MENTAL HEALTH COMMISSON
MHSA-FINANCE COMMITTEE MEETING MINUTES
January 20, 2022 - FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Chair, Cmsr. Douglas Dunn, District III called the meeting to order at 1:31 pm. Members Present: Chair, Cmsr. Douglas Dunn, District III Cmsr. Leslie May, District V Members Absent: Cmsr. Graham Wiseman, District II Other Attendees: Cmsr. Barbara Serwin, District II Cmsr. Rhiannon Shires, District II Angela Beck Jennifer Bruggeman Carolyn Goldstein-Hidalgo Ivette Kwan, Program Manager Action Team, Mental Health Systems Teresa Pasquini Jen Quallick, Supv. Candace Andersen's office Stephanie Regular Lauren Rettagliata Michael Sisler, Assisted Outpatient Treatment Supervisor, Mental Health Systems Baylee Weschler, Social Justice Advocate, NAMI CC	Meeting was held via Zoom platform
II. PUBLIC COMMENTS: • (Teresa Pasquini) I shared a document with Cmsr. Serwin and Cmsr. Dunn this morning. There was a report that came out yesterday, a RAND Study, the shortage of psychiatric beds in our state: acute, subacute in adult residential facilities were identified. I haven't had a chance to explore that document but I hope it will be helpful to the commission, along with the Behavioral Health needs assessment that was issued.	
III. COMMISSIONERS COMMENTS: None	
IV. CHAIR COMMENTS: None	
V. APPROVE minutes from December 16, 2021, MHSA-Finance Committee meeting: Cmsr. Douglas Dunn moved to approve the minutes as written. Seconded by Cmsr. Leslie May. **Vote:** 3-0-0 **Ayes:** D. Dunn, L. May, B. Serwin. Abstain: None	**Agendas and minutes can be found at:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

VI. DISCUSS the 2021-2022 MHSA Plan update. Presentation by Jennifer Bruggeman, Contra Costa Behavioral Health Services MHSA Program Manager

I am scheduled to speak on the 2021-2022 MHSA Plan update, but I am assuming the information you all want to hear about is the 2022-2023 plan we are just about to start working on. Next month, I would have a bit more to share, as right now, we are awaiting the MHSA 2022-2023 budget needs to be finalized within the next two weeks and I don't have much clarity on the upcoming year yet. I do have a document to share if it is of interest to the group. My team starts drafting this time of year and just gearing up again waiting the budget. To start about some of this, it might be helpful to just look at what has happened during this three-year cycle.

(Screenshare) This is not new information but a different way of looking at it to refresh our memories of where we are at and perhaps where we at and maybe what we want to think to move forward with in the new year. This is a pre- and post-COVID MHSA 2020/2023 budget comparison. It does not include all the detail for every category, but the significant areas of change are highlighted. When we do a three year plan, we lay out a three year budget and sometimes things change year-to-year and any significant changes would be included in the annual update during in between years. We are in year three of this three-year plan. This time next year, we will be working on a new three year plan. Two years ago, Warren Hayes was still here as the chief over MHSA and he put together a draft of the three year plan. Then COVID hit and things changed significantly.

Internally, there were questions regarding the areas of expansion and, at that time, counties were encouraged to spend down on 'unspent' funds because there was discussion that unspent funds may be reverted back to the state to cover other priority areas. He bolstered the budget for that first year of the cycle. For the Community supports and services (CSS) category, which includes the housing programs, the FSPs (full service programs) and the specialty mental health services, this category presents approximately 80% of the budget. That was brought up to $46.9mil.

Under Capital facilities and technologies, the new (biggest) item was Oak Grove – a renovation of the Oak Grove site, which is a county owned property in Concord and was over $2mil projected for that project. There was a much smaller innovation at Sherman Drive. The IT support is ongoing build out in support of the electronic health records. PEI (prevention and early intervention), we had the two request for proposals RFPs) from last year for early childhood mental health and suicide prevention. Those were going to be much bigger projects and as you can see they were reduced due to COVID but still want to honor that work done during our community program planning. Those two areas really stand out. Under Workforce Education and Training (WET), there is approximately $500k allocated for internships targeting bilingual staff. We know that, in our behavioral health system, there is a real shortage of bilingual staff, so this was to be a project that could help address that and we did have the 3% COLA (cost of living adjustment) for the community-based organizations (CBOs). In all, it was approximately a $13mil increase from the previous year.

Due to COVID, actual 2021 expansion was put on hold. Example: CSS, all the expansion that was planned, instead included $6mil for one-time funding for the one year to address and support those programs that have blended funding

between MHSA and re-alignment. In order to avoid cutting services, stakeholders, the community and the Board of Supervisors (BoS) gave the blessing to utilize the one time funding to support those programs. Renovations were tabled. The RFPs still went through but much smaller scale. For the WET bilingual internship program was tabled and we wound up with a $61.3mil project budget for last year. Even though we did include funding for supportive care expansion, overall, the number dropped quite a bit. The renovation projects still tabled, PEI remained the same, WET the same and the 3% COLA for CBOs were brought back this year due to the advocacy of groups like this.

This year, we have a $54mil budget and for next year, it is scheduled at this point to be the same. However, we do understand and the MHSA reserves at the state level, the revenue we receive is much higher than anticipated. I believe it is somewhere closer to the pre-COVID level. It will be up to the leadership (in the next couple of weeks) and anything decided will be reflected in the annual plan update we draft this winter. Our hope is this $3.2mil that was slated for the Oak Grove renovation is put up into the housing. I just recently learned at one of our EQRO sessions yesterday, this Oak Grove site is planned to be used for the A3 (anyone anywhere anytime) community crisis work that is being done. It does need to be renovated but will be funded by Measure X.

Questions and Comments:

- (Cmsr. May) The Oak Grove site, we are using that for A3. I am not sure about the Sherman Dive site and I am still thinking toward the IST (incompetent to stand trial) population coming in. Will one of those sites work for this population that is going to be returning to our county? I am looking at the numbers pre-Covid and we are still not out of that and working our way through this, I am just wondering why the proposed annual budgets were not increased more. (RESPONSE: Jennifer Bruggeman) These numbers were approved in the 2023 three year plan, which was done late due to COVID, but those were numbers approved. We draft a three year budget and there may be change in this upcoming year. Given all the things you just said and the new priorities that have emerged and the fact that there is additional funding, it is just (kind of) a place-holder and it could change. I will certainly keep this group informed. As far as the Sherman Drive site, I don't know a lot about it. I know that it is a county owned property but haven't heard any new plans for that site and will definitely look into that.
- (Cmsr. Serwin) The early childhood mental health item, what happened there? Was it projected to spend $1.5mil and the project never got off the ground or it only did to a small percentage and that is why there's the $150K? (RESPONSE: Jennifer Bruggeman) The project did get off the ground and we did an RFP for this last year for both this and suicide prevention. It was an emergency department follow up program that is being led by the crisis center and the early childhood mental health RFP was awarded to early childhood intervention coalition (ECIC) and We Care is really taking the lead on that. We still went ahead with the process, but the funding level just had to be greatly reduced. If the projects do well and they take off, my hope is that we can increase the funding, if not in this upcoming year, hopefully in the next three year plan.

- (Cmsr. Serwin) So the $1.5mil was not spent? (RESPONSE: Jennifer Bruggeman) These were Warren's budget projections in those last couple months, leading up to COVID where he was trying to boost the budget and spend down as much 'unspent funds' as possible, so he made a lot of last minute increases. (Cmsr. Serwin) but that is not how much it actually costs to do? Is that what it is? Or it wasn't required? (RESPONSE: JB) Well, there doing this within this allocated budget, so the project is actually in operation right now, but the hope would be to expand it to more areas across the country or hire more staff. Right now, they are able to serve but I can't recall how many clients currently, it is a much smaller number we would hope. However, as smaller pilot project, maybe this is a good way to look at it and see if it has traction and doing well. They do attend a lot of our CPAW meetings, and give presentations and updates but we have not heard from them in a while.
- (Cmsr. Serwin) $1.5mil is budgeted by Warren, so for the actuals for 2021 – 2022, and what is being projected for next year is approximately $450k? What happened to the extra million? Does that go back int reserve? (RESPONSE: JB) that budget you see here, was never approved. This is just what was in the pre-covid version of the 3-year plan and after COVID hit, we had to rewrite the hole thing. (Cmsr. Serwin) That helps a lot. What is our reserve now? For the county? (RESPONSE: JB) The prudent reserve hasn't changed, we have not had to dip into it and it is $7.5mil, and nothing has been absorbed by the state. Finance would like the finalized MHSA budget at the beginning of February (approx. 2 weeks away).
- (Cmsr. Dunn) You will know in two weeks, so by the next MHSA-Finance committee meeting on February 17th, you will know the budget, right? And we should be able to discuss it in some detail? (RESPONSE: JB) YES.
- (Cmsr. Serwin) Wouldn't it be possible to discuss at the main commission meeting? (RESPONSE: Jennifer Bruggeman) That will probably be tight, not really. (Cmsr. Serwin) Doug, there is an opportunity for the committee and the commission, to identify budget areas we would like to see the budget increased or moved around and we do have some time. (RESPONSE: Cmsr. Dunn) yes, we can discuss offline.
- (Lauren Rettagliata) I am interested in knowing before we meet again what (as close as you can get to the number, Jennifer) is the unspent funds? You mentioned that was going to be pre-COVID…are we back into the $55mil unspent category? Where are we in unspent funds? (RESPONSE: JB) What I meant by us being in the 'pre-COVID' times is related to the MHSA reserves. The funding we will get from the State MHSA trust. We have been scaling down (or flat) over the past three years. When COVID hit, we received budget projections that we weren't going to be getting the same level of revenue we were initially anticipating. In terms of the unspent funds, that is a separate question. The prudent reserve is separate from the unspent funds and I don't have that number off the top of my head, but will be happy to look into that for you. As we were laying out the revised three year plan that was approved, the documentation that Pat Godly shared, did include unspent fund information but it has been a while.

- (Lauren Rettagliata) That can actually be millions of dollars we could possibly use when the state requires us to match funds (especially in the new housing). I don't know if those funds would be available to help out in projects that we are foreseeing there. The other question has to do with the $500k (which is not a small amount), how many interns? And is this over a three year period? $500k on interns seems like a lot of money. (RESPONSE: JB) I would have to ask our WET coordinator what the details of that project were. You are right, it could have been over the three year allotted amount or the annual amount. Here in this county, we are able to get a great pool of interns every year is because we do offer stipends to interns, which is kind of unique. We do that for interns working within the county and also for interns that are working at our CBOs. I think there was extra incentivizing for those with bilingual capability, and we have the loan repayment programs, as well. We will try to target those towards folks with bilingual capabilities as well. (Lauren Rettagliata) I'd just like to see where that money for… where it is going and how.
- (Cmsr. Dunn) Do you know when it will be finalized, likely February 8? (RESPONSE: JB) Finance is asking for our proposed budget by the beginning of February, but it has to work through the process, I think, ultimately, it has to be approved through all channels. When would the final version be approved? (Cmsr. Serwin) I have been trying to get the commissions input earlier in the process, not waiting until it has been set by BHS and then it becomes much less fluid. The goal is, if we look at the big budget process diagram given by Pat Godley, the MHSA's Budget timeframe is a little shifted from the entire BHS budget cycle, right? A little ahead? We want to be in an early phase for the BHS budget. I am just trying to figure out that if it's at the commission where we are airing MHSA expenditures, where would like to see money spent, that would be sooner than the final of mid-February date. (RESPONSE: JB) I know you passed a motion recently to increase the hosing budget by up to $3mil (I think a dollar amount was left out) but I believe it was passed. (Cmsr. Dunn) that was going to be $3mil, but Supv. Andersen asked us to table the amount pending what Dr. Tavano had to share at the February MHC meeting. <interrupt> (Cmsr. Serwin) we are in this in between state because we haven't had the opportunity to hear back from Dr. Tavano on what her priorities are and where she wants to see funding spent. So that we have something to respond to. There is the proposal by finance for that one item, but the entire commission needs to be invited to weigh in on what the priorities are. We need a forum for doing that and the question is: is it before the budget is final or is it afterwards. I see the commission being in a better position if it is before. Dr. Tavano not been available just makes it harder for everyone and it is just circumstantial.
- (Teresa Pasquini) I just want to support Cmsr. Serwin and thank her for pursuing this advance input. I do believe that is part of the commissions duty and it is something that cause us to become reactionary when we wait for other people to tell the commission what the priorities are. The commission is actually supposed to be leading and directing (from the community input). When I was first put on the commission, there was very strong pre-advocacy. This was actually 2006 when MHSA was just beginning, but there were very strong positions taken by the commission in partnership with other stakeholders. At the time, there was a coalition made up of the

unions, commission and MHCC and the CBOs. That all sort of went away over the years and I see other stakeholder groups driving the narrative in too many ways. I really like what Cmsr. Serwin is suggesting and do believe the commission have had some motions put out there, which gives you some leeway on this. Cmsr. Dunn, there was some good information in the packet to make a general motion. Housing is key but it has got to be the right kind of housing. I love hearing the $3.2mil from Oak Grove is something that will not be take from MHSA and will be coming out of Measure X, since Measure X didn't really allocate any funding to housing or the housing continuum. I would like to see a clear identification of the available properties in this county to the commission. I have never even heard of Sherman Drive. I want to see more transparent information on what is available to plan. We need to know what is shovel ready. If the county already has projects earmarked, that needs to be shared so the rest of us can plan. In addition to the budget coming from the state, I participated in a planning meeting yesterday with a NAMI national group that is working on crisis conversation and the 988 conversations on a national basis. There is clearly signals there will be money coming Federal government as well. That is something this commission should keep in mind and dream big. There are gaps identified and I would like to see the commission take a proactive position based on the conversations we have had.	
VII. Housing, Treatment, and Services needed for the 50+ persons adjudged Felony Incompetent to Stand Trial (FIST) and LPS Murphy Conservatees returning to the county within the next several years. Presentation & Discussion moderator: Douglas Dunn, Chair, Commission MHSA-Finance Chair This agenda item discusses the Housing, Treatment, and Services needs of this highest need population. On June 15, 2021, the 5th District Appellate Court upheld the Stiavetti vs. Ahlin and now Clendenin lawsuit decision requiring the Dept. Of State Hospitals (DSH) to accept person into a DSH bed within 28 days of a person being adjudged IST. As a result, the state legislature passed legislation, AB 133 and Welfare and Institutions Code 4147 which established a statutory time limited (11/30/2021) IST Solutions Workgroup seeking to clear out the now 1,800+ person and daily growing waitlist which has been tremendously impacted by the COVID-19 pandemic. Because of the fast spreading Omicron variant, the DSH now has another 30 day stop on any admissions until at least February 1, 2022. Very briefly, a person adjudged Incompetent to Stand Trial (IST): • Does not rationally understand the criminal charges against him or her, AND/OR • Cannot rationally help with defense counsel (usually a public defender) in presenting a defense against the criminal charge(s). Per several US Supreme Court decisions, the legal standard of proof is: Preponderance of the Evidence. Ms. Stephanie Regular, JD, Supervisor of the Contra Costa Public Defender's 7 attorney Mental Health unit, was a formal member of this workgroup. I participated as a member of the public in this state level workgroup and its	**Meeting handouts can be found at** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

several working group meetings which were generally biweekly from August 17 thru November 19, 2021. Attached is the Workgroup's 11/30/2021 final report.

In summary, as a result of these developments the following developments have either occurred or will occur:

- Persons adjudged Misdemeanor Incompetent to Stand Trial (MIST) can no longer be referred to any state hospital. They remain in their "county of origin" in which the alleged crime(s) was/were committed. For Contra Costa County, this means 22 persons currently adjudged MIST remain in this county. Per recently passed SB 317, persons with this legal status are eligible for either:
  1. Mental Health Diversion (MHD), or
  2. Assisted Outpatient Treatment (AOT), or
  3. LPS Conservatorship, or
  4. Case Dismissed if an MHD, AOT, or LPS Conservatorship slot is not available.

  To make matters worse, their minimal county Behavioral Health psychiatric services ended January 1, 2022 As a result, the Mental Health Commission's (MHC) MHSA Finance Committee recently asked Mental Health Services (MHS), Inc., the contracted AOT service provider to prepare an attached real life "what-if" budget for this population's, Housing, Treatment, and Services. Their projected cost is $3M annually for 22 persons.
- Persons adjudged Felony Incompetent to Stand Trial (FIST) will return to this county over the next several years, definitely by early 2025. The size of this population is 50+ persons. Because of this group's heavy criminal justice system involvement, the needed Housing, Treatment, and Services required are very complex on multiple levels. For example, because of the nature of their felony criminal charges, they have to initially, at least, be housed in a multi-treatment level Forensic Mental Health Rehabilitation Center (FMHRC). From personal observations, I know the District Attorney's (DA) Deputy in charge of Mental Health Litigation will not allow these persons to be initially placed, at least, in an unlocked Adult Residential Facility (ARF) treatment and rehabilitation services housing setting. Because of the serious nature of the felony charges involved, I've personal watched her persuade the presiding judge to deny these persons MHD. <u>Afterward, I've counseled the families who are absolutely devastated!!</u>
- In addition, a smaller subgroup are persons have been both civilly adjudged "Gravely Disabled" and charged with the most dangerous felony charges, namely:
  1. Murder, or
  2. Attempted Murder, or
  3. Have threatened a person or persons "within an inch of their lives."

  These persons are classified as LPS Murphy Conservatees. They reach this status after having been FIST in a state hospital setting for 2 consecutive years. The legal standards of Proof for an LPS Murphy Conservatorship are:
  - Gravely Disabled—Beyond a Reasonable Doubt
  - Incompetent to Stand Trial (IST)—Preponderance of the Evidence

  Currently, 5-7 persons from Contra Costa County are classified as LPS Murphy Conservatees.

Finally, under a CCBHS approx. $7M/yr. contract, 20 persons in a civil LPS 1 Year Renewable Conservatorship are currently in state hospital beds. They may also be coming back to Contra Costa County, depending on the Dept. of State Hospitals.

As stated, housing and treatment and services and reimbursement costs are complex for these populations because of the Institute of Mental Diseases (IMD) Medi-Cal Reimbursement Exclusion for persons 21-94 years of age. This means that Contra Costa Behavioral Health Services (CCBHS) only receives state Medi-Cal, not any dollar for dollar matching Federal Financial Participation (FFP) matching reimbursement funding for persons in any MHRC or state DSH bed. **This currently costs CCBHS about $15M annually in "lost" FFP reimbursement.**

There is some hope with $2.2B available in a one-time competitive grant process available from the approved 2021-2022 state budget However, CCBHS will have to bid which could be a tall order given its previously very uneven success in such endeavors, such as No Place Like Home (NPLH).

If these efforts fail, most of these persons could wind up re-incarcerated!!

1. Along with this 1st Attachment summary write up of the Felony Incompetent to Stand Trial (FIST) and LPS Murphy Conservatorship issues are additional related attachments. The purpose of each of these remaining attachments is:

2. W&I Code Section 4147 (3 pages). This laid out the scope boundaries of the time limited state level IST Solutions Workgroup as well as potential Dept. of State Hospital (DSH) penalties for not meeting the Short, Medium and Long Range timetables specified in AB 133 and this W&I Code section.

3. IST Solutions Report Final v2 (65 pages). Explains the Dept. of State Hospital's (DSH) understanding of the very complex Incompetent to Stand Trial Issue as well as recommendations to the Secretary of the CA Health & Human Services (CHHS) agency (Dr. Mark Ghaly), the state Dept. of Finance, and finally, the legislature.

4. Trailer Bill—Behavioral Health Continuum Infrastructure Program (4 pages). Details the entities involved in and the allowed facilities to be bid for to either be refurnished or built in this county.

5. Initial Bid Form for CC IST Population (13 pages). This is the form Contra Costa Behavioral Health Services (CCBHS) will use to bid either refurbishing or build the facilities to treat and serve the needs of the multi-level Incompetent to Stand Trial (IST) and LPS Murphy Conservatorship population returning to this county.

6. Assessing the Continuum of Care for Behavioral Health Services in California (205 pages). This is the statewide needs assessment which the Dept. of Health Care Services (DHCS) recently released (over 2 months late). This is an imperfect state level "roadmap" of the current behavioral health treatment and service gaps throughout the state. The information in this report is what the state agencies involved in "scoring the bid proposals will likely use to determine which bids are accepted or rejected.

7. MIST Budget 2122v-20212227 SUBMIT (1 page) which lays out the categories of the $3M annually to properly serve the current 22 person Misdemeanor Incompetent to Stand Trial population in this county. NOTE: This information gives a realistic ideal of the minimum costs per person costs of serving the much

more 50+ person complex Felony Incompetent to Stand Trial (FIST) and LPS Murphy Conservatorship population coming back to this county from state hospitals. $3Mx2 = an additional $6M annually to properly treat and serve the FIST population. Add another 1M annually for the 5-7 person LPS Murphy Conservatorship population. **Total CCBHS IST annual costs. $10 Million+**.

8. MIST Budget 2122 Detailed Explanations (1 page) which lays out the annual specialized costs for serving the MIST population. Similar to likely FIST & LPS Murphy Conservatee costs.

9. Murphy Conservatorship—CA's Answer to Permanent Incompetence (9 pages) which discusses the history. legal and treatment rationale for and use of this unique California LPS Conservatorship law. Very interesting reading

Questions and Comments:

(Teresa Pasquini) It is an overwhelming amount of information and you did a really great job. My concerns are that we don't have any data, other than Stephanie Regulars information, to back this up. If it weren't for Stephanie, we would actually have no data. I am grateful to her for the information she has shared with the committees. You mentioned psychiatric services will stop as of January 2022 for the MIST population? I am unsure what that is about.
(Cmsr. Dunn) Ms. Regular indicated MIST persons will gain a minimal level of psychiatric services from BHS, whether that means going to the clinic or if someone is coming to them. (TP) I didn't understand why that was stopping on that date, that is what was unclear. (Cmsr. Dunn) There was some tie-in with Forensic Mental Health so I am going to have to pursue that further with Stephanie. Possibly something to do with SB317 implementation?

(Teresa Pasquini) The other thing is that I am familiar with district attorneys that don't want to allow anyone to an unlocked facility (lived experience), so I think that is definitely some advocacy work that has to take place in this county. When you mention murder and violence (within an inch of their lives) that is your terms/legal terms. I just want to remind this committee and the commission, in terms of education. I know you have heard me make this point at the DSH, but my son was put in that category because he three felony charges and 'technically' they were within that description. Murphy's conservatorship was definitely on the table, but as you all know that didn't happen, because of luck and heroics. We now know there will be more people like my son out there and not all need to be in a permanent Murphy's conservatorship. That doesn't mean they don't need to go to a forensic therapeutic facility for a time being. That will enable them to step down eventually to the community.

(Lauren Rettagliata) You are very adept at showing how this will actually save money. Your very precise documentation of it is one of the breakthroughs in getting AOT into our county. We really have to step up and show this is needed. The other thing we must realize is that CPT is a for profit organization. There is nothing wrong with for profit, Psynergy is for profit also. What we have to do is court, actually go out and have deep conversations with those that do this the best and find out 'what will it take' for them to come to our county and feel secure that they will be able to keep their facility open, keep afloat and make a profit? How are we going to do that as a county? We need have discussions like that, not always public discussions where everyone on planet is in on the conversation but targeted discussions with people who know things, the

supervisors interested in this, what do they have in mind? What are they thinking? They have to know we will be able to get this passed by our BoS once it comes to that point. (RESPONSE: Cmsr. Dunn) to follow along those lines, that is where we have to know what refurbish able housing options are available in this county? That is part of data me MUST have before we can talk to the CPTs and Psynergys and developers. That is another part of this conversation we need to look out. But we need county data as a baseline to intelligently start these conversations. (Lauren Rettagliata) I agree, but I also don't believe when CPT and Crestwood and others build the Mental Health Rehabilitation Centers (MHRCs) that they actually used land and buildings that were surplus in the county. It would be nice to have it to be offered, you have to actually be speaking with those that will be doing this to find out what they see as the major hurdles as to why they would not want to do this in our county. What do they need from our county so that it is a yes? A GO? (Cmsr. May) Reading this document, there are a lot that has come to mind. A lot of places I feel we have not tapped. We are now saying 60%plus of the 70-95 person population discussed below are black and indigenous people of color. I am wondering why we haven't tapped into some very strong resources, the tribal federation, perhaps? They own a lot of land with structures that we can do in and refurbish. They also have a lot of money, if we tap into that resource, they would be willing (this is their people) to provide and donate. There is a lot of money in the tribal federation. Also, in terms of the black population, we have the California State Legislative Black Caucus and they are very powerful and they should have a voice in this. The National Association for the Advancement of Colored People (NAACP) and Black Women Organized for Political Action (BWOPA). They are women with children that fit into this category and they have been fighting for rights and have been around since 1968. They are very powerful resources we have in our state and are not being tapped for health. They should be involved to come in and know what is going on and be part of this conversation. (Cmsr. Dunn) Thank you for bringing this to our attention. (Teresa Pasquini) One more thing, regarding this motion and presenting to Commission, and many of you know this. People are tired of Contra Costa County residents taking up the beds in their communities and counties. I know this for a fact. We know there are very active advocacy going on in Alameda County for the facilities they have. It is really important to resolve this. We have kicked the can down the road far enough. The chickens have come home to roost and everyone is now going to need treatment beds in their own counties. Just wanted to put that out there as a leverage point.	
VIII. MOTION: Ask Behavioral Health to include the necessary Housing, Treatment, and Services needed for this most vulnerable and highest need population, including: **a. Multi-Service level Forensic and Civil Mental Health Rehabilitation Center (MHRC) treatment and services** **b. Multi-level step down housing, treatment, and services** Executive Assistant read motion:	

"Ask Behavioral Health to include the necessary Housing, Treatment, and Services needed for this most vulnerable and highest need population, including:

a Multi-Service level Forensic and Civil Mental Health Rehabilitation Center (MHRC) treatment and services

b Multi-level step down housing, treatment, and services"

- (Cmsr. Serwin) Changing the language as we are an advisory commission, our role is to advise (not ask). Change the language to stay ADVISE. This is in the WIC code.
- (Cmsr. May) Yes, I agree. That is consistent with other motions to BHS and the BoS.
- (Cmsr. Serwin) You have done so much, your deep dive includes a lot of financial information. Is there anyway we can get our arms around a number that we might be suggesting? The more we can quantify what it is, the better when we have the data to back it up.
- (Cmsr. Dunn) I hear where you are coming from and like to lean forward, let's have it read 'advise behavioral health to include $7mil for the necessary …" I will put that $7mil amount in there.
  (RESPONSE: Cmsr. Serwin) I am curious what others think about that.
- (Cmsr. May) I think we do, that we put forth, we need to put a dollar amount with it. We may get more. Can we say a minimum on $7mil to cover (Cmsr. Dunn) We might get push back.
- (Lauren Rettagliata) I think you are low. I think you are really low. Do the math. 22 people, if they are at even the lowest rung of the ladder at CPT which is $500 a day, you are talking almost $6mil added to your $3mil. You have $9mil. I'm not as good at math as you, but I think you are still shooting low. (Cmsr. Dunn) a minimum of $10mil (Cmsr. May) That is good. Hopefully more but that works.
- (Lauren Rettagliata) think the BoS will always lower it and I would stay high. But I don't even think that's high, I think it's being realistic. I think the $3mil that MHSA gave us was very realistic but low number.

Vote on Motion:

Advise *Behavioral Health to include* ***a minimum of $10 million to cover the necessary*** *Housing, Treatment, and Services needed for this most vulnerable and highest need population, including:*

a Multi-Service level Forensic and Civil Mental Health Rehabilitation Center (MHRC) treatment and services

b Multi-level step down housing, treatment, and services

Cmsr. Leslie May moved to vote on Motion as written. Seconded by Cmsr. Douglas Dunn.

Vote: 3-0-0
Ayes: D. Dunn, L. May B. Serwin.

Abstain: None

IX. Adjourned at 3:02 pm.