

MENTAL HEALTH COMMISSION
QUALITY OF CARE COMMITTEE MEETING MINUTES
January 20, 2022 - FINAL

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Quality of Care Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @3:34 pm.</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Laura Griffin, District V Cmsr. Leslie May, District V Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Angela Beck Cathy Botello Jessica Hunt Cmsr. Joe Metro, District V Dawn Morrow (Supv. Burgis Ofc.) Teresa Pasquini Jen Quallick (Supv 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> <ul style="list-style-type: none"> • (Cmsr. Gina Swirsding) I attended the Board of Supervisors (BoS) Crisis Meeting and I am a bit upset. Many years back I worked really hard with the Richmond Police Department to be involved in the West County area with Mental Health. That committee used to meet at the Richmond Police Department. In listening to the video presentation, it looks to be that Richmond is no longer involved. Now I feel I have to start all over again. Richmond, in particular, there are a lot of clients with mental health issues. (Cmsr. Serwin to contact Cmsr. Swirsding offline with contact information regarding the pilot program in Richmond). 	
<p>IV. CHAIR COMMENTS – None.</p>	
<p>V. APPROVE minutes from the December 16, 2021 Quality-of-Care Committee Meeting. Cmsr. G. Swirsding moved to approve the minutes. Seconded by Cmsr. Leslie May.</p> <ul style="list-style-type: none"> • Vote: 4-0-0 <p>Ayes: B. Serwin (Chair), L. Griffin, L. May and G. Swirsding. Abstain: none</p>	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. UPDATE on Site Visits</p> <ul style="list-style-type: none"> ➤ Crestwood Our House in Vallejo (virtual visit occurred January 19th, 2022) ➤ Next Site Visit: Hope House (date TBD) 	

(Angela Beck) Crestwood Our House, Vallejo: Interviews were completed yesterday. There were a lot of lessons learned from this visit yesterday. The site visit team will be meeting this week to discuss these items. I do not have information on when the report will be drafted as this is the first site visit conducted with all the new commissioners.

The next site visit will be with Hope House and Cmsr. Serwin has reached out to the contact person and is awaiting B.J. Jones' response to identify some days to schedule our visit. We will have a meeting with the program director to walk through directions and expectations.

Questions and Comments:

(Cmsr. Griffin) Just want to remind the committee we need to organize a meeting with the Site Visit team, not the Crestwood Team as soon as possible to discuss lessons learned.

(Cmsr. May) I just want to put it out there, if we seem to be having issues scheduling some of the adult facilities, is it possible we can schedule the children/adolescent facilities? It has been a very hot topic, one that Teresa Pasquini, Lauren Rettagliata, Cmsr. Griffin, and myself have all spoke to this and we have a children's site getting ready to open soon with the county. (Cmsr. Serwin) we ran into roadblocks when we were developing the children's protocol. We agreed we would start in late February to develop our children's protocol, but there is no reason why we can't schedule in a few post March. The other thing I would like to add that it was the commissioner's first site review. The zoom meetings I hosted and I felt the questionnaire tool was really on target. I felt the skills and connection of the commissioners was wonderful. We got some really good information.

VII. DISCUSS proposal for evaluating mental health services in County K-12 public schools, Commissioner Laura Griffin

One of the goals of the commission is to evaluate children's services in the public school system. I worked for the county office of education for for 20 years. I was very interested in this topic because it hits home, as I have had a child who has suffered from mental illness. I believe everything starts with the children and as adults many issues can be related back to early on in childhood.

Once the site visit program launch has stabilized, I thought we could consider this as a next project. "Evaluating our School Mental Health Services in K-12 Schools in Contra Costa County" with the objective to evaluate the mental health services in our K-12 schools. The scope would be the sixteen (16) K-12 school districts in the county. The desired output and recommendations (if any) would be to BHS Children's and Adolescent Program Chief and / or to the Superintendents of those public school districts in Contra Costa County (CCC) or the Superintendent of Contra Costa Schools and the Board of Education for CCC. We would report our findings and suggestions for further study or action.

Our approach would be to interview schools. I know they have kicked off a wellness in school programs (WISP) and I'm really excited about that. I think that good things can come from it if they are following through. We can interview school district Superintendants and administrators to see how it's working in their districts. Gerold Leonicker would have a lot based on information on services based on how they are being delivered. Maybe those that oversee the

program in the schools like the district nurse or the administrator of school nurses, as well as state data. There is a lot more we can add to this.

We would need to figure out how many people we would need to work on this project and establish a time frame, what our outcome expectations, if we were going to do a report, or how we would report out. We can speak more on this.

I want to share the WISP (Wellness in Schools Program) that is put on by CCC and it is for all students in the county to access needed behavioral health services and support in a timely manner. Their mission is:

- Build capacity of the County's schools to identify and address student behavioral health
- Establish a more uniform awareness of the range of existing behavioral health services and supports available to students and their families/caregivers in the County
- Create increased understanding of how to access those services and supports
- Foster an appreciation for the importance of mental health wellness and a community that welcomes seeking mental health help
- Increase communication and collaboration between BHS, the COE, and school districts.

Their objectives to fulfill this mission by:

- Providing all County school districts with uniform access to a range of behavioral health-related trainings and technical assistance
- Supporting parents/caregivers of students with identified behavioral health concerns through group-based training and individual navigation assistance
- Disseminating communications to destigmatize mental health needs and to build more uniform awareness among school staff, parents, and students.
- Establishing a school-based mental health support that will serve as a key venue for building linkages between behavioral health services, the County Office of Education, Youth Services, school districts, CBOs, Contra Costa Crisis Center, and other key partners.

That is what the program is set out to do and I feel it would be great to follow them on their journey, or just made sure things were working right for the kids in our county. It is very important to me and I hope that it is just as important to you and that you would possibly consider taking this up as our next project.

Questions and Comments:

- (Jessica Hunt, via chat) Ade Gobir, Manager of WISP, is giving a presentation at the Suicide Prevention Youth Sub-committee meeting on Friday 1/28 at 3:30 pm.
- (Cmsr. May) I do know Fred Finch is in the schools, Lincoln Child Center has lost a lot of their contracts (they used to be out here in the schools. Community Violence Solutions (CVS), we only do domestic violence (DV), sexual assault and trafficking (precautions and self-defense). This is something that is really needed. Most school districts will have openings for school psychologists, but you also are required to have the PPS certification to apply for those jobs, so you don't need to have a doctorate, but they say school psychologist and that PPS prohibits people. We really need to check into these districts and get real numbers, possibly the principles would be able to provide us with some of questions you have. I think they would be better able to provide us with actual numbers and information to have data

to compare with such as different instances on their campus that need to be addressed.

- (Cmsr. Swirsding) In West County, there are students (and me) that are very upset and afraid to go back to school due to the removal of police resources from the schools. Officer Sivana, these special officers gave these kids their own personal cell number to give them a call if they are ever bullied at school or problems in the classroom that the mentally ill students could call. They were given permission by the school board that those students could call right in the classroom if there is a problem and the resource officer would come and respond. Now that they are gone, due to the defunding, some of these students are very concerned. I have noticed a huge change. Now they have gone virtual, they are doing better than in the classroom. It is not easy for the kids, especially in high school and junior high with mental health issues and what they have to deal with. (Cmsr. Serwin) It sounds like safety is an issue that plays into this as well.
- (Angela Beck) I wanted to add that Martinez Unified School District, not sure if they are still doing this, but when my youngest was in school, he was considered an 'at risk youth' and at his grammar school there were (I believe) 17 kids that were provided mental health counseling. There are four (4) grammar schools in Martinez. They partnered with JFK university. Those finishing their education and needing their hours, they would come to the school and provide outreach counseling. These students were pulled out of class to have their counseling without the stigma, it was a very good program but they only had the funding to do so at the grade school level so it was not provided at the Junior High Level. It is a really good program but they needed to continue through the middle school level, because that is really the most need for services. I don't know if the other school districts had this program, but I do know that MUSD has a lot of programs that the other school districts don't have because Shell and the refineries contribute a lot of funding to the education funding. (RESPONSE: Cmsr. Griffin) That is basically what this project would allow us to look into: How well are the other districts doing? We know mental illness is better controlled the earlier it is detected. How is the approach? We don't want them alienated. What is the approach these school districts are taking with these kids? Are they taking steps to destigmatize? That's important. (Angela Beck) That is very important and Martinez, the way they approached it was very helpful. The families that didn't support counseling or families that had parents at odds with counseling (one parent supported, one did not) and was not on board. For myself, I had to fight through the court system to get my son help because he needed it and his dad and that family (native American and they don't believe in mental health counseling and it is very stigmatized in their culture), so the program through the school was the only way I could get my son help (even with the court order, he would not sign off), and so, in grade school he had weekly counseling and it dropped off in Junior High but he asked to have counseling and I was able to take him to JFK for services. It was a lifesaver for him.
- (Teresa Pasquini) I just wanted to weigh in and say congratulations to Cmsr. Griffin for bringing this forward. When I first joined the commission, it had a children's committee. Cathy McLaughlin, who is a Board Member in Martinez and probably responsible for a lot of the great programs in Martinez that Angela was just describing and a member of the commission for many year and part of CPAW was a huge children's advocate. Then the

age group committees were abandoned when MHSA came along. I was always reluctant, when I first came on, there was a children's committee, an adult and transitional aged youth (TAY) group and then the older adult. We had the age span covered. I think this is great and as the mom of someone from West County school district, I can't even tell you, it was like being hit with a freight train and not knowing what to do. I really like the talk about the families being part of this and, I know I learned to become an advocate because my son was in Junior High. I had to self-teach and go get the books to learn the rights and basically had to go through this whole process on my own. It is just very traumatic and fortunately he ended up in a continuation school (25 IEPs in High School). His continuation school was amazing. I am glad to hear you are doing this.

- (Cathy Botello) I just wanted back up all that's being said. I also had an adopted child who needed services many years ago and that is one of the reasons I started Counseling Options and Parent Education (COPE). We are getting a lot of calls from schools, asking for assistance with mental health. West County and Martinez is doing that. The OEC, Lynn Mackey has also put some services out. I do want to caution that being in this industry, this is the first time we have a three to four month waitlist. We have always prided ourselves on getting individuals in for service right away. We have 80 people on the waitlist and it is really difficult at present to get clinicians. There is a shortage of clinicians. I just wanted to make that comment, it is something we are having to deal with in this environment with COVID and the large number of mental health cases that we have. We have never had a waitlist that we couldn't handle in days or a week or two. I was surprised at the beginning of the year we had 60 and heard we were getting the list down and now I hear we are up to 80 people again. That is with hiring people and using interns, training them as quickly as possible and having adequate supervision. We are still in dire need and we are one of the agencies that was able to turn this around really quick.
- (Cmsr. Serwin) Commissioner Griffin, we want to keep an eye on the legislation surrounding children's services. Governor Newsom signed a couple of bills this past year (2021) SB 14 and SB 224 that are around mental health education and training (I think) for children as opposed to admin/teachers. Does anyone here remember the legislation that took behavioral health services that were being provided primarily by county BHS and put it back to the school districts? (Teresa Pasquini) AB 3632. KDA was foster youth. (Cmsr. Serwin) According to Gerold Leonicker, overtime, school districts were coming back to the county to contract for delivery of services. Who is providing the services is a good question, as well and are they the most efficient / appropriate parties to be delivering the services?
- (Cmsr. May) I just finished working with an agency and can speak to this. The county provides TAY (Transitioning Age Youth) and for foster youth. They provide the money, but in terms of counselors in the school, they pulled them out and let all these private agencies come in to provide this service. Lincoln was not good, they are not part of the community and were out of touch and trying to counsel / advise these youths to on strategies that may work in Alameda County or another area but those strategies do not work in this county or city. These agencies need to be in touch with the demographics and the population in which they serve. There were a lot of problems and issues with the agencies interacting with the individual board of education in the various cities, etc. I think this is a wonderful idea, Cmsr.

Griffin. We need to really vet it out and talk to your experience, my experience, Gerold's and put this together when we do not have to go through the red tape to talk to the upper division chiefs. Let's focus on speaking with principals directly. They will be the one's telling us what is going on. The counselors in the school (most often) are only scholastic. Those working on what college do you want to go to and prepping them for that. The one-on-one counseling is not sufficient, there are too many kids and not enough counselors.

- (Cmsr. Griffin) All great points and my initial feelings are on the WISP program and what they are trying to do is to educate teachers and principals. Let's go to the teachers, as they are the ones that really have the hands on experience with the children daily and can detect if there are problems early on. So, it doesn't have to get escalated. Not that everyone will be successful, but if we can break the glass ceiling a bit and get teachers to understand-destigmatize and recognize the signs so they are able to get help for the youth when it is needed and warranted. Maybe it's just a simple understanding or simple talk. It starts way down deep with the teachers and educating them and parents. (Cmsr. Serwin) I had two children with IEPs (Individualized Education Program) and part was physical health and part mental health. One thing I found is that the principals and often vice-principals in charge of special education, everything was often 'rosy' for them. There is this liability issue and there are parent organizations (not sure if it's just Lafayette or the Lamorinda area) called 'SEEDS' (Special Education Enrichment Development Foundation), which is an advocacy groups. I believe it would be really interesting to hear from these parents, in terms of what they think has happened to the quality of care these kids are receiving. My own lived experience is that my son's IEP was disastrous for his mental health, it was horribly implemented and it grieves me recalling what I didn't do or say to step in and change the process.
- (Cmsr. Swirsding) Are we going to continue with this on the Quality of Care Committee? (RESPONSE: Cmsr. Serwin) Yes, Cmsr. Griffin is going to lead this effort and roll into it as soon as we get the Site Visit Program well underway. Right now, we have two major efforts going on: (1) Site Visit Programs and pushing to take off the training wheels; and (2) Housing that Heals agenda and the placement project we are working on as well. Once the Site Visit program is well under way and can focus on this project. (Cmsr. Swirsding) Just to let you know, Officer Sivana stated she would be willing to come to the commission and speak at any time. She is really an excellent police officer and an advocate for those with mental health issues.

VIII. REVIEW "Review of Capital Resources and Behavioral Health Facilities" presentation by Santa Barbara County Department of Behavioral Wellness, 2016

This presentation (proposal) was provided to me by Teresa Pasquini. I thought it was a great model for us. It inventories what the county has available, the costs, as well as identifies the needs from acute to crisis and residential and supportive living levels in the continuum of care. The needs are defined to create proposals for specific projects that are targeted toward the identified needs. It is a very rational process and based on data and the results in requests for funding on tangible projects. I was very impressed by the requests. I am wondering if

anyone else had a chance to read it and any takeaways that are particularly of use?

I did try to reach out and could only find the phone number for those in the Behavioral Wellness Program for Santa Barbara County. I like an email address to reach out.

Questions and Comments:

- (Teresa Pasquini) I will introduce you by email to the person that provided this to me and is an amazing advocate in Santa Barbara.
- (Cmsr. May) I really liked this. It is broken down so clearly by systems. This is what they have in place and this is what their needs are. We need to develop a model like this for our county and it would be perfect (especially now while we are speaking to the ISTs), this needs to be done. I just wanted to add, the same resources I suggest in the last meeting for us to go to, we can't count on the government to be there to support us at the time we need, and must go back to groups that pooled resources to provide for needs. We need to approach the various populations in Contra Costa County to tap into other resources to help fund and implement these various programs.
- (Lauren Rettagliata) I discussed with Adam Down who informed me, that as a county, CCC has applied for the \$150k planning grant. The State of California has put forth billions for housing (BHCHRP) for infrastructure (buildings) and first step is to have a plan before applying. My hope is that our county BHS have a plan and will write this and hopefully have identified who will be writing and putting forth this plan from Santa Barbara.
- (Cmsr. Serwin) Is the needs assessment we are proposing is the same thing or different? (RESPONSE: Lauren Rettagliata) No, this would be a portion of it but it might be encompassing enough to do that but I feel this is a discussion that needs to be answered within the next week by BHS administration. Do they foresee this? Are they waiting for \$150k to do this? Will the \$150k be earmarked to do this? (Cmsr. Serwin) If we are advising the BoS to fund a comprehensive needs assessment of the county's continuum of care system of placing, tracking, treating and housing the specialty mental health population. (Lauren Rettagliata) I think it's a good motion and it should be pushed to the BoS and also all the advocates and commissioners should become very aware and push for this to happen. The sooner this happens, the better. We are way behind the 8-ball and it should have happened years ago. (Cmsr. Serwin) are there competing projects? (Teresa Pasquini) It's a planning grant and I believe they will be using this to develop a process for going after the grants and I don't know if it will be used for a formal assessment, which it should be. BHS needs to get a stakeholder process together, as well, which I think is the plan for these funds. It is unfortunate we don't have the formal needs assessment.
- (Lauren Rettagliata) In Kern County, we were looking at specialty mental health housing. I believe Cmsr. Swirsding's friend may be referring to a lot of what we see in our county, the funds go through H³ (Health Housing and Homeless Services) and 'No Place Like Home' funds are going to housing that really isn't accessible to those on the most needed end of the serious mental illness.
- (Cathy Botello) Alameda County, Natasha Paddock who is the Deputy Director. They are doing a lot of work putting up those pods and I think that would be a good resource to check into.

IX. DISCUSS review “Assessing the Continuum of Care for Behavioral Health Services: Data, Stakeholder Perspectives, and Implications”, State of California Department of Health Care Services, pp. 51-57 (Community Services and Supports) and pp. 95-98 (Availability of Inpatient Service)

I have outlined the pages regarding community services and supports and the availability of inpatient services. Both covered the main pieces of the continuum of care and would say it involves the placements we have been speaking on.

I was impressed by the amount of data work. It is a lot of existing data that was pulled together and the counties were surveyed on a variety of data. Unfortunately, we don't have that data for our county pulled out. Thus far, it seems they are doing as they said they would, in terms of it being based on data or incorporating data. The thrust of that is there is not enough infrastructure and too far demand.

(Teresa Pasquini) It would be helpful to have the CCC data pulled out this report. I know they said they did not keep it initially, but now we have it. There are some needs identified for CCC and wondering if we can get a presentation by someone in the county to spell that out. Again, as mentioned in the finance committee, you don't want to go through this huge report and have someone come back and say it's been decided we are doing this or that. We should all assume that first on the list is going to be placing Nierika and Nevin. That has to be the top priority because that loss is too impactful. I don't think that need is even in that report as it happened after this was published.

(Cmsr. Serwin) I highly recommend these two sections and the executive summary.

X. DISCUSS background information supporting the Quality of Care Committee motion, approved December 16, 2021:

“The Mental Health Commission advises Behavioral Health Services and the Board of Supervisors to fund a comprehensive needs assessment of the county's continuum of care system of placing, tracking, treating, and housing the specialty mental health population.”

We have identified we are missing a lot of data including:

- an inventory of existing placements from acute to crisis, from residential to supportive living
- an estimate of demand and an estimate of the need for additional placements
- we need to map where county clients are being treated now
- we need to understand the cost of housing and treating clients out of county, in addition to in county.

I noticed (for Santa Barbara) all the capital projects that were recommended to their BoS, the funds they were requesting cost neutral because of the savings from bringing patients from outside the county internally. That really blew my mind. There are big asks and stating they are cost neutral. We have a compelling argument for the background work and knowing what we need to know. I am wondering if there is anything I haven't mentioned that is missing from what we have been looking at or that we need different/other data needs. I was hoping to consolidate this motion down to what we have done and what we need.

Questions and Comments:

- (Teresa Pasquini) As a non-commissioner, I think you have done an excellent job in writing, researching and presenting this motion. If you have a supporting documents and present it with your motion, that will lead to more conversation and take it from there.
- (Cmsr. Serwin) I am in process of writing a draft email to Pat Godley and Steve Hahn-Smith asking for their insight and input into the cost of such a needs assessment (from their experience).
- (Cmsr. Swirsding) I shared with Cmsr. Wiseman regarding Arkansas and how they care for their severely mentally ill. They have excellent programs. One is a hospital that deals with severe mental health issues but also have substance abuse. They are all in the same hospital. It is all those with several and dual diagnosis. Their care and managing the like illness diagnosis, it is a better system of care.
- (Lauren Rettagliata) What you read off and had from your notes was excellent. I commend you for moving it forward to Pat Godley. I would suggest that before you send it off to her, you run it by Jennifer Bruggeman.
- (Angela Beck) Are there any changes to the language that was already approved? (Cmsr. Serwin) There is something, on word is catching me. Left as is and as was voted on in the December meeting.

From December 16th, 2021 Quality of Care Meeting (Agenda Item VII):

“The Mental Health Commission advises Behavioral Health Services and the Board of Supervisors to fund a comprehensive needs assessment of the county’s continuum of care system of placing, tracking, treating, and housing the specialty mental health population.”

Cmsr. G. Swirsding moved to approve the motion as read. Seconded by Cmsr. L. Griffin.

- **Vote:** 3-0-0

Ayes: B. Serwin (Chair), L. Griffin, and G. Swirsding.

Abstain: none

XI. Adjourned at 5:08 pm.