MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
September 1st, 2021 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Cmsr. G Wiseman, Mental Health Commission (MHC Chair, called the meeting to order @ 4:31 pm Members Present: Chair, Cmsr. G Wiseman, District II Vice-Chair, Cmsr. Barbara Serwin, District II Cmsr. Candace Andersen, District II Cmsr. Douglas Dunn District III Cmsr. Laura Griffin, District V Cmsr. Michael Hudson, District IV Cmsr. Kathy Maibaum, District IV Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Alana Russaw, District IV Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Presenters: Dr. Suzanne Tavano Dr. Stephen Field Other Attendees: Colleen Awad Guita Bahramipour Angela Beck Jennifer Bruggeman Y'Anad Burrell Ali Cannon La'Tanya Dandie Jessica Hunt Lynda Kaufmann Jeff Landau David Matz Teresa Pasquini Pamela Perls Christy Pierce Jen Quallick (Supv. Candace Andersen's ofc) Arturo Uribe	Meeting was held via Zoom platform
II. PUBLIC COMMENT: • (La'Tanya Dandie) I have been attending meetings over the last couple of years. There is a seat open in District I, which is being held up by Supervisor John Gioia. The problem I am having is I am receiving too many calls myself that I need to go through an incredible amount of leaps and bounds to get through. The fact that the seat has been open for so long, it is unnerving. Most of us sitting on this commission are here because we have family members that have lived experience and are on the commission to help our family member; and have basically stopped doing a lot of things band just look onward. I have a family member with mental health issues and I have taken care of him far more than a lot of things that been taken care of in our county. I had to go to Alameda County to get the help my family member needed and deserved. The fact we have family, people with titles and everything else. We are just sitting back waiting. There is money out there to be used and utilized for people in our county, especially West County. No more	

excuses 'we just have to wait, we can't do that now.' It rips at my heart. A lot of those people are black, black men in particular. They are being stepped over and stepped on because we have to 'wait and see'. That seat should be taken by someone that will step up and work with the people on the street that are underserved. I am listening to all these nice things the commission is speaking of that could happen, but it is not happening. The fact that I'm sitting here and repeating the same thing over and over each meeting is not a good thing, it is not a good lock. We speak to all the Mental Health services out there and disability, but who is doing anything? We can shake their hands and say "Oh, we have all these programs." Those programs are not working. There are calls I am getting in the middle of the night that none of you are taking. I feel, with all the supervisors that may be here, look at yourselves, look at the situation and if it was your family member, are going to let them sit on the street? Especially those you love? Or are you going to sit there and stay, "Oh well, wait." Because you have other important things to do. My important things to do, is take care those out there because my family member is taking care of (because they have me). The rest of those out in Richmond and West County, they need people like me to speak up. I don't care, I am going to speak for them, they need help. Help them, get that seat filled and get someone that is going to speak up and say something. Many of you take offense, because I want you to look in a mirror after I get through talking. Get out there and help the people that need help, not just those you want to help. I know this sounds harsh, but that how I want it to sound, because these people need help now, not when the time is right. • (Jeff Landau) I wanted to bring an issue of concern that has come up in my representing of persons that are (LPS) conservatorship. It is the specific situation where a person is now on the commitment, having been found gravely disabled, and (for whatever reason) is not in placement at a facility – either they have the facility where they had been or were never placed after leaving jail. In my experience, inconsistent admission of persons who are in that narrow slice of our community that are already on LPS conservatorship, whether admitted to PES, 4C or 4D. The gist, being that if a person has been found gravely disabled by a judge and there is an order that they are conserved and don't have a place to stay, if they show up voluntarily to the county hospital; how can they not meet criteria, If grave disability is one of the bases for admission? It is the rare circumstance where I am talking about this, most of the time I am advocating for clients to be released from facilities when they are wanting it and also have an obligation to address the situations where I am representing a client(s) who are wanting treatment and being denied. There is a problem in how this works. I think, at the risk of being applied disproportionally, especially for persons of color in our county. The final part I want to address before turning over my comment time, would be that the way this works, also in my experience, is persons who are conserved can only be placed, truly, at a facility, board and care, or MHRC (locked facility) if they have gone through PES, or psych inpatient 4A/4D first. It is a necessary pathway, the way things are currently, set up in this county by ways could change. As it is, persons who are not meeting criteria are not getting treatment or placement. I think that is a problem we need to try to address together. Thank you for allowing the comment to the group. • (Pamela Perls) I just want to let people know, the US Department of Health and the DOJ – civil rights and disability rights section, have published a guidance on long COVID (long haulers) as a disability under ADA, Section 504 of the rehab act and Section 1557 of the patient protection and affordable care act. Basically, it defines part of long COVID as long lasting, weeks and months, and can include mental illness, depression /anxiety. It has to include(at least) one or more major life activities. I can share this with Ms. Beck, but I think it is very significant and it is unusual for them to take a step forward before they have to. I think it will be important coming up as people go back to work or there are new variants.	

There is another comment. There is a second on is the resource for children's students educators and school service providers and families.	
III. COMMISSIONER COMMENTS • (Cmsr. Geri Stern) I will be calling John Gioia's office tomorrow and asking him to address your concerns about filling that seat. I think it is critically important. Thank you, again, for bringing that to our attention. I am so sorry it is taking so long. I don't know what is going on with that. In regard to the public defender's comments, we were working on those conservatorship issues this year and spent, I think, three long meetings taking a deep dive into all the problems with placement for conservatees and it is a very an intractable problem and we have a terrible shortage of beds. We are aware of it and have been in long talks with people in the department that deals with conservatorships. We are aware and we are working on it. Thank you for bringing that up again. I have asked Chair Wiseman if we could posthumously give an award to a psychiatrist who recently passed away. His name is Robert Liebermann. I wanted to read a quick couple of paragraphs from his obituary, which were quite eye-opening to me, as I didn't know any of this and I have been working in this field for a long time. "He was the first psychiatrist to prove that seriously and persistently mentally ill individuals, such as those with chronic schizophrenia, that learn to control their symptoms, improve their social and independent living skills and a enjoy a better quality of life." His first book, "A Guide to Behavioral Analysis and Therapy" (1972) demonstrated how principles of human learning could be applied to a wide-variety of persons with mental disorders, including those who had spent most of their lives in hospitals and locked facilities, segregated from the rest of the population. His research showed that most mentally disabled individuals could function in society if they received comprehensive, continuous, consistent, coordinated, consumer-orientated and compassionate treatment. He also proved that engaging families as partners in treatment, led to marked reductions in relapse rates, lessened emotional burden and lowered costs to society. Dr. Liebermann's research on developing effective treatments was conducted in state hospitals, community mental health centers, veteran's medical centers, as well as the UCLA Neuro Psychiatric Institute. He spent over 35 years traveling throughout the world to demonstrate his methods and help professionals in his field to adapt his techniques to local situations. His module-based training programs were adopted by psychiatrists and psychologists in Europe, Asia, South America, North Africa and in all the 50 United States. His books and rehabilitation programs were translated into 24 languages. His family has asked, in lieu of flowers or other accolades that we make contributions to NAMI (National Alliance on Mental Illness), and I thought that was very apropos to our commission. So, thank you for letting me take the time to read that. • (Cmsr. Gina Swirsding) I appreciate Ms. Dandie's comment and do agree, in my experience working with West County. I just want to say that every commissioner I know has a very busy life and works full-time. I agree, especially men of color, it hard for them to get treatment. I agree the three seats in our district need to be filled and if I need to switch to a member-at-large seat, I would be willing to do so to ensure space is easier to fill. • (Cmsr. Barbara Serwin) Announcing Commissioner Orientation sequence. The six (6) modules of training we will be doing twice a year. We did site visit training today because Site Visits are starting. The first one in the series is an orientation	

and will start in November, it will be at 3:30 pm., for one hour prior to the regular scheduled Commission meeting.	
IV. CHAIR COMMENTS/ANNOUNCEMENTS: First, I would like to thank our commissioners who attended the site visit training earlier today. 92% of our commissioners attending that meeting, going over our responsibility of how to inspect and prepare site visit reports on what Behavioral Health is delivering in our county. Hats off to the team on that. I would also want to welcome David Matz. I always appreciate the people attending the meetings prior to assuming the role as a mental health commissioner. One thing I'd like to point out regarding the Site Visits, back in 1972 Geraldo Rivera did a report on a mental health facility in New York State. That report led to substantial changes in how people with mental illnesses are treated in our country. That led to the closure of so many of those facilities and I often hear comments that Governor Reagan shut down the mental health facilities in our state. What people don't realize is 49 other governors did the same thing. That is to bring our people home so that we can treat them here in our counties, keep them close to their families and not having to drive eight or nine hours to visit loved ones. Our site visits are an outfall of that. It is important that we, as mental health commissioners acknowledge our role in ensuring we are a voice for the community. I think this is an outstanding thing we are doing and I want to thank everyone again for participating today in the site training. I know we have had more than enough commissioners sign up to do the site visits. It warms my heart we are doing this. Thank you all.	
V. APPROVE August 4th, 2021, Meeting Minutes • August 4th, 2021, Minutes reviewed. One change noted, II Public Comment, first line "I wanted to draw attention to". **Motion:** D. Dunn moved to approve the minutes with correction. Seconded by L. May. **Vote: 11-0-0** **Ayes:** G. Wiseman (Chair), B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin. M. Hudson, K. Maibaum, L. May, A. Russaw, G. Stern, G. Swirsding Abstain: J. Metro	**Agenda & minutes can be found at:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VI. "Get to know your Commissioner" (Commissioners Barbara Serwin / Douglas Dunn **Commissioner Barbara Serwin.** I am a mom with three kids. I live in Lafayette (CA) and lived in California the past 40 years but grew up in a very small town in Idaho called Coeur d'Alene. I spent a long time trying to break away from that small town world. I worked in many tech areas from the Galileo Project – spacecraft project for JPL. I have worked in art conservation, kids software and education. There are two defining moments in my life: the first is when my grandmother stepped between two trains. The second was when my father died, a much slower suicide death. What was hard for me is, I felt like I was branded by that experience. That was the legacy I inherited. I think when that happens to people, they go through life questioning: "Is that going to be me? Am I going to do that? Am I going to leave my children behind?" I have been very fortunate with the diagnosis that I have. My condition has improved greatly and I have great care. I feel like I'm 99% of the way there, but that won't be the legacy I pass on to my children. I worry because so many people in my life have mental illness in my family and there is a big genetic component. All three of my children have a mental illness. My mother does and two of my four siblings do, as well. This encompasses Bi-polar, anxiety, hoarding, substance abuse and major depression. Some are treated and some, unfortunately, are not. It is an easy step to look around at friends and those out on the street. This background is what really inspired me to respond to an ad that Supervisor Andersen placed in my local newspaper. I got really excited about bringing, primarily my organizational skills to the commission. It has been an irresistible	

pleasure, a period of growth, a time of healing and a time of giving back. I want to thank Supervisor Andersen and I want to thank all of you. **Commissioner Douglas Dunn** My life story, briefly. I have lived in Tennessee, Florida, California, New Jersey and back in California. What ultimately brought me to the Mental Health Commission (MHC) was the fact that my wife Linda and I have a loved one who suddenly exhibited severe mental illness symptoms a good number of years ago and continues to live with extremely severe mental health challenges. As a result of this tragedy and several of his hospitalizations since 2013, I have been very heavily involved in mental health advocacy, especially around assisted outpatient treatment (AOT) aka as Laura's Law. I started coming to the MHC meetings, in addition to being involved with the Consolidated Planning and Advisory Workgroup (CPAW) since 2014. I was attending MHC Meetings for two years and decided to apply for a seat. Supervisor Pete Fall appointed me to the commission in 2016. My interest has been in the area for a variety of reasons for Finance, so I became a member of the MHSA-Finance committee for several years and became vice-chair in 2019/2020; and have been chair of this committee in 2020/2021 through now. I am an active participant on the state level Incompetent to Stand Trial (IST) workgroup and will be speaking more to that on another agenda item today. (Cmsr. G. Wiseman) Volunteers for next month (November): Cmsr. Swirsding and Cmsr. Maibaum	
VII. ANNOUNCE 2022 Elections and REVIEW timing of elections process, Commissioner Barbara Serwin Annual election of our Chair, Vice-Chair and our Executive Committee members, which are up to five, two being held by the Chair and Vice-Chair. Today, we need to convene a nominating committee and we need volunteers for that. The role of that group will be to solicit candidate, ensure they understand the role and responsibilities of the positions and that they can actually meet these responsibilities. That process will take place in September and October. In the November, the nominating committee will announce the slate. We will then vote in December. We will have a closed vote, meaning everyone will vote, but our names will be held back. That is the process. Commissioner Wiseman, would you like to go ahead with requesting the nominating committee. (Cmsr. G. Wiseman) At this point, we would ask commissioners who would like to volunteer to be on that nominating committee. Commissioners May, Swirsding, Hudson, Maibaum and Griffin.	Documentation regarding this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VIII. DISCUSS MHC 2021 Retreat and proposed attendee preparation, including Zoom format, theme, activities, technical and facilitation support, Commissioner Graham Wiseman As we are working with vendor sites and planning, we have discovered no one is actually taking live conferences and we have had to move the retreat to a Zoom conference for this year. Rather than cancel, we are going to continue with planning. Thinking toward Review, Reflection and Reimagining. As we reflect what has happened in the past year (and longer), thinking on our own lived experiences and those of our constituents and the reimagining working toward a better future for our county with mental health services in a post-COVID environment. Who knows, COVID may be with us for quite a few years and we will continue existing with such. The attendee preparation, working with Dr. Tavano and Behavioral Health Services (BHS) to get input from those having the day-to-day experience of serving people in our community and we will be working with them to get that input. Also having them actually join us at the meeting. Of course, members of the public are welcome. We are so used to Zoom now, I don't think there will be that many questions. We will be	

having breakout rooms, of course, to discuss how it has affected us, what we want to see for the future. **Comments and Questions:** • (Cmsr. G. Swirsding) Will we be having a choice of groups or how will that work. (RESPONSE: Cmsr. Wiseman) We will have breakout sessions and within those, we want to have a blend of people within these breakout sessions (a mix of commissioners, county personnel, members of the public) and that his how groups will be arranged. We will all be talking about the same things. • (Cmsr. B. Serwin) Scheduled for October 6th, starting at 3:00 or 3:30 pm. Possibly shorten due to Zoom format, there will be no mingling prior to the program. • (Cmsr. G. Wiseman) There will be more emails forthcoming. • (Ms. Dandie) – technical difficulties, unable to decipher.	
IX. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano, PhD., Director of Behavioral Health Services First I wanted to mention we are still in the middle of a pandemic. We are pretty solidly in another wave and we are feeling it. Our clients are sometimes getting ill, our staff is getting ill and we have different days with different facilities having to close to admissions because residents test positive. We are not out of this and still having many challenges in keeping everything rolling but we are doing our best. All clinics and programs remain open and we have resumed more In-person work and In-person services. We want to continue in that direction unless the pandemic throws us off course again but we are definitely moving in a straight line for the most part. We have received two state public health orders we needed to implement throughout our entire delivery system, both county-operated and contracted. More recently, there was a CAO administrative order that linked closely with the two public health orders. We had a very limited amount of time to be fully compliant with the first deadline (Monday 8/23) which we did meet. We were able to establish a system to survey over 600 county staff and obtain verification of full vaccination and process any exemption requests, as well as any staff not fully vaccinated we implemented a weekly testing system including establishing a tracking system. Speaking with BHS Directors around the state, I feel we are doing quite well. Over 86% staff are fully vaccinated with more on their way to being fully vaccinated. We met the 8/23 deadline and we will absolutely meet the 9/30 deadline. Many of the BHS Staff are doing two jobs at once to meet all the public health requirements and keep all our service moving forward. The state has continued to schedules it audits and reviews, so there is a lot of preparation going on for that. We are also continuing receive mandate from the State Department of Healthcare services regarding conditional new services we are to be providing. We are being given rather short deadlines to implement many of these changes, along with it – starting with the funding as there isn't always funding attached to what we are being told we need to do, so we are really working on that front as well. There is a lot of talk in the news regarding third (booster) doses of COVID vaccinations being made available for persons with certain health conditions are eligible. We are waiting for final direction from the CDC regarding booster doses for the population in general but have not yet received that clarification. We are still focused on the number of clients who are not vaccinated. We put a lot of effort, as reported before, operating some of our own vaccination clinics for clients. There was a very low return so they have been suspended. Instead moved to making phone contact with clients (hundreds) and we are able to schedule their appointments and arranging transportation, as needed. With all those efforts, we know there are still a very significant number of people not vaccinated and going back to the drawing board to figure out how to better support them. Focusing on Contracts and review monitoring. We will be working with the MHC on providing actual contracts that we can all review in detail. Just to give a broad overview, within mental health we have over 430 contract we maintain and	

approximately 200 are for individual providers on our external provider network and the other 230+ are related a variety of functions; largely contracts for the delivery of specialty mental health services and clinical contracts. In addition, the Mental Health Services Act (MHSA) contracts, which sometimes are stand alone in terms of MHSA funding. Often, blended funding contracts that have both MHSA funds, realignment funds and federal financial participation (FFP)/MediCAL. We have a number of contracts with consultants that provide training on evidence-based practices both in children's and adult services. Many small contracts for specialties one normally doesn't think of and then we contract with a number of psychiatrists to provide direct care, contracting for housing, therapeutic residential treatment centers, mental health rehab centers (MHRCs) and hospitals. It is a very diverse portfolio of contracts, a number of them the commission is aware of and focus on but there are many more that go on behind the scenes to support the overall contract and delivery system.

As for the site visits the MHC is starting soon and we have provided access to the contracts to those facilities you will be visiting and also asked to put together a list of the ten contracts that have the highest payment limit. If we didn't already provide them, Jennifer (Bruggeman) will be doing so. We hear all the feedback and the frustration going on in the community regarding different aspects but wanted to say, the top ten contracts, the highest is over $8mil which is Crestwood behavioral health for a variety of locked subacute facilities. I often hear during these meetings that family members would like to have more access to their adult children in those facilities, again that is the largest dollar amount contract that we have (and it is just with Crestwood). Again, these are all subject to the IMD exclusion rule so there is no MediCAL funding available and those are our county re-alignment dollars (not matched with federal funding). The second highest contract payment limit is with Shelter, Inc. That is for our master leasing program that we maintain to house hundreds of our clients.

In terms of oversight, any contract that has MediCAL funding included are subject to complete review every three years, as many of you know, we are regulated by the state department of healthcare services to conduct the site certifications those programs. Those certifications are renewed every three years and, at that time, there is a very close look at those programs to ensure compliance with federal and state regulations. Contracts that do not have MediCAL funding but under the MHSA exclusively, those programs are reviewed every three years, but the FSP programs, there is an annual report regarding performance and outcomes.

Comments and Questions:

- (Guita Bahramipour) Are individuals who have experienced trauma at an elevated risk for substance abuse? (RESPONSE: Dr. Tavano) Yes, increasingly so. Starting with childhood trauma all the way through, which is a significant contributor to the development of mental health and substance disorder. I think all of you are aware of ACAES (adult childhood adverse events screening) that goes on in primary care. There is a very large collaborative that includes: Gerold Loenicker, Chief of Children's service; as well as pediatricians, primary care physicians. That group is very focused on the impact of trauma.
- (Ms. Dandie) (1) Regarding vaccinations and trying to force vaccines on our unhoused mental health client on the street but have not even addressed medications that they are not getting for their mental health. That is one of the things that should be top of the list outside of COVID. COVID is important, but so is getting their mental health medications they are not receiving because they are not getting the services. (2) Also, speaking to getting mental health and psychiatric services in the hospitals and clinics that are in the county and there is funding out there. Richmond doesn't have a hospital and Kaiser doesn't count because, if you aren't a Kaiser member, you don't get that help. There are a lot of places people will go and won't go outside of Richmond or West County because it is all on East County and Central County and that is why a lot of our clients (especially black men) aren't going over there. Once they get over to that side of the county, regardless of the taxi vouchers, they won't have a way back home. (3) You focus

on a lot of the incoming funding, speak to service 'out there' but West County doesn't have all the services open to what everyone is speaking of. I know, I have read through the (yellow pages/white pages) book, we are not getting those services. To me, honestly, we should be focusing on now because the funding is there, instead of focusing on those in East County and Central county, focus on West County – feeding the funding there and then servicing East/Central county because sometimes, if you start off where there are not that many complaints because they are not being heard it starts to come out. I am hearing a lot of people stating Central / East county doesn't have a lot of services but they do because I have to send a lot of people from West county over to Central county and can't get there due to transportation or having family members that can help. Those funds need to be funneled to West County (Richmond) as they are desperately needed, we are in bad shape. If you walk down our streets, you can see it. We don't have a hospital or housing for these people. (RESPONSE: Dr. Tavano) Approximately a year and a half ago, I did a presentation to the Richmond City Council which had service tabs for the programs we are funding in West County. I think, what often happens, many of our services are contracted to providers in the community and people in the community know the names of those agencies but do not necessarily know the county is funding them to provide services. I just wanted to say that and if anyone is interested, I can provide those services. We have a service map for each region of the county (one side children's services, the other adult). We include all the county operated programs as well as all the contracted programs because people often do not connect that the county is funding these. I appreciate what you are saying, there is no hospital or crisis stabilization unit in West County. Those are bigger issues and have to do with funding, but would say that is true for East County, as well. There is no county operated hospital there, either.	
X. UPDATE on Site Visit assignments, schedule of Site Visits, and Zoom format – Angela Beck, MHC Senior Clerk, Commissioner Leslie May, Commissioner Laura Griffin, and Commissioner Barbara Serwin • The Site Visit training happened today prior to this meeting. The assignments: Blessed Home Care will be the first facility in September but has yet to be scheduled. It will be three weeks out and we are still trying to contact the Program Director/owner. Commissioners Russaw and Metro are assigned to this visit, with Commissioner May will be the mentor. • In October, we have Neireka House in Concord and the team assigned will be Commissioners Serwin, Stern, and Griffin. There are two mentors on the team so we do not have an actual assigned mentor. • In November, we have Crestwood Our House in Vallejo and that team is Commissioners Dunn, Maibaum and May. • In December, we have Neven House in Richmond and the team consists of Commissions Stern, Hudson and the mentor is Commissioner Serwin.	

XI. REVIEW Finance Committee Motions from the August 19th, 2021, meeting. Commissioner Douglas Dunn There are two motions to be voted on from the MHSA-Finance Committee Meeting 8/19/21 (Agenda Item VIII). **Motion 1:** Recommend Contra Costa Behavioral Health Services (CCBHS) to actively pursue & develop county housing, care and service plans, excluding any jail-based competency restoration programs for the county IST (Incompetent to Stand Trial) population based on: A. Recently enacted and signed AB 133 and special mental and behavioral health services funding provided for in the final 2021-2022 state budget. B. $3B in Mental Health & Substance Use Disorder (SUD) federal funding in the recently signed American Rescue Plan. **Summary Background**: In 2015, the American Civil Liberties Union (ACLU) and the California Public Defenders Assn (CPDA) filed a lawsuit in superior court regarding constitutional issues surrounding the growing human log jam of persons adjudged Incompetent to Stand Trial (IST) waiting for a state hospital bed. The entire Incompetent to Stand Trial human log jam (+1,600 persons) waitlist has come to a head in a recent CA 1st Appellate court ruling requiring that persons adjudged IST must be remanded from county jail within 28 days to a state hospital or another community based program. The CA Supreme Court very recently rejected the Dept. of State Hospital's (DHS) appeal and affirmed the Appellate Courts' ruling. This entire judicial process has prodded Gov. Newsom and the legislature to act. Among other things, AB 133 created a state level Incompetent To-Stand Trial (IST) Solutions Workgroup to come up with short, medium, and long-term "actionable" solutions suggestions for the CA Dept. Human & Health Services (CHHS) to refer to the legislature by November 30, 2021. This is the brief summary background to Motion 1. **Funding availability:** The available state funding to counties to implement the desired Incompetent to Stand Trial "Solutions" is: • More than $2.2 billion for competitive grants to construct, acquire, and rehabilitate new facilities to expand the community continuum of behavioral health treatment resources. • Almost $800 million to expand the behavioral health workforce. • $75M in 2021-2022 to implement suggested solutions of the IST Solutions Workgroup • $175M in successive years to implement more suggested solutions of the IST Solutions Workgroup. Except for $75M, the remainder of the state funding will not be available until at least early 2022. Additional legislative trailer bill language, as well as regulations and policies to determine the competitive grant process, has yet to be written. The committee included the phrase "except jail-based competency restorations programs" because of our dislike and experiences of such programs, as well as input received from Los Angeles County families and consumers, and many failures in its jail-based competency restoration programs, especially to persons of color. Motion 1 is a direct result of the above developments. The MHSA-Finance committee discussed and voted this motion to prod county BHS to be prepared to file for and get the maximum fair share possible of this funding when it becomes available. The clear objective of the legislative changes is to put far more responsibility on county detention and mental health systems to treat and care for its IST population. Per the Public Defender's office, 50-65 persons in the county comprise this population. The MHSA-Finance committee definitely wants a community-based diversion and restoration program, like what persons from the Los Angeles County Office of Diversion and Re-entry demonstrated at a recent IST Solutions Workgroup meeting. **VOTE on Motion 1:** • **Motion 1:** L. May moved to approve this motion. Seconded by L. Griffin. **Vote: 10-0-0**	

- **Ayes:** G. Wiseman (Chair), B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin. M. Hudson, K. Maibaum, L. May, J. Metro, G. Stern
  Absent: A. Russaw, G. Swirsding

Motion 2:
Recommend Contra Costa Behavioral Health Services (CCBHS) to actively work with the Department of State Hospitals (DSH) to ensure that the contracted service provider for Conditional Release Program (CONREP) services provides the best possible service for its county IST (Incompetent to Stand Trial) population.

Summary Background: At the August 19, 2021, MHSA-Finance meeting, both family members and the Public Defender's office informed the committee that the current county contracted conditional program release provided (MHM System) is not performing it's contracted duties to help persons discharged from State hospitals to reintegrate back into the community. The Commission really needs to look at this contract and find out where the failures are occurring and what must be done to promptly rectify them.

Comment: (Dr. Tavano) I have been reporting on all the grant opportunities we have been applying for, because when we see one that will serve the county, we certainly have developed a core group that are writing grant proposals very regularly. We have submitted several supplemental grant applications. Last week we submitted another round of grant applications to DHCS and we are paying attention to this, Commissioner Dunn. I sit in on those meetings and see Public Defender Stephanie Regular is part of this call and is a sitting member of that committee (Workgroup) and our county representation. I have been approached recently regarding operation of the CONREP program and stated we would be willing to consider if there was adequate funding for outpatient services, residential services, housing, etc. I could not get that commitment from the state at that time so I felt it was basically unfunded (or underfunded) endeavor and did not want to add that burden to the county. If that were to change, we would be open to reconsidering it. The county did hold the CONREP contract for quite a long while. The decision was made to give it back to the state, simply because the funding was completely inadequate to support these individuals.

VOTE on Motion 2:

- **Motion 2:** G. Wiseman moved to approve this motion. Seconded by K. Maibaum.
  Vote: 10-0-0
  Ayes: G. Wiseman (Chair), B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin. M. Hudson, K. Maibaum, L. May, J. Metro, G. Stern
  Absent: A. Russaw, G. Swirsding

XII. UPDATE on new Commissioners and open seats, Angela Beck, MHC Senior Clerk

- As of September 1, 2021, there are four vacancies:
  District I Member-at-Large
  District II Family Member
  District III Consumer
  District III Member-at-Large

Comments and Questions:

- (Cmsr. Wiseman) What we have decided in the Executive Committee is we will be sending a letter to all county supervisors to let them know we would prefer to have the seats filled and these are the vacancies and to ensure they are aware of the vacancies. Regarding the vacancy in District I, I actually had a conversation with Supervisor Gioia at an event on Saturday, we had an opportunity to speak for a bit. I reminded him of the opening. The most important thing is that those who do get selected are qualified and available. That is key, because it does take a bit more time than most people assume.
- (Cmsr. Andersen) I have had extremely qualified applicants and it has just been drawn out over a period of time. The three candidates who are very interested have all attended the mental health commission meeting and you should be hearing an announcement from my office within the next two weeks.

(RESPONSE: Cmsr. Wiseman) We actually weren't going to single anyone out, just send it to all Supervisors. • (Angela Beck) I was just going to say same. The seats have been open for such a long period, we were sending to all supervisors, bearing in mind the statement (from Cmsr. Andersen) regarding the seats being filled from/recommended by a different district supervisor. Also, moving forward, when we receive word that a commissioner is stepping down or not seeking a re-appointment, we will also notify all five Supervisors. Just a courtesy notice. • (Ms. Dandie) Just a question of the availability of seats in each of these supervisor's districts. How much longer until these seats are filled, or spoken to? The longer these seats are open, the longer constituents are not represented. (RESPONSE: G. Wiseman) The supervisors make the selections for the seat in their districts, it is the MHC responsibility to make them aware and request they fill the seat. There is no established timetable, our position is to wait until the correct candidate is appointed. Then they are appointed by the full Board of Supervisors. (Cmsr. Andersen) Typically we try to fill those seats as fast as possible. There is no mandatory date to receive / review candidates. We try to fill them as soon as possible with the most qualified candidate. Each supervisor does it a bit differently. Bottom line, there is no deadline/timeline but it does help to shoot emails to your supervisor to keep reminding them of your interest. • (Ms. Dandie) I understand. Thank you. I just want to say people have their own personal preference who they want. I understand that fully. I have applied for myself, I know things take time, but somethings take precedence over taking time. Again, I am going to reiterate – lives are at stake, not just a building, not just someone saying so. These decisions of people sitting in these seats, looking at these people in their face every day, it is about a life and not necessarily about 'Oh, we just have to wait for that perfect person' regardless of if I get that seat or not, I am going to help the people that are here. Regardless of if picked for another district, I will still help the people in this district. But laying everything on the line, and I am very serious to everyone across the board – Think of those people that need someone sitting in those seats as someone in your own household that is waiting for representation.	
XIII. UPDATE on BHS contract process and content, Dr. Suzanne Tavano, Behavioral Health Services Director The MHC wants to understand the contract process. What is driving this, as part of the site visits, we will be looking at contracts. • (Dr. Tavano) This was addressed in the BHS Director's report. • (Cmsr. Dunn) I am assuming this is regarding the CalAIM changes that are coming up in the next couple of years. (RESPONSE: Dr. Tavano) Yes, it is related to CalAIM and the State recently updated its timeline for implementing the eight different components. The first one being January 2022 and we are working on that right now. Soon after is documentation reform in July 2022. July 2023 is when the contracts are addressed, because once our method of reimbursement / paid for our services is going change and it will require changes in the way our contracts are constructed.	
XIV. Adjourned at 6:19 pm	