

**MENTAL HEALTH COMMISSION  
MONTHLY MEETING MINUTES  
February 3<sup>rd</sup>, 2021 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b></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 Andersen, District II            Cmsr, Douglas Dunn, District III            Cmsr. Laura Griffin, District V            Cmsr, John Kincaid, District II            Cmsr. Kate Lewis, District I            Cmsr. Leslie May, District V            Cmsr. Kira Monterrey, District III            Cmsr. Alana Russaw, District IV            Cmsr. Geri Stern, District I            Cmsr. Gina Swirsding, District I</p> <p><u>Members Absent:</u>            Cmsr. Joe Metro, District V</p> <p><u>Other Attendees:</u>            Dr. Suzanne Tavano, (Director, Behavioral Health)            Colleen Awad Isenberg            Angela Beck (Mental Health Commission – Administrative Support)            Cathy Botello            Jennifer Bruggeman (Mental Health Services Act Program Manager)            Y’Anad Burrell            Chris Celio &lt;5:30pm&gt;            Rebekah Cooke            Gigi Crowder            Lesley Garcia            Taun Hall            Jessica Hunt            Lynda Kaufmann            Isabelle Kirske            Jeff Landau            Myra Lopez            Carolyn Obringer            Christy Pierce            Dom Pruett            Marina Ramos            Stephanie Regular            Lauren Rettagliata            Christine Suchan            Robert Thigpen</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. PUBLIC COMMENT:</b></p> <ul style="list-style-type: none"> <li>(Y’Anad Burrell) I am a new board member with Contra Costa Casa. I wanted to give one statistic that was shared. Prior to COVID, there were approximately 850 youth throughout Contra Costa County (CCC) in foster care. Now that number has grown to approximately 1300. We definitely have a lot of work to do in that area. I am looking forward to it. Thank you.</li> </ul>	

<ul style="list-style-type: none"> <li>(Gigi Crowder) I wanted to share it is Black History month. I am really proud of the fact that we have 19 cities in this county and on Tuesday night Walnut Creek did a proclamation acknowledging black history month and mental health awareness week for African Americans. Tomorrow night I will be attending the Mayor’s Conference suggesting that all the other cities that have not done so already also acknowledge, as well as Miles Hall Day of Remembrance on February 15<sup>th</sup>. We will be getting a proclamation from the Board of Supervisors. Many of you work with African American peers and family members, so I’m hoping you will encourage them to attend this month as a month in which we do educational opportunities, as well as lift up and talk about the disparities and important solutions for African American families. This is the year of family unity for African American heritage month and lifting up the name of Miles Hall. Thank you.</li> </ul>	
<p><b>III. COMMISSIONER COMMENTS</b></p> <ul style="list-style-type: none"> <li>(John Kincaid) Is there an update on a meeting with Pat Godley in January? This was not on the agenda, but was on the prior agenda. (B. Serwin) I am waiting to hear from Dr. Tavano and Pat Godley on their availability for a rescheduled meeting. It has not happened yet.</li> <li>(Gina Swirsding) I noticed some counties in the area, the schools are opening up and wondering if that is happening in our community soon? The second thing I would like to speak out for those who have disabilities and service dogs. One of the things that has been going on is the county has been shutting down grooming places to bathe your dog. I also have a service dog and want to speak out on this. One of the requirements of having a service dog is to take care of them, monthly bathing is part of that care. You can get a bather to help you, but at a cost of \$200. Where I go, how they have it all set up, it is better than a doctor’s office, with the distancing and all. So, my question is there anywhere I could go, besides the Board of Supervisors (BOS), to complain that they should not be shutting down grooming? A lot of groomers have reduced their clients and summer internships; only allowing limited amount of employees. There are barriers and other COVID protocol. I foresee these businesses getting shut down again. My dog went two months with no bath. Who would not be able to take a bath for two months? Does anyone have any idea where I could go? I am not the only one with a disability, or that is complaining. There are groups of people very upset, many people have service dogs and are not able to groom them because of their disability. These businesses need to stay open to provide this service for the disabled community. My dog weighs 85 pounds, there are a combinations of issues why disabled people cannot bathe their service dogs. There is a lot of upkeep that needs to be done for upkeep and it is very unhealthy to not be able to have this basic care. I am wondering if anyone on the commission knows where myself and others can go. (G. Wiseman) Cmsr. Swirsding, I’d like to direct your attention to the chat, Cmsr. May has mentioned she has information to help you with that. (C. Andersen) Gina, I would also like to say this shut down is because of state orders and would recommend complaining to your State Representatives if the grooming businesses are not yet open. With regard to schools, Contra Costa is not yet down to 25 cases per day. We must be in that tier for five days in a row before elementary schools can reopen, but they must file a plan, because we are in the purple tier. Once we are in the red tier, schools will have much broader discretion and every school district has to make that determination. If you go to the county office of education, they have great information on their website, as well as the county’s coronavirus website has just been updated with graphs at (<a href="https://www.coronavirus.cchealth.org/overview">https://www.coronavirus.cchealth.org/overview</a>) (G. Swirsding) Why are private schools open? (C. Andersen) Private schools, were open prior to the State lockdown were able to remain open (as were public schools), if they were already open for instruction, public schools did not</li> </ul>	

<p>reopen prior to the lockdown. I assure you; the BOS highest priorities are getting schools reopen; however, it is outside of our control as it is being governed by the state rules and regulations. More importantly, local school boards have to make the determination of whether they can comply with strict safety requirements. We are also not in a position to give vaccines to teachers yet. We are still vaccinating 75 and older, then 65 and older. A lot of our teachers are refusing to go back to the classroom without first being vaccinated. Kudos to our educators though. They are trying to get them in pods that can be on campus for periods of time so they can interact. There is a lot going on to help our students. We all know how hard this is on our youth.</p> <p>(G. Swirsding) For the Hispanic Community, due to language barriers, does the site also have Spanish speakers? (C. Andersen) Yes. There are Spanish speakers for those that need. We know the Latin Community are having a much rougher time with this pandemic. Many of our efforts, including vaccinations, are going into those communities where we have higher percentages of that population.</p> <ul style="list-style-type: none"> <li>(Leslie May) I would just like to thank Gigi Crowder for mentioning it is Black History Month. Additionally, the 15<sup>th</sup> is Miles Hall day, as well as (officially as of one or two years ago) the 15<sup>th</sup> is 'Black Girl Magic' day.</li> </ul> <p>I need to share my COVID testing and vaccine experience. I received a text message; it was a very rude call from someone at the county and I will send the information to Supervisor Andersen and Dr. Tavano. Basically, told me that the County's test is better than Kaiser's tests, they are faulty. Even though I took the blood and urine tests at Kaiser. I also tested to see if I had any antibodies, which I do not. I was inquiring why the county kept stating I was positive when Kaiser stated I was negative. The county employee was very rude. I have her contact information and I will forward that to you.</p> <p>As for the vaccine, I received a text that it was my turn to take my vaccine and to call CC Link. When I returned the call, the clerk stated my name was not on the list. I asked, then why did the county send me a text to call this number to schedule my appointment? She replied, "I don't know why they texted you, if I don't see your name on the list, you can't get the vaccine." So, as a person that falls under two categories (Essential Worker and 65 and over), I can't get the vaccine (and I have had COVID). I am very upset with the county. Others are getting the vaccine; I can't get it from either the county or Kaiser.</p> <p>Someone mentioned the Latin X community is having a hard time. Not just them, the African American community is having a hard time as well. I'm fed up and don't know what to do at this point. (C. Andersen) You contact your supervisors office and that is what we are doing for our constituents as issues come up. They have an email you can send directly to them and will have someone look into it for you.</p>	
<p><b>IV. CHAIR COMMENTS/ANNOUNCEMENTS: None.</b></p>	
<p><b>V. APPROVE January 6<sup>th</sup>, 2021 Meeting Minutes</b></p> <ul style="list-style-type: none"> <li>January 6, 2021 Minutes reviewed. <b>Motion:</b> J. Kincaid moved to approve the minutes as written. Seconded by L. May. <b>Vote: 11-0-0</b> <b>Ayes:</b> G. Wiseman (Chair), B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin, J. Kincaid, K. Lewis, L. May, K. Monterrey, G. Stern, G. Swirsding <b>Abstain:</b> None</li> </ul>	<p><b>Agendas and minutes can be found at:</b> <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>

**VI. RECEIVE presentation on the Contra Costa Health Tobacco Prevention Program and DISCUSS potential applications in Contra Costa County, Isabelle Kirske, Senior Health Education Specialist and Mayra Lopez, Senior Health Policy Specialist, Contra Costa Health Tobacco Prevention Program, and Lesley Garcia, Program Director, Contra Costa Crisis Center.**

- (Mayra Lopez) The Tobacco Cessation Program goals and objectives are rooted in reducing the tobacco related health disparities among the most vulnerable populations in our community. We structure our priorities through a community lead process to determine how we can make the most impact. Through the past 35 years, we have found that it is through the adoption of policy change. However, with the growing vaping and e-cigarette market, we have seen there is a need to expand and increase the cessation services, because there are new users, who otherwise wouldn't have initiated tobacco use if it wasn't for these new products, in particular the vaping products, out on the market today. We are trying to make an effort to increase the services to further address by helping those as young as 11 and 12 years old get cessation support.  
We know that individuals with serious mental illness are nearly two times as likely to smoke tobacco compared to the general US population. 2019 survey showed 30% of those in mental health treatment facilities received tobacco cessation counseling compared to 50% of those in substance use disorder treatment facilities that had those cessation resources available. We see there is a need to have these cessation services at mental health treatment facilities, but there is still a gap in providing those for the people that need it.
- (Lesley Garcia) The Contra Costa Crisis Center is available by phone 24 hours a day. People can call if they are in crisis, having thoughts of suicide, looking for emotional support, and calling for resources. It is a combined center of both a 24-hour crisis hotline and 24-hour 211 information and referral. Our mission is to keep people alive and safe, help them through crises and provide or connect them with culturally relevant resources in the community. Our current services are that we answer the 24-hour crisis and suicide line and we answer the 24-hour to in one information and referral line for Contra Costa County. We are also the first point of if contact for the homeless coordinated entry system, as well as for the 'Help Me Grow' Program for families with children under the age of five who have developmental or behavioral needs. We also offer grief support groups which are virtual right now and a mobile reach response team when there has been a sudden death in a school, agency or business. We also provide community outreach and training.  
With the Tobacco Control Program, we received a grant that begins next month, March 1<sup>st</sup>, and it is a five (5) year grant. It will be utilizing all 211 call centers throughout California to cover the entire state. We will be answering all 211 calls for the state. We will Screen, assess, and proactively refer all eligible 211 callers to the California Smokers Helpline for free cessation counseling. We will ask screening questions for everyone that calls for information and referral and who selects they are calling for community resources when they call in and includes callers who use tobacco products or other non-tobacco products using proxies. We also will be providing tobacco cessation resources monthly to promote the project to diverse communities, which includes events with agency partners, such as all of you, promoting on our website, our social media channels, through our emails and our newsletter articles.  
We ask for your help in promoting the 211 phone lines so that we can screen our callers for tobacco cessation referrals. We provide wallet cards and can email those electronically or come by the office to pick up a stack of wallet cards, posters and magnets if you are seeing clients physically in person during the shelter-in-place right now.

Tobacco Cessation presentation to the Mental Health Commission was shared as a powerpoint presentation during meeting.

- (Mayra Lopez) Ongoing collaboration between Public Health, Contra Costa Regional Medical Center (CCRMC) hospital and the Contra Costa Health Plan (CCHP), to address the need to update the terminology used in EPIC, the electronic records the hospital uses, we noticed there were questions regarding tobacco use only asking about smoking and was not inclusive of chewing or vaping. We have had conversations with CCRMC about working on an update. As I am aware this is currently updated to include vaping, when taking patient histories. We are currently a part of the California QUITs Collaborative, which is a statewide collaborative with other local lead agencies and Public Health that are focused on tobacco prevention to increase ways to address the need for cessation services. Most recently, we have developed the healthcare systems toolkit, which offers tobacco assessment and counseling best practices, using the brief intervention framework. This will assist the health systems with improving the quality metrics and the clinical services in the field. This is a toolkit that can absolutely be made available to those interested in ready more about that. Healthcare systems and Public health will be using this to expand those services. Public Health, CCHP, CCRMC are in constant communication to work to improve the cessation services, because we know right now there is no effective way to efficiently communicate among the three systems. This needs to change to we are all able to reach patients more effectively and help them get the services they need.
- (Isabelle Kirske) The California Smokers Helpline is continuing to offer a two-week supply of free nicotine patches for individuals who are in need. In order to receive these patches, individuals need to be 18 years of age or older, and a traditional cigarette user. Unfortunately, at this time, they cannot provide nicotine patches for vape users as it is hard to know the amount of nicotine, they consume using a vape pen. You may all be wondering, 'What a great presentation, I want to do more. What can I do to help?' You can assist in promoting the 211 service as a resource for community or as a member of the organization where you work or represent. You can also help spread the word about the free nicotine patches, as well as the California smokers helpline: Text to quit services. This text helpline service may come in handy for younger individuals who prefer to text rather than speak to someone on the phone. The service is available in English and Spanish.
- (Mayra Lopez) Our program does prioritization of goals and objectives through a community lead program. We are preparing to write our scope of work for the next couple of years and we are hosting workshops with the community to invite you all to come share your experience with cessation, or the lack thereof in certain communities and facilities; and how we can all work together to bridge the gap and provide the services. We have different priority areas to focus on: tobacco retail licensing and how we can help develop policy changes; addressing secondhand smoke issues, seen in multi-unit housing, town homes and mobile homes. The tobacco licensing piece is large and extensive, we have separated that into two different workshops and would love for you to attend.

**Comments and Questions:**

- (Mayra Lopez) Answer to chat question on funding. We are funded by Prop 99 and Prop 56 tax measures. Prop 99 put a 25-cent cigarette tax (late 1980s). Prop 56 was a \$2.00 increase on cigarette tax, which was more recent. We are funded primarily by Tobacco.
- (Leslie May) Are you doing any organizations that are in the community other than county contracted organizations? The reason I ask is there is a private company that receive no money or funding from us or the county and have three buildings located in Concord. They allow smoking, vaping and check the vape pens to ensure there is no marijuana, but they allow it and actually were taking people to the store to buy cigarettes and/or placing orders taking the money to purchase. It is really bad at this center. There was a serious COVID

outbreak and everyone became ill. My concern is that any facility addressing substance abuse, rehabilitation; why are we allowing private companies to have businesses located in this county, yet they do not adhere to any rules, statutes, regulations or any county mandates. They just operate and do as they please? (RESPONSE) (Mayra Lopez) With smoke free policies, typically adopted per city or as a whole in unincorporated. For Concord, it is a recent policy that has been adopted to reduce secondhand smoke in multi-unit housing that does not include residential or treatment facilities. It mostly includes dwelling units that include two or more units, including mobile homes. Currently, we do not have a mechanism in place to address private companies doing what they want or allowing smoking on their property. We have no jurisdiction over that, it would have to come directly from the city itself to make some type of arrangement or enforcement specific to this type of facility. The secondhand smoke policy just started enforcement as of January 1<sup>st</sup> and is new to the city. There is still more work to be done to address all types of facilities and how to enforce, but must come from the city directly. (Lesley Garcia) As to how the information is distributed into the community, the phone lines will be providing information to those calling in to 211. We have received over 600 calls a month and we provide that information to those callers. The grant starts on March 1<sup>st</sup> and more information will be forthcoming.

- (Doug Dunn) I have four points to address:
  - I was contacted by a constituent of a family member that was in a facility in Alameda County and was told that county does not allow for smoking in congregate living, anywhere on their property. Alameda County enacted a policy, if you have a contract with us, smoking cessation is mandated.
  - The person is now in CCC and asked if a person can smoke in facilities in CCC. The answer is, yes, as long as they are 25 feet away, they can.
  - I have two reasons I am passionate about this:
    - ◊ I have a loved one that is in congregate living situation in a mental health program in this county. He has long and loudly complained to us regarding residents smoking right outside the door especially in cold winter weather. He is afraid to say anything where he is living as he is afraid of retaliation from the other residents.
    - ◊ Even closer to home. My own mother passed from lung cancer at age 54. She never smoked a day in her life, but her father smoked in the house until she was 17. Lung cancer is a definite risk factor in our family. We do not want another loved one to succumb to this.
  - Finally, a good number of full-service partnership Program Managers and supervisors have told me they strongly support a full-service smoking cessation program, especially if it is implemented by county Department of Health Services (DHS) policy county-wide. I do have a motion to make but I will save for the next agenda item.
- (Barbara Serwin) I have a question and was hoping Dr. Tavano could speak regarding efforts with BHS in our county to deal with this issue. My question is to the Tobacco Prevention Program. How tightly are you able to couple with public organizations in the county that you are able to say, "Okay, we want to eliminate smoking in our facility? How closely can you support them? What kind of support can you provide to individual organizations? (RESPONSE) (Mayra Lopez) Even though our focus at this time is helping the adoption of the smoke-free multi-unit housing policies and the adoption of tobacco licenses to retail tobacco in the stores, we do try our absolute best to help anyone that wants assistance with their facility or making where they live free of smoke and have the ability to breath cleaner where they are living. For example, we are the primary enforcers for the smoke-free policy here in unincorporated county. We get many calls from different types of facilities. What we do is share the

resources we have on how to work with their leadership or management at the facility to try to adopt a voluntary policy of making the place they are smoke-free. We do so by sharing resources with the person that makes a complaint and also try to contact those at the facility. We do what we can with the means we have. We do know that as a tobacco prevention program, it is part of our responsibility to help as many different facility to have some type of structure to protect everyone from smoke.

- (Isabelle Kirske) Shared website: <https://cchealth.org/tobacco/>  
There is a contact form for individuals dealing with secondhand smoke and want to file a complaint, and live in unincorporated CCC, we can assist them. If they live in other parts of the county, we will still be able to assist, it is just a bit different. Also wanted to share a question I received from Gina regarding whether or not this grant is for teens that are smokers. This is a great question, if your program is available for teens and older adults, as well. (Leslie May) 18-70. No younger people?
- (Gina Swirsding) For example, the RYSE Center in Richmond; I see a lot of youth smoking there. Why isn't this program (the free nicotine patches) available for teens. (RESPONSE) (Isabelle Kirske) The organization that runs the cessation program's funding source are only able to provide these patches to those 18 years of age or older. (Mayra Lopez) This did come up during a presentation at the State Senate "why are aren't there more cessation services available to youth?" Right now, the vaping epidemic has exploded in the last few years. Research hasn't matched that growth in usage among youth. Right now, there are no FDA-approved cessation products, with the exception of one, that youth can use. The youngest is 16 and must be the recommendation of a physician, it isn't widely approved for the general U.S. population at this time. That is something the researchers are working on, making sure the medication in the patches and all the different types of cessation needs fit the young person's body, so right now it is not widely available.

(Commission Chair Wiseman) I would like to ask Dr. Tavano if there are any comments regarding some of the other cessation efforts in the county.

- Thank you, Mayra, Lesley and Isabelle, that was a wonderful and thorough presentation. I am sure you know much more about these programs than I do personally. As a general statement, we do partner with the Crisis Center and Public Health. I know that Cmsr. Serwin spoke with Fatima Matal Sol, our AOD Administrator and very much involved in this, as well. Two comments I would like to make: I do not smoke. I do not support smoking. I try to discourage people from smoking. That is me, personally. When I take a step back and look at how do we best serve? How do we provide the best outreach and engage clients that we are here to serve? And if those clients will not go to a treatment facility, because they are not allowed to smoke. What are the risk benefits? Quite honestly, at this point, if someone needs a service from us, the priority is making that service available and accessible, rather than have them refuse service because they would not be able to smoke at that facility or program. I could answer on a very philosophical level that don't support smoking and do all we can to stop it. The practicalities of whether or not we can engage people to access and utilize the level of service needed at that particular time; I personally struggle with putting up that barrier that keeps them from accepting and accessing that level of care. That is the best way I can sum up, from a personal perspective, it a risk/benefit issue.

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

- **CONTRIBUTE TO CRISIS INTERVENTION EFFORTS:** Track on and contribute in a significant way to the county-wide efforts to develop a new Crisis Intervention model.
- **CREATE PLAN FOR VALUE STREAM MAPPING EVENT TO INCREASE NUMBER OF BEDS:** Work with Health Services and Behavioral Health Services to create a plan for a Value Stream Mapping event focused on significantly increasing the number of placements available to house AND treat consumers along the continuum of mental health care provided by the County. This includes placements from the most restrictive and intensive care environments down to community housing with supports. This goal moves forward the Commission's 2020 motion to recommend a "Housing That Heals" Value Stream Mapping event to the Behavioral Health Service Director.
- **CREATE PLAN FOR SMOKING CESSATION:** Work with Behavioral Health Services and the Tobacco Prevention Program to create a plan for eliminating smoking in Behavioral Health Services- and CBO-operated programs, services, and congregant living.
- **CREATE PLAN FOR VALUE STREAM MAPPING EVENT FOR CONSERVATORSHIPS:** Work with Health Services and Behavioral Health Services to create a plan for a Value Stream Mapping event focused on significantly improving the functioning, accountability and transparency of the process of creating and managing LPS conservatorships. This goal moves forward efforts by the Justice Committee to 1) define the issues and challenges faced by parents and other guardians in seeking a conservatorship for their adult children; and 2) define the problems faced by the County conservatorship process, including a lack of treatment beds and lack of oversight.
- **PERFORM SET NUMBER OF SITE VISITS:** Perform six to eight site visits in 2021.

**Commissioner and Public Comments:**

- (Cmsr. Gina Swirsding) Regarding Site Visits. How are we going to do this with COVID? We are testing with ZOOM with this testing period.
- (Cmsr. Doug Dunn) Regarding the Value Stream Mapping (VSM) items. Just to raise everyone's awareness, this is going to involve issues around eliminating the Institutions for Mental Diseases (IMD) exclusion for persons 18 to 65. This is especially important in the conservatorship area regarding complete system of care, least restrictive to temporarily, I might add, most restrictive. There will need to be advocacy around the IMD, eliminating the IMD exclusion as far as federal funding. Right now, it is excluded for any facility with beds over 16 units.
- (Cmsr. Barbara Serwin) I just want to make sure everyone understands what a VSM event is, as it pertains to two of our goals. Essentially it is an intensive effort to get to the heart of the problem and break down existing patterns of behavior in order to envision a new, greatly improved, way of working. A good example of this is the problem we have with the lack of a county-wide Crisis Intervention Program or Service that provides the right kind of response and support for all types of crises, especially mental health crises. We just had a value stream mapping event for that. In that situation, What we do is bring together everyone who touches that problem in one room. Whether they belong to the same organization or distributed across multiple organizations or departments (managers, support staff, line workers, people from different locations) all in one room and get them talking and walking through how the create and deliver their products or services. The mapping piece is literally a chart of how the work is currently processed (step-by-step). There ends up being a large map and problems in the process are identified, the root cause of those processes worked out. The last step is to envision and map out a new process for future state. This future map is the basis for a series of 'rapid



improvement' events, which involve intensive weeklong problem solving and testing efforts to bring the future state map into reality. It sounds abstract but it is really a very constructive and comprehensive all hands-on deck approach. Everyone is accountable. It is a very gritty process committed to problem solving and quality improvement. It sets the stage for redesign of a system or a system overhaul. We have two of our goals: one with respect to LPS Conservatorships and the other regarding increasing treatment beds and Housing that Heals. The goal is to work with BHS and HS to create a plan for a VSM event. It is not actually conducting the plan to conduct an event this year and plan for next year to do a VSM. We would work with Anna Roth and Dr. Tavano. I was wondering if everyone knows what an LPS Conservatorship is?

- (Cmsr. John Kincaid) An LPS Conservatorship is a Lanterman-Petris Short Act. These were legislator names regarding funding.
- (Dr. Tavano). Conservatorship program is optional. The county decides on a program and figures out how to pay for that program. Most counties do opt into having a conservatorship program, but not all. Our County Director, Dr. Anna Roth, is the designated public guardian and delegates oversight of the conservators to behavioral health. There are two kinds of conservatorships we talk about. LPS Conservatorship is based on a person's mental health condition. Probate Conservatorship is based on a different type of competency not related to mental health conditions, but incapacitated by way of organic deficit or impairment such as Alzheimer's or dementia, etc. Generally, we are talking about LPS Conservatorships.

The VSM Event for Crisis Intervention was done in November and is going to be going on through 2022. It has many steps to it. It is a lot of work. I personally do not know how BHS would take on more than one at a time. Many of the managers in BHS are actively involved and it is a real commitment minimum of three hours a week, but actually much more. It is pulling people away that operate big pieces of the operation. I believe in the process but also know practically we wouldn't be able to manage more than one at a time. One last thing about housing. It is a very broad topic and BHS is just one part of it. It is a very complicated discussion and if it becomes a focus, I suggest it be more broadly defined.

- (Lauren Retaggiata) I am going to read some comments from Teresa Pasquini. But would like to suggest we may not want to do a complete VSM event but look at this differently. There is a deep tie between conservatorships and Housing that Heals in the continuum of care. If we find there are people that do need to be conserved, the one thing that may be preventing some from having the right treatment at the right time is not having the right treatment facility for them to go to. The scarcity of what is needed for them. Many times, we may have people in our state hospitals or IMDs or Mental Health Rehabilitation Centers (MHRC) that could come home, but have no place to come home to. The housing we are looking at is those with serious mental illness and that need is far different than those who benefit from housing first or can access 211 and the coordinated entry system. It is a different population. I want to read Theresa's comments and they pertain to conservatorships. "Conservatorships are the safety nets for those who cannot survive safely in the community without medically necessary treatment and support. It is a blunt tool, but a necessary one that must be utilized when needed to save lives and possibly souls. However, if we don't have access to a full continuum of housing that heals it is inhumane to take away a client's rights, stabilize them and then release them to an inappropriate lower level of care. That wastes money and lives; and it is cruel. That is why we want to show you there's an interplay and an interwoven need to look at these two items together. The Commission may be aware that there were major red flags raised years ago by the head of our conservatorship program before her retirement. There were system and program changes made that, based on the

recent efforts from a variety of stakeholders, including family members, justice partners, hospital staff, residential providers, and deputy conservators; there must be a new review of both LPS and Probate Conservatorships. A value stream mapping process is an appropriate method for digging deep into the layers of our system. That will allow us to create solutions to improve this important lifesaving program. I personally see a clear overlap with the Housing that Heals / Conservatorship Value Stream Mapping. We thought this was going to be a 2021 goal. I strongly support both of these commission goals and we'll be happy to partner with the Commission in our health and justice systems for their efforts". We really do feel this is something that keeps getting pushed out, starting in 2001. A large group of parents came before the BOS and to the MHC to say the number one, top priority is housing and treatment facilities for our family members, who are so ill, cannot speak for themselves. Thank you very much for letting me speak and convey how important this is. I know COVID is taking front stage, but I'd like to point out that more people died on the streets of San Francisco this year from the effects of Fentanyl and Meth. We have so many deaths of those who are severely mentally ill and not in the correct type of treatment. This is something we cannot keep pushing out, yet one more year.

- (Cmsr. Douglas Dunn) As a group, we heard what Dr. Tavano reiterated, the VSM will show scarcity of locked facilities and MHRC beds. This does get back to (and it is not the total answer, but it is a part of the picture), the continued IMD Medicaid exclusion for persons 18 to 65. There's going to have to be advocacy in this area in order to loosen up funding, for locked facility beds, which could then loosen up finding for what Housing that Heals is about.
- (Gigi Crowder). The current process we are in with the Crisis Response could actually touch upon these other areas. If we get this right, and we have the energy and backing from MHC to support these efforts currently underway, as Dr. Tavano stated, it is not going to be an overnight thing. It is part of a process. I do believe that prevention approaches, when a person first identifies they have a loved one that has no other options besides law enforcement, it furthers the issues the individual may have. I go out every Tuesday and Thursday and feed unsheltered, so I can share with you there are individuals dying on the streets, right here. Or an encampment here in our own county. We don't have to go to San Francisco. We understand how important housing is but preventative approaches, like having more options, is a continuum of care. If we free up some of the services now, those who live with more severe mental illnesses will have more available to them. There wouldn't be as big of a crunch on some of the treatment programs because we are operating from a fail first system. I believe that energy that the Commission could support would be best invested in joining the efforts for the VSM process, the rapid improvement process for our current mission to identify a 24/7, non-police and would take up all our energy for probably the next two or three years to get it right. Thank you.
- (Chris Celio) I want to thank you all. The Commission agenda for 2021 looks like you are all being paid to do this work. It is fantastic. I definitely appreciate the focus on smoking cessation. I worry about it becoming a barrier to treatment but must admit, I always say, "well harm reduction, we will get to reduction in smoking later" and we never do. This Commission does bring along some technical assistance and resources to support for different programs to help reduce smoking. I sometimes take it for granted. I don't mind the help. I appreciate the focus on housing issue, as well.
- (Cmsr. Candace Andersen) I absolutely love all of these goals, but I think I am going to second what Gigi just stated, which is what Suzanne was stating. We really should not expect BHS to be able to focus on more than one VSM at a time. While these are all great ideas, I think the priority of the BOS is focusing on the Crisis Response Plan. It ties into the mission of the MHC and all you are

advocating for and there will be some carry over benefits to a lot of the other issues that also need focus. While I am not suggesting in any way these other topics should not be pursued, I just don't think a VSM is going to be an appropriate vehicle to focus on this year but let's put our efforts in what we are already working on.

- (Cmsr. Gina Swirsding) This year, we lost a very good friend. The young person had severe schizophrenia and he was in housing. The housing didn't have anyone to watch him and he wandered out in the middle of the night and got hit by a car and killed. This is not unusual; I know we all have another friend that has the same issue. We need to have more forms of housing where people like this with a severe mental illness can be watched, even in the middle of the night. I know this form of housing is lacking in a lot of counties besides our own.
- (Jeff Landau) I represent clients in conservatorship proceedings and LPS cases and I wanted to speak in favor of the process that is proposed for having evaluation and that particular focus on the process of transparency of placements related to the conservatees, perspective conservatees. I think if we are to have all the different interested party stakeholders, looking at this closely and how the process works, I think there can be improvements because I believe it is often the case (at least from my perspective) when there is an obstacle, it is not that apparent to (sometimes) the judge or the various parties that want a particular outcome. What is the hold up here? Why is this place? Why is the place not moving? We are not getting a response back or whatever it may be. I think if we do have this open process to evaluate with everyone on board, we could make significant progress, even with the same resources, if we just use them in a different way. Just echoing what I've heard from some people on the call of urgency and being able to act in the moment. When there is someone that is ready for this change, that window is only so long. If something happens at the facility in the meantime, that window closes. We really need to be able to maximize the resources that are there.
- (Rebekah Cooke) I will be quick. I agree with Jeff. My daughter suffered terribly and it has been terrible, what she has had to go through has been hell. She is now conserved and I feel some things are not in place if she goes before the judge in six month, there will not be a place for her to go to step down, so all six months that she has been working so hard on is going to be for naught. I feel the housing has to be treated like a pandemic. I mean it is. People are dying out there. It can't wait three years. I would push back to all of you...if this was your daughter, would you say we just have to wait three years? This needs to be taken care of and it should be a priority. May you guys are already on it but that is my comment.
- (Cmsr. Graham Wiseman) We have discussed these points and in the interest of time we will have to push this to next month's meeting to talk about voting and what we want to include on our platform.  
I did make a commitment to Commissioner Dunn to return on your motion you would like to vote on.
- (Cmsr. Doug Dunn) It has to do with Smoking Cessation.  
I am asking the Mental Health Commission request that Contra Costa Behavioral Health Services (CCBHS) implement a multi-year smoking cessation program as soon as possible, to all of their community-based organization CBO contracts, so it would be county-wide.
- (Cmsr. Graham Wiseman) Are there any questions or comments?
- (Cmsr. John Kincaid) I think there was an earlier comment about how the concern that it becomes a barrier to treatment. But that has been a concern for a very long time, but it looks like you have something to say about it.
- (Cmsr. Doug Dunn) How Alameda County quickly has gotten around this is that it is county wide so you can't say no. If you want Behavioral Health Services in Alameda County. CBO, these are the rules, no ifs, ands, or buts.

- (Cmsr. Candace Andersen) I would like to have this brought back because we are short on time and give the staff an opportunity to present to us what this would really look like and what constraints there might be. The Reality of implementing it based on the number of contracts. It would be really helpful to agenize it. It is great in theory but I want to understand the practical ramifications, so I that's what I would like to have it brought back to us
- (Cmsr. Graham Wiseman) And I agree with Supervisor Andersen. I think it is a really good topic for is to do a little bit more of a deep dive into it. I know the information was provided in the agenda packet for us to review, so I believe it will definitely be on next month's agenda so we can speak to in depth and go from there.
- (Cmsr. Barbara Serwin) I wanted to point out, as Doug raised earlier, Alameda County has implemented no smoking policies. I think it is really important for them to come present what their experience has been and I would love to do that next month. I included in our packet a presentation from Alameda county that is very impressive.
- (Cmsr. Gina Swirsding) I appreciate what you said Doug and I'd be interested in the Alameda County program coming in, my question would be, does it include drug and alcohol? It would something I'd like to hear about.
- (Cmsr. John Kincaid) Similarly, I support the concept, it's something we need to do, but there are all kinds of moving parts and the implementation is the key. So, we need to learn more and I think it's a good idea to talk about next meeting.
- (Cmsr. Candace Andersen) I don't know it's really detailed enough or if the Commission has enough information to really look at it next month or if this is something you want to refer to a subcommittee to really take a deeper dive. Maybe the rest of the committee has heard enough and feel comfortable enough. I would say to staff that anytime you invite staff from another county to show up and present you probably want some sort of work through our county staff to make sure it is appropriate, just that they extend the invitation in an appropriate way. (B. Serwin) I don't understand. (C. Andersen) You are asking a professional from another county department head to show up at your Mental Health Commission meeting and make a presentation and typically protocol standpoint that would be an invitation coming from our behavioral health staff. Peer-to-peer. So rather than appearing that you are sidestepping our behavioral health staff. (B. Serwin) I would respectfully say that the MHC is independent of the BHS and we have never gone through anyone else to make invitations to our meeting. Just respectfully submit that. (C. Andersen) I don't know how many other county departments from other counties you've invited to speak, and I agree you don't need to run every speaker by BHS but when you are inviting another behavioral health department to your commission meeting, I think you ought to include our BHS discussing it within extending the invitation just doesn't matter protocol and respect to our own staff. (B. Serwin) I agree with that, it's not really clear when its difficult to figure out where in the Alameda County Organizational structure this work actually occurs. It is not easy to find out from their website or presentations. (C. Andersen) Even more reason to include our behavioral health staff to assist with that and they could just contact someone in that department, someone they have an established relationship with, maybe it's through public health, which is where a lot of smoking cessation comes through, maybe it was brought forward from them. Maybe it is housed in Behavioral health, but I think behavioral health staff in our county could help navigate that and make that appropriate invitation and introduction.
- (Cmsr. Graham Wiseman) I agree and I appreciate that Supervisor Andersen, because I feel a foreign expert (so to speak) come to speak on how they've implemented it in their county, we have to understand how it would be implemented in our county first. So, we have to make sure the appropriate

people help us understand if we were to move in the direction of recommending something. Similar to what Alameda county has, how would that actually even flow through our county because there's not always an opposite number. I understand and respect that.

- (Cmsr. Barbara Serwin) I would like to add, there is that we do want to look at other models and so, in my mind, before we jump into how it would work for us, we'd be looking at other models, whether it's Alameda County or other places.
- (Cmsr. Andersen) I think that is great. My only comment really is if you are going to invite another county's Behavioral Health department or county employee, I think it is more appropriate to have it go through our own county staff. It's a matter of respect for our staff, as well as respect for the time of the other county staff. Other nonprofits, etc. I don't think the same would apply, it's just a department to department across a county line.

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

As we are on the subject of housing, let me start with housing and treatment programs. We are putting as many resources as possible into housing, but every dollar we pull for housing, we are pulling from treatment services. We have a finite budget so it is an ongoing struggle we are always trying to address. The Mental Health Services Act (MHSA) certainly has made a bit more funding available the needs exceed the capacity right now. We are always looking for housing opportunities.

Right now, under the pandemic emergency rules, there is a moratorium on evictions. At some point in the not-so-distant future, that will end. What I have been talking to BHS staff, the managers and supervisors is let's anticipate, people are struggling financially. A number of people have their funds managed through behavioral health so we can ensure that rent is continuing to be paid but that is not the case for everyone. Even with the master lease housing, we are lolling a little more closely at who is staying current on their rent and who isn't. so, we can really start helping people as we don't want anyone to lose their current housing. We are worried when the moratorium ends it will put more people at risk of eviction because they haven't been keeping up with their rent and it is a fairly more immediate issue. Tie that in with the more than 500 people in hotel rooms. Fortunately, it sounds like this may be extended through September, which would make a huge difference. We work very closely with (H3) and we know they have already started efforts at finding permanent housing for those in hotels. Again, there are just not enough places out there, so it is being actively researched.

Often times housing is not branded as BHS funded housing. The conversation is more about H3 and what it is proving but there is a very deep partnership with funds from BHS being managed by H3, including master leasing, etc.

In terms of response to Crisis in the Community. It is a very multi-faceted piece. While the improvement work is going on that is related to the VSM, there is still a lot that we could be doing meantime. We don't want to wait until a future date to try to identify what could be worked on now that all contribute to that goal.

We did submit the California Health Facilities Finance Authority (CHFFA) grant last Friday to hopefully establish a freestanding crisis stabilization unit for youth. We are hopeful. The application was just submitted and we probably won't know for a couple of months if will be awarded the grant amount or not. Going over the current data it appears that 86% of the time there are zero to four youth in PES. The majority of the time when there are five or six youths in PES, that adds another 10%. The percentage of time where there might be seven or eight youth is really becoming very small, so in our thinking, if we are able to establish a crisis stabilization unit for up to six youths, then 98% of the time, we are going to have that needed capacity. That other 2% of the time, really stay focused on our

<p>Community Crisis Response and, hopefully, we can divert, address crisis in the home in the community and not necessarily have to go to crisis stabilization for that to occur. That is the data and where we are currently.</p> <p>We have been considering two locations apart from PES. We were able to go over the three of four conceptual designs. It would take a significant amount of money to restructure PES and are looking for alternatives that there might be a freestanding one for youth under 18, which actually came forward as one of the preferences of the Community. We have been looking at two different possible locations. Hopefully one will work and we will get the grant that will provide the money for the remodel.</p> <p>I had forwarded the PowerPoint that we won't have time to share today, perhaps forward next meeting. It is a good comprehensive overview of where we are in CCC compared to other counties and the state.</p> <p>With COVID restrictions, it has really emphasized the issue of social isolation and we are increasingly moving back to in person services.</p> <p>The occupancy in the hotels is approximately 98% occupancy.</p> <p>The vaccination efforts to provide the second round of vaccinations to 1100 BHS providers will be completed on Friday and we can deploy staff to help support the centralized clinics operated at CCRMC and Public Health. So, we are going in multiple directions at the same time. Our staff is working really hard and from the heart. Not just county staff but contracted partners.</p>	
<p><b>IX. VOTE on proposed by-law change regarding mandatory attendance of Mental Health Commission meetings – moved to next month's agenda</b></p>	<p>Moved to next meeting.</p>
<p><b>X. VOTE on proposed new By-law change regarding mandatory Committee membership and attendance – moved to next month's agenda</b></p>	<p>Moved to next meeting.</p>
<p><b>XI. Adjourned Meeting at 6:32 pm</b></p>	