

MENTAL HEALTH COMMISSION
(Hosts a Public Hearing for the Mental Health Services Act (MHSA) Three Year Plan FY 2020-2023)
MONTHLY MEETING AND PUBLIC HEARING MINUTES
October 7, 2020

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Cmsr. B. Serwin, MHC Chair, called the meeting to order @ 4:11 pm</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Diane Burgis, Supervisor, District III Cmsr, Douglas Dunn, District III Cmsr. Laura Griffin, District V Cmsr, John Kincaid, District II Cmsr. Kate Lewis, District I (arrived after start of meeting) Cmsr. Joe Metro, District V Cmsr. Kira Monterrey, District III Cmsr. Alana Russaw, District IV Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Cmsr. Graham Wiseman, District II</p> <p><u>Members Absent:</u> Cmsr. Leslie May, Vice-Chair, District V Cmsr. Sam Yoshioka, District IV</p> <p><u>Other Attendees:</u> Dr. Suzanne Tavano, (Director, Contra Costa Behavioral Health Services (CCBHS) Jaspreet Benepal (Interim Chief Executive Officer, Contra Costa Regional Medical Center and Health Centers) Jennifer Bruggeman (MHSA Program Manager) Y’Anad Burrell Kanwarpal Dhaliwal Lisa Finch Carolyn Goldstein-Hildago Mark Goodman, Chief of Staff, Supervisor Diane Burgis Office Lynda Kaufman Karen Lai Jeff Landau Anna Lubarov Audrey Montana (MHSA Administrative Support) Dawn Morrow Margaret Netherby Carolyn Obringer Teresa Pasquini Haji Razmi Stephanie Regular Kristine Suchan Windy Taylor Jennifer Tuipulotu Genoveva Zesati</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None</p>	

<p>III. COMMISSIONER COMMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. J. Kincaid) Early voting has started. Since Monday, can use ballot drop boxes. Maps are in the voter information booklets. • (Cmsr. G. Wiseman) California released a report of an audit regarding Suicide Prevention in the state. Specifically, important is information regarding school districts. • (Cmsr. K. Monterrey) Where can we get data on suicide rates in the County as compared to admissions into Psychiatric Emergency Services (PES)? (Cmsr. B. Serwin) We will follow up afterwards with Dr. Suzanne Tavano (Director, Behavioral Health Services). 	
<p>IV. CHAIR COMMENTS/ANNOUNCEMENTS: None</p>	
<p>V. APROVE September 2, 2020 Meeting Minutes:</p> <ul style="list-style-type: none"> • September 2, 2020 Minutes reviewed. Motion: J. Kincaid moved to approve the minutes as written. Seconded by D. Dunn. Vote: 11-0-0 Ayes: B. Serwin (Chair), D. Burgis, D. Dunn, L. Griffin, J. Kincaid, J. Metro, K. Monterrey. A. Russaw, G. Stern, G. Swirsding, G. Wiseman Abstain: 0 	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. ANNOUNCE 2021 MHC Officer and Executive Committee election and Form Nominating Committee (10 min):</p> <ul style="list-style-type: none"> • The terms for the Mental Health Commission Executive Committee’s Chair and Vice Chair and Executive Committee members end in December • Now beginning the 2021 election process. This Commission meeting will form a Nominating Committee. The role of the Committee is to bring a slate of candidates to the Commission. Identify candidates who either expressed interest in running or who are nominated by other Commissioners. Will ask each candidate if he or she wants to run. This Committee also conducts the election. Throughout October, the Committee develops the slate of candidates. • In November, the Committee will present the slate of candidates. • The election is held during the December Commission meeting. The elected candidates take office on January 1st. The Nominating Committee’s work ends in December. • Volunteers for the Nominating Committee: <ul style="list-style-type: none"> ○ Cmsr. John Kincaid to Chair the Nominating Committee ○ Commissioners Kira Monterrey and Alana Russaw 	
<p>VII. DISCUSS re-opening of “4D” (former Contra Costa Regional Medical Center (CCRMC) acute psychiatric unit) for adult patients coming from Psychiatric Emergency Services – Dr. Samir Shah, CCRMC CEO and Dr. Suzanne Tavano, Director of Behavioral Health Services (20 min):</p> <p>Dr. Suzanne Tavano (Director, Behavioral Health Services) and Jaspreet Benepal (Interim Chief Executive Officer, Contra Costa Regional Medical Center and Health Centers) presented and responded to a list of questions:</p> <ul style="list-style-type: none"> • Summary of 4D reopening announcement <ul style="list-style-type: none"> ○ Jaspreet Benepal <ul style="list-style-type: none"> ▪ Several factors formed the basis for expediting the opening 4D – For example, the global pandemic, issues with COVIC-19 related to congregated living situations and soon approaching the flu season soon approaching ▪ A major factor was the relaxation of regulations permitting opening of units that had either been suspended or had flex programing. With the waiving of State regulations, we could move quickly. Also, funding is now available but 	

- for a limited period of time.
- There is a shortage of inpatient psychiatric unit beds in our county, the Bay Area and the State.
- Also, PES volume is going up. Adults were waiting at PES to be placed elsewhere for treatment. 4D was placed in suspension in 2006 (14 years ago). Opening 4D will help to address the volume in PES. Can provide treatment locally and immediately.
- Dr. Tavano
 - From data, clear the number of adults at PES require inpatient care but have to wait until an available bed is located. Needed more access to inpatient care.
 - Now the federal and state government have allowed flexibilities. Now have the opportunity to take 4D out of suspension. Never technically closed. The hospital license was suspended. New provisions allowed the unit to come out of suspension quickly.
 - For original purpose only – adult acute inpatient unit
 - In addition, funding related to COVID became available that supported the financing of some of the physical modifications of the unit. All these factors supported the reopening of 4D.

(Jaspreet Benepal)

- Questions for CCRMC CEO and Director of Behavioral Health Services
Re: Re-opening of 4D from the Mental Health Commission
- What is the difference between 4C and 4D?
 - There is no difference between 4C and 4D. Both are acute adult inpatient psychiatric units
 - In December will receive funding for COVID-19 and this will pay for physical modifications of the unit
 - Unit 4D had twenty beds that were suspended since 2006. Under the reopening conditions, can reopen only under same license that had in 2006.
 - PES has 23 beds. 4D will have 20. Will have a total of 43 inpatient beds.
- Why 4D and not some other solution for creating more acute psychiatric beds?
 - Please refer to summary and answer to question one. 4D was the quickest opportunity to address all these issues and COVID-19. 4D previously also provided acute adult inpatient care which is urgently needed currently. This is the quickest method to get the unit out of suspension and to expand inpatient care. Also, funding expires in December.
 - To try to provide this expansion by other methods would take a very long time. No other method or route provided funds or a fast resolution to the issue
- How long will opening 4D take?
 - Goal is to open by end of October. Now awaiting survey by the Fire Marshall, California Department of Public Health compliance survey and approval, etc. But, working fast to get these completed.
 - At the latest to open by the end of November. No exact date yet.
- Is 4D viable in the long run?
 - The goal is to keep 4D open and active in the long term. But, must be ligature resistant and this will take a while. Currently have procedures and staffing to make sure the patients are safe.
- What is the funding and business model for 4D?
 - The re-opening, start-up costs are financed by COVID-19 (to reduce congregate setting in PES). Most likely will also be covered by FEMA/CARES ACT. Funded through December 31st.
 - Starting next year, need to make sure we manage the cost through revenue

- generated from this inpatient unit.
- The business plan (Dr. Tavano)
 - John Muir Medical Center has been an amazing partner. They will continue to serve children and adolescents. They expanded the capacity of these units. We are happy about that.
 - Bay Area Hospitals mostly are subject to the IMD exclusion rule. If we refer patients to these hospitals, many of the hospitals are not eligible for MediCal payments although the patients are MediCal eligible. So must use 100 percent realignment funds. If the hospital is not subject to the exclusion, we pay a little less than half with a match of local funding and use the federal dollars to make up the difference.
 - Realignment dollars that we have been using for placement of our patients at contracted hospitals was an expense
 - We can now use local funds as a match with federal dollars for 4D
 - Will refer new patients who come to PES and need acute care to 4D
 - Want to avoid sending patients to other Bay Area hospitals even as far as Sacramento for treatment. The goal is to provide treatment locally, in the community and near family members.
 - With the State, we can negotiate rates locally for acute days. Once someone leaves acute status and goes to administrative status, means their psychiatric condition has stabilized and no longer need hospital care. This is considered an Administrative Day for State reimbursement purposes. The State sets the reimbursement rates for Administrative Days extremely low. An Administrative Day is perhaps twenty five percent of the cost of an acute day in State reimbursement to the County. Will have to watch the Administrative Days.
 - Must build up alternative treatment centers like the Board and Cares. Patients are not waiting on Administrative Days for placement.
 - Also, once someone is placed under conservatorship and a recommendation is made for an MHRC long term facility, the accessibility of such programs is getting tighter. Always a struggle to find a bed even when willing to contract with a facility and pay. Harder now as with wildfires one facility had to be abandoned twice.
 - Will have to be creative and get all the treatment components in place.
- What would be the biggest impacts on PES with the freeing up of space?
 - Patients would be able to be placed as soon as treatment is required
 - Free up space at PES for other patients and provide beds and treatment
- Will PES be redesigned to better accommodate children? (Dr. Tavano)
 - We are continuing to look at the redesign of PES. We were to provide our final report to the Board of Supervisors in October. Moved to end of November or December.
 - Continuing to do the needs assessment due to COVID.
 - Looking at other options provided by community members. Later determined that was not feasible.
 - In this County, the ambulances must transport the person to an Emergency Department. On the State level, there is new legislation re alternative care sites. Looking at alternative sites – i.e. something on campus of the Contra Costa Regional Medical Center (free standing CSU). Looking at other alternatives.
 - This additional time gives us time to look at possibilities that we have not looked at before and to work with the state on licensing/certificate requirements
- What are the key regulatory challenges (physical plant, services)?
 - Under these circumstances, can move quickly under regulation relaxation for now.

- Later most likely will have to comply with full regulations (not relaxation of regulations as currently have). Creating 4D for the long term. Taking full requirements into consideration. Moving forward as if we currently have to comply with full regulations and requirements.
- This is a soft opening and we will do as much as we can immediately for now but will work to ensure fulfill regulations later for the long term
- After COVID will regulatory requirements revert to pre-COVID requirements?
 - Yes. Please refer to response to prior questions.
- How will the community be involved in the design and implementation of 4D? How specifically will the Mental Health Commission be involved?
 - The email announcing the reopening of 4D was sent out. If you would like to be a part of the task force, please email me, Dr. Simir or Dr. Tavano. Also, welcome members of the Mental Health Commission to participate. Currently trying to create 4D as it was in 2006 but now in compliance with the newer regulations. Will have, for example, therapy, groups, treatment plans, etc. Happy to have you on our committees and task force.

Comments and Questions:

- (Anna Lubarov) An alternative could be to build a treatment facility that would be a Peer run respite. They would provide amazing recovery support and avoid higher level of care. Something to think about.
- (Teresa Pasquini) Thank you so much, Jaspreet and Dr. Tavano. I am fighting tears and am so proud and excited. I was around when the unit was closed. This County is opening an acute psychiatric unit that is so needed as many such units are closing. We recommended a Respite Center model in our paper, "Housing That Heals." We need options at different levels of care. It is best to have a loved one near home and in our community. It is very emotional. I welcome the opportunity to be able to support this. Thank you. (Jaspreet Benepal) I used to work on that unit. I remember that day very well. I join you in the excitement in opening 4D.
- (Cmsr. Graham Wiseman) Will temporary shelters be used during the construction of 4D? (Jaspreet Benepal) We have COVID funding until December. We will look at other options. We are looking at a separate free standing building for the children. We have not looked at using temporary structures at this point.
- (Cmsr. John Kincaid) Will the unit be ligature resistant? Is that, for example, replacing sprinkler heads, etc.? (Jaspreet Benepal) The work has already started. It is extensive and will take time. This is nationwide. Every hospital much comply. Any equipment (from doors, to beds, to mops, etc.) needs to be ligature resistant. There is a process for the hospitals. Already started the process for 4D in preparation to submit application for 4D. In the meantime, have a mitigating plan to make sure patients are safe.

VIII. RECEIVE Behavioral Health Services Director's Report - Dr. Suzanne Tavano (10 min):

- **Assembly Bill 1976** - Assisted Outpatient Treatment. Rather than counties opting in to participate, counties will have to opt out (and provide justification). Takes away the sunset rules.
- **Senate Bill 855** – Insurers should make mental health and substance abuse benefits available. Parody is coming to California.
- **Assembly Bill 2265** – Will allow Mental Health Services Act (MHSA) funding to support programs that address co-occurring mental health and substance use issues. We have been advocating for this a long time.
- **Senate Bill 803** – Provide for certified Peer Specialists and the creation of MediCal billing codes. County can opt in. Hopeful Contra Costa will move this forward when details worked out. Congratulations to the SPIRIT program graduates of 2020. They had their graduation this week. They are amazing.

<ul style="list-style-type: none"> • Alternative care site for ambulances - Will provide details later. Also, there is a new Director for Emergency Medical Services. • Collaborative efforts – Met with a number of Chiefs of Police and Mayors. Participated in some city Town Halls. Now working collaboratively with city managers and mayors throughout Contra Costa County. Will be doing a value stream mapping in the near future. Analyze the current situation and look for way to improve in the future. Look at crisis intervention (mobile crisis response) and also pre-crisis situations (i.e. CORE Team, Health Care Connect). Invite two commissioners to the Mental Health Commission to be a part of this process and be on the team. Will later come back and make the request of the Commission. • External Quality Review Audit - They were very complimentary. They were impressed we were able to sustain services thru COVID when some other counties were not able to do so. Want to acknowledge Fatima Mata Sol our AOD Administrator. She has a great team. Now going through the DHCS Triannual which is a review of our entire system and audit of our medical records. Tomorrow is their last day. When we receive the report, we will discuss the report with the Mental Health Commission. <p>Comments and Questions:</p> <ul style="list-style-type: none"> • (Anna Lubarov) It is amazing Contra County is working with the mayors. Wonder if this group is working with the Justice for Miles Hall foundation? If not, how ca we get the public involved? (Dr. Tavano) The value stream mapping is inclusive of community members. We assume there would be representation from the Foundation. It is intended to be very inclusive. 	
<p>IX: Adjourned Mental Health Commission Meeting at 5:15 pm</p>	

Public Hearing
Mental Health Services Act Three Year Plan FY 2020-2023

Agenda Item / Discussion	Action /Follow-Up
<p>(Public Hearing Commenced at 5:16 pm)</p> <p>I. Opening Comments by the Chair of the Mental Health Commission:</p> <ul style="list-style-type: none"> • Chair of the Mental Health Commission, Commissioner Barbara Serwin, made Opening Comments. • This hearing is mandated by California Welfare and Institutions Code to conduct a Public hearing on the draft of the MHSA Three Year Plan or annual updates. The goal of this hearing is to encourage the Mental Health Commissioners and the public to review and make comment on any aspect of the MHSA Plan. • The Public Hearing usually occurs in May. However due to COVID-19 and the impact on the MHSA budget, the public hearing was delayed until adequate financial data and budget projections were in place. • Want to congratulate Jennifer Bruggeman and the rest of the MHSA Team, Dr. Tavano and Patrick Godley (Health Services Chief Financial Officer) for their dedication, perseverance and creativity in adjusting the MHSA Plan during and in response to COVID-19. • Obtaining projected revenues during a time of economic chaos is a huge challenge. Finding ways to keep community projects intact amidst a major decline in revenues is another huge challenge. Collaboration is hard work. But it has paid off and the Mental Health Commission is grateful. 	<p>Meeting was held via Zoom platform</p>
<p>II. Fiscal Years 2020 to 2023 mental Health Services Act (MHSA) Three Year Program and Expenditure Plan – Jennifer Bruggeman, Program Manager, MHSA Programs, Dr. Suzanne Tavano, Director of Behavioral Health Services, and Wendy Taylor, Program Manager, Behavioral Health Administration</p> <p>Windy Taylor (Program Manager, Behavioral Health Administration) (Document Presentation – “MHSA – Finance Committee – Wednesday, September 16, 2020, pages 16 – 18 – authored by Patrick Godley, Chief Operating Officer and Chief Financial Officer, Contra Cosa Health Services)</p> <ul style="list-style-type: none"> • Background Information <ul style="list-style-type: none"> ○ Recently the Health Services Chief Financial Officer (Patrick Godley) presented three options for the MHSA budget moving forward based on the effects of COVID. He talked about how realignment also affected the MHSA funded programs. • Option One <ul style="list-style-type: none"> ○ Original posted budget in February 2020 with an operating budget of 68 million dollars. ○ Each of the Fiscal Years are detailed. Each includes the Fund Balance, Projected Funds to be received from the State, Trust Drawdown and resulting balance for each Fiscal Year. ○ Fiscal Year 2019/2020 ending balance was 52.7 Million dollars ○ Reviewed Chart for Option One ○ Fiscal Year 2022/2023 <ul style="list-style-type: none"> ▪ If operating under the 68 million dollar budget, the ending balance for this the 2022/2023 Fiscal Year would result in a negative balance ▪ A deficit of almost 24 million dollars 	

- Option Two
 - The budget is kept at the actual dollar amount spent for the Fiscal Year 2019/2020. No anticipated change depicted
 - Budgeted amount for each Fiscal Year at 50.6 million dollars
 - Reviewed Chart for Option Two and ending balance
- Option Three
 - This option includes MHSAs realignment and growth. Realignment was heavily affected by COVID. Many of the MHSAs programs are funded by realignment dollars.
 - For Option Three, included the MHSAs Rollover Growth dollars and the lost Realignment dollars that were made up for using MHSAs funding
 - This would keep programs whole
 - The ending balance is ten million dollars
- Jennifer Bruggeman Comment
 - These three options were presented at the MHSAs Finance Committee meeting in September.
 - Option Three was the option the Committee was in favor of
 - Option Three is the option we plan to move forward with

Jennifer Bruggeman (MHSAs Program Manager)

(PowerPoint Presentation – “MHSAs Three Year Program and Expenditure Plan – Revised Proposed Programming and Budget Summary for FY 2020-2023)

- COVID-19 Timeline
 - Provided summary of events from March 1, 2020 (from the posting of the Three Year Plan Draft for 30 days for Public Comment), through the onset of COVID-19, Shelter in Place to the present (October 2020)
 - The planned April 2020 Public Hearing on the 3 Year Plan was postponed in order to reassess the financial impact of COVID and revise the MHSAs budget. The State provided Counties the flexibility to postpone the Public Hearings due to the unprecedented public health emergency of COVID, as a result, this Public Hearing is being held today. We will finalize the Plan and send the final MHSAs Three Year Plan to the Board of Supervisors for approval.
- March 2020 Proposed Changes (Pre-COVID)
 - \$14 million dollar increase in proposed increased fund and listed purposes for increased funding
- Fiscal Impact of COVID-19 on Contra Costa Behavioral Health Services
 - Tax based revenues down (MHSAs dollars), Realignment dollars down
 - Option Three - Allow limited expansion in specific areas, maintain all programs and not have to make any cuts. Also maintains the MHSAs Prudent Reserve at the current level.
- September 2020 Revised Proposal - Highlights
 - New increased funding for Mobile Crisis Response Team and community crisis response programming
 - Maintain some increased funding for housing supports, early childhood mental health and suicide prevention (priorities identified by stakeholders at MHSAs Community Forums)
 - MHSAs funds will be used to replace five - seven million dollars of lost realignment funds to preserve programs

<ul style="list-style-type: none"> ○ Program contracts remain at 2019-2020 funding levels - renew all contracts without having to cut programs ● Supportive Housing (Expansion) <ul style="list-style-type: none"> ○ Support Full Service Partnership programs to expand capacity & housing ○ No Place Like Home – increase permanent support housing units ○ Increase permanent support housing and supports ○ Increase Board and Care inventory ● Suicide Prevention & Education (Expansion) <ul style="list-style-type: none"> ○ Last September had a full day MHSA Community Forum event focused on Suicide Prevention. The community wanted more access to training and outreach efforts, to decrease stigma and spread awareness about mental health. Some are groups more high risk especially now during these challenging times. ○ Field staff to provide countywide suicide prevention education & Training ● Early Childhood Mental Health (Expansion) <ul style="list-style-type: none"> ○ Provide outreach, education and linkage to treatment for families with very young children (0-5 years) experiencing serious emotional disorders ○ Needs Assessment indicated this to be an underserved population ○ Response from feedback received during an MHSA Early Childhood Mental Health Community Forum held last November ● Workforce, Education and Training (WET) Financial Incentive Programs (Expansion) <ul style="list-style-type: none"> ○ Expand Loan Repayment Program to address critical staff shortages ○ Extend the Loan Repayment Program to additional positions as peers and clinicians. Have no significant impact on the budget. ● Proposed Fiscal Year 2020-2023 Budget <ul style="list-style-type: none"> ○ The 2020-2021 proposed budget has an increase from \$54 million to \$61.6 million dollars. ○ Budget increase to address priority services, Community Crisis Response and address realignment shortfalls. Prevents program cuts. ○ Will retain the MHSA Prudent Reserve at the current level of \$7.5 million ○ Welcomed additional comments, questions, input and guidance and provided contact information <p>Dr. Suzanne Tavano (Director, Behavioral Health Services)</p> <ul style="list-style-type: none"> ● Would like to thank the Mental Health Commission for focusing on this so quickly. The County has so far has not had to cut any positions or staff. We are working to sustain our programs and services. ● This MHSA Three Year Plan is a living document. Funding will go up if more funds become available and down if funding is reduced. 	
<p>III. PUBLIC COMMENT:</p> <ul style="list-style-type: none"> ● (Y'Anad Burrell) How was this meeting promoted to the public? What effort was done to inform the community? (Cmsr. Barbara Serwin and Jennifer Bruggeman) We follow up with you after this meeting on that question. Would be happy to discuss that with you in detail. ● (Y'Anad Burrell) Regarding the PowerPoint slides, were they or will they be made available to the community? (Jennifer Bruggeman) The MHSA Three Year Plan and the PowerPoint presentation is posted on the MHSA website. ● (Y'Anad Burrell) A lot of organizations listed for funding during a CPAW meeting previously are the same organizations funded each year. What African American owned and operated organizations have been given the opportunity to get funding 	

<p>thru MHSA? Previously I was told they have to go through a process. What effort has this body made to reach out to African American owned and operated organizations to deliver services? Thank you.</p> <ul style="list-style-type: none"> • (Dr. Tavano) Would like to thank all of the Mental Health Commissioners and particularly the MHSA Finance Committee for getting us very focused very quickly. Do appreciate that. We are so fortunate in our County to not have to cut programs and staff. This will sustain us. This is truly a living document. Every year we will be looking at what the revenues are. If they go up, great. We could do more. If they go down, we will adjust. We don't believe the projections will go down below what the projections are. It is a living document that can always be amended and updated in the future. • (Jennifer Bruggeman) Would like to thank the Mental Health Commissioners for their support. Thank everyone for being here. We appreciate your input. Please feel free to reach out to us directly at any time with questions. Thank you. 	
<p>IV. COMMISSIONER COMMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. B. Serwin) You all did an outstanding job. There were a lot of challenging forces. Congratulations. 	
<p>V. Develop a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisors:</p> <ul style="list-style-type: none"> • During this Public Hearing, the MHSA Program Manager, Jennifer Bruggeman, indicated Option Three has been incorporated into this MHSA Three Year Plan budget, the Plan will be finalized and then presented before the Board of Supervisor for approval. Public comments received. Additional comments, questions, input and guidance were welcomed. 	
<p>VI. Adjourned Public Meeting at 5:45pm.</p>	