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

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

#### **Mental Health Commission (MHC)**

Wednesday, October 4<sup>th</sup>, 2023, ◊ 4:30 pm - 6:30 pm

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

VIA: Zoom Teleconference: <a href="https://zoom.us/j/5437776481">https://zoom.us/j/5437776481</a>

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

In Person: 1025 Escobar Street, Martinez, CA 94553

#### **AGENDA**

- I. Call to Order / Introductions (10 min.)
- II. Motion to request approval for Commissioner Leslie May to continue to participate remotely based on "emergency circumstances" for the October 4, 2023 Commission Meeting (In accordance with AB2449 Teleconferencing options allowed under the Brown Act, dated March 1, 2023) (5 min.)
- III. Public Comments (2 minutes per person max.)\*
  In accordance with the Brown Act, if a member of the public addresses an item not on the agenda, no response, discussion, or action on the item will occur, except for the purpose of clarification.
- IV. Commissioner Comments (2 minutes per Commissioner max.)
- V. Chair Comments/Announcements (5 min.)
  - \* Welcome our new Commissioner Vanessa Rogers, District IV
- VI. APPROVE September 6, 2023 Meeting Minutes (5 min.)
- VII. RECEIVE Presentation External Quality Review Organization (EQRO) Findings Priscilla Aguirre, MPP, Quality Management Program Manager (20 min/10 min. Q&A)
- VIII. RECEIVE Presentation "Investing in Early Childhood Mental Health" Dr. Ruth Fernandez, Ed.D, Executive Director and Wanda Davis, Early Intervention Program Officer (30 min/10 min. Q&A)
  - IX. Nomination Committee Volunteers (5 min.)
  - X. RECEIVE Report out: MHA Advisory Committee Liaison, Cmsr. Perls (5 min.)

(Agenda Continued on Page Two)



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

### Mental Health Commission (MHC) Agenda (Page Two)

Wednesday, October 4<sup>th</sup>, 2023  $\Diamond$  4:30 pm - 6:30 pm

- XI. RECEIVE Committee Report out: Justice Systems and Quality of Care/Finance committees (10 min.)
- XII. RECEIVE Behavioral Health Services Director's report, Dr. Suzanne Tavano
  - Update on Care Court implementation in Contra Costa County
  - > Children's Crisis Center and Psych Emergency Services (PES) Expansion and Invite
- XIII. Adjourn

#### **ATTACHMENTS:**

- A. EQRO Report link: <u>CAEQRO-Report-2022-2023.pdf</u> (cchealth.org)
- B. Investing in Early Childhood Mental Health" First Five Contra Costa

#### **CONDUCT AGREEMENT**

The input of all participants in the meeting is highly valued. In order for all voices to be expressed in a productive, safe and respectful environment, the following set of self-governance guides are asked of all participants:

- 1. We are committed to honoring people's time. Please help us by being on time, asking questions, speaking to the topic at hand, and allowing for others to speak.
- 2. Please keep yourself on mute unless you are speaking.
- 3. Wait to be recognized, before commenting and keep your comments direct and brief.
- 4. It is okay to disagree, as different perspectives are welcomed and encouraged. Please be polite and respectful and allow others to voice their views as well.
- 5. Please refrain from criticizing a specific person or viewpoint in a negative manner during the meeting. Outside of the meeting, you may connect with MHC Commissioners and staff for assistance in having your concerns heard and addressed through the appropriate channels.
- 6. Avoid providing any distractions, such as side bar conversations.
- 7. An individual may be asked to leave should they behave in a manner that threatens the safety of any participant or does not honor the terms of these guidelines.





Behavioral Health Concepts, Inc. info@bhceqro.com www.caleqro.com 855-385-3776

# FY 2022-23 MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

**CONTRA COSTA FINAL REPORT** 

⋈ MHP

☐ DMC-ODS

Prepared for:

California Department of Health Care Services (DHCS)

**Review Dates:** 

**January 18-19, 2023** 

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#### **EXECUTIVE SUMMARY**

Highlights from the Fiscal Year (FY) 2022-23 Mental Health Plan (MHP) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, "Contra Costa" may be used to identify the Contra Costa County MHP, unless otherwise indicated.

#### MHP INFORMATION

**Review Type** — Virtual

Date of Review — January 18-19, 2023

MHP Size — Large

MHP Region — Bay Area

#### SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the MHP on the degree to which it addressed FY 2021-22 EQR recommendations for improvement; four categories of Key Components that impact beneficiary outcomes; activity regarding Performance Improvement Projects (PIPs); and beneficiary feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2021-22 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	5	1	0

**Table B: Summary of Key Components** 

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	5	1	0
Quality of Care	10	4	6	0
Information Systems (IS)	6	4	2	0
TOTAL	26	16	10	0

**Table C: Summary of PIP Submissions** 

Title	Туре	Start Date	Phase	Confidence Validation Rating
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)	Clinical	09/2022	Planning and Implementation	Moderate
Gain-framed Provider Reminder Calls to Reduce No Shows to Initial Assessment Appointments	Non-Clinical	11/2021	Second Remeasurement	Moderate

**Table D: Summary of Consumer/Family Focus Groups** 

Focus Group #	Focus Group Type	# of Participants
1	⊠Adults □Transition Aged Youth (TAY) □Family Members □Other	13
2	□Adults □Transition Aged Youth (TAY) ⊠Family Members □Other	9

### SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The Anyone, Anywhere, Anytime (A3) reconfiguration of crisis services shows the promise of having services available at all times.
- Despite vacant positions, the Quality Improvement (QI) program is creative in its focus on quality and service improvements.
- The MHP's method of analyzing Information Technology (IT), ensures projects are implemented efficiently and economically and are able to produce desired outcomes.
- Telehealth delivery is robust across both county and contract provider programs.
- The Access virtual assessment pilot shows the promise of accomplishing rapid intakes and assessments and reducing assessment no-shows.

The MHP was found to have notable opportunities for improvement in the following areas:

- The MHP continues to be impacted by capacity issues related to recruitment and retention challenges.
- The communication of California Advancing and Innovating Medi-Cal (CalAIM) changes to providers and others in utilization management need to be more comprehensive and consistent.

- The MHP does not yet have a comprehensive, ongoing Senate Bill (SB) 1291 monitoring process for contract providers.
- Claims denial rates are higher than statewide and may result in lost revenue.
- Community-based organizations (CBOs) must perform double data-entry, increasing the chances of errors.

Recommendations for improvement based upon this review include:

- Implement recruitment and retention strategies identified through staff input.
- Develop a clinical and utilization review documentation manual which incorporates recent DHCS findings.
- Develop a comprehensive SB 1291 medication monitoring process for both directly-operated and contract providers.
- Expand use of batch files or direct entry into MHP EHR for CBOs.
- Investigate claim denial reasons and develop a plan to reduce denials and recover lost revenue.

For full report, please go to the EQRO Report link: https://cchealth.org/mentalhealth/pdf/CAEQRO-Report-2022-2023.pdf

# Investing in Early Childhood Mental Health

Mental Health Commission Meeting
October 4, 2023

**Dr. Ruth Fernández**Executive Director

Wanda Davis
Early Intervention Program Officer







### **Mission**

To foster the development of our community's children, prenatal through 5 years of age.





### **Vision**

Contra Costa's young children are healthy, ready to learn, and supported in safe, nurturing families and communities.



### **Core Values**

Diversity & Inclusion, Equity, Cultural Humility, and Community Partnership



Young children's early experiences affect the development of the brain architecture which provides the foundation for all future learning, behavior, and health.



# Long-term Effects of Toxic Stress

20%
of Contra Costa adults
have 4 or more aces

Without intervention, adults with 4 or more ACEs are:

37.5x

as likely to attempt suicide

3.2x

as likely to have chronic lower respiratory disease

2-2.3x

as likely to have a stroke, cancer, or heart disease

1.4x

as likely to have diabetes

Source: Hughes K, Bellis MA, Hardcastle KA, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet Public Health 2017; 2: e356–66.



# COVID-19 Amplified Mental Health Needs







Financial Insecurity

Isolation

Compromised Early Learning

Racial disparities are amplifying systemic failures



## What We Learned

### **FROM PROVIDERS**

- Funding for prevention and early intervention
- Topic-specific trainings (e.g., trauma-informed care, cultural humility, intergenerational trauma)
- Referral and resource connections

### **FROM FAMILIES**

- Provide culturally relevant supports
- De-stigmatize mental health
- Improve access
- Educate new parents







# Early Childhood Mental Health Investments

### **PREVENTION**

strategies that reach families & providers

Strengthening Children and Families

**Trauma-Informed Capacity Building** 

Strengthening Polices and Practices



# Strengthening Families

- First 5 Centers as prevention and early intervention strategies
  - Parenting classes and support groups
  - Skill building for the whole family
- Developmental screenings and playgroups
- Resource connection and system navigation





# Trauma Informed Capacity Building

- ACES pilot
- Capacity building for pediatricians
- Trauma informed and resiliency capacity building for providers
- Contra Costa Network of Care HUB





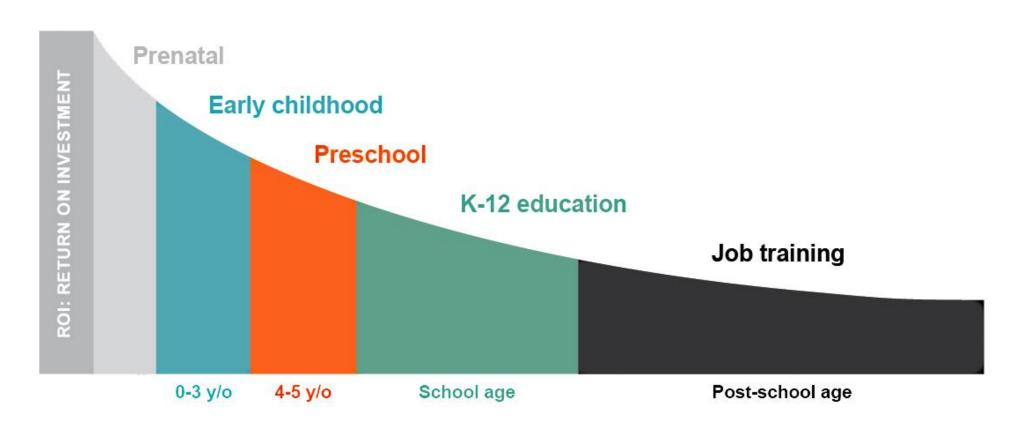
# Strengthening Polices and Practices

- Early Intervention and Prevention Coalition
- First Early Childhood Mental Health Community Forum
- Research Briefs
- Advocacy: SB326 & Measure X





# The Earlier the Investment, the Greater the Return



Source: James Heckman, Nobel Laureate in Economics



# **Early Childhood Mental Health Investments**

## Increased efforts for public partnership

Example: Triple P has demonstrated effectiveness in decreasing parental distress and reducing children's challenging behavior

### **Measure X**

Funding Goal: Match Measure X and ARPA funding with Prop 10



# Our Opportunity & a Call to Action

- Leverage funds to maximize impact
- Need for birth-5 allocation



first5coco.org



bit.ly/first-5-shared-responsibility

