

**MENTAL HEALTH COMMISSION**  
**QUALITY OF CARE COMMITTEE MEETING MINUTES**  
**April 20<sup>th</sup>, 2023 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b>  Quality of Care Committee Vice-Chair, Cmsr. Laura Griffin, called the meeting to order @3:35 pm.</p> <p><u>Members Present:</u>  Chair - Cmsr. Barbara Serwin, District II  Cmsr. Laura Griffin, District V  Cmsr. Rhiannon Shires, District II (3:40pm)  Cmsr. Gina Swirsding, District I</p> <p><u>Members Absent:</u>  Cmsr. Joe Metro, District V</p> <p><u>Other Attendees:</u>  Cmsr. Gerthy Loveday Cohen, District III (4:07pm)  Cmsr. Pamela Perls, District II  Robert Auman, Senior Program Manager, Contra Costa Health Plan (CCHP)  Angela Beck  Jen Quallick, Supv Andersen's ofc.</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. PUBLIC COMMENTS: None</b></p>	
<p><b>III. COMMISSIONERS COMMENTS:</b></p> <ul style="list-style-type: none"> <li>(Cmsr. Swirsding) We are going to talk about K-12 today? (Yes)</li> </ul>	
<p><b>IV. CHAIR COMMENTS: None</b></p>	
<p><b>V. APPROVE minutes from the March 16<sup>th</sup>, 2023 Quality-of-Care Committee Meeting.</b>  Cmsr. G. Swirsding moved to approve the minutes. Seconded by Cmsr. L. Griffin.</p> <ul style="list-style-type: none"> <li>Vote: 3-0-0</li> </ul> <p>Ayes: B. Serwin (Chair), L. Griffin, and G. Swirsding.  Abstain: none</p>	<p>Agendas and minutes can be found at:  <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>VI. CONTINUE DISCUSSION of Behavioral Health Bridge Housing (BHBH) Program Application Recommendations (if discussion from preceding 4/20/23 Finance Committee meeting is still ongoing)</b></p> <p>This item was meant to be a 'catch all' if there was further discussion. Cmsr. Griffin and I (Cmsr. Serwin) were in the Finance Committee (held previous to this meeting). There is no further discussion required from Finance meeting.</p>	
<p><b>VII. DISCUSS plan for an informal visit to Psych Emergency Services by the Quality of Care Committee and other interested Commissioners &lt;skipped to accommodate presentation schedule and will circle back as time permits&gt;</b></p>	<p><i>Due to time constraints, this Agenda Item has been moved to the next month's calendar.</i></p>

**VIII. RECEIVE an update on the Student Behavioral Health Incentive Program (SBHIP) implementation -- Robert Auman (Senior Program Manager), Contra Costa Health Plan (CCHP)**

One of my many assignments is to manage our participation in the Student Behavioral Health Incentive Program (SBHIP). I have been working on this for about a year and a half, hired specifically to work on this as my background is in school board administration (I speak 'school board'). This program started about a year and a half ago. You are all familiar with the Children's & Youth Behavioral Health Initiatives (CYBHI). SBHIP is sort of the first part to that and actually predates slightly. How it all fits in, the CYBHI is a multi-year project that is \$4B for Behavioral Health (BH) and children and youth, the SBHIP statewide is \$400M. The program has changed over the last year and a half as other things start to become better defined, it has changed the relationships with some of the other programs going on in connection. The overall goal is to increase the access to and use of Behavioral Health Services (BHS) on or near school campuses. The secondary goal is to develop and strengthen ties between the MediCAL MCPs (Managed Care Procurement) and local school districts.

There are two are two MediCAL MCPs in the county: Contra Costa Health Plan (CCHP) and Anthem. Anthem will be leaving the county at the end of this year and CCHP will become the only MediCAL managed care in the county as of January 1, 2024. Until then, we will be working as a partner with Anthem in this.

As far as developing and strengthening ties between us and the school districts, we don't really have that many ties with the school districts at this point. BHS does, public health does, of course. They are running the health buses/vans. CCHP is essentially a health insurance company. We don't have linkages with schools/school districts per se. Yet, starting January 1<sup>st</sup>, our contract with DHCS (Department of Health Care Services) requires us to have strong linkages with schools, especially the one that is hit the hardest (and may be the most difficult), we are supposed to have our plan's network pediatricians work with school people on IEPs (Individual Education Plan) for children. We do not know how that is going to happen, in part because there is just not enough time. They barely have 15 minutes to spend with members as is when coming in for a well child check. How are they going to integrate IEPs? On the other side, we are hearing from school people that disagree, it is their domain. We do not know how this will all fall into place. There is the HIPAA (Health Insurance Portability and Accountability Act of 1996) rules that we fall under for privacy; there are the FERPA (Family Educational Rights and Privacy Act) rules the schools fall under for privacy. The two don't necessarily match up really well so there is work to do but we are on the path to building relationships. <int, see below Q&A>

As an overview, in Contra Costa County (CCC) we were required to submit copies of our plans (exact duplicates – CCHP and Anthem). We are working with four districts: Antioch, Pittsburg, West Contra Costa, John Swett and additionally the CCC Office of Education (OEC) as they also have students (they run educational facilities at the justice centers, kids that have been expelled from other districts and can be in the system for many months). <int, see below Q&A>.

We have developed over the course of the last year (plus) thirteen (13) interventions across five categories of interventions. When the state came out with this program, they gave us a list of fourteen (14) categories (intervention or projects). Those categories were so broadly defined that anything we came up with reasonably fit in those categories.

Powerpoint presentation screenshared by presenter and emailed to all participants after the meeting.

2022 Assessment/Planning – We had to turn in both assessment and project plans by the end of 2022.

2023-2024 Implementation of interventions, evaluations and reporting

Budget: Approximately \$9B to spend in CCC. <int, see below Q&A>

\$750K for the planning and \$8B for the implementation phase. This is a bit different from most state grants. They explicitly state they will not tell us how to spend the money, no financial reports when done and if there is money left over at 12/31/24, we can continue to spend. This whole program is being treated as a pilot program. Broad as possible, accepting of ideas to see what works and what doesn't. We are of the opinion that in a year or two, this will all be mandated benefits for MediCAL beneficiaries. It is also about building relationships with schools, currently schools can bill for some MediCAL services that they provide on campus. They do that through the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) and they want that to 'go away' and have services billed through the MCP. This is good for them because if it is billed through the insurance company we have a contracted rate and they will be reimbursed. Under the current program they are only reimbursed for 50% of the expenses. And the state can come back (up to two years later) take it back.

The future will be that the MCP will be the 'hub' for all these services. Eventually everything relating to schools will be connected and billed through the MCP and will all be rolled in to one, including BHS/Public Health. <int, see below Q&A>

We went to the districts and ask them 'what do you think you need?' and what data do you have? This is how we gathered and created these plans. It is District driven, not our plan. The Districts decided what their needs were at what level (elementary, middle and high school). <Interruptions, see below on Q&A>

#### Antioch USD Planned Interventions

- Expand existing program of therapists in elementary schools by adding four (4) therapists so all elementary students have access
- Add district-level Crisis Counselor
- Contract with Care Solace -a 24/7 Behavioral Health referral service for students and families
- IT enhancements for better tracking and eventual connection to CCHP for billing

#### Pittsburg USD Planned Interventions

- Four (4) new Behavioral Health Specialists at district level to provide services at the elementary school level
- IT enhancements for better tracking and eventual connection to CCHP for billing

#### John Swett Planned Interventions

- New School Wellness Center
  - Two (2) Mental Health & Wellness Center coordinators
  - Supplies & materials (in existing available space)
- Expand existing MH Counselor program by 1.5 FTE
- Add 1 Registered Behavior Tech + 1 Psych Intern
- Implement AVID (Advancement Via Individual Determination) Program – professional development program to drive college readiness, especially in students from disadvantaged backgrounds

- Implement BASE SEL (social emotional learning) program –staff development program to help teachers recognize and improve social-emotional skills in students
- IT enhancements for better tracking and eventual connection to CCHP for billing

#### West Contra Costa Planned Interventions

- Four (4) Behavioral Health Interventionists, middle schools
- Two (2) Restorative Practice facilitators
- Two (2) AOD (Alcohol and Other Drugs) Counselors
- Laptops, supplies, trainings for above
- IT enhancements for better tracking and eventual connection to CCHP for billing

#### Additional Interventions

- Software implementation, training, and support at COE to support their programs, approximately 400 students.
- Software integration with CCHP systems so that all the information derived in districts can be shared with CCHP providers –“closing the loop” on behavioral health interactions and referrals.

*Eventually, this software will allow districts to bill CCHP directly for services rendered - essentially, district BH providers become contracted providers for us, and are paid as part of our normal operations. State is pushing towards this model of billing for school-based care, and away from current billing model known as LEA-BOP. This will be a multi-year transition, but our software enhancements now lay the groundwork for the future.*

#### Current Status

- DHCS has approved our project plans (took a few months longer than expected). We received half our planning and will receive the rest shortly.
- Working on MOUs with Districts and COE
  - Interim step: Create LOAs so money can be distributed quickly (allow districts to post for positions).
  - This program won't be starting until the start of the school year (August). The state set this up, it was designed on calendar vs school year. Did not take into account for the three months off during summer.
- Working with Districts to identify success metrics and baseline numbers.
- Working with Districts in preparation for software implementation.

<Approx 4:15pm, Laptop shut down/Zoom connection lost> Q&A only.

#### **Questions and Comments:**

- (Cmsr. Perls) Do you mind explaining FERPA? This is the school version of HIPAA. It applies to students from PreK through college. Prevents sharing of any information (including grades) without a waiver.
- (Cmsr. Shires) How did they come up with these school districts?  
RESPONSE: I worked with Lynn Mackey, the Superintendent. We looked at statistics of the unduplicated student county, which is largely free and reduced meals, and has been for decades the shorthand method of kids in poverty. That unduplicated count includes foster youth, youth in the justice system and second language learners. It is a measure of those of lower social economic circumstances.

<ul style="list-style-type: none"> <li>• (Cmsr. Shires) I am curious that Mt. Diablo is not included. RESPONSE: We have limited funds and, as we spoke, Antioch, Pittsburg, West Contra Costa, John Swett are the four districts for whom more than 60% of their students qualify as part of that unduplicated population. They are the only four districts. MDUSD is close at 47%. It happens that by serving these four districts, we are serving two-thirds of the students in the school district that fall under that qualification.</li> <li>• (Cmsr. Shires) Why is Anthem leaving? RESPONSE: They did not get a contract starting next year. (Cmsr. Shires) Do you know why? RESPONSE: Every few years the state goes through a process / purchasing process. All plans submit their proposals for the counties they want to be in and their rates and such. Anthem lost out on most the Bay Area (I think all). Starting in 2024, they are working in the Sierra Counties and inland empire, just the rural areas. We will become the single plan by the direction of the Board of Supervisors (BOS). We submitted a proposal to become the sole plan in the county. The state approved that and I believe Alameda county is the same.</li> <li>• (Cmsr. Serwin) Is that the state wanting to be in control to fund? RESPONSE: I think it is a matter of efficiency. None of these entities at the state/federal level are known for their efficiency. If they distribute funding through the MCP it is up to us to contract and pay and it is out of their hands. Makes their life so much easier. It is a profound change and becoming more and more are becoming a member benefit.</li> <li>• (Cmsr. Shires) That was my other concern, is hopefully you are reimbursing at the going rates.</li> <li>• (Cmsr. Shires) Can you get an authorization signed? To cross over both these (HIPAA/FERPA)? RESPONSE: Maybe at the beginning of the year when the school is having parents sign all those permission forms but possibly slip in that permission form slipped in to the packet of paperwork to fill out. They would need to sign separate releases.</li> <li>• (Cmsr. Shires) My main concern is the middle and high school, the alcohol and drug use, suicide ideation. It's in the elementary school now. RESPONSE: Now this is only a two year program and we won't have the data fully but we will have enough to back up if it is working to keep the program funded. We want to ensure we have the preventative education and intervention at the lower levels and continue through middle and high school.</li> <li>• (Cmsr. Griffin) Question... Are you familiar with the Wellness in Schools Program (WISP)? RESPONSE: Yes, I am actually an unofficial member—we purposely avoided doing the same things. The thing with WISP is they are trying to cover all the districts with five representatives.</li> <li>• (Cmsr. Perls) Is it all state or federal funding? RESPONSE: It is both, mostly federal funding that is funneled through the state. The DHCS is in charge of the Medicare/Medicaid funding, we are not part of that system. In the end, it is federal money coming through.</li> <li>• (Cmsr. Serwin) You partially answered this question but one of our concerns is: What about the other school districts? What about the kids not on MediCAL with parents that have other or no insurance? They can't pay for</li> </ul>	
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<p>that medication, so they aren't getting them. Part of this you're saying will be paid by the program?</p> <p>RESPONSE: These programs are not restricted, under the program they will receive regardless of coverage or not covered under MediCAL. NOT restricted to MediCAL recipients.</p>	
<p><b>IX. DISCUSS creation of ad hoc committees for the K-12 mental health needs analysis project and the Mental Health Commission (MHC) Site Visit program</b></p>	<p><i>Due to time constraints, this Agenda Item has been moved to the next month's calendar.</i></p>
<p><b>X. Adjourned</b> at 5:01 pm.</p>	