




**CONTRA COSTA
MENTAL HEALTH COMMISSION**

**CONTRA COSTA
MENTAL HEALTH
COMMISSION**

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Martinez, CA 94553

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cchealth.org/mentalhealth/mhc

Current (2022) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Laura Griffin, District V (Vice Chair); Diane Burgis, BOS Representative, District III; Douglas Dunn, District III;
Kathy Maibaum, District IV; Leslie May, District V; Joe Metro, District V; Tavane Payne, District IV, Alana Russaw, District IV;
Rhiannon Shires, District II; Geri Stern, District I; Gina Swirsding, District I; Graham Wiseman, District II, Yanelit Madriz Zarate, District I
Candace Andersen, Alternate BOS Representative for District II

Mental Health Commission (MHC)

Wednesday, May 4th, 2022, ◊ 4:30 pm - 6:30 pm

VIA: Zoom Teleconference:

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

Join by phone:

1 646 518 9805 US

Access code: 609 413 6195

AGENDA

- I. Call to Order/Introductions (10 minutes)**
- II. Public Comments (2 minutes per person max.)**
- III. Commissioner Comments (2 minutes per Commissioner max.)**
- IV. Chair Comments/Announcements (5 minutes)**
 - i. MHC Orientation Module III: Introduction to Behavioral Health Services Part II – Adult and Older Adult Programs and Services and Children and Adolescent Programs and Services**
 - ii. Mandatory site visits**
 - iii. May is Mental Health Awareness Month – Proclamation at the Board of Supervisors meeting chambers on May 17th, 9:00 AM (note new address: 1025 Escobar Street, Martinez)**
 - iv. Welcome newest Commissioner: Tavane Payne, District IV**
- V. APPROVE April 6th, 2022 Meeting Minutes (5 minutes)**
- VI. VOTE on MHC Conduct Guidelines (20 minutes)**
- VII. UPDATE on April 18th Behavioral Health Care Infrastructure Projects (BHCIP) stakeholder meeting (10 minutes)**
- VIII. Adjourn @ 5:45 pm.**

– The Public Hearing will follow the MHC meeting –

(Agenda continued on Page Two)



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.



Mental Health Commission (MHC) Agenda (Page Two)

Wednesday, May 4th, 2022 ♦ 4:30 pm - 6:30 pm

Call to Order the Public Hearing on the 2022-2023 Mental Health Services Act Plan Update

- I. Opening Comments by the Chair of the Mental Health Commission**
- II. 2022-2023 Mental Health Services Act (MHSA) Plan Update by Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services**
- III. Public Comment**

In the interest of time and equal opportunity, speakers are requested to **please adhere to a 3-minute time limit, per person**. In accordance with the **Brown Act**, if a member of the public addresses an item not on the agenda, no response, discussion, or action on the item will occur, except for the purpose of clarification.
- IV. Commissioner Comments**
- V. DEVELOP a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisors**
- VI. Adjourn Public Hearing**

Authority for Public Hearing: California Welfare and Institutions Code (WIC) § 5848

- (a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans' organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.
- (b) The mental health board established pursuant to [Section 5604](#) shall conduct a public hearing on the draft three year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the county mental health department for revisions.
- (c) The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with [Section 5800](#)), Part 3.6 (commencing with [Section 5840](#)), and Part 4 (commencing with [Section 5850](#)) funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the County Behavioral Health Directors Association of California.

MHC Conduct Guidelines

Last updated 4/28/22

I. Purpose

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.

II. 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".

III. 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.

IV. 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. For example, not "He's bipolar" but "He has bipolar disorder".

V. 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.
- If you are not authorized to speak/write on behalf of the Commission on a given issue/topic, you can still present your own opinion, but you need to state that you are speaking as a private citizen and not as a Mental Health Commissioner.

VI. Conflict of Interest

California Fair Political Practices Commission - Statement of Economic Interests – Form 700

- Commissioners should not act or vote in situations where they may have or it may appear that they have a conflict of 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.

California Welfare and Institutions Code – WIC

Division 5. Community Mental Health Services - Chapter 1 Provision 5604, (e) 1 & 2

- (e) (1) Except as provided in paragraph (2), a member of the board or the member's spouse shall not be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of a mental health contract agency.
- (2) A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

VII. 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

VIII.Sources

- Contra Costa County Advisory Body Handbook, 2021
- California Behavioral Health Board and Commission (CALBHBC) Conduct Agreement
- 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
- Contra Costa County Form 700 Statement of Economic Interest
- California Welfare and Institutions Code, Chapter 1 Provision 5604



The Behavioral Health Continuum Infrastructure Program

Latest Updates

For information on the latest updates for the Behavioral Health Continuum Infrastructure Program, please visit the [project webpage](#).

Overview

The Behavioral Health Continuum Infrastructure Program (BHCIP) provides the Department of Health Care Services (DHCS) funding to award competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. A portion of the funding is available for increased infrastructure targeted to children and youth 25 years of age and younger.

Background

The Department aims to reduce homelessness, incarceration, unnecessary hospitalizations, and inpatient days and improve outcomes for people with behavioral health conditions by expanding access to community-based treatment. The Department proposes to invest in the expansion of beds, units, or rooms by building new behavioral health continuum infrastructure and expanding capacity. These resources would expand the continuum of services by increasing capacity for short-term crisis stabilization, acute and sub-acute care, crisis residential, community-based mental health residential treatment, substance use disorder residential treatment, peer respite, mobile crisis, community and outpatient behavioral health services, and other clinically enriched longer-term treatment and rehabilitation opportunities for persons with behavioral health disorders in the least restrictive and least costly setting.

Trailer Bill Language

An entity shall meet all of the following conditions in order to receive grant funds pursuant to Section 5960.5(a), to the extent applicable and as required by the department: (a) Provide matching funds or real property. (b) Expend funds to supplement and not supplant existing funds to construct, acquire, and rehabilitate real estate assets. (c) Report data to the department within 90 days of the end of each quarter for the first five years. (d) Operate services in the financed facility for the intended purpose for a minimum of 30 years. [More information on the Trailer Bill.](#)

BHCIP Resources

- [Meetings and Events](#)
- [RFA Announcements](#)
- [BHCIP CCE Infrastructure Status Update](#)
- [Behavioral Health Assessment](#)

Contact Us

Questions? Contact the BHCIP Team at BHCIP@dhcs.ca.gov.

Last modified date: 2/14/2022 9:24 AM

[Non-Discrimination Policy and Language Access](#)

[Access Health Care Language Assistance Services \(SB 223\)](#)

Contra Costa Behavioral Health Services

Behavioral Health Community Infrastructure Program Needs Assessment and Action Plan Development

Community Meeting

Roberta Chambers, PsyD
roberta@indigoproject.net

Kira Gunther, MSW
kira@indigoproject.net

Jamie Dorsey, MSPH
jdorseyconsulting@gmail.com



Today's Agenda

Welcome and Introductions

Teresa Pasquini
Housing that Heals

Suzanne Tavano, PhD
Contra Costa Behavioral
Health Services

Jennifer Tuipulotu
Office of Consumer
Empowerment

Funding Overview

BHCIP/CCE

Action Planning Process

Community Input

BHCIP Populations

Facility Needs

Potential Properties

BHCIP Overview

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.**



Exemptions

5960.30. (a) Notwithstanding any other law, a facility project funded by a grant pursuant to this chapter shall be deemed consistent and in conformity with any applicable local plan, standard, or requirement, and allowed as a permitted use, within the zone in which the structure is located, and **shall not** be subject to a conditional use permit, discretionary permit, or to any other discretionary reviews or approvals.

(b) Notwithstanding any other law, the California Environmental Quality Act (Division 13 (commencing with Section 21000) of the Public Resources Code) **shall not apply** to any facility project, including a phased project, funded by a grant pursuant to this chapter if all of the following requirements, if applicable, are satisfied



Requirements in Law

Part 1, Chapter 7, Section 5960.15. An entity shall meet all of the following conditions in order to receive grant funds pursuant to Section 5960.5(a), to the extent applicable and as required by the department:

- (a) Provide matching funds or real property
- (b) Expend funds to supplement and not supplant existing funds to construct, acquire, and rehabilitate real estate assets.
- (c) Report data to the department within 90 days of the end of each quarter for the first five years.
- (d) Operate Medi-Cal services in the financed facility for the intended purpose for a minimum of 30 years.

Proposed Additional Requirements

- DHCS will also require that Medi-Cal beneficiaries are served in grant funded facilities
- The 30 years begins after construction is completed

BHCIP Timeline

BHCIP	Status
Round 1 Mobile Crisis	CCBHS received infrastructure grant
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

Needs Assessment and Action Plan

Scope of Work

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.

Action Planning Process

Project Launch (Mar/Apr)

- Project Launch Meeting with CCBHS
- Educational Materials Development
- Community Presentations

Needs Assessment (March/Apr)

- Quantitative Data Analysis
- Stakeholder Interviews and Discussions
- Community Meeting
- Needs Assessment Brief

Action Plan Development (Apr/May)

- CCBHS Work Sessions
- BHCIP Action Plan

Data Gathering

Quantitative Data

- Quantitative data will:
 - Populate systems map of where people are currently accessing capacity
 - Identity individuals served out-of-county
 - Describe current systems capacity
- Data queries include:
 - Populations served
 - Service utilization

Qualitative Data

- Completed
 - Office of Consumer Empowerment
 - Children/TAY System of Care
 - AODS Contract Providers
- Scheduled
 - AODS System of Care Staff
 - Adult/Older Adult System of Care Staff
 - NAMI Executive Director
 - Mental Health Contract Providers
 - Public Works/Real Estate
- To Be Scheduled
 - CCRMC PES and 4C/D

Discussion

Target Population

Think about the different groups of people who need behavioral health services but don't get them. Think about people of all ages, children, TAY, adults, older adults. Consider mental health, substance use, and those in need of dual recovery supports.

- Who are the people most in need?
- Who are the people falling through the cracks?
- Who are the people who don't seem to fit in any other service?

Programs and Services

Think about the behavioral health care system, mental health and AODS, and all of the programs and services, both county and provider operated. Think about the types of facilities that are needed across the continuum.

- Are there any programs that have closed that should be re-established?
- What types of facilities or levels of care are most needed based on the target populations discussed?
- Where are they most needed? What regions of the County?

Potential Properties

Think about land or facilities that could be developed or expanded with BHCIP funding. Think about properties that might be for sale. Think about properties that are vacant or underutilized because they need renovations.

- Are there any properties that you are aware of that could be used for a behavioral health facility?

Thank
You



Mental Health Services Act (MHSA) 22-23 Plan Update Overview

Presented
to

Mental Health Commission

Public Hearing

5/4/22

Proposed 22-23 MHSA Plan Update

Highlights

- Reintegrate stakeholder driven items from the original 20-23 pre covid budget
- Incorporate increases for:
 - Housing & Supportive Services
 - Support workforce training and growth through Intern Stipend Program targeting cultural and linguistic needs
 - Career Ladder Positions for Peers
 - Innovation Projects – Psychiatric Advanced Directives (PADs), Micro-Grants for community defined practices (in planning phase)
- Increase Budget from \$54M to \$63M

PROPOSED 22-23 MHSA BUDGET

Component	Amount
Community Services and Supports (CSS)	\$47.8M
Prevention and Early Intervention (PEI)	\$10.5M
Innovation (INN)	\$1.9M
Workforce Education and Training (WET)	\$2.9M
Capital Facilities / Technology (CF/TN)	-
TOTAL	\$63.2M

Housing

- Enhancements to Housing Continuum
- Maximize No Place Like Home participation to increase inventory of permanent supportive housing units.
 - ▶ Round 1 – 10 units at Veteran’s Square
 - ▶ Round 2 – 13 units at Galindo Terrace
 - ▶ Round 3 – 8 units at Ygnacio Valley Rd.
 - ▶ Round 4 – 2 competitive applications submitted. If awarded, will result in 21 units in Walnut Creek and 8 in Richmond
- Maximize grant opportunities
 - Behavioral Health Infrastructure Program (BHCIP)
 - Needs Assessment & Planning
- Behavioral Health Housing Services Coordination Team – expansion
- Expansion of enhanced board and care contracts
 - A&A Healthcare
 - Expand Psynergy and Everwell contracts

Peer Support

- Career Ladder - add Community Support Worker (CSW) and Mental Health Specialist (MHS) positions to clinics
- SB 803 – Peer Certification – underway
- Peer Respite Center – TBD, planned as part of the Miles Hall Crisis Hub (funded by Measure X)

Workforce Education & Training (WET)

- Intern Stipend Program – Addressing bilingual/bicultural needs
- Workforce retention and recruitment – expansion of loan repayment program to include additional positions
- Expansion of Training Opportunities

Innovation

- Community Program Planning Process for PADs
 - Presentations and discussions
 - 8 stakeholder meetings Nov – April 2022
 - Community Survey
- Innovation Community Forum 3/4/22
- Support for two emerging local projects
 - Psychiatric Advanced Directives (PADs)
 - Micro-grants to CBO's for Community Defined Practices (in planning phase)

Looking Ahead.....

- ▶ Beginning in late fall 2022, begin Community Program Planning Process for 2023-26 Three Year Plan
- ▶ Updates to Needs Assessment
[2019-Needs-Assessment-Report.pdf \(cchealth.org\)](#)
- ▶ Resume MHSA Program and Fiscal Reviews
- ▶ Changes to the BHS landscape will include: Peer Certification, California Advancing and Innovating Medi-Cal (CalAIM) implementation, Ongoing Development of Miles Hall Community Crisis Center, Construction of Youth Crisis Stabilization Unit (CSU)

Questions & Comments

[Email: MHSA@cchealth.org](mailto:MHSA@cchealth.org)

- ▶ Call: 925-313-9525
- ▶ *View 22-23 Plan Update Draft & Provide a Public Comment at:*
<https://cchealth.org/mentalhealth/mhsa>
- ▶ Jennifer Bruggeman, LMFT, Program Manager
Jennifer.Bruggeman@cchealth.org
MHSA@cchealth.org

