

**MENTAL HEALTH COMMISSION  
MONTHLY MEETING MINUTES  
September 2, 2020**

<b>Agenda Item / Discussion</b>	<b>Action /Follow-Up</b>
<p><b>I. Call to Order / Introductions</b>  Cmsr. B. Serwin, MHC Chair, called the meeting to order @ 4:30 pm</p> <p><u>Members Present:</u>  Chair- Cmsr. Barbara Serwin, District II  Cmsr, Douglas Dunn, District III  Cmsr. Laura Griffin, District V  Cmsr, John Kincaid, District II  Cmsr. Kate Lewis, District I  Cmsr. Leslie May, Vice-Chair, District V  Cmsr. Joe Metro, District V  Cmsr. Alana Russaw, District IV  Cmsr. Geri Stern, District I  Cmsr. Gina Swirsding, District I (arrived after start of meeting)  Cmsr. Graham Wiseman, District II</p> <p><u>Members Absent:</u>  Cmsr. Diane Burgis, Supervisor, District III  Cmsr. Kira Monterrey, District III  Cmsr. Sam Yoshioka, District IV</p> <p><u>Other Attendees:</u>  Dr. Suzanne Tavano, Behavioral Health Director, Contra Costa Behavioral Health Services (CCBHS)  Colleen Awad Isenberg (Representative of Supervisor Karen Mitchoff’s Office)  Guita Bahramipour  Greg Beckner  Jennifer Bruggeman (MHSA Program Manager)  Y’Anad Burrell  Jan Cobaleda-Kegler (Adult/Older Adult Program Chief)  Natalie Dimidjian (Forensic Mental Health Services, Adult Mental Health)  Stephanie Felder (San Francisco Comprehensive Crisis Center Program)  Lisa Finch  Fred Goetz  Mark Goodman, Chief of Staff, Supervisor Diane Burgis Office  Lynda Kaufman  Scott Konopaseck (Assistant Registrar for Voters, County Clerk’s Office)  Karen Lei  Christine Lesmeister  Anna Lubarov  Audrey Montana ( MHSA Administrative Support)  Dawn Morrow  Margaret Netherby  Christy Pierce  Dom Pruet (Representative of Supervisor Candace Andersen Office)  Shane Ryan  Marie Scannell (Forensic Mental Health Services, Adult Mental Health)  Robert Thigpen (MH Family Services Coordinator)  Andrew Thompson  Jimi Vicencio  Tiffany Washington  Isabelle Young</p>	<p>Complete Audio Recording available</p> <p>Meeting was held via Zoom platform</p>

<p><b>II. PUBLIC COMMENT:</b></p> <ul style="list-style-type: none"> <li>(Y'Anad Burrell) The MSHA Three Year Plan is usually many pages. Can we have a condensed PowerPoint presentation on the MSHA Proposed Three Year Plan? (B. Serwin) Yes. We will prepare such a presentation.</li> </ul>	
<p><b>III. COMMISSIONER COMMENT:</b></p> <ul style="list-style-type: none"> <li>(L. May) Putnam Clubhouse will be a polling site and Uber will be providing discounted rides to the poll sites.</li> </ul>	
<p><b>IV. CHAIR COMMENTS/ANNOUNCEMENTS:</b></p> <ul style="list-style-type: none"> <li>(B. Serwin) Tomorrow will be the Mayors Conference. This meeting will be online and can gain access to the meeting on the Mayors Conference website</li> </ul>	
<p><b>V. APROVE August 5, 2020, 2020 Meeting Minutes</b></p> <ul style="list-style-type: none"> <li>August 5, 2020 Minutes reviewed. <b>Motion:</b> L. May moved to approve the minutes as written. Seconded by G. Wiseman. <b>Vote: 8-0-0</b> <b>Ayes:</b> B. Serwin (Chair), L. Griffin, J. Kincaid, K. Lewis, L. May, J. Metro, A. Russaw, G. Wiseman <b>Abstain:</b> 0</li> </ul>	<p><b>Agendas and minutes can be found at:</b> <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>VI. RECEIVE presentation on Contra Costa County voting operations by Scott Konopasek, Assistant Registrar for Voters, County Clerk's Office, AND DISCUSS needs that people with a serious mental illness have for voting support (20 minutes):</b></p> <p>(PowerPoint Presentation – “Voting In the 2020 Pandemic”)</p> <ul style="list-style-type: none"> <li>We will be voting in a Pandemic. We have planned for this election more than a year in advance for contingencies (i.e. wildfires, earthquakes, cyber-attacks, power shutdowns, unrest, record turnout, pandemic, flu season, talk of federal police at polling places, etc.). Also prepared for issues with the Postal Service. We have the best election team.</li> <li>Not much has changed <ul style="list-style-type: none"> <li>Ballots will be mailed (in this County over 75% of voters already vote by mail), early in-person voting and on election day as usual</li> <li>We have a long tradition of voting by mail</li> <li>Security – Each day Election staff go to the post office and pick up trays of mail. Go to City Halls and drop boxes.</li> </ul> </li> <li>Timeline <ul style="list-style-type: none"> <li>September 24<sup>th</sup> – Voting Information Guides mailed (available online)</li> <li>October 5<sup>th</sup> – Ballots mailed but anticipate earlier due to concerns with the mail. In-person voting begins. Open ballot drop boxes.</li> <li>October 19<sup>th</sup> – Registration Deadline (to register by mail or online). This is not an absolute deadline. For in-person registration, can register at the election office or any voting site through the day of the election.</li> <li>October 30<sup>th</sup> – Open early voting sites and in-person registration available</li> <li>November 3<sup>rd</sup> – Deadline to vote in person and postmark for mail in ballots. Mailed ballots with the valid postmarks will be counted through November 20<sup>th</sup>. In-person registration permitted.</li> </ul> </li> <li>Vote by Mail Tracking <ul style="list-style-type: none"> <li>Voters will be able to track their ballot. Can also sign up to get text or email notices.</li> </ul> </li> <li>Drop Boxes <ul style="list-style-type: none"> <li>Moved outdoors, available 24/7. 37 high security drop boxes throughout the County. Serviced every day. Voter information guide will have exact addresses.</li> </ul> </li> <li>Early Voting (have had since 2016) <ul style="list-style-type: none"> <li>In the past, not many people participated in early voting</li> </ul> </li> </ul>	

- Expanded from three locations to seventeen early voting sites
- Ten are outdoor tents to vote. Seven will be inside larger facilities. Voter guide has map of early voting sites.
- Polling Sites
  - Will have 150 sites on Election Day – permit social distancing, poll workers will have personal protective equipment (PPE) also available for voters, there will be paper ballots and machine voting. Currently have more poll workers available than actually currently need.
- Voting Technology
  - Poll workers will have iPad tablets with up-to-date voting data. Replaces paper rosters and lists. Can instantly check eligibility of a voter (i.e. if someone has voted already). Has current registration data. Permits in-person registration at any polling location. To vote, now do not have to go to a designated polling site. Can go to any polling location to vote.
- Ballot Scanning Machines
  - Scans signatures (signature verification and we also check with signature on file) and bar codes. Teams then remove five ballot sections to prepare for tabulation. Counted at high speed scanning machines. Will scan over three million pieces of paper. Will take a week or two after Election Day to process. Then declare certified results.
- System Audit
  - Have continuous auditing of ballots and system to ensure accuracy

**Comments and Questions:**

- (Dr. Suzanne Tavano) In regards to the possibility of federal law enforcement at the polls, what autonomy does the County have? Uniform presence at polling sites is prohibited by the Voting Rights Act. Previously there was a Consent Decree signed by the Department of Justice and Republican Party 25 years ago and Republicans agreed they would not do that. The Decree expired last year. We don't know what might happen. Let's hope it does not happen. So best to vote early and not go to the polling site if you do not need to.
- (John Kincaid) Possibility of drop boxes at certain locations (i.e. mental health clinics, health care facilities, etc.). What is the process? For this November it is too late. The process would be to request the location, obtain permission from property owner (who agrees to monitor, etc.), County pays for installation and removal. One drop box is at the Monument Crisis Center in Concord.
- (Marie Scannell) Any recommendations for people in custody to vote? Many in custody are registered voters. Ballot will be mailed to their household. Sheriff permits household members to deliver the ballots. Deputies at the jail can receive requests for ballots from inmates. The Deputy will go to the election office, be issued to the Deputy who delivers the ballots to the inmates.
- (Dr. Tavano) Due to the pandemic, people moved from shelters and 600 are now in hotels. How can they get their ballots? 400 people are in residential treatment centers which may not be their address of record. How do they vote? These people will not lose their residency at their previous address. Do need to give us a mailing address. We can send the ballot to the hotels or where they happen to be. Best way is to do so online or can call the main line and give a mailing address over the phone. If they do not have their ballot by October 19<sup>th</sup>, contact the Elections Department.

**VII. RECEIVE presentation on the San Francisco Comprehensive Crisis Services program, Stephanie Felder, Director, Comprehensive Crisis Services, San Francisco Department of Public Health (15 minutes)**

(PowerPoint Presentation – “SF DPH Comprehensive Crisis Services”)

- We offer crisis services under the Department of Public Health. Originally several different teams (i.e. Adult, Child). Now combined into one team.
- Mission: To provide compassionate culturally appropriate trauma informed interventions that bring safety, foster resiliency, strength and hope to individuals, families and communities in crisis
- Crisis Lines
  - Have two crisis lines
  - Several languages spoken (assess to ATT for other languages)
  - Staff assigned (i.e. Director, psychologist, Nurse, etc.). Multidisciplinary Team. Staffed to provide 24/7 crisis response.
  - Hours – Monday to Friday 8:30 am – 11:00 pm, Saturday 9:00 am – 7:00 pm (staffed one supervisor and twelve crisis responders). Nights, Sundays and Holidays (one supervisor, two crisis responders triaging calls.) Field visits only for child crisis, suicides, homicides, negotiation situations. Other urgent calls referred to 911.
- Have five vehicles for Team
- Additional Support
  - Crisis Intervention
  - 5150 with adults and Child crisis
  - help families after suicide/homicide/shootings
  - accident fatalities, community violence
  - Assist with funeral arrangements
  - Provide 18 months of grief counseling
  - Assist to apply for victim funds (up to \$7,500.00)
  - New SFPD Family Liaison for cold cases
  - Provides crisis case management up to 30 days
  - Provide psychiatric support
  - Coordinate with community partners
- Presented the Comprehensive Crisis Workflow (from receiving crisis call, evaluate, refer to services or do field visit, etc.)
- Provided data
  - Demographics of CCS patients, locations of field visits in the city, referral types, Dispositions for patients seen in the field
- Provided chart with information for the San Francisco Mental Health Crisis Response Services

**Comments and Questions:**

- (Alana Russaw) What happens when the teams sees the same person in crisis? Those with serious mental illness released from jail with no supports? We try to partner with police to encourage the person to seek services.
- (Robert Thigpen) What is the budget and funding sources? Receive some MHSA funding and general funds.
- (Anna Lubarov) Do Peer Providers go out on calls? We do not have Peer working here at crisis going out.

**VIII: RECEIVE presentation on the Contra Costa County Mobile Crisis Response Team (MCRT), Marie Scannell (Program Manager) and/or Natalie Dimidjian (Program Supervisor) of the Forensic Mental Health Services, Contra Costa Adult Mental Health (15 minutes)**

(PowerPoint Presentation – “Forensic Mental Health Services Mobile Crisis Response Team MCRT 1-833-443-2672”)

- The Mobile Crisis Response Team is a same day specialty mental health service in the Adult System of Care designed to have mental health providers respond to adults experiencing a psychiatric crisis in the community in all regions of Contra Costa County
- Who is on the Team?
  - Licensed Mental Health Clinician and Community Support Worker (CSW)
  - The CSW has lived experience, completed the SPIRIT course, is a County employee, provides Peer support and helps people navigate the Mental Health System
- Hours – Monday to Friday 8:00 am – 10:30 pm. Weekends and Holidays 8:30 am – 5:00 pm.
- Who do we serve
  - Adults with severe mental illness, dual diagnosis, primarily MediCal beneficiaries or the uninsured and the insured. Listed referral types (i.e. family, Access Line, friends, etc.).
- The Goal
  - To de-escalate crisis, reduce psychiatric hospitalizations, evaluate for 5150, engage in safety planning, assess mental health functioning and needs, link to services, can write a 5150 hold, request law enforcement to stand by
- What does the MCRT do
  - Risk assessments, crisis intervention, de-escalation, stabilization, 30 linkage to support services, Peer and family support, coordinate with treatment team members
- What to expect when calling the MCRT
  - Described Referral process, Intake Process and Field Response
  - Referral Process
    - Speak with Mental Health Clinician or Mental Health Community Support Worker
  - Intake Process
    - Obtains information, assesses the situation, determines if a field response is necessary
  - Field Response
    - Usually the MCRT with police/sheriff
    - Coordinate the response
    - Determine the level of need for law enforcement involvement for each call – flexible response with law enforcement
    - If the MCRT requests no law enforcement presence – there will be no response from law enforcement but will remain on call if needed
- Provided two case studies of successful assistance by MCRT
- Compared and Contrasted MCRT with other services and supports
  - MCRT, ACCESS, Miller Wellness, Psychiatric Emergency Services, Seneca MRT
- Provided map of Crisis Assessment Outcomes by Region
  - Provided data re calls per city
  - Most crisis were able to de-escalated

**IX: DISCUSS alternative models and funding for community crisis response being proposed by county local communities, Director of Behavioral Health Services, Dr. Suzanne Tavano (15 minutes)**

(PowerPoint Presentation – “Contra Costa County Behavioral Health Programs & Services”)

- Contra Costa County has three crisis Teams
  - Mobile Crisis Response Team (MCRT), Mobile Response Team (MRT) and Mental Health Evaluation Team (MHET – partners with law enforcement)
  - The MRT and MCRT have responded to 2400 calls a year
  - All three teams fully funded by Mental Health Services (MHSA) dollars, Realignment funds and MediCal
  - Not sure how other counties or cities fund their teams
- Crisis Response Models
  - Community based crisis intervention – main difference is whether or not law enforcement is involved
  - Most models have law enforcement involvement except for the Crisis Assistance Helping Out On The Streets (CAHOOTS model from Oregon (use the Ambulance and Fire Department). No law enforcement involved. Nurse with EMT or Mental Health Practitioner. In 2019, responded to 29,000 calls. Had to call for police assistance in only 150 of those episodes. Model with the least involvement of law enforcement.
  - The Contra Costa Youth Mobile Response Team is similar. Law enforcement called only if assistance needed re 5150.
  - Psychiatric Emergency Response Team (PERT) used in San Diego. Licensed Mental Health Clinician with a uniformed law enforcement officer. Ride together often.
  - Olympia, Washington model – partnership between police and Behavioral Health.
  - Colorado Springs, Colorado – Law enforcement only model. Team is law enforcement and law enforcement supervisor. Not really a crisis intervention model. Goal is to connect people to services
  - Fort Collins, Colorado – Police, a Health Practitioner and Behavioral Health. Law enforcement goes in first to assess the situation. If needed, the Health Practitioner and Behavioral Health will step in.
  - Alameda County (Zeller Model) – Partnership between Behavioral Health and the ambulance service. They have various models.
- Provided a Chart with the levels of care provided
- Contra Costa County has three crisis Teams – they are fully funded by the County (MHSA funds, realignment dollars, MediCal dollars).

**Comments and Questions:**

- (Graham Wiseman) Alarmed cities making up their own teams when we have three models that can be used. Can the County provide direction? The County has no authority over the cities within the County. Anna Roth and I have attended a variety of meetings, town halls, city council meetings and met with the City Managers’ Association. For a County wide program, will need a lot of partnerships. This week we will participate in the Mayors Conference where we will present and engage in a dialog on the Mobile Response Team and the various models.

**X: DISCUSS Mental Health Commission analysis of the Mental Health Services Act (MHSA) 2020-2023 Three Year Plan budget as a precursor to the Plan Public Hearing, Barbara Serwin, Commissioner and Chair, and Douglas Dunn, Commissioner and Chair of the MHSA – Finance Committee (15 minutes)**

- (B. Serwin) – The MHSA Three Year Proposed Plan public hearings on hold due to COVID-19. The State approved submitting the approved plan next year June

<p>31<sup>st</sup>. Would like to have the Plan approved now and not wait until next year. Some MHSa Program contracts need to be negotiated and completed by January 2021. Do not want to have a disruption in services. Plan to have the public hearing on this plan during the Mental Health Commission October meeting.</p> <ul style="list-style-type: none"> <li>• But COVID-19 has changed the financial situation. MHSa budget and expenditures for 2020-2023 has to be revised. The MHSa Finance Committee is analyzing the budget. Commissioner Serwin and Commissioner Dunn are working with Behavioral Health Services to obtain up to date budget information. Goal is to present this updated data and information at the September 17<sup>th</sup> MHSa Finance Committee meeting. Following that is the Mental Health Commission Executive Committee. Both Committees must determine if approval will be given to submit the Three Year Plan for public hearing at the October meeting or decide to delay the hearing another month.</li> <li>• Commission Douglas Dunn provided Analysis of Key Points (Presented “CCBHS Budget Summary Analysis”) <ul style="list-style-type: none"> <li>○ Current MHSa budget is based on information two years old</li> <li>○ Need updated information and data to revise the three Year Plan</li> <li>○ We need to spend down unspent funds</li> </ul> </li> <li>• (Commissioner Serwin) There is a decrease in realignment funds that is a part of the MHSa budget. Need to know the amount of reduction in realignment funding. The total of MHSa total unspent funds is 48 million and we need to spend that down. Need to know which services and programs will be impacted by the revised budget. Working with Behavioral Health Services to get the up-to-date data. Information and data obtained will be discussed at the next MHSa Finance Committee meeting -Wednesday, September 16<sup>th</sup> from 3:00 pm to 4:30 pm.</li> </ul>	
<p><b>XI: RECEIVE Director of Behavioral Health Services report, Dr. Suzanne Tavano (15 minutes)</b></p> <ul style="list-style-type: none"> <li>• Monthly Update (Previous PowerPoint) <ul style="list-style-type: none"> <li>○ We have a comprehensive PowerPoint for each region of the County. Flu Season will be upon us. Will make the flu vaccine available in our congregate care facilities</li> <li>○ Overview of the Mental Health System in a pyramid model <ul style="list-style-type: none"> <li>▪ Prevention Early Intervention effort invest 9 million dollars</li> <li>▪ Outpatient services – 131.5 million dollars</li> <li>▪ Full Service Partnerships – 17 million dollars</li> <li>▪ Residential – 8.4 million dollars</li> <li>▪ Crisis Services – 24.5 million dollars</li> <li>▪ Acute Inpatient – 21.5 million dollars</li> <li>▪ Enhanced Board and Cares – 16 million dollars</li> <li>▪ Assisted living in the community – Health, Housing and Homeless Services and investing in master leasing 14 million dollars</li> <li>▪ Living Independent – Outpatient Services</li> </ul> </li> <li>○ Substance Use <ul style="list-style-type: none"> <li>▪ Approximately 45 million dollars</li> </ul> </li> <li>○ Due to the Pandemic, there is an early release program from the jails/prisons. Monday we will meet with the California Department of Corrections and Rehabilitation (CDCR). We will be notified of those being early released from State prison who have significant mental health issues so we can conduct outreach to provide mental health, substance abuse or other services. Will use portal for information for a continuum of care.</li> </ul> </li> </ul>	
<p><b>XII: Adjourned Meeting at 6:44 pm</b></p>	