MONTHLY MEETING MINUTES
April 6th, 2022 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Cmsr. B. Serwin, Mental Health Commission (MHC Chair, called the meeting to order @ 4:33 pm Members Present: Chair, Cmsr. Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Candace Andersen, District II Cmsr. Douglas Dunn District III 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 Cmsr. Graham Wiseman, District II Cmsr. Yanelit Madriz Zarate, District I Members Absent: Cmsr. Kathy Maibaum, District IV Cmsr. Rhiannon Shires, District II Presenters: Jennifer Bruggeman Dr. Stephen Field, Medical Director, Behavioral Health Services Gerold Loeniker Dr. Suzanne Tavano, Director of Behavioral Health Services Other Attendees: Phil Arnold Guita Bahramipour Angela Beck Veronica Benjamin Cathy Botello Gigi Crowder Adam Down Wanda Johnson Aricin Kane, NAMI TAY Lynda Kaufmann James Kendrick Edgar Martinez Dawn Morrow (Supv. Diane Burgis ofc) Theresa Pasquini Tavane Payne Pamela Perls Jennifer Quallick (Supv. Candace Andersen's ofc) Stephanie Regular Arturo Salazar Arturo Uribe Baylee Wechsler, NAMI CC	Meeting was held via Zoom platform

II. PUBLIC COMMENT:

- (Pamela Perls) I would like to let everyone know we had a wonderful presentation by Cmsr. Serwin at the Contra Costa Developmental Disability Council. She was most gracious, gave a very elaborate presentation and was very kind to take comments. Just wanted to let you all know she was very generous with her time. Thank you.
- (Baylee Wechsler) I am with National Alliance on Mental Illness, Contra Costa County (NAMI CC) as a social justice advocate. Just want to remind the commission, while there is a lot of good work has been done to replace the loss in housing we experienced a few months ago with the closing of housing facilities, there is still not enough, still a major need in the county for more mental health residential facilities and want to urge / remind the commission of the massive importance of having more housing available. Thank you.
- (Aricin Cain) I am a Walnut Creek Resident and Senior at Northgate High School. One thing I notice is a very large percentage of Asian-American and Pacific Islanders that attend my school and the lack of support. I would like to see more mental health programs that target this community. There are too many Asian-American youths in need of mental health services and no one to talk to or acknowledgement of resources from the county. I would love to see the Mental Health Commission (MHC) better address this gap.
- (Gigi Crowder) I want to thank Aricin, one of our new NAMI TAY (Transitional Age Youth) volunteers supporting our effort to have more services culturally responsive for our communities and definitely focusing on the AAPI (Asian American Pacific Islander) community.
  I am also here around a public comment because I am really dismayed by the comments that Sheriff Livingston made after the officer, for the very first time in this county, was found responsible for the killing of an individual and received six years. That letter he wrote should have upset anyone who is an advocate around mental health. He pretty much gave permission in his statement that it was a sad day. Well, the sad day was for any family member who had to their loved one that lives with a mental health challenge and fears even calling 911 in this county. Then to have someone in his high level position say, "I have the back of the deputy" when I have so many calls coming into my office around mistreatment of individuals who live with mental illness.
  I still carry a picture of a young man who lived with schizophrenia and a canine unit was sent when he had mistakenly gotten off BART in Lafayette looking for his grandmother's home who had recently moved. Instead of compassion and care, they had the canine unit attack the young man. I am not okay with having a sheriff in this county that would lift up his officers in such a tragic time. He just opened another wound for the families that are trying to heal. As we are lifting up the Miles Hall Crisis Hub and our Anyone, Anyplace, Anytime (A^3) Program and trying to build relationships, he just left another big gaping hole for family members who are fearful of departments that don't lead with compassion.
  I would think the MHC would want to be a part of any movement that is supportive of shaking a finger at anyone who is intimidating and going against our advocacy of more healing, less confusion and more

compassion. **<Article shared URL: https://www.ktvu.com/news/contra-costa-county-sheriff-shows-disdain-for-judges-6-year-sentence-of-ex-deputy>**

- (Phil Arnold) Thank you for the opportunity. I wanted to add on to Ms. Crowder's comments. It is unfortunate that we have a public discourse and feelings creep into what should be the administration of the administration of government. I go back when I was 14 (I'm 75 now), the Cincinnati police stopped me and a friend of mine, we learned very quickly what the business end of police baton was because we fit the description of two colored boys, one tall and one short, who had believed to be the perpetrators for raping an 80-year-old white woman and then subsequently setting her house on fire. There was nothing we could say or do to keep the emotion from running very high at that point in time.

  With the death of anyone in our community, in particular when we are looking at the Ukraine and babies having their lives taken away from them. I hope I am appealing to your emotion, but I hope our officials that are elected would be more guarded and cautious with their words. They can be very painful. Dr. Alvin Poussaint, a professor of Psychology at Harvard University, wrote an essay ("It's the Little Things") many years ago. He said, "Growing up black in America is death by a thousand nicks." I have had so many nicks over the last 75 years, I can't count them anymore. I encourage all of us to speak in terms of love and understanding.

  My journey is one that I volunteered for the county for many years in multiple capacities because I want to help and work from the inside out. I have never ever said anything that I can recall that would be considered incendiary to the community or have them gasp. Again, I'm concerned and I thank you for the time you have given me here. It has helped cleanse my spirit some just to be able to articulate my feelings and that is not to beat anyone but to encourage all of us to be very cautious on what we do. I am a veteran. I was a Russian interpreter for the National Security Agency (NSA) monitoring soviet communications out of the middle east. I have seen the world and know how blessed our country is. I am grateful for that.
- (Veronica Benjamin) I wanted to just comment, echoing a bit of what Mr. Arnold said regarding the deep insensitivity of the Sheriff's letter to the community and people living with mental illness in their families. I would just like to take this space to express that I hope those in the Behavioral Health Services (BHS), who are trained and equipped to deal with mental illness are those who our county funds to take on that work, rather than agencies which are often put in an adversarial relationship with the public and do not possess the compassion to deal with people who are not neuro typical. I would just like to voice that here.

  I deal directly with the family of Laudemer Arboleda and that person that first brought that letter to my attention was his grieving sister. It was very shocking to me, that just when his family was approaching a space to heal, it was like a slap in the face that the sheriff would make such a deeply insensitive remark and not recognize their suffering or with the suffering and fear of Laudemer when those nine bullets when into his body. So, for the sheriff to double down at that particular moment was particularly egregious. I just wanted to raise my concern in this forum.

III. COMMISSIONER COMMENTS

- (Cmsr. Geri Stern) I just wanted to let everyone know that we have been approved for a visit to the Martinez Detention Facility (MDF) on April 26th (Correction: May 24th) during the regular Justice Systems Committee meeting 1:30pm to 3:00pm. There is another approved visit in September for the West County Detention Facility (WCDF). The lieutenant that contacted me said we would be able to see the new psych facility in the detention facility. I have already asked the committee, but have not heard from Cmsr. Swirsding if she will be attending. We have five people that can attend the tour. We have myself, Cmsr. Serwin and need three more Commissioners. It will be an informative tour. It has been many years since the commissioner has participated in a tour of MDF. Please contact me or Angela. It is the usual Justice Committee Meeting time (the fourth Tuesday of May and will be next month from 1:30 – 3:00 pm. It is onsite, in person tour. We need to know within the next 24-28 hours. There are four different films to complete for screening.
- (Cmsr. Gina Swirsding) I wanted to add to Gigi's testimony and as a consumer, I don't like the police, myself. So, I have a lot of fear also. Even though I do know police officers and meet occasionally with them, but not in or near my home. A lot of consumers are afraid of the police and I wanted to echo that.
- (Cmsr. Leslie May) I just want to piggyback on what was said by Gigi Crowder but want to take it one step further. In East County, we are facing, and I have personally seen quite a few people in fear right now of the Antioch Police Department. As everyone knows, there is a big investigation. The fear comes from some people out here, there have been threats, just as what happened around January 6th, there has been threats against people of color out here (East County). The threats are: something is going to happen to 'us' this upcoming Tuesday when they have the city hall meeting, It has spilled out into so much over racism, comparing the black people to circus monkeys, circus animals out here. This affects anyone with any type of mental health issues. As I have said before, this end of the county has not been, a lot of things I feel have not been addressed. I believe that we need support out here. A lot of support immediately, not in the next month, we need it immediately because people are living in fear in Antioch, California. We need help, I don't care what kind of help it is, I don't care if it is calling the BoS or what they can do. I don't care who you call but we really need help out here. I am one person, I can't do it all myself. It's affecting my own mental health, the kind of blatant threats we are receiving out here. I just wanted to put that on everyone's minds.
- (Cmsr. Douglas Dunn) I agree with everything that everyone has said about Sheriff Livingston's remark. I, too, was appalled and I will be having a much more complete public statement on this as the May MHC meeting and when I chair the Finance Committee meeting in a few weeks.

IV. CHAIR COMMENTS/ANNOUNCEMENTS:

- The third module of the Commissioner Orientation today was led by Dr. Tavano. It was excellent and I encourage everyone to watch the recording who was not there and it will be available from Angela. We

will do 'Part Two' before the main meeting in May and will be Chief of the Adult and Older adult program and services, Jan Cobaleda-Kegler, and the Chief of Children and Adolescents, Gerold Loenicker as presenters. In June will be 'Part Three' with the other Chiefs of our major services and programs. ➢ May will be the Mental Health Services Act (MHSA) 3 Year Plan (2022-23) Update Public Hearing. The commission hosts that meeting every year. The update is available to review now. It is on the MHSA website, and available from Jennifer Bruggeman. ➢ County 2022-23 Recommended Budget is available now on the County website **<URL: https://www.contracosta.ca.gov/770/Budget-Documents>** and will be presented at the Board of Supervisors (BoS) April 26th meeting. (Cmsr. Andersen) The first hearing on the budget is taking place on Tuesday the 12th and encourage people to attend the meeting, it starts at 9:00am. The link is available through the BoS website under meetings and agendas and can then participate via Zoom, come to Martinez in person as we are going to be meeting live or watch the meeting on CCTV on your computer or on cable. ➢ There is a Behavioral Health Continuum Infrastructure Program (BHCIP) meeting will have a stakeholder meeting on Monday, April 18th (4:00-6:00pm). This is a stakeholder meeting that the MHC is invited and I encourage everyone to attend. ➢ I presented to the Developmental Disabilities Council on March 23rd and wanted to emphasize that the council is interested in increasing services available to people with a disability. At BHS, they are finding they are not getting what they need from the regional services. They would like to advocate jointly with the MHC for more services and more care trained to work with this population.	
V. APPROVE March 2nd, 2022 Meeting Minutes • March 2nd, 2022 Minutes reviewed. **Motion:** C. Andersen moved to approve the minutes with the change to Pg 6, Line 10: "of art" (as opposed to 'ours'). Seconded by Y. Zarate. **Vote: 11-0-0** **Ayes:** B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, L. May, J. Metro, A. Russaw, G. Stern, G. Swirsding, G. Wiseman, Y. Zarate Abstain: None	**Agenda and minutes can be found:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VI. PRESENT MHC Conduct Guidelines, Commission Chair Barbara Serwin and Vice-Chair Laura Griffin. Commissioner Griffin and I have been working on Conduct Guidelines for quite a while, based on several models which we will have listed at the end of this presentation. The purpose of the Mental Health Commission (MHC) Conduct Guidelines is to encourage professional behavior that leads to open and respectful dialog in meetings, electronic communications and other media, and that supports effective business operations, consensus decision-making and positive action.	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

All meetings in-person and virtual:

- Act with integrity, treat everyone with mutual respect, trust, and dignity, and assume that they are acting in the best interest of the Commission.
- Come prepared to discuss the agenda items and handouts.
- Value other perspectives. It's okay to disagree politely and respectfully -- different perspectives are welcomed and encouraged.
- Turn off or mute cell phones.
- Focus on the subject matter and issues. No side bars.
- One speaker at a time. Raise your hand to be acknowledged and do not interrupt.
- Avoid dominating a meeting and encourage everyone to participate.
- Keep your comments within the time limit and be brief and to the point. Be committed to starting and finishing on time.
- Use person-first language when talking about people with mental illness. For example, not "He's bipolar" but "He has bipolar disorder".

Zoom Meetings:

- Mute your microphone when you are not speaking to keep background noise to a minimum.
- Avoid making background noise like shuffling papers when you are off mute.
- Use the "Raised Hand" icon in the "Reaction" options to raise your hand virtually.
- Use chat sparingly, only to ask related questions, share contact information, and share helpful links and information that are on topic. Refrain from side-bar conversations, shout-outs, advertisements, and anything else off-topic that may be distracting.
- Position your camera properly and keep your camera on if possible. Keep your web camera in a stable position and focused at eye level to create a more direct sense of engagement with other participants.
- Maintain a stable image of yourself to avoid distracting other meeting participants. If using a digital background, make sure your image is displaying properly and not moving around.
- Avoid multi-tasking like emailing and texting during the meeting. You'll participate more and retain more if you focus solely on the meeting.
- Prepare to share materials in advance. If you will be sharing content during the meeting, make sure that you have your files and/or links ready to go before the meeting begins.

Digital Communications: Email, Text Messaging and Social Media:

- Act with integrity, treat everyone with mutual respect, trust, and dignity, and assume that they are acting in the best interest of the Commission.
- Write as you are intending to be perceived, i.e., professional and respectful.
- Do not share confidential information.
- Think before you share. Assume that whatever you write will be shared. Commissioners may be the subject of a public records request.
- Don't mix business and pleasure. Keep work and personal communications separate.
- Don't be reactive. Think before you respond.
- Consider your tone. Don't shout, i.e., using all capital letters.
- Don't vent online.
- Use person-first language when talking about people with mental illness.

- Use person-first language when talking about people with mental illness. For example, not “He’s bipolar” but “He has bipolar disorder”.

Officially Representing the Mental Health Commission:

- Do not commit the MHC to any action unless authorized to do so by the MHC Chair and/or by vote of the Commission.
- Do not make any statement on behalf of the MHC or purport to represent the MHC through any public medium, including the press and digital social media, unless specifically authorized to do so by the MHC Chair and/or by vote of the Commission.

Conflict of Interest:

- Commissioners should not act or vote in situations where they may have or it may appear that they have a conflict of economic interest, such as employment by an organization related to the matter at hand or hold a business interest related to the matter at hand. In the case of a conflict of interest, Commissioners should recuse themselves from discussing or voting on the matter at hand. This requires that they should leave the meeting before any discussion or voting occurs.
- No member of the Mental Health Board or his or her spouse shall be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of the governing body of a mental health contract agency. If they do, they may not be appointed to the Commission. Any Commissioner who becomes such an employee while serving on the Commission must resign from the Commission.

Agenda Language to Communicate Conduct Guidelines (adopted from CPAW):

This language will be included on MHC meeting agendas:

- Opening language: The input of all participants at Mental Health Commission meetings is highly valued. To ensure that all voices can be expressed in a productive and respectful environment, the MHC has adopted the following self-governance agreement for all participants at all MHC meetings: (list Meeting Conduct Guidelines for in-person meetings; if virtual list Zoom Conduct Guidelines as well).
- Closing in-person meeting language: The Chair or the Vice Chair, at their discretion, may remove anyone not abiding by the MHC conduct guidelines from the meeting.
- Closing Zoom meeting language: The Chair or the Vice Chair, at their discretion, may mute or remove from the meeting, anyone not abiding by the MHC conduct guidelines

Sources:

- Contra Costa County Advisory Body Handbook, 2021
- California Behavioral Health Board and Commission (CALBHBC) Conduct Agreement
- Contra Costa County Form 700 Statement of Economic Interest
- Contra Costa County Grand Civil Jury
- Contra Costa County Mental Health Commission By-Laws
- Consolidated Planning Advisory Workgroup (CPAW) Meeting Working Agreement
- League of Women Voters Minnesota Code of Conduct

Questions and Comments

- (Cmsr. May) I believe the change in language has to be voted on by the entire commission. I think you need to look at the Form 700 statement of economic interest and also what constitutes conflict of interest. It does not say that anyone working for the County mental health services. If that is the case, there would be a lot of black and brown people ineligible to be on the commission because that is the only place a lot of people of color can get a job (with county). That needs to be addressed. I don't think we have had anyone making remarks on behalf of the MHC and think this goes without saying. In terms of what you can put in chat, you omitted advertising personal business, meaning you can't advertise your own business (sales, promotion and marketing). That is my comments, but again, this needs to be voted on by the entire MHC, not just the chair and vice-chair. (Cmsr. Serwin) the overall guidelines or the actual pieces you are referring to?
- (Cmsr. May) Actually, all the commissioners need to discuss some of the changes and have this whole document, more research should be conducted in terms of what violates, who can be a commissioner, etc. This should not be a document that should be enacted outright. It need to be researched and voted on.
- (Cmsr. Serwin) The commission does not define who can and cannot be a commissioner, other than the economic interest and that is Form 700. That is not something we made up, it is directly from a source. Everything in this document is from a source and the sources are listed.
- (Cmsr. May) I pulled up my form 700 last night, read it thoroughly, spoke with an actual attorney and stated this does not prevent a person who works for the county in BHS from being a commissioner. It does say about recuse, and the BoS need to recuse themselves or other elected officials from voting but a commissioner does not. I am challenging this.
- (Cmsr. Serwin) It would be great if you could provide your documentation as I worked directly from Form 700 and we definitely obtained that.
- (Cmsr. Andersen) What might be helpful is to refer this over to county counsel and have them weigh in on it. Let's have Suzanne do that. Again, these are not being incorporated as bylaws. They are conduct guidelines. It is great to agree on that but regarding the conflict of interest, it would be helpful to have county counsel be the one to provide that. They are who we really rely upon as the BoS to decide when a conflict exists and how a member should recuse themselves when they do have a conflict.
- (Cmsr. Serwin) What we can also do, at the next meeting, is set aside time for us to have more discussion and then vote on the guidelines, including any changes we would like to make. I do appreciate Cmsr. Andersen's comment that these are not bylaw changes, they are guidelines.
- (Cmsr. Swirsding) I want to comment that in the commission we've had consumers who went through the SPIRIT program and were employed through the county and also on the commission. Sometimes with the consumer, it is really hard to get a job and that is one opportunity for consumers to be gainfully employed, through the county.
- (Cmsr. Serwin) I will just point out that being on the commission is something the county counsel can look at as well.

VII. PRESENT the "Psychiatric Advanced Directives" (PADS) program, Jennifer Bruggeman, Program Manager, Mental Health Services Act (MHSA)

Thank you for the opportunity to be here tonight and share this overview of Psychiatric Advanced Directives (PADs), An MHSA Innovation Project. We have been speaking about this quite a bit in a lot of our community meeting spaces, more on the CPAW side, so we are really happy to bring this to the MHC. MHSA, there are five different components, one of the smaller ones is Innovation and represents about 5% of the overall budget. This is where projects that are bringing new and different modes of service delivery into the system. All the projects in this component are really governed by the Mental Health Services Oversight and Accountability Commission (MHSOAC) which is a statewide body.

- MHSA Innovation component requires all project proposals be approved by the MHSOAC
- Multi-County PADs Collaborative is pre-approved and launch-ready
- Concepts Forward and its sub-contractors will provide all project oversight including training, technical assistance, evaluation
- Psychiatric Advanced Directives – identified by the state and local community as a priority issue.

What is PAD?

- Sometimes called a mental health advanced directive, a similar concept to an advanced directive used in health care.
- Legal tool that can assist with planning in the event of a psychiatric emergency
- Created by the individual when they are doing well
- Specifies their wishes in the event of a mental health crisis
- Promotes self-determination and choice
- May include designation of a health care agent, instructions.

How does the PADs Innovation Project Work?

- Includes 7 Counties; Oversight by a project management team: Fresno, Mariposa, Orange, Monterey, and Shasta (original five) and due to delays it allowed opportunity for Contra Costa and Tri-Cities are hoping to also be a part of this collaborative which hopefully begins service sometime in July, this summer.
- Oversight would be by the project management team, as well as in collaboration with our staff here in MHSA.
- It is a three-year project, year one they plan an extensive stakeholder (peer) input
- Elements include:
  - Create a statewide PAD template through stakeholder engagement
  - Provide coordination, training and technical assistance
  - Created specific technology – cloud-based system for document storage
  - Provide evaluation

Local Community Program Planning

- 6 Public Stakeholder Meetings – discussion, presentation, voting
- Surveys
- 1 Innovation Community Forum

Next Steps:

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

- Public Posting 4/4/22-5/4/22
  - More details and budget can be found on the MHSA Website: Mental Health Services Act (MHSA) in Contra Costa County :: Behavioral Health :: Contra Costa Health Services (cchealth.org)
  - MHSOAC
- Submit to BOS for requested approval by June 2022
- Project projected launch: 7/1/22

Questions and Comments

- (Dr. Tavano) Thank you for the presentation, Jennifer. This is exciting. Several years ago, we worked on advanced directives, locally with a lot of input and developed it. I think this will be a lot more successful because the challenge we ran into in years past, we were still on paper (hardcopy records) and getting those advanced directives distributed and available to providers, hospitals, psychiatric emergency services (PES). It was a struggle and faded away. I think now this is more electronically advanced and available. I feel this will have a much higher degree of success with this. It doesn't replace the wellness recovery action plan (RAP) and wanted to mention that for those of you who have participated in that process.
- (Cmsr. Serwin) You may have covered this question in the presentation and I just missed it. Would a paper copy be available to a family member, other loved ones, caregiver or is there a way to sign for the person with the PAD to provide permission? (RESPONSE: Jennifer Bruggeman) I am sure there will be paper copies made available because that is probably useful for loved ones, etc. but the main idea being it could be stored in the cloud-based system. So, in the event the paper copy gets lost, it is available.
- (Edgar Martinez) I had a chance to participate in one of the Innovation meetings in January meeting and this was discussed. I worked as a case manager last year and had the privilege to serve individuals (adults) with developmental and physical disabilities. I want to make a suggestion, to look how supported living services agencies are also doing some of this. Back in 2020, during the pandemic, to company I worked for had something similar to this. Obviously as a care giver or a case manager, couldn't be in the room with our clients because of COVID, we had to communicate to medical staff in some fashion and one of those was called a 'passport' a health card 'passport'. It was a printed copy and the challenging part was that you really never know, sometimes (unfortunately) the caregivers didn't have the passport with them and I really like the idea of a cloud-based system. Some clients would self-admit and would not have the copy with them and the clinical staff wouldn't know what was going on. I really hope this works out. I saw how things within the county could be done better regarding psychiatric emergencies in individuals who are not able to comprehend fully. Thank you for bringing this up and working on this.
- (Tavane Payne) Where does the funding come from?
- (Jennifer Bruggeman) The funding comes from MHSA, the innovation component. Each MHSA component represents a certain percentage of our total budget and innovation is a smaller piece (about 5%) and this would be the third of three, there are two other projects. We are also starting conversations around a potential fourth project as well. The budget is laid out in the proposal on the website.

• (Gigi Crowder) I am so excited about this. But you just mentioned a fourth project. Can you name all these projects under the innovation funds? (RESPONSE: Jennifer Bruggeman) There is quite a bit in the 'bucket' because we have been underspending. The fourth project we have been discussing in our meetings, and Gigi you have been participating. The Micro-grants for two community-based organizations (CBOs) for community defined practices. That is in development and do not have the proposal written yet, but the conversations around how to define that have been going on in the main CPAW meeting, as well as the Innovation committee meeting and a few of other meetings. If you have more input around that, please keep an eye on the agendas and you can hopefully attend when we are next talking about that. • (Dr. Tavano) I am very interested and devoted to having the micro-grants really addressing community practices really move forward and be adequately funded. There is no risk of not having these. The reason we had this residual money available in innovations is we do watch how programs are doing and if they are not working, just stop instead of continuing to spend money. So, the program for youth experiencing cooccurring conditions, we did not feel that it was meeting the goals that had been set forth. It was actually underserving the community that we intended to serve so we put a stop to the program and decided that it was an important program. It wasn't working for a variety of reasons so we stopped to redesign from the bottom up and bring in a lot more of the substance use expertise and perspective. It will be truly a robust cooccurring program for youth. That was under Innovations and we want to lift that back up. It is not new, we disbanded and are redesigning and will start it back up. So that leaves money and we are able to take on this other initiative.	
VIII. DISCUSS basics of the Behavioral Health Continuum Infrastructure Program (BHCIP), Dr. Suzanne Tavano, Behavioral Health Services (BHS) Director ➢ Overview of BHCIP grants and timeline ➢ Behavioral Health Services (BHS) Steering Committee ➢ Consultant-moderated stakeholder planning process – Roberta Chambers ➢ First stakeholder meeting (Adam Down Presenting; screenshare Behavioral Health Housing Summary) The Behavioral Health Continuum Infrastructure Program (BHCIP), there has been a large amount of money put out by the state to address infrastructure in Behavioral Health. It has a sister program called community care extension (CCE) that is funded by the Department of Social Services (DSS). They are related and serving some cross over populations. I wanted to show this quick timeline of the BHCIP overall and why we are moving so quickly. We are going fast for a reason. We must have this needs assessment completed within a certain amount of time to turn into the state so that we can apply for the actual buildings. We applied for round one, mobile crisis and were awarded nearly $3mil to help support crisis care in the community. The second round was the planning grant and Contra Costa Health received $150k to complete a planning grant, of which we are using for consulting to put together this needs assessment and help work through the community	**Screenshare presentations** Emailed to all meeting attendees after the meeting upon receiving all documents from presenters. This presentation is added to the end of these minutes for ease of reference.

process. We have also authorized support to CBOs that may be participating in this. This is a great feature and adding some value. The final thing we can do with this planning grant money, is that when a project is identified, we can do some pre-development work. If trying to build something, there architecture and legal support, along with permitting costs that will go into this. Funds remaining can be used for that as we start to develop projects down the road. That is what this planning grant is for and where we are at right now.

There is also a launch ready on the street right now, the first submission deadline was March 31 and the second submission 'part two' will be due May 31. I don't think that Contra Costa as a county will be participating in that. Partners are discussing, but nothing firm we are sure of yet. Quickly, in August, October and December, are additional funding rounds for large projects and will be driven by the community process that we are in now, starting with this community meeting happening on the 18th.

Funding overview, BHCIP competitive grants, the county's tribal entities and nonprofit and for profit entities to build or expand capacity. That is really targeted for medical service beneficiaries. The CCE program is really focusing on acquisition, construction, preservation of adult and senior care facilities and board and cares (this will relate to the discussion coming later) or other housing opportunities, but instead of MediCal beneficiaries, the target on that is recipients of social security incomes and those who are experiencing homelessness or have behavioral health conditions.

We are putting together now, the planning grant and what we have hired Roberta Chambers to do and help us with is to put together both the needs assessment and an action plan. The action plan is deliverable to the state and the needs assessment is what we need to accomplish in order to put together an action plan. The needs assessment will describe the populations who would benefit from BHCIP and also look to describe some of our current capacity and estimated needed capacity. Out of that needs assessment will come an action plan and will guide our future predevelopment activities and lead the way for subsequent funding requests and set forth the plan of developing new mental health facilities.

This project launched, there was early discussion with some of the steering committee groups, there has been a group put together as members of stakeholder advisory bodies and workgroup representatives from Behavioral Healthcare partnerships, the MHC, CPAW, AOD advisory body and a steering committee which has met a couple times. The needs assessment, we are in a time frame of March and April and trying to put this together RIGHT NOW and that is why we are moving so fast. Then put together the action plan development in May so that we can start planning for big construction projects, acquiring properties or whatever we need to do in order to get this moving forward.

(Dr. Tavano) Just to highlight a couple of things. One is the meeting, April 18th, is specifically designed for our advisory bodies but others will be welcome. The MHC, CPAW, AOD and behavioral health community partnerships. That presentation is geared to those four bodies with anyone else who is interested in attending. I would like to ask is if the MHC could be so kind, for a while, to not ask for new data, data reports, data analysis because we really have to focus on the big initiatives. This being one of

them. It is a large stakeholder process, but we also have to couple data with the wants and it will take our time. There is a small group of us that do everything and if you could please accommodate us for the next few months, it would be really helpful. (Cmsr. Griffin) I just wanted to thank Dr. Tavano and Adam for inviting me to be a part of the steering committee. I am really honored and excited to get to work on this. I'm really honored.	
IX. DISCUSS Mental Health Housing placements summary and budget, Dr. Suzanne Tavano, BHS Director (Adam Down Presenting; screenshare Behavioral Health Housing Summary) Behavioral Health Housing Summary, we looked at all of what BHS is spending on providing care for and providing housing and how that looks. We took the feedback from the MHC and tried to put it into a format that would allow for better comparison. I tried to make it a more complete picture of what we have done over the year. There are six different housing categories: • Permanent Supportive Housing • Shelter Beds • Crisis Residential • Transitional Residential • Board and Cares • Mental Health Rehabilitation Center (MHRC)/Institute for Mental Disease (IMD) Ongoing budgeted housing expenditures (see attached summary). Total costs are approximately $30.5mil annually. One time capital investments and state loan programs total approximate costs are $20.6mil annually. The remainder of the presentation is a further breakdown of the housing categories and expenses, please see the attached documentation. (Dr. Tavano) I would just like to add is that it is approximately $50mil (which is about 20%) of our annual budget that we are investing in a variety of housing and we really appreciate, as we share the sentiment that more housing is needed. We continue to put as many resources as we can, but there is always a balance point. Everywhere we invest money is funding directed away from services, so we are always trying to balance it out. **Questions and Comments** • (Cmsr. Wiseman) Thank you for the speed presentation Adam. We have a lot of numbers to digest and a lot of money there. For many years, the community has been saying we need more beds. Commissioner Dunn has a comment in the chat about how we have changes coming down the pike on this. My question is: How do we feel? Do we feel like we are doing the best we can? How do we feel about this? (RESPONSE: Dr. Tavano) I feel like this community needs more permanent housing. When Adam describes all that and earlier when I went through our continuum, the end point is permanent independent living. However, that happens, it is a big, shared responsibility. It is not BHS, not health services, or the county alone. This will take the whole big community effort to get together. We know there is more and there are number of people we have been serving in our outpatient clinics that are unhoused, unsheltered and we are serving them, they still come in, but yes, there is	**Screenshare presentations** Emailed to all meeting attendees after the meeting upon receiving all documents from presenters. This presentation is added to the end of these minutes for ease of reference.

the need for more, we keep looking for money. This infrastructure grant opportunity gives us an opportunity to go after funding for buildings but then we have to remember there are services and staff may halve to go with the buildings and then how do we build that in overtime as well? We share in this community's concern about having adequate rooms for those we serve. We are very committed to this and it will take a lot of partnership. We are meeting with H3 (Health Housing and Homeless) in a week or so to take another look at coordinated entry and prioritized entry. A number of those we serve don't necessarily fit into those boxes and are not always prioritized. • (Cmsr. Swirsding) My concern is our seniors in our community that suffer from mental health issues. Some are in homeless camps, some have social security income is approximately $1300/mo. and that is the average. I just can't see how these people can live on that. There are so many that are homeless and living on minimal income. (RESPONSE: Adam Down) I hope you can make the meeting on the 18th and express that also. I think some of the CCE funds can be slated and that would be a fantastic use of those funds.	
X. DISCUSS BHS 2022-23 Recommended Budget ➢ Overview of BHS 2022-23 budget ➢ Revenue Sources ➢ Summary of BHS Major Program and Service budgets ➢ BHS priorities: Budget goals and grant program applications We will have the recommended budget presented next Tuesday (April 19th). I urge everyone to be there and hear in detail. Inserted in that budget is the overview of the 2022-23 budget for BHS. I just want to point out that in the description of the BHS budget, there is a breakout of all the major program and service budgets and a description of services. That is fundamental to understanding how BHS thinks and organizes its work how it is obviously all those descriptions build up int their budget. In that document, also, is a very specific layout of department goals. Goals from last year's period and what have been met and not met and a description of such. Then there are goals set for this year. That is really important to understand. Some is performance metrics. Others are specific initiatives and the extent to which they have been implement (or not). To get a sense of the organizations priorities, we really need to look at the goals. (Cmsr. Dunn) The nearly $269mil is broken out basically four ways. MediCal Federal Financial Participation is almost $91mil, Realignment $71mil, MSHA $63mil and the county general fund $17.3mil. There are also state aid and grants and federal-aid grants approximately $13.5mil for a total of $268.7mil. **Questions and Comments** • (Gigi Crowder) I am aware the county is much healthier than so in the past, so some of the nonprofit CBOs rely heavily on COLA (cost of living adjustment) so do we have a percentage of whether there will be a COLA this year and, if so, what percentage so that we can plan for it at this point. (RESPONSE: Dr. Tavano) We needed to get it finalized and approved through finance. I am actually getting ready to send letters out to the providers, so it appears there will be a 3% COLA for all CBOs.	BHS Budget has been emailed to all meeting attendees after the meeting upon receiving all documents from presenters.

• (Cmsr. Serwin) We are out of time for this agenda item and I have asked everyone to email their questions to Angela or leave in the chat to respond.	
XI. DISCUSS MHC budget priorities and advocating for MHC priorities Governor Newsom announced during his speech, the creation of Care Court and it people by surprise and seemed very sudden. There has been subsequent conversations. The concept of Care Court is intended (I believe) to address persons experiencing homelessness who have a diagnosed condition of either Schizophrenia psycyhosis on the schizophrenia psychosis continuum. Really the criteria is the evidence of psychosis. We know that the significant number of people using drugs, particularly methamphetamine have substance induced psychosis and they would be included, but that is a bit more that what is spoken to in the public statements. The way it has been described so far is that almost anyone in the community could identify someone they feel meet the criteria and petition the court. The details are not known but how the individual petitions to court about a particular individual that they feel meet the criteria. Once that petition is filed, the court will appoint a clinicians to do an assessment as to whether or not the criteria are met and then it goes through a legal process and behavioral health would play a large role in this as the development of the treatment plan would be in coordination with the county BHS who would be responsible for provide the services. Again, there are a lot of unknowns. It took many by surprise and there will be more to come as details are known. What is known is that it is not all homeless people, nor is it all those with a mental or behavioral health substance use condition. It is those along the psychosis spectrum experiencing homelessness.	
XII. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano	Not received due to lack of time.
XIII. Adjourned at 6:36 pm	

BHCIP Timeline

BHCIP	Status
Round 1 Mobile Crisis	Closed
Round 2 Planning Grant	CCBHS received planning grant
Round 3 Launch Ready	Currently open
Round 4 Children and Youth	Expected: August 2022
Round 5 Addressing Gaps #1	Expected: October 2022
Round 6 Addressing Gaps #2	Expected: December 2022

Indigo Project

Funding Overview

BHCIP

- Provides competitive grants for counties, tribal entities, non-profit and for-profit entities to **build new or expand existing capacity** in the continuum of public and private BH facilities in order to operate **Medi-Cal services for Medi-Cal beneficiaries.**

CCE

- The CCE program will fund the acquisition, construction, rehabilitation, and preservation of **adult and senior care facilities** that serve applicants and **recipients of Social Security Income (SSI),** including individuals who are at risk of or experiencing homelessness and those who have behavioral health conditions

BHQIP *is the acronym for the CalAIM incentive payment program, which has its own requirements, timeline, action plan, and other deliverables in order to receive the County's incentive payments.*

Allowable Facilities

- BHCIP Launch Ready projects must expand the community continuum of behavioral health treatment resources to build new capacity or expand existing capacity for **short-term crisis stabilization, acute and sub-acute care, crisis residential, community-based mental health residential, SUD residential, peer respite, mobile crisis, community and outpatient behavioral health services,** and other clinically enriched longer-term treatment and rehabilitation options for persons with behavioral health disorders in an appropriate and least restrictive and least costly setting.

- Eligible settings for CCE include residential settings that expand the long-term care continuum and serve the target population, including but not limited to **licensed adult and senior care facilities, recuperative or respite care settings, and independent residential settings**.

Indigo Project

Purpose of Needs Assessment and Action Plan

Needs Assessment

- Describe the populations who would benefit from BHCIP funded facilities, and
- Describe current capacity and estimate needed capacity based on agreed-upon definitions.

Action Plan

- Guide future pre-development activities,
- Pave the way for subsequent funding requests, and
- Set forth a plan for developing new mental health facilities.

Indigo Project

Scope of Work Overview

Project Launch (Mar/Apr)	Needs Assessment (March/Apr)	Action Plan Development (Apr/May)
• Project Launch Meeting with CCBHS • Educational Materials Development • Community Presentations	• Quantitative Data Analysis • Stakeholder Interviews and Discussions • Community Meeting • Needs Assessment Brief	• CCBHS Work Sessions • BHCIP Action Plan

Indigo Project

Behavioral Health Housing Summary

Housing Types - Summary

- Permanent Supportive Housing
- Shelter Beds
- Crisis Residential
- Transitional Residential
- Board and Cares
- Mental Health Rehabilitation Center (MHRC)/Institute for Mental Disease (IMD)

On-Going Budgeted Housing Expenditures		
MHSA Master Lease Housing	97 Units	$2,456,732
MHSA FSP Housing Flex Funds	Variable Use	$700,000
Shelter Beds	95 Beds	$3,133,097
Crisis Residential	32 Beds	$3,817,797
Transitional Residential	32 Beds	$2,502,323
Board and Cares	304 Beds	$10,279,690
MHRC/IMD	108 Beds*	$7,659,781
TOTAL	**668 Beds**	**$30,549,420**
One-Time Captial Investments and State Loan Programs		
MHSA Housing Program/SNHP	52 Units	$8,832,724
No Place Like Home	31 Units	$11,841,577
TOTAL	**83 Units**	**$20,674,301**
* Current approximate count of beds		

Permanent Supportive Housing

Scattered Site Housing	Shelter Inc. (on-going contract)	BHS	97 Units	$2,456,732
				One Time Investments
MHSA Housing Program/Special Needs Housing Program (SNHP)	Villa Vasconcellos, Walnut Creek	BHS/H3-Coordinated Entry	3	$700,000
	Lillie Mae Jones Plaza, North Richmond		8	$1,090,000
	Virginia Street Apartments (MHSA&SNHP)		8	$1,739,000
	Robin Lane, Concord		5	$560,000
	Ohlone Gardens, El Cerrito		5	$1,124,860
	Arboleda/Third Avenue Apartments, Walnut Creek		5	$1,368,864
	Garden Park, Concord		1	Services
	Shared Housing (3 Houses) Hope Solutions		12	$1,750,000
	SP Commons (SNHP)		5	$500,000
				State Loans backed by MHSA
No Place Like Home	Veteran's Square	BHS/H3-Coordinated Entry	10	$3,609,840
	Galindo Terrace		13	$6,000,163
	699 YVR (Non-Competitive)		8	$2,231,574
MHSA Housing Flex Funds	Hume	Adult FSP Providers		
	* East			$250,000
	* West			$250,000
	MHS			
	*AOT			$200,000

Shelter Beds

Shelter Beds	Bissel Cottages	H3	75 Beds (est)	$2,100,001
	Appian House			
	Calli House			
	Brookside			
	Concord Shelter			
	Respite Shelter			
	Don Brown	BHS	20	$1,033,096

Crisis Residential (Social Rehabilitation Facilities)

Crisis Residential	Telecare FY 21/22	BHS	16	$2,270,174
	Formerly Nireka (20/21) Contract		16	$1,547,623

Transitional Residential

Transitional Residential	Crestwood Pathway	BHS	16	$1,315,220
	*Residential			$1,220,618
	*Services			$94,602
	Formerly Nevin (FY 20/21 Contract)		16	$1,187,103

Board and Cares

Board and Care Facilities	A & A Health Services	BHS	10	$730,000
	Afu's One Voice Care		6	$39,338
	Baltic Sea Manor		2	$34,038
	Blessed Care Home		6	$38,193
	Concord Royale		1	$54,756
	Crestwood - The Bridge Program		64	$3,504,000
	Crestwood - Hope Center		1	$49,275
	Crestwood - Our House		30	$1,642,500
	Divine's Home		3	$110,364
	Ducre's Residential Care		5	$47,117
	Everwell		7	$496,764
	Family Courtyard		40	$325,200
	Gine's Residential Care Home III		1	$37,080
	God's Grace		12	$380,651
	Margarita's Villa		6	$39,338
	Menona Drive Care Home		12	$94,480
	Modesto Residential Living Center		12	$315,764
	Oak Hills Residential Facility		6	$40,518
	Paraiso Homes		6	$39,338
	Pleasant Hill Manor		26	$986,640
	Psynergy		9	$790,684
	JVCTM (Harmony Home, Romona Care Home)		9	$275,268
	Springhill Home		6	$48,672
	Williams Board and Care Home		12	$81,036
	Woodhaven Home		6	$39,338
	Yvonne's Home Care Services		6	$39,338
			* Contract start and end dates may not align on fiscal Year	
			** All contracts adjusted to represent a 12-month term ***Number of available beds may not reflect actual usage. Rates vary based on acuity	

MHRC (Locked Facilities)

MHRC	California Psychiatric Transitions	BHS		$1,826,956
	Helios			$473,840
	Telecare			$1,909,065
	Canyon Manor			$255,719
	Crestwood			$3,194,201

Health Services
Health and Human Services

Behavioral Health Division - Mental Health

General Fund	2020-21 Actuals	2021-22 Budget	2022-23 Baseline	2022-23 Recommended	Change
Expense					
Salaries And Benefits	65,890,147	85,420,188	86,185,000	86,185,000	0
Services And Supplies	178,231,414	172,073,817	187,889,000	187,889,000	0
Other Charges	3,613,821	3,945,000	3,614,000	3,614,000	0
Fixed Assets	2,809	0	0	0	0
Expenditure Transfers	(15,434,327)	(9,487,005)	(8,978,000)	(8,978,000)	0
Expense Total	**232,303,864**	**251,952,000**	**268,710,000**	**268,710,000**	**0**
Revenue					
Other Local Revenue	95,447,621	100,237,073	119,954,000	119,954,000	0
Federal Assistance	78,600,388	91,853,882	97,708,000	97,708,000	0
State Assistance	41,037,966	34,306,045	33,743,000	33,743,000	0
Revenue Total	**215,085,975**	**226,397,000**	**251,405,000**	**251,405,000**	**0**
Net County Cost (NCC):	**17,217,889**	**25,555,000**	**17,305,000**	**17,305,000**	**0**
Allocated Positions (FTE)	**564.2**	**562.2**	**575.0**	**575.0**	**0.0**
Financial Indicators					
Salaries as % of Total Exp	28%	34%	32%	32%	
% Change in Total Exp		8%	7%	0%	
% Change in Total Rev		5%	11%	0%	
% Change in NCC		48%	(32%)	0%	
Compensation Information					
Permanent Salaries	38,947,263	47,447,147	50,654,439	50,654,439	0
Temporary Salaries	1,202,854	1,517,848	1,173,286	1,173,286	0
Permanent Overtime	236,961	349,335	205,596	205,596	0
Deferred Comp	484,324	689,020	784,581	784,581	0
Hourly Physicians Salaries	2,013	0	0	0	
Perm Physicians Salaries	1,340,182	4,945,630	4,208,578	4,208,578	0
Perm Phys Addnl Duty Pay	32,820	22,584	47,971	47,971	0
Comp & SDI Recoveries	(71,657)	(114,768)	(114,768)	(114,768)	0
FICA/Medicare	3,074,587	3,860,153	4,285,497	4,285,497	0
Ret Exp-Pre 97 Retirees	113,124	146,212	146,606	146,606	0
Retirement Expense	11,733,986	15,064,464	12,748,716	12,748,716	0
Employee Group Insurance	6,381,995	8,958,410	9,789,688	9,789,688	0
Retiree Health Insurance	1,385,825	1,344,998	1,505,687	1,505,687	0
OPEB Pre-Pay	577,086	554,955	0	0	0
Unemployment Insurance	45,629	105,156	109,600	109,600	0
Workers Comp Insurance	547,113	673,000	783,479	783,479	0
Labor Received/Provided	(143,956)	(143,956)	(143,956)	(143,956)	0

Note: The 2021-22 Budgeted Net County Cost of $25,555,000 includes Measure X funding of $8,250,000. any unspent balance will be rolled over into Fiscal Year 2022-2023.

Contra Costa County
Health Services Department
Mental Health Division Summary
FY 2022 - 23 Projection

	22/23 Recommended Budget	22/23 Projection	22/23 (Over) Under Budget
Salaries	$ 39,083,834	$ 39,083,834	$ -
Benefits	22,191,271	22,191,271	-
Services & Supplies	149,340,100	149,340,100	-
Other Charges	3,614,000	3,614,000	-
MHSA	63,270,000	63,270,000	-
Fixed Assets	-	-	-
Gross Expenditures	$ 277,499,205	$ 277,499,205	$ -
Expenditure Transfers	(8,789,205)	(8,789,205)	-
Total Expenditures	$ 268,710,000	$ 268,710,000	$ -
Revenue:			
Patient Revenue	$ 90,373,030	$ 90,373,030	$ -
State Aid & Grant	9,582,335	9,582,335	-
Federal Aid & Grant	4,895,921	4,895,921	-
Realignment	70,991,840	70,991,840	-
MHSA	63,270,000	63,270,000	-
Other income	12,291,874	12,291,874	-
Total Revenue	251,405,000	251,405,000	-
County Contribution	$ 17,305,000	$ 17,305,000	$ -

Major Expenditures Definitions

Salaries : Permanent salaries, Temp salaries, Deferred compensation & other payroll expenses

Benefits : F.I.C.A, Retirement expenses, Employee group insurance, Retiree health insurance, Other post employment benefits, Unemployment Insurance, Worker comp insurance & other benefit expenses

Services & Supplies : Office supplies, Communications, Pharmaceutical supplies, Occupancy Costs, Maintenance costs, Travel expenses, Payments to contractors, County hospital services, Interdepartmental expenses & other expenses.

Other Charges : Napa State Hospital

Expenditure Transfers : MOU with EHSD, Probation & AB109, Fleet charges & other expenses

Major Revenues Definitions

Patient Revenue : Medi-Cal, Medicare, Contra Costa Health Plan (CCHP) & Private Insurance.

State Aid & Grant : Medi-Cal Administrative Activities Claims (MAA), Supplemental Security Income (SSI), Assembly Bill (SB) 109, Grant from Prop 56, AB1810, CALAIM, CCMU (Crisis Care Mobile Unit), MHSSA(Mental Health Svcs Student Act)

Federal Aid & Grant : Funding from Department of Rehabiliation, Mental Health Block Grant, Dual Diagnosis Grant, Path Grant & Court Collabrative Grant.

Realignment : Sales Tax, Vehicle License Fee, EPSDT, Managed Care, Katie A & Health Families.

MHSA : Mental Health Service Act

Other Income : Rent on Real Estate, Occupancy Fees, School District Billing, other adjustments & Miscellaneous Revenue.

Contra Costa Health Services
Mental Health Division
1991 and 2011 Realignment Spending Information
Fiscal Year 2022-2023 Projections

	FY22/23 Estimated Realignment Revenue		FY22/23 Estimated Expenditures by Program
1991 & 2011 Realignment:		1991 Realignment	
		State Hospital	$ 3,614,000
		Managed Care Inpatients	1,707,090
		Institutions for Mental Disease (IMD)	7,209,782
		Adult Contracts	8,143,367
		County Adult Clinics	6,341,680
1991 Realignment:	$ 27,015,918	1991 Realignment Expenditures	**$ 27,015,918**
		2011 Realignment	
		Managed Care Outpatients	$ 3,648,586
		Children's Contracts	25,378,776
		County Children's Clinics/Services	14,948,561
2011 Realignment:	43,975,923	2011 Realignment Expenditures	**43,975,922**
Total Mental Health Allocation	**70,991,841**	Total Realignment Expenditures	**$ 70,991,841**