

**MONTHLY MEETING MINUTES
MENTAL HEALTH COMMISSION (MHC)
October 5th, 2022 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Cmsr. L. Griffin, Mental Health Commission (MHC) Vice Chair, called the meeting to order @ 4:36 pm</p> <p><u>Members Present:</u> Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Douglas Dunn District III Cmsr. Gerthy Loveday Cohen, District III Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Karen Mitchoff, District IV (alt) Cmsr. Tavane Payne, District IV (5:10) Cmsr. Pamela Perls, District II Cmsr. Rhiannon Shires, District II Cmsr. Gina Swirsding, District I</p> <p><u>Members Absent:</u> Chair, Cmsr. Barbara Serwin, District II Cmsr. Kerie Dietz-Roberts, District IV Cmsr. Geri Stern, District I Cmsr. Yanelit Madriz Zarate, District I</p> <p><u>Presenters:</u> Dr. Suzanne Tavano, Director of Behavioral Health Services Lara Zanzucchi, Center for Recovery and Empowerment (CORE) April Loveland, Office of Consumer Empowerment (OCE) Janet Costa, SPIRIT Peer Empowerment Center</p> <p><u>Other Attendees:</u> Christian Aguirre Colleen Awad Angela Beck Jennifer Bruggeman Christina Dinh Dr. Stephen Field, Medical Director of Behavioral Health Services Gerold Loenicker Edgar Martinez Margaret Netherby Chan Nguyen Jennifer Quallick (Supv. Candace Andersen’s ofc) Elissa Robinson, (Supv. Diane Burgis’ ofc) Les Thurston Call-In User 1</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS</p> <ul style="list-style-type: none"> (Unidentified Call-in User 1) I want to share I went to website, and I think I know why I confused, the fact you didn’t post your agenda. It is because your agenda, for some reason is listed for October 3rd. The public has to click on it to see the date is really October 5. Staff needs to correct and post according to the meeting date, there won’t be any 	

<p>confusion. Right now it seems the post date is the notice. Three days before the meeting? Just so everyone knows why I am here, I am a taxpayer and there a lot of tax dollars that are afforded to mental health and I am just here to keep you all on your feet and spending the money correctly or responsibly. <Note: There was no incorrect posting date, the Mental Health Commission (MHC) website was checked and all was correct. Caller did not identify themselves so no way to follow up with that person.></p> <ul style="list-style-type: none"> • (Chan Nguyen) I am resident in Contra Costa County (CCC), I am a resident and a full-time working mother with two children (12 yo daughter and a 6 yo son). It has been a challenge for me to manage my own mental health as well as my children. This topic is very interesting to me and I am really passionate about it, as well as that I had an incident with my daughter three years ago that made me realize important our mental health is. Now that everyone has so much different identity, my other identity is that I am a Master of Public Administration and govern Gate University. I am currently working on a research project on quality of care mental health program for youth. I am interested in hearing in this meeting how the county is handling their quality of care, especially in the mental health program. 	
<p>III. COMMISSIONER COMMENTS</p> <ul style="list-style-type: none"> • (Cmsr. Pamela Perls) I just wanted to respond to our first public participant. I hope she understands that the commission is advisory to the board of supervisors (BOS) and doesn't get to determine any spending. That is the BOS and we can recommend and we can advise. From what I understand as a new commissioner, we do a lot of oversight but we don't make any financial decisions. 	
<p>IV. CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ol style="list-style-type: none"> i. Review of Meeting Protocol: <ul style="list-style-type: none"> ➤ No Interruptions ➤ Limit two (2) minutes ➤ Stay on topic ii. Welcome Pamela Perls, District II, to the commission 	
<p>V. APPROVE September 7th, 2022 Meeting Minutes</p> <ul style="list-style-type: none"> • September 7th, 2022 Minutes reviewed. Motion: L. May moved to approve the minutes. Seconded by J. Metro. Vote: 9-0-0 Ayes: L. Griffin (Vice-Chair), D. Dunn, G. Loveday Cohen, L. May, J. Metro, K Mitchoff, P. Perls, R. Shires, G. Swirsding Abstain: None 	<p>Agenda and minutes can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. "Get to know your Commissioner" – Commissioner Kerie Dietz-Roberts</p>	<p>Agenda Item tabled for next meeting (absent)</p>
<p>VII. Presentation: Center for Recovery and Empowerment (CORE), Lara Zanzucchi, LCSW, Program Supervisor, West County Child & Adolescent Services, CORE (20 minutes)</p>	

I came to discuss this program that we have relaunched in August. We are still named CORE (Center for Recovery and Empowerment) is a county program funded by the MHSA Innovation grant whose mission is to provide quality, integrated, culturally responsive, evidenced-based treatment and services to youth with co-occurring conditions in need of a higher level of care than the traditional outpatient setting.

MHSA Innovations Grants are awarded to address mezzo and macro challenges within a system of care. Particular emphasis is placed around proposals that address; access to care, service capacity, integration of providers, and innovation of design.

CORE is designed to address the system of care challenges and built around the idea of a treatment gap in the county where youth have access to some non-profits for substance abuse care and there is a substance abuse counselor at each mental health clinic but it is fairly limited. Substance abuse and dependence in adolescents negatively impacts their physical, emotional, and cognitive development and is one of the strongest predictors of addiction as an adult. This program is designed to fill that gap in care.

Contra Costa Behavioral Health Services (CCBHS) does not have a coordinated level of care to provide mental health and substance use disorder (SUD) treatment services to youth that are severely impacted. The current system has prevention and outpatient counseling, with no residential or higher intensity programs accessible to youth with MediCAL.

The service we are designed to provide for MH and SUD are to help bridge that gap including:

- Adventure therapy;
- High school credit recapture;
- Transit to/ from program;
- Nutritious meals;
- Individual, family and group therapy;
- Life skills and vocational development;
- Alcohol and other drugs (AOD) counseling; and,
- Discharge planning and linkage.

CORE serves:

- Youth with active MediCAL ages 13-18;
- Currently residing in West County or if outside of county can self-transport;
- Diagnosed with either a MH or SUD Disorder which presents with severe symptoms or severe system impairment; and,
- Unsuccessful treatment at a less intensive level of care.

Our main components are education on mental health and substance use. We provide individual, family and group therapy. Our main modality for the group therapy is the CBI for substance use. We do provide transit to and from the program within the Richmond area and the high school program specializes in credit recapture. Many of our students have not been in school for a significant amount of time, whether due to substance abuse, mental health or both. We also have other aspects of the program. There is a vocational specialist that comes to us from the Wellness in School Program (WISP) and is really great. We are just trying to build different types of activities and ways to engage our participants.

Primarily we are looking at referrals from West county because we are offering the transportation. We can definitely link and take youths from

Documentation on 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>

other parts of contra costa, it would just be tricky in terms of transportation. I did just have conversations with our school principal and might be able to have a combination of telehealth and zoom if they are out of the region.

We want those youth that are most likely to get care with possibly the AOD counselor at one of the clinics or at their school, but they are still presented with some challenges -- expulsion, system involvement, frequent psych emergency services (PES) admission, or anything that would impact their mental health on a significant basis. This treatment has not met the needs of the youth and we look to our program as a higher acuity (more intensive) service.

We are located right on the docks in Pt. Richmond and do have a very nice view and is a very tranquil location. Our team is:

- Christina Dinh, AMFT, AFPCC is our Therapist
- Les Thurston, CADCC-II CA is our AOD Counselor
- Georgina Sanchez is our teacher from Golden Gate Regional
- In process of obtaining our Community Support Worker (CSW)

(Christina Dinh) I am the therapist for CORP. I provide individual, family and group therapy. I currently have five individuals I am working with.

(Les Thurston) I am the Substance Abuse Counselor here at CORP. I currently have seven, going on eight, people I am working with right now individually. When we get enough people, we will get a group together and begin or CBI programming.

(Lara Zanzucchi, LCSW) Program Supervisor, 1160 Brickyard Cove, Pt. Richmond, CA. Email: lzanucc@cchealth.org. My preferred contact phone number is: (925) 334-2289.

Questions and Comments

- (Dr. Tavano) Thank you for the presentation. Just for context and history, We (BHS) actually lifted a similar but not same program, four (4) years ago under innovation. When we continued to look at the program, we really determined it wasn't meeting all the needs of the community in the best way possible. We actually (semi) closed the program down to rethink it. Remember, with innovations is to try something new and different, if it works, you keep on doing it. If it doesn't work as expected, then at any point we pause and redesign or stop. So this co-occurring treatment approach for youth continued to be a high need and we didn't want to give up on the program so we paused and went back to the drawing board, redesigned so that it better meetings the community needs including supports to the family, etc. The location is great because the intent was to get youth out and be a part of the community and environment, but at the same time, it is not on a bus line and understand the need for the transportation. If this program moves forward as hoped for, then we would want to replicate it in other regions of the county. This is a new start. It is an example of how we do look at how things are going and, if not going as hoped, then pause and change it up a bit. We are really enthusiastic about this new iteration and agree that we need a naming context so that we don't get confused with the community outreach program. (RESPONSE: Lara Zanzucchi) We are well on our way to naming our program. We saw this as an engagement opportunity and presented a workshop to the youth in Juvenile Hall to get them thinking about the program, and what their suggestions and ideas are and coming from a business and creative angle. The workshops

were fun and successful and we have four names that we are considering that are semi-finalists. I came in with the intention to study what was done before I got here and learned the feedback and implemented the changes. This program is in flux and there have been a lot of changes. For example, the previous program, clients had to committee to each aspect of the program or couldn't enroll/benefit and looked at it carefully and referred to it as more as a buffet model. We present the services offered and are you interested in engaging. That has been most successful for different reasons.

- (Cmsr. Shires) Wonderful program, really excited about it. How do you determine unsuccessful treatment at a less intensive level of care? What criteria do you use to determine that? (RESPONSE: Lara Zanzucchi) We are really looking at the level of functional impairment and the symptom severity, both in tandem. You could have a lower symptom severity than most people but the impairment is so great, you are at risk for out of home placement, not succeeding at different domains in life. It is really both or might be a case that you have a high severity of symptoms. There is a lot of in and out of the ER and/or PES, but might not be indicated in other domains and we are really speaking to that level of symptom severity and functional impairment.
- (Cmsr. Shires) Do you have a standardized form? Or a way to determine so that you are using the same exact criteria. (RESPONSE: Lara Zanzucchi) We do have a referral form that has six (6) or eight (8) areas I have highlighted. They certainly do not need to have all those functional impairments. I do use for referrals and helps me get a scope of the clients before I get them. I would say the standard metric is the county assessment. So we are using the same assessment and same intake process as the mental health clinics.
- (Call-In) The speaker mentioned the program is funded by grants. I am wondering if they are private, federal or state? Do I have any tax dollars helping this program? (RESPONSE: Lara Zanzucchi) The first question is that it is not a private grant. The mental Health Service Act (MHSA) was passed by Congress in 2007 (?) and has been funded and passed congress. The funding comes to the states, down through the county. (Dr. Tavano) This funded through MHSA, the taxation on people earning more than \$1mil annually. As you all recall, there are different components of the MHSA, one of which is innovation and this is funded under the innovation category. It is a taxation applied to those making more than \$1mil a year and it is not specific or restricted to CCC. It is a pool of money that goes into the state and allocated by a percentage formula to each county.
- (Call-In) Is the parents are notified when the school counselor refers the patient? Is it possible to pay for the counselor to go to the site if the student cannot go there? (RESPONSE: Lara Zanzucchi) The referrals come in from all different avenues. If they are in the community, I would assume the referring provider would have discussed that with the youth and the parent if that is part of the referring process. Certainly, on our end, we meet with the youth to intake/enroll them. There are certain confidentiality laws that we go by in the MH/AOD field. The second question regarding transportation. We don't go to the school to provide the counseling. It is possible and can do some field/home visits but it is not currently how our model is set up.

- (Cmsr. Dunn) Dr. Tavano indicated this program basically stopped for two years, understanding it largely ended because of COVID and it is a new iteration. What does that do in terms of the time link allowed under the innovation timeline? Does it start up again for another four or five years or has two years been lost because of COVID? (RESPONSE: Dr. Tavano) Under innovation, the funding is up to five years and if it is not working it would stop. If it is working, we would build it into our ongoing plans and it would be sustained even past the five years. Since this was paused for a bit, does the clock reset and I honestly don't know to that. (Jennifer Bruggeman) Unfortunately the clock does not reset. The innovation component of MHSA is overseen by the MHSOAC, the Mental Health Services Oversight and Accountability Commission. They are not making allowances for this type at this point. But as Dr. Tavano said, at the point the innovation funding times out, oftentimes this being a county operated program, the hope is we will not only keep it going but scale it up and bring it to other parts of the county and absorb it through a different component of MHSA or somewhere else within the Behavioral Health System.
- (Cmsr. Dunn) So, to follow up, this means that probably 23/24 time frame is when you will need to make a decision about this program and trying to find a different funding source within the MHSA program, if it is as successful as we hope it is, right? (RESPONSE) Yes. Also our AOD counselor does bill through MediCAL and we are able to for our mental health services. There is ample opportunity to capture revenue.
- (Cmsr. Swirsding) I have a question regarding referrals. In our community, we lost a youth. He was in PES several times seeking help on his own, not with a parent. There was no follow up. My question is if there is a youth coming into PES asking for help, how could he be referred to such a program as this? This young gentleman wanted help for his drug addiction. (RESPONSE: Dr. Tavano) We have a SUD counselor, Jessie, who is now covering and working in PES also to help identify connect and people with SUD treatment services and something we want to keep building on. It is a very good question, we increasingly see people coming into PES. There is a lot of effort going on in catching and referring these cases. (RESPONSE: Lara Zanzucchi) It is a collaboration between our program, PES, access to different coordinators there. The hospital's PES is on my list to present to, as well. I did have a wonderful presentation with ACCESS and they had no idea, they work very closely with PES, as well.
- (Chan Nguyen) I have two questions. (1) Telehealth and virtual services for youth, for those type of services, what is the determining factor that gets them offered? There is a lot of mixed reviews and research on this. The standard, as far as county, is if the patient requests it. That is my understanding. (Dr. Tavano) According to mediCAL regulations it really is client choice and they can indicate their preference for in person, telehealth (Zoom) or telephone. We have been providing all three levels of intervention. COVID accelerated Telehealth. Across the board, we are seeing (particularly with youth and those in recovery SUD) there is the request and need for in person services. Therefore, all of our programs are open to providing in person. It is client choice.
- (Chan Nguyen) As this program ramps up, you might get more clients, are you anticipating a long waiting list as it grows, what is your plan to

<p>reduce the waiting list and getting the youth the help they need. (RESPONSE: Lara Zanzucchi) There is a lot of ideas, once there is a waiting list, would be acuity level would be high on that and how much of the program they want to access, that would be a determining factor. However, right now we are working on filling a position I have been asking West Children's to give me some of their wait list to set up those meetings to help them with their overflow. We do not have too high of a census in this program, but much higher than the original iteration that would have to attend because they had to be at the program all day. If youth are coming throughout the week at different points, we could have a lot more clients.</p>	
<p>VIII.Presentation: SPIRIT Application Cycle Process, Candace C. Wade, SPIRIT Peer Co-Instructor; Janet Costa SPIRIT Peer Instructor (10 minutes)</p> <p>(Janet Costa) Service Provider Individualized Recovery Intensive Training (SPIRIT) and is a nine (9) unit college course taught at Contra Costa College. It is a collaboration between CCC BHS Office for Consumer Empowerment (OCE) and CC College. We welcome peers and family members, parents and caregivers of young adults and up to older adults within the behavioral health system.</p> <p>We have been on Zoom for the last three classes due to COVID, but this year it looks as if we are finally going to be able to use a hybrid model and actually be in class one day a week and on Zoom the other day of the week. We are very pleased to get one foot back in the door to normalcy and to being able to actually interact with our students.</p> <p>SPIRIT is for those with lived experience who identify as Behavioral Health Peers and for those who support them. That could be family members of children, and/or adults. It can be SUD, homelessness, co-occurring disorders and other mental health challenges.</p> <p>Our goal is to provide hope and resiliency and empowerment in our students and to train them to become peer and family providers in our Behavioral Health (BH) field. The program has been very successful in doing and we have several SPIRIT graduates employed in our county and the community-based organizations (CBOs). We want to help them sustain their own personal wellness plan. We use the Wellness Recovery Action Plan (WRAP) and when they graduate SPIRIT, they have that plan developed for themselves and are also able to help another person with their WRAP plan.</p> <p><Video Share></p> <p>The course starts January 23rd and runs through the end of July. It consists of three parts. SPIRIT 1 and 2 take place in the spring semester (Jan – May) and there are two classes a week (Monday and Wednesday) 11:00am to 2:00pm.</p> <p>Our presenters are subject matter experts from our CCC BH agency and our CBOs. Professor Aminta Mickles is our professor on our team. She does an amazing job and is a great team player for the college. We teach a lot about peer support skills, such as:</p> <ul style="list-style-type: none"> • Cultural responsiveness • How to facilitate a group • What are active listening skills and how do you really listen? • Patients' rights • Vocational program 	<p>Documentation on this agenda item were screenshared during the Mental Health Commission meeting and will be sent to all participants after the meeting</p>

(April Loveland) My partner Sonnetta Freeman and I, we handle the vocational piece, with current students and all alumni. SPIRIT 3 takes place during the summer semester. Classes are on Mondays only from 11:00am to 2:00pm. All other days are meant for the students to gain or earn their 60 hours to graduate. In order to determine where their placement is going to be, we have a huge work study fair and generally, it is person. It is a big event. The interviews are quick, like speed dating. They have 12 minutes with someone and one of the BH agencies. It is so much fun and a real live direct experience interviewing. We have up to 30 or 35 agencies at the work study fair and who support our internships and accommodate interns.

Once someone graduates SPIRIT 1, and they are able to move on to SPIRIT 2 and once they graduate that phase, they are able to move on to SPIRIT 3. At the end of the program there is a huge graduation ceremony. It has become so popular in this area, it is amazing how highly our CBOs speak to it. It is my job as a liaison and we are regularly in contact with them. It is always a big thing at the end of the year to be able to attend. Our students receive a certificate and, when we are back in person, will get a one on one WRAP facilitator certificate. The important thing about the certificate is that it is a pre-requisite for becoming a community support worker here in the county, but also now for most of our BH agencies. They want to see you have something like SPIRIT and that level of peer training.

Most of our SPIRIT graduates want to stay in the BH field in some facet, whether that is paid, volunteer. Some actually just want to continue their education and built confidence and want to stay in school. Since we have been here, there has been have assisted and increased the peer provider employment by approximately 65 placements in the last couple of years. We are inundating the BH field with peers. My job is mainly vocational based and help individuals either create or revise their resume. I teach them how to list transferrable skills, how to tailor their resume to the BH field and connect them with any positions they may be interested in.

Extended due date 10/21/22. All applications will be evaluated the next week and 60 will be chosen to interview. We can place 40 in our SPIRIT program. Contact phone number is (925) 348-5459.

Questions and Comments

- (Cmsr. Swirsding) I am a SPIRT Graduate and recommend the program. I have a homeless neighbor and is a young gentlemen and I mentioned the SPIRIT program to him. How can he get into the program because he is homeless? (RESPONSE: Janet Costa) If you have access to him, I can email you an application or we can mail it. However you would like. Just contact me and we will find a way to get it to him. We have had homeless students who have gone through the program. One success story is a homeless mom with three kids. She was homeless the whole time through SPIRIT, homeless for four years living in a motel. She had experience with Children and Family Services (CFS) and we were able to get her a job with CFS as a peer partner and is now, not only employed, but she also just bought her first home. The support they have through the program, homelessness should not be a barrier for someone taking our program.
- (Call In) I just wanted to comment that I am very impressed with this presentation and, I think it is actually viable and extremely helpful if we can get a program like this at possibly a four (4) unit, like a requirement

<p>for Cal State and UC students, especially the students who are going into teaching or business management or public organization management majors because these people would really benefit from these skills. Not only are they able to set up organizational goals, personal goals, they are able to help with peers and that is what management does. I am just wondering if this program has been presented to governors or elected officials of the state to consider making it a graduation requirement. (RESPONSE: Janet Costa) As of this time, I don't know of any program that has presented that. I do know it was pitched to Diablo Valley College (DVC) and the other community college, but they were not able to accommodate another SPIRIT program. That doesn't mean something can't happen in the future.</p> <ul style="list-style-type: none"> • (Janet Costa) I do want to mention that Dr. Tavano has asked about SB803, which is our certification program and it is now state law. All of CCC has opted in and we will be taking the exam to be certified peer specialists with our own specific billing codes to MediCAL so that we can create our own niche in BH. (RESPONSE: Dr. Tavano) This has been a very long time coming. Really 15-20 years of advocacy with the state that peer providers, people with experience, be recognized for all the value they bring with them. It has been a long journey and we are so happy that now there will actually be specific MediCAL reimbursable services that specified peer specialists can provide. CCC will be one of the first counties to move forward with the certified peer specialist classification. 	
<p>IX. UPDATE by Election Nomination Committee (5 minutes)</p> <p>(Cmsr. Griffin) The committee consists of Commissioners May, Dunn, and Griffin. We are trying to establish the slate. Anyone interested in running for either Chair, Vice-Chair or Executive Committee, I emphasize...please think about it, consider it, it is a great experience and get me some nominees. Send in your name and the names of those you think would be good to take the leadership roles. Send them to one of the three of us. We will present our slate at the November meeting and vote at the December meeting.</p>	
<p>X. DISCUSS MHC Annual Retreat (via Zoom), December 7, 2022, 4:00 PM - 6:30 PM, immediately following MHC meeting, 3:30 - 3:55 PM (5 minutes)</p> <p>(Cmsr. Griffin) Commissioner Serwin is heading this up. We did get a late start this and were hoping it could be in person, but it turns out we will be on Zoom and it is still a work in process, but we were thinking about, and at the last chair meeting we spoke about possibly having break out rooms with certain topics. One would be Behavior Health Continuum Infrastructure Program (BHCIP), Conservatorship and <u><connection dropped></u>. We also thought (possibly) PES roundtable services. We are still trying to figure out the topics we would have in these round tables. Please send any ideas you might have to myself or Commissioner Serwin. We will also have our goals we will be working on for 2023. The retreat will be held during the December Commission meeting from 4:00pm to 6:30pm. We will be expanding it by a half hour.</p>	

XI. Review progress on Mental Health Commission 2022 goals (5 minutes)

Agenda Item tabled for next meeting due to time constraints

XII. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano

➤ Update on applications for BHCIP grants

I was asked to give everyone an update on the BHCIP, California's initiative to expand infrastructure for BH programs. We have all heard the presentations before, but just as a little background, these opportunities are for buildings, brick and mortar, not about the programs that would then go into the buildings but it is about the properties itself. It is an amazing opportunity for so many reasons. One of the top reasons is that it is primarily funded through state funds. The county share would be depending on whether the property is already held by the county or being purchased. The bottom line for the BHCIP part, it is a 10% match. That means, if the county has 10% of the total then the state funds the other 90%. Either for purchase of property, the building of the structure and the renovation of the structure, etc. It is very intentional and restricted as those buildings are to be used for BHS.

The way it was initially described was that it was a 30-year commitment and we have continued to work with the State Department of Health Care Services (DHCS) that as they change their regulations and requirements, and the needs of our community change, that we don't want to commit for 30 years to just one type of program, but the commitment is that the building for that period of time would be used to support BH programs. That is a bit of flexibility that was added recently and very important, because as you all know, things keep changing and the needs of the community keep changing and we had to be able to adapt as we go along.

Status update on BHCIP process, we have standing weekly meetings that include BHS staff, representatives from Public Works, Health Services Finance, and times there are representatives from the County Administrators Office. Most recently, we added a County Counsel (Lawyer) to our workgroup. There is a standing group of people and we have been adding others as needed as we go along. Just as a reminder, our plan is 6 rounds. The first three rounds are completed and we have already received funding from those rounds.

Round 1 – funding for infrastructure for mobile team and a grant for planning what we are going to be doing. We did not submit any proposals under Round 3 as they had to be shovel ready. We did not have property that was shovel ready. However, we did support the proposals of other counties that would then have cross-county capacity and we would be able to access for CCC residents. Round 4 – focused on youth, again we did not submit a separate proposal from the county but support the proposals of other counties and for John Muir Medical Center for their proposal for the expansion for in-patient beds for youth. We sent a letter of support for that. We also supported a proposal for Sonoma County submitted and are very hopeful about that for residential co-occurring treatment of youth. Seneca Center submitted two proposals that we supported as well. If they have already received approval and will be moving forward for crisis unit services for youth. We will be to contract and access those services as those proposals are approved.

We have been actively doing is to prepare for Round 5 and 6. We anticipate the state will be issuing the request for proposals (RFPs) sometime this month but don't know exactly when and keeping an eye out for it. We have also been preparing for Round 6, initially going to open in January 2023, but

the state received a lot of feedback from all the counties that this has been so accelerated that we all just need more time to identify properties, programs and so for Round 6 it will likely not be released until the beginning of 2023. We are preparing for both those rounds and have received some guidance from DHCS regarding Round 5. We can anticipate the state is prioritizing what is considered crisis services for individuals and have included a pretty broad range of what those facilities might be. It could be a hospital, a psychiatric counseling facility, a crisis stabilization unit, crisis residential programs, some types of adult transitional residential. Round 6, we don't know what they are going to be looking for there, but we are going to be working those proposals.

We have an understanding that it is a very labor intensive process and involves property real estate and makes it even more complicated. Many of the smaller counties just were not able to enter proposals during these current rounds, so we are anticipating that, in Round 6, the state will be more flexible in what those proposals will be and likely be a more competitive funding round. We anticipate the smaller counties will be able to get their proposals in on this round.

Priorities are Mental Health Rehabilitation Centers (MHRCs) have consistently been at the top of the priorities list and has been at the top for a couple of decades. This is our first opportunity to actually try to bring in state money for the building itself. Fortunately, there is county owned property in West County that we have been looking at and working on will be moving that forward for Round 5 proposal. It will be for an MHRC. The location is adjacent to a homeless shelter, but will be completely self-contained. We anticipate looking at the initial architectural renderings what could be cited there. It appears a 45-bed unit is possible and would still allow a lot of outdoor space in order for it to be a very contained site with a perimeter that is secure and the doors lock but with outdoor space within that perimeter so people can access outdoor space as needed. We have been working with an architect to do some initial renderings.

We are looking at another property that I can not be more specific about that is also in West County. It is privately held and are negotiating with the property owner. Many of you are familiar with Discovery House on Pacheco and adjacent to it is another building that we will have to get some renovations, possibly expansion. There is another property in central county that is privately held and has not been advertised as for sale so we have been asked to keep that confidential.

Questions and Comments

- (Cmsr. May) Are you looking at East County for any other properties? I know we have missed out on the last round but for later on, EAST East county between Antioch, Brentwood, Discovery Bay? (RESPONSE: Dr. Tavano) Thank you Commissioner May. That was going to be my next item, more recently we have had some initial discussions with the city of Antioch and there is potential property there we will be exploring further, as well. We have heard the community, really loud and clear that it is having the resources available across the county and what we have been working hard at doing. We are very hopeful about Antioch but don't know quite yet. Thank you, I know you have been very focused and giving us suggestions and recommendations and it is very much appreciated.

<ul style="list-style-type: none"> • (Cmsr. Dunn) Working with a couple of other counties. This is where the numbers were not high enough to do so in CCC, primarily children and adolescent, but in some cases, adults. Are we looking to get contracting capability with the other counties once the facilities are built? (RESPONSE: Dr. Tavano) Primarily around youth. We would either be contracting directly with the providers. We already have established relationship with Seneca (Sonoma). • (Cmsr. Payne) Have you heard of the program ‘Love Never Fails’? What they do is they have housed Trafficked women that also have mental health issues and I know the person that runs this program and we were talking about that she has avenues for a 200 room place? She has been working with someone that can do that. (RESPONSE: Dr. Tavano) I have not heard of the program. Maybe we can connect offline and discuss. We are moving forward with the support of the BOS and were authorized to pursue up to four properties right now. If anyone does not become viable then we will quickly look for another. We can speak offline about what is already existing. 	
<p>XIII.Adjourned at 6:11 pm</p>	