

**Behavioral Health Board (BHB)**  
**Meeting Minutes**  
**May 22, 2025**

AGENDA ITEM/DISCUSSION	ACTION/FOLLOW-UP
<p><b>I. Roll Call and Introductions</b></p> <p>Meeting was called to order at 4:40 PM.</p> <p><u>Members Present (*Teleconference):</u>  Ken Carlson, Supervisor, District IV  Rebecca Harper, Education, District II  Anthony Arias, Veteran, District III  Logan Campbell, At-large, District V  Anya Gupta, District IV  *Y’Anad Burrell, District I  Candace Hendra, District II  *Dhoryan Rizo, District III  Avery Gould, District IV  Jenelle Towle, District IV  Laura Griffin, District V  Roland Fernandez, District V</p> <p><u>Speakers:</u>  Genoveva Zesati, MHSA</p> <p><u>Other Attendees (*Teleconference):</u>  Suzanne Tavano, PhD, Director of Behavioral Health Services  Daniel Colin, Board staff, Behavioral Health Services  Deyanara Lopez, Behavioral Health Services  Genoveva Zesati, MHSA  Stephen Field, DO, Medical Director  Fatima Matal-Sol, MPH MBA, Behavioral Health Services  Katy White, MFT, Behavioral Health Services  Kennisha Johnson, LMFT, Behavioral Health Services  Jennifer Tuipulotu, OPFE, Behavioral Health Services  Marie Scannell, Ph.D., Behavioral Health Services  Gerold Loenicker, LMFT, Behavioral Health Services  Anna Cleese, BOS Representative, District III  Colleen Awad, BOS Representative, District IV  *Jill Ray, BOS Representative, District II  Nicole Green, former Board member of AODS  Matt Kaufmann, Deputy Director, Health Services  *Sery Tatpaporn, Able Community Development  *Jamie Yan Farout</p>	<p>Meeting was held at:  2425 Bisso Ln, 1<sup>st</sup> Floor  Conference Room,  Concord, CA 94520</p>

<p><b>II. Public comment on any item under the jurisdiction of the Board and not on this agenda</b></p> <p>Sery Tatpaporn, President of Able Community Development, commented on receiving funding from Contra Costa County Behavioral Health in the last 18 months and the success the organization has had in increasing access to mental health services in the Southeast Asian community. Tatpaporn emphasized that it was one of the first times the community has been exposed to the topic of mental health. With an estimated 10-20 health workers supporting workshops, they have been able to serve over 300 families in the community.</p> <p>Jamie Yan Farout commented on disbandment of MHSA steering committee. Farout expressed disappointment and sought understanding of transition occurring without participation or consent as members were appointed to do a job, and as a member, Farout participated in all meetings to support marginalized, underserved, and unserved communities.</p> <p>Dr. Tavano responded that the disbandment of the Mental Health Services Act Advisory group was due to the transition to the Behavioral Health Services Act. As a result, a new advisory group is being designed and there will be more updates in the future. Supervisor Carlson responded that the transition is a timed transition from the Mental Health Services Act to Behavioral Health Services Act with growing pains.</p>	
<p><b>III. Behavioral Health Board Member Comments</b></p> <p>Board member Y'Anad Burrell commented on receiving short notification of meetings for the Behavioral Health Board and challenges attending meetings with a one-week notice.</p>	
<p><b>IV. APPROVE May 16th Meeting Minutes</b></p> <p>May 16 Meeting Minutes reviewed.</p>	<p><b>Motion:</b> Jenelle Towle moved to approve the minutes subject to review. Seconded by Anya Gupta.</p> <p><b>Vote:</b> 9-0 (unanimous)</p> <p><b>Ayes:</b> Supervisor Ken Carlson, Rebecca Harper, Anthony Arias, Anya Gupta, Candace Hendra, Avery Gould, Jenelle Towle, Laura Griffin</p>

	Roland Fernandez
<p><b>V. REVIEW Bylaws from former Mental Health Commission and Alcohol and Other Drug Services Advisory Board</b></p> <p>Bylaws from former Mental Health Commission (MHC) and Alcohol and Other Drug Services Advisory Board (AODAB) were provided to members of the Board for review. To be inclusive of all groups, past bylaws from both MHC and AODAB will be used in creation of new bylaws for the integrated Behavioral Health Board. This would include mandates and requirements specific to the Behavioral Health Services Act, as well as the Welfare and Institutions code requirements applicable to the Behavioral Health Board. Members of the Board were requested to review the bylaws and provide feedback to contribute towards the creation of new bylaws. Once bylaws are drafted by the Board, they are to be reviewed by County Counsel, approved by the Board, and then referred to the Board of Supervisors for approval. After this process, the Behavioral Health Board could then continue to elect Chair, Vice-Chair, and proceed with creation of subcommittees.</p> <p>Dr. Tavano suggested members of the Board conduct a review, come back and report to the Board regarding a draft of bylaws for the new Behavioral Health Board.</p> <p>Board member Jenelle Towle asked for clarification regarding opportunity to amend bylaws following their creation. Supervisor Carlson responded that amendments are possible as creation of bylaws would serve as a foundation. If changes are required, the Board will be able to make amendments.</p> <p>Supervisor Carlson commented on the Brown Act and the importance of not creating chain communications which would result in a violation of the Brown Act during the drafting of new bylaws.</p> <p>Members of the Board were directed to share any drafts or edits with Board staff.</p> <p>Supervisor Carlson commented on Alcohol and Other Drug Advisory Board bylaws containing a mission statement and suggested a potential draft of the bylaws could include a mission statement.</p>	

Board member Anya Gupta requested clarification on the creation of subcommittees. Supervisor Carlson responded that the creation of a subcommittee occurs through Board discussion and identification of areas of focus to create subcommittees and ad-hoc subcommittees.

Dr. Tavano commented on the establishment of a new Board, noting that the last time a Board was created was several decades ago. Creation of the Behavioral Health Board is a novel development as it consolidates two previous advisory bodies (Mental Health Commission, Alcohol and Other Drug Advisory Board).

Board member requested clarification on inclusion of priorities and goals from the Mental Health Commission and Alcohol and Other Drug Advisory Board following the establishment of new bylaws and nominating committee to elect Chair and Vice Chair. Supervisor Carlson responded that Board alignment on priorities and goals from previous advisory bodies in conjunction with Behavioral Health Board mandates may begin following the establishment of Board foundational structure.

## **VI. REVIEW of Behavioral Health Services Orientation**

Board staff member Daniel Colin reviewed materials covered during the Member Orientation meeting held on May 16, 2025. Required training for all members of the Behavioral Health Board was covered and included the following:

- Brown Act and Better Government Ordinance
- Ethics for Local Government Officials
- Implicit Bias Training

Upon completion of each portion of the training, members of the Board were informed that signed acknowledgement and submission of the County's Training Certification for Members of County Advisory Bodies certification form is required.

The Board discussed a potential opportunity for an organized Brown Act and Better Government Ordinance Training session in June or July.

Board member Y'Anad Burrell requested clarification on whether members that were absent during the Member Orientation meeting would receive a copy of orientation

<p>materials, as well as noted consideration discussed for additional time for completion of training materials. Supervisor Carlson responded with access to orientation materials being available online in digital format. Daniel Colin responded that all members of the Board, including those absent during orientation, would receive a printed version of the orientation materials.</p> <p>Board member Avery Gould requested clarification on whether training checklist certificate document would have to be submitted to staff in person or if it can be submitted electronically. It was determined during discussion that a wet signature is required. Daniel Colin responded that a printed copy is available to all members of the Board to sign and submit in person.</p>	
<p><b>VII. RECEIVE and MOTION to move forward to Board of Supervisors Public Hearing of Mental Health Services Act Three Year Plan</b></p> <p>Behavioral Health Board reviewed plan, provided input, and approved to move forward to Board of Supervisors for approval.</p> <p>Speaker: Genoveva Zesati, MHSA Presentation: Mental Health Services Act Three Year Plan</p> <p>Genoveva Zesati of Behavioral Health Services held a Public Hearing on the Mental Health Services Act Three Year Program and Expenditure Plan for Fiscal years 2025-2026. The presentation covered the following:</p> <ul style="list-style-type: none"> <li>• Mental Health Services Act (MHSA) History and Context</li> <li>• Transition of MHSA to Behavioral Health Services Act (BHSA)</li> <li>• MHSA Three-Year Plan and Expenditure Plan</li> <li>• Community Program Planning Process</li> <li>• Feedback provided from Survey January 2024 and February 2025</li> <li>• Respondent Demographic Data January 2024 and February 2025</li> <li>• MHSA Components and Purpose</li> <li>• Summary of Updates for Fiscal Year 2025-2026</li> <li>• Updates for Fiscal Year 2025-2026: Community Services and Supports, Prevention and Early</li> </ul>	<p><b>Motion:</b> Logan Cambell moved to move plan forward to Board of Supervisors for approval. Seconded by Laura Griffin.</p> <p><b>Vote:</b> 10-0 (unanimous)</p> <p><b>Ayes:</b> Supervisor Ken Carlson, Rebecca Harper, Anthony Arias, Logan Campbell, Anya Gupta, Candace Hendra, Avery Gould, Jenelle Towle, Laura Griffin, Roland Fernandez</p>

Intervention, Innovation, and Capital  
Facilities/Technology

Supervisor Carlson requested clarification on whether there is demographic data related to recipients of services provided and survey respondents, as well as whether correlation of gaps in services or communications could be determined to gauge quality of services and access to services. Genoveva Zesati responded to note that Behavioral Health Services creates an annual cultural humility plan that includes estimated percentages of demographic data related to recipients of services provided.

Board member Anya Gupta requested clarification on presentation metrics related to Under 16 and 17-25 age groups. Genoveva Zesati responded with clarification that for the Under 16 age group, the group includes age 16 and that there were no respondents.

Board member requested clarification on how surveys were delivered, whether they were delivered electronically, and what the response rate was for the survey. Genoveva Zesati responded that surveys were delivered electronically via distribution list of 1200 members.

Dr. Stephen Field requested clarification on number of survey respondents. Genoveva Zesati noted to follow up with more information regarding survey respondents.

Dr. Tavano commented that surveys are accessible online. Genoveva Zesati confirmed survey is accessible online on County website and that there is currently an additional survey in progress.

Board member Avery Gould commented on discussing survey respondent in Behavioral Healthcare Partnership meeting on May 20 and noted there were no survey respondents under the age of 26. Gould also noted despite this, response from the under 26 age group was still taken into consideration through other means. Genoveva Zesati responded to clarify data presented pertained only to the survey, and that a process to provide input is in place for anyone, including the under 26 age group, to participate in discussions and community forums.

Board member requested clarification on the impact surveys have towards creation of policy given the respondents

comprised a smaller segment of the total surveyed. Dr. Tavano responded that the methods used were part of the Mental Health Services Act which included surveys and in-person meetings with documentation of feedback. Dr. Tavano also noted the start of a new community planning process for the Behavioral Health Services Act, which builds from the Mental Health Services Act but includes implementation of broad community outreach engaging all age groups. Dr. Tavano noted that the report the Board will receive as a result of community planning process will be different

Board member Y'Anad Burrell commented on community engagement and the significance of holding outreach in person when survey response data obtained impacts funding and what the next three years look like. Board member Burrell also noted the significance of administering surveys in person to obtain an improved survey response compared to survey response when only shared electronically. Fatima Matal-Sol responded by noting Genoveva Zesati's presentation was reporting on the previous approach, and that the new process in place is a multipronged approach to community outreach that includes meeting community members where they are. Matal-Sol provided some examples of locations where community conversations have taken place and what communities have been surveyed including homeless shelters, community churches, juvenile hall, jail and detention facilities, public Town Hall meetings, and stakeholder sessions with older adults.

Board member requested clarification on whether there is communication and alignment between stakeholders involved in administration of services within the jurisdiction of the Behavioral Health Board. Dr. Tavano responded there may be different operators or mechanisms by which services are administered, but they are all still part of behavioral health continuum of care and still fall within the jurisdiction of the Behavioral Health Board. Dr. Tavano noted that the Board will be reviewing the entire delivery system over the next three years. Genoveva Zesati responded that the presentation pertains only to Mental Health Services Act funding which presents only a portion of all Behavioral Health Services funding on Contra Costa County.

Board member Anya Gupta requested clarification on whether the Peer and Leadership training program was only for age groups 18 and older, and if there were programs available for youth under 18. Genoveva Zesati responded by noting there are

<p>services provided as part of the Mental Health Services Act to the under 18 age group. Dr. Tavano responded by noting that through State funding and the County Office of Education, examples such as student efforts, youth initiatives, peer groups, and support groups are captured, and not captured by the Mental Health Services Act. Feedback from youth groups obtained through community engagement will contribute to the Behavioral Health Services Act.</p> <p>Theresa Pasquini provided public comment noting experience of having a son with lived experience of mental illness which has motivated her to become involved in the community. Pasquini noted active participation in the community planning process and looks forward to the new Behavioral Health Board.</p> <p>Dr. Tavano commented that Behavioral Health Services leadership was in attendance and going forward will continue to be involved at Behavioral Health Board meetings.</p>	
<p><b>VIII. ADJOURN</b></p> <p>Meeting was adjourned at 6:23 PM.</p>	