

**MENTAL HEALTH COMMISSION  
EXECUTIVE COMMITTEE MEETING MINUTES  
August 23<sup>rd</sup>, 2022 - FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b> Vice-Chair, Cmsr. Barbara Serwin called the meeting to order @ 3:34 pm</p> <p><u>Members Present:</u> Chair, Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Douglas Dunn, District III</p> <p><u>Members Absent</u> Cmsr. Leslie May, District V</p> <p><u>Other Attendees:</u> Cmsr. Karen Mitchoff, District IV Cmsr. Gina Swirsding, District I Angela Beck Jen Quallick, Supv. Candace Andersen’s Ofc</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. PUBLIC COMMENTS:</b></p> <ul style="list-style-type: none"> <li>(Jen Quallick) Pamela Perls appt to commissioner, District II representative 9/13/2022 Monkey Pox – 42 active cases in Contra Costa County (CCC); Alameda County is at 140 cases. Forwarded an article regarding Gov. Newsom approved \$80bil he was going to move forward to children and family services (on top of Care Court) that had to do specifically with school-aged children and mental health. Forward to Angela for the group.</li> </ul>	
<p><b>III. COMMISSIONERS COMMENTS: None</b></p>	
<p><b>IV. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS: None</b></p>	
<p><b>V. APPROVE minutes from July 26<sup>th</sup>, 2022, meeting:</b></p> <ul style="list-style-type: none"> <li>Cmsr. D. Dunn motioned to approve the minutes as written.</li> <li>Seconded by L. Griffin</li> </ul> <p><b>Vote:</b> 3-0-0 <b>Ayes:</b> B. Serwin (Chair), L. Griffin (Vice-Chair), D. Dunn <b>Abstain:</b> none</p>	<p><b>Agendas/minutes can be found:</b> <a href="http://cchealth.org/mentalhealth/mhc/agendas-minutes.php">http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>VI. Supervisor Karen Mitchoff, District IV will be replacing Supervisor Candace Andersen as Alternate Representative on the Mental Health Commission</b></p> <p>Supervisor Karen Mitchoff, District IV will be replacing Supervisor Candace Andersen as Alt. Rep on the Mental Health Commission (MHC) as of the upcoming September MHC Meeting. Supervisor Andersen’s husband is in an internship with the county; Supv. Andersen wanted to be conservative and to avoid any conflict of interest, stepped down. (Jen Quallick) will still participate.</p>	

## VII. UPDATE on Site Visits/Reports, Commissioner Laura Griffin

- Hope House<7:00> (Cmsr. Serwin)
- Next steps <12:00> (Cmsr. Griffin)

Hope House (Cmsr. Serwin) – Completed in May. Cmsr. Serwin took it over to bring in more summary points. The Crestwood report focused on summary points and did not include the specific responses from the interviews, just summarized responses. Hope House, when we received that report from Cmsr. Stern and Cmsr. Metro, they took a different approach. They collated all the responses from the interviews and it was more that the reader could go through the questions and synthesize for themselves what the takeaway was. Both approaches have their pros, but when I read their report I felt it was putting everything on the reader to summarize the trends. I worked on that and finished that last week and sent it out over the weekend with some epiphanies that I had after the Crestwood report sending it out to the program manager and receiving/incorporating that feedback before distribution.

It was always the intent to create a file (packet) for the report that included, not only the report but also the copies of the underlying interview responses with the names redacted. When we went to that step, the Site Visit Team had a meeting and were concerned with HIPAA (Health Insurance Portability and Accountability Act) conflicts. Even though we are not mentioning names, if someone really wanted to or knew the clients well, could piece together who might be speaking and we sent off the report without the underlying interviews.

When we got the Hope House report, everyone loved that, without realizing what we were looking at were the same interview responses. We all liked it so I went ahead with the summary piece and sent it out over the weekend, but with my epiphanies. Are we in conflict with HIPAA if we incorporate the interviews as a summary rather than a separate piece.

The Site Visit Team will have a meeting and the authors of the report (Cmsr. Stern and Cmsr. Metro) and discuss the issue(s) and go from there; modify the report however it needs to be modified. Regardless of whether we include interview responses or not, I think we can still get the report over to the Hope House Program Director to look at the report. Our goal is to present the report at the October Commission meeting.

(Angela Beck) One comment, recently completed HIPAA training and would like to review the report to ensure it is 'generic' / clients are able to remain anonymous, especially because the clients were told it was all confidential. We have to respect that and the way it is laid out, it is not. Will consult with the 'privacy officer' to review policy.

Next steps (Cmsr. Griffin): Our next steps will be discussed more at our meeting on Monday, but hoping we can get two more sites in this year. Whether that is feasible, with the holidays, but it is the plan. Which sites we are unsure but we should be discussing shortly.

### Questions and Comments:

- (Cmsr. Dunn) Hoping we can visit the actual site and accomplished by early October so that we can complete the write ups prior to November 15<sup>th</sup> (the Thanksgiving holidays). I think we can do one, but not two.

Documentation on this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes:

<https://cchealth.org/mentalhealth/mhc/agendas-minutes.php>

<ul style="list-style-type: none"> <li>• (Cmsr. Griffin) We can make it our goal for November 15<sup>th</sup> to present to the public at the December MHC meeting.</li> </ul>	
<p><b>VIII. DISCUSS creation of election nominating committee</b></p> <p>We need at least two people for the committee, and those that know commissioners, ideally. I think it would be difficult to be a new commissioner and even know which way to turn. Is there anyone on the Executive Committee willing to volunteer in case we have no volunteers. (Cmsr. Griffin and Cmsr. Dunn agreed). If there only two people, we do not need to make an ad hoc committee; three then we would have an issue that we would need to set up an ad hoc committee with a public meeting. The majority of the steps for the nominating committee are just operational. Organizing the list of commissioners and deciding who will contact whom and who will write the email to send out to the group as to nominations.</p> <p>To make it efficient and easy on the nominating committee as they may or may not be used to setting up the meetings, etc. and know what is involved. We could set up one public meeting for the committee in mid-late October for members to review the information and the 'slate' and do that in a public forum. The public doesn't need to be in attendance for people to sort out who is doing what. Once the information is being made about the actual slate, then it would be appropriate to have a public meeting.</p> <p>I would suggest we go ahead and set the meeting up in advance so that the nominating committee is not scrambling at the last minute to set up the meeting in time before the November meeting which is when they need to announce the slate.</p> <p>Those on the nominating committee can run. No conflict with that.</p>	
<p><b>IX. DISCUSS progress on Mental Health Commission (MHC) 2022 goals, Commissioner Barbara Serwin</b></p> <p>The most recent chair meeting earlier this month, we spoke to what it is we feel we can accomplish for the rest of the year. Our work overall, while we have made some good process, the Behavioral Health Continuum Infrastructure Projects (BHCIP) grants and the whole process has consumed a lot of unexpected time for the Quality of Care and Finance committees. With more to come due to Rounds 5 and 6.</p> <p>Finance: the goal of where the money is going is through contract review. Main focus has been on the school-based contracts at the request of the Quality of Care committee. Still tracking on the IST population and those expenses from 2021.</p> <p>Justice Systems: will continue with their request for data regarding mental health diagnoses of those in detention with mental health diagnosis despite the tremendous pushback. She wants her committee to continue seeking support for the creation of a conservator oversight position at the state level, despite the differences in opinion with the BHS director about the usefulness of this task. She has some ideas of different places to look for support or get more input into what would be useful.</p>	

Quality of Care: Two more site visits but we will be very happy with one. Continue working on the BHCIP process and monitoring that process. Reviewing the site visit process over the last year, what is working, what isn't, and what we can do better, as well as possible coordination and working with the MHA site review process. Insurance parity issue, I am setting myself the goal of identifying three insurance contacts by the end of the year.

**Questions and Comments:**

- (Cmsr. Swirsding) Regarding Quality of Care and site visits. I was at the Juneteenth and National Night Out, and had people complain about the lack of services in the area. The common theme was surrounding family members bringing consumers to PES (psych emergency services). They would send them home with no follow up. The consumer is in PES for a very long time and then just sent home. This is not normal protocol and it is something we need to look into. (RESPONSE: Cmsr. Serwin) Thank you for that. We need to take this issue back to the Quality of Care committee. It is interesting question as to whether or not it is a COVID issue or not but the problem existed before COVID. If this is happening in a more substantial way now, it may be staffing levels aren't there for the follow up. But this perception is important to pass on.
- (Cmsr. Dunn) I just want to tie in with Cmsr. Swirsding. Two things I think are in play. (1) staffing, but (2) it could be the retirement of Vic Montoya who was really on top of this. I think we need to invite Dr. Tarun Bhandari, he oversees 4C / 4D as well as PES and he is the required person that needs to come.
- (Cmsr. Griffin) I was in the Behavioral Health Partnership meeting the other day, Jaspreet Benepal was talking about PES and how people were falling through the cracks, because that is what is happening. She basically said they are short staffed and can't find people to work, so they are trying to do the best they can but they are short on clinicians and everything. This is something really important for us, perhaps a 2023 goal. Perhaps invite them both. I also don't want anyone to forget about the K-12 project and how we are going to look into the districts.

**X. DISCUSS posting of Site Visit Reports and Commissioner Orientation / Training to the MHC website to share to the public**

Site Visit Reports would just be a pdf. The Commissioner Orientation / Training – minimally we can post pdf's of the PowerPoint presentations, ideally we would like to post or access to the video presentations. There is a lot that can be missed if you don't have both the presentation file(s) and the video to go along with that.

Publishing the site visit reports is a simple matter of setting up the layout/link to the website and have it published. The unknown is the zoom recordings, there are requirements and restrictions. Zoom holds recordings for 30 days and we would need to have a storage place for these recordings.

(Angela Beck) The big issues is that we need to have the closed captions turned on and I will need to do the closed captioning. Also how accurate

<p>this feature is and to see if there are some outside applications that can be used for more accuracy.</p> <p>(Jen Quallick) I can absolutely connect with Chris Verdugo (sp?) over at CCTV and figure out how that is all coordinated. Will get you referrals.</p>	
<p><b>XI. DETERMINE September 2022 Mental Health Commission Meeting Agenda</b></p> <ul style="list-style-type: none"> <li>• <b>CHAIR ANNOUNCEMENTS</b> <ul style="list-style-type: none"> <li>• MHC Orientation Module TBD</li> <li>• Welcome Supervisor Karen Mitchoff as Alternate Representative to the commission</li> </ul> </li> <li>• <b>“Get to know your Commissioner” – Commissioner Gerthy Loveday Cohen</b></li> <li>• <b>Update on Site Visits</b></li> <li>• <b>Presentation: Meeting the Mental Health needs of People with Developmental Disabilities, Liz Walser, Regional Center of the East Bay, and Vi Ibarra, Developmental Disabilities Council</b></li> <li>• <b><i>Presentation: External Quality Review Organization (EQRO) Report, Priscilla Aguirre, MPP, Quality Management Program Coordinator, Quality Improvement &amp; Assurance Unit (or) &lt;may have to cancel&gt;</i></b></li> <li>• <b><i>Presentation: Center for Recovery and Empowerment (CORE), Lara Zanzucchi, LCSW, Program Supervisor , West County Child &amp; Adolescent Services, CORE &lt;October meeting but available for September if there is a cancellation with the EQRO&gt;</i></b></li> <li>• <b>Establish Election Nomination Committee</b></li> <li>• <b>Review progress on Mental Health Commission (MHC) 2022 goals</b></li> <li>• <b>Behavioral Health Services Director's report, Dr. Suzanne Tavano</b> <ul style="list-style-type: none"> <li>• Update on applications for BHCIP grants.</li> <li>• Update on Diversion Housing limited</li> </ul> </li> </ul> <p>Agenda items agreed/approved.</p>	
<p><b>XII. Adjourned meeting at 4:36 pm</b></p>	