

**MENTAL HEALTH COMMISSION  
MONTHLY MEETING MINUTES  
Wednesday October 3, 2018 – FINAL  
At: San Pablo Community Center**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b> Commission Chair Barbara Serwin called the meeting to order at 4:38pm</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Geri Stern, District I Cmsr. Diana MaKieve, District II Cmsr. John Kincaid, District II Cmsr. Douglas Dunn, District III Cmsr. Julie Neward, District III Cmsr. Sam Yoshioka, District IV Cmsr. Tasha Kamegai-Karadi, District IV Cmsr. Leslie May, District V Cmsr. Joe Metro, District V</p> <p><u>Commissioners Absent:</u> Cmsr. Duane Chapman, Vice-Chair, District I Supervisor Diane Burgis, District III Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Dr. Matthew White, Acting Director of Behavioral Health Services (CCBHS), Medical Director, Psychiatric and Behavioral Health Matthew Luu, Deputy Director of Behavioral Health Services Priscilla Aguirre, Behavioral Health Services Quality Management Program Coordinator Warren Hayes, Mental Health Services Act (MHSA) Program Manager Jennifer Tuipulotu, Office for Consumer Empowerment Robert Thigpen, Adult Behavioral Health Family Services Coordinator Adam Hudson, ANKA Dr. Marie Scannell, Mental Health Forensics Program Manager Linda Dunn, Adult Mobile Crisis Response Team Janet Cortez, Adult Mobile Crisis Response Team Debbie Thomas, Adult Mobile Crisis Response Team Natalie Dimidjian, Adult Mobile Crisis Response Team Program Supervisor Raymond Smith, Adult Mobile Crisis Response Team Roberto Roman, Office for Consumer Empowerment John Sousa, Richmond Police Department Marianna Noy, Contra Costa Regional Medical Center Sarah Kennard, Executive Assistant to the Mental Health Commission</p>	
<p>B. Serwin (Chair) acknowledged the passing of Tess Poali, a former Mental Health Commissioner. S. Yoshioka read a posting originally written by Teresa Pasquini. Roberto Roman performed a song in her honor.</p>	
<p><b>II. HEAR presentation on Network Adequacy Standards-</b> with Matthew Luu, Deputy Director, CCBHS and Priscilla Aguirre, CCBHS Quality Management Program Coordinator</p> <ul style="list-style-type: none"> <li>• M. Luu described that Contra Costa is a medium-dense county in a comparative system that categorizes all counties within CA. These standards look at the geographic distribution of the consumer population as well as the resources and staffing available. There is a time/distance standard that is formula-driven and applicable to those designated as medium-dense.</li> <li>• M. Luu and P. Aguirre noted that CCBHS was in compliance with all standards and</li> </ul>	

<p>stated that in submitting this data for this process that all areas of CCBHS were integrated (IT, Provider Services, Contract Evaluators, etc.). This reporting will continue on a quarterly basis to the State and the development of baseline data will set the areas being tracked in a database. M. Luu stated that an increase in providers utilizing this system will allow for greater accuracy and availability of data in regards to staffing and services being provided.</p> <ul style="list-style-type: none"> <li>• M. White commented that though the Network Adequacy Standards review was passing, that areas noted not as successful were also valuable to build on. B. Serwin (Chair) inquired if there were any key learning areas that came up during this process. M. Luu stated that there was a lot of clean-up that was done to accurately look at the number of providers and other clinical assets that were currently serving the patient population.</li> </ul>	
<p><b>III. HEAR presentation on Mobile Crisis Response Team</b></p> <ul style="list-style-type: none"> <li>• N. Dimidjian, Program Supervisor, introduced all staff in attendance and briefly described the concept and capabilities of the Adult Mobile Crisis Response Team, which aims to reduce suicides and PES hospitalizations, de-escalate crises, and initiate 5150 as needed. This program, which went live on July 9<sup>th</sup>, 2018, provides risk/safety assessments, crisis intervention, linkage and information on services for further care, follow-up calls and services for 30 days, and peer and family support. Currently, the MCRT is positioned in Central County and responds County-wide as available. The intent of this program is to expand to 24 hour availability; however all shifts are not currently staffed. Each shift team includes one clinician and one community support worker and the model is to have one day shift team, two swing teams and one mid-night shift team. Current usage data obtained by Dr. J. Cobaleda-Kegler, Adult and Older Adult Program Chief, reflects that swing shift hours (6-10pm) have the highest utilization.</li> <li>• The adult MCRT serves all individuals in need of services, regardless of insurance. Exceptions to provision of MCRT services are: cases of cognitive decline, domestic violence, AOD, behavioral problems not associated with diagnosed BH, and those in the act of committing a violent crime (deferred to Police).</li> <li>• D. Thomas, MCRT Clinician, described their response protocol, which begins with an incoming call received by either a clinician or a community support worker. While on the call, other staff personnel query Epic and other available historical medical data available. If a field response is warranted, police authorities are contacted and a response time is set. If time sensitivity requires other resources, the MCRT will refer the information to the police directly.</li> </ul> <p><u>Questions and Comments:</u></p> <ul style="list-style-type: none"> <li>- J Kincaid inquired on the process of referring an encounter with someone diagnosed with Alzheimer's that is showing signs of agitation and aggression.</li> <li>- <i>Officer J. Sousa (MHET) - in those cases, we would conduct a welfare check and potentially refer to a medical center.</i></li> <li>- G. Stern inquired on the current daily utilization</li> <li>- <i>D. Thomas said that the most in one day was 8, but that the composite data from 23 September 2018 to present reflects over 190 calls and 140+ field responses.</i></li> <li>- J. Neward asked if there was a measure that distinguished repeat callers, multiple incidents from unique calls.</li> <li>- <i>N. Dimidjian and D. Thomas stated that they do collect data from every call, but have not yet begun to separate that data.</i></li> <li>- J. Kincaid asked why this outreach was under Forensic Mental Health.</li> <li>- <i>Dr. M. Scannell explained that it was under the scope of that larger program because of its coordination with local police agencies.</i></li> </ul>	<p><b>Mobile Crisis Response Team information can be found at:</b></p> <p><a href="http://cchealth.org/mentalhealth/mcrt.php">cchealth.org/mentalhealth/mcrt.php</a></p> <p>For Crisis Response Services for Adults: 1-833-443-2672</p>

<ul style="list-style-type: none"> <li>- D. MaKieve inquired on how an encounter with a resistant family member would be addressed.</li> <li>- <i>D. Thomas discussed that they would primarily serve in a referral capacity and would outline the most basic programs and starting points (e.g NAMI) and would conduct a follow-up as appropriate.</i></li> <li>- J. Kincaid inquired on the potential of addressing encounters in need of medication</li> <li>- <i>N. Dimidjian noted that they are not currently addressing pharmacy needs other than in a transportation assistance capacity.</i></li> </ul>	
<p><b>IV. RECEIVE Behavioral Health Services report-</b> Dr. Matthew White, Acting Director of Behavioral Health Services and Medical Director</p> <ul style="list-style-type: none"> <li>• Dr. M. White noted that J. Tuipulotu, Office for Consumer Empowerment, would be joining the Behavioral Health Services Executive Team.</li> <li>• One psychiatrist from the Central County Children’s Clinic has left to pursue other opportunities and another psychiatrist is in the on-boarding process at Central County. Minor shortage periods in staffing for this location during these transitions.</li> <li>• One of two psychiatrists hired for East County will begin October 22<sup>nd</sup>. New model configured during recent Rapid Improvement Event will be utilized by these new clinicians during initial appointments.</li> <li>• W. Hayes discussed the Oak Grove property. In past efforts, monies required to acquire resources, staffing not available. In meetings with Dr. M. White and P. Godley, Chief Financial Officer, a relook is being conducted on funding requirements for start-up costs and long-term revenue needs to maintain viability.</li> <li>• First Hope Program is currently in the process of moving and hiring additional staff for expansion as the first episode psychosis program.</li> </ul>	
<p><b>V. Nominate Chair, Vice Chair, and Three Member Seats for Executive Committee</b></p> <ul style="list-style-type: none"> <li>• D. MaKieve, on behalf of the Nominating Committee, introduced the Slate of nominated individuals that will be voted on at the November 7<sup>th</sup> Commission Meeting.</li> </ul> <p><u>Nominees by Position:</u></p> <ul style="list-style-type: none"> <li>- <b>Chair:</b> Barbara Serwin</li> <li>- <b>Vice- Chair:</b> Leslie May</li> <li>- <b>Members:</b> Julie Neward, John Kincaid, Diana MaKieve</li> </ul>	
<p><b>VI. HEAR report of the Joint Mental Health Commission/Behavioral Health Services update to the Board of Supervisors Family and Human Services Committee-</b> Warren Hayes, MHSA Program Manager and Barbara Serwin, MHC Chair</p> <ul style="list-style-type: none"> <li>• Dr. M. White noted that the FHS Committee accepted the report. This report outlines specific areas of interest and opportunity for future BHS/MHC collaboration.</li> </ul>	
<p><b>VII. DEBRIEF Mental Health Commission Retreat conducted September 26<sup>th</sup>, 2018</b></p> <ul style="list-style-type: none"> <li>• L. May noted that the speakers were very engaging, but wished that the event would have been longer to accommodate more question and answer time.</li> <li>• Dr. M. White expressed that for future events, he would like to have less listening sessions and more exercise-type sessions. This sentiment was echoed by J. Kincaid, D. Dunn.</li> <li>• D. MaKieve liked the format and setting for the event, where it felt casual and did not pause between sessions.</li> <li>• G. Stern would like to see a small-group breakout at next year’s retreat.</li> </ul>	
<p><b>VIII. REQUEST volunteer to co-Chair the November Assisted Outpatient Treatment (AOT) Workgroup meeting, Friday November 2<sup>nd</sup>, 2018 10:00-11:30 am.</b></p> <ul style="list-style-type: none"> <li>• L. May volunteered to co-Chair the upcoming meeting</li> </ul>	

Items to be discussed at upcoming MHC Meeting: <ul style="list-style-type: none"><li>- Approval of August meeting minutes</li><li>- Commission liaison reports and special meeting reports</li></ul>	
<b>IX. Adjourned Meeting @6:32pm</b>	