

**MENTAL HEALTH COMMISSION
FINANCE COMMITTEE MEETING MINUTES
APRIL 21st, 2022 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair, Cmsr. Douglas Dunn, District III called the meeting to order at 1:34 pm.</p> <p><u>Members Present:</u> Chair, Cmsr. Douglas Dunn, District III Cmsr. Leslie May, District V Cmsr. Rhiannon Shires, District II</p> <p><u>Members Absent:</u> Cmsr. Graham Wiseman, District II</p> <p><u>Other Attendees:</u> Cmsr. Barbara Serwin, District II Cmsr. Laura Griffin, District V Angela Beck Jennifer Bruggeman Dawn Morrow (Supv. Diane Burgis' ofc)</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None.</p>	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> • (L. May) This is late, but I just found out myself, anyone on the East side this evening at 6:00pm at Community Violence Solutions at 301 West Tenth Street in Antioch, we will be holding a candlelight vigil for sexual assault survivors and non-survivors. It start at 6:00pm this evening. Secondly, Concord Service Center Open is open. The Concord Service Center can support people experiencing unsheltered homelessness with: restrooms, laundry, showers, mail service for non-shelter residents. The site also offers kennels for companion animals to be secured while clients are accessing services and a small pocket park. Concord Service Center: 2047 Arnold Industrial Way, Suite A (the far right side of the building). Hours: Monday - Friday, 8:00am-4:00pm. The changes to Homeless Court Application Process: Homeless Court is an alternative to the traditional criminal justice court system. The Homeless Court program is focused on helping individuals with a history of homelessness clear fines for infractions. Clients are rewarded retroactively for the work they have already done toward clearing the fines on their tickets. Eligibility: <ul style="list-style-type: none"> • The client must be currently homeless or have been homeless at the time the citation was issued. • The client must have been receiving services to help them become self-sufficient (case management at a shelter, substance abuse, transitional living program, independent living skills, etc.) for at least 90 days at the time of the referral. 	<p>Concord Service Center website: https://cchealth.org/h3/pdf/court-faq.pdf</p>

<ul style="list-style-type: none"> • A client cannot refer him/herself to Homeless Court. Only the agency at which they have been receiving these services may refer the client to Homeless Court. • If the client was seen at a Homeless Court in another county but still has tickets in Contra Costa County, they may request that county's Homeless Court program to submit an inter-county referral so that their cases can be addressed in this county. • The court asks that if the client is not clean and sober, please wait to apply to have the fines waived. A person using makes poor choices and that includes driving unsafely. 	
<p>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS:</p> <ul style="list-style-type: none"> • NAMI CC (National Alliance on Mental Illness, Contra Costa County) General meeting this evening at 7:00pm, Roberto Ramon will be speaking on SB803, Peer Certification. 	
<p>V. APPROVE minutes from March 17th, 2022, meeting:</p> <ul style="list-style-type: none"> • Cmsr. Douglas Dunn moved to approve the minutes as written. • Seconded by Cmsr. Leslie May <p>Vote: 3-0-0 Ayes: D. Dunn, L. May, and R. Shires Abstain: none</p>	<p>Agendas / minutes can be found at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS the following Committee advisory responsibilities:</p> <p>A. Review and Discuss all Mental Health Services Act (MHSA) Program & Fiscal Reviews.</p> <p>B. Annually Review and Discuss all other Behavioral Health Services contracts regardless of individual or blended funding sources.</p> <p>To get a feel for what our responsibilities are, the first is to continue what we have been, which is Review and Discuss all Mental Health Services Act (MHSA) Program and Fiscal Reviews. Ms. Bruggeman has let us know that, of course, this process stopped with COVID 19 and shut down in person reviews and it is just now starting up again. We do have some more reviews to look at, but with everything else, that issue has been put on the back burner.</p> <p>The second, to Annually Review and Discuss all other Behavioral Health Services (BHS) contracts regardless of individual or blended funding sources; moving forward is very important.</p> <p>Comments and Questions:</p> <ul style="list-style-type: none"> • (Cmsr. May) My concern, as I have voiced before, is that we have always done this to see what is going on. We have reviewed them as a committee and then also include on the commission where we get a chance to review and discuss it. In terms of providing feedback and ensuring the services they are getting paid to provide are getting delivered and have met their benchmarks, or if they didn't meet those benchmarks and why, or if they exceeded their benchmarks. I want us to start doing this again. Also, being able to see where all the different funding is being received, real transparency. If they receive extra funding 	

through the county and then some from the state and federal government plus receiving the PPE funding; that is quite a bit of funding and my main objective is that we haven't received transparency. From what I am understanding, most of the meetings we have attended, there were programs having problems delivering services to people during 2021-2022 and we need to understand why. Everyone, the public, the committee needs to understand why services were so greatly needed in this area and it was so overwhelming. I can't understand.

- (Cmsr. Shires) One of my main concerns is not really part of this item, but how we are going to do needs assessment so, when we are looking at budgeting we can see is it allocated to the resources that are needed most. That came up in the last meeting. My agenda right now is really how do we get out to all of these different districts/communities. (RESPONSE: Cmsr. Dunn) That is something I am looking forward to setting up in conjunction with Cmsr. Serwin because she is chair of Quality of Care committee and have had county provide us needs assessment. There is a flow over to the contract side and, quite frankly, up to now, we have been so focused on just the MHSA program fiscal reviews, we have never really taken a look at all the other contracts that CCBHS has in place. With the BHCIP meeting that BHS held last week, this building construction funding, there are some contracts we need to get a hold of very quickly to see if these are the facilities we really need in this community. Your point is well taken and it is leading to other items that will be on future meeting agendas for this particular committee.
- (Cmsr. Serwin) Cmsr. Shires, in terms of how we do needs assessments, if you look at our mandatory scope that we advise on (all aspects of mental health care in our county), just to go out and do one broad survey is not feasible. The way we break it down is committees take on different areas to investigate. For example, the Justice Systems committee has taken a deep dive looking at conservatorships and starting one looking at the detention centers. The Quality of Care is looking at education in K-12 and the state of our facilities through the site visit program. The other area needs assessment comes from is, every year, we do a data notebook where the state is looking at a given topic like 'Older adults' where it is still broad but getting in a bit and ask each county to perform a needs assessment for that topic, which we do in concert with BHS. Another huge area where we gather needs assessment is with Consolidated Planning Advisory Workgroup (CPAW), that is continuous input from the community regarding priorities. If you would like to sit down and walk you through some these to provide examples, I'd be happy to anytime. Fill you in on past needs to get you up to speed on from minutes and such. Lastly, I wanted to ask about was Cmsr. May's comment about services, Are you speaking about strictly MHSA-funded services? Which services are you speaking to that weren't served? Was that specifically during COVID? (RESPONSE: Cmsr. May) Yes, I'm speaking to MHSA funding because I know

the funding for that program was increased significantly during 2020-2021, and it ended in January or February of this year. There was significant money added to budget because of services increased (something like 300 percent?). I want to know how the money was spent, an accounting of such. That helps us with a cross-over to quality of care. Did they meet need? They should have been able to provide more services than they did. All I am hearing is those needing services did not get what they needed/wanted. In person services, obviously, was cut back. Need for equipment and ability to participate online and training for such. There are a lot of unanswered questions. We need to know where improvements can be made and ensure it does not happen again.

- (Jennifer Bruggeman) Cmsr. May, you are right, there are a number of contract providers that did receive increases in their funding, but primarily not MHSA contracts but the other specialty mental health service providers. Those doing Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), children's specialty mental health and adult specialty mental health, which are funded more through re-alignment and other sources. The reason for those increases in their contracts was they had a sudden loss in revenue because they weren't able to do the volume of billing they would typically do in normal times. So, they were not getting that federal reimbursement for the federal financial participation (FFP), etc. In order to make them whole and prevent them from going out of business, they did receive some contract increases from the county side, just in order to make them whole, not to give them more money than they would normally receive, but to allow them to retain staff and not have to lay anyone off. There was a time early in the pandemic where they weren't providing the normal volume. I believe after, they were able to transition to virtual services and get everyone on Zoom, etc. I don't think it is currently still a problem but, you are right, early in the pandemic that was an issue. I just wanted to clarify, not to give contractors beyond their normal contract payment limit. In terms of reviewing contracts and looking more closely at all those things, performance and outcomes, do you all have a list of all the contract providers that BHS works with? That might be helpful as far as a starting point.
- (Cmsr. Dunn) Quickly, regarding the money, both CPAW and the MHC, at the beginning of the pandemic, I remember, voted to allocate an additional \$7mil from MHSA to make up for the loss in realignment revenue. To tie it back to what Cmsr. Serwin was pointing out, about the break down in contracts, I recall a history that Adam Down provided to the commission back in 2015 (I believe) a breakdown of all the contracts and their funding sources, whether they were just off MediCAL, FFP, Realignment only, MHSA, and those blended and how much. We definitely need an updated list from all the contractors.
- (Jennifer Bruggeman) Annually would be best and is being developed by one of the workgroups. There are several CalAIM

workgroups that are focused on all this payment reform that is coming down the pike. One of the tasks associated with that has been to develop a complete contract list for all the CBO's. Let me check and see what stage it's in. Was there another piece of information that you wanted (regarding the needs assessment).

- (Cmsr. Serwin) I was just wondering if you would be able to do just a brief recount for Dr. Shires, what the needs assessment process is.
- (Jennifer Bruggeman) There are a couple of different types of needs assessments. MHSA, typically, every 3-year cycle, we do a needs assessment at the onset of that three years. The last one was in 2019 and I believe I have shared that, but if it is needed again, I could share. It just looks at the different types of services offered throughout the county and provides a lot of demographic information about the county and addressing where the gaps are and what the underserved or inappropriately served populations are, as well as what the priorities are that the MHSA stakeholder groups, CPAW has identified. We do that once every three years. Indigo Consulting is the group that has been hired to work through BHCIP, housing grants available right now. Several of this group attended the community meeting they did on Monday night. Part of their assignment is to complete a housing needs assessment and will be a different focus on current inventory, housing gaps, etc. That should be very interesting. Perhaps once done, they could come do a presentation for the commission.
- (Cmsr. Serwin) Cmsr. Shires, if there are any specific areas of interest for you, you should bring that forward and get it on the priority list of issues to tackle by one of the committees.
- (Cmsr. Shires) My main interest is looking at what programs are in place for youth right now. A needs assessment of what is going on with that particular population because I see a lot of different districts there are kids really suffering right now. There is an uptick in suicidal ideation, there is an uptick in substance abuse to deal with those issues and I feel like we need to get to the core, particularly how the pandemic has affected these kids and how we are expecting them to function as if nothing has happened and just get back into the swing of things and it isn't happening.
- (Cmsr. Serwin) If you have the time, the Quality of Care committee is focusing on K-12 today. There is a presentation and an update on K-12 funding and what is happening with that.

VII. DISCUSS the following Finance Committee contract review responsibilities. The MHSA Program & Fiscal Reviews already have pre-existing committee review and discussion processes. Therefore, all other current individual contract reviews shall, at a minimum, consist of:

- A. Scope, Purpose, Function, and persons served.**
 - B. Dollar amount and funding source or sources.**
 - C. External factors affecting the funding source or blended funding sources.**
 - D. Contact information of the Behavioral Health Services personnel responsible for directly monitoring each of these contracts.**
 - E. Contact information of the service provider(s) operating each of these contracts.**
- (Cmsr. Serwin) A few things to factor in, in terms of process, with the site visit program, part is completing a contract review and the question is: Do we want to coordinate those with the Finance Committee so that the Finance Committee performs that part of the site visit? Or is it something we just leave for the commissioners assigned to that visit take a look at it and approach more casually than the Finance committee would examine it? Another thought is: How to break it down? There are a very sizable number of contracts and some that are pretty repetitive. The third item, something I have been waiting to hear about is: CalAIM has a standardized process for contracts, for managing contracts and would imagine that includes contract templates, what must be recorded. Whatever they are adopting, that is what we will be looking at some point in the future (not known when that will take hold). Last point to consider, is the MHSA program review and fiscal review was developed very thoughtfully and methodically and seemed to hold up over time. We might want to consider: Can we use that same process with the BHS contracts, not necessarily the program part, but the fiscal review.
 - (Jennifer Bruggeman) That is correct. As I said, with CalAIM there are several different workgroups set up, different committees and they are working on all aspects. Definitely one goal would be to streamline the contracting process, in terms of the language and streamlined so they all look the same. In terms of accountability, outcomes and performance, which will be part of the process as well. It is very much underway. I am not sure it's ready to share, yet in a presentation or overview as it is still very much a work in progress. Within the next few months, this should be much more solidified.
 - (Cmsr. May) I just wanted to mention, Cmsr. Serwin was speaking to blending this into the site visits, but I think it would be hard to do. I am looking at *(b) Dollar amount and funding source or sources; (c) External factors affecting the funding source or blended funding sources; and (d) Contact information of the Behavioral Health Services personnel responsible for directly monitoring each of these contracts.*
I don't think we could accomplish that through the site visits. I

think it would be something we need Ms. Bruggeman's office to accomplish directly.

(RESPONSE: Cmsr. Dunn) To add to this, the site visit and issues that Cmsr. Serwin raised are very good but I think that would need to be coordinated with the Finance committee. As for going out on the site visit, the Finance committee should take a certain amount of rigor along with points A-E listed for the contracts we wish to look at. Branching out more, I put thought into this because, except for Crestwood Our House contract, which is the only contract I have seen outside of MHSA program/fiscal reviews. We badly need to see all the other contracts. We can't do it all at once, but we do need to start setting up the schedule to look at all contracts currently in effect for CCBHS has in order to get a feel for what services are being provided and, (Dr. Shires) to get to your point, needs a system for things that do need to be provided. Right now, we are kind of operating 65%-70% with very little light or almost in the dark. Looking at each of these contracts starts to give us a feel for what is being done, what needs to be done.

- (Cmsr. May) This is a concern of mine, as well. I work with children, some adults but most of my clients are children. These kids, it is sad because it is a crisis, it is not spoken about on the news about how many children have been or are being affected, how many commit suicide on a daily basis every day. How many have turned to substance abuse (actually addicts), especially since the pandemic and they are suffering. We need to reach out. That is why I am so glad for today's agenda for today's Quality of Care and it will be discussed even more so. I need to know how many places receive MHSA funding for youth. I want to know who is receiving money for them and what is going on? Where is the money going? We need accountability.
- (Cmsr. Dunn) that is something we can fairly ease to get, isn't it? (RESPONSE: Jennifer Bruggeman) It is. In the MHSA 3-yr. plan and annual update, it lists all the contracts that MHSA is responsible for funding and it has a breakdown, one of the appendices is a program profile where you can read in a short paragraph who the target population is, what the primary service is. It is a huge document and I understand a lot of people don't want to dive into it. However, the information is there. If you want to set up time to go through some of the programs little by little, I'd be happy to walk this group through that. There are different requirements, for example: the Prevention and early intervention (PEI) component of MHSA, is like 22 CBO's that receive that type of funding. By law, the majority is required to go to youth. So over 51% must go to youth. You can comb through the entire document, but it is a dense document but the program profile chapter is an easier way to skim through and see the contract payment limit and how large the contract is, how many individuals they are contracting to serve. The basic outcome / our goals are for the year, who the target population is, and a short summary of what the service they provide.

- (Cmsr. May) For those not receiving the services they should, How do people make reports and what happens to the reports they make? If a parent is upset because their child has missed two appointments (the therapist wasn't there or available), or they took the child in and only kept them in for a short time and stated there was nothing we can talk about, etc. How does that get reported back to the county so that the county has a red flag/complaint that whoever services these kids (or adults) are not receiving the services they are supposed to. Is there a process for that to happen, if so, that would and should affecting funding.

(RESPONSE: Cmsr. Serwin) We do have a grievance process for BHS. There is one person (within quality control) that reviews each grievance. I was surprised by the lack of grievances, I expected there to be more, and not sure if that is an issue of how well the process is communicated. It is hard to communicate. It is in the brochures in every service providers waiting room there is a big sign and I don't know how much those really 'grab' people. It is hard to help people who are already overwhelmed know about this and it doesn't seem hard to walk through. (RESPONSE: Jennifer Bruggeman) Yes, there is a form you can fill out on the website, it describes the process (URL:<https://cchealth.org/mentalhealth/grievance.php>) It is within the quality team here administration, but there is one person. It is pretty much her whole job to process the grievances. They may come from County providers or county contracted CBO providers or anyone the county is funding. One can file a grievance toward a particular program, provider, it runs the gamut, but there is definitely a process.

- (Cmsr. Serwin) Cmsr. May, Do you know if the specific issues that you learned about, were they with individual providers or at a clinic or...? (Cmsr. May) What I am hearing about: The Children's clinic in Antioch, I am hearing issues with that clinic. I have also heard there are certain agencies / youth homes that there are a lot of problems there. I am hearing from parents. I know we always had a process. I know there was a problem at one time, even with Hope House putting those forms out so people could see them. When we did intake, they wanted us to tell people were and walk them out to show them where they could get information. People making complaints, I say to go online to pull up information. I wonder if there is any type of tracking. Do they track complaints?
- (Cmsr. Serwin) I agree with Cmsr. May and Dunn that a lot of Commissioners are not familiar with contracts and to ask someone to review in a meaningful way is a bit unfair and unproductive. Maybe we can do a pilot or a test coordination of the Finance committee with site visits with our next site visit so we can factor that in. A big part is the timing. Finance committee would need to be able to review it in coordination with the site visit happening.
- (Cmsr. Dunn) Moving forward, we will coordinate what site visits are coming up the remainder of this calendar year? If we know

the names/entities involved, we can request the contracts and review. At least we can review. If we, Cmsr. May and myself, can get the list and ask for those contracts, we can do the review based on the five criteria above and have them done well enough in advance to give a report to the site visit team commissioners our take on the contract.

- (Cmsr. Serwin) Right and include a paragraph to include in the site visit report.
- (Cmsr. Dunn) Absolutely. Due to what was discussed at the BHCIP community meeting this past Monday, Another issues (going back to the) Incompetent to Stand Trial (IST) issue(s), I would like to know Mental Health Rehabilitation Facility (MHRC) contracts, we need to know what is involved with those. That is another issue that is going to creep up on us if we don't start taking a look at it sooner, rather than later. We don't want to be caught in a frantic rush. I know BHS is trying to get some information on the Felony IST (FIST) population coming back to this county between housing and services and what they are going to need. We as a commission are in the dark because we haven't seen the contracts for these places and we need to see them.
- (Cmsr. May) Agreed. I want us to look at (as a model), Dorothy Day House in Berkeley, California (URL: <https://www.dorothydayhouseberkeley.org/>). Let's look at their model real closely. I have been out there and it is fabulous, they provide housing for the homeless. The only thing, it would have to be a secure place. We need to start finding models that we can build from that can be done quickly and not break the budget. We are going to need a few places. This project is basically warehouses that have been remodeled beautifully. We don't know how much money will come into our county. CCBHS has to bid for it and win the grant and we don't know how much will be awarded, we don't want to underbid but we need a good idea of how much we need.
- (Cmsr. Serwin) One quick add to your point about needing to know about new contracts. The key is getting notified they are being drafted and before they go to the Board of Supervisors (BoS) for approval. In the past, the only way that we have become aware of some major contracts is the BoS agenda three days before, and since the meetings are on Tuesdays, these agendas are coming out on Friday and there is no time to mobilize commissioners or review anything and we are just caught flatfooted. I have never been able to figure out what the process should be so that is what I think this committee would work out with BHS, what kind of process can we put in place so we have adequate notification to have meaningful input. It is just like the budget. It is really hard to get that buy in.
- (Cmsr. Dunn) Yes. As a result of this discussion, due the urgency of BHCIP, I am going to be making specific requests of BHS, certain contracts we want to see at the main meeting, we want to see them. We need to see them.

<ul style="list-style-type: none"> • (Cmsr. Serwin) We need coordinate that in developing the MHC agenda and we could look at that for June, if there is something in place at that point. The fact is, we are always able to convene in between, special commission meetings, we need to post an agenda, etc. but if something causes a time crunch arises, you can have a committee meeting in between those meetings. • (Cmsr. Dunn) The reason I am pushing on this is with BHCIP coming down the pike, we have children and youth right now between now and July at the latest. • (Cmsr. Serwin) I thought I saw a later date. I was surprised. • (Cmsr. Dunn) BHS stated for Round 5, that will be put out by the state around August to October and then Round 6 in December of 2022. Round 4, not sure if there is an end date on it yet, but has been released. • (Cmsr. Serwin) At the presentation by Indigo Consulting, they put up the timeline. We can ask them, or look up the slides. • (Jennifer Bruggeman) So, existing contracts are public record and you are able to access any of those that you need. I can help you get to those. • (Cmsr. Serwin) New contracts or contract renewals is what I was thinking about. • (Jennifer Bruggeman) Are you also stating, in anticipation of the BHCIP work and new housing infrastructure potentially being built, it would be helpful to take a look at what we already have? Is that part of the equation? • (Cmsr. Dunn) From my perspective, yes it is. 	
<p>VIII. Adjourned meeting at 2:48 pm</p>	