

MHSA-FINANCE COMMITTEE MEETING

MINUTES

January 21, 2021 - 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 1:38 pm.</p> <p><u>Members Present:</u> Chair, Cmsr. Douglas Dunn, District III Vice-Chair, Cmsr. Barbara Serwin, District II Cmsr. Leslie May, District V</p> <p><u>Absent:</u> Cmsr. Graham Wiseman, District II</p> <p><u>Other Attendees:</u> Angela Beck (Mental Health Commission, Senior Clerk) Jennifer Bruggeman (Mental Health Services Act, Program Manager) Candace Collier Lisa Finch Dom Pruett, Supervisor Candace Andersen’s Office Lauren Rettagliata Mark Tiano Jennifer Tuipulotu</p>	
<p>II. PUBLIC COMMENTS:</p> <ul style="list-style-type: none">• (Lauren Rettagliata) One thing I always want to stress at MHSA (it seems to be forgotten), the number one priority is housing for those with severe mental illness. Very little housing has gone up that is specifically for those with a severe mental illness that do not do well in Housing First. It does not mean I am opposed to Housing First. I think Housing First is a good program, but it doesn’t meet the needs of many people with severe mental illness who are so ill they need and cannot get to wrap around services if they are out in a scattered sight in the community. In the beginning years of MHSA, we did advocate and spend money for the type of transitional and permanent housing. That is one of the things that is highlighted in our ‘Housing that Heals’ document, done by Contra Costa Interfaith housing (now called Hope Solutions). That is where MHSA funds were used to build a remarkable community center and a housing complex devoted to women and children, one of which was being served and qualified for MHSA funding. When something like this is so amazing and does so much good in our community, one of the questions I keep asking: Why wasn’t this employed and why weren’t more built for those besides women and children? What about our family members who do not have children and aren’t women? Why weren’t more sites built for women and children? This had made a tremendous difference in the lives of those with serious mental illness. Every time I can speak out for housing for those with severe mental illness that meets the needs of this forgotten population, I am going to take the opportunity to do so. Thank you for the opportunity to speak to all of you. We need all voices to be raised. We are losing out. We gave up 7% of our MHSA funds, they are	

<p>now diverted to pay for the bonds of No Place Like Home. This 7% was called a ‘sliver’. If anyone went into your family budget and took 7% of your funding, would you call that a sliver? I don’t call it a sliver. We are not, in our county, getting back our 7% of the money we are paying to finance these bonds. We must be smart as a county. We must get out there and demand that we are ready to perform. When this goes out on a competitive basis to recapture and gain what we are providing. May we please all work together with our county to ensure we have the right team available and on deck? There will be a fourth round of No Place Like Home funds and we need to make sure when we are applying for these funds, the housing we are applying for meets the criteria that the Hospital Association of the United States says must be met. This means a secure and safe area of our county and that providers don’t pull back and state they can’t because they are in areas that are not safe and secure.</p> <p>(Doug Dunn) – I have been noticing as I sit on the Consolidated Planning and Advisory Workgroup (CPAW) System of Care committee that I am afraid the county is not getting the \$3.5 million per year that could have gone to other MHSA programs. We are not getting our money’s worth. We must make sure from here on out we do. Moving forward, when those meetings come up, I will be pounding away at that, in addition to, the No Place Like Home updates we receive monthly at the meeting. Contra Costa is not getting approval on those housing projects that we need to be approved. The \$3.5 million Contra Costa Mental Health are contributing every month to No Place Like Home. Enough said, it needs to change.</p> <ul style="list-style-type: none"> • (Leslie May) Can you please clarify? (Laura Rettagliata) This was something we lost at the ballot box. It went in as an initiative. Developers and bankers are a much stronger and organized group of people than family members of those with a severe mental illness. We weren’t going to get that. What we were not prepared for is that we (Contra Costa County) did not have that extra tax like Alameda county had in place. Alameda was ready and had what they needed. We passed Measure X, but were not prepared to enter that competitive grant process like the other counties. Most counties are receiving much more than we are. We were caught off guard and didn’t put the resources where we needed to immediately. 	
<p>III. COMMISSIONERS COMMENTS: None</p>	
<p>IV. APPROVE minutes from December 17, 2020 MHSA-Finance Committee meeting: Cmsr. Douglas Dunn moved to approve the minutes as written. Seconded by Cmsr. Leslie May.</p> <p>Vote: 3-0-0 Ayes: D. Dunn, Leslie May, B. Serwin.</p>	
<p>V. DISCUSS MHSA Program and Fiscal Review reports with Lisa Finch Recovery Innovations International (RII) Program and Jennifer Tuipulotu of the Office for Consumer Empowerment (OCE)</p>	

A. Recovery Innovations International (RII) Program Presentation Program Representative: Lisa Finch

(Lisa Finch) Recovery Innovations International (RII) Program (before COVID) were settled into three sites: San Pablo, Concord and Antioch. I started as relief staff three years ago and became a full-time employee and a site lead. Late last February, I took over as Residential Services Administrator (RSA), two weeks later, we shut our doors. RII supports those that have mental health challenges and may or may not be in recovery. Prior to COVID, we hosted groups: Wellness Recovery Action Plan (WRAP), Nine Dimensions of Wellness, Facing Up To Health, Recovering from PTSD, and many more. There were planned outings and community volunteering, such as city cleanup, 'meals on wheels'. We would get out into the community and try to do good things and give back to the communities we work and live in. We hosted events, such as the Harvest Festival, and welcomed our community partners and always had a really good time doing so. We did serve lunch every day and celebrated birthdays (true or recovery) and a lot of other activities (yoga, book club, etc.). We provided one-on-one support, at least monthly, usually more often. We also had a very popular employment program that would get people back to work in a part time or full-time capacity, as well as volunteer work. We also helped people get back to school and supported that, if needed. Once COVID shut down, there was no playbook or manual on how to run the program without being in person. Immediately RII staff called/texted to communicate with clients. We have gone to homes and sat in the driveway while people sat on their porches if they had no cell phone or technology, or if they were just not comfortable. We have put some groups online. We do a WRAP skills group online, arts & crafts, and voting groups before the election, whatever support our clients need. Some want daily check-ins over the phone, some once a week. Whatever they need, we are doing. Our employment program has really taken a hit. The employment coordinator has been a fill-in recovery coach as people have been out on leave, or left the program. We get donations from Olive Garden and Red Lobster. The amount of donations has been drastically decreased. However, we still pick-up donations approximately every two weeks and deliver as a 'nice surprise' and needed support, especially to group homes and board and cares (BAC). We are still going to the food banks and dropping those packages off to clients that are unable to receive these services otherwise. We created self-care packages a few months ago. Financially, a lot of clients have struggled (as well as the BACs). They needed basic things such as shampoo, conditioner, soap, toothbrushes, etc. In addition to those care packages, we added coloring pages, links to resources and any self-help, self-care wellness tools. Anything extra we could put in to keep busy. It has been quite a transition. I personally realized I do not do well working from home and need to be out and see people in person and go to the office. It changed my perspective. We are blessed we can rotate through the office alternate days in the office (even though it is by ourselves). Very proud of how my staff has handled this crisis. Our folks have been amazing, especially with all they have had to deal with. Some have been in lockdown in their homes for nine months and the way they have continued to move forward and thrive is amazing. A lot has to do with support from our staff, their peers. Anything I've asked of them to try; they have done it.

Program and Fiscal Review for the Recovery Innovations International (RII) Program were shared as a PowerPoint presentation during meeting.

Hoping to get back into the sites soon.

- (Douglas Dunn) – Thank you so very much for your great presentation.

Questions and Comments:

- (Leslie May) I am very familiar with this organization, how long have you been there? (Lisa Finch) I started in September 2017.

(Leslie May) I have brought up my own observations with RII. I know there were issues as recently as 2017. The team that was scheduled to show up to a facility to work with clients would often miss. No show/No call, nothing. I have not been involved with the agencies working with RII, I am hoping it has improved. This was occurring repeatedly. Clients waiting were very disappointment. Review of the program, it is not showing any problems. However, it was not my observation or experience here in Contra Costa County. (Lisa Finch). I am not aware of those issues. I would love to know more about those instances and address them. I do not want that ever to happen under my watch. This will be discussed in more detail, offline.

- (Lauren Rettagliata) I have been fortunate that I have been out to see RII several times, but due to COVID, the last time was 2019 at the San Pablo address. The staff and people we observed seemed to be really engaged in the program and doing well. There were some issues we did speak to the participants about (see your report, page 5 and 9):

- What does this program need to improve? Clients really enjoyed the outings the program took them on and wanted more of that.
- Job Reentry/Employment Coach - Both staff and participants shared the program was performing the best it could with job re-entry and meaningful daily activity. However, those with serious mental illness do not have the complete array of support. There is just not enough staff to do what you are being asked to do.

I feel RII needs to advocate better through our Behavioral Health Department and at the state level for those people in the IDD community for job coaching, as well as preparedness for job staff. People with a severe mental illness suffer. They can be placed in job readiness in our own department within the county, but don't have a job coach, like those in regional centers. Nothing helps achieve wellness more than a meaningful daily activity or paid employment. I want the MHC to help RII get better at this. I believe RII wants to improve, but just don't have the resources. How do we, as a county, advocate from the State to help obtain these resources? This is what your people are asking for, how do we help? For example, you could probably contract with a driving school to come out and help those that are ready and able to get their license back.

- Living skills - More time with life coaches/recovery coaches. The program must have a recovery coach; however not enough resources to meet the needs to those people that felt they were not getting that need met.
- Medication treatment - Since you have RII in each of the three areas of the county, where we have our specialty mental health clinics; they have nurses trained in medication and medication management, is. Is there some way the nurse practitioners or the psychiatric nurses at the clinics can come help meet the needs of

the people at your RII site? Many people do not understand that clients can get to RII. BAC operators drop them off to the program. However, the BAC is operating on \$35/day and do not have the time to take six different people into their appointment time at specialty mental health clinics. There needs to be some advocacy in working with RII to meet the needs of clients that are missing. If we are hearing from the participants of this program, that they feel safe enough to give us feedback, that tells us RII likely has something going. So how do we, as a commission that has received this report, work with RII to correct what the participants feel need to be corrected? How do we work together? They need housing support and technology (Chromebook). How do we work with RI to get all these needs met/access they need?

Lisa, do you have the ability to work with Tamara (from Putnam)? They have actually expanded their services and the ability to get the participants the IT resources they need. Maybe work with the same resources? Are there still people in your program that need to have equipment?

- (Lisa Finch) Absolutely. I sent one of my site leads to task. For three weeks, all she did was call every one of our clients and asked why are you not participating virtually? Where is the hang up? We try to get them more involved and determine what they needed to participate. It was not only a lack of technology (laptops/iPads/phones where minutes didn't run out), but so many are really technologically challenged. So, even with the equipment or needing to do facetime, there are a lot of privacy issues (no place for them to go in BAC/residential programs) that they feel they have the privacy and can do one-on-one or participate. We have run into many roadblocks. Yes, many do not have the technology.

(Doug Dunn) Thank you for your presentation, Lisa. Please send the Mental Health Commission a list of what you would like us to advocate for RII. Just let us know and we will do as much advocating as we can from a community standpoint.

B. Office for Consumer Empowerment (OCE) Presentation, Program Representative: Jennifer Tuipulotu

- Jennifer Tuipulotu has worked for the county for approximately 15 years as a peer provider and approximately seven years as a Supervisor over the peers in family services, as well as the Office of Consumer Empowerment (OCE). OCE is an administrative unit of the Behavioral Health Administration. OCE promotes wellness recovery and resiliency for peers. Staff has lived experience as a client that has navigated mental health services, substance abuse services (or both), or is a family member of an adult or the parent / caregiver of a child. OCE focuses on training, supporting, and empowering peers and family providers. The program coordinate stigma and discrimination initiatives, as well as collaborates with our colleagues throughout the county to facilitate wellness recover action plans. It fosters transportation independence for our clients. All projects are funded by MHSA.
- The mission has been, and continues to be, to promote the peer and family voice throughout the behavioral health services delivery and

transportation. One of the flagship programs most people know us for is Service Provider Individualized Recovery Intensive Training (SPIRIT). SPIRIT was created in 1994 and is in its 27th year. It is currently being taught at Contra Costa College. There are four staff dedicated to that program. It is a 9-unit course. The program is 6 months long. It is an intensive course. Once they graduate, they become eligible for employment here in the county and with the behavioral health agencies in the community. SPIRIT is funded by workforce education and training dollars.

OCE also has Prevention and Early Intervention (PEI) funded programs. That would be the social inclusion project, PhotoVoice, and Wellness and Recovery Education for Acceptance to Choice and Hope (WREACH) training (16:30). Focus on reducing stigma and Wellness Recovery Action Plan (WRAP) is a peer led group that encourages self-directed planning for wellness and recovery. OCE also has the 'overcoming transportation' project. Innovation dollars are used for that project as well.

The pandemic hit hard, especially with everyone moving into the Shelter-In-Place and all the restrictions that followed. SPIRIT (for example) started in January as an in-person classroom experience. In March, we had to move our students in one week over to a ZOOM Platform. At the time, we had 50 students in class. Some students did not have or could not afford laptops/tablets. The college was able to come up with some Chromebooks. However, they were not able to deliver, but staff made arrangements and were able to deliver to the students to enable them to participate. Staff also coordinated handouts as students. Many were unable to print/had no access to printers at home. The office printed all the materials, created packages and delivered to students to for their study guides, mid-terms and finals. We performed reports drop-offs throughout the whole county.

We also had to move an in-person work/study fair our office hosts over ZOOM. It was amazing and took a lot of planning. We were able to have 25 agencies participate on ZOOM in a virtual work/study fair. 47 students were able to interview for internship placement. Matched students to do a six-week virtual internship. At that point, internships were carried over into the fall semester. Usually the internships in the summer semester. We did lose a few students as some needed to go back to work and did not intend for classes to last this long (now in Fall). Those students that had to leave the program due to course load in fall and/or moving due to COVID, they are able to come back to finish their internships if they choose to do so. We did graduate 38 students via drive-through graduation in partnership with a faith-based institution in Bay Point that let us use their parking lot. We did a virtual graduation ceremony in partnership with Putnum, as the contract allows them to help us decorate and hold a graduation each year. Even with the pandemic, our SPIRIT vocational team was able to still place 19 people into paid positions last year, which is amazing. At the virtual ceremony, we did have 200+ attendees for that day.

Our office and other projects, social inclusion did pause for a few months as we were getting our bearings - How are we doing? How is our home life doing? Our families? What does it mean for us working from

home? Getting set up to work from home? Who comes into the office? We worked all that out, so we did resume social inclusion. We started off at the beginning of the year, kickoff and spoke on what we wanted to accomplish over the whole year (January). In February, we highlighted black history month and cultural observance. We also featured an 'Each Mind Matters' lived experience story, which is a state-wide stigma reduction campaign. We also had one of our own OCE employees gave a performance where he Raps on his recovery. We also do an activity at each one of our social inclusion meetings, so we did one where we wrote a letter to ourselves holding ourselves in high-regard.

The month of March, when the pandemic hit, we did a meeting with RII. It was four days before the shelter-in-place. We have been partnering with other RII in Antioch and the Native American Health Center in West County so that we can host meeting in other parts of the county. In April, we had a brief hiatus and May was the first social inclusion via ZOOM. We decided to do wellness tools, we practiced mindfulness to focus on healthy breathing, mental clarity, and being present in the moment. We engaged in a dialogue between participants on stigma and discrimination, both within a behavioral health context and within the context of the COVID-19 pandemic. In September, we did our first EVER forum via ZOOM, which is recovery month. October, we honored Latino Heritage month and provided a spotlight on the those who work in our primary care division who work among our bilingual Spanish population. We brought them in to talk about what they do and how to get in contact and how we partner. November, we concentrated on Homeless Awareness month with a gratitude group activity, as well as shared recover stories. In December, we reflected on 2020 and looked forward to 2021. Social inclusion has been very busy.

WRAP – in our system, we have not been participating in WRAP groups in person in the clinics like we had been in person. Our office facilitated two work WRAPs. This was brand new also, the first time we have ever done so. They were offered to Peers that work in the county system, to substance use counselors and to our clerks. It was to help support people during a time that was difficult to work full-time and trying to manage all the errands and needs during COVID restrictions. This was to help people know when things are breaking down and when to intervene so that we could remain employed and manage stress levels. Provided peer support to each other and went very well.

PhotoVoice and WREACH programs were paused as they are in the community and restricted. There was still effort in sharing recovery stories and reducing stigma, we just were unable to host our monthly committees. When we moved all our programs to ZOOM, we lost our folks that came from BACs to these meetings, they also came to Consolidated Planning Advisory Workshop (CPAW) meetings. When both programs went to ZOOM, we lost participants and gained new people that we had never met, from all parts of the county. For some people, it worked for them because it is possible, they didn't have transportation (or did not want to commute) or better at / preferred the technology method. We reached out to the BAC and were told it was a confidentiality issue, as well as ran into technology problems. We tried to connect them to resources and received pushback regarding the

confidentiality issue. However, somehow Putnam did participate in the Holiday party, they could participate but we could not see them. Moving forward, can we do both? This option would be great and looking for ways to do so.

PPE distributed donated cloth masks early on in the pandemic.

Also coordinated food for 45 families, on an ongoing basis that either could not or were afraid to get to the site.

Continued to spread out resources, gathered COVID resources and spread information out into the community so people would feel like they were being reached out to and engaged and not left alone. We were asked by community members to reconvene the behavioral healthcare partnership and we did do so (with NAMI Contra Costa).

Moving forward in 2021. SPIRIT starts next week; we have already figured out how to do the first part of the year over ZOOM and using the college campus platform. We have completed the list of who needs technology resources and that is getting set up. SB803 has passed, the peer certification bill, everyone is excited. With SB803 there will be some county responsibilities, state responsibilities. At present the state is working out their responsibilities and hope to have it completed by June/July of 2021 so the Counties can start working on their part. Contra Costa has opted in. Suzanne Tova no has confirmed. We are involved with California Association of Mental Health Peer Run Organizations (CAMPRO). We are staying connected regarding training requirements, core competencies and ethics to ensure we are in line with them. We are also staying connected with United Parents (a state organization that represents parents and caregivers of children). Right now, we don't have a family services coordinator for children but still need to make sure that lived experience is being represented from our county. Working on a campaign to educate clients and family members regarding COVID-19 vaccinations in order to make an unbiased decision to get the vaccine or not, as well as overcome the barriers to enable those that want to be vaccinated can do so.

We are also involved in the crisis response and improvement action that is happening throughout the county. It is a big coordination effort, and our office is plugged in because we have people with lived experience with crisis services and are able to provide input throughout this whole process. This coming year we really want to revive recovery back into our system and are excited about some ideas we have and look forward to unfolding those.

Questions and Comments:

- (Lauren Rettagliata) – SB-803. We have had the opportunity to recapture our costs for various programs. We as a county are not recapturing and getting that money back into our system, which would then fill our MHSA coffers and we could fund more programs. This is where MHC needs to ensure peer providers are certified and then be billed to collect MediCal / MediCare funds. To ensure these funds are brought back into our MHSA system so there are more funds to help expand programs. We need to have that administrative program in place so we can recapture funds. Must have the personnel, time and system

to ensure these services can be billed and recaptured to come back into our system for use in other programs/projects.

- (Douglas Dunn) Governor Newsom’s push to get CalAims meetings, I understand CalAims purpose (one of them) is to greatly simplify the administrative paperwork involved in processing all the MediCal services. I am staying on top of it as best I can as a personal advocate. In addition to my own medical emergency last fall, I am following it very closely and will be getting back to you.

Jennifer, I do have a question as I look at the Program Fiscal Review, everything seems to look good on the report, at the same time, Overcoming Transportation is an innovation project. In another couple years, you will need to decide what to do. (Jennifer) we are done this year. 2021 we are done.

- (Leslie May) I am really struggling with the confidentiality issue with the BACs. You are able to provide Chromebooks, laptop or something to those facilities. Each facility (house) is supposed to have a room where their client can meet with people face-to-face. I would like you to get that information to right person/people, as there should be a place for the client to participate. Secondly, if you can provide the equipment, there are secure websites (I use them from home with clients). There is Doxy.me (for psychology) and SessionsPsychologyToday, and some organizations have their own secure sites (like a ZOOM type platform). This really needs to be addressed. If we, as the Mental Health Commission can do anything to help you with that issue, it needs to be brought to the county’s attention as it is hindering the work you can do and it is false information. If the facility is licensed, you MUST have a room that is a safe, secure confidential space for social workers, therapists and others can interview their client, it must be available. That definitely needs to be addressed.
- (Lauren Rettagliata) it is true that CalAim is working on the simplification of the billing system. However, it also has to be accountable to Centers for Medicare & Medicaid Services (CMS) and it doesn’t seem the federal level moves any more expeditiously. We will have to work with OCE to ensure billing happens quickly and stay on top of it.

VI. Adjourned at 3:02 pm.