

**MENTAL HEALTH COMMISSION  
MONTHLY MEETING MINUTES  
Wednesday December 5th, 2018 – FINAL  
At: 1220 Morello Avenue, Martinez, CA**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b> Commission Chair Barbara Serwin called the meeting to order at 4:36pm</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Diane Burgis, County Supervisor District III Cmsr. Geri Stern, District I Cmsr. Diana MaKieve, District II Cmsr. John Kincaid, District II Cmsr. Douglas Dunn, District III Cmsr. Tasha Kamegai-Karadi, District IV Cmsr. Sam Yoshioka, District IV Cmsr. Leslie May, District V Cmsr. Joe Metro, District V</p> <p><u>Commissioners Absent:</u> Cmsr. Gina Swirsding, District I Cmsr. Julie Neward, District III</p> <p><u>Other Attendees:</u> Anna Roth, Director, Contra Costa Health Services Mark Goodwin, Chief of Staff for Supervisor D. Burgis, District III Jennifer Quallick, Field Representative for Supervisor C. Andersen, District II Dr. Matthew White, Acting Director of Behavioral Health Services (CCBHS), Medical Director, Psychiatric and Behavioral Health Gerold Loenicker, Children and Adolescent Program Chief, CCBHS Warren Hayes, Mental Health Services Act (MHSA) Program Manager Robert Thigpen, Family Services Coordinator, CCBHS Stephen Harris, Planning Director, Health Services Finance Gennifer Mountain, Health Services Planning and Evaluation Ramesh Kanzaria, Public Works Jessica Donahue, Executive Director, Contra Costa County Programs, Seneca Family of Agencies Johanna Navarro-Perez, Program Supervisor, Mobile Response Team, Seneca Family of Agencies Jennifer Blanza, Community-Based Services Program Director, Seneca Family of Agencies Sarah Akin, HTA Consulting, Public Attendee Vi Ibarra, Developmental Disabilities Council, Public Attendee Erika Raulston, Swords to Plowshares, Public Attendee Sarah Kennard, Executive Assistant to the Mental Health Commission</p>	
<p><b>I. RECEIVE Presentation on San Pablo Building Update- with Contra Costa Health Services Planning and Evaluation Staff</b></p> <ul style="list-style-type: none"> <li>This property was acquired in 2015 and building was majorly conducted in 2016. Additional construction began in October 2018. The building is expected to be open for traffic in February of 2019. Though this is being referred to as an expansion of the West County Health Center, it is separate from the clinic. It will be known as the West County Behavioral Health Center and will be accessible from the West County Health Center via a covered walkway. The intent with these two facilities being linked is to be more accommodating for clients with co-occurring disorders that require frequent/multiple visits. The first floor of this building will be used</li> </ul>	

<p>exclusively for children's behavioral healthcare programs; the second floor will address adult behavioral healthcare programs. Adult services that are currently being provided at the El Portal leased property will be moved to this new location.</p> <ul style="list-style-type: none"> <li>• G. Stern inquired on the cross-streets of this complex. It will be on Gateway Avenue, which is a new paved street off of San Pablo Avenue. On this campus there will be the new WIC Facility, Health Center, Behavioral Health Center, new City Hall Complex and Parking Garage.</li> <li>• L. May expressed a concern with co-locating both children and adults' behavioral health with a footprint of this size. S. Harris explained that this facility will have more usable space than the existing leases for the Childrens' and Adults' Clinics in West County. WIC Building on campus will have a 1000sq.ft. area for additional behavioral health use. B. Serwin (Chair) inquired on the staff capacity, rooms, and spaces. D. Dunn forwarded a concern regarding the flow of the construction and how crisis circumstances could be addressed appropriately. He noted that the proposed floor plan could be a cause of distress if individuals being transported need to exit through the main entrance corridor. There are multiple entrance and exit points on each floor; the elevator is located to the main entrance on the 1st floor.</li> <li>• J. Kincaid asked if the construction design was built with population growth and expansion in mind. S. Harris stated that this building was not designed for further expansion; it was constructed with the budget allotted. Capacity of staff is approximately 100. Interior configuration was a result of significant planning meetings. There are sound transmission rating requirements that were adhered to during construction. The children's area will have an art therapy room. There are 4 total group rooms, 1 larger. Each treatment room is approximately 175-200sq.ft. Each administrative office is approximately 115sq.ft.</li> </ul>	
<p><b>II. RECEIVE Behavioral Health Services report- Dr. Matthew White, Acting Director of Behavioral Health Services and Medical Director</b></p> <ul style="list-style-type: none"> <li>• Dr. M. White provided a summary of the Rapid Improvement Event processes. The first Rapid Improvement Event addressed the implementation of a co-visit at initial intake. Follow-up: complete roll-out of co-visit concept prior to 1 January. The most recent improvement event (26-30 Nov) looked at screening and scheduling, and was inclusive of the needs of alcohol and other drug service clients. One problem noted for scheduling is that there is not a standardized electronic calendar for scheduling individual provider appointments. An area of focus for future/referral scheduling was that of those leaving jail or Psychiatric Emergency Services (PES) and how to schedule an appointment prior to discharge.</li> <li>• The intent was to standardize and increase access to a common schedule; previously, the main filter for scheduling was through the access line. Another item that was addressed was the need for electronic appointment forms (previously a triplicate form) so that the client is not responsible for providing front desk check-out personnel with clinician notes/follow-up dates. This is now being accomplished through cclick/epic. They also conducted a trial on having access line clinicians on-site for in-person screening and scheduling. They looked at using the Eliza AI software used by the Contra Costa Health Plan which attempts 5 return calls to clients; the access line currently only attempts one return call. There is also a lapse in continuing long-term medication injections between PES/clinics. Remedy being tested is the availability of the clinic outpatient prescription forms in PES, CCRMC.</li> </ul>	
<p><b>III. RECEIVE Presentation on Child and Youth Mobile Response Team- with Seneca Family of Agencies</b></p> <ul style="list-style-type: none"> <li>• The Mobile Response Team is an on-call county-wide response team composed of 13 clinicians, six of whom are bilingual, that provide rapid response and de-escalation services to youth experiencing psychosis and their families. They provide: on-site crisis counseling, linkage to police or other mental healthcare resources, suicide risk assessments, and family conflict mediation. The intent of this program is to minimize police involvement or hospitalization during incidents of crisis.</li> <li>• The Mobile Response Team recently expanded their response business hours and has seen a significant benefit with a large call volume for the 8-11am window.</li> </ul>	<p>Seneca Family of Agencies Child and Youth Mobile Response Team can be contacted for crisis response at: 1-877-441-1089</p> <p>For general inquiries on this program, please visit <a href="http://www.senecafoa.org">www.senecafoa.org</a></p>

<p>Outside of business hours, a team is available 24/7 to provide telephone support to individuals and families.</p> <ul style="list-style-type: none"> <li>• Families that are not privately insured are eligible for this service. Following any initial calls or services provided to a privately insured family, the Mobile Response Team will assist the family in utilizing better fit resources for any future needs. The monthly response average is currently around 220 per month.</li> <li>• This program is not administered by the county; therefore, the staff of the Seneca Mobile Response Team is not able to write 5150/5585 Holds independently. For situations requiring psychiatric emergency services, police coordination is utilized.</li> <li>• The Mobile Response Team receives service referrals from Case Managers, Public School Faculty, County Health Plan Wrap-Around Providers, and Psychiatric Emergency Services. For calls received from a school faculty member Mobile Response Team Staff will assist in assessing the individual concerned in accordance with established school policies.</li> <li>• Youth 12 years of age and older may consent to receiving services. For youth under 12 years of age, parental consent must be obtained prior to a provision of services.</li> </ul> <p><u>Questions/Comments:</u></p> <ul style="list-style-type: none"> <li>• J. Kincaid requested additional information regarding the follow-up process for families recently discharge from Psychiatric Emergency Services that would like additional assistance from the Mobile Response Team. J. Navarro-Perez explained that in these situations the Mobile Response Team Staff will serve in a temporary capacity as a case manager and will link the individual to a clinician for follow-up services and will provide the family with community resource information.</li> <li>• R. Thigpen inquired on the standard outreach protocol after an admission to Psychiatric Emergency Services. J. Donahue noted that the standard process is to make three contact attempts within two weeks of discharge. If these contact attempts are not successful, resources will be sent via mail.</li> </ul>	
<p><b>IV. Public Comment</b></p> <ul style="list-style-type: none"> <li>• There is an upcoming Homeless Point in Time Count Planning Meeting scheduled for Friday, December 7th from 9-11am at 2400 Bisso Lane in Concord.</li> <li>• L. May discussed an organization Swords to Plowshares that would like to expand their programming to Antioch.</li> <li>• E. Raulston, Employment Specialist at Swords to Plowshares provided brochures for services and discussed her role within the organization.</li> </ul>	
<p><b>V. APPROVE Minutes from November 7<sup>th</sup>, 2018 meeting</b></p> <ul style="list-style-type: none"> <li>• G. Stern moved to approve the November 7th, 2018 meeting minutes, seconded by L. May. Vote 9-0-0 Absent: J. Neward, G. Swirsding, S. Yoshioka (departed early)</li> </ul>	
<p><b>VI. Adjourned Meeting @6:33pm</b></p>	