

**MENTAL HEALTH COMMISSION  
QUALITY OF CARE COMMITTEE MEETING MINUTES  
October 21, 2021 - FINAL**

<b>Agenda Item / Discussion</b>	<b>Action /Follow-Up</b>
<p><b>I. Call to Order / Introductions</b> Quality of Care Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @3:34 pm.</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Laura Griffin, District V Cmsr. Leslie May, District V Cmsr. Gina Swirsding, District I</p> <p><u>Presenters:</u> Kennisha Johnson, Chief of Housing Services, Behavioral Health Services</p> <p><u>Other Attendees:</u> Cmsr. Alana Russaw, District IV Cmsr. Graham Wiseman, District II Angela Beck Jennifer Bruggeman Treva Hadden Teresa Pasquini Erika Raulston Tamisha Walker</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. PUBLIC COMMENTS –</b></p> <ul style="list-style-type: none"> <li>• (Teresa Pasquini) I have been invited to sit on the panel at the California Behavioral Health Directors Association Policy Forum next week, with a Behavioral Health Director from Stanislaus County and someone from the California Department of Social Services. Speaking on the Housing that Heals vision. I shared with the last committee that I also attended the Behavioral Health Planning Council meeting this morning. It was an update on their Housing and Homelessness and heard some presentations from LA County. LA County. There is a lot going on in LA County that I hope we can replicate in Contra Costa County (CCC). They have been doing some very progressive work for the last couple of years on a variety of these issues, including a bed counting tool they have implemented and some other things. I know it's not perfect because I am also sitting on some committees down there that have individuals stated they are not all that great. Last thing, Lauren and I had a great conversation with the staff of Senator Eggman last week. Senator Eggman</li> <li>• is a really great advocate, leading on mental health legislation/reform. We let them know that we have joined with some partners down in LA county on a report that will be coming out any day that will support the Housing that Heals report that was a little broader to incentivize and move our report forward. We need more data to incentivize around this crisis. It is a crisis. Everybody knows it. Everybody is talking about it but not necessarily talking about Housing that Heals.</li> </ul>	
<p><b>III. COMMISSIONERS COMMENTS –</b></p>	

<ul style="list-style-type: none"> <li>• (Leslie May) There is some funding available, I am unable to find the email at this point but will send on as soon as I do. Secondly, reminding everyone in this meeting, if you haven't submitted your nominations, please do so. Tomorrow is the deadline.</li> </ul>	
<p><b>IV. CHAIR COMMENTS</b> – None.</p>	
<p><b>V. APPROVE minutes from the September 23, 2021 Quality-of-Care Committee Meeting.</b></p> <ul style="list-style-type: none"> <li>• Cmsr. L. May moved to approve the minutes as written. Seconded by Cmsr. Laura Griffin.</li> <li>• Vote: 4-0-0</li> </ul> <p>Ayes: B. Serwin (Chair), L. Griffin, L. May and G. Swirsding. Abstain: none</p>	<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>
<p><b>VI. DISCUSS Site Visit Program updates and training</b></p> <ul style="list-style-type: none"> <li>➤ Update on Blessed Care and Nierika House</li> <li>➤ Decision on site and timing for November and December site visits</li> </ul> <p>Blessed Care: Still no answer or contact. Commissioner Serwin to continue to reach out. We have had a conversation with Jennifer Bruggeman regarding these smaller B&amp;ACs (six bed facilities). We worked on developing the site visit program, we did not have a list of our B&amp;Cs and took a while to get. When we look at it, is our process going to accommodate these small B&amp;Cs. Our process is geared more toward the bigger facilities. We need to be less overwhelming and intimidating. We need to go through and edit/adjust the contact letters for the smaller B&amp;Cs. And to reiterate the conversation with Jennifer, the county is having a hard time retaining these smaller B&amp;Cs, they are small 4-6-8 bed 'mom and pop' houses and they get contacted by us with this letter that we are going to come in and inspect, they freak out. We need to (a) adjust the letter and some of the verbiage to be less intimidating. We need to create a smaller package for those. Cmsr. Serwin needs to get in contact with the Site Director and the SVP Team needs to meet to work on the package for the smaller facilities.</p> <p>Nierika House: I have received everyone's information for scheduling for all assigned to this site visit. I have not been able to schedule contact the director/manager. I have left one message and need to follow up with an email and I have seen no response to your email.</p> <p><b>Questions and Comments:</b></p> <ul style="list-style-type: none"> <li>• (Cmsr. Alana Russaw) I am going to start making appointments and just popping up, this is getting out of control where they are just able to duck and dodge. I understand the letter can be worded different. We need to just go over there and say we are just here to show our face and introduce ourselves as a commissioner and take it from there. I am ready to do that. (Cmsr. Barbara Serwin) well that isn't advisable. It has to be a coordinated effort. We took a lot of trouble, which I disagreed with, but we took a lot of heat from unexpected visits. There is a place for those. (Cmsr. Alana Russaw) I am just suggesting more of an introduction to what the commission is, who we are and how we can be of service. Phrase it more that way, we are trying to be more of service, not to get you in trouble. I am just thinking more about my time on the Juvenile Justice</li> </ul>	

<p>Commission. It was not this difficult for us to walk to BART, to go to the Juvenile Hall or the Police Department. It was a welcoming experience, coffee was offered, it was very welcoming and up front. I feel forget the commissioner, as a community member, I should know what is going on in my community. I was speaking to Commissioner May, where I live in Concord, there is a halfway house they just put up and I have no idea who they are, where it came from, I have my toddler playing in the backyard, is there sex offenders there? I don't know. Come on, I need some answers here.</p> <ul style="list-style-type: none"> <li>• (Cmsr. Leslie May) and let's just call it like it is, I rattled some feathers and so, of course, Suzanne Tavano is upset. It is not like it was planned. I was out running some errands and I drove right by that place so I stopped by to see if they were even in business. We were just trying to follow up because they were not even answering phone calls. It just so happened there were people sitting outside and I walked up to say we were trying to reach them. Then I saw what was really going on, the conditions. I'm a commissioner but I have another hat, I am an AMFT and am bound (so is Alana) by law, that I could lose the option to even practice and kiss my career goodbye if we see something like that and not report it? The first thing I did was to call adult protective services.</li> <li>• SVPTeam meeting set for October 27 at 11:00 am to work on smaller BAC contact letter.</li> </ul>	
<p><b>VII. DISCUSS role and responsibilities of the new Mental Health "Housing Czar" position, Kennisha Johnson, Chief of Housing Services, Contra Costa Behavioral Health Services (CCBHS)</b></p> <p>I stepped into this role as of March (2021) and we now have a Behavioral Health Housing Services team. The team is me (Chief) and Jim Graves, acting Housing Services Coordinator – currently over all of Board and Care (B&amp;C) support, admissions and any challenges that come up, working with the programs and over the services provided in the B&amp;Cs. Once we are able to fill the clinician portion of this position, he will be supporting more of the Mental Health Services Act (MHSA), overall housing side. We also have Adam Down, Project Manager who is working with much of the contracting process on the administration side, as well as the MOUs (Memorandum of Understanding) we have with the various agencies and budget management on many different contracts.</p> <ul style="list-style-type: none"> <li>• Board and Cares: Responsible for all of the contracting, initiating contracts, managing and monitoring, negotiating and identifying more beds in our system and community, as well as meeting with them to determine if they are able to provide the services we need. Some contracts provide MediCAL services, so I am also responsible for overseeing the MediCAL billing and compliance. There are only a few that have the MediCAL billing, so any resolving and problem-solving any issues that may be a result from the providers we have currently doing so (currently Psynergy, Everwell, Nevin House and Pathways Program).</li> <li>• MHSA Housing: This came back to BHS in March; formerly with H<sup>3</sup> (Health Housing and Homelessness). This is 100 units management by Shelter, Inc., along with 45 units in site-based complexes. The MHSA housing came back over to BHS with no staff, so most of my focus has been on rebuilding the program, the permanent supportive piece of the program. Almost there regarding advocating for staff, there are just the three of us currently</li> </ul>	<p>Documentation regarding this agenda item was shared to the Quality of Care Committee on-screen as PowerPoint slides and will be made available to the attendees as requested.</p>

so most of the problem solving and clinical needs that people have in the unit and support is either from myself or pulling support from the clinics. Once we have housing staff, then those staff would be responsible to provide all the needs, attached to people in the units (they would have a contact person). Working with Shelter, Inc (with the most units) and helping people maintain their housing. Many challenges have arisen over the past year and we meet regularly to resolve how to best support people.

- No Place Like Home: These units were negotiated with multiple developers on different sites with a variety of funding streams.
  - Veteran's square – is the first project online set for December but may have been pushed to January. There will be ten (10) No Place Like Home (NPLH) units there for clients who are considered severally and persistently mentally ill. This project, the developer is Satellite Affordable Housing Associates (SAHA). 30 total units, 10 are for NPLH, 19 for veterans (VA clients) and one (1) unit is for a management individual. The MOU states we will provide all the permanent supportive piece (staffing) and will be provided by HUME Center. We have recently pulled them into meetings with SAHA and H<sup>3</sup> to discuss how it will all work. There is onsite space for community rooms and clinicians and staff to provide supportive services on site. H<sup>3</sup> will provide the coordinated entry piece. Due to the way the grant was written, coordinated entry is an integrated and all clients are selected through the coordinated entry process. H<sup>3</sup> has prioritized the Marriott Hotel for those being selected for housing, in general (not just for NPLH). Those living at the Marriott, older adults has prioritized them. The names are selected and then clinicians are tasked with certifying the individuals have the appropriate diagnosis to be selected for the unit. Ultimately, we learn the final candidates, they will have to meet SAHA's program requirements and go through an interview process. Once selections are made, we can provide that supportive piece immediately (paperwork, lease, moving into the units) and our goal is to jump in as soon as possible once it is narrowed down to the ten.
  - Mental Health Rehabilitation Centers (MHRCs): Locked facilities. Joe Ortega is the RN Liaison working with all placements on those beds. The number of beds varies, but there are a lot, and we all work together regarding the transition and step-down of clients into the BAC units or the enhanced-placements. The enhanced B&Cs are where our consumers are stepping down into. We have had a lot of advocacy to have more beds that support the Housing that Heals criteria. Along that, we were able to secure more funds to purchase beds (\$1.5mil) and have been scrutinizing the programs that have been strongly advocated that meet that criteria. More increasing beds at Psynergy, Everwell and looking at the A&A facility Teresa and Lauren toured recently in our county.

**Questions and Comments:**

- (Cmsr. Barbara Serwin) I am a bit confused as to the relationship with H<sup>3</sup> and everything integrated under BHS and interested in trying to understand the relationship between them. I also am a bit confused with Joe (Ortega)'s role, where that sits and why it's separate from your group. I am thinking towards the structure of the team and getting a picture of how they work together. (RESPONSE: Kennisha Johnson) That is an ongoing discussion currently. Where is the best place for Joe to sit and if I

am taking on the MHRCs, he may be joining. I understand the confusion, it is pretty complex. Mathew (Luu) is supervising conservatorship, conservators are very involved, Jan (Cobaleda-Kegler) is over the adult clinics and the clinic staff, her managers and supervisor are very involved and now they have broken out housing to me and I have a lot of the contracts and then there is the clinical piece that happens. When there is a lot of challenges in these placements, we are all working together to problems solve.

- (Cmsr. Barbara Serwin) When it comes together, do these different parties actually comprise the bed committee? (RESPONSE: Kennisha Johnson) Everyone I have mentioned is there. The second half to your question, regarding H<sup>3</sup>, we work together and they are the housing in CCC, they manage the general housing. When it comes to coordinated entry and it becomes a requirement of money (Teresa Pasquini) I worked a long time trying to avoid becoming familiar with the homeless continuum of care, only because it annoys me that sometimes our families have to make our kids homeless in order to get the care they need. Obviously I have gotten over that and Housing that Heals was a bit of a shout out to BHS county systems are not always able to access the homeless continuum of care services or facilities. Our county did a really heroic effort of trying to integrate and combine over the years and there have been some improvements but ultimately it has created a lot of tension between who owns the responsibility and who is funding goes where? It has been too confusing for clients and their family members (in my opinion). There was a time we had a housing coordinator. A lot of us were working on this and when it was all integrated, we really tried to work together and it wasn't working. It is a different type of housing that is needed for some of the more severely mentally ill people. It has to do with funding streams and HUD (Housing and Urban Development) big overall arching policy is 'housing first' (right to housing regardless of what your sobriety or mental stability is). They are required to offer housing to anyone who enters the continuum, whether it is appropriate housing or not. There is a group of us advocating that housing first doesn't work for a portion of the population. I will be speaking on this next week at the policy forum. It is controversial and starts stakeholder wars with people. One size fits all fails too many, apparent in our jails, morgues, hospitals and on the streets. I feel it is due to this overarching funding stream from HUD that hands out these vouchers, and in order to qualify for those, you have to fit the continuum of care criteria.
- (Cmsr. Leslie May) I have several questions: How many clinicians do you have on staff available to help people right now? (RESPONSE: Kennisha Johnson) a small percentage of a clinician that can help off staff. Mostly, it is (on my team) myself and a percentage of someone that is doing a bit of other work and reaching out using the clinicians in the clinics right now as much as possible until I get my own staff. (Cmsr. May) How soon do you think you will get your own staff? (Kennisha Johnson) It is moving through our personnel process and I am hoping before December. (Cmsr. May) speaking to the leases, who pays the lease? I know about HUD, but who pays the leases when the consumers get into? Who pays that? (Kennisha Johnson) deposits and monthly lease? I can't answer all the questions because SAHA gets layered funding and I am going to try to answer completely. The layered funding is Pittsburg Housing Authority, Antioch

Housing Authority. The developers get to decide who they are asking for money from.

- (Cmsr. Leslie May) What areas of the county are being served? We have Antioch, with a lot but I see no shift and people with serious mental health issues out here, I have spoken to quite a few people, city council and everyone...the conditions are getting worse. Seriously a man just set himself on fire on BART Friday (the day before yesterday). He was seriously mentally ill. My concern is the equity and treatment of all populations, not just certain ones. Equity across the board. I have not seen that and I have been out here five years and not seen the equity at all. I know you are new (in this position) and I am just hoping, I want to ensure this is on your mind, the equity. Also, working with the HUME center, what kind of work are you doing with them? (Kennisha Johnson) Regarding equity, are you talking in general with all the housing or specifically these units. (Cmsr. May) These units and across the board. If you are getting money from Pittsburg and Antioch Housing Authority, what I would expect to see is people in those communities are lived and from those communities are offered services as soon as possible. That the money isn't going to people living in other cities. (Kennisha Johnson) I wanted to ensure we were on the same page about it. Those ten units, I don't get to decide who gets to go in them. It all goes through coordinated entry and don't have control over that. That is the challenge we are not excited about. Clients fill out the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool) scale. There are a couple locations in our county where the homeless need to be for 12 months and go through a lot of questions and you have to be homeless in the moment to fill that out. I have been encouraging any mental health clinician I come across working with clients, if they have a client homeless in the moment, please get them on the coordinated entry list. It is just the ten units but in a couple more years there are more coming. With the MHSA housing units, those are the Shelter Inc. and spread throughout the whole county. I don't have the numbers in each region but are spread throughout the county. I want to say there is a lot in West County and East County. I have been encountering those that need to transfer and refusing to go to either region and has been challenging.
- (Cmsr. Barbara Serwin) How much overlap do you feel there is? If Housing that Heals is a target model. (Kennisha Johnson) I agree, we have a lot of work to ahead to get to that place to make the most of what we have in our housing supply under that model. Large numbers of those units are individual units spread throughout the whole county. It will be a matter of trying to create something in their area, vs having a set space or complex is ideal, how do we create something in those areas and how to best support those who are spread out. (Cmsr. Serwin) So, the individual units, what kind of situations are those and do you see them coming together or do you think it is a good thing that they are individual units. How did they come to be? (Kennisha Johnson) Best guess, Shelter, Inc. has been handling these 'master leases' with the landlord. *'Master Leasing' is an entity who is facilitating the master lease is the liaison between the landlord and the client.*
- (Cmsr. Barbara Serwin) In terms of tracking the number of placements and where they are, etc. Is that something your group will be responsible for? Or is it the 'bed committee'? Or is the bed committee just more about

<p>choosing matching placements with people and transitioning them in and out? (Kennisha Johnson) The bed committee is so many things around coordination. Tracking the beds and where they are? That would be under my group. We have been speaking to figure out ways to categorize and track because there were different people involved before I came along and I have been given a lot of different stuff with different ways that it has been looked at and trying to do things differently. Right now, we are trying to figure out how to make the most sense of it and use our IT people. Not just create another spreadsheet, etc.</p>	
<p><b>VIII. REVIEW “Overview of Mental Health System of Care” document drafted by Dr. Suzanne Tavano to identify where treatment beds and supportive housing are most utilized and lacking in availability, Kennisha Johnson, Chief of Housing Services and Dr. Suzanne Tavano, Director of Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>• (Cmsr. Barbara Serwin) Referring to the map of current BH Housing (Cmsr May) If I may interject, that was the model that Dr. Tavano went through that with us in a meeting and was talking to how it was listed (this is the new one). Kennisha, do you work with this model? (Kennisha Johnson) I believe this is the overview of what our system currently looks like. These are the options available to us right now as people are stepping up or down, that is what is available. Dr. Tavano could respond to how much of this will change or where we will add to it.</li> </ul>	
<p><b>IX. DISCUSS role, staffing and operations of the “Bed Committee”, Kennisha Johnson, Chief of Housing Services and Dr. Suzanne Tavano, Director of Behavioral Health Services</b></p> <p>(Cmsr. Barbara Serwin) Dr. Tavano stated that Jan Cobaleda-Kegler would be the best person to address this. (Kennisha Johnson) I attend the meeting, specifically around the housing, the bed piece and Jim is my staff and coordinates all of the placements into the various B&amp;Cs. What I recall her stating is that she would like Jan to give a total overview of how it works and get their questions answered.</p> <p><b>Questions and Comments:</b></p> <ul style="list-style-type: none"> <li>• (Jennifer Bruggeman) Just a quick comment, may have already been answered. Your previous question, Cmsr. Serwin, I think the answer is yes, everything Kennisha is overseeing with her new team is included in the diagram that you have Suzanne. It is more of a comprehensive overview but I think you were asking if the housing services in there and they are: MHRCs, B&amp;Cs, etc.</li> <li>• (Cmsr. Leslie May) This effort is so spread out, and frankly, it seems as if no one is on the same page. It seems uncoordinated and ‘too many cooks in the kitchen’ and invites a lack of communication. This scope does not seem to work and I have concerns going back to the issue I brought forth back in March we were to have a follow up that did not happen. You were moved to this new position and it just seems it is disjointed and no one is communicating or knows what is going on. It seems we would need everyone in one huge group to get a clear picture of how this is going to work. I am very concerned about questions not being answered, ‘I don’t know’ as the information is not available because someone else is in charge of that piece of it... we need all the pieces together. It is very</li> </ul>	

frustrating for the commission, as well as those who have loved ones or work in this field and there are no answers and have to wait for the next meeting. It is like kicking the can down the road. I tend to not get frustrated, I see this not working, not getting our questions answered and it gets me fired up and motivated to go to the next level and higher and higher until I get the answers. That is the point I am at as we are going around in circles not able to get our questions answered to let our community members answered.

- (Teresa Pasquini) Thank you Leslie for your passion. I want to focus on the positives. I am very frustrated. We have two asks, to hire a housing chief and to do a value stream mapping (VSM). We have the housing chief hired (yay) and we got shot down on the VSM for this. I don't think there is any way of getting around that in order to really accomplish what the community is going to eventually demand. Unsure why they haven't demanded it before because it IS the number one topic at every meeting. Whether it is the IST Department of State Hospital meeting, the mental health planning council, any meeting I am in now, it is the divert to where and what? There is no place for people to go. So, we need to know what we have. Quite frankly I'm a little frustrated by the piece of paper because it's just another paper. We always look good on paper, I have expressed my respect for our public system but that paper doesn't tell us anything. It doesn't tell us what is available. It doesn't tell us how much money. There is just no information and transparency and data are supposed to be driving change in CCC. We hear about it. I was a champion of that message when I was chairing the behavioral health care partnership. That is why I formulated the requests. Our paper requested to do this with data and information so we don't have to get into this back and forth angry place. Let's just look at what we have. I recognize we had a pandemic hit us, etc. It doesn't change the fact that these are conversations that have been going on for 20 years or longer. Again, I appreciate this committee, I appreciate the commission and Kennisha. I really think it is time for us to move to another level of advocacy. Why can't we have the information that LA County has? Their Board of Supervisors gave their department of mental health \$500,000 of seed money for membership organization that is going to focus on housing. Then they hired somebody for \$5mil to do a needs assessment. Basically, to do a VSM event that will prepare LA County for the state funding for the community care expansion. The community care expansion is part of the \$12bil / \$13bil that the governor is throwing out to everyone that can catch it. There is also a bill that Lauren and I went to Sacramento and lobbied for. AB1766, Senator Blum. It is a bill to have the community care licensing division notify counties when a facility will be closing. Apparently that information is supposed to go to the Behavioral Health Director of your county. I don't know if we are getting that information. They said it was slow to roll out. I am adding that to the list of needs. LA County is now just starting to get it. They have done surveys, they have a bed tracking tool now and can hand that tool off to their case managers and providers so everyone knows what is available. I don't know how it interacts with their homeless continuum of care. That is not clear but I was impressed. I have been working a lot with LA County the last couple of months. Again, they are not thrilled with everything, they are not perfect. We have to do this the CCC way. But why can't we do it? Why can't our community do what they are doing? They are shutting down jails, getting services set up and I am tired, like Leslie. I am



not going to stop. If it makes people uncomfortable that's okay too. This has to move to the top of the list. No Place Like Home funds was MHSA funds. MHSA funds are supposed to be for the public mental health, seriously mentally ill population. We don't have that information. I will promise to share the PowerPoint presentation from this morning by this person from the Department of Mental Health that can be used to show what they are doing. LA County is also being used as model for their diversion population at the DSH, so it goes back to Cmsr. Dunn's meeting (last meeting) and the issues around that. Until we know what is and isn't working, how much we are paying, how much we have, we flying blind.

- (Cmsr. Graham Wiseman) I listened as Teresa was sharing and felt the simmer turn up a bit on what is happening. Not to pile on, but to give a secondary example: The department of education has offered free suicide prevention training to all teachers, students and parents within the state and they have hundreds of thousands of students and teachers who have signed up. We were talking about Sacramento County is doing really great, Del Norte County and Modoc County and Mendocino County. I asked, how about my county? Where are we on the list? We are dead last. CCC is dead last. They actually had trainers to come here and cancelled it because they couldn't get 12 teachers in our entire county to sign up for suicide prevention training. What we have is a culture of failure. When we have a medical system that is based on failure first before you can receive treatment, it enhances that failure. That is a culture beyond the people on this call and beyond those trying to make the differences here... it is pervasive. When you say, Teresa, we need to go to the top. You are absolutely right because the people within the system are doing the best they can. As we look at what we can do for our subcommittees, on the MHC and in our communities, we really need to be advocating directly with the Board of Supervisors that this culture of failure needs to change. We cannot be dead last in free training and not showing up. We cannot be dead last in figuring out how to receive money. When I saw Alameda County gets about \$67 per capita for state funding for mental health and we get \$13? That's the culture of failure. That is an 'F' and whoever is responsible should not have that job anymore. Perhaps they should be transferred to a different department. This culture of failure is really what has driven me to try to push for change. While I won't be continuing as chair, I will be continuing on the commission for at least another year and will support each and every one of you as we try to do this. Teresa, if you can get that information from Los Angeles, we can formulate it into something that comes out of this subcommittee, take it to the full commission and then go to the BoS with it. That is how we will effect change. Problem admiration isn't going to help. And when people like Kennisha get put in these situations where it is so scattered, you're spending all your time picking up marbles, forget about trying to win the game. I think we really need to pull together and be an active force in our community vs scattered as we have been.
- (Cmsr. Leslie May) I just want to say I invited one of our City Councilmembers, Tamisha Walker, to this meeting because I have been speaking with her and she has been fighting and we need these services and we are so underserved, I concur with Teresa and with Graham. We can't do this anymore, we have been doing this too long. I (we) have been screaming about transparency and accountability, especially this last year plus during the lockdown. What happened to all that money they got for

<p>COVID / PPE? What did they do with that? I am saying we are really getting bamboozled. It keeps happening, no one is giving us these answers. We need the answers, we need the data. The report Teresa is talking about, I saw that report. Some of the other cities, look at San Francisco, we can go right across the bay and see what they are getting, and doing. It is unbelievable compared to what we are getting here. We need to put a fire under the Supervisors but we also need to engage our individual city leaders. Come out, open your mouth and fight. They need to help.</p>	
<p><b>X. Adjourned</b> at 5:28 pm.</p>	