CONTRA COSTA
MENTAL HEALTH COMMISSION

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MENTAL HEALTH
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Mental Health Commission (MHC)
Hosts a Public Hearing for the Mental Health Services Act (MHSA) Three Year Plan, 2020-2023
Wednesday, April 1st, 2020 ◊ 4:30pm-6:30pm
At: VIA Zoom Teleconference:
https://urldefense.proofpoint.com/v2/url?u=https-3A__zoom.us_j_6094136195&d=DwIFAg&c=RpR9LiQNIoGO8A8CMgA1NQ&r=QSOkAb8FfXoFn__KLj0JX4gymuNXANUQrCye157jOZ0&m=qXkXZ1btSKLtFZRmWOiH3uHlw2qIFE56Pkvcxkjx2Ss&s=J9Wv4Mlkrn1OUbQC-DK-f-Y37j6fdlfssJaby6smRvY&e=
Meeting ID: 609 413 6195

One tap mobile: +16699009128,,6094136195#
Dial by your location: 1 669 900 9128 US; 888 788 0099 or 877 853 5247 US Toll-Free
Meeting ID: 609 413 6195

I. **Call to Order/Introductions**

II. **Public Comments**

III. **Commissioner Comments**

IV. **Chair Comments/Announcements**

V. **APPROVE March 4, 2020 Meeting Minutes**

VI. **RECEIVE Behavior Health Services Director's Report from Dr. Suzanne Tavano with a focus on the impact of COVID-19 on people with a mental illness and BHS guidelines and support**

VII. **DISCUSS and approve Mental Health Commission's 2019 Annual Report and 2020 Goals**

VIII. **Adjourn**

PUBLIC HEARING regarding 2020-2023 MHSA THREEE YEAR PLAN

Mental Health Commission Annual Report 2019
Submitted by Chair, Barbara Serwin

Tracked on major developments within BHS and externally with Dr. Matthew White, BHS Medical Director, and Dr. Suzanne Tavanno, Behavioral Health Services Director

2019 was a very dynamic year for BHS, with the introduction and enhancements of programs and services as well as responding to major challenges to provide mental health services. Through Director updates at MHC meetings and BHS/MHC leadership meetings, the Commission addressed many community challenges and provided feedback to potentials solutions. Key topics included the impact of the bankruptcy of ANKA, a contracted provider of many community-based organization; the handling of ongoing community problems experienced at Hope House, an adult crisis treatment center contracted by Telecare; and the introduction of new legislated programs, e.g. the California Advancing and Innovation Medi-Cal (Cal-AIM) waiver program.

Assumed role of organizing the mental health community response to problems and challenges at Psychiatric Emergency Services (PES)

With the May 2019 publication of Grand Jury Report 1909, an investigation of problems and challenges at PES, particularly the co-location of children's services with adult services, mental health community advocacy for improvements at PES were galvanized. Given the MHC role of taking in community input and developing recommendations for Behavioral Health Services and the Board of Supervisors, the Commission offered to collate community input and feedback to potential solutions for PES improvements. The Commission collated community feedback on PES from over the past nearly ten years from such advocates as the MHC itself, NAMI, the Behavioral Health Care Partnership, the CPAW Children's Committee, and the Children, Tay and Young Adult's Committee. It combined this historical feedback with feedback gathered at a June 2019 community meeting attended by over 80 community members regarding the Grand Jury Report 1909 on PES. The Commission Chair and MHSA-Finance Chair met with CCRMC and BHS leadership re: PES with the goal of coordinating the development of options with feedback of the community. The continuation of these efforts will be a major focus of 2020.

Evaluated Children and Adolescent Programs and Services

This year the MHC delved more deeply into Children and Adolescent programs and services with presentations on:

- the BHS Children and Adolescent programs and services by Gerold Loenicker, the BHS Children and Adolescent Chief;
- the First Hope and First Psychosis youth and transitional-aged populations by Dr. Jude Leung, Program Manager;
- and the Center for Recovery and Empowerment Intensive Outpatient Program for youth with mental health and substance abuse issues by Nancy O'Brien, Program Supervisor.

The MHC also continued to work closely with the mental health community to advocate for improvements in the services to children at PES as it has for many years.

The discussion with Children and Adolescent programs and services with Gerold Loenicker, BHS Children and Adolescent Program Chief, highlighted:

- Current youth programs and services available within the three regions of the county;
- The Foster Care mandate and its effect on Behavioral Health Services and Families/Children;
- Delivery of services to children in public schools;
- Progress of the Continuum of Care Reform;
- And the Child and Adolescent Needs and Strengths Assessment (CANS) model.

Advocated to encourage the State of California to apply for the Seriously Emotionally Disturbed / Serious Mental Illness Demonstration Waiver and DISCUSS Mental Health Commission advocacy efforts to encourage the State of California

current opportunity for the California Department of Healthcare Services (DHCS) to apply for a limited 30-day Institutes of Mental Disease (IMD) Medicare Waiver
Dunn believes that additional realignment funding will be available to the county for repurposing
This effort is to recommend advocacy for the Contra Costa County Board of Supervisors in support of application of a Federal Financial Participation (Medi-Cal) Waiver for Institutes of Mental Disease.
Did we send Doug's letter to the Board of Supervisors? We motioned to do this.

Evaluated aspects of the county's crisis intervention program

The MHC is always interested in the growing efforts and impact of the county's crisis intervention program.

This year we learned more about crisis intervention training. We were particularly impressed by the fact that the officers who undertake the training have volunteered to respond to calls for situations potentially involving a mental health crisis and/or a 5150.

We engaged in discussions with Lieutenant Brian Bonthron, Chief of Security, Health Services Security Unit on how to handle interventions when there is the threat of violence. Commissioners are familiar with many instances where someone calls for assistance because their family member or other relation is threatening their safety, sometimes with a weapon. By the time officers are on the scene, however, the individual appears to have calmed down and is no longer considered a threat according to current protocol. The Commission took the position that in the cases where a weapon is involved, the individual should always be 5150'd to minimize safety risks and in line with the belief that people with a mental illness who are wielding a weapon may be experiencing a crisis and need an immediate evaluation. The MHC looked at different ways to advocate for this position but found there was no clear pathway. In 2020 the Commission will re-initiate advocacy efforts.

The MHC and Lieutenant Bonthron also discussed the importance of utilizing histories provided by families in the case of 5150's and the challenge of ensuring that this information is forwarded to PES. We learned that there is a new electronic 5150 intake form that includes a dedicated section for individual medical history, but the form is currently not implemented at CCRMC/PES and law enforcement agencies within Contra Costa County have not begun to utilize this form on a routine basis. The prior version of the form, still in use, is a triplicate-form without adequate space for history and no means for ensuring that a copy of the form is delivered to and used by PES. The MHC would like to advocate for full implementation of the new form. There is a significant roadblock, however, as this form require officers to have access to enter data on an on-site computer. Enforcement of the form,

including the availability of on-site computers, would need to mandate at the state level. Although this item was tabled, the MHC will continue to advocate for ways to ensure that PES takes into account histories provided by family and caretakers.

Developed Orientation and Training program

An important goal for 2019 was the development of an MHC orientation and training program. This program is meant to help new Commissioners and existing Commissioners alike come up-to-speed and gain a deeper knowledge of how the MHC works and of the County mental health care system; learning about programs and services and how they are organized around the County; meeting and hearing from the BHS Program and Medical Directors and Department Heads; and learning about how BHS, including MHSA, operations are funded. It's obvious that such a program should be an integral part of the MHC operations but developing and maintaining one is no small task. The key to developing the program was teaming up with MHSA staff and modeling the MHC program after the MHSA program, i.e. a series of modules on different topics offered twice throughout the year and delivered immediately before MHC full Commission meetings. The program content will be presented by different "experts" and the Executive Assistant. The program is not optional but will be strongly encouraged. There have been two training sessions to date with around 6 to 8 participants each; the sessions were delivered by Warren Hayes and were truly excellent. The Chair and MHSA Director Warren Hayes worked together to develop the topics and organization, and Warren Hayes selected that actual content. Warren Hayes must be called out for overseeing curriculum development – his work was invaluable, and the MHC can't thank him enough.

Participated in process of selecting a new Behavioral Health Services Director

The office of Public Health reached out to the MHC to represent the mental health community in the selection of a new BHS Director. The MHC Chair worked with Director and Deputy of Health to select and recruit the community interview panel and then co-facilitated the interview process for the community interview panel. This included voting on the final three candidates. The MHC was gratified by the transparent and inclusive selection process set up by Public Health and believes that it fully and satisfactorily participated in the process as mandated by the Welfare and Institutions code.

Hired new MHC Executive Assistant

The MHC Executive position was vacated mid-year and new one was hired in the fall. The period in between was covered primarily by Warren Hayes and a few members of his MHSA team, to whom we are extremely grateful. The current incumbent, Alexander Ayzenberg, is exceptional and has already significantly leveraged the efforts of the Chair and solidified and streamlined MHC operations. The Commission is very fortunate to have Alexander aboard.

Hosted the 2019 Annual MHC Retreat

The MHC hosted another unique and successful annual retreat, with a broad range of attendees from BHS and its programs and services provider network, and a focus on collaborative real-world problem solving. The goal in 2019 was to extend the level of shared vision and collaboration between the MHC and BHS to include community mental health organizations, or CBOs, contracted by BHS to provide essential county community mental health programs and services. This goal dove-tailed with the goal of BHS to integrate more closely with its CBOs. The acronyms for CBOs are mentioned all of the time in Commission meetings but most Commissioners recognize only a handful of names and don't know who

operates each contracted program and service. It is as important, however, that the MHC be familiar with providers as each have different goals, approaches to care, and strengths and weaknesses. Dealing with problems and issues means working with closely with CBOs. In 2020 the MHC will continue to build on this spirit of evolving a greater sense of community and shared purpose among the MHC and the mental health community that it represents, BHS and the county's network of CBOs.

Additional Discussion Topics and Updates

- The MHC also stayed abreast of county mental health programs and services and community mental health issues through many updates and discussions, including:
- Various plans for the Oak Grove property tagged for support for transition-age youth, led by Warren Hayes, Director of MHSA.
- An update on the West County Re-entry, Treatment and Housing Facility led by Robert Nelson, Office of the Sheriff, and Lt. Mark Andaya, West County Detention.
- A presentation on the Regional Center of the East Bay by Lisa Kleinbub, Executive Director
- A presentation on the Behavioral Health Service Provider Individualized Recovery Intensive Training (SPIRIT) program led by Janet Costa and Michael Peterson
- A presentation on the Health Services Department Emergency Notification System (IRIS) capabilities led by Peter Ordaz, BHS Emergency Preparation Safety Coordinator.

Reviewed the 2019 External Quality Review Contra Costa MHP Final Report

The MHC reviewed the EQRO Report for 2018 and also hosted a presentation on the report by Priscilla Aguirre, BHS Quality Management Program Coordinator. This report is a state-operated evaluation of a long list of key performance indicators of behavioral health programs, services and operations. The MHC saw that, with the implementation of a few new programs and services such as the Children's Mobile Response Team and the onboarding of a new Medical Director/Acting Behavioral Health Services Director, Dr. Mathew White, many of the serious challenges faced by BHS were starting to see important improvements in 2018.

Reviewed and hosted the Mental Health Services Act (MHSA) Three Year Plan Update

As mandated by the Welfare and Institutions code, the MHC reviewed the MHSA Three Year Plan Update and hosted the Public Hearing on the Update.

Membership

- *Current Number of Commissioners:* 14 of 16 (2 open seats)
- *Current Commissioners:* Barbara Serwin, District II, Leslie May, District V, Diane Burgis, County Supervisor District III, Geri Stern, District I, Gina Swirsding, District I, Katie Lewis, Graham Wiseman, District II, John Kincaid, District II, Douglas Dunn, District III, Kira Monterrey, District III, Alana Russaw, District IV, Sam Yoshioka, District IV, Joe Metro, District V, Laura Griffin, District V;
- *Changes in Membership:*
    - Departure: Diana MaKieve, District II
    - Departure: Tasha Kamegai-Karadi, District IV
    - Addition: Katie Lewis, District II
    - Addition: Graham Wiseman, District II
    - Addition: Kira Monterrey, District III

It was difficult to say good-bye to Commissioners MaKieve and Kamegai-Karadi, but the MHC is thrilled to have gained three exceptional new Commissioners who are very strong advocates and well-grounded in community mental health. The MHC enters 2020 with a very strong team and looks forward to rounding it out with an additional two members.

Commission Goals

Goals for 2020 are being voted on at the 4/1/20 full Commission meeting and the final choices will be inserted here.

Committee Reports

Annual Report Quality of Care Committee
Submitted by Chair, Barbara Serwin

Hope House

The majority of work performed by the Quality of Care Committee in 2018 related to Hope House. Over the past few years, members of the public have repeatedly reported a significant number of unresolved problems with Hope House quality of care by consumers, family and caregivers, and employees. The Committee determined that a key issue underlying the systemic lack of problem resolution was the lack of a clear and comprehensive grievance process.

The Committee approached this problem by working with Dr. Jan Kobaleda-Kegler, Chief of the BHS Adult Division to form a workgroup to develop a new comprehensive and robust grievance process. This process needed to address grievances from consumers, family members and care-givers and employees, including employee disputes with Hope House management, which here-to-fore did not have a formal avenue for resolution; handle a broad range of situations ranging from grievances related to the quality of living conditions to issues related to discharge and staff interactions; and involve the contract agency, Telecare, in problem resolution when escalation was necessary, something that was not happening before. After many iterations the process is entering the test phase, which will take existing grievances and put them through the new process to see how well the process results in a satisfactory resolution.

Psych Emergency Services

The Committee's second major focus was continuing to track on problems regarding PES quality of care. Committee members toured PES and reviewed the Grand Civil Jury 1909 report on PES published in May. It also participated in several discussion forums (e.g. the large community meeting re: PES in June and meetings of the Behavioral Care Partnership Program), and hosted meetings focusing on PES. Committee agenda items moved beyond descriptions of problems to considering potential solutions, issues of funding, and identifying the role of various decision-makers. The Committee also put forth the idea of the MHC taking a leadership role in collating and presenting community input regarding PES, including recommendations, to the Board of Supervisors. This effort will continue to be shepherded by the Committee on behalf of the MCH in 2020. The Committee will work closely with the leadership at CCRMC and BHS in its analysis.

Site visits

The Committee recently took on the task of developing a site visit policy for the Commission. This is a task that has had several fits and starts over the past three years but gained momentum in 2019 by preliminary work performed by the Executive Committee.

Joint meetings with MHSA-Finance Committee

Many of the Quality of Care meetings in 2020 were held in conjunction with the MHSA-Finance Committee, in particular on the topics of Hope House and PES. Other topics were shared as well, including the discussion led by Commission Douglas Dunn on questions regarding the $7.1M overage of the locked facilities budget.

Tour of the Ranch

Members of the Committee joined the Justice Systems Committee in a tour of the juvenile custody facility known as the Ranch. The tour gave a fairly comprehensive look at life at the Ranch. While one could always want more for such an environment, overall the quality of the facility seemed adequate. The Committees were already aware that the quality of psychological services is high at the Ranch based on previous meetings with Dr. Dan Batiuchok, who oversees Ranch behavioral health services.

One issue regarding mental health care that was identified by the tour is the question of whether or not controlled substance medications are given to juveniles when they are in locations lacking suitable storage and adequate medical staffing. Through discussions with Dr. Dan Batiuchok the Committees learned that this short-coming is due to budget, personnel and procedural constraints and that all avenues have been explored with no solution. The Committees also looked into the reasons behind a 2019 budget cut at the Ranch and what impact it may have been having on quality of care. We learned that the cuts have not impacted mental health care support.

Anka bankruptcy

The Committee tracked on the bankruptcy of Anka, a major contractor to BHS. The Committee's focus was primarily on the issue of continuity of care and stakeholder concerns.

Quality of Care Committee 2020 Goals

1. Hope House: Participate in the completion and testing of the new Hope House grievance review process. Review mid-year how well the process is performing according to the experiences of consumers, family members and care-givers, employees, Hope House management, Telecare Management, and BHS staff.
Work towards introducing the procedure more broadly to other BHS programs and services

2. PES: Complete analysis of PES options and collection of community feedback and report back to the Board of Supervisors with a recommendation.

3. Site visits: Develop process, policy and guidelines for MHS Commissioners to perform site visits.

4. Mental health care for older adults: Investigate issues impacting the delivery of mental health care to older adults.

Annual Report MHSA-Finance Committee 2019
Submitted by Chair, Douglas Dunn

$7-$10M Adult Locked Facilities Budget "Overage"

Due to the Ad Hoc Data Committee work, the Committee found out reasons the Adult System Locked Facility Care has been running $7M-$10M over budget:

- Lack of available Institute of Mental Diseases (IMD) beds due to explosion of Incompetent to Stand Trial (IST) cases in Contra Costa County. Result:
- State Hospital beds for forensic patients (persons involved in criminal justice system) (20 beds at $5.5M yr./$754/day—Napa State Hospital (Napa, CA) and Metropolitan State Hospital (Downey, CA)
- LPS (mental health) out-of-county locked facility Conservatorship beds (120-150 at $300-$600/day based on level of treatment). Also, longer Conservatorship stays because of lack of appropriate "step down" community based programs.
- Forced high use of non CCRMC psychiatric ward beds at $1,500 or more/day.

Regulatory Financial reasons for adult Locked Facilities budget "overage":

- IMD Medi-Cal reimbursement exclusion for persons 21-64 years of age
- Up to 30 day Federal waiver currently available. Dept. of Health Care services must be persuaded to file for this waiver in its upcoming 1115 Waiver application.
- National Assn. of Attorneys General (NAAG) letter signed by 39 state AG's (incl. Xavier Bacera of CA) asking Congress to permanently repeal the IMD Medicaid (Medi-Cal) reimbursement exclusion.

Financial result of federal IMD Medi-Cal reimbursement Exclusion

- Adult locked facility overage paid from state budget limited Realignment funds.
- When budgeted Realignment funds exhausted, additional county general funds will be needed to pay for this "overage."

Housing—Kept abreast of:

- 5 filed building applications for 62 units, so far, of Permanent Supportive Housing totaling $62M of available 2 rounds, so far, of No Place Like Home competitive bid funding.
- Use of $1.73M in state returned MHSA Special Needs Housing funds to preserve 29 units of Special Needs Housing in central county.

Children, Adolescent, and Transition Age Youth (TAY) Mental Health: Kept abreast of:

- Changing Short-Term Residential Treatment Program (STRTP) Youth Homes refurbishing plans for 6 county very high acuity youth (ages 13-17) using $3M of MHSA to do so.
- At the county Oak Grove property in Concord, moving forward with plans to demolish and then reconstruct on the existing foundation 20 units of Permanent Supportive Housing for very high acuity youth. Using $6.2M in competitive No Place Like Home Funding to do so.
- Moving forward with establishing a 75 person Assertive Community Treatment (ACT) program for very high acuity youth at the county Concord Oak Grove site using an existing building.

Mental Health Commission MHSA-Finance Committee 2020 Goals

AB 1810/SB 215 "At Risk of Incompetency" Pre-Trial Jail Diversion Program

- Monitor establishment and operation of up to 25 person pre-trial diversion $.1.25M/year Forensic Assertive Community Treatment (FACT) program. Track the costs and the number of persons admitted to this program. Also track classes of persons (self-identified gender and ethnicities) admitted and length of stay (up to 2 years) for each.

Continue efforts regarding $7-$10M Adult Locked Facilities Budget "Overage"

Work with county Behavioral Health leadership to explore treatment and services enhancing ways to reduce and then eliminate this budget "overage."

- Continue to strongly advocate for the Board of Supervisors, through the California State Assn. of Counties (CSAC), to encourage DHCS to file for the up to 30 day federal IMD Demonstration Medi-Cal Reimbursement Waiver in its Sept., 2020 1115 Waiver application renewal.
- Strongly advocate for the Board of Supervisors to ask the California State Assn. of Counties (CSAC) to encourage the Dept. of Health Care Services (DHCS) to ask the federal government to permanently repeal the IMD Medicaid (Medi-Cal) Reimbursement Exclusion for persons 21-64 years of age.
- Using existing as well as new state and possible MHSA funding (SB 389), for persons coming from locked criminal justice facilities or state hospital parole or competency restoration situations, establish well designed "step down" diversion Forensic Assertive Community (FACT) programs with Supportive Housing.
- Using MHSA funding, for persons discharging from locked LPS conservatorship facilities, establish well designed "step down" Assertive Community (FACT) programs with Supportive Housing.

Monitor Adult No Place Like Home applied for projects

- Progress of the 5 filed building applications for 62 units, so far, of Permanent Supportive Housing.
- Progress in using $1.73M in state returned MHSA Special Needs Housing funds for preserving 29 units of housing in central county.

Moniter Children, Adolescent, and Transition Age Youth (TAY) Mental Health

- Establishment and setup of the 6 person Short-Term Residential Treatment Program (STRTP).
- Oak Grove $10-11M 20 unit apartments reconstruction project (using No Place Like Home [NPLH] funds for high acuity youth (ages 13-16).
- Program Design and setup of the Oak Grove 75 person Assertive Community Treatment (ACT) program.

Evaluate financial aspects of Juvenile Hall and Byron Ranch Mental Health Care

- Financial effect of SB 439 on level of Juvenile Hall and Byron Ranch Mental Health operations.
- Mental Health care effect of Juvenile Hall and Byron Ranch staff cutbacks.

Track and evaluate the 1115 Federal Waiver Extension Application Process

- Track the state Dept. of Health Care Services application and Substance Use Disorder (SUD) funding as it relates to future MHSA funding, especially if it involves co-occurring mental health issues. The federal Dept. of Health & Human Services (HHS), because of its budget neutrality requirements, will not provide more funding the ongoing Whole Person Care program. Therefore, ongoing financial support needed.
- Find out the financial impact of using MHSA funding.

- Track and advocate for filing of federal IMD Demonstration Waiver as well as permanent IMD Medi-Cal Reimbursement Exclusion repeal.
    - IMD Demonstration Waiver: Continue to advocate for $1.5-$2.5M/yr. help to Contra Costa Behavioral Health Services.
    - Complete Repeal of IMD Medi-Cal Reimbursement Exclusion: $25M available for other CCBHS services.

Track on the 1915b Specialty Mental Health Extension Application Process

- Track the Healthier Medi-Cal for all Initiative and the 1915b state Waiver extension application process for Specialty Mental Health.
- Track and discuss financial impact of changes, particularly for Medical Necessity, Billing, and system integration (Mental Health and Alcohol and Other Drugs).

Track the Governor's office proposals to use how $500 million in MHSA reserves (apparently Unspent Funds?) for its desired initiatives

- Substance Use Disorder Treatment. This is very important because the federal Dept. of Health & Human Services (HHS), due to its current budget neutrality requirements, will not provide more funding the ongoing Whole Person Care program. Therefore, we need to track the potential impact to Contra Costa's MHSA budget for future years. .
- Persons w/mental illness experiencing homelessness or involved w/criminal justice system.
- Early Intervention for Youth.
- Notes counties still have more than $500 in reserves, including Unspent Funds.
- $161M must be shifted to Prevention and Early Intervention (PEI) by 6/30/2020.
- Proposed MHSA Reforms in May, 2020 Revised Budget proposal.
- Advocate to include local stakeholder input and feedback in this process.

Annual Report Justice Systems Committee 2019
Submitted by Chair, Jeri Stern

Focus on AB 1810

The Justice Committee focused its efforts on exploring the issues surrounding AB 1810, a new Californian law introduced in 2018/2019. According to the California Behavioral Health Directors Association, AB 1810 "provides a pathway for individuals with behavioral health conditions who have been charged with an offense to enter an 18-month mental health program before any charges are filed. Upon successful completion of this program, the charges will be dropped." There are many critical aspects of AB 1810 that require further definition to enable successful implementation. At the top of the list, according to the AB 1819 Policy Brief,

AB 1810 creates a new clinical entity called the Qualified Mental Health Expert (QMHE).
The Public Defender is the role that suggests that an individual be referred for diversion and then the Forensics' Clinic does an evaluation. According to the Policy Brief, "There is an immediate need to train judges and criminal lawyers on pertinent subjects related to mental illness and its impact on criminal cases".

After presentations and discussions, the Justice Committee defined several questions for further analysis in 2020:

- Does there also need to be a QMHE in the Public Defender's office to screen for this, as there are a substantial number of individuals coming into the Justice System who have Mental Health issues and may be missed by the Public Defender due to case overloads?
- Who will determine how many QMHE's are hired? What is the budget for this and what entity is designated to pay for them and evaluate their efficacy?
- Who will train these professionals?
- How will this occur in our County?
- Will there be any oversight or monitoring of this training?
- How will this be paid for?
- Will there be a minimum number of hours of training?
- Will there be any evaluation of how the trainees are utilizing their knowledge?
- Will there be any data collection regarding how the effect of this training affects the numbers of people being diverted vs. being prosecuted and sent to jail/prison?

Access to feminine hygiene products for female inmates

The Committee also toured the West County and Martinez Detention Facilities with one question relating to access to feminine hygiene products for female inmates. Despite a new federal law mandating free and adequate supplies of feminine hygiene products for female inmates, some detentions centers do not observe this right. The Justice Committee looked at this issue and the more specific question of how many female inmates are utilizing Menstrual Cups and whether this product has been positively received by the women. The Committee will continue to look at this issue and 2020.

Proposed MHC Goals for 2020
Barbara Serwin, MHC Chair

These proposed goals are meant to apply to the entire Mental Health Commission. They require the cooperation and efforts of all Commissioners. They differ from Committee goals, which are driven at the Committee level.

Commissioners will vote on which of the top three goals are the most important to them. We will go with the goals that receive the top three number of votes. We can always defer goals that we don't choose this year to a later year. Note that the specific framing of the proposed goals and their measurements are open to discussion now and as we go through the year and learn more about what's involved in meeting them.

How well Commission level goals are met can be tracked on and determined by the Executive Committee. At times, however, the entire Commission will be the best judge.

Note that progress on several of these goals depends on how the COVID-19 restrictions on shelter-in-place and meeting in groups continues. For example, we can't make site visits (goal number 2) until the "social distancing" requirement is removed. This is acceptable – we will do the best we can under the circumstances, and we can revise the measurement of our success accordingly.

Here are six proposed goals to choose from:

1. Successful implementation of the new MHC Orientation and Training Program as measured by:

- Review the Orientation module by 100% of new Commissioners either in person at the Orientation training module or via review of a tape of training (once they are available online) as well as the physical materials associated with the training module.
- Attendance of at least 50% of the remaining five training modules by at least 50% of all Commissioners, regardless of the length of time they have been on board.

$\Rightarrow$ This goal is important because it enables Commissioners to come up to speed much more rapidly than they would otherwise and to participate in discussing and solving the challenges that the Commission engages with in a meaningful and more successful way.

2. Successful creation and implementation of a new MHC Site Visit Program. This goal would set October 1 as the target completion date. It would set two site visits taken by the end of the calendar year and participation by four to six Commissioners (if we assume site visits in November and December). Note that each site visit will be attended by multiple Commissioners -- a typical number would be three.

$\Rightarrow$ This goal is important because the MHC is mandated to evaluate facilities by the Welfare and Institutions code 5604.2, which defines the responsibilities of all California Mental Health Commissions and Boards. The MHC has not operated a consistent Site Visit Program in at least five years.

3. A deeper review of the MHSA 2019 three-year plan update, the 2019 EQRO report, and the Data Notebook report by all Commissioners. This is difficult to measure but we can get a read on this by the level of participation at Commission meetings when these reports are discussed.

The reports are sizable and detailed. The MHSA Plan document, however, has an accompanying PowerPoint that summarizes all key points. The EQRO report has a comprehensive summary of accomplishments and challenges of Behavioral Health Services. The Data Notebook is a very readable and interesting document that is relatively easy to review.

⇒ This goal is important because each of these documents provides deep insight into the programs, services, and performance of Behavioral Health Services that isn't found anywhere else.

4. **Achieving a quorum for full Commission meetings of the number of scheduled meetings minus one. Achieving a quorum for Committee meetings for the number of scheduled meetings minus one (if MHC by-laws change to make Committee meetings mandatory).**

⇒ This goal is important because the work of the MHC cannot effectively and efficiently move forward without enough people engaged in discussing and making decisions about the important issues. As defined by the Welfare and Institutions code 5604.2, the MHC has a tremendous responsibility to people with a mental illness in our county and it cannot meet these responsibilities without adequate attendance.

5. **Achieve at least 14 out of 15 of Commission seats filled at all times** through Commissioner recruiting efforts, a warm hand-off of individuals who approach Commissioners regarding MHC seats to the appropriate district staff, and active follow up with Supervisors regarding open seats. Also, achieve at least three members and a target of five (five is the maximum per Committee) per each standing Committee.

⇒ As with goal number four, this goal is important because if the MHC doesn't have an adequate number of Commissioners on board, at the full Commission level and the Committee level, it simply cannot meet its responsibilities to the people with a mental illness in our county.

6. **Gain a solid understanding of the county and BHS budgeting cycle and of the BHS and MHSA budgets. Determine how the MHC can best participate in the budget cycle in its advocacy and advisory capacities, e.g. through advocating program priorities, reviewing BHS and MHSA budget priorities, and reviewing draft and final budgets. Provide input and feedback at meaningful times during the budget process.**

⇒ This goal is important because the MHC has the responsibility to ensure that the mental health budget adequately funds what it perceives to be the most important priorities and programs and services for the mental health community. If the MHC doesn't understand the budget, it can't properly evaluate priorities, nor can it judge the appropriate allocation of funds and the reasonableness of expenses. If the MHC doesn't provide input at the right time in the budget cycle, its recommendations may end up being moot.

Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for FY 2020-23

OUTLINE OF DRAFT PLAN

CONTRA COSTA HEALTH SERVICES

FY 20-23 Plan Summary

- The Three Year Plan proposes to set aside approximately $67.8 million for fiscal years 2020-23 to fund 85 programs and plan elements. This proposes an additional $13 million in budget authority authorized by the Board of Supervisors in June 2019.
- The $13 million increase is requested to fund prioritized service needs determined by our Community Program Planning Process, to include significant additional dollars for supportive housing for persons with serious mental illness, and projected annual increases in the cost of doing business.
- This continues the Board approved strategy to spend down the County's MHSA unspent fund balance in order to prevent reversion to the State.
- It is anticipated that current total budget spending authority will not need to be reduced in order to fully fund MHSA programs and plan elements for the three year period.

Plan Outline Summary

- Executive Summary
- Table of Contents
- Vision
- Community Program Planning Process
- The Plan
- The Budget
- Evaluating the Plan
- Acknowledgements
- Appendices
  - Mental Health Service Maps
  - Program and Plan Element Profiles
  - Glossary
  - Certifications, Funding Summaries
  - Public Comment and Hearing
  - Board Resolution

Executive Summary

- Provides an overview of MHSA, MHSA values, statutory and regulatory requirements
- Highlights program updates and changes to the current Three Year Plan, to include the Community Program Planning Process
- Summarizes the overall budget increase, focus on supportive housing, and strategy to spend down the County's MHSA unspent fund balance
  - Approximately 41% of budget authority is now dedicated to assisting individuals get and keep housing that is integrated in the community
- Outlines where performance indicators and program outcomes are located in the plan

Vision

We intend to utilize MHSA funding to assist Contra Costa Behavioral Health Services in addressing three key areas:

- Improve access to community mental health and substance use disorder care that is culturally and linguistically responsive to the diverse communities that we serve.
- Partner with clients and their families to determine and provide the level and type of care needed, and coordinate for other needed resources.
- Work with our health, behavioral health and community partners as a team to provide multiple services coordinated to a successful resolution.

We need to continually challenge ourselves to improve our response to individuals and their families who need us the most, and may have the most difficult time accessing care.

Needs Assessment

Provides a quantitative assessment of behavioral health needs that complement the Community Program Planning Process.

- The County is proportionally serving all three regions. Asian/Pacific Islanders and children ages 0-5 are slightly underrepresented on our caseloads - all service rates exceed statewide averages.
- Expenditure data indicate significant services available at all levels of care, with an oversubscription of funds paying for locked facilities.
- Workforce analysis indicate a shortage of psychiatry time and clinicians who speak languages other than English.

Community Program Planning Process

- Describes the process
- Describes the Consolidated Planning and Advisory Workgroup and ongoing stakeholder participation
- Describes and summarizes results of the recently completed Community Program Planning Process and community forums for FY 2020-21
- Links prioritized needs to MHSA funded programs, projects and plan elements contained in the Three Year Plan

Community Program Planning Process
Prioritized Service Needs

FY 20-21:		FY 19-20:
1.	More housing and homeless services	1.
2.	More support for family members and loved ones of consumers	3.
3.	Support for peer and family partner providers	11.
4.	Outreach to the underserved – provide care in my community,	2.
5.	Improved response to crisis and trauma	4.
6.	Connecting with the right service providers in your community	5.
7.	Better coordination of care	6.
8.	Children and youth in-patient and residential beds	9.
9.	Intervening early in psychosis	8.
10.	Getting to and from services	7.
11.	Serve those who need it the most	10.
12.	Care for homebound frail and elderly	13.
13.	Increased psychiatry time	12.
14.	Assistance with meaningful activity	14.

The Plan

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technology (CF/TN)

Each component leads with a short description of the component and categories within the component, and then lists and describes each program or plan element, cost allocated, and number to be served.

Community Services and Supports

$47.6 million to fund programs and plan elements that provide services to approximately 2,000 individuals - children who are seriously emotionally disturbed, transition age youth (TAY), adults and older adults who are seriously mentally ill.

- **Full Service Partnerships (FSPs)** ($31m):
  - 9 FSP Programs serving all age groups and all county regions – **NEW** ACT to fidelity with flexible supportive housing funds
  - Assisted Outpatient Treatment
  - FSP support staff at all children and adult clinics
  - 3 Wellness and Recovery Centers
  - Hope House (transitional residential center)
  - MHSA funded housing services (temporary, supported and permanent) - **NEW** – more funding for augmented board & care and housing supports
- **General System Development** ($16.6m):
  - Children's Wraparound and EPSDT expansion
  - Older Adult Program
  - Clinic support Staff – **NEW** – MH Specialists as case managers - adult
  - Clinic staff at PES, CCRMC, Miller Wellness Center, Concord Health Center
  - Administrative support and quality assurance staff

Prevention and Early Intervention (1)

$10.6 million to fund 25 MHSA programs that provide prevention and early intervention services to approximately 33,000 individuals. All are designed to prevent mental illness from becoming severe and debilitating, and 1) creates access and linkage to mental health services, 2) reduces stigma and discrimination, and 3) provides outreach and engagement to underserved populations. **All programs are in the following 7 categories**:

1. Seven programs provide **Outreach for Increasing Recognition of Early Signs of Mental Illness** ($2m) **NEW** – adding Early Childhood Mental Health Program
2. Five programs provide **Prevention Services** that reduce risk factors and increase protective factors ($1.8m)

Prevention and Early Intervention (2)

3. The First Hope program provides **Early Intervention Services** for youth at risk of or who are experiencing early onset of psychosis or a first episode ($3m)
4. Three programs provide **Access and Linkage to Mental Health Services** ($.75m)
5. Six programs **Improve Timely Access to Mental Health Services for Underserved Populations** ($1.7m)
6. The Office for Consumer Empowerment (OCE) provides leadership and staff support that addresses efforts to **Reduce Stigma and Discrimination** ($.35m)
7. Contra Costa Crisis Center and County staff address **Suicide Prevention** ($.8m) **NEW** – increased funding for county wide suicide prevention education and training

- Administration and Evaluation ($.2m)

Innovation

$2.8 million in FY 2020-21 to fund new or different patterns of service that contribute to informing the mental health system of care as to best or promising practices that can be subsequently added or incorporated into the system.

- **Coaching to Wellness**. ($.2m) Adding peer wellness coaches to the adult clinics
- **Partners in Aging** . ($.2m) Support for frail, homebound older adults
- **Overcoming Transportation Barriers**. ($.1m) Assisting consumers overcome transportation barriers to accessing services
- **CORE** ($1.4m) Multi-disciplinary intensive care treatment team to serve youth with mental health and substance use disorders
- **CBSST** ($.5) Bringing cognitive behavioral social skills training to clients living in augmented board and care facilities
- Administration and Project Evaluation (.4m)

Workforce Education and Training

$3 million annually from Contra Costa's MHSA unspent funds to recruit, support and retain a diverse, qualified paid and volunteer workforce. The five WET categories are:

1. **Workforce Staffing Support**. ($1.4m) Funds the county operated senior peer counseling program, NAMI's family volunteer support network, and WET administrative staff
2. **Training and Technical Assistance.** ($.4 m) Funds Mental Health First Aid, Crisis Intervention Training, NAMI Basics/Faith Net/de Familia a Familia and various county and contract staff trainings
3. **Mental Health Career Pathway Programs.** ($.4m) Funds the college accredited SPIRIT course where approximately 50+ individuals yearly are trained as peer providers and family partners
4. **Internship Programs**. ($.5m) Provides approximately 75 graduate level clinical intern placements in county and contract operated community mental health programs to increase workforce diversity
   NEW – more funding to recruit interns with multiple language proficiencies
5. **Financial Incentive Programs**. ($.3m) Establishes a locally administered loan repayment program to address workforce shortages and support upward mobility of community support workers/peer/family specialists

Capital Facilities and Information Technology

This component enables counties to utilize MHSA funds on a one-time basis for major infrastructure costs necessary to implement mental health services and supports, and to generally improve support to the County's behavioral health system. For FY 20-21:

- Capital Facilities
  - NEW - $3.2m to renovate two county owned buildings at the Oak Grove site for supportive housing and FSP services to transition age youth
  - NEW - $.3m to re-purpose two county owned buildings at Sherman Drive site for Short Term Residential Program for high acuity children ages 8-15
- Information Technology
  - NEW - $.5m to build data management capacity into the County's electronic health record and ShareCare systems for better behavioral health decision-making and communication with stakeholders

The Budget

- Provides estimated available funds, revenues, expenditures and projected fund balances by component for Fiscal Years 20-23
- Projected revenues include state MHSA Trust Fund distribution and interest earned
- The County currently maintains a prudent reserve of $7.5 million to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. It is projected that an additional $4.4 million can be transferred to the Prudent Reserve during the Three Year Plan
- A collective increase in budget authority for 20-23 proposes an increase in the cost of doing business, and is subject to Board of Supervisor approval
- It is projected that the requested budget enables the County to fund all proposed programs while maintaining sufficient funding reserves

Evaluating the Plan

- Describes a program and fiscal review process with written report to determine whether MHSA funded programs:
  - Meet the letter and intent of MHSA
  - Support the needs, priorities and strategies identified in the community program planning process
  - Meet agreed upon outcomes and objectives
  - Are cost effective
- Includes a quarterly MHSA financial report to enable ongoing fiscal accountability.

Acknowledgements

A thank you to individuals who shared their stories, provided input, and who are working to make the system better.

Appendix A - Mental Health Service Maps

Provides six one page pictorials of all Contra Costa Mental Health's services broken down by the following:

- East County adult, older adult and transitional age youth
- East County Children's
- Central County adult, older adult and transitional age youth
- Central County Children's
- West County adult, older adult and transitional age youth
- West County Children's

Appendix B - Program Profiles

Provides a profile of each MHSA funded program according to the following outline:

- Organization contact information
- Brief organization description
- Title(s) and brief description(s) of MHSA funded program
  - Total MHSA funds allocated
  - FY 18-19 outcomes
- Contains an alphabetized Program Profile Table of Contents

Appendix C - Glossary

Provides an alphabetical listing and definition of terms and acronyms used in the document.

Appendix D – Certifications
Appendix E - Funding Summaries

- County Behavioral/Mental Health Director Certification
- County Fiscal Accountability Certification
- MHSOAC required funding summaries

Appendix F - Public Comment, Hearing
Appendix G – Board Resolution

- Will include evidence of Public Comment period and Hearing, and summary of public comments.
- Mental Health Commission's review of draft plan and recommendations.
- Contra Costa Behavioral Health Service's response to public comments and Mental Health Commission recommendations.
- Board of Supervisor Resolution

Timeline

- **MAR** - DRAFT Three Year Plan shared with CPAW/MHC for input, posted for 30 day comment period
- **APR** - Mental Health Commission (MHC) hosts Public Hearing on Three Year Plan
- **MAY** – Public Comment, Hearing and MHC recommendations addressed - Three Year Plan submitted to County Administrator for inclusion on Board of Supervisors' (BOS) agenda
- **JUN** – BOS considers Three Year Plan

Your Input Is Most Welcome!

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