

MENTAL HEALTH COMMISSION
QUALITY OF CARE COMMITTEE MEETING MINUTES
March 16th, 2023 - FINAL

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Quality of Care Committee Vice-Chair, Cmsr. Laura Griffin, called the meeting to order @3:39 pm.</p> <p><u>Members Present:</u> Chair - Cmsr. Barbara Serwin, District II (3:58pm) Cmsr. Laura Griffin, District V Cmsr. Rhiannon Shires, District II (left 4:40pm) Cmsr. Gina Swirsding, District I</p> <p><u>Members Absent:</u> Cmsr. Joe Metro, District V</p> <p><u>Other Attendees:</u> Cmsr. Pamela Perls, District II Angela Beck Jennifer Bruggeman Lucy E. Nelson Teresa Pasquini Jen Quallick, Supv Andersen’s ofc.</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS:</p> <ul style="list-style-type: none"> • (Teresa Pasquini) I would like to express my concern about the resignation of Commissioner Douglas Dunn, and the suspension of the committee meetings over the next several alternating months. I served on the commission for 9 years and it is good to see everyone here, I am grateful and know how hard it is to get to meetings. I used to have to commute from West County. I am just concerned about the ability to meet the mandate of the commission and I wanted to publicly express my concerns. I deeply respect Cmsr. Dunn and his service and felt he was such a strong representative voice for families like mine and it is just concerning. I just wanted to elevate my concerns and hope this will be elevated to the Board of Supervisors (BOS), as well. I don’t know how many commissioners are missing on the commission right now and I don’t know the quorum numbers, but the fact we have to stop having monthly meetings, this is where I come to learn about what is going on in the county system, this is where I feel most comfortable. Thanks. • (Jen Quallick) I did catch and do know that Cmsr. Dunn has resigned. I suspect his leaving and the meetings going to every other month. Supervisor Andersen and I have been discussing that. • (Teresa Pasquini) Cmsr. Dunn was such a critical voice in terms of representing the most severely mentally ill population, the family member voice. This is nothing against anyone, I love you all and know you all represent a different piece of the system, but he just brought a different perspective and ability to advocate. There is a gap here. I am concerned, concerned for the commission, the community and I just want to say, the BOS is responsible for appointing commissioner and making sure we have a full and ACTIVE commission and that we are filling appropriate roles on the commission to keep the commitment to the mandate. If we have people 	

<p>that can't make meetings and whatnot, it is very troubling and you won't meet your mandate.</p>	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. Perls) I just wanted to ask a question. Is this something, the decision about when/how often to meet, is that something the executive committee makes or is it put to the full commission as a vote? (RESPONSE: Cmsr. Griffin) to answer that, I am not sure and I believe it's operational, so we discussed it at the Chair meeting, it was just a preliminary discussion but then I did put out an email to the commissioners stating we would be meeting every other month through the end of the summer (at the committee level) and that was based on the decision that the chairs came up with, which I don't think it needs to go to the full commission. We were trying to alleviate the issue with the lack of commissioners. We have four pending resignations. We were just trying to make it as easy as possible to keep some commissioners on board that might not be able to make it in person. In retrospect, I have thought on this quite a bit and I do agree with Teresa, the work of the commission has to keep going, one way or the other, we have to continue meeting monthly. I will review the bylaws and speak to whoever it is I need to and we will change it back to monthly meetings. • (Cmsr. Swirsding) I do just want to say, I haven't driven out this way in a long time. I don't understand why it has to be all committees, why it can't be Finance one month and maybe Justice the next, why they can't alternate. But it seems like it is all the meetings, correct? (Cmsr. Griffin) Just the committee meetings every other month until the end of summer. • (Cmsr. Swirsding) we have a lot to do and I am concerned about that. There is so much in the news about what is going on with the kids and there are a lot of people right now in very severe crisis (example what happened on the Bay Bridge last night), there is just too many folks with too much stress everywhere you go, whether it's driving, going to the store. The most important thing to me is the kids. We have to continue our work, I'm ready to go. Let's continue. • (Cmsr. Shires) I'm in conflict as well. I sat in 45 minutes of traffic to get here and I normally am a very punctual person. I don't like to have people waiting. That just isn't my style, I feel it is disrespectful of other people's time, but I think we are all of getting into that mode of 'here we are in person, what does that take logistically for us to be here?' I am really waiting to hear about transportation reimbursement. I am wondering where that is? The other thing we have spoken about is stipends. This is a lot of time that is being expected of people that are volunteering to put in. I know there are a lot of other organizations that give stipends to volunteers. Then, just really quick about Cmsr. Dunn. He was a very valuable asset to this commission and I am completely saddened that he will not be chairing finance, beyond who he was, he had an MBA and knew what he was doing. He had not just the mental health component with lived experience as a family member but he also had (what I consider) the expertise to run a finance committee. Anyway, I miss him. • (Cmsr. Swirsding) I just want to say I am going to miss him too. He is really key on the finances and he will be hard to replace. 	
<p>IV. CHAIR COMMENTS:</p>	

<p>As I have stated already (and Jen Q, if I am wrong, correct me). I think this a chair decision and I don't have a vice-chair, so I was going to speak this at the Executive Committee meeting because I was thinking about these alternate committee meetings. I thought, we did not have the Finance meeting this month and if we won't have one next month so the next will be in May. I didn't feel comfortable with the whole thing, so I am glad you brought that up Teresa, because I was going to speak to it and continue as we have been. I feel it is important to follow the structure we have now and we owe it to our constituents and to all of you. If folks can't make it, and they get dropped off because of just cause, which is what will happen, we will just have to deal with it at the moment. Thank you. Unless I have to do this in another forum, we will continue on as our normal structure and have our monthly committee meetings as normal. That said, I also wanted to mention that I was very concerned that Cmsr. Dunn resigned as well. First I am very concerned about his health. He is not well. So all prayers to him, that is the most important. That said, we have lost a lot. This was a real punch in the gut, between the in person mandate and losing Cmsr. Dunn, we have a challenge and need to get the job done. So, all hands on deck. As far as the Finance committee goes, Cmsr. May is the co-chair of that committee, so she is stepping up to Chair but she also has her own health issues and will likely be putting in a request for Emergency Circumstances absence and what it is. So we will be continuing our regular monthly schedule.</p>	
<p>V. APPROVE minutes from the February 23rd, 2023 Quality-of-Care Committee Meeting. Cmsr. G. Swirsding moved to approve the minutes. Seconded by Cmsr. R. Shires.</p> <ul style="list-style-type: none"> • Vote: 4-0-0 <p>Ayes: B. Serwin (Chair), L. Griffin, R. Shires and G. Swirsding. Abstain: none</p>	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. REVIEW Children and Youth Behavioral Health Initiative (CYBHI) county planning document, Cmsr. Barbara Serwin, Chair, Quality of Care Committee</p> <p>If you recall from last meeting, Gerold Leonicker, Director of Children and Young Adult Services spoke with us. He gave us some background on this very large initiative (\$5B) at the state level. The Children and Youth Behavioral Health Initiative (CYBHI) brings a lot of resources, county by county, to individual school districts that are selected by their county for additional behavioral health services. I just wanted to remind everyone about this initiative because this document that I am referencing now falls underneath that initiative. What we have, is the Student Behavioral Health Incentive Program (SBHIP), which is our county's planning document that meets (in part) the CYBHI. CYBHI is very broad and includes most of the relevant children's social programming at the state level. What we are doing in our school districts is just part of it and it is referred to as this student behavioral health program. <Screenshare SBHIP PPT></p> <p>I asked for this document to share because we wanted to see what is happening in our county with respect to this initiative and compare what is happening in our county with what we had been considering tackling with our K-12 project. I just received this document and I thought we would walk through it as a committee. Following is the SBHIP Stakeholder's Update, October 13, 2022.</p> <p><u>Summary Overview:</u></p> <ul style="list-style-type: none"> • 4 (of 18) County School Districts, selected for >60% unduplicated student count 	<p>Powerpoint presentation screenshared by presenter and emailed to all participants after the meeting.</p>

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

Data Review

25 Discrete data sources used to assess current state:

- Student and Parent *CHKS* (California Healthy Kids Surveys)
- Mental health provider and Wellness Room surveys
- MHS District mental health (MH) infrastructure and priorities survey
- Data sharing from Kaiser and Anthem
- WISP (Wellness in Schools Program) summary and Liaisons focus Group
- Key Informant interviews
 - John Swett and *BACR* (Bay Area Community Resources) contractors
 - Pittsburg
 - Antioch
 - County BH
 - West Contra Costa (WCC)
 - Kaiser
 - CCC COE
- Still to complete: surveys and focus group with WCC MS Admins

Assessment Findings

Greatest Needs across all Districts:

- Emotional regulation, and increased depression, sadness, anxiety, and anger *(*Based on CHKS, MH provider surveys, and key information interviews)*
- IT infrastructure to track, measure, and coordinate responses to student BH needs

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

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

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

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

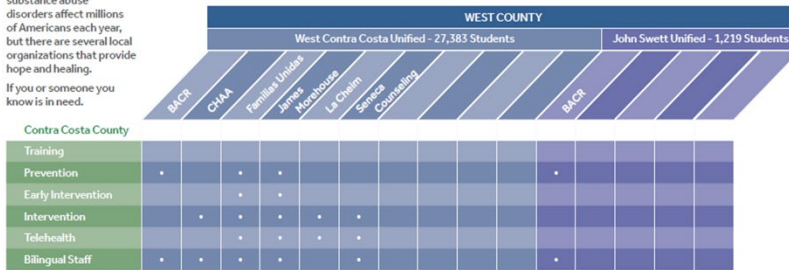
Community Resource Map

**(required as part of the proposal to the state)*

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

CONTRA COSTA COUNTY COMMUNITY RESOURCES

Mental health and substance abuse disorders affect millions of Americans each year, but there are several local organizations that provide hope and healing. If you or someone you know is in need.



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Proposed Interventions:

Antioch Unified School District (AUSD)

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

John Swett Unified School District (JSUSD)

- Infrastructure funding: equip and supply a new wellness center (in existing available space)
- Fund 2 Wellness Center staff positions to coordinate linkage of services
- Fund purchase and training on new AVID program: provides culturally relevant teaching, training, and materials for educators to improve academic outcomes and social skills, targeting low performers
- Install streamlined data collection system for referral coordination, data exchange, and outcomes reporting
 - Facilitates “closing the loop”
 - Helps with sustainability by increasing the capture of billable services
- Intervention Categories:

- #1 BH Wellness Programs
- #6 Build Stronger Partnerships to Increase Access to Services
- #7 Culturally Appropriate Target Population
- #12 IT Enhancements for BH Services

Pittsburg Unified School District (PUSD)

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

West Contra Costa Unified School District (WCCUSD)

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

Next Steps:

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

What Else Can We Do?

- Currently, we have only tentatively budgeted for about \$5M in projects
- *We can qualify for* an additional \$3M to spend –what additional projects can we quickly develop to include in our project plans?

The implementation in our county will start in the fall of 2023. The budget for this is \$8M (\$5M now, and \$3M additional). One question I have is, of the \$5B for the overall CYBHI, I’m curious if this funding, how is it being rolled out? This is a program of that bigger initiative. Are there multiple stages? How much are other counties being awarded? Ultimately, we can look at per student, how much are we actually spending per student with this initiative.

There was some data assessment presented and it is primarily surveys and interviews, rather than hard data. There are a lot of resources available specific to education and I need to verify, but they circled in on the four districts selected and the assessment is more about what their needs are. One of the key points is the involvement and data sharing from Kaiser and Anthem, the intention is to bring in the insurance companies to enable clients to bill directly for services received from the base at school.

Focusing on each of the four school districts, interesting note is that they are focusing on elementary and middle schools (not high school) as they are focusing on prevention and early intervention. I was just disappointed not to see how these school districts were chosen.

Comments and Questions:

- (Cmsr. Shires) How did they decide whether it was an elementary school, middle school and no high school. Curious how they came about that decision.
- (Cmsr. Griffin) They got those four school districts from WISP’s assessment.
- (Cmsr. Swirsding) West County already has counselors in the high schools, that is why (I believe) they are concentrating on elementary and especially middle schools. There is no intervention inn the lower grades.
- (Cmsr. Serwin) We need to put in one request for all the information we want to review (surveys, assessments, info on how they chose these four school districts specifically). We should try to get the final editions for each of the schools since this is dated October 22. There will be semi-annual progress reports required which will trigger the release of more funding. Again, I’d like to know how much money each county has access to and what are the triggers?
- (Cmsr. Shires) Will we have access to these progress reports?
(Cmsr. Serwin) That is one of our questions, how do we insert ourselves into the community and be a part of those communications and not having to scabble after the fact for them.
- (Cmsr. Swirsding) Who will be doing the progress reports?
(RESPONSE: Cmsr. Swirsding) I presume the individual school districts. That is why they want to implement this IT technology to track the information.
- (Cmsr. Serwin) I think we should move on to the next agenda item, as it is now starting to blend in with the K-12 discussion.

VII. DISCUSS potential directions for the K-12 mental health gap analysis project in light of CYBHI

(Cmsr. Serwin) Continuing on from our last agenda item, this blends in. I think the first question is what does this document generate for us and how does it impact what we might want to focus on in terms of the K-12 project/committee. Is it something we want to be in the tracking capacity or inquiring up front about scope, the parties involved, budgets or that we want to be recipients of reports so that we can track on the progress.

- (Cmsr. Griffin) I think this is a great document we received and together with WISPs work, I think we can use as the model and keep track of what they are identifying and see where we can advocate. Also, a good question that Cmsr. Shires mentioned, Mt. Diablo, I’d like to know why Mt. Diablo USD is not part of this. Working for the COE for so many years, MDUSD is a huge district and has a lot of issues and needs. I think there are a great number of

children and families that are of need and I'd like the answer to that. I think this is part of how we can start off our work with the K-12 committee.

Comments and Questions:

- (Cmsr. Perls) I am wondering, are these funds that are dedicated, are they specifically aimed and have to be used in specific ways? Or do they have any flexibility? (RESPONSE: Cmsr. Serwin) It does have to be pretty specific and I noticed in this presentation under the proposed plans, that there was intervention categories (i.e. Behavioral Health Wellness Programs, Expand BH workforce) and I think when Gerold spoke with us about this, there were 20 work tracks and I think these (kind of) roll up underneath those.
- (Cmsr. Serwin) I am thinking that we list, out of the minutes of our meetings and various notes, we can create a list of our questions from this discussion. I mentioned getting the rest of the plans and surveys/assessments and determining what documents we need and get into this mix/notification pool somehow.
- (Cmsr. Shires) Is there a way we could have input into what they do with that extra \$3M they are trying to figure out. (RESPONSE: Cmsr. Serwin) Well who knows? That is the thing, it is based on the semi annual reports and if it is determined the program receives more funding. Do you think we should have someone come speak? (All confirm in unison) Who do you think would be best to invite? (mention of Gerold). My question to Gerold is, Who is ... there has to be one major party that works with him and if we can get that name from him, we can start there.
- (Cmsr. Swirsding) One of the school board people that spoke in Richmond, she was great, really liked her. They were speaking about funding and how they were trying to get the parents involved and the community to help the kids.
- (Cmsr. Perls) I was thinking, despite the fact they are focusing on these four districts and need to answer all these other questions, I was wondering if it might still be useful for us and the general public to itemize what each school district is doing in house, or close to campus. Even though these are the (maybe) greatest need, certainly sound like it as long as you add in Mt. Diablo USD and Richmond (isn't that a separate school district)? <Richmond is WCCUSD> I keep wondering if it just wouldn't be very useful to be able to say Mt. Diablo has 20 schools and only 14 have inhouse mental health programs (or 8) and to itemize what those are, because I see in the East Bay Times all the time with breakdowns like that and it's much more persuasive than just saying "oh, we have four school districts with serious behavioral health needs" and just cut off the rest of the county school districts. The numbers may not be as great but it still illustrates the lack of behavioral health services. It also needs to take account of the kids who have disabilities with dual diagnosis. They, for instance are of great number in MDUSD. I was thinking how we could collect this data and thinking (at least on a high level) we could speak to the superintendent of Schools office and simply gather the raw data and ask for further refinement.
- (Cmsr. Serwin) It seems like WISP would have done something like that, don't you agree, Cmsr. Griffin?
- (Cmsr. Griffin) Yes, I think so. Ade Gobir did email me earlier and said if there is anything they can do to support us, to let her know. I think WISP will be a good resource for us.

<p>VIII. UPDATE on site visits, Cmsr. Barbara Serwin and Cmsr. Laura Griffin</p>	<p><i>Due to time constraints, this Agenda Item has been moved to the next month's calendar.</i></p>
<p>IX. UPDATE on developments in health insurance parity for mental health services, Dr. Suzanne Tavano, Director, Behavioral Health Services</p> <p>(Dr. Tavano) There are a number of different initiatives that are coming out of the State Department of Health Care Services (DHCS). People with commercial benefits, private insurance, do not always have access to the same continuum of care that is available under the MediCal program. Many of you know that historically, people were advised to give up their private insurance and go on MediCal in order to get the services they needed and that was known by the state as well.</p> <p>Each time DHCS issues an information notice regarding a new MediCal benefit for the first time, they have been adding language about the responsibility of private health plans to cover the cost for their beneficiaries and if they do not have a comparable service, even though it is considered out of plan as insurance language. If they do not have the same service to offer, then they are required to reimburse the county. The two places where it is actually written into different information notices, or proposals, is around the mobile crisis response benefit. Starting next year, will be a mandatory service that the county has been doing for quite a long while, so this is a good thing for us. We will be able to claim MediCal for the first time for mobile crisis. Basically, not every county has and by 2024, all counties are supposed to have a mobile crisis program in place.</p> <p>In that information notice that's speaks to the new Medicare benefit is language about the responsibilities of commercial health plans that they either provide this service for their beneficiaries or they reimburse the county or its contractors that are providing the services. That is in the new mobile crisis medical benefit that goes into effect July 1, 2023.</p> <p>The other place you see very similar language, is in the Care Act, regarding Care Court. It is specified there that, if a person is referred and there is a petition to the court regarding the person for Care Court, if the person has commercial coverage, it is that commercial plan that would be responsible for either providing the services that are noted in the care plan or reimbursing the county or other entity providing the services.</p> <p>The third place where we are starting to see the language is under the CYBHI (Children and Youth Behavioral Health Initiative). One of the pieces related to what you're focusing on today is the in school settings, if a mental health need is identified for a youth, it would be the responsibility (at some point) of the managed care plan, commercial plan, that holds that benefit. That is still in progress and it is unknown what the file will look like on that.</p> <p>That is the update. There is not a lot more beyond that. Was that the contribution you wanted to hear or is there more you want to ask?</p> <p>Comments and Questions:</p> <ul style="list-style-type: none"> • (Cmsr. Serwin) Given that there was no information that we could find in research on parity developing and you mentioned you were aware of a few things, I really wanted to hear what they were. So the this all seems to be initiatives coming from the state, as opposed to the manage care plans under the commercial (private) insurance plans, is that true? (RESPONSE: Dr. Tavano) All insurance companies, whether 	

<p>MediCal or commercial, ultimately end up reporting to one entity or another within the state structure.</p> <ul style="list-style-type: none"> • (Cmsr. Serwin) Is the impetus for this change happening at the state level? It doesn't seem to be coming from the insurance companies. (RESPONSE: Dr. Tavano) Yes, it wouldn't be coming from the insurance companies, it's giving them an obligation. This is coming from state, not the federal level. The DHCS and BHS had them pointing out the discrepancies for many years and for counties that have crisis stabilization units, some companies will pay for PES (psych emergency services) and others won't. The state has been carrying this consistently for a number of years. The way they are able to address it is whenever there is new benefit created for MediCal, or that is supposed to be mandated statewide, it gives the opportunity to spell out some of these provisions. • (Cmsr. Swirsding) I attended the discussion about using the CORE team (on campus) dealing with crisis in the schools. I participated in it twice because I'm a consumer, there were family members and those that work with the clients. One of the discussions was the funding. The state is planning on funding the counties for a portion of this, besides the insurance companies. (RESPONSE: Dr. Tavano) I think a couple of things were combined. CORE is not a statewide initiative. CORE teams are in Contra Costa County and the charge is to assist people in addressing social determinates of health (housing, food, navigation of the system) they are not behavioral health providers. That was CORE is, so I am not sure what it was about having them on school campuses? Maybe it was to address homelessness, I'm not sure. <INT-Cmsr. Swirsding> (Cmsr. Serwin) This is off topic and not part of this agenda item for discussion, we can talk about this off line. 	
<p>X. Adjourned at 5:04 pm.</p>	