

**MENTAL HEALTH EXECUTIVE COMMITTEE
MONTHLY MEETING MINUTES
January 26, 2021 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Vice-Chair, Cmsr. B. Serwin, called the meeting to order @ 3:41 pm</p> <p><u>Members Present:</u> Vice-Chair, Cmsr. B. Serwin, District II Cmsr. Laura Griffin, District V Cmsr. John Kincaid, District II Cmsr. Leslie May, District V</p> <p><u>Members Absent:</u> Chair, Graham Wiseman, District II</p> <p><u>Other Attendees:</u> Angela Beck Jessica Hunt Dom Pruet (Supervisor Anderson’s Office) Stephanie Regular</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None</p>	
<p>III. COMMISSIONERS COMMENTS: None</p>	
<p>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS: None</p>	
<p>V. APPROVE minutes from December 22, 2020 meeting:</p> <ul style="list-style-type: none"> • L. May motioned to approve the minutes as written. Seconded by J. Kincaid <p>Vote: 4-0-0 Ayes: B. Serwin (Vice-Chair), L. Griffin, J. Kincaid, L. May Abstain: none</p>	<p>http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS potential 2021 Commission-wide goals beyond 2020 goals still in progress, examples including:</p> <ul style="list-style-type: none"> • Goal-related to the county-wide efforts to develop a new Crisis Intervention model <ul style="list-style-type: none"> ▪ As a commission, we do not have a formal role within that effort. There is a design committee, the Behavioral Healthcare Partnership which is another community-based program that is under the sponsorship of both the hospital and Behavioral Health Services (BHS). Gigi Crowder and Jennifer Tuipulotu co-chaired that meeting. We want to get formally involved and have a clear-cut relationship with the process. (Cmsr. May) Mental Health Commission (MHC) being the voice for the community, we need to be involved in this, we need our voices heard. We speak for the community. (Cmsr. Serwin) The Friends of Miles Hall, we need to get involved as well. • Goal-related to advocating for a Value Stream Mapping event for Behavioral Health Services as per the Commission’s 2020 motion to recommend a VSM to the Behavioral health Service Director <ul style="list-style-type: none"> ▪ MHC needs to get involved in advancing that motion by contacting Dr. Tavano and Anna Roth regarding our interest in this happening. There is a lot of work to be done and goals to be fashioned around this. 	

- **Goal-related to advocating for cessation of smoking in congregant living**
 - There is a lot of energy and support around smoking cessation. We have had so little success in our county, yet right next door (in Alameda County) we have this example of a county that has been very successful. Clearly there are tangible things we can model, reach out for ideas of how to move forward.
- **Perform a set number of site visits.**
 - Lastly, the Site visit program testing in February / March, depending on Angela's workload will be in very involved in coordinating that program. We can set a certain number of site visits as a goal. We do not have to do that formally; it could just be a part of the program to set its goal but can also make it an overall commission goal. It sets a stronger statement.

Discussion:

- (Leslie May) Re: Cessation of smoking in congregant living. Do we have someone considered an expert in communicable disease (esp. COVID). That is one of the contributors to my last position. People were allowed outside, smoking cigarettes and blowing smoke out into each other's face, particles are spreading to others. It is bad enough, as a prior smoker, the tobacco and toxic additives (carbon, tar, nicotine). Add to that, someone that is ill with a highly contagious disease (such as COVID) and blowing smoke and sharing, put a cigarette down next to another's while speaking and all it takes is someone picking up the wrong cigarette and spread the contagions. In order to be effective, it is like teaching children new behaviors. We need to bring in experts that can point out how we really need to move forward with this smoking cessation in these facilities.
- (Barbara Serwin) We will vote on three (like last year) and we will have work from last year. Somehow, we will have to divide up the responsibilities. We should reach out to the rest of the commission to get support. The example we have for the Afghan community advocacy. That worked out so well with Kira Monterrey and Kate Lewis. They were so excited be involved and their work was excellent and really on target. We can do more of this.
- Questions for Dr. Suzanne Tovana? (J. Kincaid) Can we ask her about conservatorship? How is it organized? Who is accountable for what? The organizational chart to see what is missing from where, the disconnect of information. If there is a court action being entered into the health record, how does that happen and this should be done for everyone. The county uses EPIC and the system should have a field that shows the patient is conserved. There should be a flag in the system. There is a process question. When does that happen? When the court acts? Or when the conservator is assigned?
- (Stephanie Regular) Even before a person is conserved, there is a public guardian conducting the investigation and by the time the person is conserved, they have a conservator (typically the same person who has done the investigation?). I am actually not convinced that Dr. Tavano is aware of all the problems going on. I don't know that she is aware of the gaps in terms of what is happening to someone who is being held on a criminal case and is conserved. Before Dr. Tavano took over Dr. White's position, I had actually asked Dr. White to attend one of our court dates where we had several conservatorship cases on so he could see what questions the judge was asking, what we (as public defenders) were advocating for and what the response was from the public guardians office and conservatorship office so he could see the level of chaos we were dealing with in the criminal courts. I am not convinced that is going up the chain and they are aware of this huge breakdown.
- (J. Kincaid) That is my impression too, the conservatorship office has always been on one side and the fact that it is organized under health services / mental health, it is interesting. It seems to be underfunded and

not a lot of institutional support. Just in terms of this information piece, how that would work? If they are getting a conservator right away, how does that get added to the health record? The conservator works within the health department, or is organized under that department. It seems as if it is a systems issue that could be solved but someone has to be in a position to do so. I would think if the conservator is being appointed right away, that person would put it on the health record. Putting it on Contra Costa's health record doesn't do so everywhere, but as we get more and more integrated health records, maybe that will get better with time. (Leslie May) if it goes into EPIC, it is nation-wide.

- (Barbara Serwin) If we did a goal for a Value Stream Mapping event for BHS, that would encompass the conservators office, correct? Or would it? Or should we have as a goal for just dealing with the conservators?

(J. Kincaid) That is a broad statement. (B. Serwin) That is what the authors asked for in their document "Housing that Heals" because we're talking about the whole continuum of care and the fact there is a log jam for these beds. Everything leads to 'beds' and the lack thereof. That was their recommendation that we, as a commission, pass that motion. Value Stream Mapping for the entire BHS. We can qualify that scopes it to the bed portion.

(J. Kincaid) What strikes me is this is that the conservatorship piece of it isn't just within health services. Stephanie works with people who have been criminally charged and that is not the only population of conservatees. It may be that it doesn't fit well in this sort of patient flow study. It is interacting with other systems, the courts. There is no place to put these people and that is why there is a bottleneck.

- (B. Serwin) How can we do this, if we want to put a potential goal to vote on regarding the conservatorship office. (J. Kincaid) Goal related to advocating for Value Stream Mapping as it relates to patient flow. Do we want to have an additional goal around the conservatorship piece? The processes within the court system and the disconnect with the conservatorship office.
- (Stephanie Regular) The systems should start speaking to each other and it is beyond the conservatorship office. Each time we have a client who needs a plan, there is a complete lack of consistency and it is always reinventing the wheel each time and one arm doesn't seem to know what the other is doing. My colleague Christy Pierce often attends these meetings, she actually sent out an email to several department heads regarding one of our clients who is involved in probation, forensic mental health, AODS and everyone was working really in trying to help this client, yet no one helped him. (J. Kincaid) It seems as though there needs to be a point person (case management) but there are too many systems and no point person directing / connecting it all. There is no process. There needs to be a case manager, but isn't the conservators office, aren't they the case managers? Isn't that their job? Isn't that what conservator means? (S. Regular) There are two separate groups of people so for the individuals who are conserved then, yes, the conservator should be the point person who is making the decisions regarding placement, medication, etc. For those not conserved, it seems as though they are involved in so many different systems, it seems like there is always a question of which system is going to control and which is going to direct the services. So, in this one case I mentioned, there were so many people involved that no one took the lead. It fell apart.
- (John Kincaid) Is it your experience that the community re-entry program at jail is able to do that kind of thing? (S. Regular) It is just so hit or miss. Every once in a while, we will have really good success because Jail Mental Health's core team is wonderful when they pick up our client and take them some place. Sometimes it works, unfortunately it's the ones that don't work are glaring and stick out. There are some really good

<p>programs in place. There are just so many and it is so hard to navigate and there is just not a consistent stream that you can go to. For example, today, there was that discussion, there is a new jail reentry person that I have never even heard about. Often times the people that really need this information, it doesn't even get to us, the public defenders where we are do the reentry for the jail. It seems like each time it is something different, that we are going through a different system and perhaps social workers understand it but I cannot make sense of how it works. I actually did reach out to Dr. Tavano after we had this issue with this one client. I cannot do anything to fix behavioral health but I said we are going to try our own pilot project case management system since we do have social workers on staff now. The setback for us is we don't have access to EPIC, which allows our social workers to make placement recommendations, so I emailed Dr. Tavano and access to EPIC. So, have not received a response yet. (J. Kincaid) This is not a new idea, but we are reinventing the wheel over and over again. This is a really persistent problem.</p> <ul style="list-style-type: none"> • (Barbara Serwin) Question about organization. Conservatorship is all under BHS, but has to interact with these different functions with the county in order to get it's work done, right? Is it just LPS conservatorship that is under behavioral health or is the whole unit under BHS? • (Leslie May) San Bruno has it where the conservatorships and the judiciary management are all in one. Whoever is appointed, they do it all. Maybe if there is any way we can get some information from San Mateo County and how their system is managed, it might help shed some light on how we can develop/model the management in our county. 	
<p>VII. REVIEW current open Commission seats and recent applications, Angela Beck, Senior Clerk, Mental Health Commission (Cmsr B. Serwin) The reason this is on the agenda is that we have had a number of applications as of late.</p> <ul style="list-style-type: none"> • Two re-appointments: Gina Swirsding, District I and Geri Stern, District I • Three vacancies: <ul style="list-style-type: none"> ▪ District III Consumer; ▪ District IV Consumer; and, ▪ District IV Family Member. • We have applicants: Five (5) residents of District IV and one (1) resident of District II. • (Cmsr. Barbara Serwin) We should write a letter/email to Supervisor Mitchell (District IV) to just let her know that we are looking forward to having Sam's position filled. Just a quick email, Supervisor Mitchel is very sensitive about the process and really likes to be the one driving the process. She may not be aware that she has so many applicants. We should send Supervisor Burgis (District III) an email, as well. It is a significant number of vacancies. If we lose one more, that is a lot. And will impact our ability to make a quorum. • Action Item: Send an email to Supervisor Mitchell and Supervisor Burgis 	
<p>VIII. DETERMINE February 26, 2021 Mental Health Commission Meeting Agenda</p> <ul style="list-style-type: none"> • Smoking cessation prevention and treatment, Isabelle Kirske, Senior Health Education Specialist, Contra Costa Behavioral Health Tobacco Prevention Program and Fatima Matal Sol, Program Chief, Alcohol and Drugs Program <ul style="list-style-type: none"> ▪ We have already invited the Representative from the Contra Costa Health Tobacco Prevention Program as follow up on the smoking and incongruent living presentation by Carolyn Hidalgo Goldstein. It is clear that Alameda County has implemented cessation of smoking in many of its programs and we want to hear from them. I also did not want to upstage our tobacco program and thought to have them 	

<p>present first to give us an overview on their program. Then have Alameda County present what they have implemented. Suzanne Tavano is to tell us what our county has done to date. We would have Isabelle Kirske and Dr. Tavano speak. Then have Alameda County present next meeting.</p> <ul style="list-style-type: none"> • Mental health services for Afghan and other refugees in our county. Lisa Mulligan, Jewish Family and Community Services East Bay (could not attend January Commission meeting) <ul style="list-style-type: none"> ▪ Lisa Mulligan will speak at the February 3 meeting. This group seems to be the name provider/organizer for mental health services to the Afghan refugee community. The last commission meeting, there was a lot of support. We have heard from the community and now need to hear from the providers, to see if there is a need for advocacy from MHC. • Choose 2021 Commission-wide goals • Behavioral Health Services Director’s Report • By-Law changes re: attendance of full Commission meetings and mandatory Committee membership and attendance <ul style="list-style-type: none"> ▪ Need vote and get over to the county. 	
<p>IX. IDENTIFY questions for the Behavioral Health Services Director for the Mental Health Commission February 3, 2021 meeting</p>	
<p>X. Adjourned meeting at 4:36 pm</p>	