MENTAL HEALTH COMMISSION (MHC) / Public Hearing for the
Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (FY 2023-2026)
MONTHLY MEETING AND PUBLIC HEARING MINUTES
July 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 @ 4:31pm. Members Present (In-Person): Chair, Cmsr. Laura Griffin, District V Vice-Chair, Cmsr. Leslie May, District V Cmsr. Ken Carlson, District IV Cmsr. Skyelar Cribbs, District III Cmsr. Gerthy Loveday Cohen, District III Cmsr. Tavane Payne, District IV Cmsr. Pamela Perls, District II Cmsr. Rhiannon Shires, District II Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Members Present (Virtually): Cmsr. Barbara Serwin, District II Presenters: Dr. Suzanne Tavano, Director of Behavioral Health Services (BHS)* Other Attendees (*in Person): Colleen Awad (Supv Ken Carlson's ofc)* Mariela Acosta (5:15) Angela Aranda Guita Bahramipour, AOD Advisory Board Angela Beck* Jeralynn Brown-Blueford Jennifer Bruggeman* Bianca C (5:32) Uriel Cardoza George Cervantes Adrienne Conrad Gigi Crowder, NAMI CC Ronda Deplazes Douglas Dunn Dr. Stephen Field Teka Flow-Watt – Reimagine Antioch (5:32) John Gallagher* Nichole Gardner (5:55) Barbara Howard, NAMI CC Kennisha Johnson Gerold Leonicker Kimberly Lopez Sarah Marsh (Hope Solutions) Keven Martinez Gail Miller Audrey Montana* Rena Moore	Meeting was held at: 1025 Escobar Street, Martinez, CA 94553 and via Zoom platform

Emma Elaine Mueller Maria Navas Susan Norwick-Horrocks Teresa Pasquini Kelly Perryman, Office of Consumer Empowerment Lauren Rettagliata Susan Rodriguez Jonathan San Juan, Office of Consumer Empowerment Stephanie Taddeo (5:55) Jennifer Tuipulotu, Office of Consumer Empowerment Jaime Yan Faurot (5:25)	
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 ➢ Courtesy '2023 Attendance to date' email sent to each member individually with their attendance for the first six (6) months of the year 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) Prior to Chair announcements, Chair Griffin read through the following: **Guidelines for Participation** The input of all participants in the meeting is highly valued. In order for all voices to be expressed in a productive, safe and respectful environment, the following set of self-governance guides are asked of all participants: 1. We are committed to honoring people's time. Please help us by being on time, asking questions, speaking to the topic at hand, and allowing for others to speak. 2. Please keep yourself on mute unless you are speaking. 3. Wait to be recognized, before commenting and keep your comments direct and brief. 4. It is okay to disagree, as different perspectives are welcomed and encouraged. Please be polite and respectful and allow others to voice their views as well. 5. Please refrain from criticizing a specific person or viewpoint in a negative manner during the meeting. Outside of the meeting, you may connect with MHC Commissioners and staff for assistance in having your concerns heard and addressed through the appropriate channels. 6. Avoid providing any distractions, such as side bar conversations. 7. An individual may be asked to leave should they behave in a manner that threatens the safety of any participant or does not honor the terms of these guidelines. The month of July is Minority Mental Health Awareness month. Mental Health conditions don't discriminate; however, we have a cultures of ethnicity and sexual identity, it is hard to access care and during the month of July, let's keep that in mind and help fight the stigma and help refer those that need to services.	Prior to Chair Announcements, Chair Griffin read the Guidelines for Participation.

Also, last month, that I did not know and just found out, was Post-Traumatic Syndrome Disorder (PTSD) Awareness Month. That is another important stigma and I want to start vocalizing at all our meetings so that everyone understands the magnitude of these issues that so many of us suffer from.

Reminder of the Attendance Report that will be forthcoming. It will show your attendance, especially due to the new rules.

III. PUBLIC COMMENT: None.

During this time, any member of the public may address the MHC regarding any subject over which the Commission has jurisdiction, but which is not on today's posted agenda. There is a two (2) minute max per person time limit, in order to provide all interested parties with the opportunity to speak.

No action or discussion on any item raised on public comments, unless it is for clarification. Response to questions posed or action to agendize the topic will be responded to at next meeting.

**Please note there were no public comments at this time. After meeting was adjourned and the Public Hearing was called to order, several members of the public commented during the public comment period; however, should have done so at this time during the commission meeting. Those comments should be here.

In future, all members of the public that arrive after the public comments will need to submit their comments in writing to the chair via email to be included in the minutes for the next commission meeting.

IV. COMMISSIONER COMMENTS

During this time, MHC members may share information and announcements. There is a two (2) minute max per person time limit, in order to provide all interested parties with the opportunity to speak.

1. (Cmsr. May) Regarding sending out the attendance record. You are saying you can only miss two virtual? Are they the entire year? When will be getting the attendance. (RESPONSE: Angela Beck) Hoping by the end of the week, at least prior to when the committee meetings start. The emails are in DRAFT, waiting the verbiage from Cmsr. Griffin. (Attendance explanation from Cmsr. Griffin) If I may add, those two allowed virtual meetings are allowed per committee and the main commission meeting. If you attend one commission meeting virtually, and attend one of the committee meetings virtually, that doesn't count as two, it is two maximum in each committee. I know it is confusing but we have our bylaw attendance and there is a separate set of rules for the virtual attendance.
2. (Cmsr. Shires) Contra Costa County is hosting their Youth Summit and hopefully the commissioners received this (NOTE: Youth Summit was June 27th and this was sent out to the commission). Also, I did attend the Contra Costa Children's Leadership Council. Something I think would be really interesting is to have Emily Hampshire speak to us from First5 Contra Costa. She is a Trauma and Resiliency Coordinator. I am looking at our K-12 to get trauma induce curriculum into our schools. I think is really important. I can forward the information. The last thing is that I did go to the CalBHBC training in June. In particular, looking at how we could be more successful as a mental health commission.
3. (Cmsr. Swirsding) I am concerned about the absent thing. I am in the hospital often and how is it going to work for me? (Cmsr. Griffin) First we will be very considerate to you getting better, as that is the first

priority. I can speak with you off line regarding the rules, but in the case you are hospitalized or need to attend virtually due to illness, you can put in an emergency circumstance which covers all meetings for 30 days and will need to be renewed each 30 days; and that can be done for 3 months max, let's speak offline. 4. (Cmsr. May) I was not finished with my comments. I wanted to say that I have been attending weekly meetings in the evening with Reimagine Antioch. Their focus is on fighting to get mental health services for the people of color in Antioch. There is a Pittsburg clinic, there is a clinic for children. For adults, there are no clinics available especially for the adults that are suffering from trauma and being retraumatized with all this texting issue going on. We are working with grant writers to get their own grants and open up their own drop in centers. Just wanted to let you all know they are having weekly meetings and making a lot of progress in the direction of providing services for minority adults with mental health needs. (Cmsr. Griffin) Please forward the information to our EA to send on to me. Thank you.	
V. APPROVE June 7th, 2023 Meeting Minutes • June 7, 2023 Minutes reviewed. **Motion:** K. Carlson moved to approve the minutes as is. Seconded by T. Payne **Vote: 11-0-0** **Ayes:** L. Griffin (Chair), L. May, K. Carlson, G. Cohen, S. Cribbs, T. Payne, P. Perls, B. Serwin, R. Shires, G. Stern and G. Swirsding Abstain: None.	**Agenda and minutes can be found:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VI. DISCUSS California Senate Bill – SB43 Behavioral health reform advances in the State Senate – Authored by California Senator Susan Eggman There was an attachment in the agenda packet with information on SB-43 and I hope everyone had a chance to read it. I will be opening this up to discussion, as I know we have some folks here with more information on the bill. In short, from what I understand, it expands the definition of greatly disabled. It did pass unanimously and in the assembly committee on June 27th? (Cmsr. Perls) it is going to be re-referred to the committee on Judiciary Hearing on July 11th. It was amended and it needs to be re-heard. Teresa Pasquini and Lauren Rettagliata were there and can give more details. **Questions and Comment** • (Lauren Rettagliata) Basically, I am going to leave a lot of what is going to be said to Teresa as she was one of the individuals who sat with Senator Eggman, as well as Dr. Emily Wood. They spoke of the need for renewing and revitalizing the Lanterman-Petris-Short (LPS) Act. As an audience member, listening to Dr. Wood and Teresa, there is one thing I would like to say. When Teresa gave her testimony (I am a veteran at going up to the capital and) I have never seen members of the Assembly break into tears. There were two members that were visibly shaken and were crying. The testimony was very compelling, letting them know that grave disability, of those with a serious mental illness (SMI), is something we really need to be aware of. There were some amendments that may have weakened the bill a bit, and it saddened me. People were concerned it was being used to sweep the streets, and it is not. What we were trying to do is catch our loved ones, who are severely mentally ill	Documentation on this agenda item can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

and those with a substance use disorder. The language on the LPS Act was very archaic. It spoke about alcohol abuse but did not speak about substance use disorder.

- (Teresa Pasquini) My testimony is public. There is a public record of it and I posted it on my Facebook page and included in the record of the assembly hearing. I also, as you may recall, stood with NAMI California, who is a co-sponsor and also the big city Mayors when it was first introduced in February. I testified before the Assembly Joint Judicial and Health Committees back in December 2021, which was a 5 minute testimony (last week was 3 min). I am an obvious supporter of the need for us to update our LPS Act and make it easier for people to get the right care at the right time at the right place. If they need that in an acute facility, then that needs to happen. The crisis on our streets, Fentanyl has changed the game and there are too many people literally dying with their rights on. I know there are strong ideological differences on this topic. As somebody whose child has been behind multiple locked doors and was criminalized as a patient, nobody is more passionate about this than me wanting anyone who can be treated voluntarily to be treated voluntarily. Those who need medically necessary treatment must have where they need it.
- (Cmsr. Perls) I would like to point out that this was a bill last year that was roundly criticized and justly so. There have been some amendments but there are still some serious concerns about it and that an entire _____ the ACLU, Disability rights and a number of other rights organizations have opposed it. If amended, there are certainly some parts that are important and there is no doubt there is a problem. The difficulty is that the expanded definition is too broad, it catches people who are inappropriately caught in the net. It speaks to the gravely disabled and I understand adding in the substance abuse, but it talks about people having inappropriate clothing, that is not something that has been defined. It talks about being unable to protect themselves and that is not defined in the law as well. To keep themselves safe, again, very subjective and not real law. It allows a medical expert to testify in the court hearing before a judge about a person's medical records when they have been written by a different healthcare provider entirely and that is contrary to every rule of law that becomes hearsay. It's not anything you can testify about. The concerns are also that very often, if it is not a voluntary treatment, that has not been very successful as well.
- (Teresa Pasquini) I wanted to add that some of the comments that Commissioner Perls was reading have been amended out and so the commission doesn't have the current amended law and some of the specific things she was referring to have been amended and there is an updated version now. It wasn't available last week, but it is available now. I just don't want misinformation given to the commission on the current law.
- (Cmsr. Swirsding) To take off the matter of a physical illness that should not be considered, I want to speak for myself, I had a head injury, I can't see, there is a lot I suffer from physically, and sorry it does affect my mental health as well and I find that really appalling. If you speak to anyone that is a Veteran, that have suffered these physical injuries on top of their mental illness, medical conditions can make a person very depressed. In the past I have attempted suicide because one thinks they are suffering with this illness the rest of your life and it can be quite a lot

to overcome. I am in a different space but it can be very hard and I think those with a medical conditions should be placed on that as a matter of disability. • (Lauren Rettagliata) Commissioner Perls had many things she was concerned about. At the table with Teresa and Dr. Wood and Senator Eggman were two people. One was CalVoices (these were the people speaking in opposition) and the other was Disabilities Rights of California. Their testimony was heard by everyone on the health committee. Then the public was allowed (those in attendance) to come and speak. When people came up, the vast majority of people were there to say they were for this legislation. There were mayors that came from all over the state to speak about it. There were many parents, many psychiatrists, the American Medical Association spoke out in favor. It is something that has been in committees and discussed and everyone wants to ensure that no one's rights are violated. As a parent of someone who has a severe mental illness and it took over ten years before he was conserved, there were so many years where he lost his mental acuity and ability and we want to stop this. I have been in conservatorship hearings and I can guarantee you there is due process for the individual. The problem is that many times it was not heard of the grave disability of that person and we wanted to make sure that was brought forth. It has been since 1967 that the LPS Act had not been brought up and revisited since then. Everyone in the state legislature is really hearing and open to learning and work on this. I also want to mention Susan Horrocks who was also on a call with me that morning to our assemblyperson explaining what parents (and loved ones) of those with a serious mental illness how we really supported this legislation. • (Douglas Dunn) I strongly support this bill because we have a loved one who, under the current definitions of grave disability, has not been changed in 50+ years. Second year, hopefully won't have to be a third, but there is a need for this type of legislation, as long as a person's rights are protected, which they are for this legislation to go through the legislature because it would, in our view, help persons longer term and avoid more brushes with the criminal justice system. My involvement with the NAMI CC family volunteer support network, I run across this time and again, families whose loved ones did not get the help they needed and were not conserved and were involved with the criminal justice system and can never seem to get out of that rathole.	
VII. Adjourned: 5:09 pm	

PUBLIC HEARING
Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (FY 2023-2026)
July 5th, 2023 – DRAFT

Agenda Item / Discussion	Action /Follow-Up
I. Opening Comments by the Chair of the Mental Health Commission Cmsr. L. Griffin, Mental Health Commission (MHC Vice-Chair, called the Public Hearing to order @ 5:19 pm I would like to first go over the process for this public hearing. We will first hear an overview of the MHSA Three-Year Program and Expenditure Plan, Fiscal Years 2023-2026. Second, we will then listen to public comments. Third will be commissioner comments. Does everyone understand? Now I would like to introduce Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services (CCCBHS)	Meeting was held via Zoom platform
II. 2023-2026 Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan by Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services MHSA 3-year Plan 2022-2023 Annual Update Overview: I'd like to thank the entire MHC and all the members for hosting us with the public hearing every year. We truly appreciate your time and input. In addition to what Commissioner Serwin said about the public comment and the commissioner comment, we do summarize all and incorporate it into the plan itself and become a public document. Your comments are very important to us. <**shares screen MHSA 2022-23 Plan Update Overview**>. **Note: This presentation contains an overview of significant changes in each of the 5 MHSA Components* **Introduction** MHSA 23-26 Plan was created in collaboration with community stakeholders through the Community Program Planning Process. The 23-26 Plan takes into account many unique considerations: 5. Statewide unspent MHSA fund balance 6. COVID impact on MHSA funds 7. Pending "Modernization of MHSA" which emphasizes Housing and FSP 8. Pending CARE Court implementation Steps Toward Approval: 1. Plan Draft Overview was shared with MHSA Advisory Council 6/1/23 2. Plan was posted for 30-day public comment period June 6 - July 6, 2023 3. Public Hearing at Mental Health Commission Meeting 4. Incorporate substantive feedback/public comments and finalize Plan 5. Submit for approval by Board of Supervisors (BOS) Proposed 2022-23 Plan MHSA Plan Update Highlights. **Community Supports and Services (CSS)** Full-Service Partnerships; General System Development including Housing **Housing Expansion** • Increases rates for Board & Care operators • More units across the housing continuum • Potential new construction / renovation of new housing projects **Transition Team Expansion** • Street Psychiatry • Behavioral Health Library Initiative **Expanded Treatment Programs including** • Eating Disorders **Funding to CBOs during CalAIM transition**	The Program and Expenditure Plan Overview was presented as a PowerPoint presentation to the Public Discussion forum. The Presentation was also 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 The full Three-Year Program and Expenditure Plan (FY 2023 – 2026) Draft has been posted on the MHSA website and you may review the document here: https://cchealth.org/mentalhealth/mhsa/

- Time limited funding to support CBOs during payment reform
- Moving from cost-based to new claiming codes
- "Pay per performance" to CBOs that participate in FFS/Medi-Cal billing during transitional year
- System changes to support increased service provision by making improvements in costs and productivity

Prevention and Early Intervention (PEI)

Programs include Office for Consumer Empowerment, First Hope and over 20 community-based organization partner providers offering services aimed at increasing prevention and early intervention by creating access and linkage for underserved communities, and reducing stigma and discrimination

- 4% COLA for PEI CBOs
- Suicide Prevention Strategic Plan (https://cchealth.org/mentalhealth/mhsa/pdf/2022-Suicide-PS-Plan-PC.pdf)
- PEI Program Annual Reports with Outcomes

Innovation (INN) Updates

Opportunities for unique programs that improve quality of services, increase access for under-served groups, or offer inter-agency collaboration

- Cognitive Behavioral Social Skills (CBSST) in Board & Cares – timing out of INN fall 2023
- Room to Overcome and Achieve Recovery (ROAR) – timing out of INN fall 2023
- Psychiatric Advanced Directives (PAD) – entering year 2
- Grants for Community Defined Practices – recently approved by MHSOAC and BOS
  RFP Workgroup meetings July / Aug
  TA Workshops
  Bidders Conference
  RFP Released (early fall)

Workforce Education and Training (WET) – building a robust and culturally diverse workforce through retention strategies and various training programs

- Continued Loan Repayment Programs
- Increased funding to include:
  - Expand training for staff and contracted providers to develop knowledgeable workforce and support CalAIM initiatives
  - Participation in the following CalMHSA Behavioral Health Workforce Programs aimed at addressing staffing shortages and retention strategies:
    - Peer Support Certification
      - Fund exams for peers who wish to become Certified Peer Support Specialists (which allows them to provide Medi-Cal billable services)
      - SPIRIT to become an official training provider for Certified Peer Support Specialists
    - Temporary Clinical Staffing / Permanent Staff Recruitment Program – specifically for hard-to-fill and retain positions
    - Training and Certification Courses – for staff / contracted providers on topics such as Substance Use, Mental Health, Law and Ethics, 5150 and Care Coordination

Capital Facilities / Technological Needs – funds for building/renovation of sites that will house treatment services for individuals living with a behavioral health issue; IT needs including an electronic health record

- Capital Facilities Projects
  - Use of MHSA funds to move forward with construction costs associated with projects identified through stakeholder-driven needs assessment process

- Electronic Health Record enhancements

- Epic (ccLink) system optimization to accommodate CalAIM Payment Reform including new forms, new workflows, incorporating the Universal Screening and Transition Tools
- Sunsetting the current billing system (ShareCare) and using ccLink for claims to DHCS. ccLink will now be used for clinical documentation and billing in a unified system, which will increase efficiencies and reporting capacity.
- IT consultant costs

Proposed FY 2023-2026 MHSA Budget

	FY 22-23	FY 23-24	FY 24-25	FY 25-26
CSS-Summary				
5713-AOT	$2,974,841	$3,082,702	$3,195,021	$3,312,015
5714- Crisis Res	$2,338,279	$2,408,428	$2,480,680	$2,555,101
5715- Wellness Ctr (Not Being Used)				
5721- Admin Support	$4,650,342	$5,202,032	$5,323,619	$5,577,449
5722- Children's	$4,661,277	$22,301,102	$7,252,096	$5,033,413
5723-TAY	$2,390,284	$3,582,273	$2,683,391	$2,609,702
5724- Adults	$8,843,254	$13,387,892	$10,469,086	$10,313,843
5725 - Housing	$10,574,888	$21,907,599	$23,678,343	$24,091,532
5735 - Older Adults	$4,219,218	$4,397,822	$4,585,355	$4,782,265
5957- Gen Syst Dev	$4,872,838	$5,635,151	$5,885,409	$6,179,679
CSS Total:	**$45,525,223**	**$81,905,000**	**$65,552,999**	**$64,454,999**
PEI-Summary				
5727- PEI First Hope	$4,018,024	$3,550,789	$3,735,231	$3,928,679
5753- PEI	$7,597,257	$8,217,211	$8,474,769	$8,740,322
PEI Total:	**$11,615,282**	**$11,768,000**	**$12,210,000**	**$12,669,000**
5899-INN-Summary				
INN Total	**$2,150,640**	**$4,018,000**	**$4,195,000**	**$3,876,000**
5764- WET-Summary				
WET Total	**$2,452,389**	**$3,045,000**	**$3,113,000**	**$3,185,000**
5868- CF/TN				
CF/TN Total	**$250,000**	**$5,000,000**	**$2,500,000**	**$2,500,000**
Total Budget:	**$61,993,534**	**$105,736,000**	**$87,571,000**	**$86,685,000**

Questions and Comments

Email: MHSA@cchealth.org

- Call: 925-313-9525
- View MHSA Three-Year Program and Expenditure Plan FY 2023-2036 Draft and Provide a Public Comment at: https://cchealth.org/mentalhealth/mhsa

- Jennifer Bruggeman, LMFT, Program Manager
  Jennifer.Bruggeman@cchealth.org
  MHSA@cchealth.org

III. PUBLIC COMMENT:

- (Lauren Rettagliata) My concern was (and what I didn't understand upon reading the plan) I noticed that the large increase and what is put down as CalAIM transition funds, when they are added up, it is $22.4m/yr. and over the course of three years, it is over $67.2m. Showing us how it is all broken down, I seems you are dividing that up into different categories (Children, Adult, Older adults) because the amount set aside to bring us up to date on CalAIM is a very large amount. Significant amount of our community support services. I know there is cost involved, but I would like to know what will behavioral health be paying for exactly, besides the coding (the adjustment in the codes) and what will the financial support to the CBOs (Community-based organizations) provide to those that are actually receiving the services? Which CBOs will be receiving funding? There is nothing designating exactly, so who will those CBOs be and how will it be decided how much funding? Will they receive? and how did you decide this specific amount was needed? When this money is given to the CBOs, how will

they document how they spent the funding and the outcomes they achieved from receiving this funding? For many years, Doug Dunn has sat in with me and so has Teresa. We worked many years on Mental Health Services (MHS) financing and accountability. This is one of the things I feel is so important with the funding that is given, we know what the outcomes are and know who will be receiving the funds.

(RESPONSE: Dr. Tavano) Thank you, Lauren for putting those questions in writing and bringing them up today. The reason I asked you to bring them up today is so that everyone could understand. Payment reform 101 in the briefest form and understand what this money is about. Payment reform is a really big deal, all the coding and what we have spoken to in the last year. Also, there is a significant amount of unknown and when there is unknown, there is some level of risk. We were asked to produced cost surveys. The county was asked to provide a cost survey in 16 of our CBOs. These were submitted to CALMHSA (California Mental Health Services Authority). This funding funneled through CalMHSA through DHCS (Dept. of Health Care Services). Every county was asked to do this. The county submitted its cost report for the prior year (calendar year). CalMHSA worked on it in conjunction with the DHCS. The DHCS then determines every counties rates based on those cost surveys. Every county received different rates and there is no uniformity, no consistency. Moving from a cost-based system to a fee for services, which I have talked about before, it is a huge change. Prior, everyone including the CBOs were basically reimbursed for the cost of providing services rather than we get reimbursed for the actual service delivery. I am very happy the focus is on direct services and really appreciate that shift that we are all going through, but it does mean change. That was the first step.

DHCS then took all those cost surveys for every county, conducted market basket comparisons for each county they looked averages (full sector-public and private) and came up with the county rates. They are different for every county and those rates are to cover a number of different costs. Then we went into the process of discussing what the rates would be with the CBOs. These are medical fee for service contracts. I believe it was a total of 38 programs but 26 CBOs. We were supposed to receive all those rates from the state in September 2022, but they were very delayed and started getting them in November, 2022 and received them piecemeal over a 4-5 month period. So, we didn't know what all our rates were going to be for all our service types. We had to know the whole picture to know what the funding of the BHS system was going to be in this county for both mental health and substance use services. The rates came in sequentially, rather than concurrently, and we had to have all to work with our contracted providers (not the PEI providers, but the fee for service MediCAL providers. We asked them to all do their own cost survey and budget templates. We tried many different approaches over a couple month period. The intent was (for this year with so many unknowns) to get the CBOs full and in place so they were here to be able to provide the services that we are here to deliver. Many iterations and in the end, it was hard to predict with accuracy and the decision was to accept the cost surveys and budget templates that each contractor established for themselves. We basically estimated what services would be reimbursable, what the reimbursement for the year would be and then what the delta was to keep them whole while dealing with all the unknowns. This was a tremendous amount of the CBOs, because as Jennifer was saying, when we moved from ShareCare for billing to ccLink and all the providers had to be totally retrained in all the coding, data entry, we went live July 1st and it was a huge county-wide effort. We did not send it all out but it did go the Board of Supervisors (BOS) last week and included a spreadsheet which we are very happy to share with everyone. We will be entirely transparent. We will support them if they are able to perform according to their contract. It is all public and happy to share. It is not so much about cost efficiency, but direct services. We want to see

improvement in the level of direct services provided and then they will be eligible for a second payment in December. This is the intent for the first year as we work through this. It is not for the second and third years.

- (Lauren Rettagliata) Started to ask another question but was muted as it was another member of the public's turn to speak.
- (Gigi Crowder) I wanted to say I appreciate the fact that there are 4% COLA which is really important to keep staff, you have to give pay increases, although we are not PEI and we are WET, we at NAMI CC often feel like 'step-children' and forgotten whenever discussions are taking place. We are in a state that is lifting up lived experience, we really thought we'd follow suit like other counties. We have 65% of our staff peer-certified in the role of family members as well as peers. For us to not be considered in position for CalAIM advocates, because of our diversity and our ability to meet the needs of individuals that their county has been proven to be successful, mainly African-Americans and Asian American/Pacific Islanders, it is too bad that didn't happen. I wanted to register that with the 3-yr plan because it doesn't look like there is a plan for honoring the fact that peers and those with lived-experience offer a great deal of support to individuals. I also want to let everyone know there was 100 organizations named non-profits of the year and NAMI CC was one of them. We are doing great work and are celebrated across the state but we are just not getting that love here locally at the county, even though we have great impact here.
- (Teresa Pasquini) Having participated in these hearings for the last 20 years (or close to it) I want to recognized that I am grateful to see the increase in the housing allocations. This has been the number one choice of stakeholders since the beginning of the MHSA and before. I haven't had a chance to read the plan. I just lost my mom and am left with the responsibility of managing both my 71 yo brother who is a CCC resident and my son who is still living out of county. I do have to bring up the disappointment about BHCIP and our county not receiving any grant funding for those proposals. That was a shock to my system and a huge disappointment because I so appreciated the efforts our community has made and the steering committee I have been happy to participate on, as well as all the work we put in with the commission on 'Housing that Heals' and Lauren and I actually advocating at the state level for the BHCIP funding process. I hope to hear more details about how we are going to make up for that loss. I know there are moving targets at the state level and unknowns. I just want to call out the fact that we did not get any of our proposals funded for BHCIP and our neighboring Alameda has a total of $100m <cut out /dropped> I am really concerned and want to be heard by our BOS representative here today. Again, driving out of county for 20 years to MHRCs (mental health rehabilitation centers) and IMDs (Institutions for Mental Disease) is unacceptable and CCC is the only large county that doesn't have one. It has GOT to change.

  (RESPONSE: Dr. Tavano) I know a lot of people to be disheartened as I was on the Friday where I got three consecutive letters about this. No justification, no rationale. I did immediately communicate with the Deputy Secretary of Health and Human Services at the state level along with other advocacy, that is not over. I just wanted to say that we are so committed to this. The amount of work some of you participated in and public works and everyone participated in, we went into this knowing there were unknowns and unpredictable elements to it. We have already been looking at alternatives so the money in the mental health services act plan will help toward that. MHCRs cannot be funded by the MHSA but we are looking at local behavioral health dollars that could be used for that project because it was the number one project we have all been asking for. For the El Portal Project, we are hoping we get the support of the BOS and the CAO to executive our lease option to purchase that property using some of the funds in capital facility in the plan you are all looking at now. We are very focused at moving forward with those two projects we have been working very diligently

on. There is so much will to make these projects happen and I think that is what we are focused on now. We will still submit on Round 6 in January for other things, but we don't want to wait on these two. I would also like to say that while I received three 'bad news' letters, I also got a letter that we did get the approval for the $20m in transitional housing under Behavioral Health Bridge Housing (BHBH), so it was a very mixed Friday.

- (Teki – Reimagine Antioch) I am with Reimagine Antioch but here to comment as member of the public, a black woman, resident of Antioch. I was hoping and wondering if you would have more people of color in our positions. Not saying anything about other nationalities but there are a lot of people here in Antioch that are hurting. Sometimes we cannot connect with others that are not our ethnicity. No offense to anyone, there are just not enough services out here for me. For example, when I go and try to have counseling I am not able to connect with someone that is aware of my culture. I feel if I was able to have a counselor are of my culture I would not have had trouble receiving services. We need more black and indigenous people employed in mental health to offer services in these spots so that everyone is being reached, not just one or two specific groups that need mental health. I do appreciate your time and hard work. Just please don't forget about us.
- (Jaime Yan Faurot) I just wanted to check with the commission that we have a lot of peer hires in the county but do we actually have peers support as well? It doesn't seem there is so much of a representation of the cross section existing in our county and we would be hired peers, can we consider having positions for people all walks of life, as well. Diversity have a lot to bring to the table, sometimes subculture in the culture is not easily spotted. As a result, we can't help our clients better unless there is someone of similar background and would be something we could consider to help clients. The other point, when we hire peers, having peers provide this layer of support would that be same as peers reaching out. What I meant is would the county consider using some of the spending for peers, not just supporting the peers but family members. A lot of times when the peers are struggling, so are the caregivers. Family partners are important but not have that role to acknowledge. I think the MHSA funding can be written to help support that layer of support for the people struggling.
- (Rena Moore) Just wanted to say that Antioch doesn't have enough mental health services, including drop in scenarios and healing centers for youth and adults. We need more people of color in lead positions as directors, managers and healers, specifically people of African-American decent / Indigenous people
- (Guita Bahramipour) Is there any budget for group therapy. I do feel that when people call 211 or 988, at that point has been disconnected and don't know where to go if it is not really an emergency. I do believe if they are directed to one person (one therapist), they can all be there to ask questions from the therapist online (in some forum, Zoom), they can be directed to information. It is important because this is how the youth speak and found it is very helpful for older adults. I think there should be some budget to go for group therapy.
- (Nichole Gardner) I am with Facing Homelessness, a non-profit in Antioch, since 2017. Just a few things. Just following, it really seems that Antioch has been underserved and not prioritized for years. One thing, as far as the mental health and I can say about our city is that I am proud we have stepped up to try to battle our mental health crisis response team we do have. I thought it was a shame that, even when the delta landing housing project that we had bought out here at the old Motel 6, which was supposed to prioritize Antioch residence in East County the city had to pay for an extra 15 rooms just so we could get some of our unhoused folks in there, I would love to see the county spend some more time and funding and start truly supporting Antioch residents, esp. those living on the streets. It really is a shame when you are dealing with folks who one a few years back, they're okay mentally and then you see these folks after the years how they have mentally deteriorating. I just wanted to use my voice tonight to say

please step up, do something for the unhoused on our streets. The county has really disappointed Antioch and if you can get funding coming our way. Antioch has stepped up and have been using our own funding but we still need the help. These programs we are funding are only two year programs and we still need the county to step up and actually do something to get these services to our unhoused.

- (Sara Marsh) I just wanted to quickly express my appreciation for the efforts made here, as well as by the county to bring on CalAIM and to just remind us all that the object of the game to expand services and make it easier for them to be achieved. I definitely believe this is a work in progress. I know everyone here understands that having the budget, have some money to support the CBOs during the transition is really appreciated. The county was really helpful and supportive of the CBOs during COVID when there were so many challenges around the budget and figured out how to support the ongoing current services that exist. Just, as we go through the process of bringing on the new stuff, to not lose the old stuff is really something I just want to tank Suzanne and Jennifer and all the folks working with the all the details. It's challenging. You believe in the idea and it is perfectly wonderful intent and then the details are amazingly difficult and often have unintended consequences. I know in our own little CBO we are concerned about how CalAIM is going to really impact us and what the actual reimbursements will be, etc. Realizing the county is trying to anticipate and figure out ways to keep everyone whole and keep the ship moving forward. Thank you.

IV. COMMISSIONER COMMENTS:

- (Cmsr. Serwin) I just wanted to tank Dr. Tavano for her response and Lauren for her questions. I had similar and same questions that Lauren had regarding the CalAIM incentives. I really like Lauren's suggestion that the spreadsheet presented to the BOS to be included in the MHSA plan if that follows the protocol of the plan.
- (Cmsr. Payne) You said there was unspent balance? What is that?
  (RESPONSE: Jennifer Bruggeman) This is an issue across the state and we have been advised to try to utilize unspent funds or they could be reallocated. We currently have around $80m and by the end of this three-year cycle, I believe it drops down to the low $50m. We do an annual update every year.
  (Dr. Tavano) We are not giving any money back. So we will, over the next three years continue to look at how meaningfully spend the money, intentionally spend. We are changing practices, one has been that once a project is funded for three years, we incumber the funds and if there is difficulty lifting the program, hiring staff, the unspent dollars accumulating. So what we will be doing every year is assessing where the spend has occurred and what is unspent and instead of keeping it and rolling over from year to year, just keep putting it to use. To Lauren and Teresa's point, we are going to be looking at how to maximize those dollars for treatment settings, residential treatments and housing, etc.
- (Cmsr. Payne) That amount gets reflected when _____ or is it separate?
  (RESPONSE: Jennifer Bruggeman) in the budget overview here, you don't see it but you will in the budget summary in the plan.
- (Cmsr. May) I have a couple of things: First, I just noticed looking at the monitors and throughout the room that there is a lot of eye rolling and shaking heads when people were speaking about people of color, that is why they are going to continue speaking to that. Maybe they don't speak with the correct diction that you feel should be appropriate when people speak, whether they are on Zoom or in person. But they have a right to speak and they are speaking from the heart. The eye rolling and shaking your head is very unacceptable for 'so-called' professional people. I wanted to say that first.
  Secondly, one of the agency CBOs "Lift Up Contra Costa" and they are very big in the eastern part of our county and wonder if they were going to be one of the

CBOs receiving funding listed on the community support services (CSS) expenditure. In terms of the PEI, Antioch youth need help. I am going to keep screaming about Antioch. Gigi Crowder of NAMI CC and Pastor Owens of Genesis Church held a meeting at their church, they have had several meetings. They had Youth Turn Out and it was very emotionally charged, I did not attend but had quite a few people who did. These children are an emotional mess because they are traumatized, their fears and concerns for the mental health and safety. They are crying for help and we are going to keep on screaming and crying about Antioch because I don't want to hear 'oh we didn't know' every time I turn around. Antioch definitely was skipped over when you were looking for sites for those BHCIP grants (maybe that's why, God sees everything). Historically, the WET money, BHS hires people from agencies to support their work force and release at 90 days. Now you are saying we are going hire peer support specialist and you want funding for them, which allows them to provide MediCAL billable services. How about changing the habits of hiring agencies and put those people who know the work and been doing the work…how about rehiring them on the permanent staffed positions. It is unfair you use people to get the work done then when you get the funding to actually pay people a decent salary with these permanent positions, you go these other places (agencies) to look for those same people that do the same work that you have to retrain all over again. Also, fund exams for peers who wish to become certified peer specialists, they need to pay for their own exams just like I have to pay for my exams to be licensed, they should be paying for their own exams. Finally, EPIC and ccLINK have been transitioning yearly since 2012. When does that end? When do we stop funding and funding for the same thing over and over? It seems like a lot of waste. I want to see accountability, I don't know how it will come to this county but this county needs to be accountable for where the money is going, why it has taken this many years (2012, that I know of, and we are in 2023) to get it together? It just doesn't make sense. Also the unspent balance, that $80m how about you shift that money to Antioch and Oakley? All the people giving you problems here, West County, Central County… they are all being pushed out that way because nobody wants the headache so that means we are being overflowed with mental illness, substance abuse, all the things we have been screaming about for years. Not just in this county but other counties.. Fentanyl didn't become a big thing until certain folks kids and families and moms and dads started getting addicted and then all of a sudden it's a big thing. We've had it in our community for many years (half a century I have known of) and now all of sudden it's a big deal now. Help the people screaming for help, help the small people not the rich. Help those screaming and really need it. Instead of talking about them saying all they do is get high and drunk. Help instead of criticizing and shaking your head and roll your eyes because their language does not meet your standards when they are speaking.

- (Cmsr. Swirsding) I have the same with West County, I actually attend (Suzanne, you attended) It was really dynamic because there were young people there too, talking about the things they are suffering in West County. In these places in Antioch and Richmond, there is a continuous gunfire and the kids are witnessing it, they have nowhere to go to help with their PTSD. In counseling they are not allowed to talk about their experiences because you are triggering others. When there are peer groups with those having the same experience, they can speak freely. Also, as far as where is the money going. Even private corporations are feeling it. Our taxes are due August 15th because of that. They know that because of COVID, things have shifted and changed. I'm glad you all explained it.

- (Cmsr. Cohen) You can have a lot of funding for agencies (let's say in Oakley, where I am at) but when you have a Board of Education and a superintendent that they think / they are conservative and that's not in their community, they are never going to allow those services at the schools. That is terrible that this year we are going to be the six counselors are funded for this coming year and

one of our counselors is African American and comes from Oakland. So we are going to do with whatever we have to try to change everything and be more supportive for their mental health, but it doesn't matter how much finding is available and agencies if they don't allow us to bring them to the schools, nothing going to change.

- (Cmsr. Perls) I appreciated that this is complicated and I am very new in the system so forgive me if I'm asking something that is deemed innocent. It's difficult as a lay person to read the plan and discern what is going on. Many acronyms and generalizations so it is not as transparent as you may hope. One of the things I am concerned about is that my comments do not match specific parts of the plan, they are just general comments. COVID has increased the number of youth with Anxiety and Depression at a time when staffing and resources are problematic. It is unclear from the plan whether funding is set aside in order to meet that demand. I know you have programs about transition and I know there is a mention in a number of places but not sure how much is actually set aside for them in terms of housing and treatment. I know there is an inadequacy of crisis housing. Although I understand the Sherriff's and the jail budgets are not within the program you are talking about here, when the inmates are scheduled are release, they have to meet / verify admission requirements for psychiatric facilities, which supposed to be transferred for treatment and to meet those requirements, they need in depth medical and psychiatric evaluations, which sometimes are unavailable and that means they end up being held in jail longer if they can't. It is partly under the Sherriff of course, but it also means they are also aren't adequate beds in the psychiatric facilities for everyone and that CBO funding, I gather. Third thing is specific housing in reference toward transition youth for released inmates, are the board and cares funding for staff, capital improvement? It wasn't clear to me what those were. How are these particular board and cares licensed and monitored. Lastly, I believe you call it you humility plan, the one that was referred to that deals with cultural and racial outreach is 2022, is there an updated version? And if there is something in plant, is there something to monitor the results? How does that get monitored?
- (Barbara Howard) Good evening. Again, it is a sad day when there are individuals in seats and positions to really be effective in change and don't make that movement to change. Lifting the hands and supporting every nationality is important and it is your responsibility to do so. You cannot sit in positions and don't look at the whole of a person. For me, I am an African American woman is looked at as 3/5th of a human being, so when I speak and talk and the things I do, to you it may not be important, but for me and my community it is important. You all are in positions to help your whole community, not just one piece. I'm not speaking on the behalf of NAMI CC, I am speaking on the behalf of an African American woman that is out in the community and we are lifting hands, heads, mental wellness and love. You all need to go back to a position of love. If you are not in a position of love in the work you are doing, you should not be in your positions because it is important that you in those positions may change. Thank you. And it is your responsibility and duty and you can do it. It is only your choice. You have a made up mind that you will be that go against the grain and make a difference in your community because health is for everyone, not just for some.

V. DEVELOP a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisor I want to thank the public and the commissioners for a very robust conversation in our meeting and the hearing. We have taken down your questions and comments. They will be reviewed and added to the list of all our other comments and questions. Thank you Dr. Tavano, Jennifer Bruggeman for a wonderful presentation and all the hard work you do. Supervisor Carlson, also, in supporting mental health in the county and also Angela and Audrey.	
VI. Adjourned Public Meeting at 6:31 pm	