MENTAL HEALTH COMMISSION
(Hosts a Public Hearing for the Mental Health Services Act (MHSA) Plan Update FY 2021-2022)
MONTHLY MEETING AND PUBLIC HEARING MINUTES
July 7th, 2021 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Cmsr. B. Serwin, Mental Health Commission (MHC Vice-Chair, called the meeting to order @ 4:34 pm Members Present: Vice-Chair, Cmsr. Barbara Serwin, District II Cmsr. Candace Andersen, District II Cmsr. Douglas Dunn District III Cmsr. Laura Griffin, District V Cmsr. Kathy Maibaum, District IV Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Alana Russaw, District IV Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Members Absent: Chair- Cmsr. Graham Wiseman, District II Presenters: Jennifer Bruggeman (Program Manager, Mental Health Services Act) Cmsr. Douglas Dunn District III (Chair, Legislative Committee, NAMI Contra Costa) Dr. Suzanne Tavano (Director of Behavioral Health Services) Other Attendees: Angela Beck Gigi Crowder Paul Cumming La'Tanya Dandie Lisa Finch Jessica Hunt Kennisha Johnson Lynda Kaufmann Cheryl Metro Lucy Nelson Susan Norwick-Horrocks Theresa Pasquini Pamela Perls Dom Pruett (Supv. Candace Andersen's ofc) Stephanie Regular Lauren Rettagliata Jennifer Tuipulotu Sandy Young	Meeting was held via Zoom platform
II. PUBLIC COMMENT: • (Gigi Crowder) I am the Executive Director of NAMI (National Alliance on Mental Illness). I have felt myself spending more time working in the role of Public Defender (PD) than advocacy support and education person with NAMI. I know you all have a criminal justice subcommittee. I would like to know what efforts you have underway. Yesterday was one of the most difficult days I have experienced as Executive Director, supporting a young man in court who lives with mental health. I even wrote a treatment plan, hoping he would be released	

on OR. We have some major disparities as it relates to who is in prison when they live with a mental health challenge in this county. Our NAMI presentation will be with Stephanie Regular from the PD's office because I had no idea just how tragic it is for families who have loved ones that live with mental health challenges that are arrested and treated without medication and all of the support in place. I would like to connect with the chair for the committee. I am starting a "Free Xavier Hughes" campaign. There is no reason in the world he should have had such a high bail amount set that made it cost prohibitive for him to ever see the light of day for a family that could not afford it. I want to work with that committee and will do whatever I need to do to support efforts to stop criminalizing people who live with mental health challenges. (B. Serwin) I am so glad you stepped forward, Commissioner Geri Stern is the Chair of the Justice Systems committee and is here today. (G. Stern) I just sent contact information to Gigi on chat.

- (Pamela Perls) I am from the Contra Costa Developmental Disability Counsel, as a liaison, as we are very interested in the MHC's work. I read, initially, with great interest that the Sheriff's office was beginning some kind of a mental health response team. I continued reading the article in the East Bay Times and luckily got to quote from an interview with Gigi (Crowder) which explained that, in fact, the Sheriff's office had not consulted with them at all. This was all going to be after the fact, after people with mental health issues had encountered police, this is meant to be a follow up. It is rather disingenuous. I wanted to bring the article to your attention. It was on 7/5/21. (Sent link/added in chat: https://enewspaper.eastbaytimes.com?selDate=20210705&goTo=B01&artid=3). From the little I know of your organization (I have now attended four meetings), that you are working very hard on the mental health response team, which would be **instead of**, law enforcement response. This seems totally misplaced and very disingenuous in the way he presented. Thank you. (S. Tavano) I wasn't aware there was a press release and, I think the one thing I would add is, while the Sheriff's office did receive funding through AB 109 for the MET (Mental Health Evaluation Team) officer, there remains to be the need for clarification surrounding the MET clinician, this wasn't factored into the AB 109 budget. We are currently stretching to help cover. I would also add is the MET, as Gigi pointed out, are not intended to be mobile crisis units, they are very specific in the ways that were just described. That is why we are doing the whole improvement event around community-based crisis intervention and have not included the MET Teams in that conversation because they are not really mobile crisis.
- (La'Tanya Dandie) I am in Richmond and applied for the Commission seat (Dist. I), mainly because we don't have a person of color that represents West County that helps and knows what is going on (boots on the ground), knowing the people out there that are visiting, people that understand what is going on in the community, not just with people of color but everyone. We lack many services in West County. We lack a lot of representation in West County and do not have anyone to stand up and speak out and speak to the needs for West County, especially in Richmond. I am just here to listen and see what other services we can get out to our district, even if I don't take the seat, I am still going to take on the responsibility of the mental health issues we are having in West County. I have been waiting very patiently to come on our side, and they haven't. It has taken a very long time. I am also the corresponding secretary for the State of California Democratic Party for the Disability Caucus, so I know a lot of things going on and I want to be that person. I want to be there for those people because we are not getting the services and resource that are needed, especially for the people of color and in West County.
- (Gigi Crowder) I wanted to speak again, only because my name was referenced in that article and I am happy to hear that Dr. Tavano was unaware of the Sheriff's press release, because we are conducting a robust effort t in this county and to see that press release and to get a call from a report did (kind of) rock me a bit. I

feel we are being transparent in what we are trying to lift up and it just felt like it was disingenuous. I has a lot to do with the fact that the Sheriff's office will be asking for funding for that in the Measure X meeting, which I will be attending at 5:00 o'clock. We need to have a more collaborative effort. It states Behavioral Healthcare partners with the Sheriff's office for MET and there is a picture of a county staff person. I was taken aback by the fact that we have this robust effort in place, and this made it feel as if it was happening an individual were not aware. Thank you Dr. Tavano for sharing your concerns . Thank you, Pamela, for bringing it to our attention, as a lot of us are volunteering to create better services, as well as alternative services and we are just not in a place where the Sheriff should approach/ask for funding. That will not help us get to our shared goal of supporting these individuals in a way that makes a difference and supports their families as well.	
III. COMMISSIONER COMMENTS • (Cmsr. Gina Swirsding) I am aware of what is going in Richmond, I live in Richmond. We will be meeting with Antoine they will be going around to different areas and speaking to mental illness. Michelle Milam told me about this, so I will be attending those. In the past, being a commissioner as long as I have, many of the regional people of color (specifically, African American) were reaching out with pastors in the area. The churches were reaching out to those and have attended many of those meetings, as well. There is a lot going on out there as far as outreach. The Hispanic community (the majority) is done in schools when they were open. I do believe it hard for people of color to be in the system. They tend to not trust; I am speaking of consumers. I understand why, I feel the same way sometimes too and I am not a person of color. I think, in general, those with mental illness have a hard time trusting anyone in general.	
IV. CHAIR COMMENTS/ANNOUNCEMENTS: • MHC 2021 Retreat October 6, 2021 from 3:30 – 6:30 PM: We will resume our tradition of an annual retreat this year. It is scheduled on Wednesday, October 6, our standing meeting date, and will be held at 3:00 (or 3:30) to 6:30 PM. It will overlap with our usual meeting but will start an hour to an hour and a half early. More details to come. • Site Visit Program (SVP) sign-ups in early August: As we have been discussing, our site visit program site visits will start up in September. The first step is for commissioners to sign up for specific sites to visit. Please keep an eye open for an email from Angela in early August regarding writing a list of sites to sign up for. We will be signing up for September, October, November, and December site visits to get through the rest of the calendar year and will be on a first come, first served basis. (Cmsr. J. Metro) I have a comment on this. I think we should be careful to remind the commissioners of conflict of interest if they should have (or had in past) any family members within those facilities. We may want to discuss whether or not it is in the county's best interest to have commissioner (sort of) canvas that particular facility. (Response: B. Serwin) Thank you. I will raise that with the Quality-of-Care team that is working on the SVP because that has not come up and I do appreciate that.	
V. APPROVE June 2nd, 2021 Meeting Minutes • (Cmsr. C. Andersen) One question (clarification) in the minutes, we indicated we were going to be voting on the attendance by law changes at today's meeting. It is the very final item in the minutes, but it is not on today's agenda. I wanted to ensure we had not voted at the last meeting on this item. The only reason I bring this up, is the Internal Operations committee meeting (IO) on Monday, we are considering the one referenced in the letter to me, but I do not have anything for	**Agenda and minute can be found at:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

the actual item where we are looking at the attendance issue. I am just curious what happened after that because the minutes are not reflecting if you did. (RESPONSE: A. Beck) Yes. There were three separate attendance by law changes to be voted on; two of which were forwarded to Sarah Kennard and the letter. There is a proposal from Commissioner May, that was not voted on due to time constraints. It was pushed to this meeting, but because of the time constraints due to the public hearing, it is not able to be on the agenda tonight and it will be voted on next month. (Cmsr. C. Andersen) Okay. Right now, it is on the agenda for IO and I will check with Julie to see if we have the other two attendance by law changes, but we may just postpone the whole attendance issue until we have all three resolved. We will, though, be discussing on Monday, the issue of the letter regarding recruitment and appointment of commissioners and that will be on the IO agenda. • June 2nd, 2021 Minutes reviewed. **Motion:** D. Dunn moved to approve the minutes as written. Seconded by L. May. **Vote: 10-0-0** **Ayes:** B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin. K. Maibaum, L. May, J. Metro, A. Russaw, G. Stern, G. Swirsding Abstain: None	
VI. RECEIVE Presentation of State Hospital plans to reduce patient population, Commissioner Douglas Dunn, Contra Costa Mental Health Commission For the Commission and for those that are also on this call, to bring you up to date on what is happening with the Department of State Hospitals (DSH) Plan. The big issue has been what to do with the 1600 person wait list for an incompetent to stand trial (IST) bed at a state hospital. What has been driving with is the fact that the American Civil Liberties Union and Public Defenders Association had a lawsuit filed back in 2015, alleging the following civil rights violations: • Lack of time in inadequate evaluation, • Lack of treatment to restore them to competency to stand trial, so they can timely proceed to trial or, otherwise, resolve criminal charges. In this vein, there have been further late breaking judicial developments. Just this past June 16, the first appellate district court of California, voted 3-0 that persons declared ISD are incompetent to stand trial, have to be transferred to a state hospital bed within 28 days. There is a larger judicial decision that is expected sometime in October of this year. To prepare for this, the DHS, through the governor's proposed May 2021 state budget revision, proposed the following: To stop accepting any and all LPS conservatism as of July 21 and have all existing LPS conservatees, including Murphy Conservatorship conservatees, discharged in one-third per year steps by June 30, 2024. The number of persons involved statewide is approximately 1000, the number from Contra Costa County to be involved (my latest information states) at least 25 to 40. These are our most vulnerable residents. If Behavioral Health more detailed/recent information, be sure to share. When I speak to the Murphy conservatorship, it is different from a civil LPS conservatorship. In addition to not being able to provide for food, clothing, or shelter, they must have either murdered or severely injured someone, or violently threatened to severely injure or kill a person. This involves the district attorney's felony charge(s). One other piece of the Murphy conservatorship for incompetent to stand trial: for two consecutive years, they cannot understand their criminal charges against them and/or cannot rationally participate with defense counsel in their own defense. To fight back against this proposal, there was a furious, all out, late 11th hour writing advocacy campaign by many organizations, including NAMI Contra Costa, NAMI California, and the California State Association of Counties and other	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

Sacramento entities (this should all be in your packets). Bottom line, we got the State Legislature to agree to reject Governor Newsom's May revised proposal, but State budget trailer language is just beginning to be made and per the California State Association of Counties and the California Behavioral Health Director's Association, there are on-going negotiations which Dr. Tavano will briefly talk about.

The possible impact on Contra Costa County, if any of this proposal is adapted, could be another $15 mil - $25 mil plus annually. This would include locked facility treatment services and house costs to Contra Costa County. There are further MHC meetings on this issue, Thursday, July 15th (1:30 to 3:00 PM) at the MHSA-Finance Committee will be looking at this from a financial perspective; and on Tuesday, July 27th, the Justice Committee will be looking at this issue from a criminal justice perspective.

Comments and Questions:

- (Cmsr. L. May) You stated they want to discharge by thirds with the final discharge of what date? (D. Dunn) June 30, 2024.

VII. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano, PhD., Director of Behavioral Health Services

Just a few updates this month.

- Crisis Stabilization Unit for youth as the alternative to the current PES: We continue to meet about every two weeks. There have been a couple of architectural renderings. We are still working to get an update, but we have incorporated the feedback received from the community. There is a finite amount of space and the goal is to have separate rooms for the youth rather than one big dormitory, still have a day room common area, etc. We feel the architect is getting close with meeting all the criteria and still have some sense of openness and areas for families to meet and family conferencing, etc. We are hoping everything will continue to move forward and construction will be completed in a year. We want to ensure the design will meet the site specification requirements of the State Department of Healthcare Services, we will start sharing. We just wanted to assure we are incorporating all the feedback from all prior community meetings from various venues have been incorporated.
- Thank you, Commissioner Dunn, for raising the issue regarding the state hospitals. When the state decided to include this the state budget, initially, it took us by surprise. There had not been a lot of conversations about this. Realigning state hospital responsibilities to the county on short notice is not really going to work. There have been conversations, we know there will be some changes. The real focus is on the clients/detainees who have felony charges that are found to be incompetent to stand trial. Their length of stay in detention centers around the state is excessively long. The real focus is how to provide the care when it is needed, rather than keeping people in jails. If that effort is successful, then some of those other looming serious concerns about the LPS conserved clients, etc. Hopefully this will be taken off the table, but what it will need is for the state hospital system to start working with closely with each county on alternatives, community resources, etc. We will see how this all moves forward. We are keeping our eye on all different moving parts. For our county, it is not an issue, but for other counties, those with misdemeanor charges and are found incompetent to stand trial, it is not uncommon for them to referred to a state hospital. In Contra Costa, that is not a situation, so we are not as concerned about for us. Certainly, those on LPS conservatorship, the Murphy Conservatorships and the Felony IST are all big areas. We know, anticipating ahead, that would be more resources quite honestly. Those

resources will range from residential treatment facilities to housing and the outpatient continuum down the line.

- Cal AIM: The whole reform of the Medicaid program in California. That is all progressing. The state has submitted different waiver requests, plans, etc. However, the discussions / negotiations are ongoing regarding what documentation is going to look like, will it be required, etc. The biggest help right now is the payment reform of Cal AIM. It will move us out of a cost-based system to a fee for service system. I know that sounds either insignificant or people don't quite understand what it means. It is really a big deal. Along with that, they have provided 300 claim codes for the counties to review, which was done and responded back. It will be a system change all the way through from request for service, how managed and what can be provided, when, what will the documentation be? Concurrently, how will we get paid for those services.
- We have been consulting externally regarding how our contracts are written, the contract language and working with county council. We want our contract to really be in good shape for the next fiscal year (2022-2023) to coincide with some of the Cal AIM implementation.

Comments and Questions:

- (Cmsr. L. May) You stated the architect is close to completing the renderings? When are they expecting the building to be complete? (Dr. Tavano) Again, with construction, you never really know but the update I received this afternoon is within a year.
- (Cmsr. L. May) My second question to you is: The number of people Cmsr. Dunn reported to be released into Contra Costa County, how are you preparing? How is this county preparing to handle those 40 people that could be under LPS or Murphy? What are we planning to do? Our record is quite poor on homeless and providing mental health services to the people that in most need. (RESPONSE: Dr. Tavano) We are not there at this time. This is the first proposal out of the gate, and we are hoping it doesn't come to that. Again, I really believe the focus is on what can the state and the counties collectively/corroboratively do to address the felony IST population. If there is some success with that, then hopefully this issue about LPS conserved persons, doesn't become the issue that it sounded like might be a month ago. We are not planning for that now because we are ready to see what will actually happen with the state. We can anticipate one way or another that we will need to build out the resources in the community.
- (Cmsr. G. Swirsding) In January/February the county does the 'homeless count', did we do that this year? I usually find out when I go to a city council meeting and I have participated before. I was wondering, did they do it this year because of COVID? (RESPONSE: Dr. Tavano) I honestly don't remember for this year.
- (Cmsr. G. Swirsding) People who are Medicare/MediCal, they are required to work, how would people with severe mental illness fulfill that requirement? (RESPONSE: Dr. Tavano) It is not a requirement for MediCal, employment is not a requirement, it might be when you get to other disability benefits, but not for the health insurance component.
- (La'Tanya Dandie) I want to refer back to the 40 potential mental health conservatees may be released at a particular time, to ensure we start working on processes of how we are going to continue to get them mental health services. If they are released without services and resources and step out into the community, there are those who will not and may not understand the things they are going through once they get out. Understanding that, because the process and what has been occurring with mental health in each community, we don't have the resources to ensure these folks are taken care of, and once back into the community and no resources, it is very likely they will end up back in the system because they won't have the resources to carry them into the things they need to do to keep them out of the system. Instead of waiting to see if that

process is going to happen, I feel it is a process that needs to start NOW. If we have something in place that is shaky, at least we have something to put together. Waiting for the last moment is like waiting to see if someone will have a mental break/episode when it happens and try to take care of it at point. We need to see it as it goes and not as it comes. (RESPONSE: Dr. Tavano) This is really a complicated discussion and what is going on in the improvement event surrounding mobile crisis, really brings a lot of these issues to light, as it is to say about 'alternate destinations' which are crisis residential programs, adult transitional residential programs, etc. It is already being focused on now by way of that improvement process. We already knew going into it and will just keep moving forward as it all evolves. I was the Director of Jail Psychiatric Services in San Francisco in the 1970s and 1980s and the state hospitals had just started in the late 1960s releasing people to the community and I witnessed, first-hand, the beginning of real significant homelessness in California, and the Bay Area in particular, and the criminalization of people with mental behavioral health issues. I am very in tune with that. It is part of a larger planning process. Hopefully the LPS piece doesn't happen because we are working very hard and every county is echoing the same, we cannot do this short-term, we can't do it without adequate funding from the state and we don't want to add to what started in the 60s. Please let's slow down and plan it out and ensure there are resources. Outpatient services is one thing, but all the transitional residential treatment and housing that will be needed.

- (La'Tanya Dandie) Whatever takes place, I want West County to be at the top of the list because a lot of those services that are already in place are not in place in West County. If that can be looked at, it could be piloted (as to what is needed and what isn't needed). I believe West County should be at the top of the 'food chain' because it is definitely needed out where we are.
  (RESPONSE: Dr. Tavano) Thank you, I appreciate that. If you look at where are two current crisis residential programs are, here in Central County. I just had this conversation with a group of managers in in behavioral health about West and East. You are on the radar, thank you.
- (Stephanie Regular) I wanted to make a particular correction regarding Dr. Tavano's comments that misdemeanors are not going to the DSH in the county, because I think it is very important the commission be aware of what is happening, as well as Dr. Tavano, as this information is not reaching her. Misdemeanors are, very much so, going to the DSH and being committed. We are one of the very few counties in the state that is committing our misdemeanants to the DSH and, post-pandemic, we were one of four counties sending misdemeanants to the DSH. The company that we are keeping is Riverside, Kern and San Bernardino County. We were the fourth county. So, once they make it to the DSH, they are committed on the recommendation of our county Behavioral Health to go. Usually, they have maxed out before they get there so they sit in custody and are released with nothing because there was a recommendation they go to the state hospital, but we did have someone go this year and just recently returned a few months ago. He was only charged with misdemeanors. We are paying our county, we fund that bed, it is $626 a day for the bed. (RESPONSE: Dr. Tavano) For misdemeanor IST individuals, that is on us. Thank you, I will look into that. I wasn't aware of many coming from Contra Costa. I know the state highlighted San Bernardino and Solano County as the highest utilizers.

VIII. Adjourned Mental Health Commission Meeting at 5:29 pm

PUBLIC HEARING
Mental Health Services Act (MHSA) Plan Update FY 2021-2022)
July 7th, 2021 – Draft

Agenda Item / Discussion	Action /Follow-Up
I. Opening Comments by the Chair of the Mental Health Commission Cmsr. B. Serwin, Mental Health Commission (MHC Vice-Chair, called the Public Hearing to order @ 5:30 pm Thank you very much to Jennifer Bruggeman, the Program Manager of MHSA and your team for the tremendous efforts you have put into making such a strong effort to ensure you bring the input from people from all over the county from various different perspectives over the past three years; and the strong analysis you have done for the extra effort you have had to expend to work through the issues of COVID and the impact it has had on your budget and the needs of our constituency.	Meeting was held via Zoom platform

II. 2021-2022 Mental Health Services Act (MHSA) Plan Updated by Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services
 	
MHSA 3-year Plan 2021-2022 Annual Update Overview: I wanted to present just a few notes to provide context to this plan overview for those who are new to the process.
 	
Along with all other counties in California, we had an option to take an extension on completing our 2023 3-Year Plan in order to figure out some of the implications of COVID, so instead of completing in the Spring, as we normally do, our plan was not completed until late last fall of 2020. It was finally approved by the Board of Supervisors past February. We wanted to get back to our normal timeline and schedule. We started this plan update very shortly after, completing it in April, presented to the Consolidated Planning Advisory Workgroup (CPAW) and posted on our website for a 30-day public comment in May, as well as presented to the MHSA-Finance committee in June. So, we are before the commission today. The plan is more of a snapshot in time, rather than a real-time document. This was put together several months ago. Particularly, in regard to the budget, we were working off fiscal projections we had from many months ago. We are aware there will be changes, in a good away as we anticipate there will be more money available to counties than previously predicted.
 	
New items to our plan updated:
• Supportive Housing
  • Updates to No Place Like Home participation
  • Supportive Housing Services Team
  • Ongoing Goal – to increase on-site permanent supportive housing services and supports
• Early Childhood Mental Health
  • RFP awarded to Early Childhood Prevention & Intervention Coalition (ECPIC)
  • Services will include: Outreach, In-Home Support & Parenting Classes for families with children ages 0-5
  • Funding: $125K /yr.
  • Prevention & Early Intervention (PEI) enhancement to Children's System of Care
• Suicide Prevention
  • RFP awarded to Contra Costa Crisis Center
  • Suicide Prevention Hospital Follow Up Program
  • $50K annual funding
  • Prevention and Early Intervention (PEI) enhancement to countywide suicide prevention efforts
• Mental Health Career Pathways
	The Plan Update Overview was presented as a PowerPoint presentation to the Public Discussion forum. The Presentation and full plan update was also 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

- Expand Loan Repayment Program to Community Support Workers (Peer Providers) and Mental Health Clinical Specialists
- Goals of increasing retention and language capacity among workforce
- Workforce Education and Training (WET) – Greater Bay Area Regional Partnership with CalMHSA & Office for Statewide Health Planning & Development (OSHPD)

- Looking Ahead to the Upcoming year
  - Innovation – Three of the existing projects sunsetting; new proposals TBD
  - Community Crisis Response – Community Crisis Initiative & RIE's continue; implementation of additional MCRT team
  - Certified Peer Counselor Initiative – effective 1/1/22
  - Housing – continued focus, top priority
- Community Program Planning (CPP) MHSA Presentations and Events
  - Sep. 2020 Evolution of the Peer Movement
  - Jan. 2021 Hope & Wellness in Diverse Communities
  - Mar. 2021 Historically Marginalized Community Engagement (HMCE) Workgroup
  - Mar. 2021 Older Adult HMCE Workgroup
  - Mar. 2021 African American HMCE Workgroup
  - Mar. 2021 Nuestra Comunidad, Nuestro Bienestar (Our Community, Our Wellbeing)
- Summary of Community Program Planning Process (CPPP)
  - Total Number of Participants: Approx. 350
  - Participants included: Providers (County & CBO), Community Members, Peers, Family Members, Community Partners & Advocates
  - Increased participation from diverse communities and peers & family members
  - Events were free & open to the public
- Summary of Community Feedback from CPPP Prioritizing Needs – We had four basic questions we posed to participants during the small group discussion time at all of our events.
  - What does wellness look like in your community?
    - ◊ No barriers to treatment, especially for people of color & those with disabilities
    - ◊ No stigma
    - ◊ Opportunities to access safe outdoor spaces & to practice spirituality
    - ◊ Comprehensive resource hubs
  - What's working well?
    - ◊ Telehealth
    - ◊ Mobile Crisis Services – including MCRT, H3 CORE, MHET
    - ◊ Hotlines – Crisis Center, 211, Access Line, Anonymous Hotlines
    - ◊ Non-Profit CBO's
    - ◊ Language Access – Crisis Center's Grief Groups in Spanish
    - ◊ Older Adult Services
  - What are the service gaps? What's missing?
    - ◊ Affordable Housing – with on-site services
    - ◊ More access to technology (including training)
    - ◊ Culturally appropriate care – including language access (and materials printed in multiple languages)
    - ◊ Mental Health Supports – including training and education
    - ◊ More virtual mental health services, especially for youth
    - ◊ More promotion of existing resources
    - ◊ More community crisis response services
    - ◊ Greater access to county funding & resources for CBO's
    - ◊ Specific mental health programs tailored toward the African American community and TAY of color

- ◊ Peer respite centers
- ◊ Re-entry support services

- What populations are most at risk?
  - ◊ Youth, including former foster youth
  - ◊ Teens – many have had to quit school to get jobs to support family
  - ◊ Seniors
  - ◊ Homeless population, including homeless youth
  - ◊ Immigrants, refugees, minorities and low- income people
  - ◊ Single mothers
  - ◊ People with disabilities
  - ◊ People with substance use disorders (SUD) – use is on the rise during COVID

- Proposed FY 21-22 Budget
  - Projected FY 21-22 budget of $54.4m
  - Unspent Fund balance $29.1m
  - Prudent Reserve remains unchanged at $7m
- 2020-23 Fund Ledger
  - Estimated fund balance as of July 1, 2020 .....52.7m
  - Anticipate FY 20-21 Revenue inclusive of interest earned ..... +50.6m
  - Proposed budget for FY 20-21 ..... - 61.9m
  - Estimated Ending balance as of July 1, 2021.....41.4m
  - Estimated Unspent Fund for FY 21-22 ..... + 41.4m
  - Anticipated FY 21/22 Revenue inclusive of interest earned 42.1m
  - Proposed budget for FY 21-22 ..... - 54.4m
  - Estimated fund balance as of July 1, 2022 .....29.1m
  - Estimated Unspent Fund FY 22-23 ..... + 29.1m
  - Anticipated FY 22-23 Revenue inclusive of Interest Earned 36.4.m
  - Proposed budget for FY 22-23 ..... - 54.1m
  - Estimated fund balance as of July 1, 2023 .....11.4m
    - ◊ This, of course, does not reflect any upcoming potential budget increases we were recently made aware of, which are still being finalized. Anything that results from that, as said earlier, you will see reflected in next years plan. The $11.4million fund balance as of July 1, 2023 is inclusive of the Prudent Reserve. Again, we may see changes to that if these revenue projections change.
- How can the community provide input?
  - View the Plan on CC Behavioral Health Website: https://cchealth.org/bhs/
  - Provide a Public Comment online, by email or by phone: https://cchealth.org/bhs/mhsa@cchealth.org; 925-313-9525
  - Public Hearing Mental Health Commission meeting
  - MHSA Consolidated Planning & Advisory Workgroup (CPAW) meetings
  - Community Forums

III. PUBLIC COMMENT:

- (Lauren Rettagliata) I would like to put forward a motion that the MHC recommends to the Board of Supervisors (BoS) there be a cost-of-living allowance of three percent (3%) given this year to each of the non-county providers in the MHSA Plan for 2021-2022. That is due to the amount of MHSA funding that will be received is enough to cover the Cost-of-Living Increase not given last year. I believe cost-of-living allowances are so very important, especially for those who are down in the lower brackets. What happens is so many of the people get very good training, they are excellent at what they do and then have to, for economic reasons, move on and go to another field of employment or they leave the contract provider and enter into the county system. There is a large discrepancy between the amount of money you make as

a contracted provider vs a county provider. That is my recommendation to the MHC.

- (Teresa Pasquini) – submitted via email /read by Cmsr. B. Serwin for the record: I will not be able to attend today's Public Hearing on the MHSA Plan update for 2021, as the Measure X CAB meeting will be taking place at the same time and will be focusing on criminal justice issues. I hope to learn how the county justice partners plan to support the growing needs for housing the IST and LPS Conservatorship populations in our county. A question often heard in all state and local meetings for criminal justice reform is "divert to where and what?" I will be looking for that answer from the Measure X presenters tonight. And I urge the MH Commission to consider the grave needs of this population in the discussion tonight. Commissioner Dunn and NAMI Contra Costa have done an excellent job of advocating for this dire need that will impact Contra Costa's behavioral health continuum.

  I hope to see the MHC take a more active role in the Measure X process moving forward. This is a community process that will be advising the Board of Supervisors on how to expend an additional sales tax of 0.5% for 20 years. This ballot measure was generously approved by Contra Costa citizens based on the promise of generating an estimated $81 million per year for "essential services including the regional hospital, community health centers, emergency response, safety-net services, early childhood services and protection of vulnerable populations…" I respectfully remind the Commission that the SMI adult population is a very "vulnerable population" and is considered the population with the greatest health disparity according to the National Council of Behavioral Health, "People with serious mental illness die an average of 15 to 30 years younger than those without. This difference represents the largest health disparity in the U.S., larger than gender, racial or socioeconomic differences. And unlike some of the other gaps that are slowly closing it isn't shrinking."

  How does this MHSA Plan update address that disparity? Has the MHC analyzed the budgeting process for the SPMH clients, specifically? All available funding streams should be part of the MHC's analysis of our county's needs and how to meet those needs. And, that process of analysis must be transparently shared with our community in order to make sound advisory decisions. I appreciate the MHSA/Finance Committee's attention to this important part of the Commission's mandated duties. But I worry about our progress in meeting the health and housing gaps with the current budget and within this plan update.

  The Measure X funds are not as restricted as MHSA and realignment and could be used to leverage and augment existing mental health funding that is considered to be inadequate and was "underfunded from the start." MHSA funding is very prescriptive and is literally the only funding entitlement for the most vulnerable WIC 5600.3 SMI population. It must be protected for that specific population. All other funding streams are divided among multiple vulnerable populations, some of which have entitlements that do not exist for the SMI SPMH population which is funded "only to the extent resources are available."

  In defining "vulnerable populations" it is critical that we have access to all data that quantifies and qualifies the identified gaps and how they are being filled by the safety net. We have multiple needs assessments, and stakeholder prioritization processes that have identified housing as the number one need for the SMI population of Contra Costa. The most recent "Needs Assessment" states, "There continues to be an ongoing shortage of affordable housing and housing supports for those individuals and families affected by serious mental illness."

  And it states, "Housing Affordability and Homelessness -As most other counties in the Bay Area, Contra Costa County also struggles with affordable housing and an increase in homelessness. Based on the 2018 Point in Time (PIT) Count conducted by the Health, Housing, and Homeless Services Division (H3) of Contra

Costa County, homelessness has continued to increase in Contra Costa County. MHSA funds in Contra Costa County currently provide over $7 million in housing support for individuals and families with a serious mental health illness. However, the continued rise in housing affordability creates a challenge to identify and secure housing in general. BHS continues to explore methods to support further housing efforts, specifically for those experiencing mental health challenges specifically through No Place Like Home (NPLH) efforts as well as through the MHSA."

And, from the Need Assessment Recommendations:

As housing continues to be the top need throughout the State, it is essential to fund more Supportive Housing models designed to offer mental health support services for the most vulnerable populations affected by mental health challenges. Specifically, for youth with systems involvement, such as foster care, BHS is working to support the creation of a Short-Term Residential Treatment Facility (STRTP) that can assist children with high need for serious emotional disturbances, to be able to remain in Contra Costa County versus an out of county placement. It is recommended BHS continue to apply for No Place Like Home (NPLH) funding to obtain more funding for permanent supportive housing, as well as continue to retain and recruit more augmented board and care homes. Furthermore, BHS should continue its ongoing goal to repurpose the Oak Grove site through NPLH funds, as well as additional MHSA County funds to house and provide on-site treatment for transition aged youth; as well as other populations that are affected by mental health. It is recommended that continued support for flexible housing funds continue to provide flexibility."

While the gaps are clearly acknowledged, the solutions are not clearly defined. How will we create more Board and Care beds? Do we even know how many we need? And there appears to be a forgotten population in these recommendations, specifically those SMI adults who are at risk of homelessness, placed out of county or currently placed in roach infested placements.

Who is the "most vulnerable" population in Contra Costa or Contra Costa residents placed out of Contra Costa? While the multiple stakeholders, advisory bodies and Community Planning Processes capture the wishes, hopes and dreams of those who attend, it excludes the wishes and needs of the CCC clients who are conserved and placed in out of county facilities.

I urge the MHC and will urge the Measure X committee to explore how the county will specially and strategically create Housing That Heals for the adult specialty MH population. I greatly appreciate that the BHS Housing Chief has been hired this past year. I am still hoping to see a Value Stream Mapping Process that will evaluate the continuum of housing needs for this most vulnerable population. Peer Respite Centers are part of that continuum, but they are not permanent and will not meet the unique needs of many SMI clients.

We need a specific Housing That Heals plan of action for Contra Costa included in this MHSA plan update. And a specific request for funding from Measure X that will support this plan and finally lead to action that will bring our loved one's home.

IV. COMMISSIONER COMMENT:

- (L. May) I looked at Page 6, it states "expand loan repayment program to community support workers, peer providers and mental health clinical specialists." Does the county have their own loan, along with the federal loan repayment program? (RESP: J. Bruggeman) We do have a loan repayment program. Previously it was available to psychiatrists and we have tried to expand on that. We had an opportunity to join in this Regional Bay Area Partnership and leverage some funding that way. It was really kind of a cost neutral situation for us, which was good. We have been able to open it up a little more. It should be

available to those designated positions who would be county employees or working with our contracted CBOs.

- (L. May) I hope everyone received the typewritten statement that Teresa Pasquini completed. It should have been in the packets that everyone received. I was wanting to see if Dr. Tavano received? Could you speak to Page 2 where she states apparent County Behavioral Health Director's Association of California, DSH negotiations summary, Dr. Suzanne Tavano, CC BHS Director, June 29, 2021. Is this a piggyback and is she piggybacking off what you were speaking to the LPS or is she adding to what you have said? (RESP: Dr. Tavano) Yes, thank you Commissioner May. They are two separate issues I think, so the page you, are referencing goes back to the state hospital discussion? It overlaps with the discussion regarding the MHSA Plan. They are not connected.
- (D. Dunn) Jennifer, thank you for letting the public know about the $6m-$7m in MHSA funding that was used in blended programs to cover for the shortfall in realignment funding from the last fiscal year. With the economy improving, will that funding be repaid back into MHSA going forward? Or not? And if so, how not? (RESP: J. Bruggeman) That is a great question Commissioner Dunn. I would have to defer to Dr. Tavano on that. I am unsure what the strategy will be, but I am certainly happy to talk to our finance team and get more clarification unless Dr. Tavano has more information (RESP: Dr. Tavano) The three-year plan was built on projections. Predominantly, Mike Geiss's projections because we never really got them directly from the State. When Jennifer talks about point in time, our plan was built on the point-in-time, when it looked like our state economy was tanking. So that is why we had to come back. Remember the original plan from January includes millions of dollars in supported housing, because it included expansion of some of these CBO programs, etc. Those are the things we had to trim back in order to meet the budget projections we were given to work with for 2021-2022. Jennifer and I were in a conversation with some of the finance folks this morning and asked the question "Do we know, at this point, how much additional service staff funding is actually going to be received for this current year?" If these current projections hold true, and can confirm we are set to receive additional funds, then we would open the plan back up for consideration by the community about what we might start adding back in. What I would add, because I sit in the middle of all the advocacy, there is really strong advocacy for a lot of different things and I think it will come to the community, the stakeholders, really honing in where we make future investments. That will be part of the planning process.
- (L. May) The issue I am trying to understand, last year many CBOs received extensive COVID money. What I am trying to understand, the money they received from the county, did the county provide extra money or did this come from the federal government. I am going back to what I have been saying all along: It looks pretty on paper "service gaps more access to technology" and spoke of the populations at risk and there was another question. From the reports I'm getting and what I have heard, as well as being out in the community, the services the CBOs provided were not near as much as before COVID, but during COVID they received money to purchase laptops, tablets, cell phones and technology so that the services could continue, be more intense and often, you could have more one-on-one's and as many groups as you want to. These are the services during a pandemic that should have been provided. When I look at the budget and things don't add up. That is what I was saying in the notes form the last meeting. There needs to be some time kind of inspection and accountability within these agencies. Where is the money? What happened to the money to provide this? Why is it that they have to keep coming to the county and the county has to divie up the money for this and that? There is just no accountability. Dr. Tavano, this is where I am having a problem with this. Why is the county scrambling from money and 'borrowing from Peter to pay Paul' and stretching to take care of the needs, yet the CBOs getting paid through county to provide the services, they got a lot of money from other resources last

year and they did not improve on their services last year. Their services went down, the fact is a lot of what you see now, the reactions and behaviors, the criminal behaviors…it is almost like a COVID rage, being in lockdown for a year and people are acting out. Had we been able to provide services, these companies, provided services to the people who needed them the most during that time, I don't believe we would see so much of this 'craziness' going on. Just within this county itself, it is ridiculous what is going on. They received money along with the county funds. Why is it the county always has to scrape and try to figure out where we are going to get money to do this? Taking it from this program or the other. These CBOs received money, at least three times the amount of what they normally would receive and they are still coming to the county. How is there a check and balance performed? Is it possible?
(RESP: Dr. Tavano) It is possible because we are looking at the level of services being provided. We knew, in the heart of the pandemic that people were not going to be out, or seeking as many services, etc. The goal was to stabilize the BH workforce throughout the entire system so, as we move out of the pandemic, we are not behind the game, we have providers. There is a major state-wide issue going on regarding not having an adequate BH workforce for a variety of reason. Many people have left the public sector for private practice so they can be 100% telehealth and the money is higher. We did not want to lose providers, we wanted to preserve the system so that service could continue to happen. I cannot address all those points, but in terms of the $6mil that was used to stabilize our existing CBOs that are partially funded with MHSA dollars, it was to be able to provide the local dollars to match with the federal to bring in the MediCAL. That is what it was about, not for other programs, it was to serve to match and get the federal funding to bring them back to the county.

- (Lauren Rettagliata) I was hoping, Suzanne, that you could explain, I was concerned and wondering, since when the contracted providers put in their bid for service (what they will need to provide the service), they are actually calculating that on what is the least amount of money they can get by to pay for a peer provider or someone in clinical social work. That is why I was concerned about having a cost of living for these people. Maybe my concern is misplaced, I equate when you set forth a budget when you are a provider to the county, you calculate you fee for service on what you can charge per person. I still think a cost-of-living allowance may help us keep our well-trained people at positions providing services for those who are seriously mentally ill. MHSA is there for those with a serious mental illness. Not mental health issues or challenges, but those who are seriously ill. (RESP: Dr. Tavano) Thank you. Again, with Cal AIM, the whole landscape is going to change because we will no longer be cost-based. Everything county providers do and CBO providers do, it will be based on the service actually provided. It will change the way of doing business. I believe it will drive increased focus on quality and outcome measures.
- (B. Serwin) Jennifer, I know housing is always at the top of the list. I was wondering if you could break down, what are the top three ways in which MHSA budget addresses housing as a top priority. (RESP: J. Bruggeman) In the plan, the CSS section, there is a whole section on MHSA and the different types of housing that MHSA does fund. The different types of BACs, scattered site housing, individual units, permanent supporting housing, the various 'no place like home' efforts and also having this coordination team. With that, there is some new staffing around that. There was some MHSA funded housing that was previously managed by H3 and now it will be brought back with more oversite. Those are the primary ways. In addition, some of the FSP programs and the AOT program has housing flex funds and are able to provide some housing for their clients as well. There are a number of ways and it does go into detail, but it is never enough. We realize, especially at the BAC level, the inventory we have is truly not sufficient. We are hoping to expand and build on that.
- (L. May) I would just like to ask Jennifer Bruggeman (or anyone), RII is leaving the county. What happens? Have you found someone else to take that over? What

happens to the funding they requested for wellness recovery centers? What is going to happen with those clients and that money? (RESP: J. Bruggeman) Thank you, Commissioner May, that is a great question and that is something that happened after we drafted this plan, so it's not reflected in this plan. We were given notification that RI was going to basically vacating their contract just about 30-days before the end of the fiscal year. Fortunately, Putnam Clubhouse has agreed to take over. A lot of work has been happening behind the scenes. They are literally taking over as of July 1. The contract take some time to fully execute and it is just about there. They are going to take the entirety of the consumers that participated in the three RI sites located across the county, as well as the staff and the same contract payment limit. The name has been changed, it will be different than the existing Putnam Clubhouse as they want to reflect the model RI had in place and they held a town hall to get input from the community and consumers to see what they wanted. In fact, Sandy is here and can address that. (Dr. Tavano) If I can add, RI has been a great partner and it was with regret they decided to close the programs they are operating throughout California, because they are still a great peer provider agency but they have increasingly moved into crisis intervention at a national level and decided to close down the non-crisis programs in California. We were thrilled Putnam was there and available. We have already been talking with Putnam regarding some of their concepts, reaching further into different areas in the county. • (Sandy Young) You both have summed it up. We have been trying to avoid language (however difficult) regarding taking over or anything like that, 'acquiring' as it is alarming for the clients and participants ('citizens' is a proprietary term to RI). We consider ourselves the new management of those programs. Even the concept, the language of 'wellness cities' will changing because, again, that is proprietary to RI. We are really excited. Again, the attention is not to alter these programs so that they become clubhouses. That is not the goal, although there will be some sprinkling of our flavor and what we do. In those programs, there is a lot of development we are working on. Lisa Finch is here and manages the three sites. As people have already mentioned, we plan to include the communities in talking about what they want. A lot of the curriculum belonged to RI and some is WRAP (things we all share) and then, as they are taking all of their materials with them, it actually creates an opportunity for a change in what the participants get to do. It is not a repetition of material, like receiving the same certificate over and over. There is a lot of excitement about the program development that is coming. Yes, we know there is a need regarding housing, but it is are so many other things on the table. • (Dr. Tavano) We met with some of the Board Members of Putnam over a year and a half ago, because the concept of the community is a wonderful concept. We asked if there was any readiness to move forward and be a part of a 'no place like home' application.	
V. DEVELOP a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisor	This agenda item not addressed for Plan updates, only full 3-year plan.
VI. Adjourned Public Meeting at 6:29 pm	