

**MENTAL HEALTH COMMISSION
EXECUTIVE COMMITTEE MEETING MINUTES
June 27, 2023 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair, Cmsr. Laura Griffin called the meeting to order @ 3:37 pm <u>Members Present:</u> Chair, Cmsr. Laura Griffin, District V Vice-Chair, Cmsr. Leslie May, District V Cmsr. Tavane Payne, District IV Cmsr. Pamela Perls, District II Cmsr. Barbara Serwin, District II <u>Other Attendees:</u> Cmsr. Gina Swirsding, District I (N/P) Christian Aguirre Angela Beck Jennifer Bruggeman Jen Quallick, Supv Candace Andersen's Ofc</p>	<p>Meeting was held as a hybrid meeting, via Zoom platform and in person at 1340 Arnold Drive, Suite 126, Martinez, CA</p>
<p>II. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS:</p> <p>Due to the new teleconference guidelines regarding virtual meetings and just cause / emergency circumstance, it's been a bit of a nightmare for us to keep track. Just a reminder that if you exceed your two allotted virtual zoom meeting of the full commission or any committee (2 each). If you exceed, you will be blocked from attending on Zoom. That is part of the new legislation. We are hoping the legislation changes but it is not going to anytime soon.</p> <p>On that same note, we will be sending out to everyone, their attendance to date for the year, separately in an email so they know where they stand and will not be surprised. If you all feel something has been logged in error, feel free to let us know and we will work on that. (Angela Beck) we will also attach the bylaws and related documentation for the actual law that we received and the explanation memo from the county council with clarifications. We will try to get that out by the end of the week so you have a mid-point from January to June.</p> <ul style="list-style-type: none"> • (Cmsr. Serwin) Just to clarify, our regular absence bylaws are parallel. (Cmsr. Griffin) They are, so if you are entirely absent from a meeting, then there are three allotted per year. At that point, a letter is generated and sent to the commissioner and their supervisor. On the fourth absence you will have been considered as resigned. This is the bylaw. • (Cmsr. May) I am looking at my absences for the commission, what about the executive committee is that considered in it. (Angela Beck) No, each meeting is separate. • (Cmsr. May) So if I miss one more MHC meeting then I am kicked off? (RESPONSE: Cmsr. Griffin) As far as virtually, yes. So you will not be able to attend on Zoom, only in person. Remember, if someone is ill, and cannot make it, there is that emergency circumstance that you can apply for and that has to 	

be voted on by the full commission and it is a month at time and up to three months. But you must send an email and ask for it.

- (Cmsr. Griffin) The other mention, is regarding recruitment of commissioners. We know the Board of Supervisors (BOS) does their own thing and when they go out to speak, they supposedly are recruiting for us and other commissioners. We should be recruiting on our own, like a flyer we could create and post it on our webpage and/or use if we go to any farmers markets, or other community events. We need to do that and what can we do to support the BOS in their recruitment? Can we get back to the time (before my time) when the commission was able to review the applications? We really feel that the new commissioners need to know what is expected of them when they come on to the commission, the in person meetings and how that impacts their lives when they have to drive in and that they are supposed to serve the commission and a committee. I think it would be beneficial if we, the commission, are able to support the BOS in that manner. Of course the supervisors would have their last say, but I think it is really important for us to give input. So let's all think about that and see where we can go with that.
- (Jen Quallick) You actually just answered my question. I think you put it out there perfectly, in the fact that if you are recruiting on behalf of the Board, just that each supervisor does their things differently, within each district. Most of them will post their openings on their weekly or monthly newsletter. I know Candace posts her openings in each of her weekly distributions. I will say anybody who expresses interest, Supervisor Andersen interviews every single one, the difficulty is that we get very few applicants for this particular commission, I don't know if it's because of the variety of subcommittee meetings and the time? As we are finding, there is a lot of time in volunteering, as we know is a heartfelt thing. It's a passionate thing. You hit the nail on the head in terms whatever you all put out there as long as your supervisors will then meet with them and appoint accordingly. (Angela Beck) I understand each supervisor's office recruits differently. Supervisor Andersen and Carlson, it is in the newsletter but do they post anywhere else? Send anything out to other places, like DVC or any other places?
- (Jen Q) You certainly could within the organization. I will say that a lot of what we do is reach out to folks we think will bring in a breath of fresh air, a good perspective or if they are an advocate or a consumer/family member. It is from all different angles and if you know of someone you think would be a great fit, let your supervisor or their chief of staff know. We have reached out specifically to people you bring to Supv. Andersen's office and we will talk to them, we invite them in and see if there is an interest in assuming the seat. If this isn't a good fit, maybe you might like First 5 or another commission. Often times it is word of mouth, but we will approach and advocate on your behalf however you might want us to. If there is someone you like, let your supervisor and chief of staff know. Have them reach out.

<ul style="list-style-type: none"> • (Cmsr. Griffin) spoke to changing the protocol back to how it was prior – the commissioner reviewing applications and interviewing candidates prior and sending the recommendations to the BOS. Brought up the previous supervisor and the actions that changed without the commission or the board of supervisors being involved or voted on. It was determined to speak to Cmsr. Carlson and approach it that way and move toward changing the bylaws back to how they were prior. 	
<p>III. PUBLIC COMMENTS: None.</p>	
<p>IV. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. Serwin) I wanted to point out that there is a lot of advocacy going on around SB43 and can anyone help paraphrasing what that is? I can't. But prior commissioner Lauren Rettagliata is very active and is spearheading advocacy in our area. If anyone is interested in learning more about it or getting involved with our local congressman/congresswoman, please contact Laura. • (Cmsr. Perls) The group with Lauren and Teresa Pasquini are meeting up in Sacramento today (27th) with a staff person from Bauer-Kahan office. I have requested a meeting and haven't had a response yet. I tried again, because the group that Cmsr. Serwin is referring to is very pro with the language just as it is and I have some very serious concerns about overly broad language. I have collected all sorts of things to read and to critique and I will have more for the Justice committee because that was one of the things, right, Cmsr. Payne? We spoke about this as a goal. If there is a huge amount of support for it, what I think will happen is there will be some amendments. Basically, it expands the definition of those who can be subject to LPS conservatorships. To expand what they define as gravely disabled and it expands the definition from that which a person who has a mental health disorder and is unable to provide for their basic personal needs (food, clothing, shelter), or has been found mentally incompetent, which under the law is a fairly high bar for criminal but fairly low for voting and so on. What it does is expand the definition of gravely disabled to include someone who has a condition which is either due to mental health or substance disorder or both and is at substantial risk of serious harm (so there are all kinds of parts to this) or is currently experiencing harm do their physical and mental health and they define serious harm...you can see I have outlined in color because that is the way I am able to parse it. There are a zillion elements to this. The criticism seems to be that it is overly broad for people who are suffering from substance abuse disorder. So it expands and changes the definition, it allows for more people to be held and it allows an extension from a 72hr hold to additional time and it also allows the family to come in to court and give an opinion, even if the person who is the subject of the conservatorship complaint or petition is not wanting their family 	

<p>there. Even though they don't family there, it is now the according to the new bill, they can come and give testimony. <speaking about the meeting and an earlier advocates meeting on this but Cmsr. Griffin, Perls, Serwin and Payne all speaking over each other and cancelled each other out></p> <ul style="list-style-type: none"> • (Cmsr. May) Just to add that will open up a lot of doors for a lot of people that get released from prison that have been sent to prison for committing crimes when they were substance use when they should have been diagnosed with substance use disorder. So while people are rallying, think about that too. They will start going through and seeing who is sitting (and rotting) in jail when they fall under this umbrella. They will be released because, instead of prison, they should have been receiving treatment. It is all well and good, but when they open up this pandora's box, be ready for it to be equal across the board. • (Cmsr. Payne) That would be complicated if someone who murdered during the complication drug addiction or mental illness, <more interruptions, cannot decipher> 	
<p>V. APPROVE minutes from May 23, 2023, Executive Committee Meeting:</p> <ul style="list-style-type: none"> • Cmsr. T. Payne motioned to approve the minutes for May 23rd as written. • Seconded by Cmsr. B. Serwin <p>Vote: 5-0-0 Ayes: L. Griffin (Chair), L. May, T. Payne, P. Perls, B. Serwin Abstain:</p>	<p>Agendas and minutes can be found at:</p> <p>https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS/UPDATES Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Fiscal Year 2023-2025), Jennifer Bruggeman, Program Manager, MHSA</p> <ul style="list-style-type: none"> ➤ Additional Questions? ➤ Updates? ➤ Public Hearing – July 5, 2023, Mental Health Commission Meeting <p>Jennifer Bruggeman, Program Manager, MHSA is here to answer any of our questions and give us updates. The public hearing will be on July 5, right after our abbreviated general commission meeting.</p> <p>(Jennifer Bruggeman) There have been some emails, Cmsr. Serwin, after our last meeting (Quality of Care Committee) last week, Cmsr. Serwin emailed the comprehensive list of questions that I think also incorporated the questions from Laura Rettagliata (I responded to separately) but for anything that did not get addressed in our meeting last week, hopefully everyone saw the responses by email. If there is anything more you would like to talk about, ask about, I am happy to do that.</p> <p>I am working with Steve Hahn-Smith (Chief of Informatics) is really the one overseeing the buildout of our electronic health record. The two big areas with some unanswered questions were around the funding that we have proposed to allocate toward the buildout of the electronic health record (\$5m) in the upcoming year.</p>	<p>Documentation on 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:</p> <p>https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

The other piece is basically pay per performance which are essentially incentives for our Community-based organization (CBO) providers that are receiving MHSA, usually in combination with some other type of blending funding but that are providing treatment services that are billable to medical. So due to all the changes with contract structure and CalAIM payment reform, they are being awarded these incentives in order to keep them afloat as we head into this transition. I think those were the two primary areas of questions, which I totally understand because I think we didn't provide enough explanation in the actual plan draft. Fortunately it is a draft so we have time to add some more verbiage to make it more clear to members of the public who would be reading the plan. I think that is where we are at. Does anyone have any specific questions?

Questions and Comments:

- (Cmsr. Serwin) The questions were sent to Jennifer directly, and I didn't copy everyone. So I am not sure, I wonder Jennifer, if we I have a question and someone else on the commission who wasn't at the QoC meeting, will have that same question, are you taking the questions and updating the presentation to make it more clear or do you expect those questions to just be raised again during the meeting? (RESPONSE: J. Bruggeman) I am updating the PowerPoint in order to address some of things but the primary issues are really with – I think some are great questions but don't need to be put into the PowerPoint because it would be getting a bit into the weeds. They do warrant us providing more explanation within the plan itself. Example: one of the questions was in the CSS Component of the plan, that's where full service partnership (FSP) programs fall. We always include every year some updated performance indicators in terms of FSPs and one relates to productive meaningful activity, which is a term we are familiar with, but certainly members of the public might not know what that includes. So within the plan itself, I am working on an updated draft and am including an extra sentence or two, to explain productive meaningful activity refers to work, education, vocation or training programs or volunteer opportunities. One of the goals with FSP is that participants engaged with this programming will increase their productive meaningful activity over the course of the year. We are happy to make those tweaks within the plan itself. I don't know we need to get into that in the PowerPoint because it's a bit more high level.
- (Cmsr. Serwin) Well my thought is those reading the draft, what questions will arise to them. If you answer some of them in the draft like that one, it is not likely someone will come up with a question about that. It depends on whether you clarify in the draft or not, I know some of my points were more trivial.
- (Jennifer Bruggeman) I think they all warrant some explanation within the plan, even if it is just one extra sentence. What I was thinking, I will finish making all those updates to the draft of the plan and I will share that with the commissioners in advance of

<p>the public hearing. My goal is to have it all done and then you can share the link with everyone else.</p> <ul style="list-style-type: none"> • (Cmsr. Serwin) also we can forward my questions and your responses to the Quality of Care committee. • (Cmsr. Perls) If we do have some questions, I still want to go over it again, do you want us to make note of the page it was on or the section it was in? Or what to identify? (RESPONSE: J. Bruggeman) That would be helpful. If you are actually scrolling through the plan and something pops out and you want to email me, if you can and it is something specific and you want reference the page, it would make it easier and help me get to the spot that I might need to modify the language or provide a more clear description. If it something more general, then that is fine, maybe it doesn't have a specific page. So, if possible, yes. 	
<p>VII. UPDATE on proposed Site Visit with MHSA, timeline, tasks, recruitment of commissioners, Cmsr. Barbara Serwin</p> <p>Some of what is happening with the sight visit effort has been laid out before so I don't want to duplicate but I thought I would move on to the first targeted project and the next steps for that. If anyone has any questions on the background, I can certainly answer those.</p> <p>The first combined site visit will be targeted will be in the fall of this year. We strongly tentatively selected Martinez' San Vicente ("Vicente") continuing education program. The reason being is this program has a focus on mental health and wellness and it offers school-based services. It falls under our umbrella. MHSA funds a couple positions that are related to mental health at Vicente. This school has about 200 students and seems to be so successful that now students are actually electing to go to the school rather than the traditional choices, due to its special focus and services.</p> <p>Next steps: Jennifer, I think you were going to take a pass at scheduling the site visit for the school and targeting October or November?</p> <p>(Jennifer Bruggeman) I am happy to do that and thank you for reminder. I think they have a new principal. I will talk to Jessica Hunt, she is our prevention and early intervention supervisor and is really the best to speak to about that and I will reach out to her.</p> <p>(Cmsr. Serwin) We also feel we need to start recruiting commissioners now to participate. We are low on membership and we do need three volunteers. We found in the past that three interviews per commissioner is comfortable, fourth is doable but it is pretty draining. It would be great to have enough participants (and I think we can) to fit in more than 6-8 interviews. I haven't put any thought into recruitment other than to make announcements and send an email out. If I need to, myself and perhaps committee members can reach out individually to commissioners.</p> <p>Questions and Comments:</p> <p>(Cmsr. Perls) Three or four?</p>	

(Cmsr. Serwin) Minimally three, four is a lot to coordinate but we can also see if we get closer and have more participants, we can consider adding another. <Cmsr. Payne volunteered> We need to review the Behavioral Health Services (BHS) contract with the school so we understand the financial piece, the mental health services that are meant to be provided. Step four is that, on the MHC side, we need to continue working on and wrap up the children and young adult questionnaires. We ask different interview questions with younger clients, and we need to figure out how to logistically best obtain permission from parents/caregivers to speak with their students. To date we have conducted site visits only with adult sites so our questionnaire for adults is pretty strong. Children and young adults, we have a strong draft and it is just a matter of review those questions and gain and seeing if, since a great time has passed, do we have additions or editing of those. Then it is really that piece about obtaining permission to speak to those students.

(Cmsr. Perls) Usually a release is adequate and that might be just on the school <int by Cmsr. Serwin, could not hear Cmsr. Perls> I was thinking that MHSA, as an organization, might have this already and maybe has taken care of that? Is that a possibility.

(Cmsr. Serwin) We will look at every option we have, especially in-house, once we speak with Jennifer about this. I just feel when we had site visits it was a bit of a hiccup.

(Cmsr. Perls) I was thinking, at least for parents, it would be necessary to have a letter that would be sent home with them. <INT by Cmsr. Serwin, could not hear Cmsr. Perls>

(Cmsr. Griffin) Are we going to organize all this in QoC meeting? Are we going to have a smaller work meeting?

(Cmsr. Serwin) I think for the questionnaires, that is important to do in our smaller Site Visit Program (SVP) setting. Otherwise, we are spending a good portion of time just explaining as opposed to getting the work done. We are heading into July and we want to have this by Fall, we don't have that much time to spend on that. Same thing with the permission forms. We can have one or two people who work through that.

VIII. UPDATE on K-12 Project – Action and first priority topics, Cmsr. Barbara Serwin

This group has heard the background and I don't want to repeat and bore anyone. The focus of the committee's work briefly and then get to the next steps.

How we got here: The QoC committee conceived a project to identify gaps in mental health services for the K-12 public school population. We were running off with this and we met with Gerold Leonicker to hear about information on a relatively new project: The Student Behavioral Health Incentive Program (SBHIP). It is meant to bring mental health services into the school districts and enables school districts to bill private and public insurers for services they deliver to those students. Totally different model. Immediately we pivoted to looking at SBHIP significantly overlaps the project we

were intending to carry out. So we would like to focus on evaluating the programs and success of the SBHIP effort. When the committee met last, we spoke to what kinds of evaluations would be most useful, especially evaluations of outcomes of the program.

At our next QoC meeting, we will focus on finalizing what we are going to be looking at specifically. The front runners are:

- (1) Track on and evaluate the success measurements of the specific school site initiatives. Each school has chosen program areas to focus on. We can look at each one of those program elements. It looks like the program elements have success measurements built in because they are doing a lot of data collection.
- (2) Evaluating whether the methods for identifying target students are working. Right now, there has been very little information about how students within a given school would be identified for services. That is important to see if they are actually getting the right students.
- (3) Evaluating whether the new mental health services that the schools are offering are actually being used by the target population. You can put something out there, but are people actually using it? Is there still too much stigma for using the services? Is the information reaching them?
- (4) We should consider looking at tracking on the success of the direct billing efforts. It is a tough implementation, we have been told for a variety of reasons, but everyone is really motivated to get this in place. So, how is that going? The ultimate goal of adding this direct billing piece is to get the provision of mental health care services in schools to be truly self-funding. The student receives 'X, Y and Z' services and the schools bills for those services, the insurance company pays for those services and no additional funding is needed for the services specifically. It would be good to track on how and or whether it is a fantasy or not.

We also have a list of questions that are important but are more a second priority. There are only four school districts participating in the first phase of this project. Outside of that, we have many other school districts, including Mt. Diablo, which is a very large school district with a lot of needs. One additional is to consider the school districts not included in this project, what are their needs and how will funding be attained to meet their needs? We can also evaluate what is still needed at the participating school districts and what the cost might be. Each school was limited to three projects to work on that would be funded. When you look at the projects you can see that it is definitely a subset of their needs.

Lastly, how are the benefits of the new mental health services reaching mild to moderate and filtering out to benefit all students regardless of income. That is one of the promises of this project, eventually these services will have an umbrella fact where everyone is brought in and can experience a benefit.

Next steps identified is to finalize and prioritize those immediate goals. To break our goals into tangible tasks. We need to figure out who to partner with in order to work with each school district, who

are the contacts and people we need to work with. Up front, we want to figure out what our end product is going to be. What kind of report to produce? Who to target with it? How we get our message out? If we get our end product defined, it will have a lot of influence on how we design the project.

Questions and Comments:

- (Cmsr. May) In terms of funding. Also we need to find out how much funding they are getting, not just from insurance. From the California Department of Education and there is a lot of money that has been stagnant and building up because people haven't asked for it. So there are other programs where they are literally paying the schools. There is another school in Contra Costa County (CCC) in Richmond, they have actually raised the salaries. They managed to get funding, there is also another school in Concord. I have clients going to these schools. We need to see how much funding they are getting from there, as well. How much they could be getting.
- (Cmsr. Perls) If, in addition to the minutes, could we have a copy of your questions / notes ahead of time? I would like to have it next to me to follow along. Are there any other commentaries about the draft? This is the first I've ever read.
- (Cmsr. Serwin) The materials we have are directly from the Dept of Health and Human Services (DHHS). This project is moving quickly, the information is 'hot off the press' when I have gone to research, there is a working group that meets (unsure how regularly) but we have meeting presentations from those meetings. I feel we are just getting information as it is coming out.
- (Cmsr. Perls) How many three year plans have they gone through? (RESPONSE: Cmsr. Serwin) The person that came, Robert Auman from Contra Costa Health Plan (CCHP) to talk to the committee about it, he did frame it to set expectations to being somewhat a pilot projects. Certainly, it's pilot projects in terms of the programs the schools are implementing and it is very much a pilot project in terms of the direct billing and insurance companies paying directly and how successful it is.
- (Cmsr. Perls) What isn't covered by the insurance is going to covered up to a certain extent by <cut off by Cmsr. Serwin> (Cmsr. Serwin) Right now, BHS has contracts with a few different school districts (or the schools) where the county pays for those services. This is a much broader program where any MediCAL students can come in and get these services at school, beyond what BHS is contracting for. That is a very minor piece. My understanding is this \$9m is all new money for new programs.

IX. DISCUSS MHC Committee goals and priorities for the next six (6) months.

- Quality of Care/Finance Committee
- Justice Committee

<p>(Cmsr Perls) I just wanted to say the members of the Justice Systems Committee are trying to flush out potential goals (3 or 4 tops) and we are coming back to the next meeting and vote on which we will be working on.</p> <p>(Cmsr. Serwin) The main focus of the QoC committee are the K-12 project and the site visit project. Finance-at the last meeting we focused some on looking at potential finance oriented goals. Areas where analysis and I just am looing for that now. Just to get an idea, we brainstormed a long list and many speak to Cmsr. Dunn and Cmsr. May, had the committee working on, so most or all those will carry through. There are couple of additional things that haven't been addressed yet that we could add. Some are chunky things, others are small things. Others are small things we could do updates on at the meetings as opposed to things we are doing deep dives into. I'll have that info at the full commission meeting.</p> <p>(Cmsr. Griffin) Just a reminder the Finance committee has been shelved temporarily until we can get some more commissioners. I just wanted to acknowledge that Cmsr. May is still on that committee and the chair if she still wants to be. Her opinion is important and your knowledge and contribution is valued.</p>	
<p>X. DISCUSS and assign tasks for updating the new commissioner's orientation manual</p>	<p><i>Due to time constraints, this Agenda Item has been moved to the next month's calendar.</i></p>
<p>XI. DETERMINE June 5th, 2023 Mental Health Commission Meeting Agenda</p> <ul style="list-style-type: none"> ➤ CHAIR COMMENTS / ANNOUNCEMENTS ➤ “Get to know your commissioner” – Commissioner Skyler Cribbs ➤ DISCUSS California Senate Bill – SB43 Behavioral health reform advances in the State Senate – Authored by California Senator Susan Eggman ➤ RECEIVE Behavioral Health Services Director's report, Dr. Suzanne Tavane ➤ Public Hearing of MHSA Three Year Plan 2023-2025 Draft <p>Agenda items agreed/approved.</p>	
<p>XII. Adjourned meeting at 4:54 pm</p>	