we were having to go through one person specifically for this. We indicated this is contrary to our mandate and the information we have from the state on what our responsibility is as a mental health commission and that we were disappointed that the collaborative environment we were hoping to foster has turned.</p> <p>We are looking forward to hearing back from Anna Roth and Erika Janssen on their conversation with Dr. Tavano. Our hope is this conversation will steer us more toward collaborative environment, where we (as a mental health commission) have an organized agenda for what we want to proceed with, knowing that crises do arise and we may need to go off the agenda at specific times during the year.</p> <p>We will update the commission on the success of our conversations as soon as we get feedback.</p>	
<p>XI. CONFIRM Executive Committee Meeting for December 21st</p> <p>Everyone is available and the meeting is confirmed</p>	
<p>XII. DETERMINE December 2021 Mental Health Commission Meeting Agenda</p> <ul style="list-style-type: none"> • CHAIR ANNOUNCEMENTS <ul style="list-style-type: none"> • First module of Commissioner Orientation will be presented BEFORE THE JANUARY Commission meeting at 3:30 to 4:20 PM • Civil Grand Jury Report (Telehealth) • 2019 Updates to the Welfare and Institutions Code (WIC) • ByLaw changes into record • “Get to know your Commissioner” (Commissioner Shires / Andersen) • Behavioral Health Services Director's Report • UPDATE on Nierika House and Crestwood Our House site visits and small board and cares • UPDATE on new Commissioners and open seats • PROVIDE summary of MHC 2021 Retreat, Commissioner Graham Wiseman • REPORT on Nierika House past issues, current status and future plans, Jamie Almanza, Executive Director of Bay Area Community Services (BACS), Dr. Jan Cobaleda-Kegler, Behavioral Health Services • ELECT 2022 MHC officers <p>Agenda items agreed/approved.</p>	
<p>XIII. DISCUSS potential speakers and topics for December and January Mental Health Commission Meetings</p>	

Agenda for the main commission meeting is quite full, we will address these next month.	
XIV. Adjourned meeting at 5:04 pm	