

**MENTAL HEALTH COMMISSION
EXECUTIVE COMMITTEE MEETING MINUTES
July 26th, 2022 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Vice-Chair, Cmsr. Barbara Serwin called the meeting to order @ 3:34 pm</p> <p><u>Members Present:</u> Chair, Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Douglas Dunn, District III Cmsr. Leslie May, District V</p> <p><u>Other Attendees:</u> Cmsr. Gina Swirsding, District I Angela Beck Dawn Morrow, Supv. Diane Burgis' Ofc Jen Quallick, Supv Candace Andersen's Ofc</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None</p>	
<p>III. COMMISSIONERS COMMENTS: None</p>	
<p>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS: None</p>	
<p>V. APPROVE minutes from June 28th, 2022, meeting:</p> <ul style="list-style-type: none"> • Cmsr. D. Dunn motioned to approve the minutes as written. • Seconded by L. Griffin <p>Vote: 3-0-0 Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), D. Dunn Abstain: none</p>	<p>http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. UPDATE on Commission and Committee Membership, Angela Beck</p> <p>There is no update. The same seats are open:</p> <ul style="list-style-type: none"> • District II, Seat 1 • District III, Seat 1 • District IV, Seat 1 <p>Questions and Comments: None</p>	
<p>VII. UPDATE on Site Visit Program, Commissioner Barbara Serwin</p> <p>Crestwood Our House: Fully written, reviewed multiple times. We have a letter for the report to send to Behavioral Health Services (BHS) Director, Chief of the Adult and Older Adult Services (acting chief, Dr. Stephen Field) and I have asked it to be passed on to the liaison (we do not know who the liaison is to Crestwood Our House) and the Chief of Housing (Kennisha Johnson). There was a quite lengthy email that accompanied this to provide context for how site visits were conducted, how the report was developed, what the process is for reviewing the report and presenting it to the public at a commission meeting. Since this is the first report we have</p>	

provided to BHS, I felt they really needed to have that refresher on what we are doing. The site committee had a discussion regarding attaching the interviews and I expected we would delete the names, gender, etc. to send on, but the counter argument is that those individuals could be identified and it could be a possible Health Insurance Portability and Accountability Act (HIPAA) violation and therefore we will not be sending the interviews but will send the report out today or tomorrow. The goal was to get BHS a solid three – five business days to review the report and bring to our attention any questions or comments. Since we want to present the report at our August meeting, they won't have time to do that, which means do have to get that out today. So they can send them to me to track or present at the meeting with the public. Either way, I will track and if there is anything that needs to be added to the report, we can do so after it has been presented to the commission.

Hope House: Report is almost complete, with the summary piece. I had hoped to have it out by today, but by the end of the day Friday, I'll have that wrapped up and in the hands of BJay Jones, Program Director for Hope House. The goal is to have that report wrapped up with the Program Director in time for presentation at our September Meeting.

Questions and Comments:

- (Cmsr. Swirsding) In my experience being at facilities where there was a consumer complaint, there sometimes is a backfire and that is why you do need to be really careful what you are saying. If you talk to consumers, they will tell you they are afraid to say something just because of that. That is where they go to get help.
- (Cmsr. Serwin) In my mind, when I developed the process for this, I was thinking it would be useful for report reviewers to go into more depth if they wanted to. I think it puts the onus on the report writers to create a more detailed report so that people don't have to go back into the interviews. When I wrote this report, I went through every interview and tallied or wrote down the unique answers for every question we asked so I really knew what the majority answers were, I was very comprehensive. I agree, we need to hold the interview responses back and if anyone has questions that would require understanding more about the individual response, they can pose that question through the committee and review any interview ourselves and provide the answer back if we feel we can maintain the privacy of the interviewee in question.
- (Cmsr. Dunn) I was on this review and at least three of the interviews I conducted were consumers. I made it clear they could be candid and I would take their comments and ensure confidentiality, as a result they were very candid given that assurance.
- (Cmsr. Serwin) We expected to remove name/gender and those are the only identifying factors that we included, but the question answers are not just yes/no, there are narrative descriptions so they could be identified, particularly by a program director that knows his/her clients well.
- (Cmsr. Dunn) I have more of an administrative question. How soon will there be a final report? (RESPONSE: Cmsr. Serwin) It is final pending any useful feedback from BHS. If they have a point to clarify,

<p>something in fact or a question, that could theoretically involve some change but, as far as the report coming from the commission at this point, it is final.</p>	
<p>VIII. UPDATE on letter to Board of Supervisors regarding the Quality of Care Committee motion relating to applications for Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion (CCE) grants Commissioner Barbara Serwin</p> <p>Typically, when the commission takes on a motion and it is voted and approved to send on, a cover letter is provided with context for how this motion came to be, the background research conducted and any other comments we find important for those receiving the motion and why it should be approved. <screenshare of letter></p> <p>This letter will get to the intent in a very clear way. The last paragraph with the underlined sentence that point of this motion is to underscore the historic opportunity of the Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion (CCE) Grants to underscore how important they are and to make certain absolutely everything that can be done is done to capture a significant portion of these funds. Rather than pointing fingers at BHS like they are not working hard enough or anything that would suggest they are not bringing enough to the table, this puts the spotlight more on, as a team, we need to just really make sure we press against the wall to get our applications in on time and to ensure they are so good that at least one or two will win an award.</p> <p>This motion was not created because there was any thought that BHS was ‘slacking off’ but rather this is meant to ensure BHS is fully supported, which could mean more analysts and more grant writers. Those in Public Works office, which is analyzing the feasibility of developing a property from the counties perspective. This could mean more staff support in other departments supporting BHS in this process. Our grant writers are current staff who still have their responsibilities and adding on grant writing on top of their day-to-day responsibilities. It could also mean fewer barriers to reviewing and greenlighting projects as this could take months, there are so many steps/hoops to go through and can we streamline that? Can there be greater commitments of county dollars to fund treatment programs that will be housed by the new infrastructure?</p> <p>One of the constraints of the BHCIP grants is that it is for infrastructure, but if you are going to build a structure, the state is requiring the county demonstrate that they have the funds to actually operate the program(s) on an ongoing basis in that infrastructure. What we get is the part related to what the county would find in terms of the treatment programs. Every possible advantage should be considered every step of the way.</p> <p>What happened in the meeting discussion, stemming from the motion, the BHS Director, Dr. Suzanne Tavano, felt, essentially attacked. She felt hurt by this motion in that she felt it implied that she and her team weren’t doing enough and that is why I went to such length to demonstrate what we were really speaking to, which is the bigger picture of what we really need to work hard on to ensure the grants are written, and well. We changed some of the language as in the third line down, “The Mental Health</p>	<p>Documentation on the presentation review for 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 http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

Commission advises the Board of Supervisors to **encourage** Behavioral Health Services” *encourage* replaced the word *urges* which was to essentially soften what we were saying to acknowledge what we are saying by implicitly acknowledging they are already working hard. The second change was “**to continue** its strong efforts” which was, again, a softening by adding to acknowledge their efforts already. None of the language was harsh or insulting, by any means, but Commissioner Andersen did a good job of introducing a few small changes to the language that was acceptable to Dr. Tavano. The motion has been approved, the letter is awaiting review and the final approval to go to the Board of Supervisors.

Questions and Comments:

- (Cmsr. May) The thing is, though, I believe their last meeting was today (or yesterday) so, there are not going to meet again until next month and that is why I wanted this to get this out so they could have received it before the first of this week. So it would have been on their agenda and could have discussed it. This is now coming in late. In terms of <interrupt by Cmsr. Serwin> Just to interject, before the meeting, if my understanding is correct, their staff need to review and make a recommendation to the Supervisor. At least that is what they will be doing between the two meetings
[NOTE: BOS Meeting was held on July 26th and the next meetings will be on August 2nd, 9th, and 16th]
- (Cmsr. May) I just wish we had gotten this in sooner, we voted on it (at the July 6th MHC Meeting) and even with the slight changes in the wording would have been ... I just wish we had gotten it in sooner. These motions are going in too late all the time. The second part to this, I very upset because everyone is in their feelings and they wanted to pick apart the wording and it was more that people were in their feelings instead of taking into account the urgency of this motion. I wrote grants and how I went through my first years of college to become a teacher. I am fully aware of what it takes and, way back then, I was charging \$150/hr. (2002). Grant writing is expensive. When you have a county and we have federal and state grants, we should have a team of grant writers and that is what they are hired for, it is a special focus and, I know in Alameda County they have an exclusive team whose focus is only on writing grants. It seems this county is so backwards, we don't have that. It is imperative that the BOS either hire or contract—a proposal or whatever we can do to write to them and request they have positions for full-time grant writers; even if it just four. I am sure the going rate is upwards of over \$300/hr. On one hand it is not hard, but it is tedious and there are a lot of steps and exhibits to include. It takes time and they need focus. They can't be employees with other priorities tugging at their time. It is worth the 'dime' to get these grants written fully for every division and every part of what this county needs, it is worth that. I don't know how we, as a commission, would be able to write something up like this. I don't know how we can and present it to the county to ask if they would please consider hiring solely for the purpose of writing grants for all of our county departments. That way Dr. Tavano's staff aren't pulled of other products to work on these grants. There is only so thin BHS Staff

<p>can be stretched. It is unfair to existing staff, especially coming out of the Pandemic, etc.</p> <ul style="list-style-type: none"> • (Cmsr. Serwin) I agree with you entirely. They were stretched thing before going into COVID and, now it seems they are stretched even further because not all positions are filled (partly due to COVID) but it seems we are doing more and more but the staffing isn't filled. Some positions have been introduced but the overall impression is the county is far understaffed. Secondly, your point about grant writers, one thing we could do is, in this letter where I say (last paragraph), we could say grant writers in particular is an area that should be examined. So that, at least, in this letter it is being called out. • (Cmsr. Dunn – in chat) Is it too late to get them up-to-speed on Contra Costa County's behavioral health facility's needs? • (Cmsr. May) I don't think so, if they are skilled grant writers, they are already up to speed on many things and just need to state what our needs are. • (Cmsr. Serwin) I would have to think about this motion, but maybe an attachment could be the Indigo Consulting Needs Assessment because it very clearly lays out the needs and shared with the public and the public has indicated that they agree with these needs. • (Cmsr. Dunn) Going through the updated Indigo slides for this meeting, I have more to discuss when that is on the agenda. 	
<p>IX. UPDATE on BHCIP Stakeholder Meeting on 7/15/22 and the updated BHCIP Needs Assessment report, Commissioner Barbara Serwin</p> <p>A quick review of the update to this needs assessment report.</p> <p>On July 15, Indigo Consulting and Dr. Tavano hosted a stakeholder meeting. These stakeholder meetings seem to be primarily about presenting their report and do take some feedback but seems to be more one-sided. There was a run through on some updates on the grants and then the initial design is what kind of work they are doing, what projects they have chosen and what kind of work they are doing to achieve those projects and the next steps.</p> <p>We are now at Round 4 with the Children and Youth grants due August 31st. We do not currently expect a lot happening, but Round 5 and 6 are wide open and these dates are when the grant application windows become open, but the deadlines are further down the road.</p> <p>They made a point regarding the CCE grant applications are being accepted on a rolling basis until the funds are exhausted. So we can and should be working on those now, as well. Just a quick aside: What we know about those is that due to the population of children and adolescents with emotional/behavioral disorders that need residential crisis support that the population is not high or great and our department is working with Solano County and Alameda County to come up with a joint program. Housed in Sonoma but not sure. That was the status they presented.</p> <p>What they provided in this update which kind of facilities are needed and included a shortlist that BHS has bitten off to pursue. You can see (referring to the slides on screen) they are trying to locate new facilities in west or east county and they are working on a Co-occurring Detox and</p>	<p>Documentation on the presentation review for 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 http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

Rehab Center. Under CCE, they are looking for partners for these types of housing. They then spoke to their progress to date.

They meet weekly with BHS, Health Services, the Public Works Capital Projects (which needs to review and sign off on these projects, do they meet county constraints? Goals? Feasibility?), Public Works Real Estate (involved in transactions, selection and negotiation), and Indigo Consulting. They are also involved in reviewing County-owned property inventory and real estate for sale. I cannot give examples as we were asked not to speak about specific projects due to being in negotiation and they do not want it to get back to anyone outside that might cause issues with pricing / negotiations. There are slides deleted from this presentation having to do with specific projects.

The third activity is ongoing engagement with partners or potential partners on CCE. There was one major existing partner that they are talking with about supportive housing and this children and adolescents crisis residential program they are working on with Solano or Sonoma County and Alameda county. There are multiple other properties still in the 'pre-work' order phase, which means there are a lot of hoops to jump through before they can really get down to brass tacks.

The desired outcome of these activities is that the county administrative office and the board have approved the following work orders (projects to proceed on) and they are engaging capital projects for designs at 847 Brookside. The next three properties they talked about but didn't want to make public (referring to the slides). In Central County, there are two more projects they are engaging and at the negotiation level. Then an East County property they are negotiating.

Questions and Comments:

- (Cmsr. May) Sonoma County? Do you mean Solano?
- (Cmsr. Serwin) I may have misheard but I believe they said Sonoma County, because I remember thinking that it was a bit far. Jan Cobaleda-Kegler is the new director of BHS in Sonoma County and that could account, maybe, for that partnership. I will double check.
- (Cmsr. May) When you say real estate for sale, is that not county-owned property, this is unowned real estate?
- (Cmsr. Serwin) no they were speaking about inter-departmental, which I don't really understand, why it is associated with one county, i.e., does BHS actually own property? It doesn't seem right.
- (Cmsr. Dunn) The BHCIP trailer bill language says, there are deadlines to file for the rounds, but in terms of getting everything built, they have through the end of 2026/early 2027 to get everything built and operational. So this is not just a 'snap your fingers' type of process. (Cmsr. Serwin) But don't they have to be able to demonstrate enough of it that they are awarded the grant.
- (Cmsr. Dunn) In terms of actually getting all the brick and mortar built, doors open and staff in the building, the program started, they have a couple years to get it all done. They have to demonstrate they can get it done within that timeline. It's multiple years but they can't be dragging their heels.
- (Cmsr. Dunn) I'm following Round 3 pretty carefully. I am not sure if higher levels of care beyond board and care and those types of housing

<p>were prioritized for funding in round 3. I suspect the MHRCs will be in Round 6 and acute could be round 6, as well. I know for a fact that crisis programs is a focus for round 5. IMD exclusion – if more than 16 beds are present, a facility is now measurable for Medi-Cal reimbursement and I am not sure that is entirely accurate and I will be contacting Roberta Chambers and Dr. Tavano. I am aware that the federal financial participation matched Medi-Cal, that’s what they don’t get facilities more than 16 beds. That is important for the MHRC’s and if there are more than 16 beds, they only get partial reimbursement (just the state, not federal).</p> <ul style="list-style-type: none"> • (Cmsr. Serwin) Program Designed questions: These are just for each project, the main questions they are considering when they look at a property. It is as if they are looking at identifying the properties and then working backwards as to what program can work there. • (Cmsr. Dunn) Next question: What are the pros, what are the cons? Finally, are there any anticipated challenges that need to be addressed? 	
<p>X. DISCUSS 2023 Elections time-line and process, Commissioner Barbara Serwin</p> <p>Elections Held For:</p> <ul style="list-style-type: none"> • Chair • Vice-Chair • Executive Committee (minimum of three members, maximum of five, Chair and Vice Chair are automatic members so need to elect one to three additional members) <p>Timeline:</p> <ul style="list-style-type: none"> • September: Formation of Nominating Committee • September – October: Develop slate • November: Announce slate • December: Hold election <p>Who Votes:</p> <ul style="list-style-type: none"> • Only Commissioners vote – not members of the public <p>Term:</p> <ul style="list-style-type: none"> • One year terms • Chair and Vice Chair may hold their position for three consecutive years only; they may run again for the same position after not holding it for one year <p>Process:</p> <ul style="list-style-type: none"> • Select one person to represent/lead the Committee, e.g. give updates at Commission and Executive Committee meetings, lead the voting process at the Commission meeting • Develop Slate <ul style="list-style-type: none"> ○ Objective is to develop a list of candidates for each elected role: Chair, Vice Chair and Executive Board Members ○ Identify potential candidates (excluding Supervisor) <ul style="list-style-type: none"> ▪ Email all Commissioners to request that Commissioners interested in a position contact the Nominating Committee; include a description of roles in the email ▪ Ask Commissioners for potential candidates too 	

- Identify Commissioners who appear to be strong candidates for a leadership role (e.g. experience with the Commission, engaged with Commission issues and work, collegial, speak up at meetings)
- Divide up list of potential candidates among Nominating Committee members
- Reach out to each potential candidates and walk through: why they are interested in running, job responsibilities and time commitment (note that this is NOT an interview but more a vetting process and chance for Commissioners to ask questions and to really reflect on whether the role they want to run for is really a good fit)
- Aim for at least two candidates for Chair and Vice Chair and four to five candidates for Executive Committee
- Document candidates
- Announce Slate
 - Ideally, if the slate is ready by one week before the November Commission meeting, provide the slate to the Executive Assistant for inclusion in the meeting packet
 - At the November Commission meeting announce the slate – there will be an item on the meeting agenda for this
- Hold Election
 - For the December meeting election, be prepared with voting materials, method/process for conducting the voting, instructions for Commissioners
 - Since the meeting will most likely be conducted in Zoom, voting materials will need to be a Zoom poll or private Zoom Chat (each Commissioner messages their choices to one member of the Nominating Committee) or other electronic technique that ensures privacy of the voter and ensures that only Commissioners vote (rather than pencil and paper)
 - Tally the votes by entering a break-out room and reviewing the results of the poll or tallying up the votes sent by Chat
 - Winners are selected by simple majority
 - In the case of a tie, ballots may be recast until the tie is broken; if this approach fails to result in a majority winner(s) the vote may be deferred until the next Commission meeting
 - In the event there is only one candidate for the Chair and Vice Chair positions, there is still a vote for these positions; if there is less than three candidates for the Executive Committee slots, there is still a vote for these slots
 - At the end of the vote tallying, announce the winners. We create the nominating committee from commissioner volunteers with a minimum of two, ideally three people. That group needs to select one person to represent/lead the committee, and lead the voting process

Questions and Comments:

- (Cmsr. May) Aside from attending other meetings, what are they doing out in the community? What are they doing to advocate and get the name recognition for the MHC out there? We need someone who is out there in the community, not just for the commission but actually

<p>something. They need to know what the needs are in their community and to be able to report back.</p>	
<p>XI. DETERMINE July 2022 Mental Health Commission Meeting Agenda</p> <ul style="list-style-type: none"> • CHAIR ANNOUNCEMENTS <ul style="list-style-type: none"> ➤ Review of Meeting Protocol: <ul style="list-style-type: none"> ✓ No Interruptions – raise hands ✓ Limit 2 min – timed ✓ Stay on topic – stick to agenda item • “Get to know your Commissioner” – Commissioner Tavane Payne • Update Commission Membership and open seats, Angela Beck, Exec. Assistant • UPDATE on Site Visits, Commissioner Laura Griffin • Presentation of Behavioral Health Community Infrastructure Projects (BHCIP) needs assessment results, Roberta Chambers, PsyD, Indigo Consulting • Review progress on Mental Health Commission (MHC) 2022 goals (We may not have time to cover due to the BHCIP motion) • Behavioral Health Services Director's report, Dr. Suzanne Tavano • Update on applications for BHCIP grants <p>The Developmental Disabilities Counsel would like to present to the MHC. 30 minutes for August or September. Cmsr. Dunn suggested September as the Justice Committee Motion(s) need to be on the agenda for August and can easily take 30 min. As well as the importance of the BHCIP funding must take center stage.</p> <p>Add Justice System Committee Motion and the letter regarding the Conservatorship.</p> <p>Justice System Committee Data Request Letter.</p> <p>Crestwood Our House Report.</p> <p>Update on Stakeholder meeting.</p> <p>Agenda items agreed/approved.</p>	
<p>XII. Adjourned meeting at 5:09 pm</p>	