



Contra Costa Mental Health Commission

1340 Arnold Drive, Suite 200 Martinez, CA 94553

Ph (925) 313-9553 Fax (925) 957-5156 cchealth.org/mentalhealth/mhc

Current (2023) Members of the Contra Costa County Mental Health Commission

Laura Griffin, District V (Chair); Leslie May, District V (Vice Chair); Ken Carlson, BOS Representative, District IV; Skyelar Cribbs, District III; Gerthy Loveday Cohen, District III; Tavane Payne, District IV, Pamela Perls; District II, Barbara Serwin, District II, Rhiannon Shires Psy.D., District II; Geri Stern, District I; Gina Swirsding, District I; (VACANT) Alternate BOS Representative

Mental Health Commission (MHC)

Wednesday, June 7th, 2023, ◊ 4:30 pm - 6:30 pm

This Meeting will be held in person and via Zoom 'Hybrid'

VIA: Zoom Teleconference: https://zoom.us/j/5437776481

Meeting number: 543 777 6481 Join by phone: 1 669 900 6833 US Access code: 543 777 6481

In Person: 1025 Escobar Street, Martinez, CA 94553

AGENDA

- I. Call to Order/Introductions (10 min.)
- II. Chair Comments/Announcements (5 min.)
 - i. Review of Meeting Protocol:
 - Limit comments to two (2) minutes per speaker
 - > Stay on track and comment on topic being discussed
 - Raise your hand to be acknowledged by the Chair before commenting
 - > No sidebars and NO Interruptions
 - ii. Meeting attendance rules: Please RSVP as soon as possible to guarantee a quorum; If not attending in person must be "just cause" notify the chair ASAP or "Emergency Circumstance" request must be submitted in writing and voted on by the commission. All absences must be noted in minutes for all meetings
 - iii. Reminder all commissioners required to take the Brown Act Training (https://www.contracosta.ca.gov/7632/Training-Resources); and Ethics Training (https://www.fppc.ca.gov/learn/public-officials-and-employees-rules-/ethics-training.html)
 - iv. Update on Board of Supervisors (BOS) presentation on May 23, 2023 Mental Health Awareness Month

III. Public Comments (2 minutes per person max.)

During this time, any member of the public may address the Mental Health Commission (MHC) regarding any subject over which the Commission has jurisdiction, but which is not on today's posted agenda. There is a two (2) minute max per person time limit, in order to provide all interested parties with the opportunity to speak.

No action or discussion on any item raised on public comments, unless it is for clarification. Response to questions posed or action to agendize the topic will be responded to at next meeting.

IV. Commissioner Comments (2 minutes per Commissioner max.)

During this time, MHC members may share information and announcements. There is a two (2) minute max per person time limit, in order to provide all interested parties with the opportunity to speak.

(Agenda Continued on Page Two)



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.



Mental Health Commission (MHC) Agenda (Page Two)

Wednesday, June 7th, 2023 ◊ 4:30 pm - 6:30 pm

- V. APPROVE May 3rd, 2023 Meeting Minutes (5 min.)
- VI. UPDATE on Mental Health Commission (MHC) Members and committee assignments, Angela Beck, Executive Assistant (5 min.)
- VII. RECEIVE Presentation H-3 Homeless Services from Christy Saxton, MS, Director of Health, Housing and Homeless Services (20 min.)
- VIII. DISCUSS the current problems of transporting patients from Contra Costa Regional Medical Center (CCRMC) Inpatient Services (4C and 4D) to court hearings (10 min.)
 - IX. UPDATE on K-12 project, next steps
 - X. UPDATE on 2023 MHC Site Visits/Collaboration with Mental Health Services Act (MHSA)
 - XI. RECEIVE Committee Report Out: Justice and Quality of Care/Finance Committees (2 min limit each)
- XII. RECEIVE Behavioral Health Services Director's report, Dr. Suzanne Tavano (20 min.)
 - Update on the Behavioral Health Bridge Housing (BHBH) Program and proposed strategies
 - Have proposed strategies been submitted? What are the next steps?
 - ➤ Update on Behavioral Health Continuum Infrastructure Program (BHCIP)
 - What is the status of Round 5 and Round 6?
 - > Update on Children's separate Crisis Services Unit and PES Renovation
 - What is the expected occupancy? Staff?
 - How will the Children's CSU interface with the wellness center next door?

XIII. Adjourn

ATTACHMENTS:

- A. MHC Commissioner Members and Committee Roster
- B. Health, Housing and Homeless Services Presentation
- C. SBHIP Update, October, 2022
- D. SBHIP Overview and status, April 2024



Name	District	Position	Appointed	Expires
Gina Swirsding	I	Seat #2	8/8/2017	6/30/2023
Geri Stern	I	Seat #3	8/8/2017	6/30/2023
VACANT	I	Seat #1		
Barbara Serwin	II	Seat #2	9/13/2016	6/30/2025
Dr. Rhiannon Shires	II	Seat #3	9/14/2021	6/30/2024
Pamela Perls	II	Seat #1	9/13/2022	6/30/2025
Skyelar Cribbs	III	Seat #2	2/7/2023	6/30/2025
VACANT	III	Seat #3		
Gerthy Loveday Cohen	III	Seat #1	6/7/2022	6/30/2025
Tavane Payne	IV	Seat #2	4/26/2022	6/30/2024
VACANT	IV	Seat #3		
VACANT	IV	Seat #1		
Laura Griffin	V	Seat #2	2/25/2020	7/1/2025
Leslie May	V	Seat #3	2/13/2018	12/31/2023
VACANT	V	Seat #1		
Representatives from the Board of Supervisors:				
	117			

Supv. Ken Carlson Representative

IV

VACANT

Alternate Representative

NOTE:

Seat #1 = Member-at-Large

Seat #2 = Consumer

Seat #3 = Family Member

Committee Membership Roster:

MHC Executive* (Quorum 3)

Chair – Laura Griffin, District V

Vice-Chair - Cmsr. Leslie May, District V

Cmsr. Tavane Payne, District IV

Cmsr. Pamela Perls, District II

Cmsr. Barbara Serwin, District II

MHC Finance (Disbanded)

MHC Justice Systems (Quorum 3)

Chair - Cmsr. Pamela Perls, District II

Cmsr. Gerthy Loveday Cohen, District III

Cmsr. Tavane Payne, District IV

Chair - Cmsr. Geri Stern, District I

Cmsr. Gina Swirsding, District I

MHC Quality of Care (Quorum 3)

Chair – Cmsr. Barbara Serwin, District II

Vice-Chair – Cmsr. Laura Griffin, District V

Cmsr. Pamela Perls, District II

Cmsr. Rhiannon Shires, District II

Cmsr. Gina Swirsding, District I

K-12 Workgroup **

Chair – Barbara Serwin, District II

Vice Chair - Laura Griffin, District V

Cmsr. Pamela Perls, District II

Cmsr. Rhiannon Shires, District II

Cmsr. Gina Swirsding, District I

Please note: Starting in May, the Finance Committee will be disbanded until further notice. All Finance committee business will be heard at the Quality of Care meeting.

^{*} Does not count toward committee participation

^{**} New subcommittee under Quality of Care (discuss possible add to meeting schedule)



cchealth.org

Health, Housing, and Homeless Services

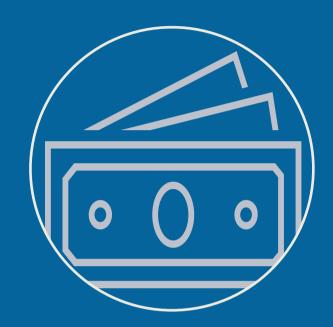
Christy Saxton, Director

June 7th, 2023

CONTRA COSTA HEALTH

Context

cchealth.org



Workers need to earn \$43.73/hour to afford a 2-bedroom apartment in Contra Costa.



Cost of housing is the biggest factor in a community's rate of homelessness



2,372 people experiencing
homelessness were
counted in the 2023 Contra
Costa PIT Count



Health, Housing and Homeless Services (H3): What We Do

F



Mission

Health, Housing and Homeless Services (H3) is committed to making homelessness <u>short-lived</u> and <u>non-recurring</u> by ensuring an <u>integrated system of housing and support services</u> for persons experiencing homelessness in Contra Costa County.



Impact

Over 6,800 households served in 2021

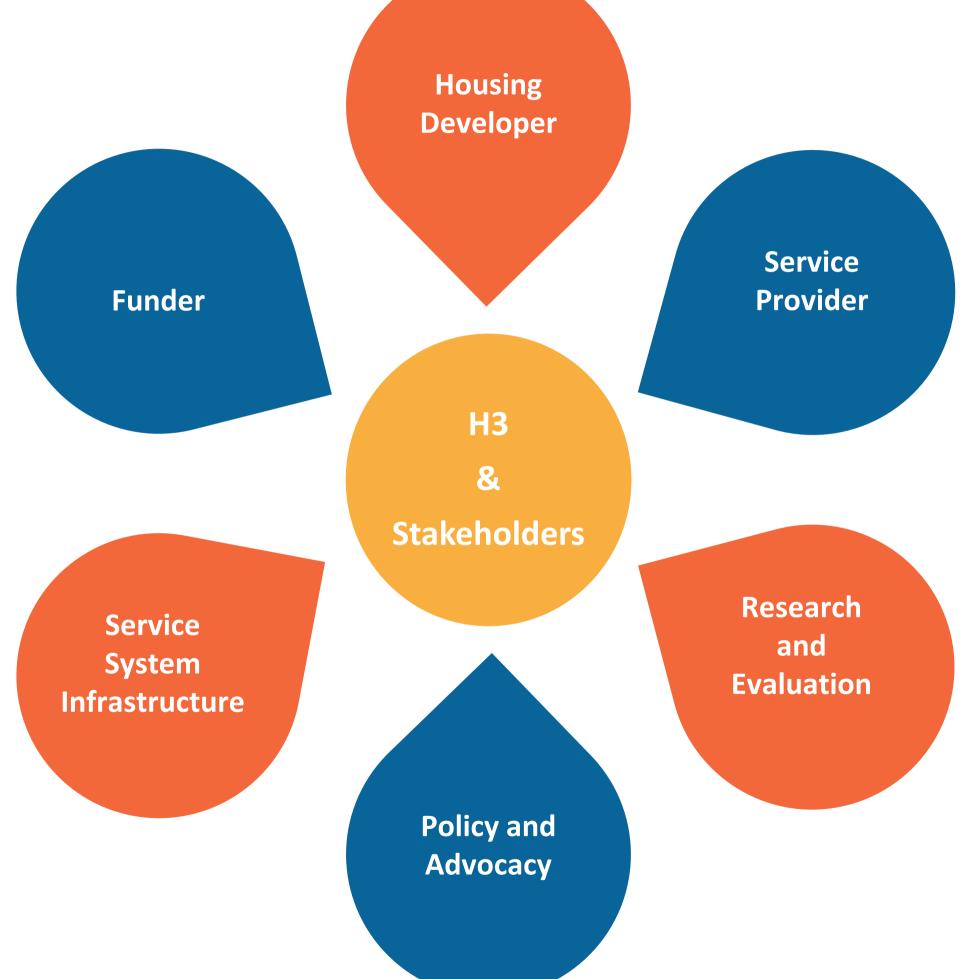
751 households accessed homelessness prevention services

In 2022, CORE Street
Outreach moved over
750 people into
emergency shelter or
permanent housing

96% of households
maintain housing in
Permanent Supportive
Housing



Roles of H3

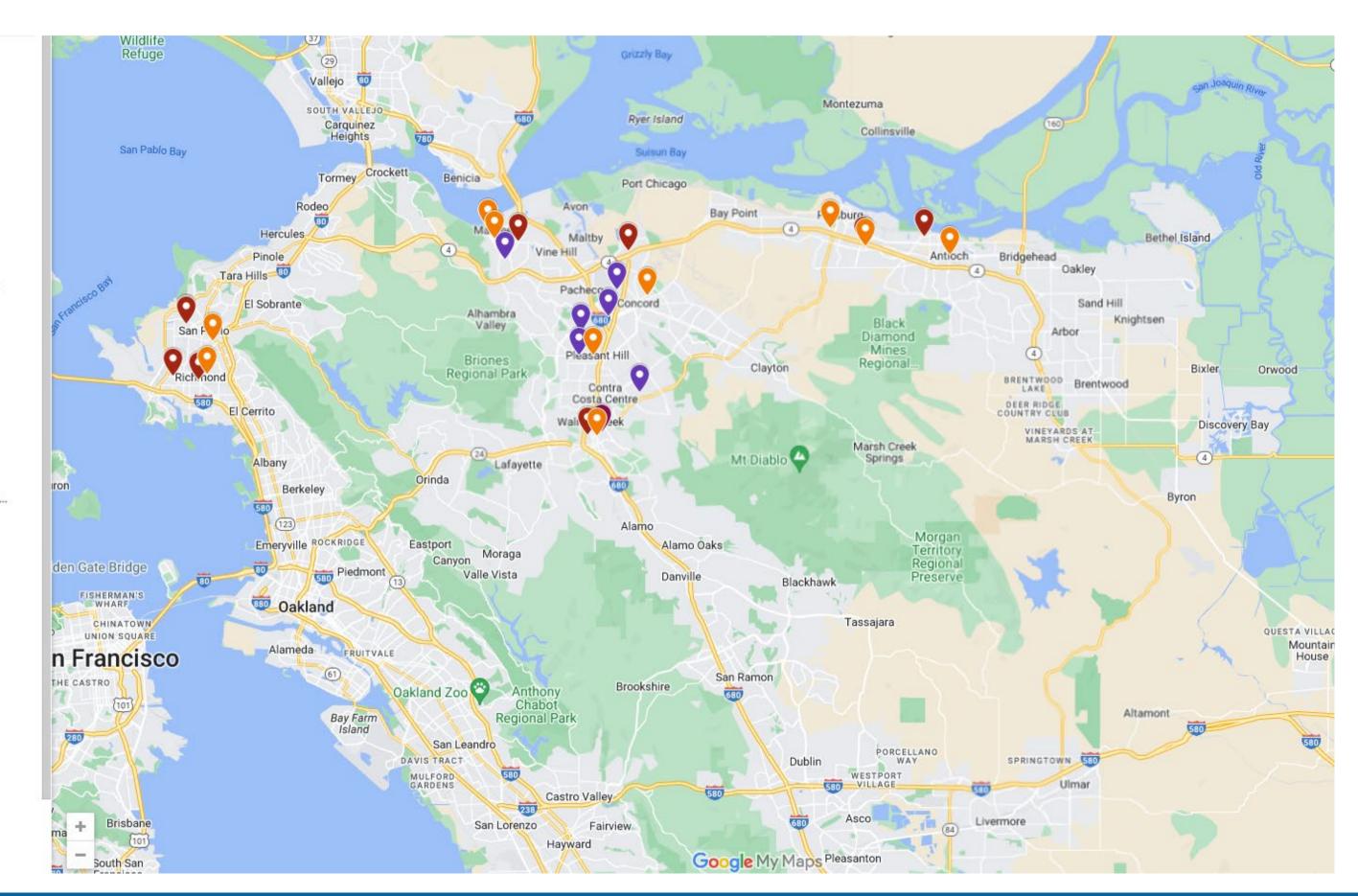




Contra Costa County Continuum of Care

Momeless Service Providers

- Bay Area Rescue Mission
- Brookside Adult Shelter
- O Calli House Youth Shelter
- Oconcord Adult Homeless Shelter
- O Delta Landing
- O Don Brown Shelter
- Greater Richmond Interfaith Program (GRIP)
- Mountain View Shelter
- Trinity Center
- Trinity Center: Seasonal Shelter
- Ocontra Costa Crisis Center
- Hope Solutions
- H3 offices
- O Housing Authority of the County of Contra C...
- SHELTER, Inc.
- Winter Nights Family Shelter
- Pay Church Shower Program
- Bay Church Showers
- OCCRE Team: Concord
- OCRE Team: Walnut Creek
- O CORE Team: Martinez
- O CORE Team: Pittsburg
- OCCRE Team: Pleasant Hill
- OCORE Team: Richmond
- O CORE Team: San Pablo
- SHARE Community Showers





CoC Models of Care

cchealth.org Prevention Rapid Exit Outreach Continuum **CARE Centers** of Care **Emergency Shelter** Rapid Rehousing Permanent Supportive Housing





Service Standards

Harm Reduction

 Increased rates of housing stability in housing without abstinence requirements¹

Housing First

• Decrease homelessness by 88% compared to Treatment First models²

Person Centered

Equity

 People who experience homelessness die on average 12 years sooner than the general US population³

Trauma Informed

 Individuals with multiple trauma experiences often exhibit decreased willingness to engage⁴



H3 Direct Services



Roles of H3





H3 Services

cchealth.org **CORE Street Outreach** Interim Shelter H3 Direct Services Housing CalAim Community Supports



Data Systems and Metrics





Key Indicators

cchealth.org

Inflow

Outflow

Housing costs

People who become homeless for the first time

People who return to homelessness after exiting to Permanent Housing

People Experiencing Homelessness annually Housing availability

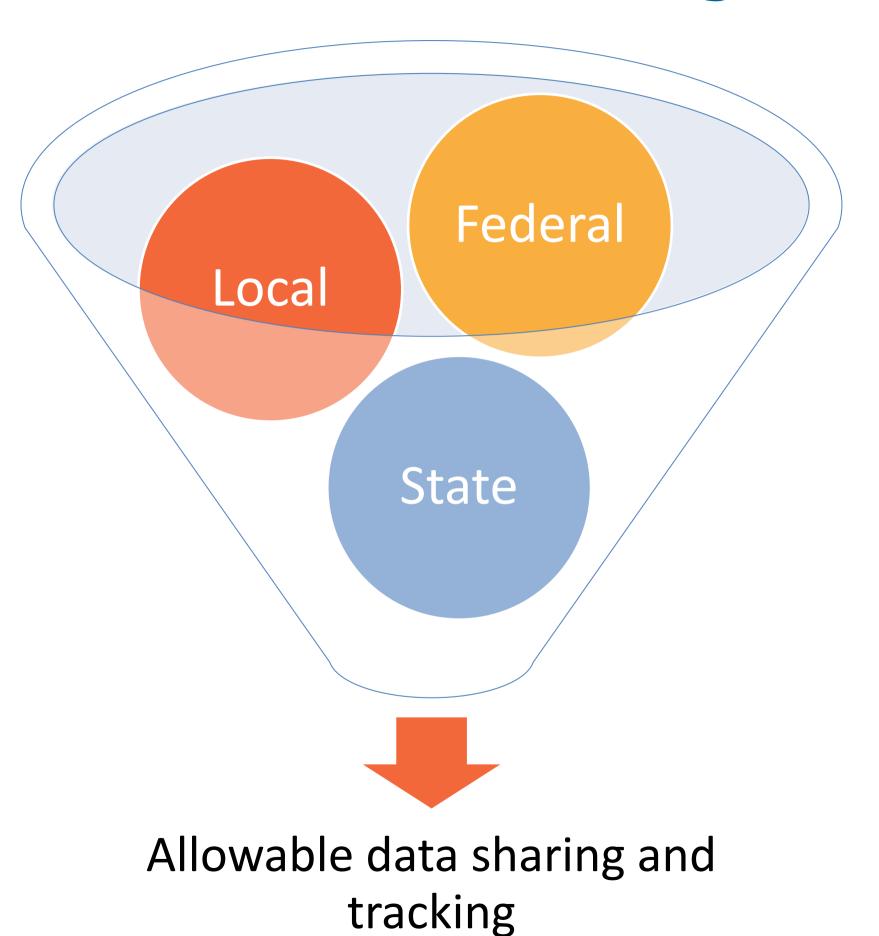
Length of time people remain homeless

> People Exiting Homelessness into Permanent Housing





Regulatory Considerations



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CoC Mandates and Strategic Plans





FORGING AHEAD TOWARDS PREVENTING AND ENDING HOMELESSNESS

An Update to Contra Costa's 2004 Strategic Plan

Contra Costa Interagency Council on Homelessness



homelessness



February 2021 | All Home



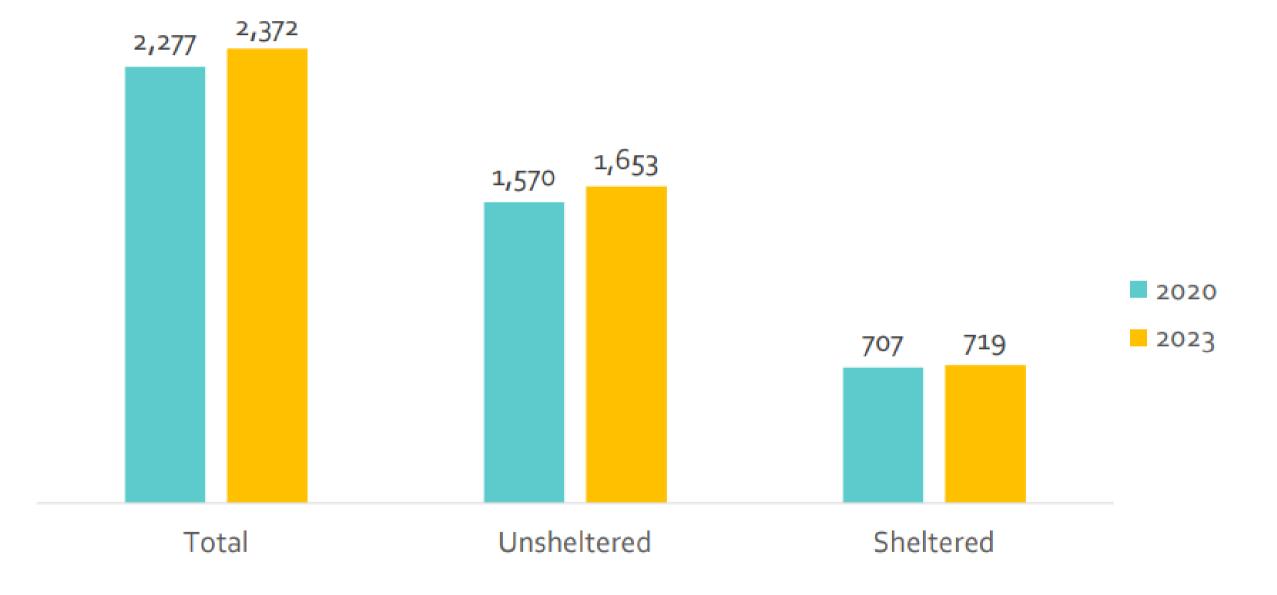


Required Data Collection: Point In Time Count

Number of Homeless Individuals, by Sheltered and Unsheltered Status, 2020 vs 2023

4% increase in the total homeless population since 2020

(5% increase among unsheltered and 2% among sheltered)



7



Data Priorities

Service Provision

Inventory

Compliance

Monitoring

Equity

F



Challenges

Data quality

Evolving Standards Self-report information

De-centralized
Housing
resources

NIMBY-ism

Workforce



Future State





Expand Prevention

Expand Interim Housing

Expand Housing

Lead Policy Change

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Metrics

Expand Prevention

- # of households assisted
- Amount of direct financial assistance provided
- Housing retention

Expand Interim Housing

- # of units added
- # of exits to permanent housing
- Length of time in Interim housing

Expand Housing

- # of units added
- Housing retention

Lead Policy Change

- Adoption of AT HOME plan
- Engagement in Local, State, and Federal planning
- Regional collaboration

7



New in FY23-24

CalAIM Community Supports Expansion Permanent Supportive Housing Interim Housing Community Health Worker services Shallow Subsidy Program



cchealth.org

Christy Saxton, MS Director

Health, Housing and Homeless Services

Christy.Saxton@cchealth.org

cchealth.org/h3



Student Behavior Health Incentive Program

Stakeholders Update October 13, 2022



SBHIP Summary Overview

- 4 (of 18) County School Districts, selected for >60% unduplicated student count
 - Antioch, Pittsburg, West Contra Costa, John Swett
- Taken together, these 4 districts cover more than 2/3 of those students in the county
- SBHIP is a cooperative effort between the COE, 4 districts, CCHP, Anthem, Kaiser and CCCounty BHS
- Overall Goals:
 - "Increase access to and use of behavioral health services on or near school campuses" (specifically for Medi-Cal students, but acknowledging that all students will benefit)
 - Create and/or strengthen the partnerships and linkages between the entities involved.
- Timeline:
 - 2022: Assessment/Planning
 - 2023-2024: Implementation of interventions, evaluation, and reporting
- Budget: appx \$8,000,000 to spend in Contra Costa County



Data Assessment

25 Discrete data sources used to assess current state:

- Student and Parent CHKS surveys
- Mental health provider and Wellness Room surveys
- MHSSA District MH infrastructure and priorities survey
- Data sharing from Kaiser and Anthem
- WISP Program summary and Liaisons focus Group
- Key Informant interviews
 - John Swett and BACR contractors
 - Pittsburg
 - Antioch
 - County BH
 - WCC
 - Kaiser
 - CCC COE
- Still to complete: surveys and focus group with WCC MS Admins (next week)



Assessment Findings

Greatest Needs across all Districts:

- Emotional regulation, and increased depression, sadness, anxiety, and anger*
- IT infrastructure to track, measure, and coordinate responses to student BH needs

^{*} Based on CHKS surveys, MH provider surveys, and key information interviews



Assessment Findings

Antioch: Increase in MH/BH challenges such as sadness, anxiety, and decreased social skills. Focus area: Elementary schools

John Swett: Sadness, depression and suicidal ideation increased in all age groups but most significantly in Middle School population

Pittsburg: Sub-acute trauma, depression, anxiety, and grief, all impacting behavior and functioning in classroom and social skills. Focus area: Elementary schools

West Contra Costa: Increase in aggressive behaviors, violence, early warning indicators, depression, and substance abuse. Focus area: Middle schools



Community Resource Map

Required as part of proposal to state

- An attempt to map out various BH resources in the schools/community
- *Strongly encouraged* to find a way to make this information available to the school community as a flyer or pamphlet, on a website, or any other means we can think of.



Community Resource Map

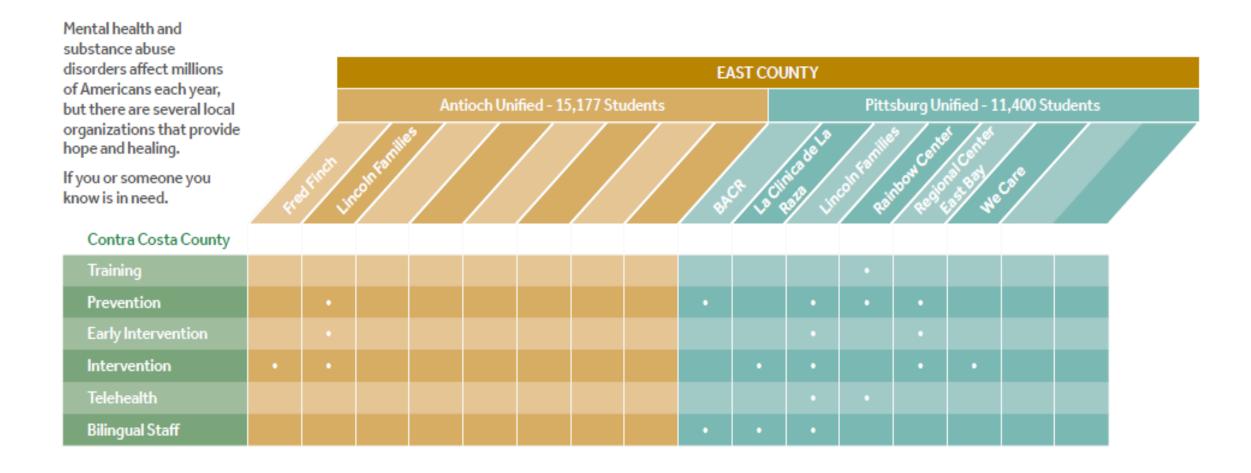
CONTRA COSTA COUNTY COMMUNITY RESOURCES

Mental health and substance abuse disorders affect millions WEST COUNTY of Americans each year, West Contra Costa Unified - 27,383 Students John Swett Unified - 1,219 Students but there are several local organizations that provide hope and healing. If you or someone you know is in need. Contra Costa County Training Prevention Early Intervention Intervention Telehealth **Bilingual Staff**



Community Resource Map

CONTRA COSTA COUNTY COMMUNITY RESOURCES





Antioch

- Fund expansion of existing Wellness Together in-school therapy program
 - Add 4 new clinicians to cover remaining 8 elementary sites
- Fund creation of district-wide Crisis Counselor position
- Install streamlined data collection system for referral coordination, data exchange, and outcomes reporting
 - Facilitates "closing the loop"
 - Helps with sustainability by increasing the capture of billable services
- Intervention Categories:
 - #1 BH Wellness Programs
 - #10 Expand BH Workforce
 - #12 IT Enhancements for BH Services



John Swett

- Infrastructure funding: equip and supply a new wellness center (in existing available space)
- Fund 2 Wellness Center staff positions to coordinate linkage of services
- Fund purchase and training on new AVID program: provides culturally relevant teaching, training, and materials for educators to improve academic outcomes and social skills, targeting low performers
- Install streamlined data collection system for referral coordination, data exchange, and outcomes reporting
 - Facilitates "closing the loop"
 - Helps with sustainability by increasing the capture of billable services
- Intervention Categories:
 - #1 BH Wellness Programs
 - #6 Build Stronger Partnerships to Increase Access to Services
 - #7 Culturally Appropriate Target Population
 - #12 IT Enhancements for BH Services



Pittsburg

- Fund 2 FT MH clinician positions (district-wide) to provide Tier 2 interventions such as group therapy, focusing on such issues as anxiety, social skills building, and coping skills building
- Install streamlined data collection system for referral coordination, data exchange, and outcomes reporting
 - Facilitates "closing the loop"
 - Helps with sustainability by increasing the capture of billable services
- Intervention Categories:
 - #1 BH Wellness Programs
 - #10 Expand BH Workforce
 - #12 IT Enhancements for BH Services



West Contra Costa

- Fund 2-3 BH interventionists to support 6 middle schools; provide interventions for violent/aggressive behaviors and substance abuse.
- Fund 1-2 Restorative Practice Facilitators to provide BH interventions and address trauma
- Infrastructure funding: equip and supply a new BH hub (in existing available space)
- Install streamlined data collection system for referral coordination, data exchange, and outcomes reporting
 - Facilitates "closing the loop"
 - Helps with sustainability by increasing the capture of billable services
- Intervention Categories:
 - #1 BH Wellness Programs
 - #5 Substance Use Disorders
 - #12 IT Enhancements for BH Services



Next Steps

- MOUs with all stakeholders
- Completion of data assessment documents and intervention plans
 - Must submit to state by December 31, 2022 (earlier is better)
- Implementation of interventions begins January 1, 2023 (pending state approval)
- Semi-annual progress reports beginning June 30, 2023 (triggers release of more funding)



Next Steps

THE BIG QUESTION: What Else Can We Do?

Currently, we have only tentatively budgeted for about \$5M in projects

We have can qualify for an additional \$3M to spend – so what additional projects can we quickly develop to include in our project plans?



Student Behavior Health Incentive Program

Questions? Comments?



Student Behavior Health Incentive Program

Program Overview and Current Status

April 2023



SBHIP Program Goals

- Increase access to and use of behavioral health services on or near school campuses.
- Develop and strengthen ties between Medi-Cal MCPs and local school districts.



SBHIP Program Overview

- 4 Districts: Antioch, Pittsburg, John Swett, West CC, plus CCCOE
- 2 Medi-Cal MCPs: CCHP and Anthem
- 13 different "interventions" spread across 5 categories
- Assessment/Planning period: 2022
- Implementation period: 1/1/23 to 12/31/24.
- Total Program Budget: \$9 Million



Antioch USD Planned Interventions

- Expand existing program of therapists in elementary schools by adding 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

- 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
 - 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 Program professional development program to drive college readiness, especially in students from disadvantaged backgrounds
- Implement BASE SEL 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

- 4 Behavioral Health Interventionists, middle schools
- 2 Restorative Practice facilitators
- 2 AOD 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.
- Working on MOUs with Districts and COE
 - Interim step: Create LOAs so money can be distributed quickly (allow districts to post for positions).
- Working with Districts to identify success metrics and baseline numbers.
- Working with Districts in preparation for software implementation.



Questions?