

**MONTHLY MEETING MINUTES
MENTAL HEALTH COMMISSION (MHC)
August 2nd, 2023 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Cmsr. L. Griffin, MHC Chair, called the meeting to order @ 4:34pm. <u>Members Present (In-Person):</u> Chair, Cmsr. Laura Griffin, District V Cmsr. Gerthy Loveday Cohen, District III Cmsr. Tavane Payne, District IV Cmsr. Pamela Perls, District II Cmsr. Barbara Serwin, District II Cmsr. Rhiannon Shires, District II Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I <u>Members Absent</u> Cmsr. Ken Carlson, District IV Vice-Chair, Cmsr. Leslie May, District V <u>Other Attendees (*in Person):</u> Colleen Awad (Supv Ken Carlson’s ofc)* Angela Beck* Y’Anad Burrell Jessica Hunt Jennifer Quallick (Supv. Andersen’s ofc)</p>	<p>Meeting was held at: 1025 Escobar Street, Martinez, CA 94553 and via Zoom platform</p>
<p>II. Motion to request approval for Commissioner Leslie May to participate remotely based on the “emergency circumstances” exemption. (In accordance with AB2449 -Teleconferencing options allowed under the Brown Act, dated March 1, 2023</p> <ul style="list-style-type: none"> Vote to allow Emergency Circumstances for Cmsr. Leslie May (July Executive and all Commission/Committee Meetings in August) for Surgery on July 25th and Recovery/Physical Therapy. Motion: L. Griffin moved to approve. Seconded by T. Payne <p>Vote: 7-0-0 Ayes: L. Griffin (Chair), G. Cohen, T. Payne, P. Perls, B. Serwin, R. Shires, and G. Stern Abstain: None.</p>	
<p>III. PUBLIC COMMENT: None.</p>	
<p>IV. COMMISSIONER COMMENTS</p> <ul style="list-style-type: none"> (Cmsr. Shires) I just wanted to report, in reference to school and getting mental health in schools. My son was lucky enough to get a really good internship at the American Bar Association in DC and is working in the division of civil rights and social justice. One of the issue they are starting to work on, is there is a group “Moms for Liberty” which have been banning books in school. Their next agenda is to ban mental health services in schools. So we need to keep our eyes and ears open. This is happening in California, as well. If you want, my son does go to the Supreme Court hearings, he has been writing blogs for the ABA. You can follow of the Supreme Court hearings and what has been happening in mental health is part of what the agenda. Thank you. 	

<p>V. CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ul style="list-style-type: none"> i. Update on Commission membership ii. Implicit Bias Training a new required training for commissioners iii. New Mental Health Services Act Advisory Council (MHSA AC) Liaison – Commissioner Pamela Perls <p>Unfortunately, I have to announce the resignation of Skyelar Cribbs, District III, Seat 2. We wish good luck in the future and thank her for her service. That brings us down to nine (9) commissioners (of a total of 15) and a reminder that we need a quorum of six (6) for our commission meetings. So, if you know of anyone interested in joining the commission, we are going to step it up now that we are adjusted to all the teleconference meetings, getting set up on our new location here. Hopefully we will be able to do more action items in the future.</p> <p>I wanted to announce the new required training for the new commissioners. “Implicit Bias Training” is required, please ensure you take that within the next three months, along with the Brown Act and other training required on the Board of Supervisor’s website.</p> <p>Lastly, I wanted to announce our new Mental Health Services Act (MHSA) Advisory Council (AC), the old CPAW, our commissioner liaison is Cmsr. Pamela Perls.</p> <ul style="list-style-type: none"> • (Y’Anad Burrell) Just wanted to give a quick update that I did submit an application for District I commission opening about a month ago, and I have followed up online and in person. This will be my third time submitting in the last five years. We will see what happens. I have been following MHSA AC (former CPAW). I do remember former Cmsr. Dunn being the liaison. • (Cmsr. Stern) As a commissioner from District I, Ms. Burrell, I would encourage you to call into Supervisor Gioia’s office and speak to his Deputy Chief of Staff directly, make an appointment with Supervisor Gioia as soon as possible. You have to be proactive, that is all I can say about that. We would love to have you as you attend consistently and are an active member of the public in our meetings. 	
<p>VI. APPROVE July 5th, 2023 Meeting Minutes</p> <ul style="list-style-type: none"> • July 5th, 2023 Minutes reviewed. Motion: T. Payne moved to approve the minutes as is. Seconded by G. Stern <p>Vote: 8-0-0</p> <p>Ayes: L. Griffin (Chair), G. Cohen, T. Payne, P. Perls, B. Serwin, R. Shires, G. Stern and G. Swirsding</p> <p>Abstain: None.</p>	<p>Agenda and minutes can be found:</p> <p>https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VII. DISCUSS Presentation on the Student Behavioral Health Incentive Program (SBHIP) given by Robert Auman, Senior Program Manager, Contra Costa Health Plan (CCHP) at the July 20, 2023 Quality of Care Meeting</p> <p>The Student Behavioral Health Incentive Program (SBHIP) goal is to bring mental health services into the school districts and, secondly, to enable the school districts to bill private and public insurance for services that they deliver to their students. This includes school districts providing therapy at school sites and billing insurers directly for the therapy. It is moving therapy into the schools.</p> <p>Background: SBHIP is funded by a \$400m, 3 year grant running through December 2024. It is distributed across all the state of California. Our county budget being \$9m.</p>	<p>Documentation on this agenda item can be found:</p> <p>https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

The program selected in initial set of school districts to work with are Antioch, West Contra Costa, John Swett and the County Office of Education Special Needs Program. These agencies, in total, represent about two-thirds of the students in the county that qualify based on need as such by participation in the free lunch program as proxy. We know there are a lot of other students who meet that criteria, but it is felt these school districts captured the most students in that category.

The plans or projects to be implemented by the school districts, include additional staffing for direct services, such as therapy and crisis intervention, a wellness center and various prevention programs. The insurers that are initially participating are Anthem and Contra Costa Health Plan (CCHP).

The impact of the program approaches to enable students to receive free or more affordable and seamless evaluation, diagnosis and treatment where they spend most of their day; all under one umbrella. This contrasts with the historical system of students being referred to an overburdened in-school counselor for help. This may possibly in turn in contact with a parent, it may be a dead end or may result in attempts to access care in a patchwork of mental health services, and the headaches of trying to schedule appointments out of school and the lack of a single mental health/physical health profile, electronic profile and the prospect of not actually receiving care because it's too expensive. That is what the system looks like today. For obvious reasons, this doesn't work that well.

The Quality of Care Committee is tracking on what are fast moving developments of SBHIP and we are focusing in on certain aspects of the program. We have decided to evaluate the success measures of individual school site initiatives; what are their success measures and how well are they meeting them. We are trying to figure out their method for identifying the target student is working. Are the students with mental health support needs actually being identified? Who is being missed? Are there kids being missed?

Evaluate whether there is adequate service capacity: Are there enough counselors, crisis counselors, etc. for the number of kids that are coming to their door?

Evaluate whether the new mental health services are actually being used by the target populations? Are there barriers for them getting there? Are they actually meeting their needs when they do go there?

Tracking on the success of the implementation of the direct billing and payment efforts. There is a lot of infrastructure that needs to be put into place so that schools can bill to the private and public insurers and get their payment.

We have had a couple meetings with Robert Auman (Senior Program Manager at CCHP). He has been enormously helpful with information and providing us with reports and now contacts. I really want to thank him. Our last meeting with Mr. Auman was the July Quality of Care meeting. He gave us an update on the current implementation status of the program in our county. Here are some bullet points to summarize what was discussed in the meeting. The three main areas of current activity are:

1. Completion of project design and implementation, including the staffing in projects, creating a wellness center for the crisis intervention program.
2. Setting metrics for these school individual projects or programs. Each school has three or four of these programs and they are setting the metrics for each independently of other schools.

3. Scheduling training for school staff members on the software that is being used for logging the use of the services and tracking on the metrics. This is the same software that will be used for direct and for payment.

The challenges described are: In the areas of financing and the ability to hire staff. As I mentioned, our county budget is \$9mil (out of \$400mil) in a three year grant awarded to all state counties. One of the current challenges to implementation is the slow release of this funding to the participating schools. The approval of each school district is required to provide a semi-annual report. This report, once accepted, will trigger the release of funds (the next round of funding). The last report was due in June and triggered 12.5% of the funds. The majority of the funding is for staff to deliver behavioral health services and this hold on the distribution of funding is holding up the hiring. The software training staff are not hired yet, either. Mr. Auman was very frank with us and said working through the county is incredibly slow and that is the major sticking point.

In addition to access of funds, the schools are having difficulty, something you are all aware of, recruiting and hiring staff to provide the direct services. We all know why it lowers the supply of qualified workers and possibly compensation differentials and comprehensive packet will be made public (private) like yours. Yesterday, I just received the June 2023 report for the school districts and which metrics are apparently described. I will report on that in our next meeting at the Quality or Care meeting. I'm really excited to see what that is. The software is being used to track student interactions with the behavioral health services, some being done by schools by hand and is now a program requirement to use the software to tracking on the metrics. I was glad to learn the software also provides (what is essentially) an electronic health record for each student using the services. That is a big leap forward.

Billing and payment services, also (importantly) relies on the contractual arrangements between schools, providers and the health plans. That is a slow process, there is negotiating and setting up their system to link, seems to be ready a bit slower. They didn't say it was going to run fast or never asserted it would be done with this program but have been pushing on, as it is where the 'proof is in the pudding'.

The post grant future: Mr. Auman pointed out that SBHIP is a limited time program of just three years, taking place in a limited set of schools. The goal is for the program is going act like a pilot for further implementation in not only in additional school districts but perhaps for the delivery of a broader set of services.

Questions and Comments

- (Cmsr. Payne) How does the food services relate to mental health part. (RESPONSE) I believe it has to do with nutrition being a wellness program and one could argue that not getting meals, not able to attend or concentrate.
- (Cmsr. Cohen) You were speaking to going into the schools and see how this works. (RESPONSE) There are only five school districts implementing this now, and I am unsure if every school in the district is implementing this.
- (Cmsr. Cohen) Example: Liberty Union High School District, we are not part of this. We have a school based therapist, we have academic counselors but we are doing more than academic counseling. The may have different agencies working with a school-based therapist, trained in crisis. If you all want to come and see how we work, you are more than welcome. We will have a wellness center, we use the base program this year.

If you want apply this base program to the whole school, it will not work. It involves 'red' words and we don't have the amount of counselors to go and find these kids that have red words. They have modules and when you start with your program, you have a module. You answer a question area and then they put up models (excited, depression, college, career, social skills) then they give you questions. When you answer and you put a word like 'dye' (as in dye your hair), it flags it as 'red' and gives an alarm and you must stop what you are doing and the counselor has to run to the student to (*interrupt, several others cross talk over and cannot make out what is being said*).

- (RESPONSE: Cmsr. Griffin) We have a huge mental health crisis with our youth. How do you reach the children? Through the schools. It is not like we are focusing on education. That is where they are and part of our goal, to reach out, look into these different organizations and what they are doing, what is working, what isn't working and advocate for them. It is a huge crisis and it must be addressed. In October, First5 will be presenting and they have a children's mental health program they have been implementing and that is another program that is working. We need to know how all these different organizations are doing and what can we advocate for?
- (Cmsr. Swirsding) I spoke to people in West County and they were asking why they chose the Junior High, because that is where the need is. High School and planned parenthood isn't involved in school but they are taking care of a lot, including mental health. We also have pre-K and younger (like building blocks for kids). That is really active in our district. They also work with K-2nd grade. Younger age. They are not part of the pilot.
- (Cmsr. Serwin) There were a lot of parameters, but if you go on line you can find what each need is for the various schools. Many can be used to target socio-economic levels. One of the proxy they used was the free-lunch program. However, we were told that no child will be turned away for services regardless of their income level. They don't have that data for us.
- (Jen Quallick) Maybe I missed it, but do our commissioners go to the school district meetings and make their interests known?
- (Cmsr. Serwin) That's part of our strategy, right now, we have collected enough information regarding what SBHIP is, current on the implementation, their semi-annual report just came out and we have started brainstorming--How do we get in to the school districts? What contacts do we need? What information are we going to be looking at? Next step and identify going to the school boards.
- (Cmsr. Shires) I serve on the steering committee for social/emotional well being in our school district. We can collect input. We definitely can be represented there. <int> (Cmsr. Serwin) There is steering committee for the... (Cmsr. Shires) Superintendent's Steering Committee for Social / Emotional Well-Being. (Cmsr. Serwin) That's the umbrella superintendent? (Cmsr. Shires) Yes, all schools in the District <Int> (*too much cross talk/cancelling out*)
- (Cmsr. Griffin) We need to wrap this up but I want to address Jen Quallick that we are planning to attend and speak at one of the Contra Costa County Board of Education (CCC BOE) meetings. They have representatives from every district. They are elected officials. That would be one great place to start.

<p>VIII. RECEIVE Report out: Alcohol and Other Drug (AOD) Liaison, Cmsr. Shires There are no updates. The meeting was cancelled as there was no quorum.</p>	<p><i>No updates, no quorum/no meeting</i></p>
<p>IX. RECEIVE Report out: MHSA Advisory Council Liaison, Cmsr. Perls This will be tabled for next month. Cmsr. Perls was just assigned and has not attended a meeting yet.</p>	<p><i>Tabled for next month</i></p>
<p>X. RECEIVE Committee Report Out: Justice, and Quality of Care/Finance Committees</p> <p>(Cmsr. Stern) Justice Systems: No meeting, no quorum. The month prior, we assigned members some 'homework' to explore different aspects/goals and did not get to discuss but will be doing so this upcoming month.</p> <p>(Cmsr. Serwin) Quality of Care: SBHIP, I spoke to at length, that is where we have been focusing our activities the last 4-6 months. At some point, the Finance committee folded into the Quality of Care committee until such a time as we have a fuller membership, there are just not enough people to have staff this committee and we are addressing the Finance issues as they apply to Quality of Care in this committee (and Justice as those issues surface) until such time we can revive this committee.</p> <p>We have been tracking on the BHCIP funding and we have yet to hear why we didn't get funding in certain rounds? What can we learn from that? How are we going to 'what is plan B' for those fundings we did not get?</p> <p>Another tracking is contract reviews, focusing on the very large ticket contracts we have coming through. Behavioral health services (BHS) acknowledged a lot of the contracts (year after year) get pushed through, the aren't getting site visits and have an interactive process going on throughout the year with liaisons, but not a concrete site visits.</p> <p>Ms. Beck has been doing a great favor by watching the Board of Supervisors (BOS) agenda items and identifying anything to do with mental health and that is how we see some of the contracts coming up, but we need to get into the review process when it starts, the re-writing, renegotiation of the contracts start early on and we shouldn't be finding out at the BOS meeting. We need to know early on so we can review at that point and raise questions that we may have at that time.</p>	<p><i>Due to time constraints, this has been tabled for next month</i></p>
<p>XI. Adjourned: 5:29 pm</p>	