

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
Wednesday July 11, 2018 – FINAL
At: 550 Ellinwood Way, Pleasant Hill, CA**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Commission Chair Barbara Serwin called the meeting to order at 4:39pm</p> <p><u>Members Present:</u> Chair- Barbara Serwin, District II Supervisor Candace Andersen, District II Duane Chapman, Vice Chair, District I Geri Stern, District I Diana MaKieve, District II Douglas Dunn, District III Leslie May, District V Sam Yoshioka, District IV Tasha Kamegai-Karadi, District IV</p> <p><u>Commissioners Absent:</u> Supervisor Diane Burgis, District III Lauren Rettagliata, District II Gina Swirsding, District I Joe Metro, District V Julie Ann Neward, District III</p> <p><u>Other Attendees:</u> Anna M. Roth, RN, MS, MPH, CCC Health Services Director Duffy Newman, Strategy & Partnerships, Office of the Director Jaspreet Benepal, Interim Chief Executive Officer for CCRMC and Detention Mental Health Shelly Whalon, Chief Quality Officer, Hospital and Health Services Dr. Matthew White, Acting Director of Behavioral Health Services, Medical Director, Psychiatric and Behavioral Health Lavonna Martin, Director of Health, Housing and Homeless Services Jenny Robbins, Chief of Programs for Health, Housing and Homeless Services Dr. Dan Batiuchok, Program Manager – Juvenile Mental Health and Probation Services Mark Goodwin, Chief of Staff for District III Jill Ray, Field Representative for District II, Supervisor District II Stephanie Chenard, MPA- Health, Housing and Homeless Services Warren Hayes, MHA Program Manager/Executive Team member Linda Velarde, family member, applicant for district III A. Mackellar, Social Worker for the Public Defender’s office Stephanie Regular, Deputy Public Defender Robert Thigpen, Adult- Behavioral Health Family Services Coordinator Erika Raulston, family member Liza A. Molina-Huntley, EA for MHC</p>	
<p>II. Public Comments:</p> <ul style="list-style-type: none"> • None 	
<p>III. Commissioner Comments:</p> <ul style="list-style-type: none"> • Leslie- Concerned about Sheriff’s office involvement regarding immigration detainees and families. The County is already overburdened with its residents. Are there other services that can be offered? • Supervisor Andersen- shared the announcement made by the Sheriff, the department is working with ICE, for detainees to be released or reassigned to a different facility. There are organizations that are available to offer services, in addition to county services. At this time, not anticipating further involvement pertaining to ICE detainees. • Duane (VC) – <p>1. Recently attended the California Associations for Behavioral Health Local Boards and Commissions (CALBHBC) training. One of the topics was the involvement of Behavioral Health Services (BHS), be able to provide mental health services, to</p>	<p>Interested in serving as a volunteer on the Mental Health Commission? Apply online at: https://ca-contracostacounty2.civicplus.com/6408/Boards-and-Commissions-Database</p> <p>*</p>

<p>residents during a disaster. Each BHS department, throughout the state, should have an emergency action plan. Would like to request, at another time, the emergency action plan, for the BHS department.</p> <p>2. Regarding incident that occurred in Richmond. Requested that informant submit the information in writing, to forward the information to the BHS department. Duane did submit the information to the department and a response was provided, regarding the incident. The incident pertained to the process of cleaning up an encampment, in the Richmond area. Recommends that stakeholders, such as MHC members, be present during such actions, to assure that people are being treated right. Obtained a better understanding of what happened and has the information in writing. Provided originals to the EA to provide copies.</p> <p>Duane has not responded, as of yet.</p>	
<p>IV. Chair Announcements/Comments:</p> <p>1) Welcomed new Commissioner, from District IV, Tasha Kamegai-Karadi</p> <p>2) Executive Assistant: good news, the Executive Assistant position has been filled. Announced that the current EA will be moving into new role within Behavioral Health Services Admin. (BHS) and will be staying on with the MHC, until the new person transitions into the role. Wanted to point out the amazing job that Warren Hayes has done for the MHC, in terms of helping find a new person for this position. Including the crafting of the job description, incredibly efficient timeline, bringing the best qualifying candidates, bringing in Commissioners into the interviewing: Sam Yoshioka, Duane Chapman, myself and Diana MaKieve. We choose our favorite candidate, Sarah Kennard, by consensus and she fortunately accepted our offer. She will be starting on August 20. We liked her for many reason, what stands out in my mind is her can do attitude, her focus on process and efficiency and experience working for multiple tiers of diverse groups of people. Her background is working for the Air National Guard, managing health related projects and has experience working with people with mental health issues, in both her personal and work life. We are really excited to have Sarah on board.</p> <p>3) MHC Retreat: we do have the key elements of the retreat worked out. The set date for the retreat is Wednesday, September 26, from 3pm to 6:30pm. The retreat will be at the Vincent/Briones High School, near downtown Martinez. Happy to say, due to the offices of Anna Roth, Director of Health Services for Contra Costa County, we have secured the facilitator. The Institute for Patients and Family Centered Care was brought to the MHC by Anna. It is a non-profit, health care consultancy that provides change in leadership in health care settings, involving patient and family centered care, involved in inspiring change. The organization is focused on bringing people together in collaborative and empowering ways.</p>	<p>* New Executive Assistant will start 8/20/18</p> <p>*MHC retreat will be on September 26, from 3pm to 6:30pm, at Vincent/Briones High School 925 Susana Street in Martinez, CA. Everyone is invited to attend</p> <p>*There will not be a MHC meeting in the month of September, only the retreat</p> <p>* EA handed out copies of the meeting schedule, which includes the address for the location for the MHC retreat</p>
<p>V. MOTION to APPROVE minutes from June 6, 2018 meeting Duane Chapman moved to motion, Leslie May seconded the motion to accept the minutes. VOTE: 9-0-0 YAYS: Supervisor Candace Andersen, Barbara Serwin, Duane Chapman, Diana MaKieve, Leslie May, Sam Yoshioka, Doug Dunn, Geri Stern, and Tasha Kamegai-Karadi NAYS: none ABSTAIN: none ABSENT: Lauren Rettagliata, Supervisor Diane Burgis, Gina Swirsding, Joe Metro and Julie Ann Neward</p>	<p>*view final minutes on MHC website at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. RECEIVE Behavioral Health Services report-Dr. Matthew White, Behavioral Health</p> <ul style="list-style-type: none"> The Value Stream Mapping (VSM) event, took place in the East County Adult clinic, in June. The participants were positive and participated with the best intentions to find ways to improve the current process. Some key factors are a lack of a clear system for referring patients to therapy, or case management, the timeliness of appointment availability, and creating a 	<p>* AOD Director will provide further details to MHC, pertaining to the West County detox center</p>

<p>useful first visit for patients (a possible team approach). The event was led by Dr. Chris Farnitano, Health Officer for CCCHS and Erika Jenssen, Assistant to the Health Services Director, both provided inspiration and guidance throughout the event. The aspirations of finding possibilities of creating an efficient team approach, for patients, at the initial visit were contemplated during the VSM event. Some changes are possible, short-term and other areas will take more time and planning. The next Rapid Improvement Event will be planned for September; another will be planned for November. Core items, will be picked from the VSM, to be implemented on a trial basis, and outcomes will be documented</p> <ul style="list-style-type: none"> • Approval for a substance abuse treatment program, for Richmond, was obtained: a nine-bed, detox residential treatment to enable recovery. The department will consult with an architect, to start the project as soon as possible, a location has been identified. • The Acting Director of BHS has been working in partnership, with the Chair and Vice Chair of MHC, to select a candidate for the Child Program Chief position. A second round of interviews has been completed. The selected candidate will be announced, shortly, after another round of interviews. • A substance abuse counselor has been hired, to work at Psychiatric Emergency Services (PES), it has been a cross-divisional collaboration, for TBS and will be available two mornings per week • The psychiatry team: Dr. Tarun Bhandari, to oversee the operational piece and Dr. Patrik Munzar, will be the Co-Chief, primarily overseeing 4C, and Dr. Laurentiu Dumitrescu, at PES for years, will also be a Co-Chief with two primary responsibilities, PES and part-time in detention, to provide added support to meet needs. • The construction of the future West County Mental Health clinic has started, in the same vicinity of the West County Health clinic. Updates will be provided to the MHC, as information becomes available. • Duane (VC) stated that the MHC had made some suggestions, pertaining to the West County future clinic site. Example, when a patient is being admitted, how does the county plan to make the process discreet for the patient? Patients, seeking mental health services, do not want to be in a public waiting area. Would like additional information pertaining to the West County detox center, from the AOD Director, Fatima Matal Sol. 	
<p>VII. RECEIVE updates from Health, Housing and Homeless Services (H3) Director, Lavonna Martin and Program Chief, Jenny Robbins</p> <ul style="list-style-type: none"> • The presentation focuses on permanent supportive housing projects in the community, not the full spectrum of services that H3 provides; i.e. system wide planning, systems of care, or crisis response services. • Permanent supportive housing is a permanent residence, provided with levels of services. It is important that housing remains affordable; this can be accomplished if the housing is subsidized. Housing is important and part of health, in trying to obtain healthier, thriving communities. Studies have shown, when a person has a physical roof over their head, the infection rate is decreased, due to better hygiene and sanitation; also reduces victimization of individuals, decreases the incidents of trauma and decreases the exposure to elements and other adverse conditions. Housing, paired with intensive services, allows for access to the specific support that is needed, connecting in-home support services is critical. This type of housing also provides social connectedness, which helps to improve overall health, along with having a stable address and continuity of care and benefits. Supportive housing also helps reduce the frequency of usage of emergency services; reducing overall health care system costs. The purpose to help individual, remain in a community, to help lower recidivism rates, creating great partnerships, wrapping around services for the individuals to help them remain housed. • Micro-housing is a current housing project, that is inexpensive and building can start quickly. In most instances, it takes five to seven years to 	<p>* see attachment of presentation in meeting packet</p> <p>**H3 monthly meetings are:</p> <ul style="list-style-type: none"> -Council on Homelessness -Homeless Continuum of Care -Housing meeting <p>Look on the website, for meeting dates, times and locations: https://cchealth.org/h3/</p>

build housing in a community. Micro-housing can be developed in 11 months. H3 is currently working with a developer, to create the first project, in West County. All units will be ADA accessible and approximately 180 square feet and will include: a kitchen, a bathroom with a shower, and a bed. Each unit will be an open floor plan studio apartment, providing privacy and security for individuals. The bottom floor of the project will have supportive services available. The first project is for the highest utilizers of the county's system of care, chronically homeless, (although not a requirement), and have some sort of a disability (developmental or behavioral), requiring long-term support. It is hoped that the project will be operating by October of 2019.

- There are several projects, pending to receive application approval.
- Family Unification Project vouchers, in partnership with the housing authority, to dedicate vouchers for transition aged youth and families.
- Another project application submitted is Mainstream Housing Choice vouchers, focused on housing for the elderly.
- There is a youth homeless demonstration project application, to support transition aged youth in our community, who are homeless, and connect them to services and housing.
- A SAMSA application has also been submitted, to assist individuals requiring behavioral/mental health services, who are homeless. The Mental Health Housing Loan Program provides \$1.7 million in funding, for permanent supportive housing for persons experiencing severe mental illness. More information will be provided at the H3 meetings provided in the attachment. The H3 meetings are an opportunity for the community to become involved and continue to receive information.
- The "No Place Like Home", technical assistance grant. The state recently sent a notification, approving the application and will be awarded \$150,000 in technical assistance monies, to prepare our community to be competitive. Non-competitive allocation will be on the ballot in November. The contract has not been received. The grant money will be used to determine the type of housing, the quantities and the different levels of housing needed throughout community. The requirement is to integrate the housing units into the coordinated entry process, to meet the needs of consumers with SMI in our community.
- Another housing project is with, Housing of Urban Development (HUD). Our community receives approximately \$15 million in homeless assistance funding, to support mostly housing (80% of funds is allocated for permanent supportive housing), planning, homeless management information system and coordinated entry. This year, an additional \$850,000 will be available for new projects for permanent supportive housing, and an additional \$300,000 for projects supporting victims of domestic violence.
- New- the Homelessness Emergency Block Grant, Contra Costa is expected to receive approximately \$7.1 million, in emergency aid, to target the growing number of homeless that are in our community. This funding is a one-time allotment, to help get homeless individuals that are sleeping outside, inside, where they can be provided with services.
- All projects are pending, until funding is received, hopefully in approximately 18 months.
- There are multiple ways the community can become involved, by attending and participating in H3 monthly meetings: Council on Homelessness (July 12), Homeless Continuum of Care (July 20), Housing meeting (August 7). Look on the H3 website for more information: <http://cchealth.org/healthcare-for-homeless/>
- H3 is looking into improving the Point-In-Time methodology and increase more homeless youth in our community
- H3 recognizes that there are not a lot of services for East County, only one shelter is available. H3 is looking into opening a CARE CENTER, drop-in,

<p>multi-service center, that will offer, case management, housing basic needs, showers and laundry, facilities for animals and locked storage for personal belongings; will be in a location in Antioch. Looking into developing in the future, MICRO Housing in East County too.</p> <ul style="list-style-type: none"> • There are two CORE teams, being shared and sponsored by four cities, for homeless outreach and engagement. Another CORE team will be added, and will be solely sponsored by the City of Richmond. This will be adding more intensive services for the city. 	
<p>VIII. RECEIVE presentation from Juvenile and Probations Mental Health Services- by Dr. Dan Batiuchok, Program Manager</p> <ul style="list-style-type: none"> • Dr. Batiuchok attends and participates regularly, in the MHC, Justice Systems standing Committee. • Discuss an overview of the services being provided, collaborative work being done with other agencies, systems within the network, including gaps in the system, identifying areas for improvement, to provide better services. Provided updates regarding staffing levels and operations. Also, how the system works together to provide a continuum of care. • There are essentially three programs, within the department of mental health and probation services: mental health clinic at Juvenile Hall, which staffs three full-time mental health clinicians, three part-time psychology trainees that are doctoral students. In the fall, will be increasing capacity to five part-time psychology trainees. Clinicians work a staggered schedule, Wednesday through Saturday, or Sunday through Wednesday, approximately from 9am to 7:30pm, to be able to provide services seven days a week. There is one psychiatrist that provides medication coverage for Juvenile Hall and the Ranch, working part-time. As of 7/11/18, the population at Juvenile Hall being served is approximately 82 youth, and at the Ranch, approximately 50 youth, for a total of 132 youth. • The Ranch staff, two full-time mental health clinicians, work a staggered schedule as well, to provide services seven days a week. Youth at the Ranch, are in the facility for a longer period of time, often four to nine months; therefore, youth are engaged in long-term therapeutic services. • The third program is the “Mental Health Liaisons” program. There are three full-time licensed mental health clinicians, one at each regional office: West County (Richmond), Central County (Martinez) and East County (Antioch). Also, there is a 90% FTE, “Family Partner Community Worker,” stationed at the Richmond office, to provide family support services. • Approximately 40% to 60%, of youth at detention facilities, require mental health services. • Diagnosis deferred is not sufficient information is available to conclude a specific diagnosis, gathering more information is needed, mental health services are still provided. • Adjustment Disorders, refers to reactions to situational stressors, that cause mental health symptoms • The intake process, in custody mental health services, transition of mental health services, along with referral options for youth. For outpatient services, there are community based options (CBO’s), Regional clinics, Outpatient clinics, Mobile Response Team (MRT) for acute emergencies, private providers. • The intensive mental health services programs are for youth that have been active in prior treatment programs, while in detention: Youth Offender treatment program, Girls in Motion program, and the youth exiting the Ranch facility, that have been receiving longer mental health treatment services • Referrals are made to the intensive mental health services programs that are available: Functional Family Therapy (FFT) a home based program including two to three sessions per week. The goal of FFT is to improve family relationships, communication and bolster the support of network 	<p>*see attachment of presentation in meeting packet</p> <p>Contact information, for additional information: Dr. Dan Batiuchok, Program Manager for Mental Health Services for youth in detention Daniel.batiuchok@hsd.ccounty.us or call (925) 957-2739</p>

<p>within the family.</p> <ul style="list-style-type: none"> • Multi-systemic Therapy (MST), similar to FFT, it is an intensive family based therapy, done at home, multiple sessions per week. The difference is that is designed to enable the caregiver to effectively set expectations, create structure, support and enforce consequences within the household, to manage behavioral expectations. • Multidimensional Family Therapy (MDFT) is facilitated through Lincoln Child Center. Another family, home based, intensive therapy, with a primary focus on attachment and substance abuse issues. • All programs are evidence based, shown to reduce recidivism rates and effective • Wrap Around Services is a systematic process for interagency collaborations. When youth are involved with multiple providers, it helps organize the system of care, to assure goals are established across the systems and being coordinated effectively to help reach goals. • Questions and Responses session- • The probation liaisons are proactive in attending School Board Attendance Review meetings and truancy court hearings, to help identify youth that are at risk for entering the juvenile justice system and be a resource for families, parents and care givers to connect to services, prior to their entry, with the purpose of being more a preventative entity. More Community Support Workers might be needed to assist families, particularly in the East County region. Calculating staffing needs can be difficult, due to the fluctuations in the populations within the facilities. • When are parents engaged in the process? Juveniles can spend anywhere from two days, to months, at Juvenile Hall. Part of the assessment process is to attempt to engage the parents or caregivers, as soon as possible. If there is not enough time to provide in-house services, the liaison team is contacted to assist in providing follow-up connections to resources. Liaisons will call the ACCESS Line, if needed. The process will be further studied, to identify needs and gaps, to improve services in the future. • How are after-hours crisis' handled? Youth demonstrating acute behaviors, will be placed under close observation, a risk assessment will be completed to initiate next steps. Although this action has never occurred, but if needed, probation services can call the Sheriff's Office to evaluate an individual for a 5150. 	
<p>IX. DISCUSS letter, from the Commission to Contra Costa Regional Medical Center leadership, to make recommendation to extend the hospital's quality assurance process to 4C and Psych Emergency Services to improve mental health services- Barbara Serwin, MHC Chair</p> <ul style="list-style-type: none"> • Chair prefers to move item to the Quality of Care meeting or the MHC meeting in August. Seven Commissioners present agreed to continue with meeting, past the 6:30pm regular adjourning time. • Chair- referred to letter created, (attached in the meeting packet), that the Quality of Care Committee created, as a result of a broad screen of the various consumers advocacy and grievance processes, within Behavioral Health Services. Contra Costa Regional Medical Center (CCRMC) has a great system regarding the consumer advocacy empowerment and grievance resolution program in place. The staff member, Lynette Watts, provided information at a Quality of Care (QC) Committee meeting last fall. The program is implemented in the hospital and clinics; but not being implemented in 4C or in Psychiatric Emergency Services (PES). The protocol for Patient's Relations Office, was provided at the QC meeting, demonstrating the efforts being made in attempting to resolve issues as quickly as possible. These efforts have contributed to the decline in grievances being filed. Respectfully request that the same program be implemented, comprehensively in 4C and PES. • Shelly Whalon, Chief Quality Officer for Hospital and Health Services: Appreciates the opportunity to discuss the item, will cover the current 	<p>* see attachment in meeting packet</p>

<p>process. The primary focus is the Patient's Experience rounds</p> <ul style="list-style-type: none"> • A staff member, from the Patient Relation's Office, visits patients that have a hospital stay, usually longer than two days. The patient is visited on the second day, interview the patient, asking about their experience regarding their stay at the hospital and ask if there is anything that staff members can do for the patient to make their stay more comfortable. The Patient Handbook is provided to each patient, the staff member reviews the resources in the handbook, with the patient. Patients are also informed if they should have any concerns, what to do, who to contact and the staff member does go over the grievance process with the patient. A similar process is available for patients in PES and 4C. • At PES and 4C, the community aids assist during the morning. During the evening shifts, the staff members introduce themselves to the patients and ask the patients if they have any concerns and provide information regarding the grievance processes. The process is similar to the hospital's process. • The letter provided has opened an opportunity for learning. As of July 12, the Patient's Relations Office, will extend their services to PES and 4C, including reviewing any patient's concerns or complaints. • Jaspreet Benepal, Interim Chief Executive Officer for CCRMC: noted that there is a process in PES and 4C, including a Patient's Rights advocate, that actively engage patients on how to improve their experience and a handbook is given to every patient admitted to 4C, with all the information pertaining to patient's rights and grievances, in writing. The patients receive the information verbally and in writing. PES unit Managers and Charge Nurses, are trained in service recovery, along with frontline staff. The training covers empathy, active listening, listening to patients concerns, in attempts to resolve issues immediately. Appreciates the recommendations made by the MHC, hopes to work collaboratively with the MHC, in regards to the process mentioned in the letter. The Patient's Relations staff will join hospital staff, in the community meeting, to review process. Welcomes further recommendations from the MHC • Chair- there are similar models, being implemented by different staff- is that historical, or is there a functional reason? • Shelly- the units are different and adapt to the needs of the patients. • Jaspreet- the agency that currently visits patients in PES and 4C, are Consumer Self-Help Advocacy. The agency is a great liaison for the patients and actively engages with patients, explains the grievance process, and brings concerns to the staff. Will increase awareness efforts. • Duane Chapman- requested a copy, of the information that is given to PES and 4C patients, the handbook mentioned and grievance information. • Is there a hospital liaison that visits patients in the emergency unit? • Dr. White- presently, there is not an assigned liaison, for ER, PES and 4C 	
<p>X. RECEIVE Commission liaison reports and special meeting reports:</p> <ol style="list-style-type: none"> 1) Bylaws Task Force-Barbara Serwin 2) Ad hoc Data Committee- Barbara Serwin 3) AOD Advisory Board- Sam Yoshioka – 4) CPAW General meeting-Douglas Dunn- 5) AOT Workgroup Meeting- Douglas Dunn- 	<p>*Forwarded to the next meeting on 8/1/18</p>
<p>XI. Report on Commission membership vacancies and Committee membership needs- Liza Molina-Huntley, Executive Assistant-MHC</p> <ul style="list-style-type: none"> • Announced that the next MHC meeting will be at the Mental Health Adult Clinic, in the Pittsburg Health Center (PHC), at 2311 Loveridge Road, in Pittsburg. There will be a site visit, prior to the meeting, from 2pm to 3pm. The MHC meeting will be from 3:30pm to 5:30pm, in the Cypress room. Distributed the meeting location schedule to attendees. 	<p>*forwarded to the next Executive Committee on 7/25/18 *MHC meeting 8/1/18 will be from 3:30pm to 5:30pm at PHC, 2311 Loveridge Road in Pittsburg, in the Cypress room.</p>
<p>XII. Adjourned Meeting @6:58pm</p>	