

MENTAL HEALTH COMMISSION
QUALITY OF CARE COMMITTEE MEETING MINUTES
August 17th, 2023 - FINAL

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Quality of Care Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @3:35 pm.</p> <p><u>Members Present:</u> Chair - Cmsr. Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Pamela Perls, District II Cmsr. Rhiannon Shires, District II (V-JC) Cmsr. Gina Swirsding, District I</p> <p><u>Presenters:</u> Jennifer Bruggeman</p> <p><u>Other Attendees:</u> Angela Beck</p>	<p>Meeting was held at: 1340 Arnold Drive, Ste 126 Martinez, CA and via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None</p>	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. Swirsding) COVID cases on the rise. Urging all participants of in person meetings to follow proper protocol and use masks, hand sanitizer/hand washing and keep distance. Use Caution. Second item, I just heard on the news, there will be more cuts to special needs kids, both children and transitional age youth (TAY). There have already been cuts to those with Autism Scale Disorder (ASD) in school. Many are worried. I know one that is going to UC Davis and there others receiving financial help for school and it will affect kids with all disabilities. • (Cmsr. Griffin) Attended the Behavioral Health Care Partnership (BHCP) meeting, yesterday. I was really impressed with the content and all those participating from Behavioral Health. We received an update on the Children’s Crisis Center. It will be opening in October. There will be a ribbon cutting. Pacific Clinic will be servicing, hiring staff; which they are in the midst of but having a hard time. That was the topic of discussion. I was amazed with the people who participated. Dr. Urcuyo, Dr. Bhandari, Jaspreet Benepal, Gerold Leonicker, Matthew Luu and so many others from BHS and I just thought why doesn’t this happen in our meetings. We received valuable information and I thought we should put this on our schedule to invite them to come talk to us, as well. We want to be a part of that. • (Cmsr. Serwin) It is a group that has two sponsors and one is Dr. Tavano but can’t recall the other person. They drive the agenda to some degree and they do have some influence into who actually comes. My opinion is that our influence should be obtained for all these major projects and input at the key stages. We have always struggled to get into that position and I feel Dr. Tavano should be reaching out to ensure the department gets our input. We can’t be guessing ‘when is this coming along’ and we should be having input 	

into the services. I think that is a big factor. They also focus on just a couple of topics.

- (Cmsr. Griffin) I was wondering if we invite them to come to one of our Quality of Care or full commission meetings. The full meetings are pretty full and I would like to get going on this. I want to put it out there, think about it and suggest we should be more involved.
- (Cmsr. Serwin) Ask to the next meeting or email in advance. *<interrupt / crosstalk by Cmsr. Swirsding, Cmsr. Griffin and Cmsr Serwin input undecipherable>*
- (Cmsr. Griffin) I was just hoping we could schedule these folks for the next committee meeting. One more thing, I have the contact information for Mary Shepard (Pacific Clinic) who was also on the call in this meeting. She gave us a lot of good information, where they are in hiring (RNs and there will be a psychiatrist on premises). They are still working things out but we need to be a part of it.
- (Cmsr. Serwin) Another aspect would be how they work with the Children's Health *<interrupt / crosstalk by Cmsr. Swirsding, Cmsr. Griffin and Cmsr Serwin input undecipherable>*
- (Jennifer Bruggeman) Just to add to the discussion regarding the BHCP for more context. I want to say that Teresa Pasquini was one of the founding people of that group. Currently, it is facilitated by Jennifer Tuipulotu from the Office of Consumer Empowerment (OCE). She tends to come to your meetings, especially the larger monthly meeting and Gigi Crowder from NAMI CC who also comes to your meetings. Maybe there is some potential to get a report out. If someone from the MHC can attend that meeting, that would also be great as there is a lot of content and it is intended to be the partnership between BHS and CCRMC. It is a lot of issues with PES, CCSU and all those issues are very much a part of their purview, which is of interest to this group. I am glad you were able to attend.
- (Cmsr. Perls) Is there a chair of the BHCP? (Cmsr. Serwin) They have two facilitators – Jennifer Tuipulotu (OCE) and Gigi Crowder, Executive Director of NAMI CC.
- (Cmsr. Perls) What exactly are we asking of the people we would like to invite to the Commission meeting (Committee meeting)? They are not the chair but asking to be more involved? Or are you asking them ... *<interrupt Cmsr. Serwin>* They need to be keeping the MHC apprised and need to be inviting the commission's input at critical points within the process.
- (Cmsr. Perls) What is the difference between this and the MHSA Advisory Committee? (Jennifer Bruggeman) The MHSA Advisory Committee (formerly known as CPAW) that is more focused exclusively on issues pertaining to MHSA, such as programs and services funded by MHSA; whereas the BHCP is focused on the partnership between the BHS, CCRMC and community. There is sometimes overlap, but it is a bit different.
- (Cmsr. Shires) I agree with all this, we need more people involved. At times it feels like us and there are all these appendages we are connected to but there are very few times we are all in the same meeting at the same time looking at the same issues and so on. I just wanted to chime in that I am very much in agreement with-if there is a way to make that happen, it is an excellent idea.
- (Cmsr. Swirsding) I agree, we need to find out more.
- (Cmsr. Griffin) We took a tour. It was great. We were interested in what art they would decorate with and the colors and other design elements.

<p>Gigi Crowder was also interested and wanted to be a part, as well; and why I thought I wanted us to be a part of this. We need to figure out how. Inviting to them to a meeting and listening to that presentation again would be perfect. I am the liaison for this group. Thank you.</p>	
<p>IV. CHAIR COMMENTS: None.</p>	
<p>V. APPROVE minutes from the August 17th, 2023 Quality-of-Care Committee Meeting. Cmsr. L. Griffin moved to approve the minutes. Seconded by Cmsr. P. Perls. • Vote: 4-0-1 Ayes: B. Serwin (Chair), L. Griffin, P. Perls, and R. Shires. Abstain: G. Swirsding</p>	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. RECEIVE and DISCUSS Student Behavioral Health Incentive Program (SBHIP) June, 2023 Contra Costa County SBHIP Bi-Quarterly Reports for IT Enhancement Project, Substance Use Disorder (SUD) Project, Culturally Appropriate and Targeted Populations Project, Behavioral Health & Wellness Programs, and Care Team Project</p> <p>The Student Behavioral Health Incentive Program (SBHIP) has gone through the phase of requesting projects and signed off by the Contra Costa County Office of Education (CCCOE) and they are still planning but entering into the implementation phase. All were meant to be implemented last semester, the new target is this 2023 Fall semester. They have received 50% of their funding up front and then presenting these bi-annual reports and signed off by Department of Health Care Services (DHCS) triggered release of more funds. And, as we heard from Robert Auman, the release of funds has been slow by the DHCS and the CCCOE, as well, which has slowed down some of the hiring and the implementation. These reports are ‘boiler plate’ and were given in this format to the counties so they could all respond in a consistent fashion.</p> <p>There are fourteen targeted interventions and the five (5) Bi-Quarterly reports correspond to these targeted interventions. Cmsr. Serwin reviews each report <u>The Care Team project report</u> is about hiring additional staff for the various specialty positions that were identified to services. The reports all follow the same format, give a very brief update, where it will be implemented and identifies which project tasks have been completed. There were initial stakeholder planning meetings with the managed care partner (CCHP).</p> <p>Individual planning meetings have been scheduled for each school site. In the section (1A/1B) stakeholders are listed (those leading the projects for the various school sites). This is great because it gives us our points, should we go the route of learning more about individual projects directly from school sites. For each project they focus on the BH closed loop referral process, which is case management that integrates both inside the school and externally.</p> <p>The reports contain the baseline metrics, organization, conducting their stakeholder meetings, figuring out their data metrics and what they need to do to report out on.</p> <p>We want to know how many kids are being sent to a care provider to receive some type of behavioral health service. In some cases the baseline was not tracking the information accurately. Those will start at zero. The second is the number of closed loop referrals and I need to understand this type of case management.</p>	

<p>Page two they are speaking about establishing <inaudible> in the referral process. These contracts are complicated slow going while reviewing.</p> <p>AETNA and Kaiser Permanente are not being spoken about it and I think we should ask about that . The contracts are complicated and slow going to get through. It was recommended that they work with a shorter letter of agreement. This would enable them to have all the basic information and agreements in place so these school fights could get their board approval. I was surprised they didn't already have board approvals for their projects if they are receiving funds from the state to implement these things.</p> <p>These LOAs are completed by CCHP and are waiting for the school sites to sign the agreements. The main piece of the work is creating job descriptions for BH providers and looking for increasing the existing capacity of care teams at the John Swett and the Antioch school sights. It was said by the end of July. We will have to check into whether that has happened or not.</p> <p>Health and Wellness Center Managers: Expansion of Counseling ability and their Health and Wellness Center.</p> <p><INT by Cmsr. Swirsding/crosstalk by all members></p> <p><i>The summary review of these reports was continually interrupted and arguing on meeting flow and process and was impossible to follow. Meeting ran long, will regroup – committee to review and readdress at the next meeting.</i></p> <p>Questions and Comments:</p> <ul style="list-style-type: none"> • (Cmsr. Griffin) In our K-12 project, how are we going to base? We can select our own schools in our own districts, to look at. Are we going to base it on this model? Or how are we going to go about program? • (Cmsr. Serwin) In terms of what we want to do and look / identify needs and by now I would expect a lot of these high schools have identified their needs. They know whether they have documented. We can start at that level and see if we can match up with existing programs happening. It seems like so much but there are services that are recurring like the wellness centers and counseling. We need to try to match up with needs and existing types of projects. Then maybe there are needs not being met by any known type of program. • (Cmsr. Shires) Thank you for bringing up the hiring. My concern is they are going through Ed Join. My experience with mental health professionals is that is not where you find them. I am really thinking we need to reach out in other ways if they are looking for mental health professionals. There are many different sites, community organizations, etc. I know if I was looking for a mental health professional job, I would not be going to Ed Join. Ed Join is a website that all school districts can link into it. They list all the opportunities available within their school districting including everything from Janitors, teachers, psychologist, etc. Most mental health professionals have never heard of Ed Join. (Cmsr. Griffin) Exactly, that is more for administrators and teachers and such. 	
<p>VII. DEVELOP action plan for evaluating SBHIP metrics and projects</p> <p>*Refer to July 20th meeting minutes (Agenda Item #VI Discussion with Robert Auman)</p> <p>Will address after review and discussion is finished of previous agenda item.</p>	<p><i>Due to time constraints, this Agenda Item will addressed at a future committee meeting</i></p>

VIII. REVIEW Behavioral Health Services (BHS) contract with Vicente High School for Behavioral Health Services – Jennifer Bruggeman, LMFT, Mental Health Services Act (MHSA) Program Manager

This contract is actually with Martinez Unified School District (MUSD). The program is located at Vicente High School, which is a continuation high school. Contracts are a bit hard to navigate, so a 2-page overview was prepared and screenshared (as well as attached to the end of the minutes).

Located at 925 Susana Street, Martinez (right across from the MUSD offices). This is funded through CCBHS through MHSA, under prevention and early intervention. The bulk of the high school programming is funded through MUSD, but the MHSA funds are used to support one initiative they have at Vicente, which is another CORE (Community Optimizing Resources for Empowerment) and is a relatively small contract, as all the PEI (Prevention and Early Intervention) contracts are usually a supplement.

The current contract has not been entered into the system yet so I this is last year's information, and basically the same except for the 4% cost of living increase and just over \$200k. They utilize the MHSA funds to support two positions. The mental health counselor and academic counselor/internship coordinator. They also utilize the funds for some supplies and field trips.

Vicente Martinez High School: 9th-12th grade, initially set up as a continuation high school for students who felt the mainstream large public high school (Alhambra High School), that conventional setting is not a great fit for them, so they would be referred to Vicente to do credit retrieval and enable graduating on time. Over time, this program has become so popular that kids actually want to sign up for Vicente as their first choice (sometimes over Alhambra HS), so they always have a full roster. There are approximately 125 students in total and they share the campus with Briones School (the Independent Study), not many students on campus but it is a shared campus.

They set up customized educational plans, tailored toward the student's interest, everything is very mental health and wellness focused at the core and is amazing. They focus on career expose or and vocational instruction, as well as gearing students towards higher education and further academic plans after high school. All teachers are credential, the counselors are licensed.

Key services include the integration of student activities that support:

1. Individualized learning plans
2. Mindfulness and stress management interventions
3. Timely access and linkage to direct mental health counseling
4. Team and community building
5. Character, leadership and asset development
6. Career-focused preparation and internships – partnerships with different community business and organizations. There is a whole culinary program that connect students for those that have an interest in that type of career.
7. Parent involvement

Services also include support toward earning a high school diploma; transferable career and college skills; college readiness; post-secondary training and enrollment; democratic participation; social and emotional literacy; and mental and behavioral health.

Annual Goal is to serve 100 to 120 kids, last year they exceeded that by serving 125 students. The demographic information provided in the notes is unhelpful because it is all provided voluntarily. Normally, in our PEI programs, people don't always respond to all the questions.

Due to time constraints, this Agenda Item was addressed directly after Item V, approval of minutes.

2pg Overview notes were screen shared and attached to the end of the minutes.

Some of the goals of this program are to:

- Increase identification and engagement of students that have greater risk of developing a potentially severe mental illness and those who need additional supportive/protective factors.
- Increase timely access and linkage to supportive and mental health services.
- Increase mental health resilience among Vicente/Briones students.
- Increase student ability to overcome social, emotional and academic challenges by working toward reduction of stigma and discrimination while increasing academic success, vocational awareness, relational vitality and the ability to set and achieve life goals.

There are a number of clubs and social opportunities, including the Psychology Club which is really popular. The students from the Psychology Club started a weekly podcast. It was great. Each week they feature a different community interview to interview. The students from Vicente also have participated pretty regularly in the annual Directing Change (<https://directingchange.ca.org>), which is a Film contest hosted statewide and students create a 60-second film, similar to a public service announcement (PSA). The students did at Vicente created one and the teacher brought the students to one of our meetings and presented their short film. It was very neat moment and we all enjoyed it very much. They were able to have a panel and host a Q&A.

Engagement Focus Goals include:

- 90% of enrolled students will receive a) an orientation on program offerings, b) a self-identified needs assessment targeting risk factors that may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequity, substance abuse domestic violence, previous mental illness, prolonged isolation.
- 90% of identified students will participate in four services per quarter that supports their individual learning plan.

The students that participate in this program are not forced, but really want to participate in and receive these mental health and wellness related services.

Questions and Comments:

- (Cmsr. Swirsding) I was able to visit Vicente with the commission. It is a wonderful program. This is only in John Muir system? Do any of the students have the feelings of post-traumatic stress disorder (PTSD) due to violence they have witnessed (i.e. shootings and/or stabbings)? (RESPONSE: Jennifer Bruggeman) I am aware that a lot of students have various types of adverse childhood experiences (ACEs). There is a measure of that taken upon admission, I have seen some of that in the reporting. Many of the kids do have different types of trauma caused by a whole host of issues. I am unaware of specific situations like gun violence or exposure that. That is an interesting question and I am sure some of them do but I don't have the numbers on that. One of the advantages of this program is the class size is so small, the classrooms are (maybe) five to eight students per class and there is a lot of individual attention available to them, with one on one's with teachers, counselors and step outside the class. It is not a conventional education setting at all, it is very flexible to student's needs.
- (Cmsr. Griffin) This will be the school that we are collaborating on the site visit, correct? (RESPONSE: Jennifer Bruggeman) That is the plan, yes.
- (Cmsr. Griffin) When was the last visit for this site? (RESPONSE: Jennifer Bruggeman) The last time we conducted a site visit for program review was before COVID, I believe 2019.

<ul style="list-style-type: none"> • (Cmsr. Griffin) What are the credentials of the teachers? In addition to their regular academic and regular teaching credentials, are they required to have additional special education? Counseling degrees? Is there a mix? (RESPONSE: Jennifer Bruggeman) I know they provide a lot of staff development and trainings. I am assuming focused more around mental and behavioral health type issues for the teacher who might not have that specific training in their background. There are also all of the counselors who are licensed (as an LMFT/LCSW, etc.). It is a combination. • (Cmsr. Shires) Are there any school psychologist at this site? Particularly trained to address those that are neurodivergent? (RESPONSE: Jennifer Bruggeman) That is a great question. I'm not aware that they have a psychologist on site, but as part of the MUSD, they would be able to leverage those types of resources from the district if need be. For example: if a student needed testing or other assessment, I think they would be required to consult with the district. • (Cmsr. Shires) If there are identified neurodivergent children, do they receive those services? Resource specialist? Special Education for their individual needs (i.e., speech or other services)? (RESPONSE: Jennifer Bruggeman) • (Cmsr. Serwin) (RESPONSE: Jennifer Bruggeman) These are all great questions, which we should ask them directly during the site visit. My understanding is that they do have many students attending that have an individual education plan (IEP) and assume under the terms of their IEP, they will need to figure out a way to meet those needs, whatever that looks like. • (Cmsr. Serwin) I'm a bit confused, can you explain the difference between counselors and psychologists? I am also wondering who actually provides the mental health services? Are they provided through the BHS? Internally by staff? (RESPONSE: Jennifer Bruggeman) There are a couple licensed counselors on site and they are a masters level, where a psychologist would be doctorate level with more training. I am not aware of psychologists on site, but they definitely have master level clinicians who provide the behavioral health direct services on site. They would not be employees of BHS, but would be employees of the school or of the district. Some may be contracted, as well. I believe they also have some interns that provide services there that would be supervised by the counselors. • (Cmsr. Serwin) Does MHSA fund one or two of the mental health counselors? (RESPONSE: Jennifer Bruggeman) Two. • (Cmsr. Serwin) The academic counselor, MHSA funds an internship for that position or the full academic counselor? (RESPONSE: Jennifer Bruggeman) The MHSA is funding the mental health counselor and the academic counselor. • (Cmsr. Swirsding) I do remember when we visited the site, one of the questions was surrounding the fact they were receiving MHSA funding and the staffing. (RESPONSE: Jennifer Bruggeman) The staffing pattern would be a good thing to visit. I know some of the leadership has changed. The principal moved on and I am not sure what, if anything, has changed. • (Cmsr. Swirsding) Some of the parents concerned if a student is having a mental health crisis, do they bring in the parents? The answer was yes and that they have a meeting, not only with the student but also with the parents and family. (RESPONSE: Jennifer Bruggeman) I know the parent and caregiver involvement is definitely a focus and some thing they tr to do whenever possible. 	
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I. Adjourned at 5:06 pm.	