CONTRA COSTA MENTAL HEALTH COMMISSION

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Current (2019) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Leslie May, District V(Vice Chair); Supervisor Diane Burgis, BOS Representative, District III; Joe Metro, District V; Douglas Dunn, District III; Graham Wiseman, District II; Geri Stern, District I; Gina Swirsding, District I; Tasha Kamegai-Karadi, District IV; Sam Yoshioka, District IV; John Kincaid, District II; Katie Lewis, District I; Kira Serna, District III; Candace Andersen, Alternate BOS Representative for District II

Mental Health Commission (MHC)
Wednesday, November 6th, 2019 ◊ 4:30pm-6:30pm
At: 550 Ellinwood Way, Pleasant Hill, CA

I. **Call to Order/Introductions**

II. **Public Comments**

III. **Commissioner Comments**

IV. **Chair Comments/Announcements**

V. **APPROVE September 4, 2019 Meeting Minutes**

V. **RECEIVE Behavioral Health Services Report to include update of re-filling the role of Executive Assistant to the Mental Health Commission**

VI. **REVIEW bylaws pertaining to the development of slates for 2020 Commission Chair, Vice Chair and sub-committee Chairpersons, APPOINT a Nominating Committee to oversee the process, and DEVELOP slates**

VII. **REVIEW the October 2 Mental Health Commission retreat and develop lessons learned**

VIII. **REVIEW Psychiatric Emergency Services (PES) report draft time-table to address shortfalls**

IX. **DISCUSS and DEVELOP locations and suggested speakers to attend upcoming Mental Health Commission full Commission meetings and DISCUSS membership for Commission sub-committees**

X. **Adjourn**

SECTION 4. CLOSED SESSION
The Commission may not conduct closed sessions.

SECTION 5. SPECIAL MEETINGS
Special meetings of the Commission may be called at any time by the Chair or by a majority of the members of the Commission in accordance with the Brown Act and the County's Better Government Ordinance.

SECTION 6. OPEN MEETINGS
All meetings of the Commission, including all meetings of its Executive Committee, standing committees, task forces and ad hoc committees shall comply with the Brown Act and the County's Better Government Ordinance.

SECTION 7. DECISIONS AND ACTIONS OF THE COMMISSION
Unless otherwise stated, all matters coming before the Commission for action shall be determined by a majority of the Commissioners appointed.

SECTION 8. ADDRESSING THE COMMISSION
Public Comment shall be allowed on any items of interest to the public that are within the subject matter jurisdiction of the Commission, both agendized and non-agendized items, in accordance with the Brown Act and the County's Better Government Ordinance. The Chairperson may limit the amount of time a person may use in addressing the Commission on any subject, provided the same amount of time is allotted to every person wishing to address the Commission.

ARTICLE VI
NOMINATION, ELECTION AND REMOVAL OF OFFICERS

SECTION 1. NOMINATION OF OFFICERS AND EXECUTIVE COMMITTEE MEMBERS

1.1 Ad Hoc Nominating Committee
An Ad Hoc Nominating Committee shall be appointed in the month of August. During the September meeting, the Ad Hoc Nominating Committee shall announce the solicitation of nominations from the Commission members and obtain the nominee's consent to serve. At the October meeting, a slate of nominees will be announced.

1.2 Nominations
In the event of a vacancy in the office of Chairperson, Vice Chairperson or an Executive Committee member during the term of office, nominations will be taken, nominees' consent to serve will be obtained, and nominees will be announced at the next regularly scheduled Commission meeting.

SECTION 2. ELECTION

2.1 Timing of
The Commission shall elect a Chairperson, Vice Chairperson and members of the Executive Committee at the November or next regular meeting of the Commission following the announcement of nominations as set forth in Section I.

2.2 Assumption of Office

The newly-elected Chairperson, Vice Chairperson and Executive Committee shall assume office January 1 and serve through December 31 of that year. In the case of a mid-term appointment, the elected Chairperson, Vice Chairperson or members of the Executive Committee will complete the remainder of the normal term.

2.3 Conduct of Election

The election will be conducted publicly through the use of signed ballots. Ballots will be announced and counted publicly by the Ad Hoc Nominating Committee. The election of each officer will carry with a majority vote of the Commission. In the case of a tie vote, the Commission may re-cast ballots until the tie is broken. If, in the opinion of the Chairperson, the tie will not be broken within a reasonable number of attempts, the election may be deferred until the next scheduled Commission meeting and the current seated officer will remain in office until a new officer is elected.

SECTION 3. TERMS OF OFFICE

The Officers of the Commission, the Chairperson and Vice Chairperson, shall serve no more than three (3) consecutive terms of one year each in the same position. This will not preclude an individual from serving as Chairperson or Vice Chairperson after one (1) year of having not served.

SECTION 4. REMOVAL OF OFFICER

4.1 Grounds for Removal

The Commission, by a majority of the Commissioners appointed, may remove the Chairperson and/or Vice Chairperson from office and relieve him/her of his/her duties

4.2 Nominations After Removal

In the event of removal of the Chairperson and/or Vice Chairperson, the Ad Hoc Nominating Committee shall meet and present nominations for the vacant position(s) at the next regularly scheduled Commission meeting.

ARTICLE VII
DUTIES OF OFFICERS

SECTION 1. DUTIES OF THE CHAIRPERSON

1.1 Meetings

a) The Chairperson shall preside at all meetings of the Commission and perform duties consistent with these Bylaws and the Welfare and Institutions Code
b) The Chairperson shall conduct meetings, maintain order and decorum, and decide questions of procedure in accordance with these Bylaws and in consultation with County staff via the Executive Assistant to the Commission.
c) The Chairperson shall conduct all meetings in the manner required by the Brown Act and the County's Better Government Ordinance.

1.3 Other Duties

The Chairperson shall be in consultation with the Mental Health Director.

SECTION 2. DUTIES OF THE VICE CHAIRPERSON

In the event of the Chairperson's absence from a Commission meeting or inability to act, the Vice Chairperson shall preside and perform all duties of the Chairperson. In the case of removal of the Chairperson, the Vice Chairperson shall perform all duties of the Chairperson until new elections can be held.

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

Mental Health Commission
Retreat

October 2, 2019

Small Group Discussion: Topical Issues for Care Providers and Receivers

Group I:

- STAND
  - ◊ Need for fundraising
    - Contracts with the State that provides only about 10% of administrative expenses but the cost of business is actually 25%
    - Fundraising is needed to continue operations
  - ◊ Challenge of keeping high quality employees
    - They work with the County and are required to take extensive training for these highly skilled positions
    - Training takes staff away from work and they cannot bill for that time
  - ◊ Cost of Facilities
    - Have current facility only for 34 more months
    - Must now look for an appropriate and affordable facility
- Asian Community Mental Health Services (ACMHS)
  - ◊ Also assist many Cambodian and Asians
  - ◊ Challenging because many do not speak, read or write English
  - ◊ Do not know where to get help from the County or other sources
  - ◊ Some were abused by the government in their home countries and are fearful of the government here
  - ◊ Some become homeless and even suicidal rather than seek help
  - ◊ We need to contact to encourage them to reach out for help
  - ◊ With our program, we perform outreach and help them get treatment
  - ◊ The program is going well but we still need a lot of help

Group II:

- Thank you to the Director of Health, Supervisor Andersen's office and administrators at this table as you all do a lot for the community
- Seneca is also represented here
    - ◊ They work with children, go to the schools and help families
    - ◊ They go out into the community to help
- Older Adults are also represented here
- Had a good mixture of people at this table

Group III:

- Contra Costa Interfaith Housing
    - ◊ For those who leave the program, they need more affordable housing
- There is inadequate support for those suffering from acute mental illness
- Need more Institutions for Mental Disease (IMD's) and Assisted Outpatient Treatment (AOT) services
- RYSE Program
    - ◊ Young people are dealing with trauma and stress while living within the trauma
    - ◊ They need community help
    - ◊ Most people treated are people of color (Black and Brown people)
    - ◊ They need to be treated with respect instead of being dehumanized or experience structural racism
    - ◊ Need more licensed professionals
- Building Blocks for Kids (BBK) Program
    - ◊ Model behaviors for the children who have behavioral problems
    - ◊ Primarily work with women of color (Black women)
    - ◊ Generational issues are continuous – we try to break that cycle
    - ◊ We teach the whole family (across generations) better behaviors
    - ◊ Parents and youth are stressed out and need support
- The need for support is the common thread here among topics
- Some current practices dehumanize the individual
    - ◊ Need to ensure values and culture are aligned

Group IV:

- Two people at the table work with the developmentally disabled population
    - ◊ Parents seeking help find their children are falling through the cracks
    - ◊ Cannot find therapists who can work with the disabled population who have mental health issues
    - ◊ Down Syndrome Clients can become depressed
        - They have issues with communication
        - Hard to find providers who can help these clients

- AOT Workers
    - ◊ Work with clients with Axis I diagnosis and Autism
    - ◊ These clients need special support and to be taught social skills, etc.
- Two people at this table work with the Native American Community
    - ◊ It is challenging finding therapists who can work with this community
    - ◊ Obtaining scholarships designated for the Native American Community is challenging
    - ◊ Currently trying to get MediCal certification for their site in Richmond to enable them to provide more services
- Need cultural competency when providing support and services

Group V:

- Contra Costa Crisis Center
    - ◊ Biggest challenge is getting the community to spread the word about "211" and what it can do
    - ◊ Many people think of 211 for homeless services
    - ◊ But, can contact and we can do so much more
    - ◊ Looking to Behavioral Health and Community Based Organizations to provide information of all services and support 211 can provide
- Compensation for Staff Inadequate
    - ◊ Contra Costa not kept pace with other Counties in the Bay Area
    - ◊ The County is suffering a large Brain Drain
    - ◊ Community Based Organizations can no longer obtain staff or keep staff
- Services provided are driven by insurance coverage
- Contracted rates of reimbursement to CBO's is a major issue
- Some providers are classified to service only the mild to moderate mental health issue patients
- Cultural Competency – Need Community Support Workers (CSW) that are bilingual (especially in Spanish)
    - ◊ Due to inadequate compensation, cannot obtain or retain these CSW's

Group VI:

- Barriers to success
    - ◊ No Reporting Unit (RU) number for billing
    - ◊ County demographic information
    - ◊ Need access to electronic medical records
    - ◊ This population is aging so their medical care is exceeding the cost for their mental health care
    - ◊ No clear exit strategy for someone in a Behavioral Health program
        - Homelessness, transitional housing?
    - ◊ Programs need to address these issues and come up with a strategy

Large Group Topic Discussion (Summary of Topics and Suggested Solutions)

Group A:

- How to reach out and be culturally responsive to understand populations
    - ◊ Ensure demographic information is accurate – to accurately assess demand and need
    - ◊ Be able to recruit and retain clinicians (especially those culturally aware or who are members of the group being served)
    - ◊ Develop education pipelines – i.e. start education at community college and then can proceed into a licensed program
    - ◊ Want to recruit from areas where services are being provided in the community

Group B:

- Sharing client treatment information verses respecting confidentiality
    - ◊ Even difficult to share information among providers
    - ◊ Many clients do not want the information shared with family members
    - ◊ Family members become upset as they want to help the client
    - ◊ Another issue when the client is a child – especially children in Psychiatric Emergency Services - it is vital to share information with the parents
- How to overcome these challenges
    - ◊ See why family members are estranged
    - ◊ See what programs can be provided
    - ◊ Work to strengthen client and caregiver relationships
    - ◊ Legislation – prioritize care and treatment over autonomy to help promote communication between the treatment team, family members and caregivers
    - ◊ Work to strengthen awareness and reduce stigma of mental illness issues
    - ◊ Make people more comfortable speaking about their mental health issues

Group C:

- Topic – How complicated insurance becomes – MediCare, MediCal, Social Security,
- Differences and nuances are overwhelming to clients and their families and also to providers
- 211 is very helpful and is a good place to start
- 211 Poster information should be placed strategically at hospitals, police departments, schools

Group D:

- Need a system that promotes healing central values
- Holistic approach – what does healing really look like?

Group E:

- The Challenge – The family wants treatment for a loved one but the client declines treatment
    - ◊ Clients may deny the severity of their illness which can lead to resistance
    - ◊ Has a huge emotional and financial toll on the family
    - ◊ Clients may not trust the system, the family
- Opportunities
    - ◊ Mediation, incentive program
    - ◊ Mentoring program with case managers and peers

Group F:

- Faculty and Behavioral Health Care
    - ◊ Acknowledged that school faculty are overloaded and are also dealing with students who are have mental health issues
    - ◊ Schools, faculty and teachers do not know how to address mental health issues
    - ◊ Students could be dealing with abuse at home, substance abuse, violence, homelessness
    - ◊ There is a lack of engagement with families and school personnel
    - ◊ There are few or no clinical personnel on school sites
    - ◊ Suggestions
        - More training from K-12 level but shortage of funding to support this
        - Support resources for schools and teachers (i.e. 211)
        - Train staff how to navigate through various service systems
        - Use peer support (i.e. former students)
        - Provide family support partners, parent liaisons
        - Student groups (i.e. focus on social skills, anti-bullying, self-esteem building)
        - School Districts in the County could have representation on the Mental Health Commission – become liaisons between the School Districts and Behavioral Health

PES Draft Timetable and Questions
MHC Joint Finance and Quality of Care Meeting, 10/17/19
10/16/19, Barbara Serwin

Milestones	Dates
Meet with Supervisor Burgis as MHC member for BOS perspective	By 11/15/19
Complete tours, research and collating of information	Through 11/19
Complete interviewing staff	Through 11/19
Meet with Health Services, CCRMC and Finance re: concerns, ideas, goals	Through 11/19
First draft timed for review at December BHCP meeting and MHC Quality of Care meeting; reviews by PES, BHS, CCRMC staff at their discretion	BHCP meeting date TBD MHC QC meeting 12/19/19 Staff meetings TBD
Second draft time for review at January BHCP meeting and MHC Quality of Care meeting; reviews by PES, BHS, CCRMC staff at their discretion	BHCP meeting date TBD MHC QC meeting 1/16/20 Staff meetings TBD
Final draft two weeks later in time for presentation at February MHC full Commission meeting and February meetings of other Community organizations and committees	MHC full Commission meeting 2/5/20 Other org/committee meetings TBD
Sign-offs complete	2/28/20
Report send to BOS F&HS Committee	3/2/20
Distribute within the Community	3/2/20
Present to BOS F&HS Committee	Date TBD

Current Questions/Research Needs

- How to best obtain community feedback
  - Have each committee/organization collate feedback
    OR
  - Host MHC meeting for input; BHCP host a second meeting for input
  - Final draft to be signed off on by each committee/party
- Regulatory and financial concerns about any PES facilities remodeling and / or expansion
- Do we actually need to see existing plans for the purposes of this report?
- Other major roadblocks?