MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
FEBRUARY 2nd, 2022 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Cmsr. B. Serwin, Mental Health Commission (MHC Chair, called the meeting to order @ 4:31 pm Members Present: Chair, Cmsr. Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Candace Andersen, District II Cmsr. Douglas Dunn District III Cmsr. Kathy Maibaum, District IV Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Alana Russaw, District IV Cmsr. Rhiannon Shires, District II Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Cmsr. Graham Wiseman, District II Presenters: Jennifer Bruggeman Dr. Jan Cobaleda-Kegler Dr. Stephen Field, Medical Director, Behavioral Health Services Gerold Loeniker Dr. Chad Pierce Dr. Suzanne Tavano, Director of Behavioral Health Services Other Attendees: Phil Andersen Guita Bahramipour Angela Beck Cathy Botello Y'Anad Burrell Gigi Crowder Jessica Hunt Lynda Kaufmann Dawn Morrow (Supv. Diane Burgis ofc) Theresa Pasquini Pamela Perls Jennifer Quallick (Supv. Candace Andersen's ofc) Stephanie Regular Lauren Rettagliata Arturo Salazar Arturo Uribe	Meeting was held via Zoom platform
II. PUBLIC COMMENT: • (Pamela Perls) Conservatorship Reform Bill introduced and will forward the information to Angela Beck as soon as I have the language to pass on to everyone in the Mental Health Commission (MHC).	

III. COMMISSIONER COMMENTS • (Cmsr. Rhiannon Shires) I have sent emails regarding a presentation I would like to speak to the commission regarding COVID Trauma and how it is affecting people's mental health. I think it's timely and see it evident in all areas. Hoping the next MHC meeting. (RESPONSE: Cmsr. Serwin) Thank you for raising that and yes, I am negligent for not returning your email. Yes, we would love to hear that.	
IV. CHAIR COMMENTS/ANNOUNCEMENTS: • Second module of Commissioner Orientation "Introduction to Behavioral Health Services (BHS)" will be presented BEFORE THE MARCH Commission meeting at 3:30 to 4:20 PM. It will be presented by BHS Staff. • Recordings of the January 25th Board of Supervisor's retreat and discussion annual Budget Year Key Issues & Projections are now available on the Board of Supervisors' website. We spoke about this at our last meeting and now the link is available. • SB 21 Championed by Cmsr. Graham Wiseman passed the Senate. This senate bill will create funding for increasing awareness and reducing stigma for youth through the sale of custom mental health license plates. Congratulations to Graham. Go to Be Well (https://beingwellca.org/), you can sign up to receive one of the licenses plates. It is not a full commitment, I believe the bill needs 7500 sign ups before it can move further along in the process. • One more kudo to former commissioner Teresa Pasquini, who testified on the Lanterman-Petris-Short (LPS) Act at the December 15th, 2021 Joint Informational Hearing of the Health and Judiciary Committees of the California State Senate. The link to Teresa Pasquini's testimony: https://www.dropbox.com/s/0ig77a6o1slx2cf/TP.mp4?dl=0 • I had hoped to have a draft of our Code of Conduct ready for this meeting, but we are still working on it. I am working on it with our Vice Chair, Cmsr. Griffin, and want to run it by the committee chairs given they spend a lot of time hosting meetings. There are five different models we are looking at we just learned of the Woman' League of Voters conduct that Supv. Burgis likes a lot. We will be incorporate that, as well, and will have a draft next month.	Documentation regarding this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
V. APPROVE January 25th, 2022 Meeting Minutes • January 5th, 2022 Minutes reviewed. **Motion:** C. Andersen moved to approve the minutes as written. Seconded by G. Wiseman. **Vote: 12-0-0** **Ayes:** B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, K. Maibaum, L. May, J. Metro, R. Shires, G. Stern, G. Swirsding, G. Wiseman Abstain: None	**Agenda and minutes can be found:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VI. UPDATE on recent site visit interviews with Crestwood Our House and the next site visit at Harmony Home Care or Hope House January 19th the Crestwood Our House Site Visit team conducted their interviews with 8 clients, two staff and the program manager. The team: Cmsr. Dunn, Cmsr. Maibaum and Cmsr. Russaw; Cmsr. Griffin stepped in, as well. Hosting the interviews were myself (Cmsr. Serwin) and Cmsr. Griffin, we	

both overheard the interviews and they were outstanding. The team did an excellent job connecting with the interviewees and eliciting quality information. It was a truly great experience and found it to be one of the most meaningful experiences I have had with the commission, thus far. The team is just now starting to write their report under the mentorship of Cmsr. May. We do not have a time frame, but expect we will see a draft in approximately three to four weeks. Brief update on our upcoming site visit schedule: Hope House was next on our schedule but are currently down to two patients that are being transitioned out, as of last week due to COVID. We will be talking with the new Manager BJ Jones to schedule a date in early April and will following up in a few weeks. We are expecting to conduct this site visit in early April. Due to this change, we are moving up the site visit with Harmony Home in Walnut Creek. This is a Senior Augmented Board and Care with five beds contracted by Behavioral Health Services. Currently we are in the initial contact phase and targeting March for this site visit. Ms. Beck will be reaching out to commissioners to fill out the site visit team. Commissioner Griffin is the mentor, with Cmsr. Wiseman as an interviewer. We will need two more volunteers and schedules.	
VII. DISCUSS 2022-2023 Behavioral Health Services (BHS) budget priorities: ➢ BHS budget priorities, Dr. Suzanne Tavano, Director of BHS Services; Gerold Loeniker, Chief of Children and Adolescent Services; Dr. Jan Cobaleda-Kegler, Chief of Adult and Older Adult Services; Dr. Chad Pierce, Chief of Crisis Services; Kenisha Johnson, Mental Health Program Chief of Housing Services ➢ MHSA Three Year Plan budget update, Jennifer Bruggeman, MHSA Program Manager ➢ Budget process next steps **Budget priorities for BHS Children and Adolescent Services, Gerold Loeniker, Chief of Children's Services.** First an update on the Children's Crisis Stabilization Unit we are planning, as you know, last year we applied and received the CHAFFE Grant to build this so that minors do not have to be co-located with adults at the psych emergency services (PES). We are planning this unit to have an eight (8) bed capacity. This number is based on a utilization analysis for the majority of the time (90% plus capacity is below 8). We are working with the planning department and an architectural firm to remodel the behavioral health portion of the Miller Wellness Center, to accommodate this Crisis Stabilization Unit. The plans are in the final stage of development and now moving into the approval/permitting process. We are in discussion with potential providers to run the program. We are hoping by the end of the year or beginning of the next calendar year, we will be able to open this new facility for the program. The second item, our School Based Mental Health Initiative. Last year, we received a grant that brings together behavioral health, Office of Education (OEC), and the school districts throughout the state to build partnerships and develop local plans to improve school-based mental health services. We applied for the opportunity and were awarded with the CCC OEC, all 18 districts and BHS have come together to perform a needs assessment and conceptualize how to implement such a program in our county. The Wellness in Schools program, housed under the OEC and now have 4 regional liaisons	**Screenshare presentations** Emailed to all meeting attendees after the meeting upon receiving all documents from presenters.

(West, Central, East and South) who will work with the school districts to assess and map out the type of mental health support available, to conduct mental health awareness and education curriculum, and to teach staff at the district and school level to roll out the curriculum and institute student mental support groups. It is a tier level system. Tier I would be the education and awareness campaign. Tier II would be support groups to target students and families with mild- to moderate mental health support needs. Tier III would be intense support.

In Tier II, we are planning for mental health student support groups as well as parent support groups. To that end, we will set aside money to hire Parent Liaisons at the local level to work with schools to bring in the parents and to be a bridge between the school community, the behavioral health community and the parent community. The highest (Tier III) level, we set aside funding to expand treatment programs in Antioch Unified School District, which we identified as a district with high need and relatively low footprint when it comes to behavioral health services.

That collaboration between OEC and BHS and the districts is now well underway. Hiring has been completed for that program and we are implementing the various phases of that program. In addition, there is a collaboration between the OEC and Contra Costa Health Plan (CCHP) and BHS around the school-based incentive program that will be funded from the state to the managed care plans to build out mental health support in this first phase (starting now). The funds will be made available to build technical assistance to build those partnerships, provide technical assistance to schools regarding the creation of BHS awareness programs, to help schools and managed care plans extend the work force by using community health workers and peer providers, and to increase telehealth services especially in schools so that providers can provide telehealth based mental health support to students at the various schools. That collaborative is in its early planning stages to leverage funding will be made available at the state.

The third topic to update, there is a new mandate that was rolled out by the state the end of last year, the qualified individual program. This has to do with youth that are referred by placement agencies (child welfare or probation) to short-term residential treatment programs. Those individual youths will (as of the new mandate) be made available by the department of social services and DHCS (Department of Health Care Services) which requires minors to be assessed, whether such a referral to a cognitive care facility and / or residential treatment program is really based on their mental health needs. This must be completed within 30 day of the referral and submitted to the placement agency and must include this report along with the other documents to the court. The court reviews and orders a referral to residential placement or not. This creates an additional set of eyes whether a referral to such a high level (more restrictive level) of care is truly justified and based on mental health criteria or not. If the qualified individual does not sign off on that referral, then the placing agency cannot access federal funding for residential placement (after 30 days).

BHS budget priorities, Dr. Suzanne Tavano, Director of BHS Services.
Screenshare a one page spreadsheet listing grants applied for and status and are attached to these minutes. All of the grants Gerold spoke to and the services related to them, that has all been within the past year (written, submitted and granted). I want to assure everyone that every grant that

comes out we are on all of the alerts for grant opportunities and, so far, we have applied for all that we are eligible for, and thus far, all grants we have applied for, we have been awarded. Many are related to different aspects of mobile crisis, Measure X, the A^3 (Anyone, Anywhere, Anytime) initiative is the largest funding source for that, but you can see looking through these, we have concurrently applied for other grants as we did not know what might happen with Measure X. We have been granted those we have been applying for and a number are related to mobile crisis. However, as is the way with the state, most are around infrastructure. The state doesn't like to fund actual staff but will fund infrastructure.

The two grant applications that are outstanding are on the Federal level and both proposals have moved through the legislature but are hung up in the Federal Budget. We have been approved but we are unaware if they will be funded. Those are the two at the top of the spreadsheet. You can see there is a long list and some have been easier than others and more time consuming. This has pretty much what we have been working on for the last nine months to a year. Again, please know we do apply for every grant that is applicable to apply for. So Far, So Good.

Two other items I'd like to discuss. Some may or may not have been aware of the fact that our community partners, the community-based organizations (CBOs), particularly those servicing youth for specialty mental health care to youth under 21. COVID had a huge impact and wanted to do everything we could to support the CBOs, they are a part of our delivery system. We really felt it was really important to sustain them through COVID. There were a lot of issues around staff, access to services and all those things we have been speaking to the last two years. We did increase the rates for those contracts substantially, for a good period it was a 100% rate increase, and then dropped down to a 25% rate increase. That is what will be continue through the end of March and then will be evaluating whether services are moving back to more normal or not. If need be, we have the authorization to extend the 25% rate increase again. This is just for the EPSDT (Early and Periodic Screening, Diagnostic and Treatment) fee for service providers. We don't anticipate after July 1 to continue rate increases related to COVID (hopefully). As you all may recall, through Measure X, another proposal brought forward by Alliance was funding to stabilize the fee for service EPSDT providers.

I have been asked many times about our realignment and mental health services funding, what it is looking like now moving forward, we know there are and will be increases and for now, we are anticipating increase in both. The MHSA funding may decrease but it is still an overall increase. Compared to this time two years ago, we are out of that scenario but I cannot tell you what those increases are right now as we don't have that. I will update when we received that information.

Our operating budget for mental health (not including substance use services) for 2021/2022 was approximately $252mil. I don't have a number projected for 2022/2023 as we are building the budget now. We are assuming it will be greater than last year because of funding coming in through Measure X due to grants and whatever increases we get through realignment and the MHSA. We also need to wait for the Governors' budget for the State and make calculations and see what the State's revised budget looks like. Then it all moves forward. We know for the MHSA our spending plan was for approximately $54.4mil for 2022/2023 and we are hoping that now we are

feeling more competent about the revenue streams, we will be able to go to $63.3mil.

CalAIM and Payment Reform Presentation by Dr. Tavano was discussed and is attached to these minutes.

A^3 Crisis Services budget priorities, Dr. Chad Pierce, Chief of Crisis Services. The budget part was pretty much covered by Dr. Tavano, which is mainly the Measure X funding and was approved by the BoS. We have $5mil one time allotment used for infrastructure and technology and then we have $20mil ongoing, primarily for staffing and ongoing infrastructure and technology. Three weeks ago, there was a celebration of the design team and all the work that has occurred up to this point. If you did not have a chance to attend, it is on the county's health services website. It was a very exciting event. Those of you wondering about the design team and what is happening, we are transitioning that design team into more of an advisory team. That forum will be through the behavioral healthcare partnership and we can continue to work with the community family members and are able to get feedback, input and communicate about the program.

73 positions went to the BoS yesterday (2/1) to be created and were approved. Next step is to decide how to get all those folks onboarded and how to do that in the most efficient way. Stay tuned.

The Miles Hall Crisis Call Center hours will be extended this month. Due to staffing changes, we do not have the times yet, but will look to the busiest times during the week and take that into consideration. We are working with our public relations marketing team to get the word out across the county. We just started working with RI International to train staff as we get them onboarded. This is an organization that does training nationally. We have also started working with our youth provider of crisis services, Seneca, and want to integrate them into the Hub and have already started those conversations to figure out how to integrate them into the Hub and become a part of the A^3 field teams.

For the Alternative Destinations we bid for the Oak Grove Campus in Concord and are looking to that campus to provide alternative destinations for folks to include urgent care for behavioral for children, families and adults, as well as a peer respite center and a sobering center. That is also where the crisis call center will be. We are starting discussions around the building improvements and what we need to do to make that a nice, warm and welcoming environment for our community.

We are continuing to test our telecommunications software, dispatch software and our documentation and triage software. It is all underway currently and integrating law enforcement into that testing process, as well as continuing to build our collaboration with the different law enforcement departments.

Finally, we have begun conversations with UC Berkely who will be evaluating this whole process and looking to our outcome measures as well as the process of getting there. Lots happening, lots of movement and it is very exciting.

MHSA budget priorities, Jennifer Bruggeman, Program Manager.
Screenshare MHSA Budget Proposal for 2022/2023 and will be attached to these minutes.

The MHSA Budget proposal for 2022/2023 overview was discussed at the recent MHC Finance subcommittee meeting. In January 2020, Warren Hayes was still with us and had prepared a three year budget that included a lot of expansion. Before that had a chance to be approved, COVID hit and it was tabled and we had to totally revise the budget to address the COVID issues we were dealing with. For 2021, a $61.3mil budget was adopted by the BoS.

The first component, CSS (Community Supports and Services), includes our more intensive specialty mental health services, it includes all of the FSPs (full service partnerships), housing services and large number of staff positions throughout the behavioral health systems. CSS represents about 80% of the MHSA budget and is really the only category that was significantly increased that year by about $6mil to $7mil in order to maintain services and programs that receive blended MHSA and realignment funding, due to the hits to realignment that first year. It mostly impacted children's specialty mental health programs and everything else was pretty much status quo that year.

The following year (current 2021/2022), we had very little change with the exception of removing the $7mil in CSS as it was only to be one time, one year funding. The final column represents the original 2022/2023 proposed budget in the three-year plan. There was really no change expected from the current year. At that time, the fiscal projections were still pretty grim, but as Suzanne mentioned, we understand things have improved since then.

In developing the 2022/2023 proposed budget, we had decided to go back and revisit the priority items from the pre-COVID budget, which were all stakeholder identified and approved and balanced with current needs. We are proposing some increases in the upcoming year's budget for housing, across the continuum. We were able to reallocate funds originally dedicated the Oak Grove renovation because, now it will be funded through Measure X. Increasing language capacity through our CBO intern stipend program. The language capacity shortages are a concern that has been identified through a workforce survey and some other avenues and we like to help fill that gap.

We are adding several positions along the peer career ladder, primarily community support worker and mental health specialist classifications. That aligns with the SB803, the peer certification work being done.

We would like to move forward with the psychiatric advance directives project. For those who are not familiar, this the multi-county collaborative that is occurring statewide under the innovation component. Innovation has a lot of special rules around how the money can be spent. The good thing about this is it has already been approved by the MHSOAC (Mental Health Services Oversight and Accountability Commission), which oversees all of innovation and will save us a lot of time and work. Ultimately, this would bring our budget from $54mil to approximately $63mil.

The final slide gives more detail by component. Under CSS, this gets a pretty big bump to support housing and to add the peer positions. PEI there is not much change. Innovations, the Psychiatric Advanced Directive (PADs) projects, the costs would not increase the net budget because these funds are already there and just need to be spent. Under WET, we would be adding about $500k

to support the bilingual interns stipend program. Capital facilities and technology remain the same.

BHS Adult and Older Adult Services budget priorities, Dr. Jan Cobaleda-Kegler, Chief of Adult and Older Adult Services.

Screenshared Budget Update slides and will be attached to these minutes.

Most of the budget information has already been covered so what I want to share is a couple of expansion plans. Our Mental Health Evaluation Teams (MHET) pair a licensed clinician with a police officer. They go out in the community and engage with a specific target population of our clients. Clients that have mental health issues and also have frequent contact with law-enforcement. We currently have three regional MHET teams that serve East, Central and West regions. We have MOUs with the Pittsburg, Walnut Creek and Richmond police departments and a Concord MHET team from a grant with the Concord police department.

We now are planning to expand our MHET teams and increase the teams to work with the Sheriff's Department. It is very exciting because there are many unincorporated areas in places. We will pair three clinicians with a sheriff's deputy in each region (East, Central and West) in the 2022/2023 FY.

We have been developing Mental Health Diversion over the last two years and the program may provide pre-trial diversion services for people who are referred from the court that have serious mental illness. Our forensics teams provides mental health treatment and services to those referred to us so they can effectively manage their mental health systems and live successfully in the community. The Forensics program offers a very intensive array of services: Case Management, Psychiatry support, individual and group therapy, risk assessments, link people to primary medical care, provide financial counseling, and connect them to regional clinics. We also have an AOD counselor on this diversion team and offer crisis evaluation, 5150 support when necessary and housing services to link the participants to sober living environments.

Current plans to expand diversion, currently contracted to serve 22 Category 1 clients who are found to be incompetent to stand trial (IST) or likely to be due to the diagnosis of schizophrenia/schizoaffective or bi-polar disorder. Now we are going to expand diversion to support more Category 2 clients who are clients found to be IST and ordered to DSH with any diagnosis allowed under penal code 1001.36. To support these additional four clients, a forensic diversion team will provide additional and frequent field and in-home visits to those people if a higher level of care is needed. We will assess for placement and refer to an appropriate settings. I can't speak to the details of this, but the expansion also plans to add a deputy, public defenders, social work and a deputy district attorney (DA).

Updates on our adult residential planning for residential treatment for clients struggling with co-occurring disorders. We closed the Nevin program, so we are now working on developing a program ("Program Fantastic") to brainstorm and come up with some really good / positive ideas as we move forward to develop this program. We did form a workgroup with AOD staff and mental health staff who interact with a lot of mutual clients in settings where our clients with co-occurring disorders often find themselves needing services, for example, psych emergency (PES). Our transition team intervenes and interacts with a lot of these clients. We started this workgroup and have met a couple times to start to put together a plan and have been brainstorming about what

a fantastic program for our clients would look like. Now we are going to start a stakeholder process and thought we would get input from clients first. We have had a lot of clients in our AOD programs, some of our enhanced board and care treatment programs. We want to hear from them about what worked, what didn't work, what they think would be a really helpful healing experience for them. We then want to hear from the providers and family members, advocates and community stakeholders. Hopefully in early March, we will issue and RFP and find a provider for our Fantastic Program. Flyers were sent out last week to AOD, BHS people to find clients willing to come and share their experience and speak to their ideas on what worked and what didn't.

We are in the process of issuing an RFP for crisis residential facility and will be seeking proposals from qualified providers to operate a 16 bed crisis residential facility. We want to focus on the east region of the county.

Questions and Comments

(Gigi Crowder) I really wanted to address that I have been in attendance in the MHSA Innovations meeting and this is the first I have heard of the PADS having definite funding. Moving forward with that, Jennifer (Bruggeman) stated it was brought up at CPAW, so I need to start attending the CPAW meetings, but I know the MHSA is supposed to utilize a very robust community stakeholder process before we decide what is going to be funded. I would like to see that happen for all the funding sources. It shouldn't be new, we should have been given opportunity to have input on how to spend the money. I'm particularly concerned with the children's services and the funding coming in with us being in a county where four of the school districts have been cited for not providing culturally responsive services to their African American community (we have only visited four): Mt. Diablo Unified School District, Walnut Creek, they are just not meeting the needs of those kids. 38% of them having IEPs. Some of the funding we are receiving should be put in place to address those type of disparities. I am hoping that, as the hiring is taking place, we are hiring individuals who care the skill set to not label children, but to really work with them and understand their needs. I might need to have an offline conversation with Gerold. It is really important to me that we give all students an opportunity for success and start breaking down the school to prison pipeline that is only getting worse, not better.
(RESPONSE: Jennifer Bruggeman) Thank you for bringing that up, Gigi. I apologize, we definitely have room within innovation, a couple of programs have sunsetted within the past year so we definitely have room for a couple of new innovation projects and are very much still in favor of the community defined practices. We have spoken to that and the conversations have been taking place at the main CPAW meeting and the innovations subcommittee because that one doesn't meet quite as often. I apologize if the current conversations have not gotten out to you. We are definitely moving forward with both. The only reason I just mentioned the PADs, it was brought to us by community stakeholders and is almost a ready-made project because it has already been approved and have the opportunity. CPAW voted on it last month and was in favor but we have an opportunity to join the multi-county collaborative. The other one, still needs to have the RFP developed and sent out. We definitely would like to continue speaking on both.
(Dr. Tavano) I would just like to add, Gigi, we want to do this other initiative, but the way innovation works is really cumbersome and tricky. When we were

looking at the funding, we are always looking to see if we are at risk for any reversion at all. There were some innovation money that was going to be at risk and we hate to turn money back to the State, so we had to find a quick innovation project that the OAC had already approved. To try to put something new in front of them and get the approval back, we would have passed the time and subject to some reversion of some funding which we did not want to happen. There was a lot of community support, a number of stakeholders came forward with this, so it fit together that way, but not at the expense of the other initiative. We just need time to get anything new through the OAC, honestly it is not easy and time consuming.

(Stephanie Regular) I have a question for Jan, specifically for Mental Health Diversion. Was that information related to the previous funding that was provided to the county or it in response to AB133? There was mention of a second (?) public defender (PD)? We certainly already have a PD for mental health diversion and it would be news to me if were getting a second one. That would be great. It seems that perhaps that information is dating back to the 2018 budget and not in response to the MIST recent governor's budget? Can you please clarify? (RESPONSE: Jan Cobaleda-Kegler) We have increased funding we applied to add four more clients to the project and it was approved. I had also gone through the proposal we submitted to the state, which included expanding DA and PD. If I provided the wrong information, I apologize. I was going off the proposal we submitted to the state and my understanding is that it was approved. I will have to go back and double check.

(Dr. Tavano) I can add, under AB1810, counties that didn't already have that grant were able to apply. It appeared as if they could apply for a lot more money. For those counties that already had an AB1810 grant (like CCC), we were only able to apply for the supplemental funds and the expansion funds could only be up to that sent amount. The decision was ongoing at the CAOs office. I believe you are correct will check it out. I don't think there were additional staff added for a DA and PD. I think just trying to squeeze funding for direct care. (Stephanie Regular) was it to serve four additional people or four additional staff members? (Jan Cobaleda-Kegler) No just for four additional clients. No increases in staff for the forensic program. The staffing will stay the same and we will serve four more clients. This is through AB1810.

(Cmsr. Wiseman) I put my comment in the chat. Just that student mental health in this state is not in good shape. I do want to thank Gerold, Suzanne, Jennifer and the whole team, everyone who has been working on this. We are trying to address a statewide problem. Here at home, where it is affecting our kids and our county, a moment of applause and thanks for tackling this because it is a very big problem.

(Cmsr. Serwin) We have been hearing BHS priorities. Next month, the commissioners have the opportunity to step back, discuss these priorities and to talk about any other priorities we have identified that are not within the priorities currently established by BHS and whether or not those are things we would like to advocate for now. We have a couple of motions on the table and will see if they are priorities of the commission or not when we hear them. It is entirely fine we start our next meeting with those motions. They are completely within the scope of the meeting. What I would like to do beforehand, if you recall at our last meeting, Cmsr. Dunn was presenting the motion regarding the MIST population. Cmsr. Andersen had suggested we hear first from BHS what their plans are in terms of serving this population so

that Cmsr. Dunn and the finance committee could factor those plans into what they would like to advise. That is a precursor to the MIST motion from finance. Why don't we go ahead and do that now. Dr. Tavano, are you prepared to do that?	
VIII. DISCUSS BHS strategies and steps to address the needs of the misdemeanor incompetent to stand trial (MIST) population who have transferred / are transferring to Contra Costa County, Dr. Suzanne Tavano, Director of BHS Services The MIST population has always been a responsibility of the county. The ongoing treatment that falls into that category is not the responsibility of the state or the courts, it has been the responsibility of the county. For the most part, people who have misdemeanor charges and are found IST, the goal is to keep them in the community and provide all the wraparound services that are needed. However, there are times when persons in the MIST category has been referred the state hospital. What changed, as Cmsr. Dunn has spoken to, is going forward, we can no longer arrange for admission to state hospitals for those MIST. We will continue to serve them in the community and provide the level of care needed but will have to be short of the state hospital. We have been serving that population all along. The difference now is state hospitals are no longer an option to refer and we have to use all the other resources we have in place. No new funding attached and no grant to apply to for this MIST. **Questions and Comments** (Cmsr. Dunn) The Finance committee has dived in, based on what MHS has sent us, in terms of what they thought it would to properly serve this population because assisted outpatient treatment because that is one of the possible landing spots for the MIST population. What it would take to serve 22 MIST persons and they came up with approximately $3mil per year in programming costs to take care of this population. Our purpose in asking is what is the need for proper treatment and services. (RESPONSE: Dr. Tavano) We are aware of that and also aware of changes that have already occurred and other potential changes surrounding LPS and conservatorship. We are aware and it's not that it won't be a priority, but we aren't quite there in terms of putting a price tag on it. The whole forensic area has really gotten more complex and expanding out and we are just taking it on piece by piece. In recognition of that, we did get approval to hire a chief of forensic services. As we keep growing and building out, tracking grants, applying for grants and setting up the programs deliver, we need more people to actually do that work. We are about to name (at least) an interim chief and waiting for personnel to open an exam to hire into permanent positions. (Stephanie Regular) There have been additional changes, other than just MIST individuals can no longer be sent to state hospitals. Since SB317, there is no longer competency restoration for MIST. I have been trying to understand what the county's plan is to shift from providing competency restoration to the other alternatives and whether there is any flow to services and recommendations with SB317. (RESPONSE: Dr. Tavano) The curriculum for restoration is one thing and straight forward. It is important, but the way we see it is the overall care provided and service and support to those put in that category. Even with the competency training going away, that doesn't take away from our intent to continue to service those people.	

(Stephanie Regular) SB317 requires the court, when someone is found to be IST, to direct them to mental health diversion, AOT or conservatorship. Especially if the county is only expanding mental health diversion by four additional people and the 22 are only for Felony IST (FIST), how is the county going to absorb this additional population into mental health diversion between October when we needed them going into this now?
(RESPONSE Dr. Tavano) If they are CCC residents, they are eligible for MediCAL benefits and we service all MediCAL beneficiaries, so there is that funding. Housing, that is another issue and I don't have an exact response regarding this. The whole forensic piece is getting more complex and expanding out that there be a separate conversations and we will have Marie Scannell, the Program Manager over Forensic programs, be available. She manages the day to day and is more conversant on the details than I am.
(Jan Cobaleda-Kegler) I would like to add that we are in the process of meeting with conservatorship, forensics, myself and county counsel, etc. to get a clear picture of what these changes really mean for us and come up with a plan and a workflow. There are changes to AOT, as well. We have been trying to schedule a meeting together for the past week.

(Cmsr. Serwin) I would like to request that the finance meeting in two weeks we reconvene on this topic and have Marie Scannell attend, if it's possible, if your team can meet prior and we can take this to another level as you are still trying to put together the pieces so we are all on the page. The question is whether it would be prudent or not to earmark funds for changes in the increase in the population for services that need to be covered by the county.

(Dr. Tavano) Sure. We are aware of things, but because we are still in COVID, the state doesn't let up. It is not just about forensic, its about every single thing we do. We receive information notices, basically regulations from the state, on almost a daily basis on changes with short deadlines. We are hustling and there is a lot going on for BHS, but we are happy to come back another time to have a focused conversation about that and have Marie join in.

(Cmsr. Serwin) that would be great because the timing for the commission to present the finance motion next commission meeting, so we would need to have this conversation at the finance meeting on February 17th at 1:30pm.

(Gigi Crowder) If we are speaking to Forensics, pre-COVID, we started meeting, NAMI CC has a criminal justice advisory committee and we have had the DA participate, as well as the former PD (prior to her retirement) and now we have Stephanie Regular attending the meeting as well as individuals with lived experience, those who have children who are incarcerated but live with mental health challenges. We have been looking mainly at behavioral health issues and when we first started it was only because five individuals in the program for a program that could have 30 individuals. This means 25 individuals could be getting treatment instead of incarcerations were not having that opportunity. At the last meeting, I think it was 15 and four had graduated. Speaking to the staff, they were in need of another clinician before bringing in more people. It pains me to know there are people sitting in a jail cell because we don't have the staffing and prioritized hiring staffing for such an important program. Prior to coming to work in this county, I would always advocate with families over how great CCC BH Court was, because I saw such great success for those participants. Any opportunity to have staff fully supported so they can serve all those individuals, we should put attention to that.

(RESPONSE: Dr. Tavano) Thank you for bringing that up. BH court used to be operated by BHS, somewhere along the line, not sure when it happened, it was moved to CCRMC and we don't administer that program and it is not connected to our forensic services at all. I would love to see it come back and be a part of forensics. It was a very integrated system but that's not the way it is now.

(Gigi Crowder) That doesn't make sense. The funding source should not dictate, I'm still going to be fighting so who would I address this to? Anna Roth? Why did that happen and how can we make it change back? I think it was a misstep if the needs are not getting met? (Dr. Tavano) maybe Dr. Shaw? He is the CEO of Hospital and Clinics. It's not by design or intent. I am just making an observational statement since I have been back for the last three years. It was a bit puzzling to me and was told it shifted. I don't know.

(Teresa Pasquini) I am very frustrated and disappointed these motions are being moved again. I think it's something we have been working on for a long time and, again, I am very aware of the burden placed on BHS Administration and the multitude of what everyone is juggling but it is just really hard. I am a family member with someone that was sitting in a jail said. I know what it is like and it is very frustrating. I will actually address it to the BoS level because it is hard for me to understand why so much burden is placed on our staff for determining all this. The planning that goes into place. I really am frustrated for our community and staff because I do know the burden and pressures coming. It is harmful and it is hurting people. The sobering center and the respite center are great additions to our community but I want to also remind (I guess to Supervisor Andersen) I actually came across a meeting you chaired back in 2016 that I gave public comment at. There was a presentation from Bill Walker and the sheriff and Phil (_____). In that meeting, it was discussed how we were going to be providing a sober center and a respite center. That was part of their AB109 report to the BoS in 2016. Here we are in 2021 and it's just NOT okay that CCC is moving at a snails pace in these areas. I don't want to be disrespectful and I am a committed partner, but it is really hard. I will end by saying, yesterday, I spent two hours with the homeless continuum of care listening to their consultant give a presentation on what is being planned for the COC and the homeless continuum of care process. There are 40 open slots for CCC to funnel all those on our streets and in our jails into these slots. The motions we have before you that I worked for a year on are critical to expanding this continuum of care and I really hope this commission will understand the crisis going on in so many of our communities and in our family members lives.

(Cmsr. Serwin) Your comments are very powerful. I feel heartfelt about these motions as well. I take responsibility for not moving to these two meetings in way to get to that. Those two motions will be the first two agenda items for March.

(Cmsr. Andersen) I am just going to say, Teresa, I do completely appreciate all of your advocacy and I too am frustrated we have not been able as basic as a sobering center and respite center. It hits bumps in the road. It is frustrating the speed we move and am grateful we are moving in the right direction to have these alternative locations and that we actually have funding in place. Yes, it is a problem and it is very frustrating so thank you for continuing to advocate for it because we absolutely need alternate destinations and I am

very hopeful that now with Measure X funds in place we can overcome the other roadblocks that have prevented us from moving forward.	
IX. CONSIDER the Motion brought forth from the January 20, 2022 MHSA-Finance Committee Meeting *"The Mental Health Commission advises the county Behavioral Health Services to include a minimum of $10million to cover the necessary Housing, Treatment, and Services needed for this most vulnerable and highest need population to include:* *a. Multi-Service level Forensic and Civil Mental Health Rehabilitation Center (MHRC) treatment and services* *b. Multi-level step down housing, treatment, and services"*	***Agenda Item skipped. Motion to be on the March MHC agenda to discuss and vote.***
X. CONSIDER the Motion brought forth from the December 16, 2021 Quality of Care Committee Meeting *"The Mental Health Commission advises Behavioral Health Services and the Board of Supervisors to fund a comprehensive needs assessment of the county's continuum of care system of placing, tracking, treating, and housing the specialty mental health population."*	***Agenda Item skipped. Motion to be on the March MHC agenda to discuss and vote.***
XI. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano, PhD., Director of Behavioral Health Services	***Due to time constraints, Dr. Tavano was unable to present the BHS Director's Report.***
XII. Adjourned at 6:32 pm	

CCBHS Grant Summary

Funding Source	Acronymn	Status	Description	Amount	Pefromance Period
Federal Allocation	Federal Earmark Request	Awarded/ Waiting contract	Funds for renovation for Oak Grove	$1,000,000	unknown
Federal Allocation	Federal Earmark Request	Awarded / Awaiting Contract	Expansion of exisitin MCRT teams	$1,061,552.00	unknown
MHBG CRRSAA	Mental Health Block Grant Coronavirus Response and Relief Supplemental Appropriations Act	Awaiting Approval/ No Contract required	Equipment and software for HUB dispatch services, First Episode Set-Aside	$1,095,579	9/15/2021-6/30/2023
MHBG ARPA	Mental Health Block Grant American Rescus Plan Act	Awaiting Approval/ No Contract required	Level 1 and Housing Crisis response staffing and training	$2,597,143	9/15/2021 - 6/30/2025
BHCIP CCMU (Round 1)	Behavioral Health Care Infrastructure Project - Community Crisis Mobile Unit	Awarded/Awaiting Contract	Call system implementation, equipment, software and licensing, vehicles, project management, training and peer support (time limited)	$2,992,679	9/15/2021 - 6/30/2025
Measure X	Contra Costa Local Funding	Awarded		$5,000,000 one time, $20,000,000 annual	Ongoing
BHJIS	Behaviora Health Justice Innovation Services	Requested	Spanish language specialty mobile crisis teams pilot	$699,647	TBD
BHCIP Planning Grant (Round 2)	Behavioral Health Care Infrastructure Project - Community Crisis Mobile Unit	Awarded/Awaiting Contract	Planning for Infrastructrue	$150,000	1/31/2022 - 12/31/2022
BHCIP Launch Ready (Round 3)	Behavioral Health Care Infrastructure Project	RFA Released 1/31/22	Launch ready infrastructure projects for Medi-Cal benificiaries	TBD	TBD
CCE	Community Care Expansion	RFA Released 1/31/22	Infrastructure/Adult Resisdiential and senior care for SSI/SSD recipients and those experiencing homelessness	TBD	TBD
BHCIP - Child/Youth (Round 4)	Behavioral Health Care Infrastructure Project	RFA Not Issued at this time	TBD	TBD	TBD
BHCIP Round 5	Behavioral Health Care Infrastructure Project	RFA Not Issued at this time	TBD	TBD	TBD
BHCIP Round 6	Behavioral Health Care Infrastructure Project	RFA Not Issued at this time	TBD	TBD	TBD
BHQIP Planning Grant	Behavioral Health Quality Improvement Program	Awarded	Participation in state EHR scoping and review	$200,000	
QI Implementation	Behavioral Health Quality Improvement Program	Awarded	CalAim Implementation. Incentive based. Deliverables required.	$1,983,440.00	
CHFFA Wellness Grant	California Health Facility Finance Authority	Contract Signed	Children's Crisis Stabilization Unit	$2,322,571.00	4/21/2021 - 12/31/2024
AOD CRRSAA	Alcohol and Other Drugs Coronavirus Response and Relief Supplemental Apporpriations Act	Awarded	AOD HER Implementaion (compliments ARPA)	$3,488,600.16	9/15/2021-6/30/2023
AOD ARPA	Alcohol and Other Drugs American Recover Plan Act	Awarded	County EHR and 1Mill to support technology and staff for prevention CBOS	$2,508,138.66	9/15/2021 - 6/30/2025
Opioid Settlemenmt		Awarded	Funds 1FTE Addiction Psychiatrist, Treatment in the Jail 2FTE counselors, 1FTE Manager, Expands Residential Adolescent Treatment, Increases rates for AOD CBOS 3% COLA	$2,000,000	Annual
RSAT		Awarded	Treatment in West County Detention Facility	$1,500,000	7/1/2022 - 6/30/2025
P-64		Awarded	Cannabis, Youth and Social Media	$1,000	

CalAIM & Payment Reform

Suzanne Tavano, Ph.D

Mental Health Commission Meeting

February 2, 2022

CalAIM Behavioral Health Initiative Timeline

Policy	Go-Live Date
Criteria for access to SMHS	January 2022
DMC-ODS 2022-2026	January 2022
Enhanced Care Management/Community Supports	January 2022
Documentation redesign for SUD & SMHS	July 2022
Co-occurring treatment	July 2022
No Wrong Door	July 2022
Standard screening & transition tools	January 2023
Payment reform	July 2023

Payment Reform

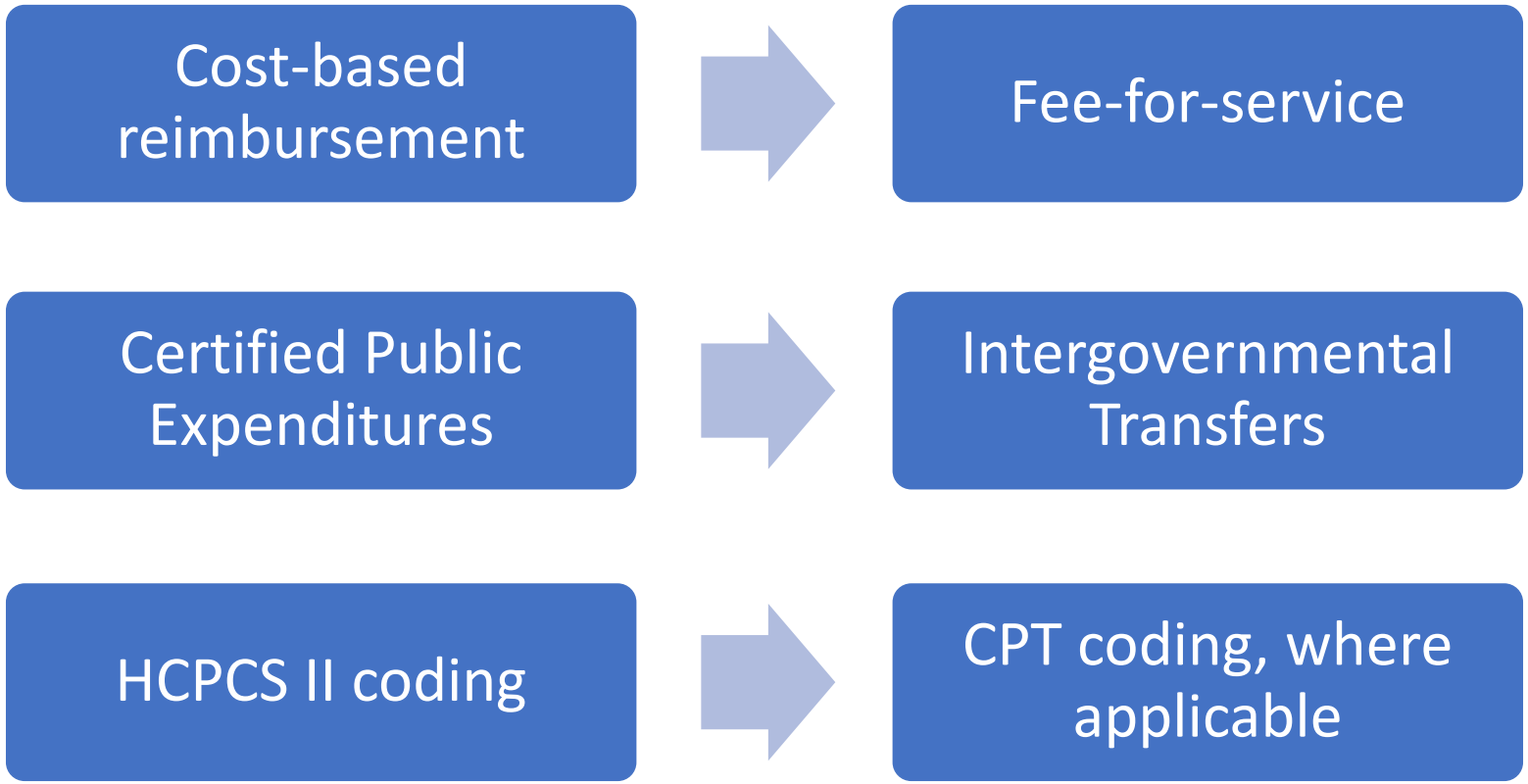
Payment Reform – Goals

Go Live: July 2023

- Today, reimbursements to counties limited to costs incurred by the counties and subject to a lengthy and labor-intensive cost reconciliation process
- CalAIM seeks to move counties away from cost-based reimbursement to enable value-based reimbursement structures that reward better care and quality of life for Medi-Cal beneficiaries

Payment Reform – Overview

Go Live: July 2023



Reimbursement

- BH plans will be paid a fixed rate with no cost settlement
- Rate schedule established by DHCS is for reimbursement to BH plans
- Provider payment rates will be negotiated between providers and BH plan
- Step toward value-based payments in the future

CPE to IGT Transition

- IGTs are a new mechanism for supplying non-federal share
  - Non-federal share transferred between governments to draw down federal share of Medicaid payment = “intergovernmental transfer”
- No change to dedicated BH funding sources
  - Counties continue to use same sources of non-federal share: 1991 and 2011 Realignment, MHSA, State General Fund, County General Fund, other allowable local funds

Coding Transition

HCPCS = Health Care Common Procedural Coding System

- HCPCS Level I = CPT
- HCPCS Level II = Intended to identify services not included in CPT
- *Level II codes historically used for Medi-Cal BH*
- Level II codes have high level, flexible definitions - a variety of activities may be reflected by the same code
- Can be used by licensed or non-licensed providers

CPT = Current Procedural Terminology

- More detailed definitions for each code that are standardized nationwide
- Typically used by physicians and licensed providers
- Transition needed because CMS expects all state Medicaid programs to adopt CPT codes where appropriate to enable data analysis/comparison between states
- Will retain some HCPCS Level II codes to capture full set of rehabilitative BH services, and all allowable provider types

Operational Considerations

- Transition from cost settled interim rates to annual rates calculated by DHCS using CMS approved formulas
- Transition from Certified Public Expenditure to Intergovernmental Transfers for the county provided non-federal share
- Transition from current HCPCS codes to CPT codes wherever possible with HCPCS codes used when required to claim for a service or provider type not covered by a CPT code

MHSA BUDGET PROPOSAL FY 22-23

PRESENTED TO THE

MENTAL HEALTH COMMISSION

2/2/22

OVERVIEW OF 2020-2023 CYCLE

MHSA 20-23 Budget Existing 20-23 MHSA Program and Expenditure Plan			
Program Element	Actual Budget FY 20-21 ✓	Actual Budget FY 21-22 ✓	Projected Budget FY 22-23 →
CSS	$46.9M**	$40.5M	$40.5M
CF/TN	$500K	$250K	$250K
PEI	$9M	$9M	$9M
WET	$2.6M	$2.4M	$2.4M
INN	$2.2M	$2.2M	$2.2M
TOTAL ANNUAL BUDGET	**$61.3M**	**$54M**	**$54M**
**includes approx. $7m 1/x funding for lost Re-alignment. Removed in 21-22			

PROPOSED 22-23 MHSA BUDGET

- Reintegrate stakeholder driven items from the original 20-23 pre covid budget
- Incorporate increases for:
  - Housing
  - Bilingual Staff through the Intern Stipend Program
  - Career Ladder Positions for Peers
  - Innovation Project – Psychiatric Advanced Directives (PADs)
- Increase Budget from $54M to $63M

PROPOSED 22-23 MHSA BUDGET

Component	Amount	Notes
CSS	$47.9M	Adds funds to Housing Adds CSW and MHS positions to support clinics
PEI	$9.8M	
INN	$2.2M	Participate in multi-county collaborative PADs project
WET	$2.9M	Adds $500K to Bilingual Intern Stipend Program
CF/TN	$250K	
TOTAL	**$63.2M**	

BUDGET UPDATES

JAN COBALEDA-KEGLER

MENTAL HEALTH EVALUATION TEAM – MHET

MHET teams pair a licensed clinician with a police officer to engage with a target population of individuals with mental illness who have frequent contact with law enforcement.

Currently we have three regional MHET teams serving our East, Central, and West regions via MOUs with Pittsburg, Walnut Creek, and Richmond PDs – AND – a Concord MHET team via a grant from the the Concord PD.

EXPANSION PLANS:

Three Mental Health Clinical Specialists – MHCS – positions will be added to provide services with the MHET teams. These three clinicians will partner with the Sheriff's department. Each MHET clinician will be partnered with a Sheriff's deputy in each region, East, Central, and West.

MENTAL HEALTH DIVERSION PROVIDES PRE-TRIAL DIVERSION SERVICES VIA AB 1810 FUNDING FOR INDIVIDUALS REFERRED FROM THE COURT WITH SERIOUS MENTAL ILLNESS. THE FORENSICS DIVERSION TEAM PROVIDES MENTAL HEALTH TREATMENT AND WRAPAROUND SERVICES ACROSS A CONTINUUM OF CARE TO MEET CLIENTS' NEEDS TO EFFECTIVELY MANAGE THEIR MENTAL HEALTH SYMPTOMS AND LIVE SUCCESSFULLY IN THE COMMUNITY.

Services Include:

Case Management and Psychiatry Services – Individual and Group Therapy – Risk Assessments – Linkage Services to Primary Medical Care, Financial Services, Regional County MH Clinics, AOD Services – Crisis Evaluation and 5150 Evaluation – Housing Services/Transitional Sober Living Environments

Expansion Plans:

Currently the program will provide MH Diversion to 22 "category one" clients found to be IST or likely to be IST with a diagnosis of schizophrenia, schizoaffective, or bi-polar disorder. There are plans to add services to provide Diversion Services to four more "category two" clients found to be IST and ordered to DSH with any diagnosis allowed under penal code 1001.36.

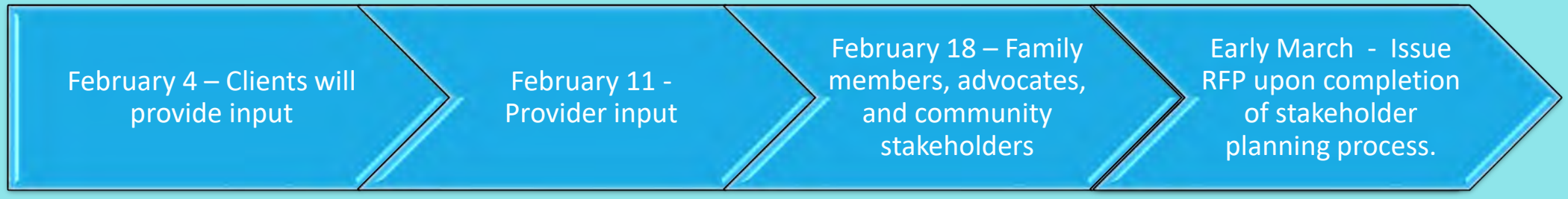
To support the additional four clients, Forensic MH Diversion will provide additional and frequent field and in-home visits per level of care needs of each client. When a higher level of care is indicated, Forensic MH will assess for placement and refer to appropriate settings and re-evaluate treatment needs. Expansion plans to also add one Deputy PD and SW and one Deputy D.A.

ADULT RESIDENTIAL PLANNING - PROGRAM FANTASTIC – RESIDENTIAL TREATMENT FOR CLIENTS STRUGGLING WITH CO-OCCURRING DISORDERS

Behavioral Health workgroup formed. AOD and MH staff who interact with our mutual clients in settings where clients often find themselves needing services as a result of their co-occurring substance use disorder and mental health issues colliding.

Workgroup met 12/13/21, 12/20/21, and 1/7/22. Brainstorming about what a “fantastic program” for our clients would look like.

Stakeholder process beginning in February. Zoom format. Fliers sent to stakeholders with Zoom info.

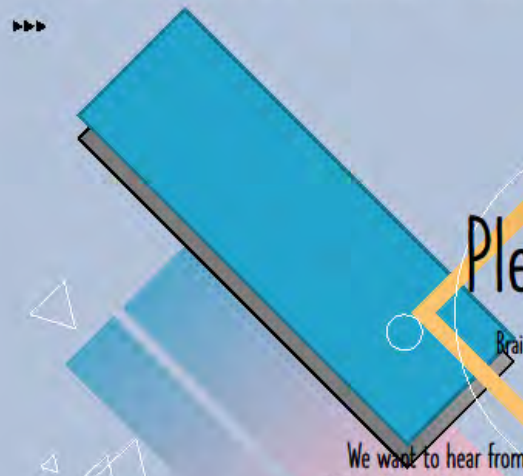


CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

Program Fantastic Stakeholder Planning

Please Join Us in Envisioning a Program to help support our clients struggling with mental health issues and substance abuse issues.

We would like to hear from you about your experience in previous treatment programs - what worked. What could have been better? What did not work? What would a fantastic program look like to you?



Please Join Us

Brainstorming for a Program Fantastic

We want to hear from you

When: Friday - February 4 - 11 am

Where: https://cchealth.zoom.us/j/4673644278

Meeting ID: 467 364 4278

CRISIS RESIDENTIAL PLANNING

Behavioral Health is in the process of issuing an RFP for a Crisis Residential Facility.

CCBHS is seeking proposals from suitably qualified providers to develop and operate a 16-bed crisis residential program in the East region of the county for adults 18 years and older who need a 24/7 structured treatment program.