

MENTAL HEALTH COMMISSION
QUALITY OF CARE COMMITTEE MEETING MINUTES
January 19th, 2023 - FINAL

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Quality of Care Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @3:37 pm.</p> <p><u>Members Present:</u> Chair - Cmsr. Barbara Serwin, District II Cmsr. Laura Griffin, District V Cmsr. Gina Swirsding, District I</p> <p><u>Members Not Present:</u> Cmsr. Leslie May, District V Cmsr. Joe Metro, District V</p> <p><u>Other Attendees:</u> Cmsr. Douglas Dunn, District III Cmsr. Pamela Perls, District II Cmsr. Rhiannon Shires, District II Angela Beck Teresa Pasquini</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS:</p> <ul style="list-style-type: none"> • (Teresa Pasquini) I am on to listen to what the plans are for the kids. To continue from the last meeting, as a community member, as someone who has lived here for 67 years and really worked diligently, partnered with patients, I just feel it is unacceptable that our community is not getting this kind of information after so long. I respectfully encourage the commission to move this matter (data collection on mental health diagnoses in the jail population) to the full commission and consider elevating it. If the Board of Supervisors (BOS) isn't going to listen, we need to go to the press. LA County gets a lot of press, as well as a lot of other counties. Contra Costa (CCC) has been escaping a lot of press lately. It is really time for there to be an intentional outreach of partnership, here. It is not HIPAA, HIPAA is not the issue. I can guarantee you, I have studied for years, I'm not a lawyer, but it's not that. I just felt compelled to say that and after getting off that meeting and thinking about it, we really need the community support. There are a lot of other groups that get riled up about things and it is time for people to stand with us too. I'm ready to go to the press myself. I'd like to see the commission continue to collaborate and would like to see what the BOS response is to this. I'd like it to be public! • (Cmsr. Serwin) Thank you Teresa. I think elevating it, not just this instance, it is a very well documented instance that is reflective of the information withholding that is part and parcel of working with the Behavioral Health Services (BHS). I really like the idea of elevating it for that point alone. Opening the door to the full picture, and 'pulling back the curtain' we do need to elevate this. I agree with you. 	
<p>III. COMMISSIONERS COMMENTS:</p>	

<ul style="list-style-type: none"> • (Cmsr. Shires) I wanted to share, too, in response to what is happening from the last meeting is that, going along APA and Ethical guidelines. For those who have doctorates, we have all had to do research and gather data. A lot of times, this aggregate data. In this situation, just from my background and doing research and information gathering, I don't see any HIPAA violations or issues and I wanted to chime in on that. • (Cmsr. Griffin) I agree with Teresa and everyone, I don't think we should let this matter drop; I think we should go full steam. The only reason I mentioned an outside attorney was just as far as information we throw out to defend ourselves, and they can't throw the legal jargon back in our face. But I do think going to the press would be really good, also-I always say the civil grand jury, you can also put a complaint in to go on to their website to file a complaint. I would, as a former member of the civil grand jury for many years, highly recommend going that route. They are always looking for good investigation material and they would (I'm sure) take this on. Would it be possible to go to a BOS meeting and speak as a commission? I am the new chair and I want to make sure... can we do that? I think we should! • (Teresa Pasquini) I want to caution, this isn't a discussion item on the agenda. I am happy to confer with you all, and will share that previous years, we had commission take action which included go to the BOS meeting and advocating on certain things, or writing a letter, etc. but I think that, absolutely, you should. You can always go and speak as an individual as well. It should be discussed, it should be put on the table at the commission meeting. • (Cmsr. Swirsding) I attended something for the state regarding crisis response. California (the state) is planning on giving more funds to different counties and I attended that meeting. I think we need to be really sharp on this because they are distributing funds to different counties in different amounts. This is something we need to speak out on, as well. (RESPONSE: Cmsr. Serwin) I think this would be a good thing to make the director of the crisis response program aware of (Dr. Chad Pierce). • (Cmsr. Dunn) Reiterate to send what you presented, Cmsr. Serwin, it will help in my commissioner reference to pursue this issue. 	
<p>IV. CHAIR COMMENTS – None</p>	
<p>V. APPROVE minutes from the October 20th, 2022 Quality-of-Care Committee Meeting. Cmsr. G. Swirsding moved to approve the minutes. Seconded by Cmsr. L. Griffin.</p> <ul style="list-style-type: none"> • Vote: 3-0-0 <p>Ayes: B. Serwin (Chair), L. Griffin and G. Swirsding. Abstain: none</p>	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS goals, overall strategy and steps for the K-12 gap analysis project, Commissioners Laura Griffin and Barbara Serwin</p> <p><Screenshare> Our objective is to identify gaps in the mental healthcare for K-12 students in the CCC public schools, and then to advocate for funding and programs and services for districts in need. Big picture strategy is to evaluate the mental health plans and programs for each district, understand their needs assessment if they have one, understand what is in place already and do they have a budget? Per student allocation? Staffing availability? What specific programs and services do they offer?</p>	

After the evaluation, advocate for any necessary changes. In terms of steps, I thought we would continue to do background research on K-12 mental health issues, programs and services, evaluations that are out there.

Criteria for success: From some of the research I have been reading, we can:

- Extrapolate some criteria for success and background research on the funding sources and administration of mental health services in K-12. I have quite a few documents and there is just a proliferation now of information, actual research, now available, not just news articles.
- Further identify initiatives for improvement of mental health care systems in K-12 schools. Example: drawing from experts for examples like WISP.
- Establish criteria for what makes a successful K-12 school mental health care system.
- Identify and understand underserved school districts and schools.
- Working primarily through BHS children's director and the CCC Office of Education (COE) WISP program.
- Advocate for needs, it is a great opportunity to write and publish a report
- Present to districts and schools, the CCCOE, BHS and the BOS.
- Follow up in a year to assess change.

This could be a never-ending huge project and we need to be efficient on how we navigate our way through it. So, finding the right people to help us identify these underserved schools and districts is really key. We will be interviewing stakeholders, superintendents, principals, mental health counselors, teachers, parents, school boards and county public school mental health experts.

We should be strategic in those we identify to speak with to collect and understand what the needs are, what is in place and how to best advocate for needed services and funding.

This is Cmsr. Griffin and my thoughts, in terms of how we can go about the goal of identifying gaps. We are putting this out there for feedback on any one of these steps; on ways to be efficient about it which is so crucial; where to go; directions to take.

Comments and Questions:

- (Cmsr. Swirsding) One other thing that needs to be included is having law enforcement on campuses. The advantage of that is they were able to identify students with mental health issues and the officers would get to know the students. If there was a crisis involving one of those students, the team would go out to that house and since the student knew the officers, they were able to work with the family and student to resolve the situation and follow up/check in with the student on campus. It was a very positive crossover and a lot of the students would come up during community events to speak to the officers. The rapport was positive and it was amazing to experience that. At the meeting a lot of consumers stated they didn't want law enforcement there, but this is adult consumers not the kids in the schools. These kids with mental health issues want them in the school. (RESPONSE: Cmsr. Serwin) I just added to interview crisis response and law enforcement that experienced in handling crisis situations.
- (Cmsr. Griffin) I was hoping we could make sure we scale down our focus so it is not so wide-spread and we can stay on track. We are looking to ensure the funds are allocated to these schools for mental health services and are actually being used. Isn't that our goal? (RESPONSE: Cmsr. Serwin) Identify gaps and advocate for funding and programs/services for districts and schools in need. Is that too broadly stated? Maybe we should have

<p>SCOPE/OUTCOMES in which we identify types of advocacy, advocate for needs. Is that still too broad?</p> <ul style="list-style-type: none"> • (Cmsr. Griffin) We should do some of this offline. I think we need to ensure we are focused directly. The most important thing is to find the right team to work on this project. • (Cmsr. Serwin) As we discussed, focus in on who /what are these school districts and schools most in need so that we can properly advocate. • (Teresa Pasquini) I agree with Cmsr. Griffin. It is huge and I just hate to see you scope it too big. Working with Gerold Leonicker to see where this activity is already taking place. You don't want duplicate. What is critical is getting the shared data (i.e. what kids are going to PES, the new children's crisis stabilization unit [CCSU] and programming already in place). As the new program is coming in, what will be established in terms of data collection on the efficacy of that effort? I can tell you, as chair of the Behavioral Health Care Partnership (BHCP) and the work we did in PES, we were very focused on the number of kids coming in, especially because they were mixed in with the adults. I'm not sure how much data is being tracked in terms of the 5150s, where they are coming from. Make sure you don't forget the sickest of the kids, not just the depression and suicide attempts and drug use... how are we identifying the severely mentally ill (SMI) before they get to adulthood. How are we connecting them to services? Are we doing a better job than we were? Whether you have to collect the data or not? Who will help with data collection? 	
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<p>VII. UPDATE on November 10, 2022 Wellness In School Program (WISP) meeting, Commissioner Laura Griffin</p> <p>This wellness in school program (WISP) it is just absolutely fantastic. This was put in place by a grant in November 2021, to help all students in the county to access needed behavioral health services and support in schools in a timely manner. They establish partnerships with mental health service providers, improve and develop systems to create sustainable best practices and protocols in schools and a lot of other great things. I'm an advocate for children because I was one, and know many others who have suffered through years not knowing what was wrong and thinking we were just strange. My heart is in this.</p> <p>WISP consists of liaisons and have representatives for each district (South, Central, West and East county) as well as a homeless and foster youth liaison.</p> <p>The last meeting we had on January 12. The presentation was absolutely fantastic. I have invited the WISP representatives to present at the March 1 MHC meeting and they are happy to do that.</p> <p>The last meeting, there was a presentation from the West county liaison (Edmond Arnold) who spoke about the Carquinez Middle School and what they are doing. WISP is basically going into different schools to try to incorporate these programs in these schools and would report out. Carquinez Middle School is establishing a Mental Health Wellness club. It is with John Muir Elementary in Crockett and they started up a lunch club for teachers and students to have a safe place to go at lunch. They felt with all the hustle and bustle that the kids are feeling, it would be a good safe place for students to be able communicate with each other and the teachers. It provides a place that is quite for them to be able to talk about the importance of promoting mental health, it promotes mental health activities for the students attending and the process they are taking is to start these activities in the lunch club and hoping to expand that to the larger school so that everyone can participate.</p>	
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Carquinez has been promoting mental health activities, which are intended to reduce stigma that students face. The WISP team has really assisted by connecting the Carquinez school with the Sandy Hook Promise. They are working to get this lunch club established and have it recognized into a Sandy Hook Promise club (will look more into what that all is). This is a great way for students to think about mental health and, not only will students receive leadership experience, but also have opportunities to educate themselves on depression, anxiety, suicide and other topics, but also so they do not feel alone. There are others that are experiencing the same things as they are. They are attempting to teach the students tools to open conversations and normalize what they and many of their peers are dealing with on a daily basis. These clubs are vital in developing a community of support, raise awareness for mental health support in the community and in the school and to reduce the stigma that students face. The other good thing is that teachers are included in the club to find a trusted adult in case they need to talk to someone. This is just one school they have focused on at this meeting. They are assisting other schools throughout the district in the county to do the same or what works for them.

The collaboration before November, the principal from Carmen Dragon, one of the Elementary schools in Antioch, have established a 'wellness room' on campus. It has helped with emotional health of the students. It is a space where students can go to de-stress in a place they can calm down and get in touch with their feelings and share with other kids experiencing the same. The students aren't sent to the wellness room, they are invited. He went on to describe more about it. I can't get into that now but they had a wonderful presentation and will be at the March 1 MHC meeting to present. Carmen Dragon is a pre-K through 6th school and is 70% low income students. They are really doing a wonderful service for the kids in our schools. They are like a secret that is not known yet.

I think they are going to make a huge difference. I encourage you all to be in that meeting to take in the presentation.

Comments and Questions:

- (Cmsr. Swirsding) In Kennedy High in Richmond, they have a room like that where students can come to speak on their mental health issues. This is the program though Tony Thurmond they tried to work into the school; however to get more funding, they started using it for Planned Parenthood and it became a mixed use service area. I think it is important but it shifted the focused and the high school students would rather have it more focused on mental health.

VIII. DISCUSS national sampling of recent school-based efforts to address K-12 student mental health, Commissioner Barbara Serwin

(Cmsr. Serwin) There are a lot of attached documents <screen share>

Quite a while ago, I did a broad-based research on K-12 mental health across the country. What kind of solutions schools that active in improving mental health services and programs in their schools, what kind of things they are doing. Overall, they are building capacity of teachers and staff to support students in the classroom setting. They are training and hiring more mental health professionals plus social services and nurses. They are building comprehensive mental health plans at the school and district levels. They are building mental health into the school curriculum, including recognizing symptoms, what to do and how to cope. They are training teachers in basic social and emotional skills including prevention strategies, especially to help students deal with trauma.

Interestingly only 15% of teachers feel comfortable to helping students to deal with grief, trauma, stress and anxiety in real time. So they are trying to cram all this into students curricular and put it on the teacher and it isn't clear whether that is going to actually work (with the teachers).

- In addition to building capacity, there are wellness centers being created at school sites across all age groups. We have seen from WISP has presented a couple of wellness centers and we know that Mr. Wiseman has a company that focuses on that.
- Schools are also providing mental health days; screening students at the school level on socio-emotional behavior and looking for signs of substance abuse and mental health issues;
- Creating a centralized school mental health response team to respond to students at sites who have experienced trauma during the pandemic and stressed beyond their ability to cope (coming back to school now).
- Focusing on recreating the school community first, rather than focusing on academics and reinforcing the bonds between students and teachers, parents, school and students/parents.
- Stressing the importance of involving community providers in supports at school sites and available virtually, so it's not just the schools problem but the broader community.
- Training community leaders and community centers in emotional health principles and provide mentors beside parents.
- Expand Boys & Girls Clubs.
- Providing peer support.
- Promoting family to student connectedness in school.

Referring to the handouts, there is legislation regarding funding and some good articles that summarize existing funding and legislation in the works as of six months ago regarding funding for K-12 mental health services.

- Schools are one of the leading settings for the delivery of mental health services to K-12 kids.
- The recommended ratio of counselor to students is 1:500, but in the US is 1:1121-1:1400. The big cry is that we don't have enough mental health workers to provide adequate services.
- There is a projected deficit of 10k mental health workers by 2025.

The idea of recreating school community was really important. There is such a push to focus on the academics and not be aware of the emotional impact. The wellness centers have a really big role to play if they truly are safe places; or if the minute a student walks out, they are seen as the kid that goes to the wellness center and then bullied and beat up. That is the problem I have with the clubs, the kids are associated with it and kids are ruthless. I wonder what you all think about the idea of screening kids. Is that something that impinges on privacy issues? It is nice in the sense that everyone is subject to the same screening.

Comments and Questions:

- (Cmsr. Griffin) Who would be asking the questions? A doctor? Or a Teacher/Counselor?
- (Cmsr. Serwin) It doesn't sound like teachers want to.
- (Cmsr. Griffin) They are not going to take on that extra responsibility and I don't think parents would be too crazy about that idea.
- (Cmsr. Serwin) What do you do with that data? Just making referrals?

<ul style="list-style-type: none"> • (Cmsr. Griffin) It should be part of a medical exam, not the school. Maybe required by the school to attend classes, but not by school admin, it needs to come from a medical perspective. • (Cmsr. Swirsding) What if a kid goes to PES, there should be some communication with the parents and the school. Kids are supposed to be in school. Is there any communication that the student was in PES? Is there any communication? • (Teresa Pasquini) This topic has been a conversation for year. There are lot of schools that are sending kids to PES and dumping them there, really. That is the other piece here and why it is important to have shared learning and understanding about what is being done to change that. I support Cmsr. Serwin’s comment about the wellness centers. They might not be willing to go through those doors and we need to change that stigma surrounding that. Until that happens, what you call these centers is important. I think there is still too much shame surrounding mental health issues. Kids bully. • (Cmsr. Dunn) <via chat> The recommended ration of 1:500 appears extremely high. 	
<p>IX. REVIEW/DISCUSS developments regarding physical health and mental health insurance parity, Behavioral Health Services (BHS) Director, Dr. Suzanne Tavano</p>	<p><i>Dr. Tavano not in attendance to address this item</i></p>
<p>X. DISCUSS 2022-2023 Budget Priorities for the Behavioral Health Services Budget From the Quality of Care perspective</p> <p>Comments and Questions:</p> <ul style="list-style-type: none"> • (Cmsr. Dunn) This relates a bit to quality of care: As we know, BHCIP outcomes for Round 5 will be very important in CCC. Replacements for both Nevin and Nierika House, as well as a Mental Health Rehabilitation Center (MHRC). While that has a non-education quality of care to it. As far as Round 6, I have delved in a bit to the Governor’s budget and due to the tightness of the budget, Round 6 is being pushed back and split up 2023-24 \$240m/\$250k; another \$240m/\$250k in 2024-25. That is the proposal and it is only January. It may be revised better or worse. We don’t know at this point. On the adult side (Dr. Scannell’s comments) the incompetent to stand trial (IST) issue will be very important to track and work with BHS very carefully. Children and Adolescent: the MHC has not been involved up to now with BHCP as far as making sure the CCSU is properly stood up and operated. We have GOT to start getting involved in this process. All other things are very nice, but this is right in front of us and if it isn’t done right and don’t get our voice heard, we will be left with some potentially major issues down the road that we could have tried to get in front of now. Now is the time to do so. That is the biggest of everything I mentioned. • (Cmsr Griffin) I agree. (Cmsr. Serwin) I completely agree with that and hoping that, if there is room on the February agenda, we can have a presentation on where the latest is at with respect to the programs, services, staffing, budget, etc. We also want to have the ability to respond back because BHCP is getting their voice heard and I agree with Cmsr. Dunn, we need to chime in. • (Cmsr. Dunn) we need to start attending their meetings and speak up. We need some other commissioners to attend, I can’t be everywhere all the time. 	

- (Cmsr. Swirsding) CPAW, the children’s group hasn’t been meeting either. I go to CPAW meetings, and I want to go to the children’s group but they are not holding them.
- (Cmsr. Griffin) I do attend those and I was at the meeting the other day. They did report out (Dr. Tavano) not too much information I do attend. I agree, we need to be more involved in this definitely.
- (Teresa Pasquini) My comment to that is how many deputy directors/chiefs are there? That would be something (you would think) could be designated. That is my comment to that.

I wanted to weigh in on two things: I do think hearing an update on CalAIM is critically important in understanding on everything that is happening. I did appreciate the small report out we got from Suzanne at the last meeting, but it is impossible for us to grasp all of the change taking place in the state. It is huge. I know that is one huge project everyone is putting all their eggs into and I am not convinced it will deliver what it promises too. Second, there will be a bill introduced regarding the MHSA and there is going to be a re-do bill and it came up in 2019. Now with the pending budget ‘crisis’ how they go about prioritizing and ‘rob Peter to pay Paul’ it will be interesting and we must watch closely. It is coming. I have been participating in a couple meetings of the MHSA partners at the state level (they call themselves the ‘coalition’) and are the group against care court and Laura’s law.

I joined these meetings because I want to learn their perspective. They are forming coalitions to push back on anything that will take MHSA to be used for involuntary care or hospitalization, etc. They really totally (in my opinion) ignore the fact that our greatest mental health delivery facilities are jails and prisons. Just saying you all need to add that to your list. The BHCP is not what it was designed to be, it was to be a stakeholder process and the CCSU is one of them. The history around Miller Wellness Center (MWC) goes back to the capital facilities funds that were gifted to us and how it we spent it, it went to Hope House and it was to be spent on the MWC and there was not a good collaboration at that time between hospital-based and outpatient. There wasn’t good communication with the BHS Director, the Hospital CEO, etc. That is one thing that Suzanne has brought to the table that is really important and has offered a partnership that is critical. It was needed. In my opinion, the leadership of the BHS Division should be accommodating in this regard more instead of criticizing. I don’t get it.

- (Cmsr. Serwin) The way I have seen the BHS Director utilize both the MHC and BHCP, is that she goes and presents and then states that as her interaction with the community and checks it off her list and moves on. As opposed to there being a more in-depth interaction about it. That is why I keep trying to draw more commissioners into the conversation (budget for example, or features needed for the CCSU). That information then needs to go to her and we need to hear back from her about what she thinks about these things and to have an interactive conversation about it. I feel like it just never happens, there’s a diversion of topics and it is very hard to get a truly interactive conversation going, where I believe the MHC has really been heard and we’ve provided actionable suggestion.
- (Teresa Pasquini) I totally understand and it is the appearance I am getting and it is very disappointing to me because I put seven years into building authentic partnerships and that is why all of this is very unnerving and upsetting. You should not be tokenized and that was the whole point of establishing the partnership, to stop making commissioners, family members, patients feel like their input wasn’t valued and critical to designing

<p>systems. It is very personal for me. I hear you, I'm disappointed and I hope this changes. This is not my understanding of the health departments leadership philosophy.</p> <ul style="list-style-type: none"> • (Cmsr. Griffin) I don't have the history behind this but it something we need to remedy. How do we get around this? How do we get her to respond? • (Cmsr. Serwin) It may need to be elevated to her boss (Anna Roth) or to the BOS. We can be more disciplined about when feedback is sent on that we ensure we hear back regarding that feedback. Following up and ensuring a response (i.e. a formal letter requiring a response). If we direct it and don't get a response then we have something to speak to Anna Roth or the BOS. With this pattern, though, it becomes a bigger issue and this is definitely a pattern. 	
<p>XI. Adjourned at 5:01pm.</p>	