

**MENTAL HEALTH COMMISSION
QUALITY OF CARE COMMITTEE MEETING MINUTES
June 16th, 2022 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Quality of Care Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @3:33 pm.</p> <p><u>Members Present:</u> Chair - Cmsr. Barbara Serwin, District II Cmsr. Laura Griffin, District V Cmsr. Leslie May, District V Cmsr. Gina Swirsding, District I</p> <p><u>Members Absent:</u> Cmsr. Joe Metro, District V</p> <p><u>Presenters:</u> Roberta Chambers, Indigo Project</p> <p><u>Other Attendees:</u> Diana Baros, SPIRIT Intern Angela Beck Kerie Dietz-Roberts Dawn Morrow (Supv. Burgis' Ofc.) Teresa Pasquini Pamela Perls Jen Quallick (Supv. Andersen's Ofc.) Lauren Rettagliata</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS – None.</p>	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. Gina Swirsding) This weekend we are having an event in Richmond: Juneteenth at Nicole Park. One thing I need help with is getting Mental Health information and COVID-19 information. I am working on that for the city and need help in getting this information. We have a booth and would like to have some information regarding COVID-19 and mental health. Materials and volunteers to come out and speak to that. Secondly, I'd like to express how important it is to have some form of a service animal for mental health, especially those that have suicide ideation, etc. Service animals serve their owners with support for many reasons including mental health support. I would like to send out a video to the commission on the importance of services animals serving mental health clients. Taking care of the animal, their reliance on the patient takes focus away from the patient puts it on the animal as a reason/importance to their own life. I feel many suffering from mental illness are discriminated against in regard to their service animals. • (Leslie May) I really want everyone to be aware, speaking to others and observing others. If there are any signs of depression or anyone struggling or looks out of the ordinary, please say something. I have had had three attempted suicides this week (young clients). I try to tell the parents, I see the signs. They reply, "oh no, that's just the way they are" and then all of a sudden, they are attempting to harm themselves. You never know, just 	

<p>striking up a conversation with someone in a grocery aisle, what impact that may have on their day, week, existence.</p> <ul style="list-style-type: none"> • (Jen Quallick) I just wanted to say that what Cmsr. May is saying is incredibly true. I had just shared something on social media because my entire family has come down with COVID and I am the only family member that has not contracted it. My spouse and two children did. I was at the market, in dire need as my family needed this, that and the other. I had a developmentally disabled young lady approach me, as she's seeing this frantic mom (me) who needed some assistance and asked if she could help me pick out something. It was the most lovely, gracious, wonderful conversation I had all week. She saw something in me that I needed and it made my whole day. So to Cmsr. May's point, it is needed, we all need it and (I hope your clients are okay). Thank you for letting me share the moment. • (Cmsr. Serwin) Whenever you have an opportunity to share what your work is with the commission, please do so. I just interacted with a woman a local café and when she found out I was with the Mental Health Commission she immediately asked questions and spoke about her daughter. I was able to give her the information for NAMI. I just found that every single time I have spoken to someone about our work, no matter who it is, generates a lot of interest. 	
<p>IV. CHAIR COMMENTS – None.</p>	
<p>V. APPROVE minutes from the April 21st, 2022 Quality-of-Care Committee Meeting.</p> <p>Cmsr. L. May moved to approve the minutes. Seconded by Cmsr. G. Swirsding.</p> <ul style="list-style-type: none"> • Vote: 4-0-0 <p>Ayes: B. Serwin (Chair), L. Griffin, L. May, and G. Swirsding.</p> <p>Abstain: none</p>	<p>Agendas and minutes can be found at:</p> <p>https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS findings of the CCBHS Community Infrastructure Program Needs Assessment, Dr. Roberta Chambers, Indigo Project</p> <p>This presentation is to give some highlights and an overview of what Indigo accomplished. There is a full presentation (in excess of an hour) available on the Contra Costa Behavioral Health Services (CCBHS) website. Essentially, the watershed moment in BHS and the state has set forth \$2bil to do two things.</p> <ol style="list-style-type: none"> 1. Funding through the Behavioral Health Community Infrastructure Program (BHCIP): <ul style="list-style-type: none"> • Competitive grant program from DHCS • Purpose to build new or expand capacity in behavioral health facilities for Medi-Cal services for Medi-Cal beneficiaries • Must be available for 30 years • Requires a letter of commitment from CCBHS for Medi-Cal service provision 2. Funding through the Community Care Expansion (CCE): <ul style="list-style-type: none"> • Competitive grant program from CDSS • Purpose to build and/or preserve residential care facilities for SSI recipients • Must be available for 20 years • Requires evidence of local support but no commitment <ul style="list-style-type: none"> • All projects require 10-25% real cash or property match 	<p>Documentation on the presentation review for 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:</p> <p>https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

- Projects can include acquisition, rehabilitation/renovation, or new construction
- All BHCIP and CCE projects are exempt from conditional use permitting and CEQA

In order to prepare for those applications, both sides are competitive grant applications and there is some regional organization in terms of funding limits, but for the most part it really is wide open for communicates to apply for what they need. Our group was asked to perform a needs assessment to really, specifically, estimate capacity for mental health and substance abuse facilities. What are the treatment beds needed? Knowing the number of those placed in out of county facilities and that there really is a lack of needed beds, both in Contra Costa, as well as across the state.

In the space of approximately 60 days, we received a huge amount of quantitative data in terms of the services people use, the money that pays for the services, who is in locked an unlocked, in county, out of county where people are in board and cares, who is in ARFs vs the RCFEs. We looked at housing inventory, systems level reports available and when through as much was available and spoke to a number of providers, housing developers, consumers and a variety of different people within BHS and county residents.

The sole (focused) purpose of developing a needs assessment with treatment bed capacity estimates that Public Works and Real Estate really dig into, in order to apply for funding. The CCC grand application is open now on a rolling basis until funds are gone and it has been open since February 15, 2022. The Children’s BHCIP that is available now, but really CCCs needs are on the adult side in terms of capacity. The next round is likely to open in August, October and December.

Highlights of what we found by system:

- Children and Adolescent:
There were some needs surrounding high needs youth, substance use but the majority (entirety) of which would be met either with planned development, such as the children’s crisis unit, which is already happening. It is not opened but being developed.
- Through more contracting arrangements and not building or obtaining another building.
- Alcohol and other drug services (AODS): side has also made such tremendous improvements since the Drug MediCAL waiver. There is really one need for one level of care they don’t yet have and to build other levels of treatment beds within that one facility. So within AODS, the need is for more of a medical detox, a couple more men’s detox and a couple more men’s residential but that is a much smaller amount than on the adult side. We have estimates for building back the capacity that was lost when Nierika closed and in addition to Nevin and doubling the capacity of that, as well as an estimate of how many board and care beds we need for both the general mental health adult population, and the forensic (justice involved) mental health groups, as well as for an MHRC (locked in county facility). All represent the spirit of bringing people back home for their recovery.
- Older Adult: Overlap with the older adult needs is really with the health plan and our recommendation was that this information be shared with the health plan. It is really is outside the purview of BHS as a department specific need.

Summary in discussion below.

Questions and Comments:

- (Cmsr. May) I wanted to speak about the older individuals. I had someone in dire straits call as their mother is in CCRMC in the ER, where she has been for three or four days. There is a lack of space. I need to ask why for a senior using our behavioral health services, she has much going on, now including dementia but also has an infection they have tried to get under control. The problem is within lot of facilities, if you have a mental health issue and they have a bed, they will let you in. However, if you have a medical issue, they will not let you in. So this woman's mental health issues have overtaken her but she is also a fall risk. I am just wondering, during your study, did you find any places in CCC that would take someone with several mental health diagnosis plus dementia and a fall risk, as well as an infection for short-term? There is a problem with a lot of places that won't take both (with a medical issues, like a broken leg or something of that nature). (RESPONSE: R. Chambers) I don't know if it makes sense to speak to the why. The reality is that community mental health facilities because they're licensed by community care licensing, have very clear restrictions of who they can't take. Even if they wanted to serve someone over the age of 59, or who was not ambulatory and couldn't leave the facility in a fire without assistance, or who have had a health condition requiring nursing support, they couldn't. There are really three ways this is handled across the state. One is available in CCC but it is not a facility solution. The three ways this is handled:
 - 1) Skilled nursing facility with a special treatment program designation (SNF STP). We estimated that CCC needed about 85 beds for this category. It is a facility type that is allowed. The issue with the SNF STP, because it is a SNF, it outside of the purview of BHS to really apply for it because it is a health plan concern. They are locked and carry a similar IMD designation.
 - 2) Medical Respite. That is like a recuperative care site. There is one in the county for those experiencing homelessness next to the Concord Shelter, but it is not necessarily older adult focused med-respite. It is allowed (by the CCE side) for this specific issue is someone that needs a place for a short amount of time, can't go to a mental health facility due to the medical issues and adding in different cognitive and dementia can complicate even further and they can't go home because their needs are too much. Similarly, a med respite type program for older adults, which we suggested be considered in the county, still falls into the purview of what health plan would need to do. There isn't any med respite or SNF STP in CCC.
 - 3) In-home care, in-home nursing, home health and to wrap someone up with support so they can discharge home sooner rather than later. That summarizes really the entirety of what we saw in the senior population is around the SNF STP and the med respite.
- (Cmsr. Swirsding) I have the same questions. Older adults getting into places, especially those with severe mental illness. I attend the CPAW for older adults and this is a major problem. It is a problem in West County and I'm sure throughout the County, that a lot of our seniors especially those with several mental illness, when they do a check on them, they are not alive, there was no food and a number of other issues. There is a lack of support and services. It's very sad. When you go to the ER and have mental health issues, they tend to just concentrate on the mental health and not so

much the physical. I go to one place for mental health care and another place for medical issues.

- (Lauren Rettagliata) I was hoping that Roberta could take notes on this. The CCE is still open and there is still funding left. A number of years ago, with COVID I've lost track, but I believe it was five years ago. I did an onsite visit with MHSA on their program and fiscal review. One of the places receiving MHSA funding was Pleasant Hill Manor on 40 Boyd Road. I believe they still continue to receive our funding. They were in a financial crisis and I believe MHSA funds were used to bail them out to keep the open because they were a place that took many seniors, those that might have some health compromised problems. It was a very good facility, family owned and run. We wanted to keep it available. I am just hoping you take note of this facility and bring the possibility of, would this facility qualify for the CCE funding since it was under the augmented board and care designation. They were, at that time, spoke to property available on site that the owner wanted to expand that facility and be able to facilitate more clients, take on more contracts from the county. I hope you make note and, if this facility can accommodate, they don't have the team that can put together the package needed to put forth to the CCE, but I am sure we in the county could assist them with the grant writing and whatever is necessary. It's a good place and I want to see places like this expanded. Secondly, do we have anything in the pipeline that will be presented in the fourth and fifth rounds? Do you know or what can the commission do to be assured that we have good projects put forth on these last two rounds? (RESPONSE: R. Chambers) There is a list of (approximately) seven projects that have been identified. What is happening is public works, real estate, and health services/BHS division are meeting on a weekly basis to: (1) look at county owned property that may be available; (2) explore other locations that are for sale and might be available. I was in a meeting this morning and there was a very explicit sense of urgency with how quickly this round five is going to come up. What has been prioritized is trying to identify larger sites, ideally in West or East county, but I don't know that anyone would walk away from something in the central region that could hold more than one program at the same time. There is a very capable, quickly organizing large group of advocates who would show up where there to be questions or the need for advocacy support. I will keep people posted on what is happening.
- (Teresa Pasquini) Roberta thank you so much. My comment is more to the committee and to the commission. Are members of the Behavioral Healthcare Partnership in these planning meetings? Who is representing the client and family voices? I am disappointed that there is not a commissioner, at least, involved and representing the community voice. I just know, the value for me as a community member, I would have hoped the administration would have said that I brought value to their meetings and I am disappointed these are closed meetings. My comment is more to MHC to advocate. I know Cmsr. Griffin was made part of the Steering committee and Lauren and I remain part of the steering committee that has done this pre-planning but we are now getting into the nuts and bolts and I am grateful, Roberta, that you mentioned they have a large group of advocates out here and are willing and able to assist. I'll end with the comment that I am privilege to be host next week to be taking Senator Susan Eggman on a tour of Psynergy Sacramento. I will be part of a documentary film crew that is going to be following this tour and will also follow me when I pick up my son at Psynergy in Morgan Hill next week, meet him and go on a tour. They

will also be interviewing Senator Stern on Wednesday and Senator Eggman on Thursday. This is all because of Housing that Heals and the Housing that Heals advocacy that Lauren and I started a few years ago. We are very excited to share there is a bill moving through the senate and moving into the Assembly health committee next week that calls for policy considerations around the needs for Housing that Heals in California. I hope that our Board (of Supervisors) and our Administration understand how involved we are as a community in this process. It is actually becoming a national conversation. There is actually pilot projects for Housing that Heals being presented to congress by people as well.

- (Cmsr. May) I was not aware of that committee, and although I am over committed, I would have been glad to be part of that and let something go to be a part of it. It is important to me. I would also like to say, Roberta, I went out, found properties all over from East County out to West County. I contacted the director of mental health, she put me in contact with someone else. I sent them (emailed) the properties I found, kept following up. I emailed two realtors who were willing to work with the county for warehouse, land with structures, some were done and needed improvements and selling very cheap. I kept pushing, no one ever moved on it and the realtors came back to me and said they hadn't heard from anyone. No one ever moved on it and it is really disappointing to me that there is this committee that, I didn't even know about as a commissioner, but why bother if it is falling on deaf ears, no one is following up on these opportunities? (RESPONSE: R. Chambers) I want to clarify that it is a real estate meeting but it is real estate, public works and then the planning folks who handle facilities for health services. Some from BHS (Adam and Kennisha) who have been working on these grants. The sole purpose of the meetings is to go through the inventory of the myriad of properties that have been provided to Adam and Kennisha, as well as the property that the county real estate folks identified and match up with feasibility in terms of county investment and then the way in which they would be feasible for these projects. That is what the meetings are, it is not a committee and they are not planning services, they are trying to get a property locked so that we can plan what is going there. That is the sole purpose. The one property that has been spoke about publicly is the ranch out in East County, everyone has spoken to it, that is one of the one's on the list. There is a reason to prioritize county owned property because there is zero cash required from the county, it is 100% grant funded to do a multi-million dollar project. Acquisitions have a 10% requirement, so the projects start to stack up and it gets pretty expensive quickly so there is a priority on county owned first. There are a couple of for sale properties that the real estate needs to do their due diligence on behalf of the county before anyone talks about what will be developed. Once the grant is funded then everyone needs to come back together to design services. I don't believe anyone has been excluded from anything.
- (Cmsr. Serwin) How did your team move from identifying or calculating the average daily census to estimating the number of beds needed? This is across the various groups of clients and the types of facilities. And ten to the actual recommended facilities which are detailed with the number of beds in those facilities. I wonder how you went to that progression. How was that calculation made? (RESPONSE: R. Chambers) There are big numbers when we look at data that is regarding out-of-county placements. We can look at the number of people who are in an out-of-county placement (what's that

average daily census, point in time) and we use the most current fiscal year. We then assume; however, that not every bed is full 100% of the time. There is a calculation around (approx.) 85% rule. That 85% of the beds are full 85% of the time. Example: if you have 38 people in an MHRC, you actually need a 45-bed facility, as not everyone is full at every moment. If you were to bring home folks from an MHRC, you would need more beds than currently paid for because they are not all full all the time. We use the same calculations, but at different levels of care. The numbers are much smaller. When you only have one or two people out of county, or in that level of care in that region, the numbers get smaller quickly. We looked at places where numbers go to smaller in some of the psychiatric hospitals and community treatment facilities out of county. Those got small because it is a small number to begin with. We also looked at variables. There was a fair amount of conversation about all services being centralized to Central County and if the crisis hub is in Central County and the hospital is Central County, what would it take to put (like) a crisis stabilization unit (CSU)w spoke in East or West County? We did the same bed capacity estimate but applied the percentages to the number of MediCAL recipients in each region. What we get to are numbers that are too small to support an independent facility. We are actually just suggesting that if you are going to build two crisis residential treatment (CRTs), put one in West and one in East. I don't want to speak for BHS, but I think there were some thoughts in terms of how to expand ours, rather than building CSUs in the outlying regions. It is a similar calculation no matter what we were looking at, just the frame changed. (Cmsr. Serwin) can you speak to 'spokes' quickly, just define that? (Roberta Chambers) The idea, for example, that the largest group of MediCAL beneficiary's, largest group of CCBHS consumers are in East County but the crisis hub that is planned (Miles Hall Crisis Center on Oak grove) is in Concord, the Hospital is Martinez, the only CRT is near the hospital so everything is centrally located. So, the question was, could there be spokes that have crisis receiving capacity in East and West, given that East has the largest MediCAL population and West has the smallest, but not by much. So we looked at what would be the demand for a crisis receiving type of program, like a CSU, like a PES in East and West. The numbers really aren't big enough to financially sustain its own program, unless something else were to change.

- (Cmsr. Serwin) When you did this calculation, how many beds are actually gained, net? For the various levels, maximum? (RESPONSE: Roberta Chambers) Do you mean within the county or across the ...' (Cmsr. Serwin) within the county, since we want to have facility capacity that enables everyone to come home. (RESPONSE: Roberta Chambers) We have suggested a need for 45 MHRC beds, and that would be 100%. There are currently none. This would go from zero to 45. (Cmsr. Serwin) So you are saying there would be, how many beds? Do we need 45 beds in total, if it was occupied at 100% rate? (Roberta Chambers) the need is 45 beds in practice to serve the people who need it. No bed is full 100% of the time. So 85% with a 15% cushion. For the CRT, we recommended on 16 bed CRT. Currently there is only one 16-bed and this would take you up to two. That is a lost bed recovery. I would state if there was any additional space in any of these larger projects, I would toss a third CRT in if the space were available but it definitely not. (Cmsr. Serwin) What do you mean by space available? (Roberta Chambers) Right now it looks like the need is 32 beds. If we are

looking at existing properties, if there were an extra house, I would ask the question about a CRT before asking a different question.

- (Cmsr. May) Are they looking for more places in East County? This part of the county has grown in all kind of ways. Also, this part of the county has the most unhoused people with mental illness now. They have done the study, CCC has beat out San Francisco County now. It was on the news and in the paper. Plus, we already have the housed residents here that need these services. I have been crying out that we need facilities out here. Desperately need them out in East County. There is so much going on that people don't realize in this county and all that is going on. I want to know if they are even considering it and why they don't focus on it? They focus on West County and Central County but East County just don't get the help. Is there any way to ensure that we can get a seat at that table and someone can blow the horn for us? (Roberta Chambers) The priority for facilities is East County, the largest list of properties is in East County, the most viable properties are in East County and then we were exploring West County this morning. I would say there is one very attractive property in Central County that I wouldn't walk away from if it came up. I think there are some good options in both East and West and certainly hope they come to fruition.
- (Cmsr. Swirsding) There are empty county buildings, part of Doctors Hospital on Appian Way. It has individual rooms for beds and everything. (RESPONSE: Roberta Chambers) I believe all of the old Doctors Hospital buildings have either been explored or are being explored. I don't have any more details but I know the building and it is on the list.
- (Teresa Pasquini) I just wanted to follow up on my previous comment, I totally understand confidentiality and the need to not be open. I just wanted to emphasize how important it is to our community that these projects move forward and, just as an example, I think it's ***Bayard* (?)** Ranch you are speaking about, which is in East County, I think it was three years ago that I saw that it was on a discussion calendar of our Board of it closing and I sent an email to Anna Roth and Suzanne Tavano. We had taken Dr. Tavano, Dr. White and Jan (Cobaleda-Kegler) to one of the site visits, either Psynergy or Everwell. Everwell had stated they were interested in coming into East County and I thought, 'Wow if this closes, that would be a great thing'. I see my role as the one to light a fire and say, 'come on, we have been talking about it for three years' and basically my point is I don't want to hear that these options aren't going to materialize. I don't know who has to make the decision, but CCC has been missing the boat on a LOT of these grants and I don't want to see, in my community and our county, miss the boat again. Whatever advocacy is needed, it needs to start and I can't emphasize enough that we are behind the eight ball here. I have been asked to do letters of support for other programs in other counties. People are moving forward and we are still looking for property. We have to get our butts in gear and that is what I would be saying if I were sitting on that committee and I am saying it now because I'm in this committee. I hope anyone listening will carry that message forward. The other thing I will say is that it's been at least two years ago that we took Dr. Tavano, Jan, and Dr. White to Sacramento Psynergy and when we discussed their expansion going on there at that particular campus. In the meantime, they have opened an RCFE (Residential Care facility for the Elderly) and we discussed the need for senior needs growing in our county and that we had to contract with some of these beds. It took another year, year and a half. I'm grateful we are

here, but I can't emphasize enough how important it is for our community to get moving and take advantage of this once in a blue moon opportunity and I don't want us to lose out. We've lost out on a lot of grants from MHSA or they haven't materialized for the seriously mentally ill population that is now the focus of these grants. If I'm sounding pushy... I'm urging everyone to act like our hair is on fire and move forward with strong advocacy from the commission, the community, that it is not an option to not come up with some property. (RESPONSE: Roberta Chambers) Addressing timelines. The projects that you have identified for meeting a facility, are Rounds 5 and 6. Round 5 is likely open (where we can start submitting applications) in six (6) weeks. It will likely close on October 15th or October 31st. Round 6 will likely open sometime in October and close at the end December. The state has kept their timelines on the first four rounds for that. I have also been doing this a long time, as a provider and a consultant, and I don't work for the county. This is not the time to let your foot off the gas. This is probably a once-in-a-lifetime moment in terms of an infusion of funds for buildings desperately needed for the people who need it the very most. Whatever needs to happen to continue to inspire that forward motion, now is the time. I say that in every behavioral health director's office that invites me in to speak about BHCIP and I say it to every community advocate and every consumer and family member. That is just where we are. It is a moment that is unlikely to come back around like this.

- (Cmsr. Serwin) Thank you very much for that frank statement and for your encouragement. What are the key barriers to getting stuff happening with respect to the grants? What is it that keeps us from moving forward? Behavioral Health Services and whoever else is involved in the key decision making? Is it that we just don't have enough people who work on developing the grants? Do we not have the data we need to drive selection of projects? Or support of projects since we have the needs analysis now? Or is it just the lack of properties? Is it a lack of communication between various BHS and facilities, in terms of coordinated discussions and making decisions? Are the Board of Supervisors (BOS) too slow in responding? I just don't know what the leverage points are and curious if anyone else has insight into that? Then we could go into a targeted way and try to light another fire. (RESPONSE: T. Pasquini) I have an opinion. I think there has been a lot going on, obviously a pandemic and many things that are taking peoples time and energy, but again, maybe this funding wasn't on the list, wasn't seen or planned for. But we have known about it now for quite a while. My recommendation, at the minimum, would be this committee make a motion to go to the commission to make a motion to go to the BOS as soon as possible. I think we know what advocacy took place around the Miles Hall HUB and I feel like I have done what I can do. I don't know what else I can personally do. I'm just not into showing up at Board meetings anymore. I did that for ten years. That is why I am elevating my voice again, it was two or three years ago, saw the property available and said if it is closing that would be something for us to think about. It was mentioned, I believe Jill Ray was part of that conversation, as well. So whoever has to have fire lit, it would be better coming from the commission. Lauren and I could write a letter too. Whatever is needed. I think we are not advocating strongly enough. We just aren't. (RESPONSE: B. Serwin) I agree with your recommendation. I would recommend we make best use of the remaining time that Roberta has and spend the remainder of the meeting working on a motion.

- (Cmsr. Swirsding) In Richmond and San Pablo, we have housing, a lot with severe mental illness that the city received grants for that housing. I know they still exist in different places. We obtained the grants through the county, even though it was the City of Richmond, the people in the city fought for it. A lot had to do with numbers. A lot of people saw certain properties and started fighting for it. A lot of those properties are still there, housing for youth, foster care youth, adults. I want to say that within the city, you can fight for funding you need. This was also San Pablo. I know about the grants because my daughter helped write some of the grant applications to get the money for those housing projects.
- (Teresa Pasquini) Cmsr. Swirsding, those were home key funds, I vaguely recall those being home key funds. That is a different process.
- (Cmsr. Swirsding) Those places are still there, I visit consumers in those housing units. Some are apartments, some homes and a lot are going through the county for mental health treatment. I don't know how it worked out with the funding. But it is part county. (Teresa Pasquini) Our county has done an amazing job, wonderful job of collaborating and we are doing the city/county, public/private partnerships. The Miles Hall HUB has been fabulous in terms of creating those opportunities. Now we need to expand it to this population as well. Cmsr. Serwin, I totally support helping you with the motion. The recommendations that have come from the needs assessment, that makes sense. If we go back to Housing that Heals from two years ago or so. We wanted a value stream mapping event and know what our needs were. We didn't know that BHCIIP funding and \$12mil was going to be dumped across the state, so Voila! We have this gift. Now we have some data and some things identified. It would be great for the committee and the commission to take a strong stand and say we expect to get some of these funds. We want the county to identify property.
- (Roberta Chambers) If I may, it's time for me to go, can I just **summarize** the data quickly? It is adults with serious mental illness, who (more than likely) have a co-occurring disorder and many are involved with the criminal justice system. This is the group that really need a few different resources. Locked capacity in county so that people can maintain connections with their family and their support system. Their community even while in an involuntary setting. You need short and transitional voluntary with crisis residential and adult residential and you need board and care type housing that is connected to services for adults with serious mental illness (SMI) and for justice involved mental health consumers. That is, if I can summarize everything else, the Seniors go to the health plan, the kids go to contracting, it's a service issue, not a facility issue. For the facility, that's what you need, locked and unlocked, short-term and medium-term, plus housing. Adults with SMI who may use substances, who are likely justice involved in some way. That is the group. The entirety of the projects circle around helping that group. I have to tell you the homeless system will be very happy if those folks were well taken care of. Police, hospitals, CCRMC, everyone, family members, friends, loved ones. Everyone can organize around helping that group because that group is really the group that hits all of these other systems, as well as just has a tremendous human costs. That is what the data states. That's the numbers for this specific grant.
- (Cmsr. Serwin) I have one last question. Two questions, actually. What data is missing you would really like to have? Secondly, future demand is something I feel strongly about and I know there is a lot of uncertainties but I

hate to see us back to square one in five years when our projections are blown out by growth. I am wondering if you can give me just a quick thought about how you are thinking of this. My husband is an economist, so that is just how my mind thinks, whether the factor is driving growth and just curious what your thoughts are. (RESPONSE: Roberta Chambers) When I look into my crystal ball, I have more questions than I have capacity estimates. The reason is that there are a significant number of policy changes that would likely impact who goes where. So I will say the biggest concern is: What is going to be the state demand for the justice involved mental health group who is not under county jurisdiction and the state is actively working to build additional capacity. If someone is incompetent to stand trial (IST) with a felony, they are actually the responsibility of the state, not the county. So I have a large concern about that. Then, what I have said to BHS and publicly is that we have an estimate of the board and care beds you need for this specific group of people but that there should be a fair continued engagement effort that the demand for board and care, both ARF and RCFE (so adults and older adults) is only going to grow and any opportunity to build board and care beds should be taken to heart. For a number of reasons, it is an estimate that is almost impossible to get at because it needs to consider aging parents, people living with parents, people living with parents that wouldn't if they didn't have to, people who are experiencing homelessness that really couldn't go into a homeless program, and it involves the number of people for whom, if there was a different option, they might not be in the justice system. Those are my big worries.

- (Cmsr. Serwin) By the way, I just have to say, when this meeting started and you started speaking, I don't know about anyone else in the room, but I had the strongest experience of déjà vu Roberta, it was so intense. This meeting, you, this topic. I am wondering, having déjà vu about what those numbers would look like 'Ya I have seen that number before' so when you think about it, that is one of the things I was thinking about in terms of estimates, What percentage of people are homeless? How many are living with their parents? What is going to happen within this next generations? How many people in the jail don't need to be there? Those are the exact drivers I'm thinking about. We have those numbers but... (Roberta Chambers) Yes, it's more complicated than that. It's what percentage of people who are experiencing homelessness have a serious mental illness and would need a board and care environment, as opposed to who would need a locked environment as opposed to who could live independently with supports. Nuancing the homeless SMI group and what level of care they each might need far exceeded the data and time we had, as did trying to figure out a way to estimate how many might be living with family or in other places that would really be best in a board and care or for whom that arrangement would be temporary at some point. (Cmsr. Serwin) So do you think, as you were looking at that and making that recognition, do you feel it is possible? If there was time, do you see data? If someone would pay for that analysis? (Roberta Chambers) I am the psychologist/mental health person on our team, and I do have quantitative experts that did the data. I would defer to them and I don't know that I could answer that question. My sense is that there is probably some way to do so but wouldn't know how to do. Maybe my colleagues would but I'm not sure. (Cmsr. Serwin) is that a question you would be willing to pass on to them? (Roberta Chambers) Sure. I will just say that I am aware of resources and also how expensive consulting can be

and one of the things I would think about is would the analysis change the effort to just build more? I think there will be a growing need and do you need the analysis to just propel building more?

- (Cmsr. Serwin) Roberta, I can't thank you enough for taking the time to come speak with us. It has been invaluable and we all really admire your work and are so grateful for it. If you could pass that and the other questions on to your team, that would be awesome. It is hard for me to let go of the growth question. (Roberta Chambers) I am open to other invitations to share this in other settings if that is helpful. (Cmsr. Serwin) The full commission? (Roberta Chambers) with the blessing of Suzanne, of course.

DISCUSSION on Motion

- (Teresa Pasquini) Let's not call this the 'Get off your Butts motion' and I am not good at motions. Off the fly, I am not sure I am the best one to author something. Lauren, do you have any thoughts?
- (Lauren Rettagliata) I would word it so that the Mental Health Commissions ask the Supervisors to prioritize so the personnel and resources needed to complete the applications to access these grant funds now available through the BHCIP and CCE be given top priority by Health Services. And that the BHS Administration be given all the personnel and resources they need to make this a top priority of the county.
- (Teresa Pasquini) How about 'In accordance with our mandated duties, we have done our due diligence over the past year (or two, whatever the case) as several committees, the Quality of Care committee in partnership with the Finance committee, and the Justice committee, in assessing multiple needs. We have now been provided a needs assessment by Indigo Project, identifying priorities and we want to strongly urge the BOS to immediately identify property that will provide an opportunity to develop a grant opportunity and fulfill some of the gaps' or something to that effect.
- (Cmsr. May) I like what you are saying but we need to not just identify, but immediately move on this.
- (Teresa Pasquini) Well in our original Housing that Heals report, we talked about how many plans, how much planning has happened over the last number of years and talked about moving from plans to plans of actions and the commission has done your due diligence and done a wonderful job collaborating and partnering with the community, with staff and now we have enough information to know, we need the Board to direct staff to identify a piece of property that will allow us to secure these one-time funds. (Lauren Rettagliata) We need more than identifying properties. We are on too short of a timeframe here. August, then a September time frame, of actually putting forth the grant proposals to BHCIP. CCE is ongoing. We need for the Needs Assessment that has been done to be given top priority so that we can identify these properties and prepare these grant proposals prepared so they meet the deadlines. They have to be made aware there are deadlines that have to be met. (Teresa Pasquini) Roberta stated there are already county owned properties on the table. Rather than just continue to talk, what is it going to take to tap one of those properties, write the proposal and get it going? When I say identify property, Roberta said they have clearly stated they want to use county owned property and it is advantageous to securing these grants and so... <Interrupt: Lauren Rettagliata> That's very important but I also think the proposals that we cannot, as a county, miss the opportunities that have set deadlines and that

all hands are on deck. Number 1, we need to priorities what projects are going to be identified. I would call them projects (not properties) because there may be other entities and people coming in and we need to call the projects. They need to be swiftly identified so that we meet the deadlines on BHCIP Rounds 4, 5 and 6. We need to make these deadlines, we cannot miss these deadlines as a county.

- (Cmsr. Serwin) We have the BOS remove all barriers and require BHS to finalize and submit the grant proposals according to the timeline. Move beyond identifying because they have already been identified. There has already been a set of county properties identified so FINALIZE these and submit the grant proposals according to the deadlines.
- (Cmsr. May) Another part to that, of the properties they have identified, SELECT the properties, and submit the proposals for the selected properties immediately that can be moved forward on. They can say they are still mulling over which we want to do. No, we don't have time for that. Select the properties and move forward.
- (Lauren Rettagliata) Is there anyway this can be voted on during the July meeting that once it is identified, it is not just sent to the supervisors, but at that point, you should actually have your executive committee or as many of you as can from the commission actually present what you have in person to the BOS. I'm sure that Roberta can give us, help us with the number...she mentioned she also had other advocates. So much like we did for Laura's Law is that you need a push... a BIG push. A hair on fire moment.
- (Teresa Pasquini) I am willing to go if I can. The problem is that the BOS goes on vacation in the summer. (Lauren Rettagliata) Yes, but the next meeting they hold, you all are at that BOS meeting to present that motion.
- (Cmsr. Serwin) We need to focus on this motion and voting on it before we leave this meeting so that it can be put on the July agenda. We have seventeen minutes to work this through.
- (Cmsr. Griffin) should we state the date? We want to make sure they are aware that there is a date they need to submit.
- (Teresa Pasquini) August to October for the next round and then December for the final round. (Lauren Rettagliata) Maybe just phrase it that they MEET The deadlines for Round 5 and 6 of the BHCIP.
- (Cmsr. May) These need to be done before the deadline and sent off.
- (Cmsr. Griffin) Round 4 is August of 2022, Round 5 is October, Round 6 is December. (Lauren Rettagliata) The deadlines have not been announced but you can go to the site to get those dates.
- (Cmsr. Serwin) Applications will be accepted until the funds run out (Lauren and Teresa Pasquini) THAT is for the CCE Grants. The Board and care beds.
- (Lauren Rettagliata) Adam explained to me they were having great difficulty with the providers the county does have, explaining to them exactly how opportunistic this CCE money is. The providers couldn't believe it because they are used to the HUD restrictions that always placed on them, where the CCE money does not have all these restrictions, in fact, it removes the CEQA restrictions, it removes the county going before the hearing process restrictions and no one was actually aware of what an opportunity this was. So the education that need to be happening with our provides, before Roberta came on board and actually go down on our knees and begged the county to bring her on board, none of this was happening. That is what you

<p>need to understand, there needs to be an all out push by the MHC to make this a priority for the supervisors.</p> <ul style="list-style-type: none"> • (Cmsr. May) that is exactly what I am saying. • (Teresa Pasquini) I made a very passionate and direct plea to Candace Andersen in one of the commission meetings and basically said, we need to give the support to the BHS Administration to get these grants funded and now we just need to make this a formal push. • (Cmsr. Serwin) Back to the motion, we only have a few minutes left in the meeting. Lauren, are you suggesting we extend this motion to include aggressively pursuing opportunities with existing partners/providers? • (Lauren Rettagliata) They have not been successful, so... • (Cmsr. Serwin) let's just leave it as... • (Cmsr. May) Try to also ask the BOS to contact/involve the mayor's of these cities. We have mayors that if the supervisors would engage with them, I just wish we could have gotten to this sooner but to try to invite the mayors to the table, work collaboratively with them. • (Teresa Pasquini) Honestly, those are relationships that our Board and Health Services are all familiar with and have all been doing that kind of collaborative work for the Miles Hall HUB and this is attention across the state between cities and counties over the homelessness issue. So this is...<Interrupt by Cmsr. Serwin> The focus should be on the motion right now, they know how to collaborate and partner with these other agencies. • (Cmsr. Serwin) Five minutes left. I think we have articulated to an acceptable degree and anything from here is just fine tuning. Let's go ahead and vote on the motion. <p>MOTION:</p> <p><i>"Toward the goal of capitalizing on an historic opportunity to build infrastructure essential to the delivery of mental health services in Contra Costa County, the Mental Health Commission advises the Board of Supervisors to require Behavioral Health Services to apply for all relevant Behavioral Health Community Infrastructure Program and Community Care Expansion grants, that Behavioral Health Services meet the deadlines for the grant applications, and that all necessary resources are made available to and employed by Behavioral Health Services to write the most competitive grants possible."</i></p> <p>Cmsr. B. Serwin moved to approve the Motion. Seconded by Cmsr. L. May.</p> <ul style="list-style-type: none"> • Vote: 4-0-0 <p>Ayes: B. Serwin (Chair), L. Griffin, L. May, and G. Swirsding.</p> <p>Abstain: none</p>	
<p>VII. DISCUSS Site Visits Activity for March, 2022 – April 2022 Updates by Vice Chair, Commissioner Laura Griffin</p> <ul style="list-style-type: none"> ➤ Crestwood Our House Visit ➤ Hope House update ➤ Crestwood Bridge update 	<p><i>Due to time constraints, this agenda item has been moved to next mtg.</i></p>
<p>VIII. REVIEW MHC Finance Committee discussion of K-12 school district contracts</p>	<p><i>Due to time constraints, this agenda item has been moved to next mtg.</i></p>

IX. Adjourned at 5:29 pm.	