

**MENTAL HEALTH COMMISSION
FINANCE COMMITTEE MEETING MINUTES
September 15th, 2022 - 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 1:33 pm. <u>Members Present:</u> Chair, Cmsr. Douglas Dunn, District III Cmsr. Leslie May, District V Cmsr. Rhiannon Shires, District II <u>Members Absent:</u> Cmsr. Gerthy Loveday Cohen, District III <u>Guest Speakers</u> Roberta Chambers, Indigo Consulting Kira Gunther, Indigo Consulting <u>Other Attendees:</u> Cmsr. Barbara Serwin, Chair, District II Cmsr. Laura Griffin, Vice-Chair, District V Angela Beck Jennifer Bruggeman Adam Down Kennisha Johnson Teresa Pasquini Jen Quallick (Supv. Candace Andersen’s ofc) Lauren Rettagliata</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None.</p>	
<p>III. COMMISSIONERS COMMENTS:</p>	
<p>IV. COMMITTEE CHAIR COMMENTS:</p> <ul style="list-style-type: none"> This Saturday (September 17) from 9:30am-10:30am, NAMI CC (National Alliance for Mental Illness, Contra Costa) is having a Suicide Awareness and Remembrance at Contra Loma Regional Park in Antioch. NAMI CC covers the parking fee of \$5.00 if you wish to come. Near the lagoon part of the lake. I understand Commissioners from Districts 3 and 5 had special invitations and indicated we will be there and positively look forward to your presence. Thank You. 	
<p>V. APPROVE minutes from August 18, 2022, meeting: Cmsr. Douglas Dunn moved to approve the minutes as written. Seconded by Cmsr. Leslie May Vote: 3-0-0 Ayes: D. Dunn, L. May, R. Shires Abstain: none</p>	<p>Agendas/minutes can be found at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. RECEIVE Presentation: Behavioral Health Continuum Infrastructure Program (BHCIP) grant developments for Rounds 5 and 6, Dr. Roberta Chambers, Indigo Projects</p>	

Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion (CCE) review with updates from the state.

BHCIP Timeline and Status:

- Round 1 Mobile Crisis: CCBHS received infrastructure grant
 - Round 2 Planning Grant: CCBHS received planning grant
 - Round 3 Launch Ready: Closed, awards announced
 - Round 4 Children and Youth: closed, pending award announcements (approximately 120 days out)
 - Round 5 Crisis, Acute, and Subacute: Expected October 2022
 - Round 6 Outstanding Needs: Expected 2023 – Likely the most competitive of all rounds because every project not funded will be resubmitted, in addition to any new projects. No actual date and will be very competitive
- *CCE Projects are being accepted on a rolling basis until funds are exhausted.

Round 5 Crisis Continuum Potential Eligible Facilities:

- Acute Psychiatric Hospital
- Adolescent Residential Facilities with a Level 3.5 Designation
- Adult Residential (SUD) Treatment Facilities only with/for IMS and DHCS/ASAM Level 3.5 Designation or only for DHCS Level 3.2 withdrawal management designation
- Children’s Crisis Residential Programs (CCRPs)
- Community Residential Treatment Systems (CRTS)/Social Rehabilitation Program with the category of Short-Term Crisis Residential Only
- Crisis Stabilization Unit (CSUs)
- Mental Health Rehabilitation Centers (MHRCs) only for LPS designation
- Peer Crisis Respite
- Psychiatric Health Facilities (PHFs)
- Sobering Centers (funded under the DMC-ODS and/or Community Sports)

Purpose of Needs Assessment and Action Plan

Needs Assessment

- Describe the populations who would benefit from BHCIP funded facilities, and
- Describe current capacity and estimated needed capacity based on need-upon definitions.

Action Plan

- Guide future pre-development activities,
- Pave the way for subsequent funding requests, and
- Set forth a plan for developing new behavioral health facilities.

Stakeholder discussions and information gathering

- Contra Costa Behavioral Health: AODS, Adult/Older Adult, Children/Youth, Office of Client Empowerment and Community Support Workers, Public Guardian’s Office, Justice-Involved Mental Health Program, A3 Program.
- Contra Costa Regional Medical Center PES and Inpatient Psychiatry
- Contracted Providers Children/Youth, AODS, Adult/Older Adult
- Clients living at Crestwood
- NAMI Executive Director
- Community Forum

Documentation on this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: <https://cchealth.org/mentalhealth/mhc/agendas-minutes.php>

Education and Outreach

- CCHS and Public Works Real Estate and Capital Projects
- Current Board and Care Operators
- Nonprofit Housing Developers
- Current Contracted Providers
- Out-of-County Providers

Quick review of quantitative data used to describe current systems capacity, identify individuals serve out-of-county, estimate capacity needs and a review of methods and key data sources used. *(See presentation slides for specific data)*

Identified System-wide Priorities

- Serve people locally
- Have coverage across the county
- Build back capacity lost from facility closures
- Build capacity across the continuum
- Provide equitable services

Crisis services and psychiatric hospitalization utilization reviewed including level of care for adults and youth; review of adult treatment settings (level of care and type) and other mental health facilities.

BHCIP Capacity Estimates for Institutional Settings for various types of IMDs including: State Hospital, MHRCs, PHFs, Acute Psychiatric Hospital, and SNF/STPs. Also reviewed LPS conservatorships and out-of-county placements and costs for FY 20-21. A review of the data for Justice Involved Mental Health (JIMH) Capacity was covered as well. *(See presentation included with meeting packet).*

Contra Costa BHCIP and CCE “Short List”

BHCIP Short List:

- 45-Bed MHRC – viable property being considered in West County to submit; unable to give details
- 16-Bed CRT, preferably in West or East County, co-occurring capable
- 16-Bed ART, preferably in West or East County, co-occurring and JIMH capable
- 16-Bed ART, preferably in West or East County, co-occurring and JIMH capable
- Co-occurring ART with sobering capacity
- ~~16-Bed MHRC~~ This property fell through
- ~~Concord Outpatient Clinic~~

CCE Short List:

- Approximately 40 B&C and/or transitional housing beds
- Approximately 85-90 B&C beds

Progress to Date:

Activities

- Weekly Meeting with CCBHS, CCHS, Public Works Capital Projects, Public Works Real Estate, and Indigo Project
- Potential property site visits
- Identification of 4 potentially viable properties
 - Removed one Central County property
 - Added one West County property

Outcomes

1. Work orders approved for all properties under consideration
2. Architect onboarded for schematic design work
3. Inspections and other due diligence underway

Comments and Questions:

- (Cmsr. Shires) What is a level 3.5 designation? (RESPONSE: Roberta Chambers) Designation of withdraw management with a level of medical supervision. There are different levels of medical supervision and I would need to check.
- (Cmsr. Shires) Yes, there is another showing 3.2 withdrawal management? If you could let us know. (RESPONSE: Robert Chambers) I believe it is still withdrawal management, it is just the level of medical oversight.
- (Cmsr. Dunn) Just to note, this has to do with the American Society of Addition (ASA) designations. (Roberta Chambers) Clinically managed high intensity residential services.
- (Teresa Pasquini) Can you explain the Community Treatment Facility? Remind me what that is, give me an example of that. (RESPONSE: Roberta Chambers) A Community Treatment Facility is a locked group home for a child in Juvenile probation or foster care jurisdiction. (TP) I have listened to this presentation, I don't know how many times, but I am learning. Recently I had a reporter questioning how many with SMI are placed in SNFs across the state; one of the problems I have heard is that we always talk about the IMD exclusion, but one of the drawbacks for being in a SNF is that people use their maximum number of Medicare days. That is not something we speak about that much. A lot of younger folks are being placed in SNFs because they are the only beds available and when they get older, they are maxed out on their 190 days.
- (Lauren Rettagliata) Youth from Juvenile Hall Mental Health Services, was there any explanation of why, in 2018-19 there are 139 and then in 2021, there was only 28? Are these now being referred through a different program? (RESPONSE: Roberta Chambers) There is a very clear explanation is that it mirrors the drop in youth housed in Juvenile Hall. The population of kids has followed that same downward curve. There was an intentional shift to try to serve youth in the community. (LR) I wanted to compliment you on, it really sunk in, that slide where you explained the differences between and IMD and an HMRC. Thank you.
- (Cmsr. May) Crisis services and psychiatric hospitalization utilization. I noticed with the youth there is no youth CRT center, and just one for the adults. Are we addressing this? The second question is the justice involved mental health capacity, there was data for the adults but nothing for juveniles. The number of justice involved juveniles, is really climbing rapidly, especially in Contra Costa County and I am wondering if any that is being addressed in this plan? (RESPONSE: Roberta Chambers) First question, I will be speaking to in a minute regarding the capacity issues. Second question, I wish I had a better answer, but because the movement with youth is to serve them out of congregate care, one thing we didn't look at is outpatient services. We literally just looked at estimates of people who would need to be in a facility. So, even with climbing numbers of juvenile justice involvement, we did not estimate

what those needs would be because we don't believe there would be building of a facility to house them.

- (Cmsr. Serwin) Our estimated out-of-county costs are higher than in-county. Do you have any sense of the scale of that? Or is that not true? (RESPONSE: Roberta Chambers) You are spending more in out-of-county placement than in-county placement because the majority of your placements are out-of-county. The per day costs, when comparing the same facility in-county vs out-of-county is about the same. If you look at residential treatment in-county, it will be cheaper because it is unlocked vs. the out-of-county placements which are locked placements. Much more expensive and there are none of these facilities within CCC now.
- (Cmsr. May) You are still unable to tell us where these properties are located, is that correct? (RESPONSE: Roberta Chambers) The 45-bed MHRC will be in West County. There is a larger property that will have a CRT and ART co-located in (technically) central but, to me is East county. The addition ART will be in West County.
- (Cmsr. May) Are any of these properties available for us to house adults that have been severely traumatized from sex trafficking? Adults and children? We do not have any safe place facilities where, once they are rescued, where they can be moved to a 'ranch' somewhere to be protected and they can be provided with everything they need to rehabilitate and address their severe mental illness/trauma, etc. I have not heard any discussion and this falls into the realm of mental health of those in this county that have to apply and wait for CALBHB/C findings to be sent somewhere (sometimes) out of California to facilities like this. We do not have those types of facilities and I wonder why this county is not looking at that population, as well as all the other populations that have SMI. (RESPONSE: Roberta Chambers) I don't have a good answer for you, Cmsr. May. I hear you, I agree with you, but I don't have an answer, those needs were not included in the BHCIP assessment. (LM) I hope it is pushed forward in future rounds. Please put that forward and I will contact anyone that needs to have that pushed ahead. This is a serious need, this population that needs services.
- (Cmsr. Dunn) Just a note it may be added again in Round 6, if it allows refurbishment or construction of facilities to care for justice involved individuals both at the adult and juvenile level. There is not another county this far out planning a facility like that, San Mateo County is the only one I know that is doing so. Do you happen to know, if I missed it I apologize, how are the rolling Round 3 CCE/BHCIP application from CCC CBO's going? It concerns me because the DHCS recently released another round of \$200mil in grants awarded and there were no CCC CBOs listed. The new state budgets has DHCS requirements stating these funds can only be used for programs that may not be around if they are not funded. Do you have the latest info? (RESPONSE: Roberta Chambers) on the BHCIP side, CCC applied for and received in Round 1, Round 2 and there were no Round 3 applications submitted. Those were the shovel ready projects. There were none. Dr. Tavano would have had to submit a letter committing to funding. We know none went in. Round 4 was for kids and CCC did not submit any children's facility projects because the needs assessment for the facility side did not suggest the need for additional children's facility. In the full needs assessment available online, there are children's mental health needs. In those needs identified, there are

strategies from BHS to address those needs that did not involve building a new treatment facility but involved doing other things to address those needs. The only projects that would have been able to submit would be children's CRF which there were not a sufficient number of eligible youth to keep it open. CCC, instead, supported an application for a CCRP in Alameda county where multiple counties were buying into the beds. CCC did support an application but supported with other counties; none who had enough to keep a facility open. Four of the five awards you are referencing that were released in the past month, those were CCE awards. The state Department of Social Services had received 286 CCE applications and I know of one or two from CCC, those were CBOs that submitted directly through the grant portal and have not made those public. The first of those 286 that went in, some in February, within the past 30 days, the state has awarded five. There are 281 more pending decisions. None have been notified they did not get one. Many have been waiting for six months.

- (Cmsr. Dunn) One last question/comment. I am very concerned that there was an East County property that was withdrawn from consideration (possibly what you were referring to) as a result, I personally reach out to a CBO and notified my District 3 Supervisor about a possible unique use of existing property in this part of the county for a possible BHCIIP purpose. (RESPONSE: Roberta Chambers) I am being as explicate as I can be. There were two East County properties. One had a work order to do Due Diligence and it was pulled from the list of potential properties because of environmental concerns, which is a different property than what you are referencing. There were can we buy it, build on it-reality is--it cannot be built on.
- (Cmsr. Griffin) I have a statement and a couple questions. I am really saddened to hear that the children have been left out of our assessment for a facility for them. I understand how the numbers came in and was hoping, maybe... do you think they can be re-assessed somehow and that we can possibly pick them up in the gap in Round 6? These kids are just falling through the cracks. They go to PES and PES sends them out and they keep coming in and out and in and out and those that really need help get shipped out and parents have to go far to visit them and I feel we are letting them down. The other question I had was, how many projects are we submitting for Round 5? One or two? (RESPONSE: Roberta Chambers) There will be three. (LG) Round 6, do we have any? (RC) One, maybe two. We have four properties, five programs (one property gets two), so Round 5 is two, possible three and Round 6 is two, maybe three. In terms of the kids, there is such a limit to what facilities you can build for kids that it really is a children's crisis residential, it is an STRTP or it is a CRF. There are currently four STRTPs in the county multiple counties can place into because STRTPs are state licensed that any county can place in any STRTP. I know BHS and Gerold had some ideas about how to leverage was currently available. When we looked into additional needs for children, it is hard to do those numbers because there is a children's crisis stabilization unit that is in development. There are multiple programs currently in development, both the children's CSU as well as all the projects at Oak Grove so we were very careful to not replicate anything that will be funded with Measure X or already far along.

- (Cmsr. May) Cmsr. Griffin said most of what I wanted to address. This is putting parents and families in a very difficult position to navigate from Antioch, Oakley, Brentwood, Discovery Bay—all the way into Alameda County and San Leandro or the like to see their children. It distances the children even with these very serious behaviors, committed crimes, etc. They still want to see their family member. It is putting even more strain on them to have to be moved. I understand what you are saying about putting these other projects together, but we need something right now to address this issue. The families want a facility in East County. There is such a huge need for both these issues and I just can't see this county turning a blind eye to it. Again, thank you so much for the presentation. I still have those little worries. (RESPONSE: Roberta Chambers) I will pass those comments along to BHS.
- (Teresa Pasquini) As a mother who has been traveling out of county with my own family member, I can say the needs of the children are huge and have been. I want to remind the question of this commission and committee to bring children's residential facility to CCC and it was originally planned to be at Oak Grove and went through years of stakeholder process. Obviously, things and the directions have changed. I want to give kudos to you, Roberta and your team. As a member of the steering committee for this project, I am super grateful and proud of all the work you have done and what we have done. The needs are huge and I think we should be really excited about some of these opportunities. Lastly, to go along with Cmsr. Dunn, to say that Lauren and I started outreach to Supv. Burgis and her staff weeks ago and have had two meetings with her staff and another recently with her and a developer on potential properties out in East County. We are pushing. We, as citizens, can advocate and push in any way we want, and we are. (RESPONSE: Roberta Chambers) One of your partners did have Round 4 application, John Muir did submit for additional children's inpatient beds in Round 4. So you did actually have a partner and CCBHS did support that application, as well as the Seneca application in Round 3 for a Children's crisis residential in San Leandro. The other thing (this is in the early stages) Lauren is very committed with a property in Central County and it looks like that it might have some traction.
- (Cmsr. Dunn) Outstanding presentation. Deeply appreciate it.

VII. Discuss future meeting agendas. October 20, 2022—TENTATIVE: CCBHS LPS Conservatorship contracts facilities presentation and Q&A

(Cmsr. Dunn) Kennisha Johnson will be presenting on CCBHS LPS Conservatorship contracts facilities and a Q&A. If you have anything else you feel you can add from the county perspective on Round 5, you are welcome to do so, of course at the October 20th meeting.

Are there any other ideas that persons would like to have for future meeting agendas for this committee beyond October? I think we will have a meeting November and, then December is getting close to the holidays and not sure if we will have one until after the first of the year.

Comments and Questions:

- (Teresa Pasquini) Care court, I am assuming a conversation will be coming to one of our committees with the passing of this yesterday. Maybe the Commission will think about making that a goal to consider? I know we

<p>are meeting for AOT next week and there might be some discussion there. I have been participating in meetings down in LA county for the last year and a half and I have learned a lot. One of the discussions in those meetings is the SB317 population and the housing needs of that population, which is the Misdemeanor Incompetent to stand trial (MIST). I don't know if it should be Justice Systems or Finance. I have had conversations with people locally and I don't know how we are doing with housing that population and it has been a huge issue in LA County. Their program is at capacity and is not accepting any new clients so we still have people stacking up in jails or being released because the new law. I participated in a meeting with Judge Bianco and several judges and just wanted to elevate this. I think someone should get this on their radar to update the community on what the situation is in CCC for this population. (RESPONSE: Cmsr. Dunn) I will be discussing with Cmsr. Stern and we will decide how to best proceed, but we are not going to sweep it under the rug, we will take it up and run with it.</p> <ul style="list-style-type: none"> • (Cmsr. Shires) I was just invited to the social/emotional well-being steering committee at the San Ramon Valley School District. In that steering committee, that school district has 22 schools, it's rather large. Hopefully I can get ideas and thoughts from what we are constructing there that we may be able to utilize for other districts in the county. It might be good for me to give you updates on the different ideas coming forth from that – programs, outreach, etc. Right now, we are working on trying to get parents and the community involved so they are supporting the kids in the school and their wellbeing. 	
<p>VIII. Adjourned meeting at 2:56 pm</p>	