

**MONTHLY MEETING MINUTES
MENTAL HEALTH COMMISSION (MHC)
February 1st, 2023 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Cmsr. L. Griffin, Mental Health Commission (MHC Chair, called the meeting to order @ 4:35 pm</p> <p><u>Members Present:</u> Chair, Cmsr. Laura Griffin, District V Vice-Chair, Cmsr. Douglas Dunn District III Cmsr. Ken Carlson, District V Cmsr. Kerie Dietz-Roberts, District IV Cmsr. Gerthy Loveday Cohen, District III (left 6:18p) Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Tavane Payne, District IV Cmsr. Pamela Perls, District II Cmsr. Barbara Serwin, District II Cmsr. Rhiannon Shires, District II Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I</p> <p><u>Presenters:</u> Dr. Suzanne Tavano, Director of Behavioral Health Services (BHS) Gerold Loenicker, LMFT, Program Chief, Child & Adolescent Services, BHS</p> <p><u>Other Attendees:</u> Amanda Allgood Ben Austin Colleen Awad (Supv Karen Mitchoff's ofc) Guita Bahramipour Angela Beck Jennifer Bruggeman Pete Caldwell Paul Cumming Gigi Crowder Dr. Stephen Field, Medical Director, BHS/Health Services John Gallagher, Hope Solutions Thomas Geiger, County Counsel Lauren Grey Jessica Hunt Erika Jenssen, Deputy Director, Health Services Matt Kauffman Lynda Kaufman, Psynergy Lynna Magnuson Kendall Moore Teresa Pasquini Christy Pierce Jennifer Quallick (Supv. Candace Andersen's ofc) Jill Ray (Supv. Candace Andersen's ofc) Stephanie Regular Elissa Robinson (Supv. Diane Burgis' ofc) Yazmin Robledo Jennifer Tuipulotu (Office of Consumer Empowerment) Denise Zabkiewicz</p>	<p>Meeting was held via Zoom platform</p>

II. CHAIR COMMENTS/ANNOUNCEMENTS:

- i. Review of Meeting Protocol:
 - No Interruptions
 - Limit two (2) minutes
 - Stay on topic
- ii. Reminder: Attendance requirements and Confirmation response-Quorum
- iii. ACR-150 African American Mental Health Awareness Week / AB 2242 and Senator Susan Eggman in the news!
- iv. Welcome Supervisor Ken Carlson, District IV!

Thank you everyone. I love to see this full house and would like to thank you all so much for attending. Without going any further, I have to welcome Supervisor Carlson. We are so excited that you are the new Contra Costa County (CCC) Supervisor and even more excited that you will be representing the Board of Supervisors (BOS) on our commission. We look forward to working with you and a good year ahead.

(Cmsr. Carlson) I share the same excitement and look forward to working together doing what I can to support you all.

1. Review of meeting ground rules: No interruptions (raise hands); comments to be kept brief and to the point; stay on topic. Please limit comments to two minutes so everyone has a chance to speak and we can move efficiently through our agenda.
2. Reminding all commissioners the importance of attending full commission meetings as well as committee meetings. Regular attendance is mandatory as stated by our by laws and that a member with four (4) unexcused absences from regularly scheduled meetings in a 12 month period will be assumed as resigned. It is really serious to attend regularly. If you do have an absence that needs to be excused please contact me, or Cmsr. Dunn and cc Ms. Beck within 24 hours, if possible. When attending meetings, please make plans to stay the entire meeting. If for some reason you do need to leave early, please send me and email, reminder in chat. We must know to guarantee quorum and it compromises our work. Lastly, when you see the emails from Ms. Beck that she routinely sends out before each meeting for attendance confirmation, please kindly RSVP. It is important to ensure we have a quorum.

I am happy to announce to the commission, the passage of ACR-150 establishing African American Mental Health Awareness week (the third week in February). The proclamation has gone to the BOS and will be presented at the next meeting (2/7). I am also excited to announce that NAMI CC (National Alliance on Mental Illness Contra Costa) has just announced 'Black Minds Matter' which is a series presented by the African American Family Support Group, held every 4th Wednesday of the month from 7:00-8:00pm. It is a wonderful opportunity and urge all commissioners to attend, if possible, to support NAMI in this series.

I would also like to mention Senator Susan Eggman has been appointed to lead the Senate's influential health committee. The change might provide more of an urgent focus on expanding mental health services and moving homeless into housing treatment. We will see, but hopefully it is a good move.

Lastly, I received a late announcement and opportunity for commissioners, I haven't had a chance to prep, but it is from Julie Enea from the CCC

Administrator's office requesting our Advisory Body (MHC) in the assemblage of a panel of individual's ("Review Panel") whose purpose will be to review, evaluate and rank proposals submitted for the County's Measure X-funded Innovation Fund grant program. A more details on Measure X and the Innovation Fund can be found at this [link](https://gcc02.safelinks.protection.outlook.com)

[gcc02.safelinks.protection.outlook.com]. Briefly, the BOS, last October 18, set the policies and parameters of the Innovation Fund, a one-time allocation of \$2M to seed innovative public service programs. The Innovation Fund was among the many recommendations of the Measure X Community Adv Board on how to spend Measure X sales tax proceeds.

The County Administrator initiated Phase I of the Innovation Fund process with the November 1, 2022 issuance of a request for Statements of Qualifications (SoQs) and Concept Papers. The County received 14 applications from eligible organizations. The proposals generally fall into the following service areas:

- 3 relating to mental health/substance abuse and living skills counseling and substance abuse treatment. (The others don't really apply to us so I won't get into that detail).

The role of the Review Panel will be to review the eligible proposals, receive presentations on each of the proposals, and make recommendations to the County Administrator for Phase 1 planning grants of \$5,000, the purpose of which are to fund the preparation of comprehensive grant applications for up to \$1.95M in Innovation Funds that will be considered in Phase 2. The Review Panel will also evaluate the comprehensive Phase 2 grant applications and make recommendations to the County Administrator on award of Innovation Funds. It is anticipated that serving on the Review Panel will require approximately 12-24 hours to review Phase 1 and Phase 2 applications and approximately 12 hours of interview time between both phases, so approximately a 24-36 hour time commitment over the two phases. Phase 1 work would likely occur in late February and Phase 2 evaluations would likely occur in June.

The Review Panel will be composed of 7 individuals, up to 3 of whom will be selected from nominations made by selected Board advisory bodies. The County Administrator's Office will make final selections of panelists from the pool of nominees according to the representation needs of the panel.

They have asked us to vote to nominate up to 2 individuals for consideration by the County Administrator. To be eligible for selection, panelists will need to meet the criteria below:

- Be knowledgeable in one or more of the service areas described above, preferably with "lived experience"
- Be able to commit the necessary time and energy, as described above, to the evaluation process
- Have neither affiliation nor conflict of interest regarding any of the proposers (this will be determined during the final selection)
- Be willing to maintain strict confidentiality throughout the entire process until recommendations are made public by the County Administrator

Any commissioner interested, please email me and we will take it from there. We will see how many nominations we have and it will be up to the Executive Committee to vote in a special session to vote on the nominees, as we must submit to the attention of Julie Enea, Senior Deputy County Administrator, along with a copy of meeting minutes documenting the

<p>nominations, no later than February 24, 2023. We will also need to provide a brief explanation of how our nominee(s) meet the criteria for the panel.</p> <ul style="list-style-type: none"> • (Cmsr. May) Would you please place the link to the website in chat? • (Jill Ray via chat) More information on the MXCAB Innovation fund can be found in the BOS Finance Committee packet: http://64.166.146.245/agenda_publish.cfm?id=&mt=ALL&get_month=1&get_year=2023&dsp=ag&seq=2132 	
<p>III. PUBLIC COMMENT:</p> <ul style="list-style-type: none"> • (Gigi Crowder) Thank you, I just wanted to make some clarifications and I appreciate you sharing about African American Heritage Month and (in the second full week) Mental Health week, Miles Hall Day of Remembrance (2/15), Tyrell Wilson Day of Remembrance (3/8). The flyer that went out about the African American support group, that has been happening (it was from my home but we are on Zoom), for the last five (5) years. We are holding an event, report back for our peer workforce investment Department of Healthcare Services (DHCS) gave us a grant to work specifically with African Americans to improves outcomes. We have had a full first year and we are also happy to celebrate thanks to our Governor and his appreciation for peer run services that will not end on February 14th (as it was supposed to) and we have more time to wait for the county now to deem us MediCAL eligible and bill for the services we deliver, utilizing lived experience. We will be reporting that back on the 16th. I will be sending out a request for our new Supervisor Carlson to maybe say a few words at that event for us. Thank you. • (Gigi Crowder) I also wanted to share with everyone that we received a resignation from our board and from the crash course from Dave, who many of you might call Mr. NAMI. He celebrated his 90th birthday and he was definitely instrumental in ensuring the voice of family members and supporting members. He’s not leaving home a lot now, but if you have his email address and what to send him a note and just thank him for all the contributions he has made to CCC and beyond, please do so. I know that he used to travel to Sacramento to speak up as well. Many of us will miss his absence. He’s okay, just taking care of himself. (Cmsr. Griffin) Thank you, can you please put his email in the chat? 	
<p>IV. COMMISSIONER COMMENTS</p> <ul style="list-style-type: none"> • (Cmsr. Swirsding) I went to a meeting in Richmond a week and half ago where they spoke about the needs in our area for the African American community. I really enjoyed it and was able to connect to some folks (there were many I knew) and I wanted to just share how informative it was. Both Eddie Morris and Antwon Cloird are interested in coming to the commission to speak. I encouraged that. • (Cmsr. Shires) February 22nd I will be presenting at the Alcohol and Other Drug (AOD) Advisory Board meeting on Fentanyl prevention education and how to help teens make healthy decisions. • (Cmsr. Dunn) Commenting on Senator Eggman in the news. She is the new chair of the Senate Health Committee. She is a major force for major health reform in the state Senate. Her 12 years of service ends in 2024 (I think) and she wants to accomplish as much as she can in these final two years. 	

You will see several attachments in this package regarding the state of emergency ending on 2/28/23. It is last ditch effort to address the governor, his deputy and our representatives in Sacramento to make our voices heard. This order ends on Feb 28th, which means we will all need to meet in a public place, quite likely the large conference room on the second floor of the BHS building at 1340 Arnold Drive in Martinez, starting Wednesday March 1. Persons who are not members of the commission, that room has capabilities to attend virtually. If you want to have them think this thru like I plan to, please submit these letters as soon as possible to your senator, representative, Mr. Elliott and to Governor Newsom himself. Their contact information is in the attachments with the sample letters. Just an FYI.

- (Cmsr. May) I have already heard back from Governor Newsom who has already told me, assured me it wouldn't be happening and there are other things going on ... I sent him letter, an email and then I called him. I received a response from him stating because of the fact that transportation and seniors and those with health problems wouldn't expect to be attending and will have clause in the return to in person requirements shortly. Still send the letters, it does work. Second comment is that I do believe Antioch was awarded some BHCIP money and waiting for the announcement. Third, I wanted to share, I will be sworn in as an alternate representative for the Antioch City Council, District I in case something catastrophic happened to our councilman, which I am praying will never happen. I don't want to be involved like that. I did not ask for this, just sort of thrown into it.
- (Cmsr. Shires) Next week I am meeting with Kelly Elliott, the Director of Teen Esteem. I am hoping, at some point, we can have someone from there be a speaker at one of our MHC meetings. One of my goals is to look at their setup because this program is very limited in CCC and I would love to see it throughout the county in different districts because it really works specifically on helping kids get to a place of making healthy choices because I am very much into prevention, I have seen this program work and kids get diverted from engaging in behaviors due to peer pressure or social media. Another suggestion, regarding the K-12 workgroup. I was hoping this could be another committee rather than a subcommittee to Quality of Care. There is so much involved in just that particular aspect. I know for myself, I have joined the Suicide Prevention Coalition-the youth subcommittee; I am on the steering committee for social/emotional well-being in District II, and also the steering committee for equity for community engagement. This is all youth related and there is so much information I could be bringing back to the committee to be utilized outside my district. Again, we all work for different districts and have school liaisons in our districts and think we could all help each other if we work together. The third comment, I think when we go to these public events, because we have name badges with our affiliation to the MHC, it might be a good thing to put what we are representing when we show up at these meetings because it also will bring others forth to bring suggestions to our commission. I am an advocate for grassroots activism and the only way we can be that is to be that is to meet with those in our community and find out what their needs are to address them accordingly.

<p>V. APPROVE January 4th, 2023 Meeting Minutes</p> <ul style="list-style-type: none"> January 4th, 2023 Minutes reviewed. Motion: D. Dunn moved to approve the minutes. Seconded by L. May Vote: 11-0-2 Ayes: L. Griffin (Chair), D. Dunn (Vice-Chair), K. Dietz-Roberts, G. Cohen, L. May, T. Payne, P. Perls, B. Serwin, R. Shires, G. Stern, and G. Swirsding Abstain: K. Carlson and J. Metro 	<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>I am really excited to be on the commission. Personally, my family and I (husband and small children) moved to the Bay Area from Chicago in July of 2021. My son was 2 months old at the time and my daughter was 2 years old. Professionally, I am a nurse and have worked in a lot of different fields of nursing but primarily psych. I have a master’s in nursing and currently, I am in the final throws of my doctorate to be a nurse practitioner in psychiatry and mental health (unless it kills me first). As for the psych field, I have worked in group homes with foster kids, therapeutic day schools, many large hospital conglomerates all over the place and I am currently doing my clinical rotations during the week as I aim to finish this program over the summer. On the weekends, I work at a residential detox and treatment program for both alcohol and opioid use. It is for adults and in Berkeley. I don’t remember how I came upon the opening for this group in particular to become a commissioner, but because of my passions, I remember when I saw it, I just got so excited and applied right away. I mentioned it to the chagrin my husband who said ‘you have to be kidding me’ only because of the lack of time we have right now. Of course, it didn’t take long to convince him as he is also very passionate about this, it’s something to be proud of and is truly an honor to be here. Time has proven to be an issue but we are working on it and I hope it will only continue to get better as far as that is considered. It is just a lot with the small kids, work and school. It is such an honor to be among you all and hope to be in some small part in the grand scheme of things. I count myself very lucky to be here. My family on both sides has a huge wealth of mental health issues, some much better than others and no one in my family is a stranger to therapy or medications, as well as the social stigma that comes with a mental health diagnosis. It’s everything from anxiety and depression, there are some more severe issues. It is not hard to see why I come by the interest and why I would be so passionate about working on advocating and on behalf of those consumers, not just professionally but in every aspect of my life.</p>	

VII. DISCUSS Justice Committee Efforts to Collect Data Regarding Mental Health Diagnoses in the Contra Costa County Jail Population, Barbara Serwin, Commissioner MHC

I am here to report out on efforts by the Justice Committee to obtain data on diagnoses of inmates in the county jails who have been treated by detention mental health (DMH) services. This effort has been ongoing since 2020. I recently presented my notes on this effort, much of it historical, to the Finance and Justice committee. These notes are in your packet and I am not going to go through them all in detail, particularly the history, but will summarize.

For over two years, Cmsr. Geri Stern who has led this effort, has repeatedly requested data on these behavioral health diagnoses of the county jail individuals who are incarcerated and treated by DMH. This request has been denied by BHS, DMH, Health Services and County Counsel. Just a note the requested data would in aggregate and would include diagnosis only, no names, demographics or any other identification data that would enable any individual identification. The purpose of the requested data from the Justice Committee is to use the breakdown on inmate behavioral health disorders to help determine what kind of treatments and county community resources are needed for inmates with the behavioral health disorder. This is before their time in jail, during and after their time in jail. That's the big picture rational behind the request. The underlying belief of this request an its objective is that treating people at risk of being incarcerated before they enter the jail system will likely decrease the odds of them actually being incarcerated. This, in turn, will help decrease the number of people with behavioral health disorders in jail and should help decrease recidivism.

After having worked through the history of the last couple years of these efforts made by Justice System and the responses from all stakeholders, I saw these coming out as the core issues. I am not trying to hammer on anyone, just trying to be as factual as possible, in the spirit of meeting our objectives. The first core issue is county counsel, BHS, DMH and Health Services leadership, will not provide the aggregated mental health diagnosis data for incarcerate individuals for the following reasons. The first one is: the belief the aggregate data would violate the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules. We followed up on this with a HIPAA staff expert of the American Civil Liberties Union (ACLU) has advised the commission that the requested data does not violate HIPAA.

Secondly, there is a strong precedent of published aggregate behavioral health data in the jail population that is exactly the space we are working in. An excellent example is a RAND research report from 2020 performed for the Los Angeles County. The purpose of the report was to estimate the size of the LA County mental health jail population that is appropriate for release to community services. This report draws on individual clinical diagnoses, medications and observe the behaviors obtained from jail medical records.

Another concern of stakeholders would be that the data would constitute referenced 'new information' and this would be a report that includes information that has not been requested or composed before, regardless of how basic the information is. This leadership maintains that BHS is not legally bound to provide the public with new reports. County Counsel, BHS, DMH and Health Services leadership insists that MHC is strictly the public, has no rights to any data reports except for publicly available information.

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>

Lastly, the leadership maintains that producing the data would require too great a number of staff hours to produce the report. This seems unlikely given the requested data consist of diagnoses only. A query of one data element. Cmsr. Stern received an estimate from information systems staff member that it was just a few hours.

There is a confounding persistent refusal by County Counsel, BHS, DMH and Health Services leadership to provide the data. This is data that I would think that BHS and DMH should already have or want themselves. Another issue that we need to understand is the County Counsel has performed what appears to be a significant amount of legal research to justify reasons for refusals. We also have the situation where there has been an unwillingness on the part of County Counsel, BHS and DMH to answer MHC questions as we have tried to dig deeper into the situation.

County Counsel is not representing the interest of the MHC, despite that it has a mandate to act as counsel to all county commissioner and boards along with the BOS and county staff. This is on the first page of the County Counsel website. There is a conflict of interest between County Counsel representing BHS, DMH, Health Services but not the commission. Who will represent the commission's interest? We have to ask that question and figure it out. So far, there has been an unwillingness on the part of the County Counsel, BHS and DMH to work together with the MHC to find a solution. We have never been invited to attend any county meetings regarding this data request and the only times the MHC has met with county staff is two instances that were initiated by myself. Nevertheless, we will continue to pursue being able to work together as a team.

<History Section on screen was not discussed but included in the packet to review>

Potential Next Steps:

An ideal solution would be for all the stakeholders: the MHC, BHS, DMH, Health Services and County Counsel to work as a team to understand the issues, what each other's needs are and a potential solutions to address everyone's needs regardless of the perspective they have. Presumably, it is a fair thing to say that everyone has their legitimate concerns. Another step would be to take tangible steps to answer the main questions in a transparent way. By transparent I mean the question is asked or analyzed before all stakeholders in order for all to verify the validity of the answer, simply stated.

A couple steps we could take and get definitive answers to would be to get advisory on whether the data request violates HIPAA. The commission has done so on our side and I think we should be doing this jointly as a team. Then, to also get a definitive estimate on the time to produce the data. That is a straightforward tangible thing we could do that should eliminate a lot of the concerns. Another step we could take would be to make a California Public Information Request for the data. We also know that NAMI, Stepping Up and (another organization) we could team up with them as they are also interested in this data. We could coordinate our data request, to refine it, simplify it and share it with our other stakeholders in order that the county is not running off in different directions feeling like they are doing a lot of extra work fielding slightly different, but essentially the same questions or data requests. We have the option of airing the issue with the BOS to help facilitate the teamwork. We have done so in the past and it have been effective in bringing everyone together.

That is the summary of what has gone on since 2020. I am happy to answer any questions, hear suggestions, potential steps how we could work together.

Questions and Comments

- (Cmsr. May) I understand the dilemma. Getting information can sometimes unfold in this manner. I always believe in stepping over folks, it might be wrong but I don't care. You can contact the CCC District Attorney's office, they have all that information for you. They are free to give it to us. State of California you can put through a public information request but there is another link I was trying to look up and you can get that information from them, as a well. As a person that is bound by HIPAA, you are not asking for names, or any demographics, you just want numbers and you can get those numbers. It is public knowledge. What you can't do is ask how many have specific diagnoses, but you can get the numbers and actually see how many have been incarcerated. They have to keep that information because the California Department of Health has to keep that information. I can pull the papers down off my shelf, I can get that information but no has asked. I can give you the connection to get everything you need to get. I just feel like we are all working together for the same good, folks need to put egos aside. That is the main thing. No one is asking or trying to take over their jobs. No one is trying to show somebody up. I think we all need to just put our egos aside and provide the information. It is something that is not a violation, go ahead do it. I feel sorry we haven't received this information because it stifles us. In closing, I feel like that everything the MHC has been stifled. We have some powerhouses that they knew they weren't taking no for answer. It just seems like once they were off the commission, that was the purpose, they wanted them off (Dwayne died; Teresa and Lauren were forced off) to control the MHC. We have not been effective like we were a few years ago. We need to take this back and become that force to be reconned with, we are doing this for free and it is our passion. Unless we become the voice to be reconned with, we're going to keep on being stomped over. So I support you on this Cmsr. Serwin, 100%. If I can, I will share information but contact me on the weekends (as I'm busy with clients).
- (Cmsr. Stern) Thank you Cmsr. Serwin for your very thorough report and evaluation of what has happened. Thank you Cmsr. May for you outspoken comments about the collection of this data. I wanted to clarify one thing. We are interested in individual diagnoses. I do know we can get the numbers of people who have behavioral diagnoses and that are booked into detention health every month. That much we have. What we want to know is who are these people in terms of diagnosis so that we can potentially direct funding at some point for different areas in the community for facilities that may need to be built to care for those suffering with different disabilities. If we don't know who or what they are, we don't have the power to say those facilities need to be built or programs created. I am really excited about having a meeting with those who have issues with this so we can figure out a way forward that works for everyone and no one feels they are having to do an enormous amount of work.
- (Cmsr. Swirsding) I am very much for this, because myself being a consumer, the things I have problems with, I didn't get any help going to

clinics or different places to receive help with the situation I had until right before COVID. It is very valuable. I have gone to groups with those having like diagnosis and it is extremely helpful. This is needed.

- (Cmsr. Serwin) Cmsr. Swirsding, I have heard you speak on this before. You attended groups with same diagnoses and you found it valuable to you, not to attend general groups but specifically the same as what you experience.
- (Gigi Crowder) I just wanted to say, we at NAMI, we are an advocacy agency and when there is a problem and there's another group that needs support, we hear about it and want to lend our support. It has been on our NAMI Mental Health Criminal Justice Advisory Committee meeting and there are several people who see things a bit different than some county personnel about why the data that is not available and if anyone is interested in joining that group and lending their voice, there is strength in numbers. You can just let me know and you can join the discussion we are having and the efforts underway, which may include working with ACLU as we have with other issues to ensure the needs of individuals who are impacted by mental illness. I am most interested because there are major disparities in our criminal justice mental health system and having the data might give us the tools we need to improve our cups for our community members.
- (Cmsr. Perls) I just want to say this is a very helpful report and summary. I would recommend we go for the public information request. If they are saying we are the public, I think it ignores the fact that this is a mandated commission with (???) capacity, we certainly don't have a subpoena capacity but I think they are stonewalling you. I think none of this makes any sense and the advice you received from the ACLU is correct. The efforts to pull together the data is not a defense to a public record request and certainly should be for us. If we do approach the BOS, I would suggest each of us go to our supervisor and, at least, give them a heads up. Not just walk in and throw it at them. It might leave them defensive. This is, from what I gather from all of you, this is just appalling they are not giving us the information we need to do our work. I understand from Teresa, this is something they worked very hard on to get the cooperation.
- (Teresa Pasquini) I just want to support this request, support the spirit of the request. I think, as I said at the committee meetings, It is very disappointing to me that the collaborative efforts that have been requested have turned into a power struggle. I was grateful that I did request to attend the NAMI that Ms. Crowder just mentioned. I first heard about it from Cmsr. Dunn in one of the MHC meetings. I did find it very helpful and informative and happy to see they were interested in the same information. That meeting included the DA, the Public Defender and staff from the BOS. I feel it's helpful for all to work together. As the mother of someone that has been arrested as a patient and been incarcerated off an on for four years as an incompetent to stand trial (IST) Inmate, I want to see our county partner with this commission and the public. The public has a right to have information so we can plan how to prevent that from happening to our loved ones. I am disappointed that I am not hearing anything from anyone else right now but the MHC. I hope you will pass a motion to do something actively on this and pursue it.

<ul style="list-style-type: none"> (Cmsr. Serwin) What I would really like to pursue is a stakeholder meeting as our next step and report back to the MHC on our progress. Dependent on how that goes, look at our other options, such as the information request. I think, at the same time, we should be working with NAMI. All stakeholders should be interested in those questions. They are things we can accomplished in manner of a couple hours. 	
<p>VIII.DISCUSS 2023-2024 Mental Health Commission Behavioral Health Budget priorities, Douglas Dunn, Commissioner</p> <p>We are looking at housing, programs and services for the 2023-2024 BHS budget. MHC budget concerns and what we identified in our last meeting and see if we have anything to add:</p> <ol style="list-style-type: none"> 1) Housing & Care of the incompetent to stand trial (IST) population 2) Ongoing development and operations of the children’s crisis stabilization unit (CCSU) to the extent that it needs additional funding. 3) Continued funding of Crisis Response system at an adequate level 4) Children’s step down for those experiencing a mental health crisis, a place for them to go for healing if they are not ready to go home 5) Replacement for the Nevin / Niereka House 6) Focus on more housing, more housing, More Housing 7) Mental health treatment for sexually trafficked children (and adults). <p>Questions and Comments</p> <ul style="list-style-type: none"> (Cmsr. May) I want to get to Dr. Tavano quickly as she is going to be giving a report. This is very important. There are some ideas I have that I presented last meeting regarding the youth. Being that a lot of this is sex trafficking, I do have some ideas I would love to share with her both places and financing that the county to go to get more funding as it is just sitting there. No one is doing anything with us. It might not be that you don’t know but I want to take the time to be able to share that information with you. We need to do something and a lot that is being talked about. We are speaking about adults, not just kids. I would love to meeting with you personally to go over some ideas I have. I would like a chance to share with the whole commission, not sure how I will do this but I wanted to put that out there. I am really interested in your report tonight. 	<p>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</p>
<p>IX. RECEIVE Presentation: Behavioral Health Services (BHS) 2023-2024 budget; Dr. Suzanne Tavano, BHS Director and Pat Godley, Chief Financial Officer, Contra Costa Health Services *(Mr. Godley will not be presenting tonight, Agenda Items IX and X will be combined)</p> <ul style="list-style-type: none"> ➤ Strategy for BHS budget development factoring the knowns and unknowns of Behavioral Health Continuum Infrastructure Program (BHCIP) Funding; ➤ BHS budget priorities; ➤ MHC budget concerns and priorities; and, ➤ Next steps <p>General statement regarding the 2023/2024 Budget:</p> <p>We are in the process of developing. In general, we are going into it with a basic stagnant budget, a net budget that we have had; however, as we go along and better understand our funding, we will then go back and amend as indicated. I spent a little bit of time last month to explain the broad implications of CalAIM and payment reform. We, to date, have still not</p>	<p>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</p>

received all our rates from the state. I know it sounds very technical but it is just so important for everyone to understand that we are going from a cost based year where we are paid for our costs of delivering services to a system where we will only get paid for the services we provide. I know it sounds simple but it is very complicated. It involves many moving parts, we have new electronic health records, claiming systems we are implementing, we are waiting as the state issues each of our rates, to build a budget for the entire division is very difficult without knowing what all of our rates are going to be. As I mentioned previously, in the past there was a state maximum allowance, the state used to tell us what the highest amount was that we could get paid for a particular services. We basically advocated for years with the state to remove the state max allowance and allow each county to set their county maximum allowance based on their local funds available to provide as matched Federal Financial participation (FFP). Starting July 1st, we no longer get to set our rates. The state department of health care services (DHCS) is telling us what our reimbursement rates will be for each level of service. To date, we received our rates for standard outpatient services, strictly outpatient services, more recently toward day treatment services and therapeutic foster care but have not received our rates for 24-hour care, residential care, hospital care, and on and on. We are going in and presenting a budget to the BOS that will probably look fairly flat because we need to see all our rates are then fully expand out. The other I would say is that we are looking at the MHSA and a number of you are very actively engaged in that planning process and fully plan to spend more dollars than we have historically. We feel confident we can do so this year, but that budget is also being built and I don't have it to share with you.

Once the budget is developed and prepared to go to BOS, we can then actually talk through all the moving parts. Again, I just have to emphasize, CalAIM is massive, system redesign, from start to finish. Payment reform completely revolutionizes what we do and how we do it. I just beg your patience because we need all the information before we can be more definitive. We have had large town hall meetings with all of the county staff about all the changes and the impact of payment reform. This week we jointly held a very large town hall with our contracted providers and see some of them on this call because payment reform will directly impact them as well.

We have been unable to enter contract negotiations because without our rates it is an impossible thing to do. All of this is putting an additional burden on all of us, the county and our contracted providers as we have to go through a very different exercise this year to determine MediCAL reimbursement rates. I'm not hiding anything or being allusive, invasive or any of those things. I am being straight up that it is where we are at. We do understand the interest of the community and our interest in fully serving all the mediCAL beneficiaries. We are responsible, and mandated to serve and that includes those who are involved in the justice system. They are part of our planning in every way, as is every other. When we are building our budgets, we are really looking at the needs of the community, knowing that different segments of our community will fit in here and there.

As Cmsr. Dunn has mentioned, the BHCIP is very important, particularly Round 5. Our county received funding on the first two rounds, one was a couple million dollars to help with infrastructure for a mobile crisis response. The last allocation was relatively small. It was a planning grant. We used

that money to endeavor upon a very robust community planning process about what our community feels is needed in terms of physical structures that would support programs to serve our community. That was the process of some of you have been part of the steering committee or part of the stakeholder meetings that occurred with that. The proposals that we are submitting within this week include a variety, this is bricks and mortar and will then provide the funding for the operations, staffing and so forth. The number one that kept rising to the surface was the mental health rehabilitation center (MCRT) so CCC residence who are now in MHRCs in other counties can come home. We have that and to replace and expand the services with Nierika and Nevin, CRS and Adult transitional are a part of that. This includes actually three components because we want to start building campuses and communities consistent with what Teresa Pasquini and Lauren Rettagliata presented in their Housing That Heals paper.

Another proposal includes two residential programs. The main proposals have six (6) different components to them. Thanks to all of you who participated in the planning process and developing the proposals, etc. We will likely know in May how CCC did with that. So we are not earmarking anything as specifically for persons who have fallen into the Felony IST (FIST) but we know what the needs are and trying to build out to address all the needs occurring in our community.

X. RECEIVE Behavioral Health Services Director’s Report, Dr. Suzanne Tavano

- 1) Update on the Children’s separate Crisis Services Unit (CSU): This is actually underway and will be starting construction. We were talking with a provider out of Santa Clara county that runs the very same service and has great experience with it. They will be coming to the Behavioral Health Community Partnership (BHCP) now that the design of the building is moving forward, they will be coming to the BHCP to get more input about the actual program design and services. One question was posed will that new CSU be open to all and I would say yes. Also please understand, once we open service to all, there is a lot of demand. In terms of youth that are in Juvenile Hall, we have reinstated a process that was in place some years ago. If there is a youth that needs an evaluation at what is now PES, that can occur and in the future when the new CSU is there, would be a similar process.
- 2) Psychiatric Emergency Services
- 3) Assembly Bill 2275: I am trying to socialize this as much as possible and Dr. Field, our Medical Director is on, we just have to say that 7 days a week for the last month, we have been living AB 2275 because it is a law and not something we can optionally can or can’t do. It is the law. A law that was intended to clarify the 5150 of the LPS act. It clarified some pieces and opened up a world of questions that have not yet been answered. The law states the clock starts the moment the 5150 form is signed and detained. A 5150 is that you are detaining a free person out in the community. From the moment it is signed, that starts the hold clock starts.
- 4) Community Assistance, Recovery and Empowerment (CARE) Court: Tabled for next meeting.

Questions and Comments

<ul style="list-style-type: none">• (Cmsr. May) I want to commend everyone. We are going to have to learn how to use alternative funds. It isn't going to get better. CCC has long been looked over. I lived in Alameda county for years and CCC was looked over for funds and everything for so long. Now they are finally coming around within the last 10 years. We are going to have to look for alternatives to get more money into this county. It sounds crazy but I have some ideas. First, this county has blown up with Marijuana cultivation and distribution and the county supervisors have to approve (and the cities as well). We are now getting money from these places. They can't operate out here unless they come up with a lot of money for a business licenses. They have just awarded Rubicon in Antioch. This new company is going to be giving Rubicon a lot of money. So, there is money out there. We need, as a county, to tap into that money too. If the county is getting that money and the cities are getting money? Then you need to get that money too. Also, CalVOC (Victims of crimes), yes it is for victims but since I have been working for them as a therapist, a lot of these victims already have a severe mental illness (SMI) before they were victimized and there is money through the county. The USDA has land and farms that they are basically giving away acreages of property with beautiful homes (might be just outside this county) where we could use these properties for healing spaces and rehabilitation centers and the like (step downs). Now cities are developing their own crisis response units and that is an idea I thought about as well. How do we not have buildings for short-term.	
XI. Adjourned at 6:31 pm	