

**MONTHLY MEETING MINUTES
MENTAL HEALTH COMMISSION (MHC)
March 1st, 2023 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Cmsr. L. Griffin, Mental Health Commission (MHC Chair, called the meeting to order @ 4:35 pm</p> <p><u>Members Present (In-Person):</u> Chair, Cmsr. Laura Griffin, District V Vice-Chair, Cmsr. Douglas Dunn District III Cmsr. Gerthy Loveday Cohen, District III (left 6:18p) Cmsr. Pamela Perls, District II Cmsr. Barbara Serwin, District II (Lft @5:55pm) Cmsr. Rhiannon Shires, District II (Lft @5:55pm) Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I</p> <p><u>Members Present (Virtually):</u> Cmsr. Ken Carlson, District IV Cmsr. Skyelar Cribbs, District III Cmsr. Kerie Dietz-Roberts, District IV Cmsr. Leslie May, District V</p> <p><u>Members Absent</u> Cmsr. Joe Metro, District V Cmsr. Tavane Payne, District IV</p> <p><u>Presenters:</u> Dr. Suzanne Tavano, Director of Behavioral Health Services (BHS) Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA) Ade Gobir, MS, Manager, Wellness in School Program (WISP) Edmund Arnold, WISP West County Region Ali Cannon, WISP East County Region Kathy Estrada, WISP South County Region</p> <p><u>Other Attendees (*in Person):</u> Amanda Allgood* Colleen Awad (Supv Ken Carlson’s ofc) Guita Bahramipour Angela Beck* John Dante Jessica Hunt Edgar Martinez Audrey Montana Teresa Pasquini (5:15p) Jennifer Quallick (Supv. Candace Andersen’s ofc) Stephanie Regular Steve Sibbit Graham Wiseman (5:10p)</p>	<p>Meeting was held at: 1340 Arnold Drive, Ste 126 Martinez, CA 94553 and via Zoom platform</p>
<p>II. CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ul style="list-style-type: none"> i. Review of Meeting Protocol: <ul style="list-style-type: none"> ➤ No Interruptions; Limit two (2) minutes per speaker; Stay on topic ii. Introduction of new meeting ‘timer’ (on screen countdown) iii. Welcome Commissioner Skyelar Cribbs, District III <p>Thank you everyone. I love to see this full house and would like to thank you all so much for attending. Please note that the on screen timer is not being accessed today and we will continue to work on this and we will need to</p>	

<p>keep time by hand. Please be respectful and stay on topic, do not interrupt and respect the time limit.</p>	
<p>III. PUBLIC COMMENT: None.</p>	
<p>IV. COMMISSIONER COMMENTS</p> <ul style="list-style-type: none"> • (Cmsr. Shires) At some point we had decided that Cmsr. Dunn and I would be doing Liaison Reports and I don't see this on the agenda. (Cmsr. Griffin) this will be on the April agenda. • (Cmsr. Swirsding) We have been discussing having the meeting for school and that, when is this going to happen? (Cmsr. Griffin) K-12? We working on that and Cmsr. Serwin will have an update for you. • (Cmsr. Serwin) We just addressed this at the Quality of Care Committee meeting. (Cmsr. Griffin) We will be updating today and by the end of the meeting you might have a better idea. • (Cmsr. May) We are going to need for everyone to speak up. We are online and no one can hear what is being said. 	
<p>V. APPROVE February 1st, 2023 Meeting Minutes</p> <ul style="list-style-type: none"> • February 1st, 2023 Minutes reviewed. Motion: D. Dunn moved to approve the minutes with additions of the names requested by Ms. Beck from Cmsr. Swirsding. Seconded by R. Shires <p>Vote: 12-0-0 Ayes: L. Griffin (Chair), D. Dunn (Vice-Chair), K. Carlson, G. Cohen, S. Cribbs, K. Dietz-Roberts, L. May, P. Perls, B. Serwin, R. Shires, G. Stern, and G. Swirsding Abstain: None.</p>	<p>Agenda and minutes can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. REVIEW/DISCUSS New remote teleconferencing rules as of March 1, 2023</p> <p>Lost Quorum: This Agenda item falls under Informational Meeting and no minutes recorded or transcribed. However, documentation on 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>VII. RECEIVE Presentation – Innovation Project Proposal: Grants for Community Defined Practices, Jennifer Bruggeman LMFT, Program Manager, Mental Health Services Act (MHSA)</p> <p>First, I want to say thank you so much to the Commission for giving us some time on your very busy agenda. We really appreciate that. We have a new innovation proposal “Supporting Equity through Community Defined Practices.</p> <p><u>Proposal Overview:</u></p> <ul style="list-style-type: none"> • Supporting equity through community defined practices. • Grants of up to \$125K will be awarded to community groups to provide behavioral health/mental health services not currently offered in the Contra Costa Behavioral Health Services (CCBHS) System of Care. 	<p>Documentation on 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>Jessica Hunt additionally shared presentation on screen for meeting participants.</p>

- Grants will be awarded through a local Request for Proposals (RFP) process.
- Goal is to increase **access to BH services** for underserved groups who may otherwise not engage with services.

How did we get here?

Concept for Grants for Community Defined Practices was developed through stakeholder meetings.

Community Program Planning

With the onset of the pandemic, there was increased conversation, including presentation and discussion at:

- 4 Consolidated Planning and Advisory Workgroups (CPAW) Meetings
- 4 Innovation Sub-Committee Meetings
- 3 CCBHS Reducing Health Disparities (RHD) Meetings
- 1 Historically Marginalized Community Engagement (HMCE) Meeting
- 1 Innovation Community Forum
- 1 Board of Supervisors (BOS) presentation

What are Community Defined Practices?

- Practices rooted in community, customs, behaviors, beliefs, and values and have existed long before Western medical model was established.
- May or may not have been measured empirically.
- Range from behavioral health treatments to community outreach or other supports that can include:
 - * Culturally and linguistically appropriate outreach
 - * Mindfulness
 - * Life coaching or mentorship
 - * Circles of Care
 - * Radical Inclusivity
 - * Traditional Healing and Practices
 - * Intergenerational knowledge-sharing; i.e., ancestral history / heritage

Underserved Populations

The point of this project would be to meet underserved populations. People who received Mental Health Services from Contra Costa Health Services (CCHS) included 66,746 people but many are not being served, or underserved including the Asian American/Pacific Islander (AAPI), LatinX, and African American Communities that for one reason or another aren't getting the outreach they need and we believe that community-defined practices, based on the research, will address those gaps.

Why Grants?

- California Reducing Disparities Project (CRDP) Strategic Plan identifies community-based solutions as key to transforming California's public behavioral health system and addressing disparities in racial, ethnic and LGBTQ+ communities.
- Increase access and engagement by underserved and unserved communities who may not otherwise seek services.
- Trust and rapport – better established with members of the community.
- Identify what strategies are effective in increasing service engagement and could be incorporated into the CCBHS System of Care.

Evaluation and Budget:

- Grant recipients will complete annual program reports that address learning goals related to their project.

- CCBHS will utilize an outside evaluator to analyze individual program reports, aggregate data and complete state reporting.
- Innovation Project Term: 3 years
- Annual Budget: \$1.9M - \$2.1M

Public comment and next steps:

- Draft proposal has been posted for 30 days on the website.
Innovation Proposal: Supporting Equity Through Community-Defined Practices (cchealth.org).
- Technical Assistance was received from the Mental Health Services Oversight and Accountability Commission (MHSOAC)
 - * Refined learning goals
 - * Background
- Summary of public comment includes:
 - * Support for LGBTQ to be included as well
- Present to MHSOAC Board on 3/23/23; however we have been bumped to their April meeting. Members of the public who would like to participate virtually through zoom, participation is welcome.

REFERENCES:

- * [California Reducing Disparities Project](#)
- * [BOS presentation, August 16, 2022: Equity in our Mental Health Delivery System](#)
- * [2021-2022 CCBHS Cultural Humility Plan Update](#)
- * [2019 Mental Health System of Care Needs Assessment](#)
- * [Concept Paper: Policy Options for Community-Defined Evidence Practices \(CDEPs\), April 2021](#)

Questions and Comments

- (Cmsr. Dunn) Each grant is \$125K annually. How many of these grants are available in this proposal? (RESPONSE: Jennifer Bruggeman) Roughly, at least 10 per year; possibly 10-12. The majority of the funding will just go toward the grants, but we also have included staff time and possibly the cost of the evaluator. The full budget is in the actual proposal.
- (Cmsr. Perls) Just wondering, given the fact that these are underserved populations, you put it up on the website and talked to an advisory committee, how else have you reached out to them to be sure that these group know there is a grant program out there? (RESPONSE: Jennifer Bruggeman) Once we get the RFP together, we will be advertising as much as possible and distribute the word that this opportunity is spread through all of our networks and with the hope that people will also forward that to their networks. We want to open it as broadly as possible. We are really going to try to do our part in terms of marketing and notifying the public. We hope you all will share it with your networks as well.
- (Guita Bahramipour) There is a lot of refugees, especially Farsi speaking refugees coming to this country and the situation is hard, families are not happy. Will any of those grants go to people that speak the language fluently and can speak to those that speak Farsi? (RESPONSE: Jennifer Bruggeman) Great question. Again, this will be open to any community to apply and take care that we get a very diverse group from the pool of applicants. Through this process of researching more and what we have learned in recent years, we know people are

<p>more receptive to services and language access is really important. Services are offered by someone that has the same language and shared culture, we know people are more receptive.</p>	
<p>VIII. RECEIVE Presentation: Contra Costa County Office of Education (CCCOE) Wellness in School Program (WISP) Presentation – Ade Gobir, MS. Manager, WISP</p> <p>We presented to the Commission about a year ago and now, we are here today to let you know what we have been doing since the last time we were here. We are going to speak a bit to that, what has been working, as well as some of the things we are hoping to give more time to fully develop and then showcase some of our schools and the wellness programs we have in Contra Costa County (CCC).</p> <p>(Ali Cannon, Liaison for East County) Contra Costa County Behavioral Health Services, in partnership with the County Office of Education was awarded a five year, \$7.2 million MHSA grant to support school-based mental health services starting in September 2021. WISP seeks to provide all students in the County with access to needed behavioral health services and supports in a timely manner. WISP accomplishes this through a tiered mix of services that leverages and expands upon existing school-based behavioral health services.</p> <p>WISP serves all 18 school districts and Charters within Contra Costa County as well as County Office of Education Schools. The program will continue to provide support to schools that benefit all students, as well as more targeted support to high-need and underserved school districts and to parents/caregivers of students identified with moderate or acute behavioral health concerns.</p> <p>The Mission of WISP is to:</p> <ul style="list-style-type: none"> • Foster an appreciation for the importance of mental health wellness and build a community that welcomes seeking mental health help by increasing communication and reduction of mental health stigma. • Establish a more uniform awareness of the range of existing behavioral health services and supports available to students and their families/caregivers in the County. • Increase communication and collaboration between Behavioral Health Services, County Office of Education and school districts. • Through Prevention and Early intervention strategies, reduce negative student outcomes such as chronic sadness, thoughts of suicide, suicide rates, chronic absenteeism, and school failure. <p>Program Accomplishments include:</p> <ul style="list-style-type: none"> • School Based Mental Health Collaborative, which meets quarterly. • Technical Assistance to Wellness Clubs/Wellness Centers. • Our team was actually just trained along with other COE staff and some of our district partners to deliver their CARE Suicide Prevention training, along with their ally training. • Linkages & Collaborations provided between Community Based Organizations and School District. • Partnership With Trevor Project and also trying to target outreach to our LGBTQ+ students who we know are at increased risk around suicide ideation and attempts, along with feelings of sadness and hopelessness. • Suicide Prevention Coalition Active Involvement. 	<p>Documentation on this agenda item were shared to the Mental Health Commission via screen share and forwarded to the MHC and meeting participants via email after the meeting.</p> <p>Links shared for reference include:</p> <p>*Link Start with Hello: https://www.sandyhookpromise.org/our-programs/start-with-hello/</p> <p>*Link to Say Something: https://www.sandyhookpromise.org/our-programs/say-something/</p> <p>*Link to Save Promise Club: https://www.sandyhookpromise.org/our-programs/save-promise-club/</p>

- Partnership with National Alliance of Mental Illness (NAMI) CC.
- Professional Development to School Districts.
- Mental Health First Aid Trainings (an all-day training).

Work in Progress:

- Youth Collaborative that will work with youth as stakeholders.
- Parent Champion Roles which is an opportunity to parents who have navigated the mental health systems in the county to help other parents and caregivers navigate those systems and get access to care.
- Monolingual Education to Caregivers, specifically targeting Spanish speakers.
- Provide Technical Assistance to Mental Health Wellness Clubs.

(Edmund Arnold, Liaison for West County) WISP has been promoting Project CalStop, with the schools we serve throughout CCC. We are working toward bringing awareness for all programs involved under Project CalStop, which is a violence prevention and mental health training program for students and staff in all California schools. It offers:

- Virtual Training for Administrators
- Educators' guide with lesson plans based on social-emotional learning
- Step-by-step set up guide
- Ongoing support and coaching
- Variety of themes to support school efforts

Just to give you an example, WISP has been working closely with Carquinez Middle School in order to promote Sandy Hook Promise Know the Signs programs. The Sandy Hook Promise offers two 'Know the Signs' Programs: 'Start with Hello' and 'Say Something.'

These programs teach secondary students and school staff how to recognize the signs, intervene and how to get help for individuals who may be at risk of hurting themselves and others. These programs have been a great resource for the students that we have connected. They have been instrumental for helping students think about mental health awareness at their school sites.

Not only have the students received leadership experience but also have opportunities to educate themselves on depression, anxiety, suicide and more. Students develop the tools to open conversation and normalize what many of their friends may be feeling on a daily basis. These programs are vital in developing a community of support, raise awareness for mental health supports and to reduce the stigma our students face in school.

The CCCOE WISP is promoting the Sandy Hook Promise 'Know the Signs' Program. Our goal is to introduce as many schools as possible to these programs in an effort to spread mental health awareness. These programs are designed for students who are in Gr 6 and up. They also have resources for students in elementary school.

Start With Hello Elementary is a digital program that includes an interactive storybook, videos, activities and projects. It includes educators' guide with lesson plans based on social-emotional learning to help students build empathy, healthy relationships, and social awareness. It is perfect for those incorporating this on their Socio-Emotional Learning on Wednesdays.

This program trains and empowers middle and high school students on how to recognize:

- Isolation within their classrooms in school, reach out for help and start with hello.

- How to look for warning signs and threats, especially on social media, to act immediately and take it seriously and to say something to a trusted adult.

SAVE Promise Clubs are student led clubs to empower students to keep their friends, schools and community safe. It allows students to practice lessons learned from the Start with Hello and Say Something programs. These clubs require students to organize activities on campus that promote safe, respectful and inclusive climates. Research conducted by Sandy Hook indicate that students that receive these trainings (compared to those who did not):

- have a more positive attitude towards school;
- were more willing report signs of mental distress and threats; and,
- report more positive relationships with trusted adults and peer relationships.

Know the Signs Program:

- Student-led organization, encourages young people to take charge of keeping their friends, schools and communities safe.
- Students learn from each other about how to create an inclusive school culture.
- Youth leadership encourages positive peer influences within the school and community.

The programs I have spoke about, not every school that we serve believe the Sandy Hook Programs are appropriate for their school site. WISP works closely with our school partners to identify the appropriate programs for their students and staff.

**At this point in the presentation, a short video by one of WISPS client's served (Ryan, HS Senior from Dougherty Valley HS, San Ramon). The pre-recorded shows how they work with WISP, NAMI and dedicated school staff to establish a mental wellness club that they have named the "NAMI Club" and some of the events planned to build mental health awareness.*

From the video, it is apparent NAMI on campus provides assistance to student led clubs which are intended to increase mental health awareness, reduce stigma and promote wellness through club activities and events. Ryan has been fantastic in bringing this onto their campus and has worked tirelessly in an effort to bring mental health awareness to his campus. As you can see it is starting to blossom. This month, NAMI has even hosted an 'Ending the Silence' event at Dougherty HS, which was spoken to in the video. The video was created approximately a month ago and this event helps students learn about the warning signs of mental health conditions and what steps can be taken if they or a loved one was showing symptoms. It is very important for WISP to expose our students to these programs in order to get them the tools they need to increase mental health awareness on their campuses.

WISP is currently working towards linking other schools with the appropriate programs.

Questions and Comments

- (Cmsr. Stern) I would just like to know when students come to your meetings and they demonstrate or request help, where do they get referred to? (RESPONSE: Ade Gobir) We do not work directly with students, we support students identifying people in the schools, we work with the school counselors and the clinicians, staff so that the students are well aware of the resources within their schools. If they are not willing to access resources within the school, they will want to be able to

refer them to community resources. Usually we hear from the school staff, clinicians and community members. Those are who we actually work directly with to ensure students have a place to talk and resources.

- (Cmsr. Swirsding) Do you have a place for those who experience trauma? In the anger stages of their healing process? Do you have a place for kids to be able to express their issues around their trauma and anger?
(RESPONSE: Ade Gobir) WISP is a school-based mental health with the support of staff, if a student has been identified as needing more than what the school can provide for them, we do work closely with mental health and community partners to find treatment for individual students.
(Cmsr. Swirsding) So you don't have any groups? (RESPONSE: Ade Gobir) A group? This is a school-based program but one of the schools I will use as an example, Antioch Unified School District (AUSD) with part of a grant, we were able to support two schools under AUSD: Park Middle School and Antioch Middle School. At these two school sites, we do provide group therapy for those students at those two particular schools, but we do not have the same capacity for every school in CCC. If there is a need, we support the schools to be able to find or access treatment within the community.
- (Dr. Tavano) I just wanted to add that we have a number of collaborations with the CCCOE. They are absolutely wonderful partners and the CCCOE and BHS jointly submitted the application for the grant funding to support this. Ade, Ali and Edmund and others are great partners and as Ade was just describing, their primary focus is prevention and early intervention and support, not necessarily across the board general provision of direct services. Since it is all interconnected, we contract with a number of agencies that are providing school-based specialty mental health services, also CCHP as the managed care plan has a new responsibility to support school services as well. We are bringing it all together. This is one big part of the whole.
- (Guita Bahramipour) You have so many wonderful programs. It is amazing. Thank you for the great work you are doing for our county and children. My question is, what is your budget and how are you able to organize to pay for all these excellent programs for these schools?
(RESPONSE: Ali Cannon) Our budget is \$7.2M over the course of the five and a half years. We are not directly paying for programs in schools except with some exceptions (as in Antioch). We are providing linkages and supporting schools to get more programs off the ground. Then we are partnering with organizations like the Child and Youth Prevention Counsel to offer parenting education and partnering with Contra Costa Crisis Center and making sure staff is educated at school sites, providing technical assistance to schools that might not have a wellness center. Also linking schools to one another within the county until it is up and running, where to go, witness what's working, *<too much background noise and could not hear the rest of what speaker was saying>*
- (Cmsr. Griffin) Thank you Ade and the WISP team. You are doing wonderful work for a population that at times falls through the cracks. Thank you so much.
- (Cmsr. Perls) I wondered if you had identified past the handful of schools exactly what exists on school sites in the way of mental health? You're talking about referring out the community and there is not a whole lot out there. Have you conducted a survey to find out what is in each

<p>school in the 18 plus school districts. (RESPONSE: Ade Gobir) At the beginning of the grant process, we did actually conduct a survey to conduct needs assessment to figure out where each school district is with their mental health support. Do they have a robust program? What will they need in addition to meet the needs of their students? Which schools are really involved in screening? Which have social workers or other clinicians? Which are involved in social/emotional learning? Just to figure out where each school district is and how we, as WISP, can support them to meet the needs of their students. So each school and school district are on different levels. Some are doing more than others, some that have difficulties and need more help. We support some schools to just find resources.</p> <ul style="list-style-type: none"> • (Cmsr. Perls) Are the survey results published? So we can see the questions and results? (RESPONSE: Ade Gobir) The survey published? It is with the CCCOE and I am not sure if it is a public information document. I know it was submitted through the CCCOE. • (Cmsr. Griffin) Thank you Ade, we will follow up with CCCOE on that survey. 	
<p>IX. UPDATE on the MHC Site Visit program, Cmsr. Barbara Serwin <1:05:45></p> <p>*NOTE: The vote on this becoming an Ad hoc committee is being moved to the Executive meeting on March 28th.</p> <p>Now that we have three site visits under our belt, including the test visit with Hume Center, we are taking a moment to step back, review the program and the goal is to simplify and streamline our process and add in the onsite review piece that will be much easier to do than on zoom and adding in the protocol for visiting children’s and TAY (Transitional-aged youth) site visits. There are some different requirements than adult sites. Example: gaining parental approval and appropriate involvement.</p> <p>Another goal is to reduce our effort to coordinate for each site visit and to achieve greater participation by commissioners. Lastly, to confirm the visits are truly meeting their objectives and being circulated to the appropriate people and reviewed.</p> <p>There will be some modifications to make in our process and I am hoping we will be resuming visits early this summer with this new revised process.</p> <p>Questions and Comments</p> <ul style="list-style-type: none"> • (Cmsr. Swirsding) When you make decisions in the Executive Committee and vote on it, it has to come to the commission so all commissioners can vote. (RESPONSE: Cmsr. Serwin) Not all things, actually. Some operational items can be decided at the Executive committee level. • (Cmsr. Swirsding) What I am trying to say is that if you vote on something, this needs to be brought to the full commission. (RESPONSE: Cmsr. Griffin) We will be voting on whether to create an ad hoc committee, which would be a benefit if we did. Everyone would still be able to join, it would just be more focused and there is a time limit. There would be no restrictions on participation. We are not voting on if there will be a program, it is the form it will be in. We can speak to that off-line to explain what is voted on at the commission level as opposed to Executive committee level. 	

X. UPDATE on the K-12 project, Cmsr. Laura Griffin <1:11:15>

*NOTE: The vote on this becoming an Ad hoc committee is being moved to the Executive meeting on March 28th.

Just to refresh, this is a Quality of Care committee project and the objective is to identify gaps in the mental health care for K-12 students in CCC Public schools. The point is to advocate for funding and programs and services for districts in need. Our strategy has been that we:

- Identify schools and their districts that are in extra need of mental health services and resources;
- Provide a mental health plan and programs for each school district in need (via needs assessment);
- Identify gaps and needed improvements; and,
- Advocate for necessary programs, services, staffing and budgets.

We stated up front that we want to understand who else in the county is pursuing this work, we don't want to take efforts away from or reinvent the wheel. To understand these underserved school districts and schools through discussion with people that are out there in the field doing this work already, like WISP and Gerold Leonicker, Chief of Children and Youth Services for the BHS.

The February 23rd Quality of Care meeting, we heard from Gerold Leonicker to get his teams analysis of the school sites in greatest needs. We were surprised with an overview of the new \$4.7B five-year California Children's and Youth's Behavioral Health Initiative (CYBHI). The objective is to improve the social and emotional well being of K-12 public school students.

BHS has participated in the planning and has provided information into this process of developing the plan. There are multiple areas and Gerold emphasized a couple areas in particular: Workforce training and capacity to provide more clinicians, crisis staff, wellness staff, behavioral health intervention specialists, group therapy and training educators. He also emphasized the building of relationships between school districts and managed care, behavioral health and the office of education.

One of the initiative's objectives is to implement public and private insurance payments for schools districts with behavioral health services. It's really bringing specialty mental health services to where life plays out in the big part, the schools.

This brings us back to where the committee was starting which is to look at the school districts and school sites most in need in our county. Basically, they looked at sites with high percentages of free lunch students and identified Pittsburg USD, West Contra Costa USD, Antioch USD and John Swett USD. There is a report published and we will be receiving this from Gerold soon.

Since much of the gap analysis has been conducted by the state and county level, we can pivot and reframe / refine our objectives, or should we continue to even go that route for our county. We can look more closely at the selected school districts, have any been missed? We could look at the mental health diagnoses that were included. We can observe and see how well the program was actually implemented. Our next step is to review the report and evaluate our direction.

Questions and Comments

<ul style="list-style-type: none"> • (Cmsr. Swirsding) I mentioned the Community Forum in Richmond and at this forum they were speaking to the school kids in our area and the issues of mental health. One big issue with many kids is having the anger issues and act out and end up in Juvenile Hall and (later) go to jail. One of the things discussed in a lot of the groups were having a place for them to vocalize and talk out / get the help with these anger issues and help them find other ways to deal with it. Group therapy, or physical therapy such as boxing to get their anger out. I am speaking to West County (Richmond) and I'm sure East County (Pittsburg/Antioch) have the same issue as well. 	
<p>XI. UPDATE 2023-2024 Mental Health Commission (MHC) Budget Priorities, Cmsr. Douglas Dunn</p> <p><u>Revised BUDGET EXPENDITURE Priorities 2023-2024: Executive Committee, February 22, 2023</u></p> <p>The following housing, programs and services are the Mental Health Commission's priority expenditures for the 2023-2024 Behavioral Health Services budget:</p> <ol style="list-style-type: none"> 1. Housing and Care for the Incompetent to Stand Trial <ol style="list-style-type: none"> a. Incompetent to Stand Trial—Felony (State funding provided, will County need to supplement?) b. Incompetent to Stand Trial I—Misdemeanor (perhaps MHSA funding?) 2. Housing and care for persons in Behavioral Health Court (BHC) (perhaps MHSA Funding?). Maximum of 25 persons. Housing and care for persons in Mental Health Diversion (MHD) (perhaps MHSA Funding?). Current maximum of 30 persons. 3. Replace Nevin House – the sole dual diagnosis facility in the county, eliminated December, 2021. Submitted as part of the CCBHS BHCIP Round 5 competitive funding application. 4. 16 bed Crisis Residential Facilities (CRFs) <ol style="list-style-type: none"> a. Replace Nierika House, eliminated December, 2021. Submitted as part of the CCBHS BHCIP Round 5 competitive funding application. b. Crisis Residential Facility (CRF) in East County (Antioch) (perhaps BHCIP Round 6 funding?) 5. 45 bed Mental Health Rehabilitation Center (MHRC) in west county to house and take care of in-county LPS Conservatees. Submitted as part of the CCBHS BHCIP Round 5 competitive funding application. 6. Develop and operate programs and services for the up to 18 bed Children and Adolescent Crisis Stabilization Unit (CSU) at the Miller Wellness Center <ul style="list-style-type: none"> • Accept persons with any type of insurance or note as well as accept adolescents in crisis for Juvenile Hall 7. Children and Adolescent Step Down unit from the new CSU (priority 5) e.g. like the Step Down unit operated by SENECA in Alameda County. 8. Housing and care for Transition Age Youth (TAY) in Full Service Partnerships (FSPs) starting at age 16 here in Contra Costa County. <p>Note: Planning for CARE Court expenditures, if not fully covered by \$1.5B statewide housing and care funding, will need to take place in 2023 / 2024.</p>	<p>Not included in packet. Sent after the meeting to attendees and all commissioners</p>

<p>XII. Adjourned: 5:56 pm</p> <p>NOTE: Cmsr. Serwin/Cmsr. Perls Left the meeting, lost quorum.</p> <p>ADJOURNED: 5:56pm</p> <p>This became a new public information meeting for items: VI and XI.</p>	
<p>RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano</p> <p>Lost Quorum: This Agenda item falls under Informational Meeting and no minutes recorded or transcribed.</p>	