CONTRA COSTA COUNTY
MENTAL HEALTH COMMISSION
MONTHLY MEETING AND ANNUAL PLANNING MEETING
MINUTES FROM FEBRUARY 12, 2015 – Final

Agenda Item	Discussion	Action / Follow-Up
I. Call to Order/ Introductions	The meeting was called to order at 4:33 pm by MHC Chairperson Lauren Rettagliata. **<u>Commissioners Present</u>** Greg Beckner, District IV Peggy Black, District V Louis Buckingham, District III Evelyn Centeno, District V Jerome Crichton, District III Dave Kahler, District IV Tess Paoli, District III Teresa Pasquini, District I Lauren Rettagliata, District II Barbara Serwin, District II Gina Swirsding, District I Sam Yoshioka, District IV **<u>Commissioners Absent</u>** Supv. Candace Andersen, BOS Rep. **<u>Non-Commissioners Present</u>** • Cynthia Belon, Behavos Health/Mental Health Director • Warren Hayes, MHSA Program Manager • Olivia Magallan • Diana MaKieve, MHC Applicant • Marsha McInnis, BHR • Colette O'Keeffe, CCHC • Jill Ray, Supv. Andersen's Office • Karen Shuler, MHC Executive Assistant • Connie Steers, CPAW • Janet Marshall Wilson, Community	*Transfer recording to computer.* *Update Commissioner Attendance Chart* *Update Data Base*
II. Announcements	Lauren announced that we are in the process of finding a new meeting location for the Commission. She said changing the meeting time from 3-5 may be proposed so we could use County buildings that lock at 5:00 p.m. Lauren introduced MHC Applicant Diana MaKieve.	
III. Public Comment	None.	
IV. Commissioner Comments	1) San commented that the MHC has an MHSA/Fin Committee overseeing the Prop 63 funding ($32M) of MHSA programs. The MHC does not have a Committee, specifically, overseeing the Mental Health budget of over $155M. Shouldn't the MHC have a	.

	dedicated Committee to oversee the funding (revenues) and expenditures of the Mental Health Services Division? 2) Evelyn commended Teresa and Lauren for working so hard on getting Laura's Law passed. 3) Evelyn thanked Karen for texting the location of today's Commission meeting. 4) Teresa said a stakeholder had contacted her regarding allegations of misuse of public funds. She gave copies of the letter she had received to the Chair of the Commission as requested by the stakeholder. Lauren informed County Administrator David Twa that she was in receipt of the letter. A decision was made to schedule an Executive Committee meeting to discuss the letter. Both Evelyn and Lauren thanked Teresa for discussing this issue with the Commission.	
V. Approval of the MHC Minutes from January 8, 2015	Sam made a motion to accept the Minutes from January 8, 2015. Louis seconded the motion. Discussion: Correction received from Evelyn: I want to give you a heads up regarding Item V Approval of the MHC Minutes from January 8. I will request to change this statement "Evelyn disagreed with Karen's explanation." I am sure the tape captured what I said: *"I agree with Karen that a discussion came about the specific job title after I gave my report. Then I repeated again that that any other statement regarding confusion on the job title came as part of the discussion that ensued after I read my report."* Karen said she listened to the tape, and because it is not directly asking that the previous Minutes be changed, but only how she expressed herself at the January meeting, it is close enough to be changed from the original Minutes that were presented. Corrections received from Lauren on Item VIII: Vic said they've been talking about how to bring children's issues to the Commission. He announced they may open a childrens and older adult clinic in East County. Dave asked about what her relationship would be with Bob Thigpen. *Part of Vic's response was inadvertently deleted. Karen listened to the tape and made the following corrections:* Vic said at this point he will ask the new Family Advocate, Jennifer Morgan, to introduce herself to Bob, and they will work together and he was anticipating that based on Bob's experience, Bob will guide her through some specific	➢ Motion to approve the Minutes as mended passed unanimously. *Post amended Minutes to website.*

	families he's working with so she can benefit from that experience. Vote: Approval of the Minutes as amended passed unanimously 12-0-0. Supv. Andersen was absent.	
VI. Nominations and Vote for Executive Committee position vacated by Sam Yoshioka	Lauren asked if there was anyone interested in being on the Executive Committee or if there were any nominations from the floor. Barbara Serwin said she would like to run for the position. Sam nominated Greg Beckner from the floor. Ballots were read. Barbara received 10 yes votes and Greg received 1 vote. Voting for Barbara: Dave, Greg, Teresa, Barbara, Lauren, Peggy, Jerome, Gina, Evelyn, Louis. Note: 1 person marked their ballot for Barbara, but did not sign it. Their vote was not counted. Voting for Greg: Sam. By a vote of 10-1, Barbara was elected to serve on the Executive Committee.	➢ Barbara Serwin elected to the Executive Committee 10-1. *Update Committee Membership Chart.*
VII. Confirm Barbara Serwin's appointment to the Quality of Care Committee.	Peggy made a motion to confirm Barbara's appointment to the Quality of Care Committee and Evelyn seconded the motion. Discussion: None. By a unanimous vote of 12-0-0, Barbara was appointed to the Quality of Care Committee.	*Update Committee Membership Chart.*
VIII. Confirm Peggy Black's election as Chair of the Quality of Care Committee.	Evelyn made a motion to confirm Peggy's appointment to Chair the Quality of Care Committee and Teresa seconded the motion. Discussion: Sam asked why the vote came to the MHC and it was explained that all committee actions come to the MHC for confirmation or approval. By a unanimous vote of 12-0-0, Peggy was appointed to Chair the Quality of Care Committee.	*Update Committee Membership Chart.*
IX. Mental Health Commission Retreat	Jerome stated he felt he had met the obligations assigned to him by seeking out facilitators and providing that information to Vic. He added that he is concerned about the time frame. Lauren asked what time frame he felt was needed. Jerome said a minimum of 30 days. The facilitator would usually conduct interviews with each member of the Commission and then structure their presentation,. Beyond that, there are issues of putting forth the RFP's. Gina said she doesn't understand why it's so difficult. Jerome said it would take time to do it properly. Lauren said she respected Jerome's process.	

	Evelyn suggested entertaining a motion for the date. Based on the results of the Doodle Poll, three tentative dates were suggested: Wednesday, March 18th, Monday, March 23rd, or Monday, March 30th – all from 1-5. Teresa made a motion, seconded by Tess to seek out a facilitator whole schedule would match one of those dates. Discussion: None. Vote. The motion passed unanimously 12-0-0.	➢ Motion passed to find a facilitator for the Retreat who would be available March 18, 23 or 30.
	ANNUAL PLANNING MEETING PORTION	
I. Mental Health Director's Report with Goals and Needed Actions for 2015	Behavior Health Services/Mental Health Director Cynthia Belon presented the report to the Commission. **<u>Key Staff Vacancies:</u>** The Quality Management Program Coordinator resigned from Contra Costa County as of 7/10/14, and the Quality Improvement Coordinator retired from the system on 6/30/14. There is one Planner/Evaluator position in Research and Evaluation that has been vacant throughout 2014. An additional Planner/Evaluator position became vacant more recently on 1/23/15 when the individual accepted another position overseas. There will be a new recruitment for the Family Services Coordinator Position. There is a program manager position created to facilitate integration with Primary care that has not been filled yet. The Children's System of Care has two vacancies: one for Katie (A?) Program Manager and the other for Hospital and Residential Program Manager. Interviews have been conducted to fill these positions and decisions forthcoming. The Deputy Director of Behavioral Health position was created and approved by the Board of Supervisors on 6/3/14. This position was posted for recruitment on 2/2/15. **<u>Project and Product Overview:</u>** The Behavioral Health Electronic Medical Record Project was initiated to work with programs across the system of care to automate and integrate service delivery through the implementation of health information systems. Prior work completed with the integration of primary care referrals to Behavioral Health's Mental Health Access Line/Care Management Unit(CMU) and the build that integrated the Miller Wellness Center, have provided Behavioral Health with proof that an integrated Electronic Health Record (HER) is ideal, resulting in the organization taking the next step towards service integration with this project, the Behavioral Health Tapestry Project.	

	The Behavioral Health Tapestry Project will replace the antiquated NetPro Authorization and Claims Processing System for the CMU with Epic's Tapestry modules. The purpose of this project is to implement an integrated system which will allow Behavioral Health to realize the following benefits: ➔ Meet Medi-Cal requirements of logging all consumer calls received through the Access Line to ensure appropriate access to services and care; ➔ Track various types of calls from providers, hospitals, health plans, and other counties for improved coordination of services; ➔ Route calls to appropriate teams for care management, or other related follow-up, in support of the "any door is the right door" approach; ➔ Automate and standardize requests for authorization/re-authorization with the implementation of the referrals, forms, and orders; ➔ Reduce claims processing times through claims processing automation based on Medi-Cal Policies for covered services; ➔ Improve accuracy and reporting of claims status for provider payment authorizations, recoupments, and cost reporting; ➔ Improve utilization review (UR) and utilization management (UM) through the use of desk reviews (document imaging) for chart audits of supporting clinical documentation; ➔ Improve accuracy and reporting of provider credentialing, demographics, profiles, capacity, and utilization through the implementation of Provider Management Information Systems (PMIS). **Objectives:** The objectives of the Behavioral Health Tapestry Project are as follows: ➔ Improve efficiency of the Care Management Unit's Access Line through the implementation of Epic's Customer Relationship Management (CRM) Application; ➔ Improve quality of Provider profiles used for referring clients to Network Providers through the utilization of Provider Management Information System (PMIS);	

	➔ Improve efficiency of initial referral entry and re-authorization of services with Network Providers through Tapestry Referrals; ➔ Improve communications and coordination of care with Network Providers through the use of PlanLink; ➔ Improve accuracy of authorizations and claims adjudication by front end eligibility checking through Registration, Eligibility and Enrollment; ➔ Automate claims processing workflows with the coding of business rules and contracts for providers through the implementation of AP Claims, Contracts and Benefits Engine within Tapestry; ➔ Automate claims processing data entry with the implementation of Claims EDI Processing Services to allow for the automatic loading of claims to Tapestry; ➔ Implement document imaging of hard copy documents for inclusion in the consumer chart for improved coordination of care; ➔ Implement In-Basket Messaging to allow for improved care and coordination of services amongst the care management team; ➔ Meet Medi-Cal requirements of logging all consumer calls received through the Access Line to ensure appropriate access to services and care. **Expansion of Provider Network to CCHP:** With implementation of the Affordable Care Act, the responsibility for care of those beneficiaries deemed mildly to moderately impaired was transferred to the Managed Care Plan. To absorb this influx, the Contra Costa Health Plan (CCHP) reached out to our existing Provider Network. A Memorandum of Understanding was created between CCMHP and CCHP to ensure monitoring of access, timeliness and quality. This monitoring has indicated that the expansion of the Provider Network in response to the new requirements has been successful. Efforts continue in monitoring future needs and evaluation of future expansions. **Grand Opening of the George and Cynthia Miller Wellness Center:** The Miller Wellness Center (MWC) will serve as a flagship of integration between physical health care and	

	behavioral health care. All services within MWC will bill under Federally Qualified Health Center (FQHC) regulations, and all care will be fully documented in cclink, and the Center is expected to function as one working entity. In an effort to reduce stigma among clients, there will be one point of entry to the Miller Wellness Center. All patients coming to/for an appointment will be registered at the Registration Desk regardless of what service they are receiving. For timely and appropriate service delivery, two components of behavioral health care are developed for the Miller Wellness Center. 1) **The Integration of behavioral health with primary care:** Within the primary care clinic, the integrative model using staff and interns from the Wright Institute already in place in three other health centers will be further expanded to provider should-to-should support in the Primary Care Health Home. Adult and Child Psychiatrists will be on site and available for curbside consultation with primary care providers at MWC, as well as phone consultations with providers at other sites, to assist primary care providers with the management of patients with mild-moderate mental health issues. The Behaviorist is expected to do onsite assessments, and/or, provide up to five follow-up visits for new beneficiaries before deciding whether they meet criteria for ongoing services within the Behavioral Health Division. The Behavioral Health Service will provide groups for beneficiaries. 2) **Transitional Behavioral Health Care:** For patients requiring a higher level of behavioral health care, they will be seen in the Behavioral Health Transition Service Program. Beneficiaries needing more intense care will see either a psychiatrist or a behaviorist for short term stabilization, and/or, to determine if appropriate for longer case management. Beneficiaries in need of long term mental health care will be transferred to one of the specialty mental health clinics in the regions.	

A critical service component of the Miller Wellness Center will be the "real time" link to psychiatric emergency services. The Miller Wellness Center is conveniently located adjacent to the Psychiatric Emergency Services (PES) of Contra Costa County. Consumers seen at PES who could otherwise benefit from a lower level of care will be able to receive same day evaluation at MWC for brief family therapy, medication refills, substance abuse counseling, or general non-acute assistance.

The Center includes in their roster, 15 full time staff and 16 part time staff, which include: psychiatrists, nurses, mental health program supervisor, mental health clinical specialists, and community health workers, certified medical assistant and registration clerks. To date, 8 staff have been hired and/or in the process of being hired.

Administrative Psychiatrist:
Changed name to 'Lead Psychiatrist of Consultation Services':

- Half-time at Concord Health Center 2 (CHC2)
- Rest of time: telepsychiatry thru AmCare Consultation line "AMION".

Broke Ground on Construction of New Children's Clinic in East County
In an effort to further develop integration between CCMHP and Primary Health to improve access, quality and outcome for our beneficiaries, the MHP has initiated a calculated effort to co-locate specialty mental health clinics within existing county health clinics. In 2014, CCMHP broke ground on the construction of the regional county-owned and operated child and adolescent mental health clinic in eastern region of the County. We anticipate the opening of this clinic in Antioch in late 2015 or early 2016. This will be the first of the children's clinics to be co-located with an ambulatory care clinic.

Opening of a New Forensic Mental Health Clinic
Forensic Mental Health Services is a voluntary outreach program that offers services to participants who are

	severely and persistently mentally ill, and are criminal justice involved. This multidisciplinary team includes Psychiatrists, Registered Psychiatric Nurses, Mental Health Clinical Specialists, Alcohol and Other Drugs (AODS) specialists, and Community Support Workers. The team works with consumers to facilitate county-wide access to a range of services including specialty mental health services, case management, medication management, linkage to substance abuse treatment, housing, and benefits. The collaboration with the Probation Department and Superior Court System provides the opportunity to support consumers resolve their legal obligations while bolstering community reentry. **Moved Transitional Services to a Clinic-Based Site** The Transitional Services objective is to serve those consumers who have not received mental health services previously or who have failed to engage in mental health services on a regional level. The Transitional Services can follow a beneficiary up to 60 days from first contact. **Received Peer Personnel Preparation Grant** CCMHP has been a leader in employing Spirit Program people with lived experience using services in the public behavioral health system. As a requirement for hiring Community Support Workers in the MHP, peers must complete the Service Provider Individualized Recovery Intensive Training (SPIRIT) Program, which provides them with the skills they need to become peer providers for adult and older adult beneficiaries. Although the MHP has been successful in training peers who work in the adult/older adult system, there is a lack of similar preparation for peers who want to work in the children/adolescent system of care. CCMHP was recently awarded an approximately $400,000 grant from the Office of Statewide Health and Planning Development (OSHPD) that will be used to 1) expand the existing SPIRIT training program to train peers who want to work with children and adolescents; 2) provide job placement assistance for peers within the county or in community-based organizations; and 3) support peers with job retention activities and career development assistance. The grant will place peers into over 60 paid and unpaid entry-level positions identified in the MHP, most of which	

	will offer an opportunity for advancement. **<u>Mobile Crisis Support Services</u>** The Program was created out of a grant awarded to CCMHP in FY 13-14, and it consists of 3 unique components: PES (Psychiatric Emergency Services) Discharge, MHET (Mental Health Evaluation Team), and FMDT (Forensic Multi-Disciplinary Team): - **PES Discharge:** The goal is to connect high utilizers (10+ hits in the past 12 months) of PES who are not already opened to services. - **MHET:** When the police respond to calls for service in which a 5150 occurs in addition to one of the following extenuating circumstances: resisting arrest, violence to family/household, weapons recovered, or violent criminal history; a referral will be made to the Mental Health Evaluation Team (MHET) who will then conduct a follow up welfare check with law enforcement to offer that person brief treatment and linkage to outpatient services. These persons will be tracked through the Forensic Multi-Disciplinary Team (FMDT). The MHET will be regional, with Concord Police Department taking the lead for Central and the Richmond Police Department taking the lead for West. - **FMDT:** Clients who have a SPMI and who are receiving multiple calls for services due to their mental illness can be referred to the FMDT. The FMDT is a collation of law enforcement, mental health services, Alcohol and Other Drugs (AOD) Services, Homeless Services, Adult Protective Services (APS), and Community-Based Organizations (CBOs) who meet monthly to identify individuals who may benefit from linkage to services. The FMDT is responsible for developing and coordinating social services and treatment options, including outreach, assessment and case management. **<u>Rapid Access Program</u>** This program developed from an MHSA stakeholder process. The original intent of the model was to use resources allocated to Rapid Access to assist with the new clients and linkage from PES/4C to outpatient specialty mental health clinics. Three FTE clinicians, 3 FTE CSWs	

	and 3 PTE nurses were allocated to Rapid Access originally through MHSA funding. However, the 3 PTE nurses have since been revised to 1.5 FTE Wellness Coach Nurses. The program staff are assigned regionally. The goal of this program is to: 1) improve access and support to the most vulnerable, severely mentally ill clients who frequent our psychiatric emergency, inpatient services, and county detention unit and can be served through specialty mental health clinics; 2) increase timeliness of mental health outpatient clinic services for patients discharged from Psychiatric In-Patient Unit (4C), Psychiatric Emergency Services Unit (PES), and County Detention; and 3) establish a connection/relationship with clients new to outpatient service coming from other non-emergency, entry points from our system of care and who need immediate, urgent care. **Wellness Coach at East County Adult Mental Health** This position was designed to provide peer support services to consumers who receive medication-only services and are identified as at risk for relapse, but do not meet medical necessity for case management services. It is also a transitional step-down level of care for clients receiving case management services who no longer need intensive mental health services but would benefit from additional peer support services. **Katie A** Katie A is a Superior Court mandated program that is being implemented State Wide to change the practice and protocols used for children in foster care, the services provided to them and the way of doing business with each other as agencies responsible for these children. The changes and structure of this program are codified in the Core Practice Manual and are part of a formal Superior Court Settlement agreement with statewide advocacy groups, consumers, and lawyer advocates. Contra Costa Katie A is moving forward and we now have about 280 youngsters enrolled in Katie A subclass services. Those are children that have a high level of need and meet the Katie A criteria. We have been referred approximately 800 youngsters for consideration out of a pool of 1200-1300 CFS youngsters that have an active case opened. We are currently receiving about 35 to 40 referrals a month for	

	assessment for Sub Class service, either Intensive Care Coordination or In-Home Behavioral Services, or both. All kids meeting the Sub Class criteria are assigned an ICC. **Grand Opening of Hope House Crisis Residential Facility** Hope House is a 16-bed Short-Term Crisis Residential Facility (CRF) for adults age 18 and older who require crisis support to avoid hospitalization, or are discharging from the hospital or long-term locked facilti4s and need step-down care to transition back to community living. **Access Line Referrals to Regional Clinics Through ccLink** In an effort to further develop integration between CCMHP and Primary Health a work flow in the Primary Care EHR was created and participation in that system was approved for the MHP Access Line. This process has streamlined important referrals for mental health consumers from their primary care physicians by allowing physicians to make referrals directly through the EHR rather than calling on the phone. In addition, this process has enabled both CCMHP and Primary Health to more effectively track referrals and understand each entity's processes and requirements leading to better outcomes for beneficiaries. **Access for all Regional Clinics to ccLink** In an effort to further develop integration between CCMHP and Primary Health specialized access to the Primary Care EHR was granted to key CCMHP personnel. In addition to intake staff having the ability to gather data on pending referrals from Inpatient, Crisis and Primary Care, medical staff now have the ability to order labs, coordinate medications and consult with Primary Care physicians through the EHR portal. This access has led to better coordination of care for CCMHP beneficiaries and has resulted in improved Primary Health provider's level of confidence in treating mental health beneficiaries. **Addition of Hume Center Adult FSP Program in East County** The Hume Center provides a Full Service Partnership (FSP) Program funded by the Mental Health Services Act (MHSA), including a comprehensive range of services and	

	supports in Central and East Contra Costa County to adults with serious emotional disturbance/serious mental illness who are homeless or at serious risk of homelessness. Services determined by the initial and on-going assessments offered will include Case Management; Crisis Assessment and Intervention; Symptom Assessment and Management; Medication Prescription, Administration, Monitoring and Documentation; Psychotherapy; Dual Diagnosis Substance Abuse Services; Work-Education Related Services; Activities of Daily Living; Social/Interpersonal Relationship and Leisure-Time Activities; Peer-Support Services; and Family Support Services. **Addition of Youth Homes TAY FSP Program in East County** The Youth Homes TAY FSP Program is a collaborative program that joins the resources of Youth Homes with those of Contra Costa County Mental Health Services, in a program under the auspices of MHSA. This Full Service Partnership program has a concurrent target enrollment of 40 TAY in East Contra Costa County, depending on the level of service need of participants. The target population for the program includes young adults aged 16 to 25 with a significant mental illness who are not being served or who are being underserved by the current mental health system. **IMD Demonstration** The Medicaid Emergency Psychiatric Demonstration (MEPD) project is being conducted by the Centers for Medicare & Medicaid Services under the provisions of the Patient Protection and Affordable Care Act of 2010. This is the third year of a three-year project which began in the third quarter of FY12-13. The demonstration permits participating States to provide Medicaid payment to private psychiatric hospitals, or Institutions for Mental Disease (IMDs) for inpatient emergency psychiatric care to Medicaid recipients aged 21 to 64 determined to be experiencing a psychiatric emergency medical condition. For the purpose of the demonstration, this is defined as individuals who are suffering from suicidal and/or homicidal thoughts or gestures, or who are otherwise determined to be dangerous to self or others. We are partnering with John Muir on this project.	

	The goal of the demonstration is to assess whether expansion of Medicaid coverage to include services provided in private, free-standing inpatient psychiatric facilities, improves access to and quality of medically necessary care, and whether this change in reimbursement policy is cost-effective. The objective of Contra Costa Behavioral Health is to enroll 12 individuals in the MEPD project during each quarter of the project's duration. Contra Costa was successful in achieving its objective for CY2014. Discussion: Teresa reported that she and Lauren met with Cynthia and Vis to discuss the upcoming year. Among issues discussed was the Children's System of Care, Personnel Issues and concerns regarding what efforts are being made to fill vacant positions. Other issues: 1) Number of Regional Center clients living at PES because there is no place for them to go. We should decide how to partner with the Regional Center. 2) The MHC has an obligation to work with the Mental Health Planning Council. She said an opportunity to do so was missed last year. 3) Providing information to the MHC on programs with the least restrictive care.	
II. Criminal Justice Committee presentation of 2014 Accomplishments and 2015 Goals	Evelyn presented the Criminal Justice Committee's 2014 Accomplishments and 2015 Committee Goals. **<u>2014 Accomplishments (Draft)</u>** **1. Evaluate the content of POST and CIT training based on participant evaluations.** Outcomes of evaluation and review with law enforcement: update from Lt. Moule stating that CIT has been expanded and improvements have been made to training; and POST is working toward statewide standardization and developing role-playing interactive videos for training purposes. **2. Advocate to improve outcomes following interaction between law enforcement and consumers.** Lt. Jeff Moule from the Sheriff's Office is assisting in formulating a survey for consumers who have been 5150'd. Gina is working with police officers and consumers to develop appropriate questions. **3. Create a dialogue with Probation for a consistent referral, tracking process and treatment, placement**	

	and outcomes process for mental health clients. David Seidner submits quarterly reports with the Community Corrections Partnership containing statistics on service and progress to the AB109 mentally ill consumers. He attends CJC meetings to expand and clarify issues and would-be areas of concern to the commission. . 4. **Continue to monitor AB109 realignment funding and its impact on the Contra Costa County Mental Health System.** Receiving updates from David Seidner. 5. **Work with the Juvenile Justice Commission to ensure the mutual goals that those juveniles encountering the juvenile justice system are properly assessed and provided mental health services during and after incarceration.** Collaborated with the Juvenile Justice Commission. Louis Buckingham represented the Committee at their meetings. Began looking at concerns regarding color-coding of clothing worn at the Orin Allen Ranch. Result of discussion with Superintendent Michael Newton in finding other methods or system to distinguish different progression levels at the ranch without the use of color coded uniforms. 6. **Monitor the issue of how jails and juvenile halls are being used as our new asylums.** Advocated for increase in referrals to the Behavior Health Court. Passed a Resolution, endorsed by the Commission, requesting an additional Mental Health Clinician position. **<u>2015 Goals (Draft)</u>** 1. **Advocate to improve outcomes following interaction between law enforcement and consumers.** 2. **Continue to monitor AB109 realignment funding and its impact on the Contra Costa County Mental Health System.** 3. **Work with the Juvenile Justice Commission to ensure the mutual goals that those juveniles encountering the juvenile justice system are properly assessed and provided mental health services during and after incarceration.** 4. **Monitor the issue of how jails and juvenile halls are being used as our new asylums.**	

	Teresa congratulated the committee on the work they did and also thanked Gina for collecting data. Lauren also thanked Evelyn, Gina and the rest of the Committee.	
III. MHSA/Finance Committee presentation of 2014 Accomplishments and 2015 Goals	Teresa referenced Sam's comment earlier in the meeting by say that we do have a Committee that's following the budget process. Teresa then presented the MHSA-Finance Committee's 2014 Accomplishments and 2015 Committee Goals. **<u>2014 Accomplishments (Draft)</u>** **A. Oversee compliance of MHSA-funds** • This Committee requested two audits: 1) Money In-Money Out, and 2) The Compliance Tool, that was a compliance and procedural audit that was fair for all. This was approved by the MHC and the BOS . The MHSA Monthly Budget Report came out of this process. This effort assists the Mental Health Commission in accomplishing its mandated oversight and accountability responsibilities. • The Committee participated in developing and testing a compliance tool. They ensured that a Commissioner will be on each of the Contract Program Reviews. • This effort assists the Mental Health Commission in accomplishing its mandated oversight and accountability responsibilities in a standardized process. • Worked collaboratively with Warren Hayes and his staff on all phases of development and implementation. • Demonstrated partnership with county and community based agencies through the collaborative implementation of the tool in a spirit of continuous improvement. • Demonstrated focused commitment to the mission of the MHSA/Finance Committee and the Mental Health Commission. **B. Assure compliance of mental health revenue and expenditures.** • Provided committee members and the public with various documents explaining the complexities of California mental health funding and mandated role of the MHC to oversee compliance.(ex Realignment for Dummies, Performance Contract,	

		Medi-Cal Audit Protocol, MHSA Monthly Budget, County Budget.) • Invited Vic Montoya to provide the committee with a deep history of the county role in relation to state and federal regulations. He recommended that this committee receives the following documents annually: Performance Contract, Audit Protocol, Budget, Cost Report (annually),Audit Report. • The Committee will continue to work on this goal. **C. Continue to advocate for increased housing in order to reduce human and fiscal impacts across the continuum.** • The Committee has received and reviewed reports and recommendations from CPAW Housing, Annis Pereyra and Janet Wilson. • Lauren Rettagliata is the Committee liaison to the CPAW Housing Committee and provides monthly updates to MHSA/Finance Committee. • The Committee will continue to work on this goal. **<u>2015 Goals (Draft)</u>** **A. Oversee compliance of MHSA-funds** **B. Assure compliance of mental health revenue and expenditures.** **C. Continue to advocate for increased housing for adults, older adults, children and TAY in order to reduce human and fiscal impacts across the continuum.**	
IV.	**Quality of Care Committee presentation of 2014 Accomplishments and 2015 Goals**	Peggy presented the Quality of Care Committee's 2014 Accomplishments and 2015 Committee Goals. **<u>2014 Accomplishments (Draft)</u>** **1) Develop an action plan whereby Contra Costa adult consumers can receive free dental service** Received and disseminated information regarding which adult dental services are to be restored through Denti-Cal starting May, 2014. **2) Evaluate gaps in medical, psychiatric, social and cultural services** • Reviewed 2013 Quality Improvement & Plan Evaluation, discussed committee questions with Quality Improvement & Evaluation staff and made recommendations for 2014 Quality Improvement Work Plan.	

	• Following a consumer/family member expression of concerns, followed up on Community Care Licensing Complaint Investigation Report re: Crestwood, Pleasant Hill; received regular updates from Crestwood representative on how issues are being addressed. • Discussed concerns re: consumer-reported criminal activity in the Ellis Lake area with City Councilmember Edi Birsen and Concord Police Sergeant Gartner. **3) Advocate for physical accessibility of services** Discussed consumer transportation concerns and made recommendations re: improving consumer transportation options; Planned to work jointly with CPAW transportation committee in 2015. **4) Address oversight and accountability of out-of-county placements and receive information from community advocates as available.** Received updates re: Children's/TAY issues from Vern Wallace including status of in-county housing; update on AOD program; length of stay in PES; safeguards for youths at Juvenile Hall; protocol for school interventions. **Received reports from:** Kennisha Johnson, Adult Mental Health Jane Yoo, Board and Care Specialist Travis Curran, Executive Director, Crestwood, Pleasant Hill Julie Kelley, CCRMC Peggy Black, Mental Health Commissioner Fatima Matal Sol, Alcohol & Other Drugs Advisory Board Vern Wallace, Children's Mental Health Chief Edi Birsen, Concord City Council Sgt. Gartner, Concord PD **<u>2015 Goals (Draft)</u>** **1) Develop an action plan whereby Contra Costa adult consumers can receive free dental service** **2) Evaluate gaps in medical, psychiatric, social and cultural services** **3) Advocate for physical accessibility of services** **4) Address Quality of Care issues specific to Children/TAY and Older Adults.** **5) Explore concerns for special populations,**	

		consumers who have chronic health difficulties, developmental disabilities and mental health problems and seniors.	
V.	**Addition of Mental Health Commission Goals for 2015 not addressed by Committee Reports**	Teresa mentioned we should request a copy of the Triennial Medi-Cal Audit Plan of Corrections. Gina said we have such a large number because the consumer has no choice. Teresa said it was the same situation in 2009, so that is not the reason. Greg said you take what beds you can get into.	*Request copy of Triennial Medi-Cal Audit Plan of Corrections*
VI.	**Discussion of Committee Set-up – how do we ensure children and older adults are not lost.**	Sam asked how they are lost? Lauren referred to Vern's report that was included in the packet and is printed below. There is a significant increase in the number of children going to PES. The MHC can work on advocating for housing for children and TAY – Bring them home. Peggy asked if there could be an additional Committee. Lauren said that could be addressed on the March Agenda. Evelyn said the MHSA-Finance, Quality of Care and Criminal Justice Committees could all address TAY, Teresa spoke about the Committee structure from previous years. She said we don't have the Commissioners to support adding Committees. She said she disagrees that we have lost them. She added that the older adults are ignored by the MHC. We need baseline information. We need data. Sam said EPIC will be able to teach as they connect to the clinics. Cynthia said that would be the case only if they came into our own system. **CHILDREN'S SERVICES: *GAPS IN THE CONTINUM OF CARE FOR THE CHILDREN'S SYSTEM OF CARE*** **Vern L. Wallace, LMFT, Mental Health Program Chief, Children's System of Care** 1. Children's has experienced a substantial increase in children and their families presenting at Psychiatric Emergency Services with the average monthly census sitting at 150 contacts. A Child and Adolescent Crisis Residential and a Child and Adolescent Inpatient Unit are desperately needed. We have had the unfortunate situation of having kids sit at PES for long periods of time due to the lack of an available inpatient bed for them or diversion to Crisis Residential.	*Place adding of Committees on March Agenda.*

	2. We need to expand our Katie A. Staffing. Katie is a mandated program with Social Services that serves the most troubled kids in their system. We have 4 dedicated staff with 300 cases to provide services to and 40 referrals coming in every month. We have now received about 800 referrals from CFS and about 300 of those kids qualified for subclass service which we are providing. 3. We are understaffed in the area of Family partners which in children's do generate revenue to cover their cost. We would like to add 8 over the next year. 4. With the onslaught of ASA and the Affordable Care Act we are seeing an increase in children seeking service at the regional clinics. They need increased staffing. 5. For the past six years the regional clinics have operated without Clinical Supervisors and only a program manager to provide supervision and consultation to staff. The three regional clinics have large staffs of 15-20 clinicians and other direct service providers. This leaves vulnerability with the line staff and overburdens the Program Managers Scope of responsibility. I need to add a clinical Supervisor to the three Regional Clinics in order to provide adequate coverage to the Staff. 6. Clients need transportation. I would like the transportation committee to look at reinstituting the Health Services Shuttle program that we used to offer.	
VII. Adjourn Meeting	The meeting adjourned at 6:30.	

Respectfully Submitted,
Karen Shuler, Executive Assistant
Contra Costa County Mental Health Commission