



CONTRA COSTA
MENTAL HEALTH
COMMISSION

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cchealth.org/mentalhealth/mhc

**Mental Health Commission
Executive Committee**

Tuesday, February 23, 2021 from 3:30 – 5:00 pm

Via: Zoom Teleconference:

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

Join by phone:

1 646 518 9805 US

Access code: 609 413 6195

AGENDA

- I. Call to Order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair announcements**
- V. APPROVE minutes from the January 26, 2021 meeting**
- VI. DISCUSS potential 2021 Commission-wide goals, including number of goals, scoping of goals, work involved with goals. Goals discussed to date are:**
 - **Contribute to Crisis Intervention Efforts:** Track on and contribute in a significant way to the county-wide efforts to develop a new Crisis Intervention model.
 - **Create a plan for Smoking Cessation:** Work with Behavioral Health Services and the Tobacco Prevention Program to create a plan for eliminating smoking in Behavioral Health Services- and CBO-operated programs and services and congregant living.

(Agenda Continued on Page Two)



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.

- **Create a Plan for Value Stream Mapping Event to Increase Number of Treatment Beds and Supportive Community-Based Housing:** Work with Health Services and Behavioral Health Services to create a plan for a Value Stream Mapping event focused on significantly increasing the number of placements available to house AND treat consumers along the continuum of mental health care provided by the County. This includes placements from the most restrictive and intensive care environments down to community housing with supports. This goal moves forward the Commission's 2020 motion to recommend a "Housing That Heals" Value Stream Mapping event to the Health Services Director.
- **Create a plan for Value Stream Mapping Event for Conservatorships:** Work with Health Services and Behavioral Health Services to create a plan for a Value Stream Mapping event focused on significantly improving the functioning, accountability and transparency of the process of creating and managing LPS conservatorships. This goal moves forward efforts by the Justice Committee to 1) define the issues and challenges faced by parents and other guardians in seeking a conservatorship for their adult children; and 2) define the problems faced by the County conservatorship process, including a lack of treatment beds and lack of oversight.
- **Perform a Set Number of Site Visits:** Perform 6 to 8 site visits in 2021.

VII. DISCUSS open Commission seats

VIII. DISCUSS Mental Health Commission participation on the Community Crisis Response Initiative Design team, including make-up of the team, purpose, role, commitment, status of team progress

IX. DETERMINE March 2021 Mental Health Commission meeting agenda

- **Presentation by Gerold Loenicker, Chief of Behavioral Health Services Children's Division re: TBD**
- **Presentation by TBD of: 1) An overview of the settlement negotiated between the County and the Prison Law Office regarding the medical and mental health facilities and services provided at the Martinez Detention Facility; 2) An overview of work completed to date by the Martinez Detention Facility and timeline for future work**
- **Choose 2021 Commission-wide goals**
- **Vote on by-laws changes (re: attendance of full Commission meetings and mandatory Committee membership and attendance)**
- **Behavioral Health Services Director's Report**

(Agenda Continued on Page Three)

X. IDENTIFY questions for the Behavioral Health Services Director for the Mental Health Commission March 3, 2021 meeting

XI. Adjourn

ATTACHMENTS:

- A. Mental Health Commission membership**
- B. Current applicants to the Mental Health Commission, position they are applying for, and the district/Supervisor they are applying to**
- C. Mental Health Commission By-laws, Section 4 on “Vacancies and Recruitment”**
- D. Contra Costa Community Crisis Response Initiative Welcome Email Community Crisis Response Value Stream Mapping Report Out**
- E. Notes on proposed 2021 goals**

ATTACHMENT A

Name	District	Position	Appointed	Expires
Gina Swirsding	I	Consumer	8/8/2017	6/30/2023
Geri Stern	I	Family Member	8/8/2017	6/30/2023
Kate Lewis	I	Member-at-Large	5/21/2019	6/30/2022
Barbara Serwin	II	Consumer	9/13/2016	6/30/2022
Graham Wiseman	II	Member-at-Large	7/1/2019	6/30/2022
John Kincaid	II	Family Member	9/11/2018	6/30/2021
VACANT	III	Consumer		
Douglas Dunn	III	Family Member	2/9/2016	6/30/2022
Kira Monterrey	III	Member-at-Large	7/9/2019	6/30/2022
VACANT	IV	Consumer		
VACANT	IV	Family Member		
Alana Russaw	IV	Member-at-Large	1/14/2020	12/31/2022
Laura Griffin	V	Consumer	2/25/2020	6/30/2022
Leslie May	V	Family Member	2/13/2018	6/30/2021
Joe Metro	V	Member-at-Large	5/22/2018	12/31/2020
Representatives from the Board of Supervisors:				
Supv. Candace Andersen Alternate Representative	II			
Supv. Diane Burgis Representative	III			

ATTACHMENT B

APPLICANT	DISTRICT	DATE APP REC'D	NOTES
Ciullo, Ashley	IV	1/14/2021	
Cole, Terrence	IV	9/29/2020	
Cowing, Candace	II	2/17/2021	
Coyle, Michael	IV	1/18/2021	
Dandie, Latanya	I	12/18/2020	
Farr, Virginia	II	1/18/2021	
Holmes, Claire	III	1/14/2021	
Laiacona, Janis	V	9/25/2020	
Lorenz, Jaclyn	IV	1/29/2021	
Maibaum, Kathy	IV	1/14/2021	
Scott, Barbara	IV	1/14/2021	

ATTACHMENT C

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION BYLAWS

Last Amended and Approved by the Board of Supervisors: April 17, 2018

SECTION 4. VACANCIES AND RECRUITMENT

4.1 Role of the Commission

At the discretion of and to the extent requested by the Board, the Commission shall be involved in the recruitment and screening of applicants.

When an application is received, the Commission will appoint an Ad Hoc Applicant Interview Committee, pursuant to Article VIII, Section 5.1 . Following an interview by the Ad Hoc Applicant Interview Committee, it will forward its recommendation to the Commission . After Commission vote and approval , the recommendation for nomination of the applicant shall be forwarded to the appropriate member of the Board of Supervisors for that Supervisor's consideration.

4.2 Applications

The Commission shall receive applications on an ongoing basis.

4.3 Commission Recommendation

- a) Pursuant to Article IV, section 1.2, the Commission shall, to the extent possible, recommend for appointment those persons who will assist the County in complying with the ethnic and demographic mandates in the Welfare & Institutions Code.
- b) To the extent possible, the Commission shall recommend for appointment applicants who have experience and knowledge of the mental health system, preferably in the County.

ATTACHMENT D

Duffy Newman <Duffy.Newman@cchealth.org>
Sent to Barbara Tue 2/9/2021 10:34 AM

CC Community Crisis Response Initiative Welcome Email

Welcome to the Contra Costa Community Crisis Response Initiative Design Team.

We are looking forward to our work together as the Community Crisis Response Initiative Design Team and we are extremely excited that you are joining us in this improvement process. Together, we intend to help make crisis response and care safer for anyone, anywhere, anytime ~ reliably, timely and informed by our community. We will add you to the distribution list as well.

Below is a brief overview of the initiative, more information about the role and some background materials and **orientation** meeting details. Thanks in advance to each of you for your time and commitment to this important work.

Design Team Meetings

There were 2 zoom **orientation** meetings held in January for the Design Team members. For your convenience, attached is the **orientation** slide deck for review. Meetings are usually held 3 times per week; Mondays and Fridays at 11 am and on Wednesdays at 1pm. The next meeting time and login information is below. If you have any further questions pertaining to the **orientation** materials, we would be happy to schedule a mini **orientation**, please let us know.

About Contra Costa Community Crisis Response Project

- Working in close partnership with city leaders through the Contra Costa Public Managers Association, Contra Costa Health Services (CCHS) recently launched a unique and comprehensive review of existing services to develop a vision for future crisis response that connects the most appropriate resources where and when they are needed. About one in five adults in Contra Costa County are struggling with behavioral health issues. A complex and decentralized system of intervention and treatment programs can mean those experiencing a behavioral health crisis cannot access the care they need when they need it. Calling 911 can feel like the only option a family or caregiver has when behavior escalates beyond what they can manage. However, there are limited options available in managing acute behavioral crisis responses.

In the fall of 2020, a multi-disciplinary county-wide team was assembled, and initial framework included developing the project aim, identifying drivers, value stream mapping, and developing 4 priority improvement recommendations for testing. Future work will continue to refine project aim and drivers, prioritize improvement areas based on ease and importance, and refine approach using rapid improvement events (e.g., learning collaborative sessions to accelerate progress). The Design Team will play a crucial role in the facilitation and support of project implementation and communication with stakeholders.

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Design Team Member Role and Responsibilities

As a Design Team member, we are asking you to commit to the following:

- a. Required meeting attendance and time availability of 3 hours per week over the course of the next 3 months (*Monday and Friday meetings at 11am and on Wednesdays at 1pm*).
- b. Serving as Initiative and Performance Improvement (PI) champions
- c. Ensuring that you will share information with your peers, colleagues, people with lived experiences, process owners, and sponsors through an open channel of communication and feedback
- d. Assisting with prioritizing areas to focus on and socializing these areas with your peers, colleagues, people with lived experiences, process owners, and sponsors
- e. Collecting requisite data on current states (deep dive) for initiatives.
- f. Defining AIM for each of the priority areas as well as revisiting overall project AIM with specific measures and timeframes
- g. Developing learning collaborative sessions
- h. Participating in virtual/in-person training sessions
- i. Allocating dedicated time to complete deliverables and any required prework for meetings

Agenda's, Calendar Invites and Project Resources

An agenda will be sent out in advance for you to review and prepare. Please ensure that you accept the calendar invitations for the meetings and learning collaborative sessions. Calendars are subject to change and all changes will be communicated in advance.

Community Crisis Response work to date can be viewed at: <https://cchealth.org/bhs/crisis-response/> Before the first meeting, we suggest reviewing the following:

- a. Behavioral Health Crisis Response Initiative Report Out: YouTube Video – click on this video link - <https://youtu.be/7K-uly7wBUw> and report out PPT: <https://cchealth.org/bhs/crisis-response/pdf/VSM-Report-Out-Deck.pdf>
- b. Collaborative Approaches to Responding to Behavioral Health Emergencies, NASMHPD – click on this document link - <https://cchealth.org/bhs/crisis-response/pdf/Collaborative-Approaches-to-Responding-to-Behavioral-Health-Emergencies-NASMHPD.pdf>

c. National Guidelines for Behavioral Health Crisis Services Executive Summary, SAMHSA – click on this document link
- <https://cchealth.org/bhs/crisis-response/pdf/national-guidelines-for-behavioral-health-crisis-services-executive-summary-SAMHSA.pdf>

- a. Click on this document link - [A3 Community Crisis Initiative](#)
- b. Click on this document link - [Current State Value Stream Map](#)
- c. Click on this document link - [Future State Value Stream Map](#)

Once again, welcome and thank you for your participation. If you have any further questions, please feel free to contact us. We look forward to an exciting and engaging endeavor.

Warm Regards,

Duffy Newman and Aisha Banks
(On behalf of the Community Crisis Response Initiative Team)

Duffy Newman, MHA
Strategy & Partnerships
Office of the Director
Contra Costa County Health Services
duffy.newman@cchealth.org
925-536-8828

ATTACHMENT E

Notes on proposed 2021 MHC goals Barbara Serwin, 2/3/21

- 1. CONTRIBUTE TO CRISIS INTERVENTION EFFORTS: Track on and contribute in a significant way to the county-wide efforts to develop a new Crisis Intervention model.**

This goal is important because the Commission has a stake in this Crisis Intervention model in that the resulting system will have a major impact on how crisis calls involving someone with a mental illness are handled. Will law enforcement automatically respond to the call? Will mental health workers respond to the call? What options will be considered when deciding how to resolve the crisis and whether and how to follow up afterwards. The Commission has consistently advocated for proper training of responders, adequate support from mental health practitioners, and reducing the number of people who are cycling back into Psych Emergency Services from a crisis call. The MHC needs to be at the table to represent its community's interests and not just reacting to proposals.

- 2. CREATE A PLAN FOR SMOKING CESSATION: Work with Behavioral Health Services and the Tobacco Prevention Program to create a plan for eliminating smoking in Behavioral Health Services- and CBO-operated programs, services. and congregant living.**

This goal is important because we've learned how damaging nicotine is to the physical and mental health of individuals with a mental illness and how it interferes with treatment. Eliminating smoking is a very difficult goal but we know from the case of Alameda County that it is possible. Creating a plan is the first major step.

- 3. PERFORM A SET NUMBER OF SITE VISITS: Perform six to eight site visits in 2021.**

The MHC Site Visit program testing is starting this week and will most likely run through the middle of March. We'll be ready to conduct our first non-test environment site visit in April. Starting with April, that leaves nine

months in the year. With a new Assistant and a new, administratively time-consuming program, accomplishing nine visits would be too big of a stretch. Six is more doable, and seven or eight is feasible with significant effort. This goal is important because it would provide solid experience and progress for a valuable program that we committed to last year.

- 4. CREATE A PLAN FOR A VALUE STREAM MAPPING EVENT TO INCREASE THE NUMBER OF TREATMENT BEDS AND SUPPORTIVE HOUSING FOR INDIVIDUALS WITH A SERIOUS MENTAL ILLNESS:** Work with Health Services and Behavioral Health Services to create a plan for a Value Stream Mapping event focused on significantly increasing the number of placements available to house AND treat consumers along the continuum of mental health care provided by the County. This includes placements from the most restrictive and intensive care environments down to community housing with supports. This goal moves forward the Commission’s 2020 motion to recommend a “Housing That Heals” Value Stream Mapping event to the Behavioral Health Service Director.

This goal is important because it seeks to solve the problem of the so-called “human log jam” where people languish in locked facilities, psychiatric treatment facilities, in jails, and on the street because there are not enough treatment beds and housing with appropriate supportive treatment and care within our mental health system. For example, patients get stuck in a locked facility because there is no appropriate housing available for them to step down to, like an Adult Residential Facility or ARF, which cares for all of the daily living needs of people who unable to fully care for themselves due to a severe cognitive disability. In turn, severely mentally ill people get stuck in a jail cell or a never-ending cycle through the revolving door of psychiatric treatment facilities, emergency rooms, psychiatric emergency services, and the street or jail, when there is no locked facility bed available for long term treatment because they are full. People are routinely discharged from short-term psychiatric care treatment centers before they are truly ready to go because of the log jam of people waiting to get in. When there aren’t enough

treatment beds and supportive housing, patients do not flow through the system. And this causes a tremendous amount of financial waste and human tragedy. “The Housing that Heals” project identifies existing solutions – targeted funding and models of success – and maintains that a system re-design is not only essential but is achievable.

- 5. CREATE A PLAN FOR VALUE STREAM MAPPING EVENT FOR LPS CONSERVATORSHIPS:** Work with Health Services and Behavioral Health Services to create a plan for a Value Stream Mapping event focused on significantly improving the functioning, accountability and transparency of the process of creating and managing LPS conservatorships. This goal moves forward efforts by the Justice Committee to 1) define the issues and challenges faced by parents and other guardians in seeking a conservatorship for their adult children; and 2) define the problems faced by the County conservatorship process, including a lack of treatment beds and lack of oversight.

Note -- Definition of an LPS Conservatorship: An LPS Conservatorship is the legal term used in California which gives one adult the responsibility for overseeing the comprehensive mental health treatment for an adult who has a serious mental illness and cannot care for his or her own physical and mental health needs or daily living needs due to the illness. The conserved person may or may not want the conservatorship and they may or may not believe that they are seriously mentally ill. An LPS conservator has the ability to place the conserve in a locked mental health facility.

This goal is important because our system for ensuring care through an LPS conservatorship for individuals with a serious mental illness is broken. The Justice Committee’s research shows that the population of people who need conservatorships in order to be treated and often literally to survive are some of the most vulnerable, suffering people in our system, a great many stuck in the worst places in the human log jam – on the street and in jail. The pain of their families is unimaginable. We know that the system is broken because it can take literally years of cycling through PES, hospital and acute care

treatment beds, jail and the street, and appeal after appeal to judges, psychiatrists, and the conservatorship office before a consumer is seen as qualified for a conservatorship. There is no specific number of times an individual is 5150'd before they are referred for a conservatorship. A lack of communication about the conservatee's status means that patients are admitted to PES and jail without staff being notified that he or she is conserved. They are also released without the conservator being notified, often leading to conservatees with no place to go but the street for the night or home where they are not supposed to be. Since there are not enough beds for longer-term care for conservatees, they are often put in detention rather than long-term care. No one has been identified as the director of the conservatorship program to coordinate the process from the point of appeal for a conservatorship to awarding a conservatorship in the court to following the conservatee for the year they are conserved. There are multiple departments involved and multiple external organizations involved in the process, and when there is no one in charge or being held accountable, the process breaks down. A Value Stream Mapping event is needed to tease apart the complex problem of proper awarding and management of LPS conservatorships and to follow the convoluted path of an individual and his or her family moving through the conservatorship system. It can then invent a new path that enables humane, safe and viable mental health care for those who need it most and are least able to obtain it.