

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
December 1, 2021 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Cmsr. G Wiseman, Mental Health Commission (MHC Chair, called the meeting to order @ 4:30 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. Michael Hudson, District IV Cmsr. Kathy Maibaum, District IV Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Alana Russaw, District IV Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I</p> <p><u>Presenters:</u> Dr. Jan Cobaleda-Kegler (Behavioral Health Services) Dr. Stephen Field (Medical Director of Behavioral Health Services) Dr. Suzanne Tavano (Director of Behavioral Health Services)</p> <p><u>Other Attendees:</u> Colleen Awad Guita Bahramipour Angela Beck Jennifer Bruggeman Gigi Crowder Lisa Finch Jessica Hunt Lynda Kaufmann Carolyn Obringer Theresa Pasquini Pamela Perls Jennifer Quallick (Supv. Candace Andersen’s ofc) Stephanie Regular Arturo Salazar, Visiony_Compromiso Baylee Wechsler</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENT:</p> <ul style="list-style-type: none"> (Gigi Crowder) I wanted to bring up the issue of voting today. I want the commission to give consideration to the fact that we need more representation of individuals that are being most harmed in this county. Leadership needs to be reflected at all levels, be it the Mental Health Commission (MHC), programming and contracted agencies. We need those with cultural relevance so the community feels more protected and that their voice will be heard. I am hoping those having the opportunity to vote will keep that in consideration when voting this evening. 	

<p>III. COMMISSIONER COMMENTS</p> <ul style="list-style-type: none"> • (Cmsr. Geri Stern) I was asked to mention the wonderful thing that happened at our justice committee meeting last week. We had David Seidner from Detention health participate in the meeting with the large contingent of the homeless advocacy group. What he mentioned, as an aside, that Detention Health has integrated one of the Justice Committee’s suggestions/recommendations that they have some connection with the Conservatorship Office of the Public Guardian, so they can be aware of any conservatees being admitted to Detention Health. He stated they now have a weekly group email with the Conservatorship office to ensure they are aware of all those that might be in detention that particular week. He wanted to make sure we knew that and we were pleased to hear they are making an effort to keep everyone informed. • (Cmsr. Leslie May) I wanted to make everyone aware of the Omicron has made it to the Bay Area with someone diagnosed in San Francisco on Monday. I just wanted everyone to be aware and be very careful, as this is the variant we were hoping would not reach us. This was reported as the nation’s first case of this new variant in a vaccinated person who recently returned from South Africa. He had the Moderna vaccine but was not boosted and is suffering from mild symptoms and is recovering. They are conducting contact tracing currently and it is cause for concern. We all need to stay vigilant, wear a mask and not stop COVID protocols. • There is also an article Commissioner May submitted in reference to a National Collaboration for Best Practices on referral sources for Crisis Stabilization units. We will forward to Ms. Beck to send out to meeting participants 	
<p>IV. CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ul style="list-style-type: none"> • The first module of the MHC Orientation, “Introduction to the Mental Health Commission”, will be presented immediately before the January Commission meeting at 3:30 to 4:20 PM. All commissioners are encouraged to attend this training. • 2019 updates to the Welfare and Institutions Code (WIC) has been attached to the meeting agenda packet. It outlines our responsibilities. There are ten real mandated that, we as a mental health commission should follow while: <ul style="list-style-type: none"> ◇ Evaluating the county’s mental health needs; ◇ Reviewing any county agreements pursuant to the WIC; ◇ Advising the Board of Supervisors (BoS) and the Behavioral Health Services (BHS) Director on the aspect of county mental health; ◇ Reviewing the procedures to ensure citizens of professional involvement in all stages of planning; ◇ An annual report to the BoS reviewing recommendations for mental health director;; ◇ County performance data income; ◇ Assessing the impact of re-aligned services, and ◇ Performing additional duties as directed by the BoS. <p>(Comment by vice-chair Cmsr. Serwin) What is notable regarding this specific version is that it was updated in October, 2019 and the updates to the code all in bold. They are impactful and suggest everyone review this document.</p> • By-law changes (attached to include in record). Please review the changes enacted regarding new appointees. • Civil Grand Jury Report – Telehealth (attached to include in record). This has been attached, as the chair and vice chair of the MHC had participated in that Grand Jury investigation and we wanted to ensure the full commission of the results. 	<p>Documentation regarding 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: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

<p>V. APPROVE November 3, 2021 Meeting Minutes</p> <ul style="list-style-type: none"> November 3rd, 2021 Minutes reviewed. Motion: D. Dunn moved to approve the minutes with correction. Seconded by L. May. <p>Vote: 12-0-0</p> <p>Ayes: G. Wiseman (Chair), B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin, K. Maibaum, L. May, J. Metro, R. Shires, G. Stern, G. Swirsding</p> <p>Abstain: None</p>	<p>Agenda and minutes can be found:</p> <p>https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. “Get to know your Commissioner” (Commissioners Barbara Serwin / Douglas Dunn Commissioner Rhiannon Shires</p> <p>I wanted to start with where I come from to put things in perspective of what brought me into the mental health field and why I became interested in serving on the commission. Originally, I was raised in North New Jersey, which was a very diverse culture. My parents were civil right activists and as a very young child, I was involved in a lot of activities surrounding this and was privileged to be present (in DC) when Martin Luther King spoke on his “I have a dream” speech. I was very young and unaware of what was going on, but remember my parents saying to me that we need to be there because this individual will make a difference in this world. After, I decided I wanted to be a teacher and ended up in Boston at a time when busing began and, as a young student teacher, found myself become body armor for young female black students. We had rocks coming through our windows as we walk children to busses. There were all kinds of profanities being shouted at the students and teachers. At the time, I decided I wanted to help with a program called “DARE” which was an experimental program where they would take juvenile delinquents (as they were referred to) and putting them in halfway homes, rather than in detention. So, at 18 years old, I would go to ‘the other side of town’ (at the time, neighborhoods were very divided and stayed where you were supposed to). I worked with a young man who was 17 years old, a black student. All of his brothers and father were in prison. His mother had been a prostitute and, basically, he had no hope. One of the reasons I ended up working with him was due to his depression and volunteered. For a year, I would go 2-3 times per week and he wouldn’t show, leaving me foul letters. We would spar verbally (call each other names), it was a very interesting encounter. We basically got to a place where, eventually, we would take walks and sit on Beacon Hill and talk philosophy, science, law, religion and everything you can imagine. We became very close. He knew that when he got out, he had nowhere to go as he was homeless, no services available, as these individuals would graduate from the halfway house and be on the streets. He had no family to go back to. One day, I said “you know what? You are going to Harvard” and he replied, “get out of here, you are crazy.” I said he was smart, he wanted to make a change in this world and needed to do something about it. I went to Harvard, got an application and brought it back to him. At that time, we sparred and there were some derogatory terms exchanged. I basically forced him to complete the forms. He did. At the end, he ended up getting accepted into Harvard with a fully funded scholarships, free housing and he became a criminal justice attorney. What this taught me, later on, I asked him what made a difference. He said three things: (1) you cared and I could tell; (2) no one ever believed in me and you did; and (3) no matter how much I rejected you, you persevered. What that taught me is that no matter what circumstance we are in or what is happening to people, we can make a difference. That is where my heart is at. Professionally, I have been in the field for over 30 years. I have worked in hospitals, social service agencies, school psychologist and in private practice as a clinical psychologist. It’s my passion and I love what I do and feel very honored to service on this commission.</p> <p>Commissioner Candace Andersen</p> <p>I grew up in Hawaii, in a very diverse community. I married my husband, whom I met in law school. We have six children. I continue to keep my license to practice law active but don’t have time to because of my role on the Board of Supervisors. Shortly after becoming a Supervisor, Melinda Dougherty came to and told me the horrific</p>	

death of her father and her son at the hands of someone who was mentally ill in the central valley. She said, "We need 'Laura's Law'". I knew nothing about Laura's Law and was appointed to the Mental Health Commission. Working with the commission, we brought Laura's Law forward in our county, way before most counties would even consider it. It is one tool to assist those who are severely mentally ill, but unwilling to voluntarily seek treatment, and through that, I also began my career as a criminal prosecutor and have been really troubled by those who continue to cycle through our criminal justice system. It also has been a passion of mine, in getting the county to adopt early on the stepping up initiative resolution and looking to how we can better assist those while in custody to provide mental health treatment upon their exit. More importantly, how to keep them from even entering into the criminal justice system in the first place. Ironically, this week, we had someone who was having a mental health episode or substance abuse issue, burst into my office and threaten to kill my chief of staff, as well as myself but I was not in the office at the time. It is becoming very clear to us he has been arrested previously and is currently incarcerated but the goal of our office is how do we help this individual, a well-known transient in our community but who (on this particular day) lashed out and expressed his ideation of killing us and others. It hit home for my office: How does the system work? We have a restraining order and the criminal justice system will work its way through, but while he is in the county's custody, what can we do to help this individual, as well as keep the community safe. I value the work of this commission, I always have. There have been so many collaborative efforts brought to the Board with the roots coming from our MHC. I hope to see that collaboration continue in the years to come.

VII. DISCUSS and VOTE on the Motion brought forth from the November 18, 2021 MHSA-Finance Committee Meeting (Agenda Item VIII):

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

This motion was discussed at some length during the November 18th MHSA-Finance Committee Meeting. The genesis, the state level incompetent to stand trial (IST) solutions work group published their final recommendations today. I have not had a chance to go through them and will give a full report at the next MHC meeting in January. Their recommendations—anywhere from 60-75 persons considered IST from Contra Costa County (CCC) will be sent back to our county, and as of right now, we have no place for them.

On a personal level, I am closely involved with many families who have loved ones that have been (or are at risk of being) judged IST. The vast majority are young males of color. I have seen (via zoom prior to live court sessions) the Deputy District Attorney (DA) of mental health litigation convince the presiding judge to not grant persons at risk of IST status mental health diversion several times.

Alameda County, Behavioral Health Services (BHS) had contracts with Telecare, who operate two mental health rehabilitation centers (MHRCs), Gladman and Villa Fairmont, who handle and work with the IST population. If we don't have facilities like that in this county, the only option will be the county jail for these individuals without hope of a life going forward. Lived experience with our own loved one, I can tell you that MHRCs are nothing like the county jail (or the state prison). It is my belief that the Assistant DA of mental health litigation would be more likely to consider sending this population to a MHRC, rather than jail, if it were available in this county. This is a controversial subject, but due to the IST situation and the recommendations going to the state legislature, we can no longer avoid this topic, and need to begin to resolve this for this population.

Comments and Questions:

- (Cmsr. Wiseman) Cmsr. Dunn, one of the things you stressed in the subcommittee meeting was the timelines. (RESPONSE: Cmsr. Dunn) Yes, Stephanie Regular has

let us know that a number of persons considered misdemeanor IST (MIST) are going to be sent back to us starting in January. There are timelines the IST Solutions Workgroup laid out, as well, for short-term goals by March/April of 2022, medium range by January 2023, and long-range by January 2024 and 2025. We cannot stall any longer.

- (Cmsr. May) Can you repeat the timeline and when this population is slated to return to this county? (RESPONSE: Cmsr. Dunn) March/April of 2022, medium range by January 2023, and long-range by January 2024 and 2025. I will be going into this much further at the December Finance meeting after reviewing the findings just sent out today. The MIST will start coming back next month (January).
- (Cmsr. May) My next question would be (to everyone), Does CCC have any surplus property that could be modified to house and provide wrap around services for this population that is returning? I'm befuddled because my thought is, if we knew this was happening, why weren't we making preparation for this a long time ago? (Cmsr. Wiseman) thank you for that question, Cmsr. May. Dr. Tavano will be addressing that a bit later on in the meeting. It is a great question.
- (Cmsr. Andersen) I am glad Dr. Tavano is going to be addressing this. It is a very complex area and even at a future meeting, it would be helpful to present to the commission what we do have available, what we are working on, where we intend to house these individuals that will be returning to us. This is something we have been working in conjunction with other counties to try to find adequate beds. It is something BHS and Detention Health have been working on this issue. Suzanne, it might be helpful to have a presentation to the entire commission on where we are, how many beds we really think we are short, what the plan is in those instances when we don't have a bed for an individual.
(RESPONSE: Dr. Tavano) As Cmsr. Dunn just stated, the state workgroup has just finished up and put out its findings and timeline. We will be diving deeply into that and have been for a while been in communications with the Department of State Hospitals (DSH) and following this closely. People who are found MIST have always been a responsibility of the county, so of course, we will provide the adequate level care for them. Moving forward, they won't be referred to the state hospital and looking at other options. The felony IST (FIST), we will have to see the actual numbers are, in terms of when they will be returning, the phases, as well as who they are and the needs will be. There is a lot of coordination with the DSH and they are working with many of the county BHS around the state. We are not alone, we are one of 57 counties taking this on. In terms of resources, Dr. Cobaleda-Kegler is in this meeting and has already listed some funding to IMD/MHRC level care in anticipation and looking at a number of facilities and folks who are more familiar and comfortable working with this population of the forensic system. Some of the facilities mentioned are out of county but we have contracts with the and are familiar with them and the staff. I have no detailed plan, as this really dovetails with the planning process we have just started. There will be funding available through the state for infrastructure, either buildings or IT support, more about the brick-and-mortar. We will have a stakeholder planning process and have already done some needs assessment for DHCS, approximately two months ago and was preliminary based on our perception of the system and what is needed. We will be going into this more open-community planning process in the near future. Phase One of the grant opportunity has been submitted (first application) was really just planning grant money and will see what comes up in January, in terms of eligible facilities. Again, there is money out there for facilities but not a lot for services and treatment. That is where we are all going to be challenged but we will figure it out.
- (Cmsr. Dunn) This is a very complex issue with many moving parts. Attending all the workgroup meetings, I am trying to keep the commission involved to what is going and to keep the pressure on BHS to keep moving forward. In time, these individuals will be coming to the county. The FIST, not all at once, but definitely by

<p>2024/2025. We cannot afford to wait and, since it is going to be a challenging process, if we plan right, we can get this done properly.</p> <ul style="list-style-type: none"> • (Cmsr. Andersen to Dr. Tavano) is this motion reflective of what you are hoping to accomplish? Are we leaving anything out? Are we setting ourselves up for an unrealistic expectation. Just want better understanding based on what you just stated, it is a very complex issue, is the motion missing anything we should be advocating for? Or this the direction you are moving? (RESPONSE: Dr. Tavano) This is the direction we are moving in. The challenge is always having enough facilities with treatment beds (beds and services). We are asking for more money (\$400k) and waiting to see what the state is offering. • (Cmsr. Dunn) Final comment to Cmsr. Anderson and Dr. Tavano. The MHSA-Finance committee will be taking an even deeper dive into this issue and possible available properties, etc. at the December committee meeting (and it may take more meetings) to flush this out further. We will do our best to collaborate with BHS and the BoS, all are welcome to attend the meetings and to pose further questions and participate in this process. Final clarification, this had to do with the jail based competency, that is what the commission voted to avoid and it was at the strong suggestion of Stephanie Regular, that we don't want to go down the road of jail-based competency and many advocates around the state don't want that road either. This was the essence of that previous motion. <p>The Executive Assistant (EA), Angela Beck read motion as follows: <i>"Ask Contra Costa Behavioral Health Services (CCBHS) to include Institute of Mental Diseases (IMD) Mental Health Rehabilitation Center (MHRC), as well as appropriate step-down facilities, programming and staffing needs in its upcoming Behavioral Health Continuum Infrastructure competitive grant applications to the state."</i></p> <ul style="list-style-type: none"> • Motion: L. May moved to approve the motion brought forward by Cmsr. Dunn. Seconded by A. Russaw. Vote: 12-0-0 Ayes: G. Wiseman (Chair), B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin, K. Maibaum, L. May, J. Metro, R. Shires, G. Stern, G. Swirsding Abstain: None 	
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<p>VIII. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano, PhD., Director of Behavioral Health Services</p> <p>We did cover one topic, but I would like to give a few moments to cover the Clean Slate event coming up soon. The Alcohol and Other Drugs (AOD) Advisory Board and the recovery community have worked very hard to set up a Clean Slate event. There will be a public vaccination clinic for COVID there and we are encouraging everyone to participate. I believe there will be someone from the Mexican Consulate to lend support. <i>(Will forward the flyer to the Executive Assistant, Angela Beck to forward to all meeting participants)</i></p> <p>The holidays are upon us and I want to mention that on December 16th the Community Care Holiday celebration is occurring. Everyone is invited to this, as well. If you are interested, please RSVP to the event. <i>(Will also forward the flyer to Angela to forward to all meeting participants)</i></p> <ul style="list-style-type: none"> • Grants – We have been busy applying for a variety of grants. The largest, the Measure X proposal was approved for Mobile Crisis continuum. The mobile crisis teams are very much a part of that proposal but there are other moving pieces that are important, including the physical hub that will serve as an urgent care call center, serving as a diversion from mobile crisis or after a mobile crisis visit for further support and as a diversion from PES. There has been much focus around the telecommunication dispatch system along with that with triage pool and what the first steps will be in adding staff to participate in the lift of this. We would like to finalize the physical location where we will be able to build out and a central local moving into the future. The commission and other BHS community will be updated in the process as we move forward. 	
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We have been applying for competitive grant opportunities through the state. We have been successful in obtaining those we have been applying for. They are announced quickly with short turnaround times. The latest this week, has a deadline for the end of December (approx. 2 ½ weeks to submit). Looking for as many opportunities as are available to bring more funding into the community for mental health services as well as substance abuse services. We really need to be lifted up and broaden quite a bit. I will keep all posted as we move forward as well.

- Cal AIM, the large statewide initiative to report the Medicaid program in California, we are starting implementation. There are eight large components between now and July of 2023 that will transform our delivery system for both mental health and substance abuse services. The first component implementation is just a couple of weeks, which are changes in medical necessity criteria for accessing services, particularly for youth and making things more flexible. There are also changes in the Drug MediCal program, which we have been working really hard for not restricting services when people are in recovery, residential treatment, etc.

I would like to have a 30 minute overview of the Cal AIM initiative and, as we approach each component development and implementation, dive in a bit deeper at that time so everyone can really understand. I have been part of the workgroup for the last two years on this and it is repeated exposure to really understand and I don't want to 'mind dump' on you all at once. We can possibly have an overview presentation and as we are close to the various components, focus on that particular component.

- Service maps for each region of the county, one for adult and one for children. (West County map review on screen) To review West County services due to much interest and mention lately. The service maps serve as an overview on all county provided services, reviewed by Dr. Tavano during this portion of the meeting. These include County and contracted services. Children's reviewed first. Particular note we have clinics and program, but tried to put as many of our services into the schools as possible. We don't like to take kids out of the classroom / school. If they are located within the school, it is better all the way around. We contract with a number of CBOs (county-based organizations) that provide school-based services and you can see under prevention and early intervention, the programs that are specific to West County. The adult map shows all of the services available for West County, some of which are contracted out of county but still listed. We will be extending services to Antioch soon under that funding and have a number of collaboratives we are working on with juvenile probation and child and family services (child protective services). (Service maps will be provided to Angela to distribute to all meeting participants)

Comments and Questions:

- (Cmsr. B. Serwin) Thank you, Dr. Tavano, for sharing the services maps and walking through the children's services. All these service maps will be included in and described in the second orientation of the Mental Health Commission, which will be in February. In that orientation, we will the chiefs come and introduce their areas and familiarize us in more depth with these maps.
- (Cmsr. G. Swirsding) It was difficult to see the entire maps. Violence for Solutions does not get MHSA funding but they are also opened to people with mental health issues, and deal with rape crisis. The family center on 23rd Street is also open but couldn't see on the map. The schools have services; however, those in the Hispanic community felt very uncomfortable with services in the school. I have attended quite a few meetings run by 'building blocks for kids' and there are many services for kids and parents. There are also some churches with services that are open to all, but not part of or funded by MHSA. Most places (including the Native American Center) will provide services to all. The Jewish center are helping those from the middle eastern, Afghan community.

<ul style="list-style-type: none"> (Gigi Crowder) I have just been made aware of the closing of Nevin and Nierika house. My question is what is the plan for those individuals at the end of this month? (Cmsr. Wiseman) good question and we will be addressing further down on the agenda. 	
<p>IX. UPDATE on Site Visits (Nierika House, Crestwood Our House and small board and cares), Commissioner Barbara Serwin</p> <p>We are currently working on scheduling Crestwood Our House in Vallejo with Michele Sheldon, Program Director. She received the introduction letter from us and replied right away. Very positive and looking forward to us visiting.</p> <p>The other organization we were planning to visit was Nierika House and as will be discussed later on in the agenda, you will all receive that update from Dr. Cobaleda-Kegler, Nierika is in transition and will not be visiting Nierika. However, we are thinking we should shift our energy over to Hope House is on our list for the year, and is another crisis residential treatment (CRT) center.</p> <p>We have been trying to make contact with Blessed Care which is a small board and care and have had a lot of difficulties with that. Thinking through the process, how many small board and cares we have and how different they are from the medium to large facilities, we decided we needed to pull back and simplify the process we have for reaching out to the smaller organizations. Something that is completely not intimidating, very warm and that will help small board and feel comfortable in receiving us and not feeling like they are being overwhelmed by an oversight agency. We needed to revise our process for them and review/revise the documentation for them. We have started that process and will restart efforts to reach out to Blessed Care and some of the other small facilities on our list.</p> <p>Comments and Questions:</p> <ul style="list-style-type: none"> (Cmsr. G. Swirsding) I would like to have us go and visit the new clinic in San Pablo. I have been there several times and have been very impressed. The commission has not gone and it is a new facility, not that new, but we haven't been there yet. It is very efficient, better than before and I have brought some people over there to get help. I am just suggesting it. (Cmsr. Serwin) That is a great suggesting, it is on our list as all the clinics are but we could look at making sure it is on our list sooner than later. 	
<p>X. UPDATE on new Commissioners and open seats, Angela Beck, Executive Assistant to the Mental Health Commission: No updates, same openings</p>	
<p>XI. PROVIDE summary of MHC 2021 Retreat, Commissioner Graham Wiseman</p> <p>The survey has not been completed, not enough recipients have participated and we will address this on the next commission meeting. As you are all ware (that attended the retreat), there were a few issues with the survey in zoom breaking up the categories into two surveys, which was problematic and our EA recreated this in Survey Monkey for all attendees to vote to get a more accurate poll result. We will address once everyone has participated.</p> <p>Compiling the reports from the breakout rooms and the sessions in general were familiar discussion points.</p> <p>One is funding and Dr. Tavano addressed this a bit to ensure the commissioners understand the new funding models as they come out so we can understand and appropriately advise on where we think funds should go and how they are being measured. I believe, the first training we have, if we can do this in January, it would be very helpful to understand how money is allocated and measure.</p> <p>The second was transparency, especially regarding data. There were comments regarding online access to personal records and such. I have been made aware there is</p>	

<p>a client portal that those receiving services can access. Perhaps there needs to be a bit more training on how consumers can access their information. The main issues were location and being geographically close for services that Telehealth can be a fill-in, but not a replacement for those preferring in person meetings and the facilities all being ADA compliant. If a commissioner is aware the facilities that aren't, please bring that up so we can advise properly on that.</p> <p>The third was housing for patients and Commissioner Dunn has been very active as we speak of the different aspects of need within our county and the next agenda item will address this in a bit more detail.</p> <p>A roundtable was suggested for all mental health providers in the county, so MHC hears from county BHS but also from the major providers like Kaiser, Sutter and John Muir to get a better understanding of how our constituents are being served.</p> <p>There were quite a few comments about the need for gender and racial equity in, not only providing representation, but services and access.</p> <p>The final comments were regarding COVID, in that it has been a major disruption in all services and all our lives and we need to adapt to that moving forward as it looks like it will be here with us for a while. Going from crisis to calm as we deal with this health issue.</p> <p>These were the main talking points from our retreat. I want to thank all those that attended and shared their perspective and looking forward to getting the survey results back. The main thing we will be able to do is collaborate more efficiently with BHS and the CBOs within our community on the needs we are prioritizing for the upcoming year. I believe when that comes out, at our next meeting, the commission would like to commit to that as led by the chair and vice chair.</p>	
<p>XII. REPORT on Nierika House past issues, current status and future plans, Jamie Almanza, CEO of Bay Area Community Services (BACS) and Dr. Jan Cobaleda-Kegler, Behavioral Health Services</p> <p>Jamie Almanza, CEO of Bay Area Community Services (BACS) will be joining us. We received a letter she sent to the commission regarding the status of Nierika, but I will give you our report and field comments and questions after.</p> <p>It is unfortunate that I have to share tonight that we have agreed to terminate the contract with BACS, the contract that operates Nierika House, as well as Nevin House. This will be effective at the end of this year. BHS was working with BACS to address some of the concerns, as many of you are aware, there were concerns about Nierika House and the many repair issues that needed attention and we spent quite a bit of time working with BACS to try to come to a solution how to best move forward Nierika and Nevin House. Initially we were working with BACS to terminate the lease for the building that was housing Nierika. Nierika House is located in Concord on Solano Avenue. That facility has been in a meeting that has been leased. The county does not own that building, neither does BACS.</p> <p>There have been issues with that building that go back years. The property owner did not want to invest in the building, but when ANKA suffered their bankruptcy two years ago, in the interest of continuity of services at the time, Dr. White (the acting medical director at the time) BACS stepped forward and really wanted to take on this project and we wanted to see services continue for our people. Currently, we were working on a plan to co-located Nierika with Nevin House in Richmond. Nevin House is an adult residential program that BACS took over from ANKA. That facility (building) is owned by BACS, so when they assumed that contract, they bought the Nevin House facility. That building was in pretty good shape.</p> <p>We looked at all the pros and cons, and in the best interest of our clients, but in the end, BHS it was not a great idea to do this as we did not want to reduce the size of</p>	

each program. We want to increase access to levels of care, we don't want to reduce it.

Both these programs will be closing. Hope House will continue to operate CRT support. We also have Don Brown and it is busy. We are looking at other potential providers for new crisis residential (CR) and residential treatment programs. Very interested in developing a robust residential program to treat co-occurring disorders, which was the original vision of Nevin House. I did not pan out the way we were hoping it would so that is some of what we are looking into for the new year.

Comments and Questions:

- (Cmsr. L. May) Now we are back to square one (actually further back than square one) because we are now looking for a new STRTP for adults and a new CRT. I just printed this when Dr. Tavano was speaking (the letter from BACS) and I am very surprised at the reaction, but I'm not, and some of their answers because they are putting the blame on the county. I wish Kennisha Johnson could have been here today since she was 'czar' of housing. Do you have, do we have buildings in place, that are available for agencies to buy or to lease through the county that work can be done? So that it is up to standards of the state, county and everyone else? CARF licensing, etc.? So that we can quickly transition when you accept a new provider? Do we have places available?

(RESPONSE: Dr. Cobaleda-Kegler) Lots of good questions, Cmsr. May. Our main focus right now will be for us to issue RFPs to interested providers who would want to enter into this with us. We think we have some that are interested in working with us for CR as well as the adult residential for treatment for co-occurring disorders. Once that is settled, finding the property. My understanding is that there is property available but we need a provider will go out and help us look for it.

- (Gigi Crowder) I am pretty disappointed. Having been a former employee of BACS and recognizing the great work they do in Alameda County, I just can't understand why this county and that organization that has proven history being able to meet the needs of this target population couldn't work things out. I'm mainly concerned with what happens to those residents. If we are not going to be spending the funds, will they get additional support to allow them to find housing and treatment somewhere else?

(RESPONSE: Dr. Cobaleda-Kegler) Absolutely, Gigi. Right now, because BACS had already worked to set in motion the termination of their lease with the landlord. They initiated that back in the middle of November and have been downsizing their census. As of December 15th, they will not be accepting anyone for CR. Right now, there are no residents at Nierika House and it is December 1st. BACS has agreed with us, that they would take folks needing short-term support out of the hospital, esp. those needing two to three days and then we can move them on to more permanent housing situations. Right now, Nevin is running at a pretty low census as well, about four to five people at Nevin House and we are working to look for alternative placement for them, which we feel we can find. We have openings where we can send them. It will be a challenge, we will be keeping Hope House busy, as well as Don Brown Shelter.

- (Gigi Crowder) No individuals now means that there was a plan to have anyone go into it, but that does not mean there is no one that needs that level of service. There are plenty of unsheltered people who have been if Nevin was at capacity and able to treat them. It is heartbreaking to me that we are losing housing as we are trying to find more opportunities for these individuals. This is really tragic.
- (Teresa Pasquini) I saw the letter, I am very disappointed. I happened to look at my son's timeline today and I think he was at Nierika house so many over the last 20 years. It was such a critical piece of our continuum. I am disappointed and very concerned. I think there are some unanswered questions based on the letter that came across. The census might be low, but I think there are questions that need to be answered, some data that needs to be gathered. What has the census

been for the last six months for all of our CR facilities? What has utilization been for all of our facilities? This will be another piece that will add to the human log jam that we discuss in the Housing that Heals paper. This will back people up into our jails, 4C, 4D, and leave people without a place to go. I can't tell you how upset I am by this. I also have history with the prior contractor with ANKA, as a former commissioner, that process was tracked greatly in our commission over the nine years I was on the commission. I don't know what the process was when the transition happened. I do know Dr. White did personally reach out to me about BACS. I simply told him I had no experience with BACS and I know he did receive some other support from other community members. I wasn't able to give any input. I'm very concerned by this news.

- (Cmsr. D. Dunn) Who will receive the Nevin property when the contract closes at the end of this year?

(RESPONSE: Dr. Tavano) It is very disappointing and we really hoped it would work out. I am not going to speak badly about the provider, it is not appropriate. For those of you new to the commission, just a brief history, two and half years ago (maybe a bit more), ANKA was a major provider in this county. They operated Nierika, Nevin, Don Brown Shelter, a full-service partnership (FSP), an outpatient clinic, vocational services, and more. We found out by a press release that the county was being given 30-days' notice. There was no advance warning, no planning. The press release came out and considered that our 30-day notice. As mentioned, Dr. White was the director at that time and worked very hard (I was here as a consultant) and really tried to maintain continuity of care because there were so many big programs involved. We worked with local providers to see who could step in. Nierika, Nevin and Don Brown, it wasn't so easy. For the FSPs and outpatient clinic, current providers stepped in right away. There were a lot of problems, so very disappointed all around. The Nierika property is owned a physician in the community and he made it clear that he wasn't going to put any renovations into the building and the rent was extremely high. The county invested some additional funds in trying to keep the building up the first year and BACS continued to put money in it and it was not salvageable without major renovations and they decided to terminate the lease. That was their decision. Dr. Cobaleda-Kegler was working with them for months on this, and the plan was to reduce the number of CR beds to less than half and reduce the number of Adult transitional beds accordingly so that the one Nevin building could house both programs with reduced capacity for both, which we did not want to do. Speaking to what everyone has said regarding adequate beds, building more beds and access, we asked them to use Nevin for CR, because that is the larger need. They did not want to go in that direction, so they basically gave us 30-day notice yesterday to terminate the contract. It is very disappointing to us that the building that was purchased will now go with the provider. There is a lot of hurt feelings, they felt there was a lot of criticism, and I wanted to clarify that this was a domino effect. It was not the plan to cancel the contracts.

- (Cmsr. A. Russaw) I was wondering if the county has considered working with Abode Services? I know they help with the plight of homelessness in Alameda County. Has that been an avenue we can pursue?

(RESPONSE: Dr. Cobaleda-Kegler) We can certainly look into it. We are open to any feedback or suggestions of providers moving forward. Send the information.

- (Cmsr. G. Wiseman) I know there will be a tremendous amount of development out at the former Concord Naval Weapons Station. I am wondering if the county is looking at improving or adding facilities into that Master Plan. It is on a major highway. Is that a discussion that has come up?

(RESPONSE: Cmsr. Andersen) The majority of that property is under the control of the City of Concord. They have a full Master Plan. There are very limited areas the county will be given and it is primarily for training purposes for the Sheriff and Fire Departments. We have not looked at that area as one we have any immediate opportunity to develop because it is way down the line and whether or not we would be able to shift that purpose would be up in the air. The goal is to

look at any other county buildings that already have sewer and water, in an area where it convenient to our clients, that we can rehab those places if it is going to be a county facility or if we are going go into some kind of partnership. Those are the ongoing things we are looking into, what do we have that is ready that we can relatively quickly shift things.

- (Cmsr. L. May) I just wanted to recognize that I have the biggest disappointment as I was the one who recommended BACS, I am the one who went to Warren Hayes and made the call to the CEO and did the background and really had high hopes because I knew about BACS from Alameda County as well. It is a huge disappointment because I never recommend anyone for jobs because I don't want to be disappointed. My number one concern is these patients, with severe mental illness and they are living in facilities and quarters and eating just like you and me in our homes. Hopefully our homes look better than those pictures I shared that I did receive from employees. That was my main concern, to me that is abuse of a very vulnerable population. They needed to make the corrections or shut it down.
- (Teresa Pasquini) I want to encourage a very transparent partnership in considering the transition plan. I had an amazing experience with Nierika with one client, BACS was amazing as was all the staff. I read the CCL report and it was one of the worst I have every seen. It was an alarm bell for me. I wasn't sending emails out to anyone, I was looking forward to hearing questions and an improvement plan. It is disappointing to me that there wasn't more collaboration with our community stakeholders and partners while this was going on. I didn't know until I saw the CCL report and hearing these other things. I assumed it was a well run program.

XIII. ELECTION of the 2022 Mental Health Commission Officers

Mental Health Commission Nomination List:

Chair Nominees:

- Laura Griffin
- Leslie May
- Barbara Serwin

Vice-Chair Nominees:

- Douglas Dunn
- Laura Griffin
- Leslie May

Executive Committee Member Nominees:

- Douglas Dunn
- Laura Griffin
- Leslie May
- Alana Russaw
- Barbara Serwin

The 2022 Elected Officers are:

Chair: Commissioner Barbara Serwin

Vice Chair: Commissioner Laura Griffin

Executive Committee:

Douglas Dunn
Laura Griffin
Leslie May
Alana Russaw
Barbara Serwin

XIV. Adjourned at 6:31 pm

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