



CONTRA COSTA
MENTAL HEALTH
COMMISSION

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**Mental Health Commission
MHSA-Finance Committee Meeting
Thursday, December 16, 2021, 1:30-3:00 PM**

Via: Zoom Teleconference:

<https://zoom.us/j/5437776481>

Meeting number: 543 777 6481

Join by phone:

1 669 900 6833 US

Access code: 543 777 6481

AGENDA

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair comments**
- V. APPROVE minutes from the November 18, 2021 MHSA-Finance Committee meeting**
- VI. DISCUSS Efforts and Plans to Receive Persons adjudged Misdemeanor Incompetent to Stand Trial (MIST) back to county Behavioral Health and contractor operated programs beginning in January, 2022.**
- VII. MOTION: Based on our committee discussion, ask county Behavioral Health for additional funding, including MHSA and other funding sources, in the amount of \$_____ for Assisted Outpatient Treatment and other programs placement of MIST clients.**
- VIII. RECEIVE and DISCUSS the Proposed 2021 MHSA-Finance Annual Report.**
- IX. 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) 313-9553 to arrange.

Misdemeanor Incompetent to Stand Trial (MIST) persons return to Contra Costa County

Per the Public Defender's office 7 attorney Mental Health Unit, beginning in January, 2022, persons adjudged Misdemeanor Incompetent to Stand Trial (MIST) and currently in Dept. of State Hospitals (DSH) facilities will be returned to their county of origin. 15-25+ persons adjudged MIST from Contra Costa County are currently at State Hospitals. They will be returned beginning next month. A new state law allows such persons to be placed in county Assisted Outpatient Treatment (AOT), Mental Health Diversion, Full Service Partnership and similar programs upon their return from their State Hospital stay.

After much ongoing community advocacy, Contra Costa's AOT program for 75 persons was voted into existence by the Board of Supervisors on February 3, 2015. It subsequently became operational on November 1, 2016. For the past 18 months, AOT program census has been averaging between 60-75 persons. The current MHSA funded contract for this program is approximately \$2.1M to MHS, Inc.

The Mental Health Systems (MHS) central county operated Full Service Partnership (FSP) program is contracted for 40 persons at approx.. \$830K currently in MHSA funds. . The Hume Center operated west county Full Service Partnership (FSP) program is contracted to serve 70 persons at approximately \$1M and its east county FSP program is contracted to serve 60 persons at approximately \$1M.

None of these programs were originally designed to include serving persons with the MIST level of treatment and programing need.

Therefore, this "reality" raises the following issues and questions:

Staff Training: So far, staff of the contracted adult Assisted Outpatient Treatment (AOT) and Full Services Programs (FSP) [(MHS, Inc. both AOT and central county FSP. and Hume Center with both west and east county FSP)] are not Forensic Assertive Community Treatment (FACT) trained. These training and resulting increased salaries will increase the need for ongoing additional Mental Health Services Act (MHSA) funding.

- Do we attempt to "blend" these persons into slightly larger AOT and FSP programs, including slightly expanded existing housing and upgraded FACT trained staff?
- What would be the additional MHSA contracted salary cost to do so?
- Do we need to slightly increase each FSP program size and housing to accommodate this population? If so, to what maximum person and housing size per program?
- If so, what is the additional cost per program and how much additional MHSA funding should be allocated for this purpose?
- Are these persons considered too "disruptive" to be blended into the existing FSP and AOT programs populations (650 persons)?
- If so, should a separate program with separate housing and FACT trained staff be established via MHSA funding for this currently 15-25+ person population?
- If so, how should the Request For Proposal (RFP) be written, what staffing and training requirements should it include, what treatment & programing needs should it include?
- For clinicians involved in this discussion, what has been your experience in working with both the civilly involvement and criminal justice involved populations?
- What are the programing and treatment needs for each group?

Name: Contra Costa Mental Commission MHSA-Finance Committee

Meeting Time/Location: Third Thursday of the month in 2021 from 1:30-3 PM PT

Chair: Douglas Dunn, MBA, LE

Staff Person: Angela Beck

Reporting Period: January 1-December 31, 2021

I. **Activities** (1/2 Page)

Describe your activities for the past year, including areas of study/work, special events or collaborations, etc.

NOTE: Because of COVID-19, all meetings have been held virtually each month via Zoom since March, 2020. This will continue for the foreseeable future.

The Mental Health Commission is responsible for all \$200M+ of the annual Contra Costa Behavioral Health Services (CCBHS) budget. Approximately \$40M is allocated to Alcohol and Other Drugs (AOD) programs overseen by Division currently headed up by Fatima Matal Sol, LMFT, Program Manager, \$70M to the Children's and Adolescent Division headed up by Gerold Loenicker, LMFT, Program Chief, and approx.. \$90M to the Adult and Older Adult Division headed up by Jan Cobelada-Keglar, PsyD. Suzanne Tavano, PhD, is the Director of Contra Costa Behavioral Services (CCBHS) which is composed of the above mentioned Divisions.

In 2021, this Committee directly oversaw and advised the Commission on the spending of these funds. Toward the end of 2021, because of Gov. Newsom's proposed and the state legislature's approval, the state will provide a one-time infusion of \$15B in additional Behavioral Health funding, mainly "brick and mortar" building or refurbishing of programming facilities and housing via mainly competitive grants. Since the Dept. of Health Care Services (DHCS) and the Dept. of Social Services (DSS) are just beginning to issue funding and programming instructions, this Committee is carefully monitoring

II. **Accomplishments** (1/2 Page)

Describe your accomplishments for the past year, particularly in reference to your work plan and objectives.

This committee reviewed and discussed with the service providers, the results of 25 of the 57 Mental Health Services Act (MHSA) Program & Fiscal Reviews of MHSA contracts for services provided by contracted Community Based Organizations over the MHSA 3 year program cycle. The COVID-19 pandemic has prevented CCBHS and community personnel from performing the remaining 30+ scheduled Program & Fiscal Reviews. Hopefully, these reviews and finals reports with committee discussion can resume soon.

Toward the latter part of the year, because of the result of a state Court of Appeals decision requiring the Dept. of State Hospitals (DSH) to provide a bed to a person adjudged Incompetent to Stand Trial (IST) within 28 days of the judicial decision, the DSH, via the Legislature, promptly established a state level IST Solutions Workgroup. This Workgroup was tasked with coming up with Short (by 4/2022), Medium (by 1/2023) and Long-Term (by 21/204 and 1/2025) solutions to the 1,800+ person IST DSH waitlist and submitting their recommendations to the Legislature by November 30.

I've been closely monitored and involved in participating with this Workgroup and, as a result of their recommendations, this Committee forwarded in the past 3 months two very important recommendations to provide the necessary housing, treatment, programming, and services for up to 75 of our most vulnerable citizens that will shortly begin returning to our county.

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III. **Attendance/Representation** (1/4 Page)

Describe your membership in terms of seat vacancies, diversity, level of participation, and frequency of achieving a quorum at meetings.

Currently, Commissioner Leslie May and me, Commissioner Douglas Dunn, are the only regular members of this committee. Current Commissioner Chair Graham Wiseman and Vice Chair Barbara Serwin often attend these meetings ex-officio, so, we have regularly met meeting quorum requirements (minimum of 2 Commission members/meeting).

Currently we are down 3 Commission members as each standing Mental Health Commission Committee has 5 Commission members. So, we really need more members on this very important Committee.

In order to try and attract more members, we will distribute a survey to see if switching the meeting time to early evening (Ex: 5-6:30 PM) would make it easier to more members join this committee.

IV. **Training Certification** (1/4 Page)

Describe any training that was provided/conducted and/or any certifications received either as a requirement or on an elective basis by committee members. Attach copies of training certifications.

All Commissioners on this Committee have previously had online or in-person training specifically regarding strict Brown Act and Contra Costa Better Governance Ordinance Commissioner communication allowances and disallowances. We're well of what is allowed and prohibited in any Commission related communication with each other. We are open to and will participate in additional county and or state level Associations/Commissions training pertaining to our local Commission functions.

V. **Proposed Work Plan/Objectives for Next Year** (1/2 Page)

Describe your work plan, including specific objectives to be achieved for the following year.

When the 32+ remaining MHSA Program & Fiscal Reviews are completed, have discussions the contracted Community Based Service Providers.

Pursue and understand all other non-MHSA and "blended" contracts Contra Costa Behavioral Health Services (CCBHS) currently has with Service Providers (local, as well as state and federal). This critically important in light of the \$15B in on-time additional Behavioral Health related funding the state is in the process of providing to 58 county and 2 other local Mental/Behavioral Health departments.

Closely monitor state disbursement of the CCBHS portion of its one-time additional \$15B in Behavioral Health related funding. In this vein, insure that CCBHS, per its Needs Assessment, includes in its competitive bids to the DHCS the necessary funding for:

- An in-county Institute of Mental Diseases (IMD) Mental Health Rehabilitation Center facility, And
- Appropriate Psynergy Programs level of unlocked step down care

For the 75 or so persons adjudged Incompetent to Stand Trial (IST), including long-term "unrestorable" LPS Murphy Conservatees.