MONTHLY MEETING MINUTES
MENTAL HEALTH COMMISSION (MHC)
April 5th, 2023 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Cmsr. L. Griffin, Mental Health Commission (MHC Chair, called the meeting to order @ 4:36pm as a community meeting; Quorum official at 5:00pm). <u>Members Present (In-Person):</u> Chair, Cmsr. Laura Griffin, District V Vice-Chair, VACANT Cmsr. Gerthy Loveday Cohen, District III Cmsr. Skyelar Cribbs, District III Cmsr. Leslie May, District V (5:00) Cmsr. Pamela Perls, District II Cmsr. Barbara Serwin, District II Cmsr. Rhiannon Shires, District II <u>Members Present (Virtually):</u> Cmsr. Joe Metro, District V (Just Cause) Cmsr. Gina Swirsding, District I (Just Cause) <u>Members Absent</u> Cmsr. Tavane Payne, District IV Cmsr. Geri Stern, District I <u>Presenters:</u> Dr. Chad Pierce, PsyD, A3/Crisis Intervention Chief, Behavioral Health Crisis Services Amanda Dold, LMFT, Mental Health Program Chief Crisis Services (A3) Kellie Elliott, Chief Executive Officer/Director of Teen Esteem Dr. Suzanne Tavano, Director of Behavioral Health Services (BHS)* <u>Other Attendees (*in Person):</u> Colleen Awad (Supv Ken Carlson's ofc) Guita Bahramipour Angela Beck* Jennifer Bruggeman Gigi Crowder, NAMI CC Dr. Stephen Field, DO, Medical Director of Behavioral Health Services, CCHS John Gallagher Jessica Hunt Matt Kauffman, Deputy Health Director* Teresa Pasquini Christy Pierce Jennifer Quallick (Supv. Candace Andersen's ofc) Stephanie Regular, Public Defender's office Anna Roth, Health Director* Gilberto Salinas* Lynn Tarrant* Jennifer Tuipulotu	Meeting was held at: 1025 Escobar Street, Martinez, CA 94553 and via Zoom platform
II. CHAIR COMMENTS/ANNOUNCEMENTS: i. Review of Meeting Protocol: ➢ NO Interruptions; Limit two (2) minutes per speaker; Stay on topic, Wait to be acknowledged by the Chair before commenting, NO sidebars ii. Meeting attendance rules: Please RSVP as soon as possible to guarantee a quorum; If not attending in person must be "just cause" notify the chair ASAP or "Emergency Circumstance" request must be submitted in writing	

and voted on by the commission. All absences must be noted in minutes for all meetings iii. Reminder all commissioners required to take the Brown Act Training (https://www.contracosta.ca.gov/7632/Training-Resources); and Ethics Training (https://www.fppc.ca.gov/learn/public-officials-and-employees-rules-/ethics-training.html) Thank you everyone for being here in attendance. Welcome to Anna Roth, our Health Director and a special thank you to Chad Pierce, Amanda Dold and Kellie Elliott, our presenters this evening.	
III. PUBLIC COMMENT: • (Dr. Tavano) I would just like to acknowledge Cmsr. Douglas Dunn and his resignation. I just want to acknowledge his service, he has been an amazing community member, commissioner and I have really appreciated partnering with him over the years and I will really miss him. He attends many state meetings and reads documents and writes great summaries and just want to acknowledge his contributions and how much he will be missed. • (Gigi Crowder) I just want to echo what Dr. Tavano has said about Cmsr. Dunn. He is also a strong advocate in the NAMI CC (National Alliance on Mental Illness, Contra Costa) community supporting families on legislative issues. I will include that he has asked for prayers and I am hoping those who practice prayer will lift him up in prayer along with the NAMI CC community. Thank you.	
IV. COMMISSIONER COMMENTS • (Cmsr. Swirsding) Just responding I am not in attendance as I had surgery on my eye today and I am unable to drive. (Cmsr. Griffin) You fall under 'Just Cause' and we only vote on 'Emergency Circumstances' if it is for a prolonged period. • (Cmsr. Shires) I am part of the Contra Costa County (CCC) Alcohol and Other Drug Advisory (AOD) Board, I want everyone to know that we are doing the "People Who Make A Difference" awards, where anyone can participate. You can nominate someone who identified an alcohol or other drug and initiated effective change; and/or contributed above and beyond normal expectations to reduce the effects of alcohol and other drugs while improving the quality of life within CC communities. This is for individuals, organizations and we would love for you all to participate. We have nomination forms. Second quick announcement I wanted to make is we also have re-entry success center 2023 Clean Slate Day. This will be in Richmond. It is an event open to those with juvenile and adult criminal records, felony and misdemeanor convictions in CCC. They will have re-entry success center, the public defenders will be there, Bay Area legal aid. It is on Friday, April 28 from 10:00am to 3:00pm. Hopefully everyone can get the flyer out to all, possibly the Justice Department might want to be there to represent.	

V. APPROVE March 1st, 2023 Meeting Minutes • March 1st, 2023 Minutes reviewed. **Motion:** L. May moved to approve the minutes with one correction: Change Ken Carlson's district from V to District IV. Seconded by G. Cohen **Vote: 8-0-0** **Ayes:** L. Griffin (Chair), G. Cohen, S. Cribbs, L. May, P. Perls, B. Serwin, R. Shires, and G. Swirsding Abstain: None.	**Agenda and minutes can be found:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VI. VOTE on Mental Health Commission (MHC) Vice-Chair and Executive Committee member replacement • There are two members on Zoom that need to vote, so only the two commissioners can vote via Zoom Poll. Members in person received a paper ballot **Vote: 7** **Ayes:** Confidential (In-Person Ballot and Zoom Poll) Abstain: 2. • There are two members on Zoom that need to vote, so only the two commissioners can vote via Zoom Poll (vote for one). Members in person received a paper ballot **Vote: 4 (Payne) / 3 (Swirsding)** **Ayes:** Confidential (In-Person Ballot and Zoom Poll) Abstain: 2.	
VII. RECEIVE Presentation – A3 Crisis Response: Anyone , Anywhere, Anytime – Chad Pierce, PsyD, Chief of Behavioral Health Crisis Services (A3) and Amanda Dold, LMFT, Mental Health Program Chief of Crisis Services (A3) (Dr. Chad Pierce) Thank you very much, I am happy to be here to talk about A3 (anyone, anywhere, anytime) Crisis Response to date, we have some updates and we have been working on this for quite a while and have made quite a bit of progress and would like to update you all to present where we are. A little background for those of you who may not be as familiar. I'll start by talking about the need in CCC. We have approximately 200K people in CCC who are experiencing mental health challenges which works out to 1 in 5 adults that experience mental health issues. It is the third most common ambulance call. There are over 6,300 visits to Psychiatric Emergency Services (PES). <u>Behavioral Health is the fourth 'Arm of Emergency Response:</u> When you call 911, the expectation is that you get law enforcement, medical, or fire, and you get those services really quickly. However, when it comes to Behavioral Health Crisis, we don't the comprehensive system that has been put in place to be able to appropriately respond to the community and to the needs of the community. November 2020, CCC brought together several stakeholders from our prime first responders, behavioral health providers, community members, law enforcement and others, all came together to really look at our whole system of care and identify the gaps so we could actually be the fourth arm of the emergency response system. The folks who are experiencing a behavioral health issue are also getting that	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

same quality and quick response that you would when you dial 911 for these other critical services.

The design team came together in November 2020 and we focused on all the gaps in our system of care and we came up with this aim statement for A3, which is *"providing timely, appropriate behavioral health crisis services to **anyone**, **anywhere**, at **anytime** in Contra Costa County."* That has been our star and where we aiming, the direction we are going and making good progress in that area. I'd like to draw attention to A3 Miles Hall Crisis Call Center because that is really it all starts. For those of you who don't know, Miles Hall was the young man who was experiencing a behavioral health crisis and throughout that experience he was killed by law enforcement, who at the time, did not have the appropriate intervention skills to be able to help him throughout this crisis. That is why we named our crisis call center after Miles and his memory and in honor of his family.

The model shows, the need for help and the Crisis Call is placed (by an individual, family, third party, 211, access line, community health provider).

The next level, there is "someone to talk to" and the majority of our calls coming in for crisis services can be de-escalated over the phone. The first step is to respond so they can really figure out what is happening with the person in crisis and figure out what is the best way to respond.

The third level of this graph "someone to respond" is recognizing that we do need to respond out in the field and we have identified three different types of interventions.

We have our Level 1 Teams, which is the lowest acuity crisis, which might be social determinants of health or welfare checks. Those teams consist of at least two providers. The Level 1 team is a community support worker or peer provider and a mental health provider who can go out and assist the person in crisis.

Our Level 2 interventions involves a clinician and peer provider and/or a substance abuse counselor who can go out and respond to a more acute situation and assess. That assessment will be to determine the type of intervention need and, more importantly, if a hold is necessary or any voluntary hold is necessary. What is important about the Level 2 teams is that we are not involving law enforcement at this level of care and trying to respond to the community need and their request that every crisis call that is behavioral health does not need law enforcement involvement.

Level 3 intervention is where we do include law enforcement and have a mental health clinician, a peer support specialist and/or a substance abuse counselor who can go out and respond to these calls. This is our full response model when we are working alongside of law enforcement and these are cases where we think things may escalate or there may be safety concerns we need to address. While we don't want to unnecessarily use law enforcement, we do recognize that it is an important need.

The last level "A Place to Go" is also a part of our A3 Crisis Initiative that is identifying that sometimes folks need a place to go that is not the emergency department, not detention, and not psyche emergency. Instead it is some other places like Peer Respite or In-Demand care where they can get the most appropriate level of care that is needed and determined based on the mental health assessment. That is basically our model and we want all crisis calls to come to the A3/Miles Halls Crisis Call Center where we can assess the situation and respond accordingly.

(Amanda Dold) The entry point for our A3 Crisis Hub is named for Miles Hall. It is our hope that by recognizing the tragedy of Miles story and the unnecessary suffering his family has endured that we will always remember the importance of the individual at the heart of any behavioral health crisis.

The A3 Miles Hall Community Crisis hub is really at the heart of our whole A3 model. The call center is staffed by licensed behavioral health clinicians, substance abuse counselors and peer providers to triage all the call appropriately and support the families and individuals.

Our staff answers the calls, triage the situation(s) and either de-escalate the situation over the phone or dispatch a team to respond in person.

We are excited to share a little bit about where we are today. Beginning last Saturday, April 1, we were able to expand our hours to be 7 days a week, from 8:00AM to 12:30AM. We have also expanded our staffing and now how 15 mobile response teams. We have utilized many different strategies to get to the place where are today…to expand our hours and our teams. One of the strategies was that we started to recruit internal behavioral health staff who are interested in overtime opportunities and those staff started working on April 1 and were trained all throughout March.

People Served:

- Over 40% of calls are from family or law enforcement
- 75% of callers' needs are successfully resolved (de-escalated) over the phone
- On average, 1 in 4 callers need an in-person response.

In summary, A3 is an innovative approach for providing timely and appropriate behavioral health crisis services to anyone, anywhere, at anytime in Contra Costa County. We are pleased to share with you where we are.

Questions and Comments

- (Cmsr. Swirsding) How does a commissioner attend this meeting? I am a consumer, I have had experience with police responding to my house for a crisis. I went to state level meeting on this whole topic, getting funding into the county. So, how can I, myself, be involved in this? I had to call 911 on a teenage consumer as she was displaying dangerous behavior. That is what I am concerned about, as an adult, the fire department arrived and it is embarrassing. On the other side, this individual knows me and knows I have mental health issues like her and I wanted her to know I would never have called except that she was dangerous. When you bring health professionals to the situation and there are no police, you may not know when that person with the crisis may flip and become violent. That is what happened to me. I am an RN and I got hurt by someone with a mental health crisis in the hospital and that is why I am disabled to this day. (RESPONSE: Dr. Pierce) We do our best to really assess the situation before we even respond to a call in the field. If any call has us going out into the field, we alert law enforcement so they are aware where the team is and we do have ways in which we can reach them right away, in order for them to respond for safety concerns. We do recognize that we don't always know and can't always predict. Sometimes we may think a situation will be one way but turns out to be something else. We do want the systems in place where we can, very quickly, access law enforcement so they can respond with us. There are also other times where we may have law enforcement on scene but not

visible. Just very close by because we recognize that we don't necessarily want law enforcement showing up at their door. Everyone wants to be safe and if there is a grey area and we are not sure, but the family does not want law enforcement, we may think it is a safety concern so we may have law enforcement there in case we do need them to intervene as a co-response with law enforcement. The other thing I would like to say, I don't know if you attend the Behavioral Health Care Partnership (BHCP), but that is a place where we are continuing to get input from the community as we roll out and implement A3, so if you are having concerns and would like us to hear your input, that is where you could come to provide that to us.

- (Cmsr. Serwin) I am curious what the Children vs Adult calls, what is the percentage? Second, what is the distributions across the hours? Lastly, what are the BHS wellness centers? (RESPONSE: Dr. Pierce) We are in the process of building up our Oak Grove Wellness Campus. We are starting construction, probably late fall, early winter and that will have our on demand care. We do have our CSU (Children's Stabilization Unit) that is coming along, but our wellness center is something that is in process and as we build, those will be additional places for folks to go. Currently we are in the process of building that up. I think Dr. Tavano is there and can speak more to that. I think I missed your other questions?
- (Cmsr. Serwin) One is just the number of children's calls you are receiving vs adult calls and then how the calls are distributed across the day and the evening. (RESPONSE: Dr. Pierce) We still contract with Seneca. We have contracted with them for our youth crisis services for several years. Currently, while they will be under the umbrella of A3, they are still operating as they always have and they are responding to youth crisis calls. I don't have the exact numbers but I can give that to you. A3 will also address both adults and children, but we do have specialized folks available to respond to youth. In terms of the hours of operation and our staffing, because we just started in April and are expanding to 15 teams, we are beginning to figure out what the call volume is going to be to help us determine how many teams we need and when we need them and where we need them. So all of that, as we expand our hours, we learning more as we go and will adjust our staffing accordingly.
- (Cmsr. May) I just wanted to find out why is it taking you guys so long to respond? I made a call in February. Even though you haven't launched the new hours and staff, I made a call in February. I started at 11:00am, it was pouring down rain, hailing, and I needed help for my adult granddaughter. I stood outside from 11:00am until we finally got her in the car, because no police would respond, no response teams. The county response teams didn't respond, my daughter was on one phone and talking back and forth with the ladies saying we don't have psychiatrist on duty to be able to 5150.

  I have a friend of mine who is an LMFT and a supervisor come out to the site and it turned out that six professional people were out there in this county, in Antioch, which is a city that is completely ignored. We stood outside from 11:00am until 6:30pm waiting for a response team. What I am hearing from you is 'we are going to see how many calls come in,' why isn't the county working with the other response team? We are supposed to have another response team, we called and they said there was no one there and couldn't send anyone. The police would not take

her because they stated they had to have someone come and respond first. Why is it, you all are not in communication and why do we have to wait to come up with the number? It shows you really don't care about people in mental health crisis. Even as a mental health commissioner, no one would respond.

We had to finally force her into a car, had to have someone lay on top of her so she wouldn't jump out on the freeway and drove her to Martinez PES and one of my friends 5150'd her at the door. This is a failure and unless you can come with numbers, there is going to be some lawsuits coming forward.

(RESPONSE: Dr. Pierce) I'm sorry you had that experience. What I meant to say is that we have just started expanding our hours and when we started this process it was at the beginning of the pandemic and I will be honest, it has been a challenge to get folks hired into our system of care and that has been across the board, across the county and the nation. There has been a work force shortage. I am not saying that as an excuse but just to help to explain where we are and that currently, I don't think that would be your experience today, even if it was in February. I certainly hope not. We have been working hard to get things in place and it is a big scope of work and body of work. Hopefully, you will not have a repeat experience like that.

- (Dr. Tavano) First of all, Cmsr. May, it is not okay. It is horrible situation that you describe. I also know that part of what Dr. Pierce is communicating is that we didn't have things operating on Saturday and Sunday. I'm sure that contributed to not getting the response from us. (Cmsr. May: It was on a Monday) It was on a Monday? So it's hard, it sounds like we are making excuses and all we can is say that we weren't able to get the teams hired as quickly as we wanted to. Now we do and that should be remedied but that is a horrible situation and we don't want that happening in the community. I'm so sorry that happened to your family and I appreciate you bringing it forward. I think when Dr. Pierce was talking about calls, now we have enough staff to actually be there to pick up the phones and be able to log the calls. Now that people know we are available, we expect the call volume to be going up and we will be able to give more information, I'd say give us a few months and I think we could come back with the spread of when calls are occurring and where they are coming from. Thank you. That's a very hard situation and I'm sorry.
- (Anna Roth) And I just wanted to add, Cmsr. May, thank you for bringing that up and I, too, want to apologize on behalf of the health department and I want to add a bit to what Dr. Pierce said, which is: Even at 15 teams, which just started this last few weeks, that is still only half the amount (less than half) of teams we fully envision, which is the staff model that was co-created with the community. We are really in the early days of this program and just want to put it out there. Even though we just did a giant expansion, it is really just the beginning and this is actually going to be a multi-year ramp up. Why it takes so long is really around what Dr. Tavano and Dr. Pierce just said, there is a national shortage of workers. I do want to acknowledge many of our behavioral health workers that are very enthusiastic about this program, really excited to contribute and have volunteered and signed up to get this launched because they are so committed and understand deeply the

need. That, again, is no excuse, it is just an explanation of where we are in this launch. I guess the other thing is; it's complicated; the system is too complicated and I want to say the overall vision of A3 is to really simplify getting help. We are not anywhere near there yet, but it is the vision and commitment and that is really to honor, both the loss of Miles Hall but all of those suffering in CCC and everywhere from mental health and behavioral health issues, that have really been unseen and had to create this expertise on how to even navigate the system. I think, what you talk about, the experience you described is unacceptable and happening far too often across our whole county, not just Antioch; but also our state and the nation. We won't be perfect but we won't leave either. We will be partnering with you until we get this right. Thankfully we are partnering with you and many of the stakeholders here in the room and on Zoom today and around our county that really have pushed us. I just want to say I appreciate you bringing up this specific example because it gives us an opportunity to try to understand what is going wrong because it is an opportunity to improve.

- (Cmsr. May) Thank you. Also to allow family members to 5150. They would not let me because I was her grandmother. So I had to call colleagues to come in from Oakley and elsewhere to be with us and they could make the 5150. So that was crazy. I live in this county, I'm on the commission but they wouldn't let me 5150 my own granddaughter.
- (Gigi Crowder) I actually wanted to give a shout out, because I finally feel we are making great improvement. I can't think of a better team than those who actually participated in the design team. Thanks to Dr. Pierce, the great hire of Amanda and some others we have worked with. We get calls at NAMI all the time from individuals and now when we call, they don't call back because they have been able to get in contact. So just in the short period of time that we have expanded the teams, we are seeing some positive outcomes from that. And for you, Cmsr. May, you living in a city that now has their own response team through the Felton Institute. I don't know if you are aware of that. I have also been getting positive feedback from Antioch having its own program named after Angelo Quinto, another unfortunate victim to police violence. That what we call it. He died because police responding when it should have been a social worker. If you need information for the Angelo Quinto program, let me know, I can get it to you and then you would have even more resources at your hand. Thank you again to the A3 team because we are getting very positive feedback from the family members who we shift over to your call center now. They are getting a more immediate response.
- (John Gallagher) I am dovetailing with all the things said here. Go Dr. Pierce, Go Amanda, Go A3. I am just thinking about the slide, it is just so dramatic. 15 teams. Crisis response over the last year plus has been really challenging working with clients we support at Hope Solutions. I've been there, done that on calls where you might not get a call back that day or the next day. I am hopeful. Go team. I am hoping you have been able to hire some more clinicians. So, Thanks!
- (Cmsr. Cohen) Thank you for all your work. I am a counselor at a High School and they tell you, hiring, finding therapists, finding clinicians, especially to work with our children of color and Latinx is hard. We don't find that, we don't find the resources. I come from New Mexico and we have more resources. I thought here, we would have everything we

need. I have students that are 5150'd and go to Martinez and then they have to wait 6 weeks to 6 months to find a therapist and in the meanwhile we are the only mental health they have. We are not clinicians. We have a lot of work. So thank you, again, for all that you do and hopefully more people will be in the mental health field that will really have the passion that we are lacking therapists and psychiatrists. • (Cmsr. Swirsding) I want to echo what Cmsr. Cohen said, especially in West County, we do have a lot of problems with the response for the Hispanic community and that includes communication. There are a lot of police officers that speak Spanish, and the fire department, but this is a huge problem in our area, responding to mental health.	
VIII. RECEIVE Presentation: Teen Esteem: Empowering Students for Life, Kellie Elliott, Chief Executive Officer, Teen Esteem Thank you for inviting me to speak. I am new in this position after our founder. I will go through the presentation, there are a few videos imbedded in it and then I will take questions at the end. Teen Esteem is a 29 year old program and we are celebrating our 30th next year. We are a private non-profit organization and we get the majority of our funding (75%) from local individual donations and 24% from grants, with 1% from school fees, which are usually from private schools. Typically, we offer most of our services for free to public schools. Teen Esteem equips kids to make courageous, well-informed choices based on respect for self and others, as well as empowering parents during the turbulent adolescent years. This model was established where we went into schools and offered them a two-day program. Generally, one period on one day and a second period on another day (not a full two days). The best way to get our program is over a two day period. We bring in awareness topics that science and health classes do not touch upon. . Since 1994, Teen Esteem has been equipping K-12 students to make health life choices with a key focus on respect for self and for others, reaching 242k students and 110k parents. Our main classroom presentations are the core and we are highly saturated in high schools and have grown in middle schools and now getting curriculum for Kindergarten through sixth grade. It is phenomenal how many schools are calling us. The other thing we do is offer assemblies in grade and middle school. We don't offer assemblies in high school because it is impossible with 400-500 kids, the message gets loss, there is no attention. The classroom presentations are usually only two speakers (per 30 students) to break it up. The classroom presentations are really tight. The third aspect we do is parent education. Our feeling is that if we are offering these tools and resources it leaves these messages or foundation of good values and making right choices and being aware. If we are just going through the students, we need to have parents echoing it home. They are looking at our social media and seeing great tips on how to connect with our youth, not just teens but children, how to talk to them and what are the hot buzz words and red flags out there on social media. The parent education part is important. We do community workshops, parent education events for organizations and we go into the workplaces, we go on zoom and we also do these at local venues. The Education events really apply to what is on our website, we have done a lot of videotaping throughout COVID where a lot of	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.

webinars were created on various topics. One can go in and find videos on various topics *(It is now under re-branding reconstructions so give it a few weeks)*.

The following are topics we cover, and are very different, in our classroom presentations:

- Tape Measure Demonstration – Video demonstration played
- Dreams & Goals: We talk about where they are in their life, their story and how to become the editor of their own story, whatever that may be and what they want to focus on moving forward.
- Derailing & Starting Over >> **SMART**
  - **S**tart over
  - **M**ake up (your mind)
  - **A**ccountability
  - **R**espect
  - **T**hink (beyond the moment)

TOPICS

- Vaping – local student story/video
- Alcohol/Drugs/Prescription Drugs
  - Risks
  - Stores
- Social media
  - Effect on mental health
  - Addiction
- Porn/Addiction
- Health Relationships (HS)
- Rape/Sexual Abuse
  - Define
  - Reach out for help
  - Resources
- Media Influence/Message
- Opposite messaging/Positive influences
- Pressures/Academic Pressure
- Mental Health/Health Coping
- Suicide, Depression, Reaching out for help
- Health Coping
- Refusal Skills
- Your Value

We go over all the resources that students can reach out to and we actually leave them with a gift, which is a tape measure key chain that has a QR Code on it and it gives all the crisis hotlines in this area for all the different types of issue they might have from suicide to abuse and everything in between. Role playing with the students to help with coping mechanisms is really great and also review skills on how to set their boundaries, when they want to say no and how best to do it. When the student is up 'playing a role' with hard scenarios, it is really telling and they do learn from that. *<shares video: Tape Measure Demonstration>*

The video was on the Tape Measure Demonstration. The importance on this is standing in front of classroom and getting the students to hold the tape measure, you can see how long and vast it is and it is really telling where they fall in the 'timeline' as they are in the moment and can't think past the moment they are in. We get so many comments on the survey expressing how they 'never thought of it that way' and it is an overall great exercise.

The second video shared shows another value the program emphasizes, not just for high school but resonates with middle school and elementary levels about values and worth. *<shares video: Value and Worth Demonstration with the three cups>*

We conduct surveys after every single class. They are online, the teachers have the link, they fill them out immediately and receive almost 100% responses back.

FEEDBACK: 96% of students indicated on their anonymous evaluation that the presentation empowered them to make healthy decisions that would impact their future

- This presentation will help save someone's life.
- I've been involved in peer pressure using drugs and alcohol and have done both resulting in undesirable consequences. This has helped me realize I can still quit.
- It provided me with tools I can use to say 'no' and resist things in my life that are not good or healthy.
- I don't vape, but I do wax. Yes, I want to stop - and this encouraged me to stop.
- This was the light that I needed in my darkness. It's strange to think that one story has changed my way of thinking. Thank you.
- Afterward I felt empowered knowing that I deserve more than just a hook-up.
- Last year there were many times I felt worthless and useless…I even thought about suicide.
- The assembly made me realize there's a reason worth living.

The surveys are for classroom presentations only, the assemblies have 200 to 300 children so we circle back to the administrators and principles who attend and get their responses to the assembly presentation. This is some we have curated so far but it is a little out of date because we have actually parsed it down to be a lot more age specific but we do have assemblies that include:

- K-3 – 'It Starts With One'
- 4th/5th Grade – 'Choices of an Everyday Hero'
- Middle School – Bullying and Mental Wellness which goes off into different subsets.

This is where I love being part of this, knowing and being on the website and gaining great nuggets of information we can use and impart of these.

Just recently, just before spring break, in a middle school 7th grade presentation about bullying and, right as we were taking questions, one student stood up and actually owned it, said they had been bullying someone and went over and apologized to that student in that assembly in front of the whole school. It brought our speaker to tears.

TOPICS for PARENT EDUCATION

- Grit & Resilience
- Toxic Stress
- What Teens Wish Their Parents Knew
- Earning the Right to Be Heard
- Preparing Your Child for Success – *Beyond the Academics*
- Substance Abuse Awareness & Prevention
- Kids and Their Screens

- Who's On My Side Parent/Student Workshops.

Teen Esteem Education Talks for Parents (*on website: www.teenesteem.org*)

Parenting:

- Grit & Resilience
- Academic Pressure
- Healthy Stepfamily
- Dads & Daughters
- Earning the Right to Be Heard
- College Parenting
- What Teens Wish Their Parents Knew

Substance Abuse:

- Vaping
- Marijuana
- Prescription Drug Abuse
- Signs & Symptoms
- Talking to Your Kids
- Off to College

Technology:

- Parenting in the Digital Age
- iParents and the Impact of Tech
- Cyberbullying
- Grit & Resilience

Mental Health:

- It's Not The End (*Mental Health & Suicide Prevention*)
- Anxiety
- Eating Disorders in Tweens & Teens
- Breaking the Stigma
- Surviving the Loss of a Child (Suicide)
- Depression
- Positive Body Image

Questions and Comments

- (Gigi Crowder) I appreciate any program that promotes mental health wellness. I spend a lot of time working with youth that are most at risk, those would be the one's we are trying to break the school to prison pipeline, these individuals from my community that end up incarcerated at Juvenile Hall. Do you have programs that are more culturally responsive that would better meet the needs of kids who might likely end up (due to trauma, etc.) in the programs that we have here, funded from MHSA because they did not get their needs met while in school at the state level. Sadly, there is a move for the prevention and early interventions programs to be school funded, mostly. School is not always the safe place for some communities. In our county, too often kids are given IEPs because the teachers are operating from racially biased approaches and, there are new studies that have just come out that support that, as well as the studies that stated because of COVID, kids are so far behind academically then they have ever been. I am just wondering how would you address the needs of students that are the ones who are most harmed? (RESPONSE: Kellie Elliott) Are you speaking in a particular area or while in school? (Gigi Crowder) I don't know a lot about your program, where are you based? (Kellie Elliott) We are in Contra Costa and Alameda Counties (Tri Valley Area) Martinez, down to Livermore and Pleasanton… in the corridor. We are in public and private

schools. We do have a few secular groups such as the Boys & Girls Clubs, but if you are talking about going into Juvenile Hall, we do not. (Gigi Crowder) No, I'm trying to keep them out of JH, I want programs that would better position them to recognize when they are dealing with something outside of their ability to feel empowered. This just feels like it is not necessarily culturally responsive for kids that I feel we should be focusing our attention on. There is room for all, but I think there needs to be prioritization with public health dollars. (Kellie Elliott) Yes, we don't receive public health funds.

- (Cmsr. Swirsding) I want to echo Gigi. I do talk with a lot of kids in Richmond and we experience issues of gun violence and they have trauma. Even the persons bullying, they may be going through stages of revenge. When they experience trauma, that is one of the stages-they want to retaliate and that is how many end up in JH. They don't have the ability to control themselves. I know, I experienced this myself, but as an adult, I was able to control that stage but it took a good three of four years to work through that. Lots of kids, it is a hard battle to overcome that and they end up committing crime(s) and that is the kids that need to help. (RESPONSE: Kellie Elliott) We do, I don't think the powerpoint is as all inclusive as it should be and it is something we are working on. Our focus has mostly been on anxiety, depression and suicide. We do have kids that have that are on that path, the parents have reached out to us and we have referred them on. What we don't have on our staff is professionals that can provide therapy. That is something in our strategic plan that we to grow where we have true licensed professionals to be equipped to deal with that. We will hopefully expand as we are hitting another area with other behavior areas (gang involvement and gun violence).
- (Cmsr. Griffin) What schools in CCC have you shared this program with (RESPONSE: Kellie Elliott) I will get the list and forward on.
- (Cmsr. Griffin) I agree with Gigi also. We need to include, we are trying to advocate for all kids, but there are kids that really need and their schools probably don't know about you. How are you getting the word out to those schools that aren't maybe as affluent as the schools in San Ramon and Danville? (RESPONSE: Kellie Elliott) As soon as we can, we will get the word out. We have connections with different superintendents and people that sit on boards for those school districts. Right now, we are unable to grow more, within 68% of one year, we are at the breaking point. We need more funding in the door from private donors and grants. Our quality of speakers has to be so high as we are entrusting them to go to these schools and speak to these students. We don't market because we don't need to. We do want to present to every student we can. That is the ultimate goal, but I am coming behind a fundraising model that hasn't been addressed in a number of years. As soon as we can catch up, we will make sure to do so.
- (Cmsr. Serwin) Obviously, the most important thing is that individuals experience change, but I'm curious if you have received any feedback from administrators or adults in the schools that you work with and whether or not the overall culture is changing, as opposed to just individual students. (RESPONSE: Kellie Elliott) Sustainability is one of our things. I will say we just spoke at a middle school and the principle was just over the moon. He is going to do a video for us because he wants to show what happened and we are going to take segments from the actual

assembly but also his comments. He said as soon as it was over, the teachers want to implement a program to the school that mirrors what we were teaching. We were more than happy to give them the bullet and talking points. They will be making signs throughout the school, they are going to revisit it twice a year. I think that is a good sign where it could go. We have to get even deeper where we are speaking to them more than once.

IX. RECEIVE Report Out: Alcohol and Other Drugs (AOD) Liaison, Cmsr. Rhiannon Shires, PsyD

February we had our retreat. Just want to share what mission statement and our objectives.

The mission of the Contra Costa County Alcohol and Other Drugs Advisory Board is to assess family and community needs regarding the prevention and treatment of alcohol and other drug related problems, provide resultant findings and recommendations to the Health Service Department and the Board of Supervisors.

The Board also serves an advocate for these findings and recommendations to the communities being served.

Our objectives this year are to develop an effective, concerted and county-wide campaign to reduce alcohol and other drug abuse through an organized program of education, prevention, treatment and control; will take into account an ongoing and recently completed projects and programs developed by others; and we review and recommendations regarding all county alcohol and other drug programs and needs.

Some of the things we are doing and I am a very strong legislative advocate at this point. I am hoping we can get the Board of Supervisors on board for this, AB 1619 is the prescription drug warning label for cannabis instruction. What this is about is it provides basic consumer protection when taking prescription drugs by requiring a warning label on prescriptions that interact with cannabis or cannabidiol products.

Right now, the existing only requires pharmacists to inform patients about harmful affects of drugs taken with alcohol. What we have seen is that the marijuana plant has more than 400 chemicals that metabolize in the liver and can increase or decrease activity and that is one prescription drug warning we are going for.

The other is we have seen an increase in emergency room attendance by toddlers, why? We have cannabis that is coming in gummies, different colors, it looks like candy and parents are leaving it out, toddlers are getting poisoned and having to go to the emergency room. So there is another piece of legislation called SB 97 proposed Cannabis Candy Child Protection Act. This would clarify the definition of what is considered attractive to kids, prohibit the sale and manufacture, packaging and labeling for marketing cannabis products in forms that are attractive to children. It would require hard candies or gummies not to be brightly colored, etc. We have seen this with Alcohol and Tobacco products. Now we are getting pushback just as we did from those industries. This is something we are starting to get more into advocacy.

Recovery residences, we have Shelter, Inc. alone received 23 applications, 14 were approve. Collaboration with a center for AOD advisory and preventative coordination presenting prevention acceptance and

violence to Richmond High School Parents. Likewise strengthening youth and family program through family workshops so we are stating to reach out for not just the kids but to do parent education. Lastly, we have a new electronic health record system which streamlines physical and mental health and will stay on CCLink or Epic. We are focusing on Narcan presentations since the fentanyl abuse has skyrocketed in CCC and I've been doing workshops on fentanyl preventions, particularly in how to address teens to educate them. I would suggest, if we are doing this quarterly update that we have at least five minutes every meeting so we are on the same page. The MHC and the AOBAB, a lot of times, we are focused on the same thing and I think we could collaborate more.	
X. UPDATE on the 2023 MHC Site Visit program/ Collaboration with (Mental Health Services Act), Cmsr. Barbara Serwin	***Due to time constraints, this has been tabled for next month***
XI. DISCUSS Plans for May is Mental Health Awareness Month, Cmsr. Laura Griffin I am working with Jennifer Tuipulotu, Jessica Hunt and some other folks. We will just let you know we may have someone with lived experience to join us. This presentation is in collaboration with MHC, MHSA and OCE.	
XII. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano ➢ Update on Behavioral Health Continuum Infrastructure Program (BHCIP) ➢ Update on the Behavioral Health Bridge Housing Program (BHBHP) ➢ Update on Children's separate Crisis Services Unit and PES Renovation I was asked to update the commission on grant opportunities. We did complete a pretty comprehensive needs assessment and did share those results in a variety of ways. We did not exactly know at time, but formed the basis of moving forward for the Behavioral Health Continuum Infrastructure Program (BHCIP). We used that data and brought it forward and did held a number of community planning sessions and put together a steering committee. I know some of you on the call and Chair Griffin are a part of that committee. We thought about it as we moved forward with some of the grant opportunities coming up. The steering committee is so well versed now in the data and what we have been working on that we didn't want to stop and start all over again so we are moving forward with that steering committee and now for some of the other grant opportunities are adding some members to that steering committee. I am not speaking today on Care Court as it is still on the horizon, approaching, still there and I am happy to do a presentation on that at another time. **BEHAVIORAL HEALTH BRIDGE HOUSING (BHBH)** • Contra Costa County is eligible for up to $20,488,722 through a non-competitive RFA to provide "Bridge Housing" between 7/1/23 and 6/30/27. • Bridge Housing provides funding to house people with significant behavioral health challenges, (i.e., people diagnosed with a serious	

mental illness and/or substance use consistent with Specialty Mental Health and DMC-ODS eligibility criteria).
    - CARE court participants must be prioritized for Bridge Housing funds
- Bridge Housing can range from short term through two years with the option of a 1-year extension.
- Bridge Housing is primarily to pay for the cost of operations and supportive services for housing; bridge housing is not for capital investments.
- Bridge Housing is considered an interim measure pending awards of other capital investment grants (i.e., CCE, BHCIP, other)
    - At least 75% of the funding must be spent to cover the cost of operating bridge housing:
        - Rental assistance (i.e., rental payment, B&C patch payment, emergency motel voucher)
        - Participant assistance (i.e., emergency utility payment, move-in deposit, furniture)
        - Landlord Outreach and Mitigation (i.e., negotiating with landlords, paying for damage to a unit)
        - Housing navigation services
    - Up to 25% can be spent on other categories:
        - Housing development for units that will be available in less than 12 months
        - Outreach and engagement
        - Program implementation (e.g., administering program, planning, data and reporting)

Total Available	$20,488,722
Min. to be spent on operations (75%)	$15,366,541
Max. that can be spent on other categories (25%)	$5,122,180

Department of State Hospitals - Incompetent to Stand Trial (DSH – IST)

- The California Department of State Hospitals (DSH) is administering housing grants that supports persons found Incompetent to Stand Trial (IST). Infrastructure funding is intended to increase capacity of residential treatment homes and facilities to support these individuals who are participating in either diversion or competency based restoration (CBR) programs.
- Contra Costa County is eligible to apply for $8,718,750 through a non-competitive RFA to provide, prepare and/or improve facilities and develop strategies for delivery of diversion/CBR services.
- By accepting infrastructure funds the County agrees to enter into a second contract which includes funding of up to $9,675,000 annually to provide wraparound services, justice partner funding, violence risk assessment services, court liaison positions and County overhead.
- Proposals may be submitted any time after March 1, 2023 and considered for award at specified benchmarks. May 1, 2023 is the first benchmark, followed by 11/1/23 and 5/1/2024.
- The State hopes to increase persons eligible for Community Based Residential (CBR) by developing “home-like” residential settings to support intensive wraparound services.
- DSH will allow flexibility for a variety of residential models that work within the goals of the project.

DSH – IST Funding

- This program will be funded in two parts; Funding Allocation and Operating Contract.
- The Funding Allocation is based on a projection of 93 individuals who have been determined to be incompetent to stand trial. The reimbursement per bed is $93,750. For example, if the County develops a 6-bed facility, the maximum amount of funding the allocation would cover is $93,750 x 6 = $562,500. Mortgage can be made using the operating contract.
- The Operating Contract is calculated at a maximum rate of $125,000 per individual for 18 months of anticipated treatment. This total is based on an estimated cost of $228 per day. The estimated cost is supplemented by an additional 25% to cover additional costs that may include court and justice related costs as well as county overhead.
- The contract will be for a 12 month period. It is projected that each individual will approximate to run for 18 months.

Funding Components	Amount
• Infrastructure Allocation (one time)	$8,718,750
• Operating Contract (annual)	$9,675,000

BHCIP Funding Rounds

Round 1 Mobile Crisis: CCBHS received infrastructure grant

Round 2 Planning Grant: CCBHS received planning grant

Round 3 Launch Ready: Closed. No proposals submitted

Round 4 Children and Youth: Closed. No proposals submitted

Round 5 Crisis, Acute and Subacute: Closed. 3 proposals submitted that included 6 components. Anticipated date of announcement in May.

Round 6 Outstanding Needs: Postponed by Governor until 2024

BHCIP Project Summary (*Details, Site Photos and Layout shared on screen*)

Contra Costa Recovery Center
847 Brookside, Richmond
USE: Mental Health Rehabilitation (MHRC)
Estimated Cost: $18,963,295

Bayside Recovery Center
2523 El Portal, San Pablo
USE: Crisis Residential Treatment (CRT), MH Urgent Care, Community Wellness Center
Estimated Cost: $30,635,188

Mt. Diablo Recovery Center
2191 Kirker Pass Road, Concord
USE: 16-Bed CRT, 16-Bed ART (Adult Residential Treatment)

Run through of the artist and architectural designs and drawings, in detail with layout. All the architects working on these plans are wonderful at coming at the vision with a lot of heart and understanding that they need to be warm welcoming places and we really appreciate that. Right now, we don't know what we will be awarded, if awarded, but we are very hopeful and we want to acknowledge that Roberta Chambers and Indigo Consulting led this community in the AOT planning process as well. Very collaborative. They are also consulting with Alameda County who was able to get some successful applications in on Round 3 and we are feeling very hopeful.

(Cmsr. Griffin) Thank you Dr. Tavano. I just want to add that at our Finance Meeting on the 20th, we will have Indigo will be presenting on the BHBH projects. **Questions and Comments** • (Gigi Crowder) Wondering if we put out a job announcement for Robert Thigpin's position, he was pretty vital to supporting families and he left in December. I haven't seen that recruitment, we don't have anyone from the county lens supporting our crash course. He played an essential role with giving family members resources. Just wanted to lift that up, if you have insight as to when you might be hiring, it would be great. (RESPONSE: Dr. Tavano) Yes, thank you, we miss Robert. He was amazing, I miss seeing him every day. I don't know that we will be hiring into that exact role, but we will be replacing the functions of it. Apparently, we have two family partners: one in two of the regions and thinking we should probably add a third for the third region and then bring it together that way. Thank you Gigi. We will keep you posted. (Gigi) if you could add to the job description, someone participating on the crash course, that would be excellent and then I don't have to do so on Wednesday nights. • (Cmsr. May) Regarding these numbers, this is not factoring in employees, right? We are just speaking of the buildings, but the staff is not factored in, correct? (Dr. Tavano) correct. These are either building up or remodeling buildings or paying for housing subsidies.	
XIII.Adjourned: 5:23 pm	