



CONTRA COSTA
MENTAL HEALTH
COMMISSION

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cchealth.org/mentalhealth/mhc

Executive Committee

Tuesday, September 22, 2020 3:30–5:00pm

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

- I. **Call to Order/Introductions**
- II. **Public comments**
- III. **Commissioner comments**
- IV. **Chair announcements**
- V. **APPROVE minutes from August 25, 2020 meeting**
- VI. **SUMMARIZE the September 16, 2020 Mental Health Commission - (MHSA) Finance Committee meeting discussion of the MHSA Three Year 2021-2023 Plan budget**
- VII. **DISCUSS the Contra Costa Regional Medical Center – Unit 4D (psychiatric inpatient unit) announcement and questions for 4D leadership.**
- VIII. **DISCUSS Executive Assistant position, including filling vacant post, job description and number of hours.**
- IX. **UPDATE on Mental Health Commission – wide goals**
 - **Site Visit Program**
 - **Budget**
 - **Orientation and Training Program**

(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) 957-2619 to arrange.

- X. DETERMINE October 7, 2020 Mental Health Commission meeting Agenda**
- **Re-Opening of 4D**
 - **Update on replacement of Executive Assistant**
 - **Behavioral Health Services Director's Report**
 - **Meeting adjourns and then commence the Public hearing for the MHSA Three Year 2021-2023 Plan**
- XI. IDENTIFY questions for the Behavioral Health Services Director to report on at the Mental Health Commission September 2020 meeting**
- XII. Adjourn**



Recap of Agenda Item VI-Quality of Care Meeting-09/17/2020

Leslie May:

- Invite lady to speak about her daughter (HIPPA Privacy Act observed)
- Examine process to get LPS Conservatorship
- Police have become 'numb' to family phone calls for help with severely mentally ill family members
- Black families are refusing to call police when their loved ones are in full-blown episodes, for fear of them being killed. They use 'alcohol' to subdue their severely mentally ill family members
- COVID is going to have a 'boomerang effect' on the seriously mentally ill population

Rebekah Cooke:

- Has a daughter with severe mental illness and Graves Disease (psychological and physically challenged)
- Had to learn to navigate the system
- Her daughter is a danger to herself and others
- She's been 5150'd three (3) times within the last month
- Daughter will be going before a Judge on 09/18/20 and will probably perform 'well' in front of the Judge, then will be released back to the community
- Insurance is a 'hurdle' because her daughter also has Graves' Disease and the insurance covers psychiatric treatment when she hospitalized, but not her physical disease
- Daughter has been to four (4) placements recently, and has walked away from treatment programs
- Insurance companies refuse to work together for treatment costs so who will pick up the tabs (bills)?
- There is a cross-over of agencies, but a task force is needed to make the transition smoother
- The Mobile Crisis Center helped her this past weekend. She had no idea of these 5150 resources until Sunday, when they assisted her getting her daughter from the Tenderloin area of San Francisco. The local police department and fire department refused to work with Mobile Crisis. She

called Vic Montoya and he helped get her daughter into PES in Martinez, CA.

- In terms of supportive agencies and telephone numbers, we need to comprise a directory of all agencies which will help with 5150s and consumers in episodes, so family members can go through a 'phone tree' to get real-time help
- There are many challenges in communications (HIPPA, the Privacy Act, Civil Rights)
- It is inhumane to keep releasing a severely mentally ill person into the community, especially if they are unable to address their basic needs, due to non-stabilization
- Police know nothing about AB1194
- We need a coordination of services because this has impacted many families

Theresa Pasquini:

- There are a lot of loopholes throughout the 'system'
- We should try not to place blame and shame on PES
- We need to focus on the agenda and how to pull the case study together
- Teresa suggests having all responders (EMT, fire department personnel, police personnel, doctors, etc.) come together to share their 'realities and issues'
- This committee needs to have a PLAN OF ACTION!
- There needs to be a Community Shared Agenda

Douglas Dunn:

- Rebekah reached out to NAMI and they have stepped in to help her with this situation as much as they can
- It is important to document your family member's history and have this available when you call for help and go to court (Binder with chronological order of events)
- AB1194 passed 01/01/2016 to mandate the same three (3) criteria of 5150, but first responders must be able to know the history, as well
- Dr. White gave the mandated forms to PES, to be completed when an AM1194 has been initiated. Employees of PES threw the forms away
- He agrees with Teresa that there are a lot of 'gaps' in the system

- Paperwork gets “lost” in PES and he does not believe PES is aware of AB1194
- Communication needs to be improved
- He is concerned about Rebekah’s daughter not taking her medications for both her physical and mental well-being
- We will need to find out the costs of a person ‘recycling’ through the system

Gina Swirdsong:

- She has been a consumer since 1989 and she got on Medicare that same year. It has been ‘downhill’ ever since
- It was hard for her to find a psychiatrist, who accepted Medicare, to receive treatment for her diagnosis
- If you do not comply with Medical or Medicare, you get “kicked off the plans and have to re-apply”

From: Samir Shah <Samir.Shah@cchealth.org>
Date: September 8, 2020 at 10:09:54 AM PDT
Subject: All Staff: PES COVID mitigation using 4D

Dear Colleagues-

Now nine months into 2020 we have broadly changed the way we provide services and care for our patients and members in most settings. We have done this to improve access, improve safety, and rapidly innovate in response to the pandemic. However, one clinical area that remains challenging, despite our emphasis, is the Psychiatric Emergency Service.

As the exclusive PES for Contra Costa County we have struggled with overcrowding and high patient volumes for some time now. Although a comprehensive needs assessment for PES was already in process pre-pandemic, COVID-19 has accelerated our planning and innovation efforts to decrease the number of patients on the unit to support physical distancing and other measures to ensure staff and patient safety. Those of you that are familiar with the PES layout clearly understand the quarantine, isolation, and space limitations of the unit.

Based on analysis of PES data utilization, it was determined the most immediate change to achieve the desired outcome of decompression would be opening unit 4D for acute psychiatric admissions. The length of stay for adults on PES is directly related to inadequate access to inpatient hospital care. The longer patients wait for hospital admission, the more PES becomes congested. Even when traveling as far as Sacramento, an adequate number of inpatient beds for adults is not readily available.

Late last week we kicked off a 4D task force to help rapidly explore and implement opening of this locked unit. I am optimistic that we will be able to re-activate our license for 4D admissions with the help of this group of individuals comprised of front-line staff, behavioral health leadership, administrative leadership, facilities leadership, and the COVID operations logistics team.

As a system, our COVID-19 response experience has prepared us well to take on this challenge to improve infection control measures for this group of at-risk patients. Given priorities for infection prevention I am optimistic that we will be able to work rapidly with our regulatory bodies to make this happen in record time.

As the pandemic continues, we may continue to see COVID inflicted mental health crises. Improving access to acute services while improving infection prevention practices will be achieved by opening 4D.

I will endeavor to update you on our progress.

Samir B. Shah, M.D., F.A.C.S.
Chief Executive Officer
Contra Costa Regional Medical Center, Health Centers & Detention Health

Notes on MHC Executive Assistant Job Description Duties and Qualifications

Barbara Serwin, 6/13/18, updated 9/18/20

I. Carries out meeting preparations

- Arranges for and prepares agendas and supporting materials for the meetings of the Mental Health Commission, its Committees, and of other meetings as requested.
- Arranges for all speakers and other presenters for meetings.
- Procures the necessary space, services, and supplies to carry out the meetings, work and special events of the Mental Health Commission.

II. Generates meeting minutes and documents motions and other commitments

- Creates minutes for all meetings governed by the Brown Act and other meetings as requested by the MHC Chair.
- Distributes minutes and posts minutes online.
- Documents motions and other action items issuing from meetings. Forwards record of motions to meeting Chairs for review as well as any other meeting action items.

III. Coordinates and supports Commissioner orientation and training

- Maintains the MHC Orientation and Training Program including the curriculum and documentation.
- Prepares and updates training materials.
- Creates training binders for Commissioners.
- Schedules guest speakers for training sessions.
- Presents some of the training materials in addition to guest speakers.
- Maintains library of training modules for Commissioners and the Public.
- Track on attendance of Commissioners to training sessions.

IV. Manages Commission membership openings and Committee membership

- Identifies Commission membership openings .
- Corresponds with potential applicants that approach the Commission with interest.
- Works with BOS Districts to ensure timely appointment of new Commissioners.
- Coordinates on-boarding of new Commissioners, including introductions to the MHC Chair and Vice-Chair and BHS staff, scheduling orientation and training, arranging site visits.
- Oversees election of membership to Committees and maintains Committee membership.
- Alerts Chairperson regarding inconsistencies between Mental Health Commission by-laws and mandated requirements for the filling of Commission posts as vacancies occur.

V. Foster and maintain collaborative, working relations with County staff and agencies

- Works with the mental health department staff, members and representatives of the Board of Supervisors, County departments, community agencies or organizations, and other governmental agencies as necessary in order to gain intergroup support and cooperation in the furtherance of Mental Health Commission vision, mission and strategic plan.

VI. Tracks on relevant external meetings

- Reviews BOS and other key partner meeting agendas to identify items pertinent to the MHC.
- Attends and reports back on relevant meetings on behalf of the Commission.

VII. Performs project management

- Meets on a regular basis with the MHC Chair and/or Vice Chair to discuss upcoming work, review projects, set priorities, etc.
- Manages multiple responsibilities and projects using standard project management tools and techniques.
- Assists MHC Chair with tracking on Commission-level commitments and Committee-level commitments, including the fulfillment of motions, performing research and writing reports.

VIII. Performs general administrative duties

- Carries out administrative functions of the Commission including scheduling, forwarding information to Commissioners, preparing binders, responding to general inquiries.
- Maintains library of Commission files and other documentation, ensures back-up of Commission files, locates files for Commissioners.

IX. Operates Site Visit program

- Schedules and coordinates site visits.
- Prepares documentation and forms for each visit.
- Assists Commissioners with preparing site visit reports.
- Distributes site visit reports.
- Maintains site visit database.
- Tracks on site visit follow up commitments.

X. Qualifications

- Flexibility – ability to shift gears, accommodate different management and communications styles, work with Commissioner schedules/availability
- Project management skills and ability to multi-task
- Outward-focused, people person
- Service-oriented
- Knowledge of related field helpful but not essential