



The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

Current (2016) Members of the Contra Costa County Mental Health Commission

Duane Chapman, District I (Chair); Barbara Serwin, District II (Vice Chair), Meghan Cullen, District V; Douglas Dunn, District III; Diana MaKieve, District II; Lauren Rettagliata, District II;; Connie Steers, District IV; Gina Swirsding, District I; Jason Taneco, District III; Michael Ward, District V; Sam Yoshioka, District IV; Candace Andersen, BOS Representative; Mary Piepho, BOS Alternate Representative
Commissioners Emeritus
Marie A. Goodman ♦ David Kahler

**Contra Costa County Mental Health Commission Monthly Meeting
Wednesday, January 4th, 2017 ♦ 4:30-6:30 p.m.
At: 550 Ellinwood Way, Pleasant Hill, CA 94523**

AGENDA

- I. 4:30 Call to Order / Introductions/Roll call – Duane Chapman**
- II. Chair Report, Announcements, and Comments – Duane Chapman**
- III. Public Comment (3 Minutes per Speaker)**
- IV. Commissioner Comments**
- V. APPROVE December 14th, 2016 MHC Minutes**
- VI. RECEIVE Director's report by Cynthia Belon, LCSW**
- VII. CONSIDER a motion, as forwarded by the Executive Committee, to CREATE a Task Force, by the Commission to implement continuous oversight of the AOT program, as follows:**

Specified in the Commission Bylaws a Task Force shall consist of a minimum of 3--5 members (a Committee must only be Commissioners.) Non-Commissioners may be appointed from the community as non-voting members when special expertise, advice or opinion is desired; it shall not exceed 1/2 of the membership of the Task Force.

5 Commissioners would be on the Task Force with:

- 1. A CCBHS member who is in-charge of Outreach & Engagement**
- 2. A member of the service provider, Mental Health Systems**
- 3. A member from the hospital who could assist with PES, 4C, Miller Wellness and jail interfacing**
- 4. Law Enforcement liaison**
- 5. A Community Advocate**



VIII. RECEIVE the Contra Costa Mental Health System of Care Needs Assessment, Power point presentation by Warren Hayes

IX. RECEIVE Committee Reports:

- 1) Justice Systems Committee – Gina (Did not meet)
- 2) Quality of Care Committee – Barbara
- 3) MHSA-Finance Committee– Lauren/Doug
- 4) Executive Committee – Duane

X. RECEIVE Commission Representative Reports

- 1) AOD Advisory Board – Sam Yoshioka
- 2) CPAW General Meeting – Lauren Rettagliata
- 3) Children’s Committee – Gina Swirsding
- 4) Housing Committee – Lauren Rettagliata

XI. Adjourn Meeting

AS per the Contra Costa County Mental Health Commission Bylaws:

SECTION 4. TASK FORCES

4.1 Purpose

Task forces shall be time-limited and have a stated purpose beyond the scope of regular Commission responsibilities approved by the Commission and shall be required to report back to the Commission regarding progress toward its stated purpose.

4.2 Composition

Each task force shall consist of a minimum of three (3) members and a maximum of five (5) members. Non-Commissioners may be appointed from the community as non-voting members when special expertise, advice or opinion is desired, at the discretion of the Commission, but shall not exceed one half (1/2) of the membership of the Task Force. All task force members shall conform to the Mental Health Division client confidentiality statement.

4.3 Appointment and Terms

The Commission shall appoint Commission and non-Commission members to task forces based upon a majority vote of the Commission. The terms of all task force members shall be until the task force has completed its stated purpose.

4.4 Meetings/Actions

All meetings shall be conducted in accordance with the Brown Act and the Contra Costa County Better Government Ordinance. All matters coming before a task force shall be determined by a majority of the members of the task force.

4.5 Chairpersons

a) Selection

- 1) Each task force shall have a Chairperson and may have a Vice Chairperson, selected by the members of the task force. In the event of a vacancy in the position of Chairperson of a task force, the Commission Chairperson may serve as temporary Chairperson of the task force for up to sixty (60) days while the Task Force selects a new Chairperson.

b) Duties

- 1) The Chairperson shall preside at all meetings of the task force and perform his or her duties consistent with the procedures outlined herein. The Chairperson shall work in consultation with the Commission Chairperson.
- 2) The Chairperson shall direct the preparation and distribution of agendas for the task force in the manner required by the Brown Act and the County's Better Government Ordinance.

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- 3) The Chairperson shall provide monthly reports to the sponsoring standing committee or the Commission.

4.6 Removal

The Chairperson of the task force may request of the Chair of the Commission replacement of a member who fails to regularly attend the task force meetings.

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
December 14th, 2016 – First Draft**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Commission Chair Duane Chapman called the meeting to order at 4:34pm.</p> <p><u>Commissioners Present:</u> Candace Andersen, BOS Representative Duane Chapman, District I Gina Swirsding, District I Meghan Cullen, District V Douglas Dunn, District III Diana MaKieve, District II Barbara Serwin, District II Michael Ward, District V</p> <p><u>Commissioners Absent:</u> Lauren Rettagliata, District II Sam Yoshioka, District IV Connie Steers, District IV Jason Tanseco, District III</p> <p><u>Other Attendees:</u> Adam Down, Behavioral Health Admin Jill Ray, Supv. Andersen’s office Will Taylor, NAMI Contra Costa Robert Thigpen, Adult Family Services Coordinator Susan Waters, East County MH Clinic Family Support Worker Dave Lyons, Supervisor Goia Liza A. Molina-Huntley, Executive Assistant Mental Health Commission</p>	<p>Transfer recording to computer</p> <p>Update MHC Attendance Chart</p> <p>Update MHC Database</p>
<p>II. Chair Report, Announcements, and Comments – Duane Chapman</p> <ul style="list-style-type: none"> • Duane stated appreciation for everyone’s service for 2016. • Adam announced new Executive Assistant for MHC • Supv. Andersen has requested to continue on as a member of MHC, will confirm in January 2017. • Jill informed that there are several openings on the CC Council on Homelessness, as consumers, consumer advocates, health care representatives and community workers. If interested, inquire with 	

<p>Jill.</p> <ul style="list-style-type: none"> • Jill brought Watershed Calendars for everyone and newsletter from District II. • Jill noted that BOS will discuss what MHC brought forth at the previous meeting, further in 2017 regarding staffing and expenses. 	
<p>III. Public Comments</p> <ul style="list-style-type: none"> • An individual, whom lives in Walnut Creek, stated that he is unable to obtain a parking permit close to his residence. His address states he lives on Geary, although he lives on the corner of Geary and Pioneer, he cannot obtain a permit to park on Pioneer. Chair will attempt to assist consumer in the matter. 	
<p>IV. Approval of the November 2nd, 2016, Minutes.</p> <ul style="list-style-type: none"> • Doug moved, seconded by Diana, to approve the November 2nd, 2016, minutes. • The motion passed by a vote of 8-0-0. <p>Vote: Ayes: Barbara, Supv. Andersen, Diana, Douglas, Duane, Meghan, Michael, Jason, Gina, Nays: None. Abstain: None. Absent: Sam, Lauren, Connie</p>	
<p>V. RECEIVE RDA's Report – by Roberta and Kevin</p> <p>Roberta presented a power point regarding the initial assessment of the AOT program to the Commission. A hard copy of the presentation was attached to the agenda of the meeting.</p> <p>Warren Hayes introduced presenters:</p> <p><u>Summary of Discussion:</u></p> <ul style="list-style-type: none"> • RDA's Power Point presentation depicted the evaluation of the initial six months regarding the startup of the new AOT outpatient program. Included in the presentation were previous county costs spent on consumers, current costs, capacity and an analysis done to obtain a Fidelity score rating of the program's current status. • Noted reminder: MHC authorized the implementation of AOT in February of 2015; although, the first enrollment, into the ACT team, was in March of 2016. • Purpose of the evaluation is to provide information to the board, stakeholders and the community regarding AOT and what has been accomplished. Secondly, to support the county in a process of continuous quality improvement of the new service. • A Fidelity assessment was done, utilizing the Dartmouth method, regarding the startup of the first six months. The assessment 	

<p>concluded that, on a rating scale from 1 to 5, the ACT team scored a high Fidelity score of 4.73. Scores above a 4 are in the high Fidelity score arena and are viewed as extremely favorable.</p> <ul style="list-style-type: none">• A pre-post analysis was not done due to time constraints and the implementation period is too soon to do an analysis but will be done for the next evaluation period.• The evaluation received data regarding the incurring costs for Contra Costa County for mental health consumers. CCC has been previously spending, on average for the last three years, over one million dollars in providing services for 17 consumers.• AOT has capacity for 75 consumers, there are 17 currently enrolled. Of the enrolled, 14 are voluntary; three required a court hearing participation. Referrals received were 108, approximately half of the referrals received were by family members, and 16 % came from providers, same for law enforcement. Other demographics were noted in the presentation. Although there is a high volume of referrals, few are deemed eligible for various reasons. The average time, from the time the referral was received to the time that Behavioral Health made the first contact was from one to five days. The average amount of days it took to determine if the individual was eligible and that AOT was the correct referral was from five to 52 days. There are many residents that can benefit from the program without family members to refer them to AOT. More outreach is necessary to ensure the accessibility of AOT. Many that were ineligible were unable to be located.• On average, the engagement range is from 18 to 109, with duration of 44 minutes per contact. Noted, 75% of the attempts made were successful. AOT data was obtained via paper charts and forms.• Startup costs for the AOT program were approximately \$900,000 from October through June. A cost analysis will be done in the next evaluation period, too soon to be done at this time. Given the need for the community and 30+ years of research documented data, in regarding the success of the AOT model in reducing hospitalization, reduce incarceration and reduce homelessness. The AOT model will demonstrate the cost benefits in a longer time period, approximately in years 2-4. The costs numbers will level out, along with the benefit of less hospitalization costs, post and pre enrollment of AOT.• AOT is fully staffed for 75 slots, although the evaluation was done on 17 individuals, 30 are currently enrolled in the program and close to 20 are undergoing current investigation and outreach. Expected enrollment is 37 voluntary and 37 involuntary.• RDA is the evaluator for Orange County and mentors Nevada, as	
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<p>well, which also has had difficulties in locating individuals and other similar difficulties. Discussions with New York counties, regarding their success of 75% of referrals made, into enrollment of the program, is due to the referral being made close to the time of admission, versus discharge from hospitals. This methodology also reduced investigation time.</p> <ul style="list-style-type: none"> Concerns were expressed by the Commissioners regarding on going treatment, costs and lag time between referral to enrollment which were addressed and clarified. The misconception of one million dollars being currently spent on 17 individuals was clarified that it was previous annual costs, (for the past three years), that the County had been spending on individuals due to high costs of ongoing hospitalization and crisis interventions and other incurred costs; which the AOT model has proven to decrease these previous costs in the counties where the model was implemented. 	
<p>VI. Introduction of Robert and Jennifer, Coordinators for Adult Mental Health Family Services Coordinator and Adolescent and Child County Services Coordinator for Behavioral Health.</p> <ul style="list-style-type: none"> Robert: These programs represent the voice of the family of the individual enrolled in Behavioral Health Services in the County. The programs assist with family advocacy services and adult systems of care and provide information, education and training to the families so they are able to access the services within the county that they need. The Adult program has Family Support Workers that go out into the field to assist families with finding support services within the county. Gloria was introduced as a Family Support Worker for West County and Susan is a Family Support Worker for East County at the Pittsburg clinic facility. The Adult Program goals would be able to have a coordinator, on site, at CCRMC and Family Support Workers in all Adult Behavioral Health clinics and in the County’s Forensics, Conservatorship, SUD programs. The vision is that any family in the county has the awareness to access the services they need within the County’s Mental Health system and be able to advocate for their family member who requires services. Currently, the Adult Program is working on a “Welcome” packet for families that will be given to families, on site, at hospitals and clinics. Jennifer: The Adolescent and Child County Coordinator for Behavioral Health, providing guidance and direction for the Family 	

<p>Partner Workers, regarding their job duties and collaborate with other program managers and the BOS. The Family Partners are located in within clinics throughout the County, for a total of 13 Family Partners. The purpose is to advocate for the families in all phases of the service design and service agreement system, including facilitating support groups and peer support and help with hospital and residential placement. Family Partners prepare families for effective self-advocacy and help them to participate in the treatment heaves. They are committed and walk along the side of the family’s difficult journey through the Behavioral Health services system. The referrals are made by therapist and psychiatrists, providing direct support for the families and with IEP preparation. Also, facilitate a 14 week parent education class called “Educate, Equip and Support.” All Family Partners are certified to facilitate this education to all families they contact.</p> <ul style="list-style-type: none"> • Questions and comments were addressed by the Coordinators. 	
<p>VII. Motion to vote for nominees of 2017 Executive Committee. The current panel of the Executive Committee consists of: Duane, Barbra, Diana, Gina and Sam. Vote is to continue to serve as the 2017 Executive Committee. A roll call vote is called to continue the current panel.</p> <p>Chair request a motion: Gina: moved and Doug Seconded</p> <ul style="list-style-type: none"> • Roll call vote: Meghan- yes Barbra –yes Diana- yes Doug – yes Gina- yes Michael- yes Jason- yes Duane- yes Vote: 8-0-0. Acceptance of the current panel, as the incoming 2017 Executive Committee panel. 	

<p>VIII. Motion to accept the 2017 Planning Calendar.</p> <ul style="list-style-type: none"> It was noted that the calendar is subject to change and not a “permanent” calendar but a tool utilized for planning purposes. Adoption is acceptance with ability to change. <p>Gina: moved to adopt the 2017 Planning Calendar Diana: seconded the motion Vote: 8-0-0 Ayes: Barbara, Supv. Andersen, Diana, Douglas, Duane, Meghan, Michael, Jason, Gina, Nays: None. Abstain: None. Absent: Sam, Lauren, Connie</p>	
<p>IX. Chair notes that all written reports from the Commissioners are in need to be completed and submitted. Wishes everyone a Merry Christmas and Happy New Year.</p>	
<p>X. Adjourn Meeting</p> <p>The meeting was adjourned at 6:36 pm.</p>	

Respectfully submitted,

Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration