

**MHSA-FINANCE COMMITTEE MEETING
MINUTES
June 17, 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 1:36 pm.</p> <p><u>Members Present:</u> Chair, Cmsr. Douglas Dunn, District III Cmsr. Graham Wiseman, District II</p> <p><u>Absent:</u> Cmsr. Leslie May, District V</p> <p><u>Presenters:</u> Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services</p> <p><u>Other Attendees:</u> Cmsr. Barbara Serwin, District II Angela Beck Cathy Botello, Executive Director, Counseling Options & Parent Education (COPE) Dom Pruett, Supv. Candace Andersen’s office</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None</p>	
<p>III. COMMISSIONERS COMMENTS: None</p>	
<p>IV. CHAIR COMMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. D. Dunn) The governor may revise/propose some huge drastically negative changes to Department of State Hospitals (DSH) and who they will accept and not accept going forward. This could have a devastating impact on Contra Costa County (CCC). We will be talking about this and get more details at the Mental Health Commission meeting, after the MHSA Public Hearing. We will be going in depth on this issue at the July Criminal Justice meeting around July 27. 	
<p>V. APPROVE minutes from May 20, 2021 MHSA-Finance Committee meeting:</p> <p>COMMENT: (Cmsr. G. Wiseman) Mobile Crisis Response Team (MCRT) breaking down the calls by West, Central and East County. I would like to ask that when we do get reports that we encourage the use of South County, as well. Jennifer Bruggeman started to use that (MHSA) and we need to ensure this is recognized as a different area than central (all in agreement). I’d like to ask we start getting in the habit of asking for that reference.</p> <p>Cmsr. Douglas Dunn moved to approve the minutes as written. Seconded by Cmsr. Graham Wiseman.</p> <p>Vote: 3-0-0 Ayes: D. Dunn, G. Wiseman, B. Serwin. Abstain: None</p>	

VI. DISCUSS the draft of the 2021-2022 Mental Health Services Act (MHSA) 2021-2022 Plan Update preparatory to the July 7, 2021 Mental Health Commission public hearing, Jennifer Bruggeman, LMFT, Contra Costa Behavioral Health Program Manager.

Review of the 2020-2023 CCC MHSA Three Year Program and Expenditure Plan draft that was completed in early 2020. The 2023 MHSA Plan and Budget once it was finalized later in the year compared to where we are now with 2022, which we are planning to present at the next main commission meeting on July 7th.

- Original budget was prepared by Warren Hayes right before he retired and presented that at Consolidated Planning Advisory Workgroup (CPAW) at the beginning of March 2020 (just before COVID Shelter in Place). Just prior, it included a \$13 mil increase in the projected budget or \$67.8 mil for 2021. MHSA was directed to do a lot of spending at that time to spend down MHSA unspent funds in order to prevent reversion back to the state.

The increased spending was going to be directed in the CSS component around bringing our Full-Service Partnership (FSP) Programs up to an Assertive Community Treatment (ACT) fidelity level of service and would involve increasing all those contracts and allowing them to hire more staff to provide more of the full-service model. There was additional funding for enhanced board and cares (BACs), as well under prevention and early intervention, there were funds earmarked to early childhood mental health and suicide prevention. Those two items were a result of the community program planning process during the fall of 2019. Under workforce education and training (WET) there was increased funding to recruit more multi-lingual staff. Under capital facilities and technology (CFT) we had significant money earmarked toward big projects such as the Oak Grove Renovation (over \$3mil) and Sherman Oaks (a short-term residential treatment program for youth) and approximately \$500k in our IT infrastructure.

We took a pause after COVID hit, and revised/reviewed the new financial realities. We got an extension to the three-year plan and created the new draft until Fall. It was presented to this committee in September, went to CPAW and to the family and human services committee at the Board of Supervisors (BoS) and it was approved just this past February by the BoS.

We pulled back on the expansions that were intended. Our total budget was \$61.6 mil which included roughly \$6mil to replace the re-alignment. All the tax-based revenues were severely impacted but particularly realignment. There are a lot of programs within MHSA with blended funding (MHSA/Re-alignment) and we collectively agreed to allow \$6mil to replace some lost re-alignment dollars and preserved some of the MHA where they have the blended funding. This mainly impacted our children's services (FSPs, in particular). We continued with the early childhood mental health, suicide prevention and honored the work that had been done the year prior through the community program planning process.

The contracts were much smaller than initially intended. Due to COVID, the George Floyd murder and all the issues going on throughout the year, priorities shifted and it was agreed to:

- Add one team to our MCRT to provide more coverage.
- Held off on the capital facilities items.
- Continued the process of applying for 'No Place Like Home' applications. Housing is always a priority.

MHSA Plan Update Handouts for the presentation were provided in the agenda packet for this meeting.

- This year's budget 2021-2022, the \$6mil has been removed (as it was a onetime only). The proposed budget is down to \$54.4mil. There is quite a bit of funding that we anticipate coming but basing our budget on conservative fiscal projections made over the course of the past year. We are not entirely certain what the new funding will look like, if any will come to MHSA. There may be some new priorities based on COVID, the community crisis response work underway, and the certified peer counsel initiative that is happening which will be effective the first of the year and some new things with substance use issues; we would go through our normal stakeholder process to vet any ideas.
- Despite all the changes that have taken place with the budget since COVID, we still have Prudent Reserve, which we haven't touched, remains at \$7.5mil pre-COVID/still haven't touched. We have worked with the unspent fund as we have had to make these adjustments.
- The original pre-COVID Budget, we had built in the 3% increase for our contractors (annual cost-of-living increase). Unfortunately, with COVID, we had to eliminate that and it is the second year in a row we are going into new contracts with no increase for our CBOs which is painful for them. In order to preserve all our contracts and not have eliminate anything it is what had to be done. Hopefully we can remedy that.

Questions and Comments:

- (Cmsr. D. Dunn) In March 2020, just before the COVID-19 pandemic, the governor and legislature were really pushing for a spend-down. If the counties didn't have a plan, the governor and legislature both made it very clear they would reallocate the funds elsewhere. What are the plans for funding to ensure the governor and legislature can't come back and say 'you didn't do what you said you would do back in 2020, we are going to grab this money' that is the real concern.
- (Cmsr. G. Wiseman) I have a question on the word housing. What does that incorporate? It comes up all the time, how does the county interpret that? (RESPONSE: J. Bruggeman) In our system of care, we have the Health Housing and Homeless (H3) division, which is separate from Behavioral Services. They have their housing they work with and we actually have a Memorandum of Understanding (MOU) with them that covers all of the different shelter beds and various types of shelters around the county for young persons, adults, and crisis residential services. In terms of actual housing, there are different types such as Enhanced Board and Cares (BACs) that vary in size, scope and location. We have scattered site housing (100 units) that are located in different master leasing situations and is operated through Shelter, Inc. and permanent supportive housing like that operated by Hope Solutions and other units scattered throughout the county.
- (Cmsr. D. Dunn) What is the Prudent Reserve projected at for 2021-2022? Does it look like that is what is projected for 2022-2023, as well? The projected unspent fund for 2021-2022 are at what level at this time? (RESPONSE: J. Bruggeman) I believe when we end this three-year cycle (in 2023) we end at \$11mil remaining in our unspent funds. (Cmsr. D. Dunn) At the current reduced expenditure level of the MHSA. (J. Bruggeman) I will send you the presentation I am planning on using at the main MHC plan review meeting which has a fund ledger that shows July 1st, 2023, we anticipate projected roughly \$11mil still in our unspent.

- (Cmsr. D. Dunn) In the last legislative year (just before COVID), there was a strong push from Senator Umberg (D-Orange Co.) pushing for MHSA funding to be used for persons coming out of prison into the community. This would have involved counties, if they wanted to, would have been authorized to use innovations funding for programs for those in jail getting ready come out and comeback into the community. NAMI Contra Costa, as well as NAMI California and many other organizations from around the state said NO! The purpose of MHSA is for community based mental health period. There was also another push in the legislature to use MHSA for just substance use disorders - moving away from the requirement that MH disorder has to be the primary diagnosis in order for MHSA funding to be used for substance use as dual diagnosis. The advocacy shot down Senator Umberg's idea of using it the way he wanted for jail. We still have the dual diagnosis requirement (as I understand it) for use of MHSA funding. Is that correct? (J. Bruggeman) yes that is correct for MHSA. There has to be co-occurring type diagnosis. For example, the innovation project we have right now, the Coordinated Outreach Referral, Engagement (CORE) project, the intensive outreach program for youth is a co-occurring program.
- (Jennifer Bruggeman) There are four of five current innovation projects, three of which will time out because innovation is time limited and only have that funding for a specific project up to five years. A couple will be timing out and as of this fall, we will be down to just CORE and CBSST (Cognitive Behavioral Social Skills training program). There will be funding available and, what was done in the past, it was opened wide up and accepted various proposals from the community and had a panel to score and evaluate. This year, Dr. Tavano has an idea and can hopefully discuss at our next CPAW meeting. Ultimately it needs to be approved by the OAC Board.
- (Cmsr. D. Dunn) The next question, Innovation programs at county behavioral health departments all over the state would like to put into the MHSA permanent or more regular programming inventory, they need to look for a funding spot where they can go. The three that are timing out, are there one or two the county would like to implement into the regular MHSA funded programming? Is your group at how those can be funded going forward? Which one's are they? (RESPONSE: J. Bruggeman) Yes, in fact we are. It's three – the equivalent of three community support worker classification positions. Two have been working in Partners in Aging, which is the innovation project that is imbedded in the older adult programs. They have been doing a lot of great work and the managers are advocating to keep those people on to continue the work even though the funding is ending. We are trying to figure out how to incorporate. The other one is overcoming transportation barriers, which is housed in the Office for Consumer Empowerment. That is just one person in that role right now, but we are trying to figure how to keep her position permanent, as well. One possibility, MHSA funds a number of positions throughout the system and can fall into different places but a lot are under general system development or a more general category. There are vacancies and we can look into plugging them into a vacant position.
- (Cmsr. B. Serwin) From my perspective, I just want to make sure we had the opportunity to air it first in this small group setting before going to the larger MHC meeting. The public hearing is mandated and schedule for the July

<p>meeting. Jennifer to end out presentation for review before the public hearing.</p> <ul style="list-style-type: none"> • (Cmsr. G. Wiseman) asking questions on time allotment for the MHC meeting to coordinate scheduling for the MHC meeting. Input from Commissioners Serwin, Dunn and Jennifer Bruggeman. The presentation consists of 17 slides summarizing the plan review, which would be approximately 25 minutes and the last part of the hour for the public comments. (Cmsr. G. Wiseman) Wants to ensure that any questions in CHAT are read out loud to ensure they are all addressed. • (Cathy Botello) How many people usually attends these meetings? I know several years ago I attended one of these meetings, when will it be? It will be held Wednesday July 7, 2021. The MHC meetings are held the first Wednesday of every month at 4:30 pm. In pre-COVID, there would anywhere from 10-15 people in person at a public hearing, with ZOOM, it can be entirely different. We have noticed that with ZOOM, people not having to travel, the attendance, especially at the monthly MHC meetings have been doubled. We just have an obligation to allow for all public comment. The MHC meeting will be held in the first hour, the Plan review and Public comment portion will start at 5:30 p.m. • (Jennifer Bruggeman) Just want to add that the MHSA Plan update for 2021-2022 is actually posted right now for public comments, in addition to coming to the MHC meeting, anyone is also able to go on the MHSA Website, view the plan and there is a comment card to complete. 	
<p>VII. Adjourned at 2:23 pm.</p>	