



CONTRA COSTA
MENTAL HEALTH
COMMISSION

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Current (2021) Members of the Contra Costa County Mental Health Commission

Graham Wiseman, District II (Chair); Barbara Serwin, District II (Vice Chair); Supervisor Candace Anderson, BOS Representative, District II; John Kincaid, District II; Leslie May, District V; Joe Metro, District V; Douglas Dunn, District III; Geri Stern, District I; Gina Swirsding, District I; Katie Lewis, District I; Kira Monterrey, District III; Alana Russaw, District IV; Laura Griffin, District V; Diane Burgis, Alternate BOS Representative for District III

Mental Health Commission (MHC)

Wednesday, March 3rd, 2021 ◊ 4:30 pm - 6:30 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 Comments/Announcements
- V. APPROVE February 3rd, 2021 Meeting Minutes (5 minutes)
- VI. RECEIVE Presentation by Gerold Loenicker, Chief of Behavioral Health Services Children's Division regarding a grant application for funds for a potential new Children's/Youth Crisis Stabilization Unit (CSU) and other Division highlights (20 min)
- VII. RECEIVE presentation on the mental health work of the Jewish Family and Community Services with Afghan refugees and immigrants in Contra Costa County; Lisa Mulligan, Refugee Mental Health Coordinator, Jewish Family and Community Services - East Bay and Fouzia Azizi, Department Director, Jewish Family and Community Services - East Bay (20 minutes)
- VIII. VOTE on 2021 Commission-wide goals (15 minutes)
 - **CONTRIBUTE TO CRISIS INTERVENTION EFFORTS:** Track on and significantly contribute to the county-wide efforts to develop a new Crisis Intervention model.
 - **CREATE 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.



Mental Health Commission (MHC) Agenda (Page Two)

Wednesday, March 3rd, 2021 ◊ 4:30 pm - 6:30 pm

- **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 Behavioral Health Service Director.
- **CREATE 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 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 / 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 TARGET NUMBER OF SITE VISITS:** Perform 6 to 8 site visits in 2021.

IX. VOTE on proposed by-law change regarding mandatory attendance of Mental Health Commission meetings (15 minutes)

CURRENT LANGUAGE:

- a) *"Regular attendance at Commission meetings is mandatory for all Commission members."*
 - i) *"A member who is absent from four (4) regularly scheduled Commission meetings in any calendar year shall be deemed to have resigned from the Commission."*

PROPOSED LANGUAGE (IN BOLD):

- a) *"Regular attendance at Commission meetings is mandatory for all Commission members."*
 - i) *"A member who is absent from four regularly scheduled full Commission meetings in any **consecutive twelve-month period, as opposed to calendar year**, shall be deemed to have resigned from the Commission."*

X. VOTE on proposed new By-law change regarding mandatory Committee membership and attendance (20 minutes):

- a) *"Regular attendance of one standing Commission Committee, with the exception of Executive Committee, is mandatory for all Commission members."*
 - i) *"A member who is absent from four (4) regularly scheduled Commission Committee meetings in any calendar year shall be deemed to have resigned from the Committee. In such event the former Committee member's status will be noted at the next scheduled Committee meeting and shall be recorded in the Committee's minutes. The resigned member shall choose a different Committee on which to serve."*

XI. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano (20 minutes) (are we wanting to add time for questions?)

XII. Adjourn

OVERVIEW OF PROPOSED 2021 MHC GOALS

1. **CONTRIBUTE TO COMMUNITY CRISIS RESPONSE RE-DESIGN EFFORTS:** Track on and contribute in a significant way to the county-wide efforts to develop a new Crisis Response model.

This goal is important because the outcomes of the Crisis Response system redesign will have a major impact on how crisis calls involving individuals with a mental illness are handled. What will be the role of law enforcement? How will mental health workers respond to the call? What options will be considered when deciding how to resolve the crisis and how to follow up afterwards? For years the Commission has advocated for proper training of responders, adequate support from mental health practitioners, and reducing the number of people who are cycling back into PES or even detention from a crisis call. The Commission needs to be at the table to represent Community's interests and not just reacting to proposals. This goal requires a significant time commitment by two Commissioners throughout the year (from 3-5 through May and TBD times later in the year; 40 hours for three weeks Mar – May).

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

This goal is important because the Commission has learned how damaging nicotine is to the physical and mental health of individuals with a mental illness and how it interferes with treatment. The stakes for consumers and the cost to Behavioral Health Services are extraordinarily high. The brief on smoking cessation by the national governmental Substance Abuse and Mental Health Services Administration (SAMSHA) lays out the best practices required to educate, treat and support consumers through the process of smoking cessation. Eliminating smoking will be challenging but we know from the case of Alameda County and other counties around the country that it is possible. Creating a plan is the first step.

Note that this goal involves only the creation of a plan in 2021; it doesn't specify implementation in 2021. Timing of implementation would be determined through the planning process.

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

This goal is important because it will enable the Commission to make solid progress on implementing the valued and much needed Site Visit program that we committed to last year. Capturing the consumer experience will make a definite and important contribution to improving our mental health system of care. Accomplishing six to eight site visits will be a challenging but doable goal. It will require all Commissioners to step up and make at least one site visit.

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 approved 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. This, in

turn, 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.

Note that this goal involves only the creation of a plan for a VSM in 2021; it doesn’t specify conducting the VSM in 2021. Implementation timing would be specified by the plan, scheduled with other VSM’s planned by the County.

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 embedded in the County conservatorship process, including a lack of treatment beds and oversight.

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 simply 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. 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 an individual with a serious mental illness is seen as qualified for a conservatorship. There is no set 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 may also be released without the conservator being notified, often leading to conservatees with no place to go but the street or home where they are not allowed due to a restraining order. Since there are not enough beds for long-term care for conservatees, they often wind up in detention.

There is no one person to coordinate the conservatorship 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 care for those who need it most and are least able to obtain it.

* **Definition of a Lanterman-Petris-Short (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 conserved individual in a locked mental health facility.

Note that this goal involves the creation of a plan for a VSM in 2021; it doesn't specify actually conducting the VSM. Implementation timing would be specified by the plan, scheduled with other VSM's planned by the County.