

MONTHLY MEETING MINUTES
(Hosts a Public Hearing for the Mental Health Services Act (MHSA) Plan Update FY 2022-2023)
MONTHLY MEETING AND PUBLIC HEARING MINUTES
May 4th, 2022 – FINAL

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Cmsr. B. Serwin, Mental Health Commission (MHC Chair, called the meeting to order @ 4:33 pm</p> <p><u>Members Present:</u> Chair, Cmsr. Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Candace Andersen, District II Cmsr. Douglas Dunn District III Cmsr. Kathy Maibaum, District IV Cmsr. Leslie May, District V Cmsr. Alana Russaw, District IV Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Cmsr. Graham Wiseman, District II Cmsr. Yanelit Madriz Zarate, District I</p> <p><u>Members Absent:</u> Cmsr. Joe Metro, District V Cmsr. Tavane Payne, District IV Cmsr. Rhiannon Shires, District II</p> <p><u>Other Attendees:</u> Colleen Awad Guita Bahramipour Angela Beck Jennifer Bruggeman Gerthy Loveday Cohen Gigi Crowder Paul Cumming Mercedes Duarte Dr. Stephen Field, Medical Director, Behavioral Health Services Treva Hadden Jan Cobaleda-Kegler Dawn Morrow (Supv. Diane Burgis ofc) Jennifer Quallick (Supv. Candace Andersen’s ofc) Ramapriya Raju Erika Raulston Dr. Suzanne Tavano, Director of Behavioral Health Services</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENT:</p> <ul style="list-style-type: none"> (Gigi Crowder) May is Mental Health Awareness Month and I just wanted to share with everyone that at NAMI CC (National Alliance on Mental Illness Contra Costa), we have a campaign “Building Mental Health-friendly Communities, Counties, Cities, Police Departments, (you fill in the blank)” and I am pleased that each of our Board of Supervisors have committed to this effort. Anyone participating, they would their name here <points to poster> where it states, “We believe each one counts” 	

<p>and then make commitments. That is our effort at NAMI CC. We haven't had anyone say no. We feel there is an opportunity for us to all work together to start building mental health firmly. All our police chiefs said to bring over the poster and we will sign and other staff would sign around it. Hopefully, it will be impactful and make a big difference. The individual will also get our lapel pins, as well as our larger ribbons to go around their tree or door, etc. That is our effort at NAMI CC to ensure we are building toward a mental health-friendly county for all.</p>	
<p>III. COMMISSIONER COMMENTS</p> <ul style="list-style-type: none"> • (Cmsr. Gina Swirsding) I went to a meeting with the police department having to do with homelessness, traffic issue, etc. I found out the Marriott here in the west county is being shut down. All the homeless people being housed there, I would like to know what is going on with them, where will they be placed. The county was given the Marriott and now selling it to another entity. <RESPONSE: Cmsr. Andersen> No, Cmsr. Swirsding, We were never given the Marriott. At one point we looked at it. Ultimately, it was not sold to the county as part of Project Room key, Project Home key. So, the county was leasing rooms and was not part of it. I do not have all the details how we are transitioning individuals there, but we were not every able to acquire it. The only hotel we did buy was in Pittsburg and it has already been converted to homeless supportive housing. Thank you for bringing that up. I will have my office get you more information regarding the transition, but we did not ever get to purchase it. • (Cmsr. Swirsding) What I am really concerned about is the elderly people placed in the hotel and I am really concerned and want to ensure they are cared for. What happened to them? <RESPONSE: Cmsr. Andersen> Jen and I will work on getting that information and bring it back to the next Mental Health Commission (MHC) Meeting because I am sure everyone else is concerned. We can talk about the transition plan. We don't ever just open the doors and say 'Bye, see you later.' • (Cmsr. Graham Wiseman) I just wanted to make members of the public and fellow commissioners aware that we had our second youth suicide cluster in the Acalanes school District. We lost two children, one at Acalanes and one at Campolindo. That was compounded with the deaths we had at Los Lomas last year. This is seeming to be an increasing concern. Once that I want to ensure we are all aware of, because it typically doesn't get published in the paper when someone, especially a young person, dies by suicide. So, we are fearful that this is the beginning of the spike we have anticipated since the end of COVID. Just be aware, hug the one's close to you and help the ones you can. 	
<p>IV. CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ul style="list-style-type: none"> ➤ MHC Orientation Module III: Introduction to Behavioral Health Services Part II – Adult and Older Adult Programs and Services and Children and Adolescent Programs and Services ➤ Mandatory site visits ➤ May is Mental Health Awareness Month – Proclamation at the Board of Supervisors meeting chambers on May 17th, 9:00 AM (note new address: 1025 Escobar Street, Martinez) 	

<p>➤ Welcome newest Commissioner: Tavane Payne, District IV</p> <p>Many of you came in at the tail end of the Mental Health Commission Orientation Module III, which was Introduction to Behavioral Health Services (BHS) Part II. We had an overview of Adult and Older Adult Services by Jan Cobaleda-Kegler, and an overview of the Children and Adolescent Program and Services by Gerold Leonicker. This will be repeated later in the year and there will be a recording of this module and the prior modules we have had available. In June, we will have Part III, Introduction to BHS with an overview of Mental Health Services Act (MHSA), Mental Health Housing and Crisis Intervention (A³). We have worked terribly hard on developing these orientations and it is such a privilege to be able to have staff members from BHS to present all the information that we need in order to a good job. I really encourage all commissioners to attend, whether you feel like you know the material or not, there is always something new you learn.</p> <p>Just to remind everyone, our site visits are mandatory. We have had some calls for volunteers to go out the last couple of months and we have the same eager volunteers that have already volunteered. We greatly appreciate them, but please, when you see an email come out that is a call for volunteers for site visit, please volunteer as it is mandatory.</p> <p>May is Mental Health Awareness Month. The commission will be involved with the Office of Consumer Empowerment (OCE) and a few other organizations regarding the Mental Health Awareness month and the main activity will be presenting a proclamation to the Board of Supervisors (BoS) at the BoS chambers on May 17th, at 9:00am. Please note the new address: 1025 Escobar Street, Martinez, CA 94553.</p> <p>I would also like to welcome our newest commissioner, Tavane Payne (District IV). We really want to welcome her here when she comes.</p>	
<p>V. APPROVE April 6th, 2022 Meeting Minutes</p> <ul style="list-style-type: none"> April 6th, 2022 Minutes reviewed. Motion: G. Wiseman moved to approve the minutes as written. Seconded by C. Andersen. Vote: 11-0-0 Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, K. Maibaum, L. May, A. Russaw, G. Stern, G. Swirsding, G. Wiseman, Y. Zarate Abstain: None 	<p>Agenda and minutes can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. VOTE on Mental Health Commission (MHC) Conduct Guidelines, Commissioner Barbara Serwin</p> <p>I wanted to speak to the reasons why Cmsr. Griffin and I embarked upon developing conduct guidelines. I have been with the commission for a long time and have been a chair/vice-chair many times over the years. I feel like we have been ‘re-inventing the wheel’ quite a bit and part of my last couple of years here, I have been trying to put in place some protocol and resources for the commission so that we don’t have to keep ‘reinventing the wheel.’ We are conducting the orientation, revisiting our mission statements, putting in the site visit program and updating our bylaws and putting file archive systems in place with Ms. Beck’s effort. In a world gone mad on Social Media challenging official votes, unruly public gatherings and so forth, I’d like to have a reminder in place to ourselves of our own decorum and respect for one another. That was the impetus and seeing so many other</p>	<p>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</p>

organizations have this as a standard resource, which was the impetus to draft something.

Before we move forward with the vote, I just wanted to center everyone on the purpose of the guidelines which I have here (Screenshare): The purpose of the Mental Health Commission (MHC) Conduct Guidelines is to encourage professional behavior that leads to open and respectful dialog in meetings, electronic communications and other media, and that supports effective business operations, consensus decision-making and positive action.

I would like to remind you that these guidelines apply only to us when we are acting in the role of commission. They do not apply to your personal life.

Questions and Comments

- (Cmsr. May) I want to share my screen; the same document so that as I speak, we will be able to understand what I am saying about this document. I would first like to say that with this document, all the commissioners should have had a right to help create this document and have some say so on what goes into the document. (Request showing the document to view as addressing topics).
 - The first page, Section II (Bullet 7) “Avoid dominating a meeting and encourage everyone to participate.” That is repetitious to the rest of the bulleted items. The document itself appears to be an attempt at micromanaging all of us on the commission and we are adults. I don’t agree with that and really any other commissioner should not. It makes it seem more like a personal agenda.
 - The next page Section IV (All bullets) I do not agree with any of this section except bullets 2, 3 and 9:
 - ◇ “Write as you are intending to be perceived, i.e., professional and respectful”
 - ◇ “Do not share confidential information” and
 - ◇ “use person first-first language”
 - I also disagree with the title. It does not say anything about personal emails, as you just said, it has nothing to do with anyone’s personal emails. That needs to be stated. As I said, we are adults and under the first amendment, we have right to free speech.
- (Cmsr. Serwin) Pardon me for interrupting. I don’t know if it didn’t make into this version, or if it is just higher up in the document, but I do introduce this by stating these guidelines do pertain to commissioners acting in the role of commissioner and not their private life. So, point well taken.
- (Cmsr. May) Well it is not in this document. I don’t feel like I am going to vote on it and encourage every other commissioner not to and wait until we get the corrected version.

Moving on, Section V (Bullets 2, 3) I don’t agree with that. Digital social media is our personal social media and the MHC does not have a social media platform (i.e., Facebook, Instagram or another). So, we can state on our personal pages that we are a Mental Health Commissioner in Contra Costa County and there is nothing wrong with stating that.
- (Cmsr. Serwin) It is not covering that. It is if you want to represent the MHC’s official opinion. Stating you are commissioner is wonderful, but the state an opinion on behalf of the MHC, it needs to be authorized.
- (Cmsr. May) Then that means we do not even need second statement in this document. If I am asked if I am a commissioner, I would answer

truthfully. People recognize me, my name and I am going in as a mental health therapist or as a citizen and I am introduced as Commissioner May and I correct them and state I am not here as a commissioner. I am here representing my workplace or just as a citizen. I make sure I correct them. I think anyone with any good sense would do so.

(RESPONSE: Cmsr. Serwin) Just to respond to that point, if you look at Bullet 3, it really clearly states if you are not authorized to speak or write on behalf of the commission on a given issue or topic, you can still present your own opinion. You can present yourself as a commissioner and represent your own opinion, just need to make it clear you are speaking as a private citizen and not as a mental health commissioner, which I believe is what you just said. (Cmsr. May) Right, but that second Bullet, which needs to be dropped, it is still very controlling and it is not appropriate.

- (Cmsr. Andersen) If I can offer, Cmsr. Serwin, maybe if we just simplify it. I believe what you are trying to say is 'don't make statements on behalf of the Mental Health Commission. What is a little confusing is the 'or purport to represent the MHC to any public medium, including press and social media. If you just simplified and said, 'Do not make any statement on behalf of the MHC unless specifically authorized.'" I think that would accomplish that and hopefully that would address Cmsr. May's concerns that somehow it is who you are representing yourself to be. Why are you out in the community saying you are member of the MHC? I think it's terrific, and what you are trying to say with this bullet point is don't make a statement.
- (Cmsr. May) On the next page, Section VI – Conflict of interest. That has no business being in this documents. It is a different document all together and should be a separate document. That has no business being in this conduct. It is out of purpose and context. In terms of Section VII – Agenda language to communicate conduct, Which has no business and all the sources. That should be something shared with Ms. Angela Beck, our Assistant on how she puts what language on the agenda. That entire page 3 is just moot and should not be included. I don't understand, as I say, I can't share my document and could have Ms. Beck share it. I can't understand why we did not follow the conduct guideline, which is one page the CalBHB/C put out as a guideline. It is very simple. If we are going to start doing this and incorporating irrelevant matter, then we should also say, there is no drinking or taking medication during the meetings, no eating during the meetings, no sleeping during the meetings. You understand where I am going with this? No, I don't feel we should be voting on this until it is all corrected and each commissioner can review and add or change. I feel it is a personal agenda and it's has gone all the way over to right field. It is micromanaging. I went back to look at all the conduct guidelines since I started attending and before I was appointed in 2016, nothing is this comprehensive and over-the-top.
- (Cmsr. Swirsding) It has been my experience in the commission, there are lot of people that know me and know I am a commissioner and will address me as such. It is very hard because when you are in the community and joining a meeting, they want you to be there and hear your feedback so it is a very delicate thing. First, I don't want to be making a statement that this is on behalf of the commission. I would never do that but it is a difficult thing when being questioned. I never

heard about the hotel being shut down and felt a little embarrassed, 'has the commission discussed this?' Just as an example. I understand where Cmsr. May is coming from. A lot of people know and address me as such and ask to have you (the MHC) discussed this. (RESPONSE: Cmsr. Serwin) Let me just say that any factual information about what the commission is doing or has discussed, etc. is just facts and is public record. It is more in the case that there is an issue going on, something important in the community and the commission is discussing but no motion or haven't spoken in the form of a motion, at that point in time, it wouldn't be appropriate to present yourself and putting forth a decision by the commission. That is an example.

- (Cmsr. Wiseman) These guidelines are for us and those attending the meetings. We have all seen the damage that someone releasing information before it is ready to be voted on and completed is done, and I am referring to, of course, the Supreme Court leak of information that is out. I think it is important to adopt these, we have been talking about them for well over a year. There has been plenty of opportunity for input and editing and I would like to move we adopt these guidelines with the edits suggested by Cmsr. Andersen. These are the guidelines dated 4/22/22.
- (Cmsr. Andersen) I think it is important to note that guidelines are important to have agreeable ground rules. Often times when you are on a committee or a board, particularly where you have people coming and going, it is a helpful reminder and one of those things where, you say everyone mute your phone if you are not speaking. Some are more obvious than others but, for many, and those that have been appointed in the recent years, they have felt unduly attacked. They have felt that people treated them rudely. They have felt this commission wasn't running as smoothly as they'd hoped. This isn't (to me) having these guidelines should not be someone imposing, it should be something we collectively, as a commission, agree on. These are the guideline that we feel comfortable with and with working with one another so we feel we are in a space, when speaking to one other. Where we feel we are not going to be attacked, going to be respected and our opinions will be respected. I think it would be important if others have causes they think are questionable, I'm a little less concerned than she is about Section II. We have had to come up with new ground rules because we live in such a virtual world right now in our meetings and so, as I look through some pretty basic rules, but they all come to this committee with different levels of preparedness, or different levels of committee participation. So, to me, it is helpful for someone coming on the commission to look at this and see they need to come prepared to discuss the agenda items and the handouts. One speaker at a time, which is a good reminder for me because I love to talk. I think they are all useful. Avoid dominating a meeting and encourage everyone to participate is deemed offensive to others, I have no problem with us removing that because that is just common courtesy that we expect all commissioners to have, but if it is a concern that it is disrespectful to anyone or a big leap that doesn't need to be there, it is fine. Zoom meeting is redundant but, again, it will be helpful two and three years from now. Similarly with the digital communications, emails and text. It is certainly we want everyone to have these gentle reminders to treat everyone with mutual respect, trust and dignity, assume they are acting on the best interest of the

commission. I have had commissioners come to me where they had felt very attacked or told they were doing something for some illicit purpose or some unfair purpose. So, where these seem kind of rudimentary basic guidelines, I think it is important we have these gentle reminders. It has to be collective. The whole commission needs to agree upon. I did make those modifications to make it clearer that we want you, as mental health commissioners out in the community, introduce yourself as a mental health commissioner. What we don't want you to do is say, the Mental Health Commission is now stating this is a new policy unless you have been told or voted on that. The only reason I say is that I often put things in more than one place and often, I have to recuse myself from BoS agenda items because I have a husband who has started a new career and have had to not vote. It's good to have a reminder that you can't vote on things when you have an economic interest. If it is your employer or spouses employer. So, I don't have a problem with this. Finally, sources is relevant to show we didn't just pull this out of a hat.

- (Cmsr. Maibaum) I appreciate the different perspective and look at this as an assurance. Even if somethings should be obvious – speaking politely to each other, etc. It is nice to have it covered and I am also open to the discussion to ensure everyone's voice are heard and respected and have input. Even though it may seem a bit redundant, it is something we can look back on later.
- (Cmsr. May) Again, my comment again, this document as we have been going through it and point out it should actually say this or that. I am not agreeing to even vote. I want to see a correct clean document. I understand your reasoning Cmsr. Andersen, but I still say that should not be a part of conduct. We have conduct and we have rules or by laws. That should be a separate document away from conduct. Then, when a new commissioner comes on, they (supposedly) get their binder with all their information they should be reading and they should also be referred to CalBHB/C, just as I was referred by past Cmsr. Chapman. When he was passing, he made sure I wrote down every resource I need to learn this job and I did. I feel this document is not ready to be voted on. Everyone needs to be able to put their own personal comments or things they feel should be changed. As I said before, it is a micromanaging document. It just seems to be a personal agenda. I don't feel comfortable voting on this document today as it is.
- (Cmsr. Andersen) I think, I would say that we made a recommendation and modify one provision. I think it's important for other commission members to see if they have any concerns. We have had it brought before us several times and I think it is very much ready for us to vote on unless there are provisions that anyone else would like to see removed or modified. We have already modified one. If someone would like to see another provision removed, this is the time to do it. I don't think it is helpful to just keep bringing it back over and over and over again, or if others are just not comfortable with us having this code of conduct then they can vote accordingly.
- Cmsr. Maibaum) How often are we going to review? I'm on the fence, part of me want to hear Cmsr. May's concerns. She calling it micromanaging and I am feeling that is probably just covering all our bases. I look at it as insurance. How often is this updated and can it be updated off the calendar if there is something that needs to change.

(RESPONSE: Cmsr. Serwin) It's arbitrary. When an issue comes up, we would review. We don't have any reviews of official policy on a calendar, but as issues arise. (Cmsr. Andersen) I would say this isn't required. Our county commissions and committees are not required to have rules of conduct. This was drafted in response to a lot of concerns raised by commissioners who felt disrespected, wanted to resign from the commission and had serious concerns about how our meetings were going. It was a group effort to come up with guidelines that we could all embrace as something we believe would foster communication of this commission, not somehow limit anyone's speech.

- (Cmsr. Zarate) First, I appreciate everyone's perspective on these guidelines. I like to take a holistic approach and, as I am a new commissioner, it is helpful to see this and have the basic understanding and guidelines so that I know how to approach these meetings as a commissioner and how to approach the community in general. I also understand where Cmsr. May is coming from, more specifically the general communication, emails, text messaging and social media. The Social media part is the only one that I am on the fence. That part for me does feel micromanaging. I already know as a commissioner, I am not going to go on my social media and say anything disrespectful. I don't know if that is there just so we all have a basic understanding or is it more so implying we can't use social media as a commission when speaking on our role. (RESPONSE: Cmsr. Andersen) What if we just took out social media altogether? Just focus on the points for communication within the commission through text and email, it would be best to just take social media out of it.
- (Cmsr. Wiseman) I think that social media is an important part of our communications and I know the commission is working on getting its own Facebook page but until that point, as a commissioner, if we are posting information, it can be viewed as officially coming from us, unless it is made clear. I think the guidelines are asking us to make it clear. If you are going to post your own private opinion or something the commission has not decided on, then you just need to make certain it is clear. As said earlier, we have talked about this for almost a year and I know some of the new commissioners were not attending the meetings at the time that we really had some unpleasant behavior in our meetings and I really just want to stress how important it is that we act with integrity, be respectful of others and mind our 'p's and 'q's, we are serving at the pleasure of our supervisors as representatives of our districts to share what the community is saying, less what we are telling our community. So, we are supposed to be a conduit flowing in, and sharing what we find, not broadcasting our opinions. So, I think it is important to keep that in the guidelines.
- (Cmsr. Stern) There has been a lot of suggestions made by Cmsr. May, Andersen and Wiseman. Those changes will need to be made in writing. In terms of Cmsr. May's concerns, I think it would be helpful if she put those specific concerns in writing and presented at the next meeting. We have to look at those and have an ability to read, not just hear them. It is too much to remember with all these concerns and changes, I don't feel comfortable voting on anything without seeing it written and re-edited. I move we put this off until next month and maybe have Cmsr. May and Cmsr. Serwin have a separate meeting to hammer this out.

- (Cmsr. Wiseman) Cmsr. Stern, we have had multiple MULTIPLE meetings on this and it seems like a delay tactic to bring up the same arguments repeatedly. <Interrupt by Cmsr. May> It was not and if we are going to speak about integrity, then let's <Interrupt by Cmsr. Wiseman> I think it is just a simple set of guidelines and my hope is we can view it as such and we can approve and move on. This isn't something I am trying to champion, it just seems we have spent a tremendous amount of time on it and it's just on how to behave properly and we can't even agree on how to behave properly. It is extremely disappointing. We are still discussing this. I will withdraw my motion.
- (Cmsr. May) I will say that if we are going to speak with integrity, which means telling the truth. There has been more complaints from the public the last two years on how they were treated during the commission meetings and also how commissioner treated during the meetings. So, if we are going to act with integrity, being truthful is the first. That is foundation. In terms of what I am saying, I appreciate Cmsr. Stern's comments, which is where I was going, we all need to have the opportunity, others may not want to speak up. I would be willing to write it, we cannot have a personal meeting as it is a violation of the Brown Act. Whatever I present, I would do so to both Cmsr. Serwin and Griffin in writing, yes there needs to be some changes that were discussed and 'thought' it was incorporated, but it isn't. I am not comfortable at all voting on a document that does not have corrections and I want a corrected document before voting on it. I have no problem with conduct guidelines.
- (Cmsr. Griffin) I can be very honest here, I am a little frustrated with this whole conversation because, to me it is a big problem with a lot of public meetings these days. I agree with Cmsr. Wiseman and Andersen that these are basically common sense guidelines and I think they are good and a good model to go by and I would definitely recommend if we could read out the edits being suggested and move to vote. Let's get this done and move on. That's my opinion.
- (Cmsr. Andersen) That is a motion and I second that motion. If we could, let's pop up that final version and incorporate the items we are removing. We are not adding any language, I think it is very clear. The purpose is not governing your private life. The purpose of the guidelines which I have here (Screenshare): The purpose of the Mental Health Commission (MHC) Conduct Guidelines is to encourage professional behavior that leads to open and respectful dialog in meetings, electronic communications and other media, and that supports effective business operations, consensus decision-making and positive action. Let's go ahead, pull that up and as we go through each one, speak about which we are removing based upon the communication we have received. These can be amended anytime someone wants to, just request they be amended.

Vote to Approve the Mental Health Commission Conduct Guidelines, with corrections as noted:

- Section II – Remove 7th bullet “Avoid dominating a meeting...”
- Section IV – Remove 5th bullet “Don't mix business with pleasure” and 7th bullet “Don't vent online”
- Section V – Edit of 2nd bullet to read “Do not make any statement on behalf of the MHC or purport to represent the MHC unless

specifically authorized to do so by the MHC Chair and/or by vote of the Commission.”

- **Motion:** L. Griffin moved to approve the MHC Conduct Guidelines. Seconded by C. Andersen.

Vote: 10-0-1

Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, K. Maibaum, L. May, A. Russaw, G. Stern, G. Wiseman, Y. Zarate

Abstain: G. Swirsding

VII. UPDATE on April 18th Behavioral Health Care Infrastructure Program (BHCIP) stakeholder meeting, Commissioner Laura Griffin

I was invited to be on the steering committee and very excited and proud of that and want to just give a little background. The Department of Health Care Services (DHCS) was authorized with legislation in 2021 to establish Behavioral Health Care Infrastructure Program (BHCIP). They were awarded \$2.2 billion to construct and expand properties and invest in mobile crisis infrastructure and so on. The DHCS is releasing these funds through six grant rounds targeting various gaps in the state. A portion of this funding is for increased infrastructure to children and youth 25 years of age or younger.

The state has allocated these funds across two different funding sources. One is through the DHCS and it provides for competitive grants for counties, tribal entities, non-profit and for-profit entities to build new or expand existing capacity in the continuum of public and private behavioral health facilities in order to operate Medi-Cal services for Medi-Cal beneficiaries. The service side and for infrastructure only. It provides funds to purchase land, improve existing structure and new and expanded existing structures.

The second type is Community Care Extension (CCE) program. The CCE program will fund the acquisition, construction, rehabilitation, and preservation of adult and senior care facilities that serve applicants and recipients of Social Security Income (SSI), including individuals who are at risk of or experiencing homelessness and those who have behavioral health conditions. The timeline is following:

- Round 1 – Mobile Crisis
- Round 2 – Planning Grant
- Round 3 – Launch Ready
- Round 4 – Children and Youth (August). This is where, I think as a commission, we should be thinking NOW.
- Round 5 – Addressing Gaps #1
- Round 6 – Addressing Gaps #2

The April 18th BHCIP meeting was great, it was an opportunity to build new or expand behavioral health facilities as part of these grants. It was open to stakeholders, some members of the public was there. The purpose of the meeting was to get feedback. The types of facilities are needed for Contra Costa residents diagnosed with mental health and/or substance abuse conditions. What is happening now is accumulating data and looking to identify where services are needed. This is where they were looking for our input and able to receive some good feedback from the meeting attendees. They are building a ‘service map’ where people are receiving services with information on who is receiving the services? Where are they receiving services? Can they bring the residents home? Are they from out of the county? Primary focus on who and how. Tomorrow there is another

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<p>stakeholder meeting and they are pretty well rounding up getting most of the data for the needs assessment preview and are ready to draft a report for us and discuss next steps.</p> <p>Questions and Comments</p> <ul style="list-style-type: none"> • (Cmsr. Serwin) I am hoping that the results of the stakeholder meeting, the ideas generated, I think will be made available pretty soon here. 	
<p>VIII. Adjourned the Mental Health Commission Meeting at 5:48 pm</p>	

PUBLIC HEARING
Mental Health Services Act (MHSA) Plan Update FY 2022-2023)
May 4th, 2022 – Draft

Agenda Item / Discussion	Action /Follow-Up
<p>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 @ 5:49 pm First, I would like to go over the process for this public hearing. We will first hear an overview of the MSHA Plan Update for 2022-23. Second, we will then listen to public comments. Third, we will hear commissioner comments. Lastly, MHSA-Staff will create a list of the comments and recommendations put forth by the public and commissioners to Behavioral Health Services (BHS) and the Board of Supervisors (BoS). This will list will be based on the notes taken throughout the comment portions of this meeting. Does everyone understand the process we will go through? Is there anyone who does not? Now I would like to introduce Jennifer Bruggeman, the Program Manager of the MHSA for the county. Ms. Bruggeman has shepherded the MHSA plan through it’s process for the past three years and has been a key staff member of the MHSA team for multiple years prior to that. I would like to recognize her outstanding work and her dedication to serving the people with mental health illnesses in our county.</p>	<p>Meeting was held via Zoom platform</p>
<p>II. 2022-2023 Mental Health Services Act (MHSA) Plan Updated by Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services</p> <p>MHSA 3-year Plan 2022-2023 Annual Update Overview: I’d like to thank the entire MHC and all the members for hosting us with the public hearing every year. We truly appreciate your time and input. In addition to what Commissioner Serwin said about the public comment and the commissioner comment, we do summarize all and incorporate it into the plan itself and become a public document. Your comments are very important to us. <shares screen MHSA 2022-23 Plan Update Overview>.</p> <p>Proposed 2022-23 Plan MHSA Plan Update Highlights.</p> <ul style="list-style-type: none"> • Reintegrate stakeholder driven items from the original 2020-2023 pre-covid budget • Incorporate increases for: <ul style="list-style-type: none"> • Housing and Supportive Services • Support workforce training and growth through Intern Stipend Program targeting cultural and linguistic needs. • Career Ladder Positions for Peers • Innovation Projects – Psychiatric Advanced Directives (PADs), Micro-Grants for community defined practices (in planning phase) • Increased Budget from \$54M to \$63M <p>Annual Community Program Planning Process</p> <ul style="list-style-type: none"> • Host approximately 60 stakeholder meetings per year • Re-launched Consolidated Planning Advisory Workgroup (CPAW) Orientations • Two large events: <ul style="list-style-type: none"> • Youth Suicide Prevention - 231 registered • Innovation Projects – 154 registered • Community presentations, including to SPIRIT class (annually) • Survey Monkey – 230 responses • Top priorities identified by community: <ul style="list-style-type: none"> • More availability of treatment services and better access to care • Housing and Homelessness • Care for specific cultural groups/ populations • Proposed FY 22-23 MHSA Budget 	<p>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</p>

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

Housing:

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

Peer Support:

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

Workforce Education and Training (WET):

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

Innovation:

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

Looking Ahead:

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

Questions and Comments

Email: MHSA@cchealth.org

- Call: 925-313-9525

<ul style="list-style-type: none"> View 22-23 Plan Update Draft & Provide a Public Comment at: https://cchealth.org/mentalhealth/mhsa Jennifer Bruggeman, LMFT, Program Manager Jennifer.Bruggeman@cchealth.org MHSA@cchealth.org 	
<p>III. PUBLIC COMMENT: None</p>	
<p>IV. COMMISSIONER COMMENT:</p> <ul style="list-style-type: none"> (Dr. Tavano) I just want to thank everyone. Many people have been involved, by way of CPAW and forums, etc. Thank you all for your participation in those and for supporting this plan going forward. One thing, I would mention is the Oversight Accountability Commission (OAC) is publishing financial information about the MSHA. We will be able to discuss that at another time. What I want to mention now is a word of caution, because if you all recall when we were just entering the very steep part of COVID, we were given projections regarding what future funding would be under the MHSA and we were going with those projections. The other was a year where they delayed payments and we received them the following year. We will have talking points about that, but this report doesn't fully represent the situation of how the counties are now catching up. First we were given underestimates and then we have these delayed payments. I just wanted to add that and we can discuss that at another time. Not directly related to our three-year plan but our update that Jennifer hit on regarding CalAIM. If the commission is interested (not something we can address in 10-15 minutes), we could go through CalAIM. It involves very large system redesign that is underway now. I think it would be of interest to all of you. So, if you would like to carve out some time (around 45 minutes) that we could speak to it a little more fully. Measure X A³ proposals, we are so happy to have Congressman DeSalnier with us this week. We all met at the Oak Grove site. There is not a lot to see now, but if anyone has received your COVID vaccinations there, you know what is going on. It is operating as a COVID vaccination site, but that is the location that will be completely revamped and the home of the call-center with all of its technology, headquarters for mobile crisis and also the urgent care center with a design that will accommodate both children and their families and adults, as well as a sobering area and hopefully the peer respite. So, there is a lot going on right now. <p>Everything is interwoven and I don't want to take away from this discussion of the plan update, but these are all very interrelated pieces. Thank you all so much.</p>	
<p>V. DEVELOP a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisor</p>	<p>This agenda item not addressed for Plan updates, only full 3-year plan.</p>
<p>VI. Adjourned Public Meeting at 6:17 pm</p>	