



CONTRA COSTA
MENTAL HEALTH
COMMISSION

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Executive Committee
Tuesday, June 23, 2020 3:00-4:30pm

Via: Zoom Teleconference:

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

Join by phone:

1 646 518 9805 US

Access code: 609 413 6195

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair announcements**
- V. APPROVE minutes from May 26, 2020 meeting**
- VI. IDENTIFY questions for the July 2020 Commission meeting Director's update**
- VII. REVIEW implementation tasks for meeting MHC 2020 goals**
- VIII. DISCUSS the impact of reduced MHC Executive Assistant time and options for reassignment of responsibilities to MHC Committees and/or Commissioners**
- IX. CONSIDER potential proposal to hold a Commission vote for an additional Executive Committee member(s)**
- X. FINALIZE agenda for MHC July 2020 meeting**
- XI. Adjourn**



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 957-2619 to arrange.

MHC Questions for BHS Director for June – July 2020 MHC Meetings

Note that some of these questions may have been addressed to some extent in prior communications or other meetings. Please forgive any redundancy, but perhaps situations have changed.

Response to George Floyd related events:

- Has BHS encountered any consumer response (e.g. trauma-triggered) to the George Floyd protests, looting and violence?

COVID-19 related questions:

- What are the biggest challenges and successes that BHS (and the hospital and PES, if you know) are experiencing in terms of battling COVID-19 among consumers?
- Do we have any clear understanding of how many consumers have been diagnosed with and treated for COVID-19?
- What are the percentage breakdowns on the various categories of crisis calls that our Access line is receiving? Are there any notable changes?
- What is the breakdown on how consumers that have COVID-19 are identified in the following cases: Homeless, in the criminal justice systems, in treatment or requesting treatment?
- What kind of numbers of COVID-19 positive people are being experienced by IMDs or group homes?
- How are consumer with COVID-19 being tracked on once they: Leave jail, leave treatment centers, are identified in the homeless population?
- How are we getting the message out to our consumers that treatment is still available under SIP?
- How are we assisting consumers who are home bound?
- How are the crisis response units working under COVID-19? Are they being called and responding to calls in the same number as without COVID-19? Is there any change in the types of calls that they are responding to?
- How are our first responder workers in mental health faring in terms of COVID-19?

CCBHS budget-related questions:

- Has the BHS budget situation, including MHSA funds, become clearer?
- Does CCBHS project the current revenue drops or more:

- Continued FFP (Medi-Cal) Reimbursement reductions of 42% (from \$73.3+M down to \$42.5M) for the foreseeable future based on reduced 1991 and 2012 funding as well as, at best, flat MHSA funding?
- 1991 Realignment: \$31M to \$22M annually for the next several years?
- 2011 Realignment: \$35+M to 21.5M annually for the next several years?
- County General Fund Commitment of \$17M/year uncertain going forward?

MHSA budget-related questions:

- How is the Revised 2020-2023 3 Year MHSA plan progressing?
- What new proposed programs are proposed to be eliminated?
- Any current programs proposed to be downsized (if so, how much) or possibly eliminated?
- When will the Revised 2020-2023 3 Year MHSA plan be ready for CPAW and then the MHC public hearing?
- Is CCBHS leadership interested in collaborating with stakeholders with the revised 2020-2023 MHSA Three Year plan? If so, how?

Miscellaneous questions:

- What mental-health related patient cases are hospitals required to report on? What cases are they not required to report on. What is the rationale behind the break-down? How does this system help or hinder the work of BHS?
- Who follows up or is there a system to follow up with discharged PES/4C patients who have private insurance?

Contra Costa County Mental Health Commission Goals for 2020

Note: Implementation of goals may be impacted by restrictions related to COVID-19.

1. Successful implementation of the new MHC Orientation and Training Program. This will entail the following:

- Complete all modules by the end of the year.
- Make the first module (Orientation) available online.
- New Commissioners (those who have joined the MHC within the past twelve months) attend the Orientation module within the first four months of their tenure and complete all modules (or review modules once modules are taped and available online) within the first twelve months of their tenure.
- Seasoned Commissioners (those who have been a Commissioner for at least twelve months) attend all Orientation and Training modules (or review modules once modules are taped and available online) within one year starting from the beginning of 2021.
- At least fifty percent of Commissioners attend the Orientation training session in 2020.
- If MHC meetings do not return to in-person meetings by August 1st, the training modules will be delivered via video-conferencing.
- *This goal is important because it enables Commissioners to come up to speed much more rapidly than they would otherwise and to participate in discussing and solving the challenges that the Commission engages with in a meaningful and more successful way.*
- Implementation
 - Complete content for remaining modules, including inclusion of staff/expert participation.
 - If necessary, implement Zoom training sessions.
 - Once the second cycle of training occurs, begin taping training sessions.
 - Post training module recordings and materials online.
 - Track attendance.

2. Successful creation and implementation of a new MHC Site Visit Program. This goal would set October 1 as the target date for completion of the program definition. It would set a minimum of two site visits completed by the end of December, 2020 with participation by four to six different Commissioners. Note that each site visit will be attended by a minimum of two Commissioners -- a typical number would be three.

⇒ *This goal is important because the MHC is mandated to evaluate facilities by the Welfare and Institutions code 5604.2, which defines the responsibilities of all California Mental Health Commissions and Boards. The MHC has not operated a consistent Site Visit Program in at least five years.*

- Implementation
 - The Quality of Care Committee complete the definition of the Site Visit Program, including scope, policy and procedures and initial list of sites to visit by October 1st, 2020.
 - Test the program at a site in October and make necessary changes.

- Obtain approval of the program by the MHC at the November 2020 meeting. Implement Commissioner feedback.
- Conduct site visits in November and December 2020.
- At the December, 2020 MHC meeting, report on site visits occurring in October and November.
- Implement Commissioner feedback from December meeting.

3. Gain a solid understanding of the county and BHS budgeting cycle and of the BHS, MHSA, 4C and PES budgets. This should also include understanding budget inputs such as Federal participation. Determine how the MHC can best participate in the budget cycle in its advocacy and advisory capacities, e.g. through advocating program priorities, reviewing BHS and MHSA budget priorities, and reviewing draft and final budgets. Provide input and feedback at meaningful times during the budget process. The measure for this goal is simply whether or not the MHC successfully participates in the 2020/2021 budget cycle starting in September 2020. This question will be answered by a vote by Commissioners at the end of the budget cycle.

- *This goal is important because the MHC has the responsibility to ensure that the mental health budget adequately funds what it perceives to be the most important priorities and programs and services for the mental health community. If the MHC doesn't understand the budget, it can't properly evaluate priorities, nor can it judge the appropriate allocation of funds and the reasonableness of expenses. If the MHC doesn't provide input at the right time in the budget cycle, its recommendations may end up being moot.*
- Implementation plan:
 - Define the specific role of the MHC relating to county mental health-related budgets
 - Identify key documents and experts
 - Host/attend meetings regarding budget topics
 - Reach an understanding of the MHC's role relating to county mental health-related budgets with Contra Costa Regional Medical Center and BHC leadership
 - Determine a time-table for MHC participation in the budget cycle (i.e. the points in time that the MHC will interact with the budget including early input on community priorities, review of department/program priorities, review of mid-point draft of the budgets, review of final budget).