

**MENTAL HEALTH COMMISSION  
MONTHLY MEETING MINUTES  
Wednesday January 10, 2018 – FINAL MINUTES  
At: 2425 Bisso Lane, Concord- Large Conference room**

<b>Agenda Item / Discussion</b>	<b>Action / Follow-Up</b>
<p><b>I. Call to Order / Introductions</b> Commission Chair Barbara Serwin called the meeting to order at 4:42pm</p> <p><u>Members Present:</u> Chair- Barbara Serwin, District II (arrived @4:42pm) Supervisor Candace Andersen, District II Supervisor Diane Burgis, District III Diana MaKieve, District II Meghan Cullen, District V Douglas Dunn, District III Geri Stern, District I (arrived @4:51pm) Lauren Rettagliata, District II Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u> Vice Chair- Duane Chapman, District I Gina Swirsding, District I Mike Ward, District III Patrick Field, District III</p> <p><u>Other Attendees:</u> Anna M. Roth, Chief Executive Officer for CCRMC and Detention Mental Health Miriam Rosa, Care Continuum Services Coordinator/Interim Assistant to CEO/CCRMC Erika Jensen, , Assistant to the Health Services Director/Design Director Blue Zone Matthew F. Schuler, Assistant Sheriff, Custody Services Bureau David Seidner, Program Chief for Detention Mental Health Vic Montoya, Psych Emergency Coordinated Care Services Sefanit Mekuria, Provider for Juvenile Hall/CCRMC Dr. Dan Batiuchok, Manager for Juvenile Mental Health Detention and Probation Services Emily Parmenter, Program Manager for Whole Person Care/Community Connect program Jill Ray, Field Representative for District II, Supervisor Andersen’s Office Mark Goodwin, Chief of Staff, Supervisor Burgis’ Office Helen Kearns, Chief of Operations for Behavioral Health Services Division Adam Down, MH Project Manager Robert Thigpen, Coordinator for Adult Community Support Workers Jennifer Tuipulotu, Director OCE Robert Roman, OCE Leslie May, MHC applicant Erika Raulston, MHC applicant Margaret Netherby, NAMI member, family member and MHC applicant Stephanie Regular-Deputy for Public Defender for the Mental Health Division/Attorney Karen Tobin, family member Robert Tobin, family member Cindy Gibbons Dr. Francis Barham, retired psychiatrist Teresa Pasquini Liza A. Molina-Huntley, EA for MHC</p>	<p>EA-Transfer recording to computer and post final minutes, after approval on 2/7/18</p>
<p><b>II. Public Comments:</b></p> <ul style="list-style-type: none"> <li>• none</li> </ul>	
<p><b>III. Commissioner Comments:</b></p> <ul style="list-style-type: none"> <li>• Announced Teresa Pasquini and Lauren Rettagliata were in Sacramento and met with two Senators and two Assembly members in hopes to fashion legislation that will be an end to the carve out for specialty mental health, to achieve parity, such as other illnesses</li> <li>• Supervisor Candace Andersen introduced District III Supervisor, Diane Burgis, as the newly assigned Supervisor representative for the Mental Health Commission and Supervisor Candace Andersen will now be the alternate Supervisor, for the Mental Health Commission.</li> <li>• Jill Ray, from the District II Supervisor’s office, will continue to attend meetings, along with Mark Goodwin from the District III Supervisor’s office.</li> </ul>	<p><b>*Supervisor Diane Burgis is assigned to MHC for 2018 and Supervisor Candace Andersen will be the alternate</b></p>

<p><b>IV. Chair Announcements-</b></p> <ol style="list-style-type: none"> <li>1) Next AOT meeting will be on <b>1/19/18 *new time @9am to 10:30am at 50 Douglas Drive, 2<sup>nd</sup> floor Sequoia Conference room in Martinez</b></li> <li>2) Next Mental Health Commission meeting will be in <b>West County, on February 7, at the Richmond Memorial Auditorium, 403 Civic Center Plaza, Richmond, in the Bermuda room</b></li> </ol>	
<p><b>V. MOTION to APPROVE minutes from December 6, 2017 meeting</b>  <b>Sam Yoshioka moved to motion, Meghan Cullen seconded the motion</b>  <b>*no corrections needed</b></p> <ul style="list-style-type: none"> <li>• VOTE: 8-0-0</li> <li>• YAYS: Supervisor Andersen, Supervisor Diane Burgis, Barbara Serwin, Doug Dunn, Diana MaKieve, Meghan Cullen, Sam Yoshioka, and Lauren Rettagliata</li> <li>• NAYS: none ABSTAIN: none</li> <li>• ABSENT: Duane Chapman, Gina Swirsding, Mike Ward, Patrick Field and Geri Stern (arrived late for vote @4:51pm)</li> </ul>	<p><b>*Post final minutes to MH website at:</b>  <a href="http://cchealth.org/mentalhealth/mhc/agendas-minutes.php">http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>VI. RECEIVE presentation and updates for the Improvement efforts including the Value Stream Mapping process for Detention Mental Health by: Anna M. Roth, Chief Executive Officer for CCRMC and Detention Mental Health and Erika Jensen, MPH Assistant to the Health Services Director and Design Director Blue Zone</b></p> <ul style="list-style-type: none"> <li>• <b>CEO, Anna M. Roth-</b> Invited everyone to attend the Report Out event on Friday, January 26, at 10am at 651 Pine Street in Martinez in the Board of Supervisors Chambers</li> <li>• Mental Health and General Health coincide, although perspectives may differ, both are no longer compartmentalized, Health Care is caring for the person, as a whole.</li> <li>• Contra Costa Health Centers and Detention provide care for over 200,000 members, the system assures that everyone is included</li> <li>• Contra Costa Regional Medical Center is the County’s Psychiatric Evaluation Center</li> <li>• The strategy is to integrate all systems and create one health system, including detention</li> <li>• The promise to treat everyone with dignity and respect, seeing everyone as an individual, offering health care to everyone</li> <li>• Patient inquiries were conducted at our West County Health Center and when asked what the top five health issues were the answers were not relevant to illness, the response received included the following: 62% of people stated access to nutritious food and 59% stated access to housing.</li> <li>• The Mission Statement, for Contra Costa Health Services, is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems. This statement clarifies where change needs to begin</li> <li>• CCRMC opened a “Social Needs Resource Desk,” partnering with Health Leads, delivering over 9000 resources to those in needs; it is expected to have the service available at all clinics throughout the county.</li> <li>• Whole Person Care is now addressing the 4000 highest at risk and the 10,000 rising risk population to redirect the cycle of homelessness.</li> <li>• CORE teams, from the Health, Home and Homelessness Division (H3), are reaching out to all homeless individuals throughout the County</li> <li>• A new app was launched called “<b>COCOHealth</b>” and is now accessible to access resources throughout the county, including referrals to access food, shelter, all resources. Follow up is also provided to assure that the service was delivered or accessed.</li> <li>• Changes are being made at all levels to provide better services to everyone</li> <li>• Focus on the homeless population to provide assistance. Out of over half a million people are homeless in the United States, 22% of those that are homeless live in California, there are 6000 homeless in Contra Costa County and 32% of the homeless in Contra Costa County have a diagnosed mental health condition, 22% have a physical health issue and 30% are at risk for incarceration. These numbers are conservative, some studies show higher numbers.</li> <li>• State of Washington did a study and found that in the first two weeks, after being released from incarceration; formerly incarcerated people are 12 times more likely to</li> </ul>	<p><b>*See attachment</b></p> <p><b>*Invitation will be forwarded to Report out event 1/26/18 at 10am in Martinez, BOS Chambers</b></p> <p><b>*COCOHEALTH app newly launched to access resources throughout the county</b></p>

die than their non-incarcerated counterparts. Incarcerated and formerly incarcerated are highest at risk. At two years later, formerly incarcerated are still three times more likely to die.

- Contra Costa County bookings are approximately 24,000 per year, the average daily census, across all detention facilities are approximately 1500. A total of 858,000 doses of medication are given each year in detention facilities, of which 213,000 are psychiatric medications there are 42,000 total appointments each year, of which 14,000 are mental health appointments. Every individual that is booked into Detention receives an initial screening; with approximately half are released shortly with a citation Approximately 50% of individuals with mental health issues are mild, around 35% have moderate mental health issues and about 15% have severe mental health issues, requiring more intense care. The most recent study, from the Bureau of Statistics reflected that conservatively, approximately 35% of the incarcerated population had some sort of mental health issue.
- Contra Costa County Mental Health Detention and the Sheriff's Office have been collaborating to improve mental health service at the jails. Erika Jenssen and Dr. Chris Farnitano have been brought on board as leads and advisors
- **Erika Jenssen Assistant to Health Services Director and Design Director of Blue Zone:** Erika and Dr. Farnitano, along with the Sheriff's Office and the staff, have launched an improvement project focused on improving health care in the Detention facilities. .
- The first step was to observe the current process at the detention facilities, ask questions and included additional team members to view the concepts and understand all the different complexities happening in the detention facilities.
- In detention, there are different health care workflows - intake is like an emergency room or acute care setting and there are other areas that are like an outpatient clinic.
- A team of 15-20 staff members, from the detention facilities and from outside of detention, collectively created a Value Stream Mapping. Identifying the different processes and creating a journey from the patient's perspective, starting with intake. The Value Stream Mapping process initiated prior by observing the process, asking questions, interviewing and shadowing patients in detention, to document the current situation in detention. This process was followed by brainstorming on where to possibly streamline processes to eliminate duplication, identify problems, identify where improvement was needed and discuss problem solving ideas. This process involved a vast amount of detail, segmented into two areas: the current process and the possibilities for the future.
- The primary goal is to offer individuals, in detention, the same level of care that is offered to all residents in Contra Costa County, care that meets their psychological, medical and social needs, and that is trauma-informed, respectful, and culturally competent. Everyone should receive the same level of care, in or out of detention.
- **The three main principles are: DIGNITY, PRIVACY and SAFETY for all staff, individuals in detention and visitors**
- Main areas to focus more on included: INTAKE, LEVELS OF CARE= MILD, MODERATE AND SEVERE, and 5 more. The next step is to take the time to dive deeper into the patient's perspective of each area and assure that access to the appropriate level of care is available to everyone, including access to needed medications.
- Another consideration is how to keep continuity of care: before, during and after incarceration for patients, including specialty care for both medical and mental health care.
- Each area is segmented, studied by a team for a week, and divided into sub-teams, to address different topics and on Friday the team Reports Out about what improvements there have been and what other issues were identified. **The previous Report Outs can be found on the website at: [cchealth.org/video](http://cchealth.org/video) or search for "detention".**
- The first area of focus was the intake process, where every patient gets screened by a nurse for all health issues. It is important to make a plan and address the health issues as soon as possible. It is important to set the tone for providing health care services. The goal is to assess needs and make a plan to get out, discharge planning, during intake. Out of 11 patients where the team tested a workflow for pre-release

planning (also called discharge planning), all 11 patients connected with the services to which they were referred.

- The second phase of focus was “Emergent Mental Health”. It was decided that a deeper dive was needed into this area, due to what occurs during intake and because patients can decompensate or need additional support while they are incarcerated, and we want to assure that they get the mental health care that they need and address the issues early on, especially those who are risk to harm themselves and/or to others, or people that are in crisis, at any point during their incarceration time.
- The “Safety Cell” is a padded area, with no furniture, for those who are at risk to harm themselves or others. The issue addressed was how to shorten the length of time a patient is in the Safety Cell, or eliminate the time for some patients, by addressing the patient’s needs early on during intake. How can we avoid patients being placed in a Safety Cell? It was viewed as an opportunity to create a treatment plan for patients with severe mental health issues.
- The three teams are: CRISIS INTERVENTION, MEDICATION AND BEHAVIORAL HEALTH ASSESSMENT. How to obtain a broader assessment, including information about substance abuse in the behavioral health assessment. Each area and space was addressed, cleaned up and organized to create a respectful space both for staff and patients.
- One of the patients was quoted stating: “going into the Safety Cell made my situation worse!” Another patient informed the Charge Nurse, Fermata, that they were hearing voices in the Safety Cell. What was realized was that the venting system was connected to the staff area and if staff were talking, the person in the Safety Cell could hear them and could not distinguish between the voices in their head and the voices they were hearing. In conclusion, 9 out of 11 patients that were placed in the Safety Cell could have been averted if early intervention had been applied.
- The entire process has been very instrumental, to ask staff and patients, what can be improved and what their ideas are, it is both inspiring and motivating to both staff and patients. Thank you to all the health, mental health, detention, and Sheriff’s staff members, our leadership advisory board, Asst. Sheriff Schuler and Anna Roth our CEO, Jill Ray, Teresa Pasquini and to the Improvement Team.
- **Anna Roth, CEO:** It is not “rocket science” but it is improvement science and it is a disciplined approach, a lot of rigor and thought has gone into taking on such a daunting task. We started with the most vulnerable individuals. We asked people in waiting rooms and in detention; “tell us what most matters to you?” the top five responses were not what we predicted. Every team uses data, for every decision that is made, not just numbers and observations, but also by inquiring directly with patients. Placing 20 people in a room, for a week, is equaled to 800 man hours, thus far, over 2500 man hours have been invested in this project. This is not work for the faint at heart, it takes a lot of discipline to align the work and release staff and coordinate with the Sheriff’s Office, including a lot of creative thinking from the Leadership Advisory Board, helping us think through the list of problems and how to prioritize, address and resolve each problem. The Health staff, Custody staff and the patients were given the opportunity to be brilliant and came up with really great ideas.
- **Referencing Astronaut, Captain Scott Kelley, who spent a year in space and sent amazing photos from space. Quoting- “before I went to space, I use to think that the sky was the limit but the sky is not the limit”. What we are learning is that we have imposed limits on ourselves and we think that things have to be a certain way but they don’t necessarily have to. It is not easy to dissect an entire operation; it takes strong leadership and thank you to everyone for their courage to take this journey, which has just started.**
- **Ending quote, by Brene Brown: “the absence of love, belonging and connection always leads to suffering”. The highest at risk are those who are currently incarcerated. We take our responsibility to serve this population, seriously. This is at the heart of our Mission, with special attention to those who are most vulnerable. Appreciates the interest and support, from the Commission, in this particular population, I hope to return to continue the conversation and that you will be present at the Report Out on January 26.**

<p><b>VII. RECEIVE presentation from COMMUNITY CONNECT program by: Emily Parmenter, Program Manager</b></p> <ul style="list-style-type: none"> <li>• Sue Crosby was unfortunately, unable to attend.</li> <li>• Community Connect is part of Whole Person Care, under the MediCal 2020 Waiver</li> <li>• Purpose is to connect residents to services, addressing underlying social and behavioral determinants of health, develop connection to PCP, provide social needs resources and referrals to connect to Mental Health</li> <li>• Developing collaborations across internal systems and with community partners</li> <li>• The target population being served are high end users of multiple systems, such as: PES Psych Emergency, IP, ED, Criminal Justice, Homeless, Mental Health, AOD, Substance Abuse services</li> <li>• The program is a data driven risk model to identify eligible patients meaning that patients are identified by MediCal eligibility, social factors, disease, demographics, and high repeat users of services</li> <li>• The three primary core areas are: directing patient services, data sharing and the sobering center</li> <li>• Over 14,000 patients have been enrolled, enrollment is voluntary, patients are assigned to a case manager offering home visits, telephonic case management, legal aid support, financial management payee services, transportation vouchers for nonmedical transport</li> <li>• The Sobering Center does have a location that has been identified in Martinez.</li> <li>• Community Connect is meeting regularly with other systems of care to assure not to duplicate efforts and has been successful at discovering duplication and redirecting patients</li> <li>• Community Connect is in its' third year, of a five year grant. The first two years were planning and the past year has seen full enrollment in their services.</li> </ul>	<p><b>*See attachment</b></p>
<p><b>VIII. RECEIVE presentation from MHSA/Finance Committee regarding updates and Behavioral Health Services budget information received on 11/16/17 by: Lauren Rettagliata, and Douglas Dunn</b></p>	<p><b>*Presentation postponed to 2/7/18 MHC meeting in West County</b></p>
<p><b>IX. DISCUSS membership changes and potential Committee Chair changes and Commission liaisons for 2018</b></p> <ul style="list-style-type: none"> <li>• Each Commissioner was given a selection chart to submit their Committee preferences for 2018.</li> <li>• EA will make copies of collected charts and distribute to each Committee</li> <li>• Committees will elect new Chairs, Vice Chairs and members for 2018</li> <li>• Committees will forward the new 2018 membership to the Mental Health Commission for final approval</li> </ul>	<p><b>*Committee members will be elected during and at the next Committee meeting</b></p>
<p><b>X. RECEIVE Committee updates:</b></p> <ol style="list-style-type: none"> <li>1) Quality of Care- Barbara Serwin (no meeting in December)</li> <li>2) Justice Systems- Gina Swirsding (not present)</li> <li>3) Ad hoc Bylaws- Meghan Cullen (left early @5:18pm)</li> </ol>	<p><b>*Updates postponed to next MHC meeting, after Committee elections</b></p>
<p><b>XI. RECEIVE Commission liaison reports:</b></p> <ol style="list-style-type: none"> <li>1) AOD Advisory Board- Sam Yoshioka</li> <li>2) CPAW General meeting- Douglas Dunn/Lauren Rettagliata</li> <li>3) Children's Committee- TBD</li> <li>4) Council on Homelessness- TBD</li> </ol>	
<p><b>XII. Adjourn Meeting @6:24pm</b></p>	

Submitted,  
Liza Molina-Huntley  
Executive Assistant to the Mental Health Commission  
FINAL MINUTES APPROVED 2/7/18