

**MENTAL HEALTH EXECUTIVE COMMITTEE  
MONTHLY MEETING MINUTES  
November 28, 2017 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b> Barbara Serwin called meeting to order at 3:15pm.</p> <p><b><u>Members Present:</u></b> Barbara Serwin, District II Diana MaKieve, District II Sam Yoshioka, District IV</p> <p><b><u>Commissioners Absent:</u></b> Duane Chapman, District I Gina Swirsding, District I</p> <p><b><u>Other Attendees:</u></b> Margaret Netherby, NAMI member Julie Kelley, Clinical Consultant for the Sheriff's Office/CAO- for Health Services/Detention Mental Health Services Victor Montoya, CCRMC/PES Jill Ray, Board of Supervisor field rep, District II Adam Down, MH Project Manager for BHS Administration</p>	<p><b>EA-Transfer recording to computer</b></p>
<p><b>II. Chair comments:</b></p> <ul style="list-style-type: none"> <li>• none</li> </ul>	
<p><b>III. Public Comments:</b></p> <ul style="list-style-type: none"> <li>• The Rapid Improvement Event, at Detention Health, is focusing on behavioral health in improving care</li> <li>• The Behavioral Health Division has mental health first aid, trainers are available to train staff at organizations, materials will be supplied (\$20 value), at no cost. Eight person minimum, up to 25 attendees, the course is eight hours on identifying people that are experiencing a mental health crisis. Looking to start classes in January/February. Or another option is to contact: Kathy Chiverton at Discovery Counseling Center for training.</li> </ul>	<p>*Contact –Adam Down for scheduling Crisis Mental Health training</p>
<p><b>IV. Commissioners Comments:</b></p> <ul style="list-style-type: none"> <li>• Member wanted an update regarding Chair's health and send regards</li> </ul>	<p>*</p>
<p><b>V. MOTION to APPROVE the minutes from the October 24, 2017 meeting.</b> <b>Sam Yoshioka moved to motion, Diana MaKieve seconded the motion. *No corrections</b> <b>VOTE: 3-0-0</b> <b>YAYS: Barbara Serwin, Diana MaKieve, Sam Yoshioka</b> <b>NAYS: none ABSTAIN: none Absent: Duane Chapman and Gina Swirsding</b></p>	<p><b>*Post approved final minutes to website</b></p>

<p><b>VI. DISCUSS whether or not to hold December Committee meetings and January 3 Mental Health Commission meeting</b></p> <ul style="list-style-type: none"> <li>• The Executive Committee and the Chairs of the MHS/Finance, Quality of Care and Justice Systems Committees will consider the option to not hold any meetings in the month of December, continuing with Committee meetings, regular schedules, in January of 2018.</li> <li>• Due to the New Year holiday, consideration will be taken regarding rescheduling the January 3 meeting to a later date</li> <li>• After the discussion, the consensus was to reschedule the Mental Health Commission meeting to the following week, Wednesday-January 10, 2018 at the same time, from 4:30pm to 6:30pm. The Executive Assistant will confirm the location of the meeting and inform the public at the December 6 Commission meeting.</li> <li>• The Commission will determine the agenda items for the January 10 meeting at the December 6 meeting</li> <li>• All Committee meetings will be cancelled for the month of December: MHS/FINANCE, QUALITY OF CARE, JUSTICE SYSTEMS and EXECUTIVE, and will resume the regular scheduled meetings in January.</li> <li>• <b>MHS/FINANCE and the Quality of Care will start on 3<sup>rd</sup> Thursday January 18, 2018, starting at 1pm. Both meetings will be at the same location at: 1340 Arnold Drive, suite 200, large conference room in Martinez</b></li> <li>• <b>Justice Systems and Executive Committee meeting will be on the 4<sup>th</sup> Tuesday, starting January 23, 2018, at 1pm. Both meetings will be at the same location at: 1340 Arnold Drive, suite 200, large conference room in Martinez</b></li> </ul>	<p><b>*EA will send out meeting locations, date and times to the public and distribute at 12/6/17 Commission meeting</b></p> <p><b>*The Mental Health Commission meeting will be held on 1/10/18, instead of 1/3/18</b></p> <p><b>*Committee meetings will resume their regular schedules in January</b></p>
<p><b>VII. DISCUSS whether to consider 2018 Committee Chair changes</b></p> <ul style="list-style-type: none"> <li>• Members discussed that it would be beneficial to the Committees, and to the current Chairs, to have someone new to Chair the Committees</li> <li>• There are some challenges, due to several membership vacancies on the Commission, therefore a lack membership in the Committees- primarily in the Quality of Care Committee and consistent attendance of the members in the Justice Systems Committees</li> <li>• The first step is assign Commission members on to a Committee and commit to attend the monthly meetings</li> <li>• Once membership is obtained, then Chairs can discuss with their Committee, who will be willing to step into the leadership role and responsibilities as Chair</li> <li>• Supervisors may appoint members to any vacant seat in their district, the district Supervisor makes the determination</li> <li>• There are several applications that have been submitted for membership and are pending appointment by the District Supervisor, to be determined by the District Supervisor</li> <li>• When all membership vacancies are filled, the consideration for changes will be discussed</li> <li>• Members/Vice Chair request that Adam/EA follow up with Supervisor's office regarding pending applications/appointments to fill seat vacancies, including attendees that have submitted their applications that are looking forward to becoming members</li> <li>• It was suggested, in previous years- Commissioners selected and</li> </ul>	<p><b>*Adam/EA will contact district Supervisor's office to request a status update regarding pending applications to fill vacancies and follow up with MHC</b></p> <p><b>*EA will include item to be discuss and determine options for Commissioners to choose a different Committee to change Chair and/or membership</b></p>

<p>ranked their preferences to Chair their Committee selection. The previous EA gave each Commissioner their first selection to Chair the Committee of their choice.</p> <ul style="list-style-type: none"> <li>• Other members agree that they would like the option to make changes to Chair another Committee or join a different Committee</li> <li>• It will be agendized for discussion at the Commission meeting on January 10</li> <li>• A clarification was made that there cannot be a quorum of the Commission, at any Committee meeting, to follow the Brown Act Regulations. At full Commission membership, no more than seven Commission members can be at any Committee meeting at one time. (Currently, there are 12 Commissioners, no more than six can be present at any given Committee meeting)</li> <li>• Five Commission members, to serve on a Committee, does not constitute a quorum of the Commission total membership of 15 (current membership stands at 12 members)</li> </ul>	
<p><b>VIII. REVIEW 2016 Annual Report and DISCUSS 2017 Annual Report</b></p> <ul style="list-style-type: none"> <li>• Committee goals will be discussed during the January meeting, along with Committee changes discussed in item VII</li> <li>• The process, regarding the Annual Report, starts with the individual Committee Chair/members, writing an annual report and passes them for approval by the Committee and forward to the Commission for approval. The Chair of the Commission consolidates the annual report and may include additional goals for consideration and submit the consolidated Commission report to the Director of Behavioral Health Services Division and to the full Commission for discussion and approval. Once approved, the Commission's annual report is forwarded to the Board of Supervisors for approval.</li> <li>• <b>Historically, all 80 advisory bodies put together an annual report, and submit it to the Board of Supervisors (BOS) in December, or January at the latest, and submitted as a consent item, on the Board of Supervisor's agenda for approval.</b></li> <li>• The previous Commission Chair choose to do a full presentation, in 2015, before the BOS of the MHC's annual report and included the White Paper, as part of the presentation before the Board. This type of action is not the norm and highly unusual. Only three presentations are allowed, per meeting, at BOS meetings</li> <li>• The 2016 annual report was submitted and processed late in 2017 due to the lack of clarity of the process</li> <li>• A suggestion was made to be watchful of the BOS agenda and when the annual report is agendized, selected Commissioners can attend the Board of Supervisor meeting and utilize the speaker card to obtain three minutes to speak (per person) and collectively mention a section/highlights of the Commission's report, vision and goals for the new year</li> <li>• The Vice Chair agreed to the suggestion made</li> <li>• In May, for Mental Health Awareness month, a proclamation is created and presented at the BOS meeting to the MHC, regarding stigma but does not cover the current work being done by the Commission</li> <li>• The Chair of the Justice Systems Committee has completed and submitted the annual report for the Committee, to be discussed and approved at the next Committee meeting</li> <li>• The MHSA/Finance Committee and the Quality of Care Committee Chairs will complete their annual reports, to be included in the</li> </ul>	<p><b>*Vice Chair (Chair for 2018) will follow suggestion when annual report is submitted to the BOS, and agendized, Commission members will be present at the meeting, for each to mention MHC highlights</b></p> <p><b>*The Chairs of the MHSA/Finance and Quality of Care Committees will complete 2017 annual reports and submit for approval of the Committee at the January 18 meeting</b></p> <p><b>*new Committee members will determine 2018 goals</b></p> <p><b>*Executive January 23 meeting,</b></p>

<ul style="list-style-type: none"> <li>meeting packets for January 18</li> <li>• Committee would like to discuss and determine the goals for 2018 at the January 23 meeting</li> <li>• All agreed that all Committees will complete their annual reports in January and make Committee changes of Chairs or membership and the new members will determine the goals for 2018 for each Committee</li> </ul>	<p><b>discuss MHC goals for 2018</b></p>
<p><b>IX. DISCUSS AGENDA FOR THE NEXT Mental Health Commission meeting on December 6, from 4:30pm to 6:30pm, at 2425 Bisso Lane in Concord</b></p> <ol style="list-style-type: none"> <li>1. Update on F&amp;HS Committee meeting (regarding the White Paper and the Grand Jury Report) –with Barbara Serwin (10 minutes)</li> <li>2. Alcohol and Other Drugs presentation-with Program Chief, Fatima Matal Sol (20 minutes)</li> <li>3. Update from Detention Mental Health Services- with David Seidner, Program Chief for Detention Mental Health (15-20 minutes) <ul style="list-style-type: none"> <li>• Julie Kelley, representing Behavioral Health Services in detention. Stating the mental health component in jail and the intense mental health treatment services in detention. Currently, there are approximately 70 inmates that are deemed “1370” (the penal code for incompetent to stand trial) out of an approximate total of 1400. Most are waiting for state hospital beds, compliant with their medications, following the program and most are doing well. There is usually a subset, of approximately 5-8 inmates that begin to decompensate quite rapidly because the refuse to take their medication. Detention Mental Health Services cannot force medications, even with a court order, it is very difficult to accomplish. In the past, these inmates have been sent to Santa Clara County to the Forensic Unit in their jail. Unfortunately, Santa Clara County is no longer contracting with any surrounding counties; therefore, options are very limited for these inmates</li> <li>• The Behavioral Health Director and the Health Services Director, in conjunction with the Sheriff’s Office, is seeking a 1369.1 designation. This means that a portion of the jail, will be set aside as a treatment facility, to provide treatment for inmates refusing medications. There will be an option to provide a “Riese hearing” or antipsychotic medication capacity hearing. (A facility-based hearing to determine person on any of the LPS holds, other than a temporary conservatorship or conservatorship, has the capacity to refuse psychiatric medications). If the person is found incompetent, then medications can be given in detention and decrease the amount of decompensation that is happening. Currently, Detention Mental Health (DMH) does not have the ability to force medications. Because Detention Mental Health is not a treatment facility, it must be approved by the Board of Supervisors, to request that DMH is designated as such. The Board Order is agendized for the next BOS meeting on 12/5/17. It is the beginning to address the issues for the few inmates that require treatment</li> <li>• As services are expanded within Detention Mental Health, for the seriously mentally ill, more can be done for inmates suffering with mental illness and the Mental Health</li> </ul> </li> </ol>	<p><b>*Forwarded to committee Chairs to discuss with their committee members and submit to MHC for the 1/10/18 agenda, along with each committee’s goals</b></p> <p><b>*forward to the MHC meeting on 12/6/17 Detention Mental Health discussion with Program Chief, David Seidner</b></p> <p><b>*Items 1, 2, 3 and 5 will remain on the agenda for the 12/6/17 MHC meeting</b></p> <p><b>*Item 4 will be forwarded to the 1/10/18 meeting agenda</b></p> <p><b>*The Chair of the MHC will pass on the gavel to the incoming 2018 elected Chair on 1/10/18</b></p> <p><b>*Discuss the changes in membership and Chairs for 2018 at the MHC meeting on 1/10/18</b></p> <p><b>*Receive Committee reports/updates at MHC meeting on 1/10/18</b></p>

<p>Commission's support can help in assisting in the endeavor, to stop the suffering of the mentally ill in detention.</p> <ul style="list-style-type: none"> <li>• Other Counties, throughout the state, are leading in the same direction towards expanding their mental health services for the inmates in detention</li> <li>• Medications would be administered by a nurse, or a doctor, restraining the inmate in need of the medication, so that they can receive the necessary treatment, to end suffering and be able to progress with further treatment, while protecting the inmates civil rights</li> <li>• Policies and procedures will be reviewed from other implemented treatment programs from the other counties and developed, to adapt to the new facility designation (Tehama County is currently operating under 1369.1)</li> <li>• Inmates that go to the State hospital are restored but have to be returned to the county for Judication of their case and may experience a relapse</li> <li>• A summary was provided for attendees and will be included in the meeting packet for the next Mental Health Commission on December 6</li> <li>• The goal is that the people in detention, will receive the same level of treatment and care, that is offered outside of detention, so that the person can be restored</li> <li>• Initiating the new treatment facility, at the Martinez detention, will be one step in the process of treating the severely mentally ill in detention, hoping that as the person stabilizes, they will be able to step down into the new program that will be offered in the West County detention expansion in the future</li> <li>• The Program Chief for Mental Health Detention, David Seidner, will present updates at the Commission meeting on December 6</li> </ul> <p>4. Special Report: MHSA/FINANCE Committee Report on BHS Budget (20)</p> <ul style="list-style-type: none"> <li>• Member advises to push item to the January 10 meeting, starting with the information that was received by the County's Finance office on November 16, to provide the Chair of the Committee more time to prepare for the Commission presentation</li> </ul> <p>5. Honor outgoing Chair, Duane Chapman, by Supervisors and Commission (25)</p> <ul style="list-style-type: none"> <li>• The Certificate of Appreciation, from the Board of Supervisors, for the service Duane Chapman has provided during his term as the Chair of the MHC, will be presented to him by the Board of Supervisor, Candace Andersen, at the 12/6/17 meeting</li> <li>• The Vice Chair proposes for each person to write down one word on a piece of colored paper, from their heart, that describes Duane, collect all the papers and give them to Duane to cheer him up during his daily battle with his health issues</li> <li>• The Vice Chair will present him with flowers and provide colored paper and pens to the Commission</li> <li>• Vice Chairs of the Committee can step into the Chair role, if they choose to do so and members can transfer to another</li> </ul>	
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<p>Committee of their choice</p> <ul style="list-style-type: none"> <li>• Diana MaKieve was interested in switching from the MHSA/Finance Committee to the Quality of Care Committee for 2018</li> <li>• Adam/EA will inquire if MHSA Program Manger is available to answer additional budget questions and updates, including the community forum, possibly for the February 7, 2018 meeting</li> <li>• Prop 47- reentry project program, in Antioch, regarding low offenders entering treatment program with Program Chief of Adults and Older Adults, possibly for 1/10/18, Adam will check regarding availability</li> <li>• EQRO- changes in strategic initiatives (Adam)</li> </ul>	
<p><b>X. DISCUSS agenda for the next Executive Committee meeting- in January 2018</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>*Moved to discuss 1/10/18</b></p>
<p><b>XI. Adjourned at 4:42pm</b></p>	

FINAL MINUTES APPROVED ON 2/27/18