

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
November 6, 2019 – Final**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Cmsr. B. Serwin, MHC Chair, called the meeting to order @ 4:38pm</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Katie Lewis, District I Cmsr, John Kincaid, District II Cmsr. Graham Wiseman, District II Cmsr. Diane Burgis, Supervisor, District III Cmsr, Douglas Dunn, District III Cmsr. Kira Serna, District III Cmsr. Joe Metro, District V</p> <p><u>Members Absent:</u> Cmsr. Gina Swirsding, District I Cmsr. Geri Stern, District I Cmsr. Tasha Kamegai-Karadi, District IV Cmsr. Sam Yoshioka, District IV Cmsr. Leslie May, Vice-Chair, District V</p> <p><u>Other Attendees:</u> Dr. Suzanne Tavano, Behavioral Health Director, Contra Costa Behavioral Health Services (CCBHS) Dr. Matthew White, Medical Director, CCBHS Warren Hayes, MH Program Chief, CCBHS Audrey Montana (MHA - filling in for Executive Assistant to the MHC) Robert Thigpen (Contra Costa Behavioral Health Services) Christy Pierce (Public Defender’s Office) Dr. Heather Brostrand Alana Russaw Anna Lubarov</p>	<p>Complete Audio Recording available</p>
<p>II. PUBLIC COMMENT:</p> <ul style="list-style-type: none"> • Dr. Heather Brostrand: Previously worked for Contra Costa County Behavioral Health Services. Her topic is Licensed Professional Clinical Counselors (LPCC). This is a new license (2011) for California. State confirmed these licensees are equivalent to Licensed Marriage Family Therapists (LMFTs) and Licensed Clinical Social Workers (LCSWs). All licensed by the Board of Behavioral Health Sciences. She received her license in Mental Health Vocational Services in 2013. She and colleagues wanted to use this license in the County. Met with the Union and a member of the Board of Supervisors. This effort did not work. She is starting practice in this County. Is aware the County needs Licensed Clinical Counselors. LPCC can bill MediCal. The County has not added LPCC to listed job descriptions. Most other Counties in California recognize LPCC professionals and treat them as equivalent to LMFT and LCSW professionals. There are many highly qualified LPCC’s who want to provide services in Contra Costa County. Dr. Brostrand asked for help in making this change. 	
<p>III. COMMISSIONER COMMENT:</p> <ul style="list-style-type: none"> • K. Monterrey: Recommend we schedule visits as a Commission to visit different County sites. This can help us understand issues 	

<ul style="list-style-type: none"> • J. Kincaid: Yes. Better to do site visits with a procedure and as a group. As to LPCC's, their curriculum is similar to MFT's. Is getting closer to being a nationally recognized license. Who can update policies? Personnel? • K. Lewis: From the Mental Health Commission Retreat, saw the need for a school educational Pipeline from Behavioral Health to provide more service providers to schools. Perhaps best to meet first with Dr. Tavano and Dr. White and then agendize this topic for the Mental Health Commission. 	
<p>IV. CHAIR COMMENTS: B. Serwin:</p> <ul style="list-style-type: none"> • The Quality of Care Committee is setting up a site visit practice and guidelines. But, can still conduct Commission site visits before these procedures are finalized. The LPCC issue will be on the January Agenda. • For the January Mental Health Commission meeting, recommend changing date from January 1st to January 8th due to the New Year holiday. 	<p>--Topic for January Agenda (LPCC's) --January meeting date changed to – January 8, 2020</p>
<p>V. APPROVE September 4, 2019 Meeting Minutes</p> <ul style="list-style-type: none"> • D. Dunn moved to approve the minutes, seconded by Kira Monterrey Vote: 8-0-0 Ayes: B. Serwin (Chair), D. Dunn, J. Metro, D. Burgis, G. Wiseman, K. Lewis, K. Monterrey, J. Kincaid, J. Metro <p>RECEIVE Behavioral Health Services Report to include update of the re-filling of the role of Executive Assistant to the Mental Health Commission</p> <p>Warren Hayes (Mental Health Program Chief):</p> <ul style="list-style-type: none"> • The new Mental Health Commission Executive Assistant will be Alexander Ayzenberg (Administrative Analyst). Has a Bachelor and Master's Degree in Market Research. He has experience in the private sector, currently works for the County, is well qualified and highly recommended. He will start November 12th. <p>Dr. Suzanne Tavano (Mental Health Director, Behavioral Health Services):</p> <ul style="list-style-type: none"> • Department of Health Care Services (DHCS) report and CalAIM: Two MediCal waivers will expire in 2020. State will redesign the MediCal, Medicaid delivery system (re physical health, behavioral health, whole person care, specific projects). Referenced part of DHCS Concept Paper in the report related to Mental Health and Substance Abuse services. Can google "DHCS CalAIM" for additional information. CalAIM project has three goals: (1) identify and manage member risk and need through whole person care approaches, (2) Move MediCal to a more consistent and seamless system by reducing complexity and increasing flexibility and (3) improve quality outcomes, use value-based initiatives, modernization of systems and payment reform. Administration documentation reduced allowing for more flexibility. Payment reform - moving away from the cost reimbursement basis to a value-based system. Performance based and attention to outcomes. Good fundamental transformation to the system. First stakeholder meeting was last week for a total of five. Will be identifying and then focusing on priority populations. 	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>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</p> <p>Warren Hayes (Mental Health Program Chief):</p> <ul style="list-style-type: none"> • According to the By Laws, each calendar year (January) there must be a newly elected Chair, Vice Chair and Executive Committee. The Chair has three-year term limit. The Full Commission appoints the Nominating 	

<p>Committee that runs the internal election process for these two positions and the Executive Committee.</p> <ul style="list-style-type: none"> • Today, we need to appoint a Nominating Committee. Open a period to develop a slate. Can volunteer or nominate someone who would have to agree. In November, the Nominating Committee will look at the December election process during a teleconference. This will be an Agenda item for December. • Also accepting volunteers to serve on the sub-committees. Will later establish membership for the sub-committees. Will also notify Commissioners not present at today’s meeting of these vacancies and opportunity to volunteer to fill these positions. The By Laws do not have a Duty Description of the positions. Warren Hayes will provide such information. • Chair and Vice Chair time requirements depends on issues arise. Chair sets the Agendas and works on the Annual Report. <p>Barbara Serwin (Chair, Mental Health Commission):</p> <ul style="list-style-type: none"> • Asked for those interested in serving on the Nominating Committee. Can decide between now and December – can contact Warren Hayes to inform the Nominating Committee. Volunteers: Graham Wiseman, John Kincaid. • Taking names of those interested in positions: Chair, Vice Chair, Members of the Executive Committee (Chair, Vice Chair with three to five members total). • J. Kincaid responded he will continue on the Executive Committee. • Time requirements – Executive Committee has a monthly meeting. 	
<p>VII. REVIEW the October 2 Mental Health Commission retreat and develop lessons learned</p> <ul style="list-style-type: none"> • K. Lewis: Liked selecting actual useful issues, working in subgroups and working to address the issues. This Retreat was action oriented. Valuable and would like to see that continue. • G. Wiseman: Good to be able to talk and share. Next retreat perhaps can move around to different groups. What was difficult was the sharing exercise (What do you value (privacy) – listening activity). • K. Monterrey: Liked having Community Organizations. Got to know the people and the different resources. • Dr. M. White: Was a great event. Yes. Mixing of groups at tables would provide a good flow. • Dr. S. Tavano: Was this a right mix with the Community Based Organizations or do we need others to attend? Different orientations? For this retreat, we tried to make it a diverse sampling. • K. Lewis: Everyone who was there was great. Can we get a list of those attending? Did we tell the CBO’s how they could utilize the Commission? We should inform them. • D. Dunn: Suggest change CBO’s and invite others at future retreats. Provides for more diversity. • B. Serwin: We as Commissioners learned as well. We will invite CBOs to present – what they do, services they provide, challenges they face. 	
<p>VIII. REVIEW Psychiatric Emergency Services (PES) report draft time-table to address shortfalls</p> <p>B. Serwin, Chair Mental Health Commission:</p> <ul style="list-style-type: none"> • Psychiatric Emergency Services Report <ul style="list-style-type: none"> ◇ Collected information from the Community especially from June meeting ◇ Need input from PES, Contra Costa Regional Medical Center, Finance, Behavioral Health Services (BHS), Health Services-concerns, ideas, goals. 	

<ul style="list-style-type: none"> ◇ Commission is putting report together for Board of Supervisors on behalf of the Community. B. Serwin will initially meet with D. Burgis to discuss the report. The Community will be able to review the report. The goal is to be able to distribute this report to the Community by March. Also input Behavioral Health Services staff and partners (i.e. CPAW, Children’s Committee, NAMI). Will have a second draft then a final report. Will have facts and prioritized recommendations. The report will be submitted to the Board of Supervisor’s Family and Human Services Committee. ◇ The report will focus on the architectural/physical aspect of PES and the soft issues (problem solving, priorities, working with BHS). ◇ Dr. S. Tavano: Contra Costa County was the first to open a crisis stabilization unit decades ago. Then was a smaller population with less clients. The MediCal system changed. Now up to ten thousand visits a year at PES. Other hospitals have eliminated these units -stopped psychiatry care. Also has been a decline in Medicaid eligible inpatient units. ◇ Dr. M White: The acuity level of the clients increased, methods changed. ◇ B. Serwin: Will meet with BHS leadership and experts for good ideas also NAMI and CPAW Children’s Committee have been documenting the issues with PES for many years. ◇ J. Kincaid: Need to look at funding and what is feasible to do. ◇ D. Dunn: Will need to work with Finance and Contra Costa Regional Medical Center as regulatory issues. Must be creative. Should look at facilities across the country. ◇ K. Lewis: Cross County facilities would be good idea. Would be great to have a facility in West County. 	
<p>IX. DISCUSS and DEVELOP locations and suggested speakers to attend upcoming Mental Health Commission full Commission meetings and DISCUSS membership for Commission sub-committees</p> <ul style="list-style-type: none"> • B. Serwin: Have held Commission meetings at different parts of the County. Goal is to attract the public in those specific areas and receive input from the Community. Need better communication to inform the public of the meetings. Also need Agendas with issues related to that specific area. Welcome suggestions as to areas the Commission could have meetings. • G. Wiseman: The City of San Ramon donates space. Has a monthly Mental Health Council. Suicide Prevention recently held a forum there. The City would advertise and is eager to offer space. Can invite law enforcement to provide their experiences and recommendations especially regarding 5150 holds. These are also relevant topics for East County. • D. Dunn: In East County, homelessness is a major issue. Due to traffic, may need to meet prior to the rush hour (i.e. 11 am or 1 – 3 pm). But, an issue with parents picking up children from school. Suggest a weekend meeting. • D. Burgis: Should meet in each Supervisorial district. Commissioners from each district can help organize the meeting, focus topics. We could partner with a Community Based Organization and focus on the important issues for that specific district. The issue of schools and veterans could be issues. Recommend focus next year on issue of homelessness. • K. Lewis: For West County, there are several relevant topics: The Police, 5150 holds, mobile crisis, the distance from psychiatric units, Immigration, trauma, issues for Hispanics and the large homeless population. • Dr. S Tavano: Suggest Contra Costa County meet with other counties’ Mental Health Commission and AOD committees. Suggest a combined meeting of the Mental Health Commission and AOD once a year to discuss crossover topics. 	
<p>VII: Adjourned Meeting at 6:18 pm</p>	