



*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 (2017) Members of the Contra Costa County Mental Health Commission

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

**Contra Costa County Mental Health Commission Monthly Meeting  
Wednesday, March 1, 2017 ♦ 4:30pm to 6:30 p.m.**

**AT: San Pablo Community Center, 2450 Road 20, San Pablo, in the Community Hall**

**AGENDA**

- I. Call to Order / Introductions/Roll call- Chair Duane Chapman**
- II. Chair Report, Announcements and Comments- Chair**
  - a. Roll of the Mental Health Commission**
  - b. Overview of Contra Costa County Mental Health Services**
  - c. West County mental health resources explained**
  - d. What you need to know about mental health services**
- III. Commissioner's comments**
- IV. Public comments (3 minutes each)**
- V. APPROVE minutes from February 1, 2017 meeting**
- VI. DISCUSS and APPROVE to develop a letter for support the Contra Costa County Sherriff's department's application for (SB844), for the \$70 million grant for which they will submit to the Board and State of Community Corrections, for the creation and expansion of mental health treatment services at the West County Detention Facility in Richmond, California.**
- VII. CONSIDER acceptance of the compromise framework for future meetings of the Assisted Outpatient Treatment Workgroup**
- VIII. RECEIVE and DISCUSS update on the Children's Behavioral Health System of Care – Vern Wallace**
- IX. RECEIVE and ACCEPT year end reports from the full Commission and the Commission committees to form the 2016 Commission Report to the Board of Supervisors**
- 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**



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission will provide reasonable accommodations for persons with disabilities planning to participate, please call (925) 957-5140 to arrange.

**MENTAL HEALTH EXECUTIVE COMMITTEE  
MONTHLY MEETING MINUTES  
February 1, 2017 – First Draft**

Agenda Item / Discussion	Action / Follow-Up
<p><b>I. Call to Order / Introductions</b>            Commission Chair Duane Chapman called the meeting to order at 4:37pm.</p> <p><u>Members Present:</u>            Chair- Duane Chapman, District I            Vice Chair- Barbara Serwin, District II            Supv. Candace Andersen, District II            Sam Yoshioka, District IV            Gina Swirsding, District I            Douglas Dunn, District III            Michael Ward, District V            Meghan Cullen, District V            Connie Steers, District III            Lauren Rettagliata, District II (arrived @4:52pm)</p> <p><u>Commissioners Absent:</u>            Diana MaKieve, District II            Jason Tanseco, District IV</p> <p><u>Other Attendees:</u>            Captain Tom Chalk, Sherriff Office            Bob, Sherriff Office            Christian McCaffrey, Sherriff Office            Warren Hayes,            Jill Ray, Field Rep Supv. Andersen’s office, District II            Robert Thigpen, Adult Family Partners Coordinator            Jennifer T, Children’s Community Workers Coordinator            David Snieder, Chief of Detention for Mental Health            Vic Montoya, Program Manager            Susan Waters, CCCBH            Dega, AOD Liaison            Phil Arnold, Inmate/Welfare Fund Board            Roberto Roman, Payroll Services            Will Taylor, NAMI rep            Travis Cruz, BH center            Jonathan Bash, Supv. Diana Burgis’s office, District III            Adam Down, Behavioral Health Admin            Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p>Transfer recording to computer</p>

<p><b>II. Chair Report, Announcements, and Comments – Duane Chapman</b></p> <ul style="list-style-type: none"> <li>• March 1 meeting will be held in West County at the: <b>SAN PABLO COMMUNITY CENTER, in the COMMUNITY HALL, in San Pablo, at 2450 Road 20</b></li> <li>• The <b>EMS 5150 SUMMIT</b> will be on February 22, from 8am to 4:30pm at John Muir Medical Center, on Ygnacio Valley Road, in Walnut Creek. Contact the Contra Costa County Emergency Medical Services for registration information</li> <li>• The <b>5<sup>th</sup> Annual Foster Care Youth Conference will be on March 11</b> in Richmond. This is a community event and everyone is invited</li> </ul>	
<p><b>III. PUBLIC COMMENTS:</b></p> <ul style="list-style-type: none"> <li>• <b>None</b></li> </ul>	
<p><b>IV. COMMISSIONER COMMENTS:</b></p> <ul style="list-style-type: none"> <li>• Commissioner Steers thanked everyone for their condolences during her mother’s passing last month and for the services being received, from Behavioral Health, for a loved one. CCCBHS offered better care than what was being received in the private health care system. The person, undergoing treatment, is improving and receiving good care. Noted the importance of the mental health services BH provides to the community.</li> <li>• Commissioner Serwin attended a day of the <b>EQRO audit review</b> meetings. The sessions gave information regarding the overall services Behavioral Health provided during 2016. It was noted that BHS’s comprehensive planning approach and the implementation of data driven decision making. Additional details regarding the electronic health records system was obtained as well. Kudos to BHS for the improvements made in 2016.</li> <li>• Supervisor Andersen recently attended the <b>“Stepping up Initiative Conference,”</b> in Sacramento, along with other law enforcement agency representatives. The purpose is to learn new ways to approach mental ill within the justice system. Various workshops were offered regarding how to reduce the amount of mentally ill in our justice system. In the months to follow, stated Initiative will be presented to the Board of Supervisors, in hopes to be implemented in CCC. Once a schedule has been set, the information will be forwarded to the Executive Assistant for the Mental Health Commission to forward to all parties interested in participating. It will be open to the public.</li> <li>• Commissioner Dunn compiled a letter, sent out by NAMI INTERNATIONAL. If anyone is interested in reading the letter, it can be accessed on the website at: <a href="http://change.org">change.org</a></li> </ul>	

<p><b>V. MOTION to approve the January 4, 2017, minutes.</b>  <b>No corrections were needed</b></p> <ul style="list-style-type: none"> <li>• <b>Gina moved, second by Doug, to approve the January 4, 2017 minutes.</b></li> <li>• <b>The motion passed by a vote of 10-0-0</b></li> </ul> <p><b>Vote:</b>  <b>Ayes: Duane, Barbara, Supv. Andersen, Doug, Sam, Gina, Michael, Meghan, Connie, Lauren</b>  <b>Abstain: none</b>  <b>Absent: Diana, Jason</b></p>	
<p><b>VI. RECEIVE, the West County Detention Facility, (WCDF), grant update given by Captain Tom Chalk</b></p> <ul style="list-style-type: none"> <li>• The previous grant application, SB863, for an awarded amount of \$80 million dollars, was lost to the County of San Francisco by ½ of a point. It was lost due to litigation, which did not allow the release of the environmental impact report.</li> <li>• The same proposal will be utilized for the new grant application of \$70 million dollars for SB844.</li> <li>• SB844 application will be presented to the Board of Supervisors, for approval and in full detail, on February 7. Everyone is invited to attend the BOS meeting to show support. The presentation is tentatively scheduled at approximately 10am-10:30am.</li> <li>• SB844 is a grant to be utilized towards an expansion of facilities, in West County. The expansion will enhance and provide extensive mental health treatment to the current and incoming inmates, along with services for reentry and decrease overcrowding in the Martinez facility. It is expected that the proposed plan will meet the needs of those who require mental health treatment services, over the next 20 to 40 years</li> <li>• The Martinez facility is 43 years old, the life span for a detention facility is a maximum of 40 years.</li> <li>• The Martinez facility has approximately 200 inmates suffering from mental health illness, some issues are more severe than others.</li> <li>• There is no ability to expand the Martinez facility</li> <li>• There are limited services that can be offered to those suffering from mental illness, that are presently in custody</li> <li>• The current jail population, in Martinez, is approximately 600-700 during the past 20 years.</li> <li>• If the grant is obtained, current beds in the Martinez facility will be closed and removed, to decrease the current number of detainees at the facility and retain an appropriate jail population.</li> <li>• Every bed created in the expansion in the West County facility will be decommissioned at the Martinez facility.</li> </ul>	

<ul style="list-style-type: none"> <li>• There has been and will continue to be a jail population that suffers from behavioral and mental health issues.</li> <li>• There is not a facility that can offer, those in custody with mental health issues, treatment to decrease recidivism in jails.</li> <li>• Law enforcement has been working on trying to resolve this problem since 2007.</li> <li>• The SB844 application must be submitted, if approved by the Board, by February 28, 2017 and should receive a response, regarding the ranking of Contra Costa’s application, sometime between May or June of 2017.</li> <li>• Supervisor Andersen encourages anyone in District I to contact Supervisor Gioia and offer support for SB844 because he is getting a lot of pressure from the community regarding ICE detainees and erroneously tying the two together which are separate issues.</li> </ul> <p style="text-align: center;"><b>MOTION FOR THE MENTAL HEALTH COMMISSIONERS TO AGREE AND WRITE A LETTER TO THE BOARD OF SUPERVISORS TO DEMONSTRATE SOLIDARITY IN SUPPORT OF SB844</b></p> <p>Gina moved, seconded by Doug  VOTE: 10-0-0  AYES: Duane, Gina, Barbara, Doug, Lauren, Connie, Sam, Mike, Meghan, Supv Andersen  ABSTAIN: none  NAYS: none</p>	
<p><b>VII. REVIEW and RECEIVE the Needs Assessment report for 2016 from Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Three documents are to be presented as follows: the overview of the Needs Assessment report, the power point presentation that condenses the report, and the one page Executive Summary that includes the first draft of the results of our program finding process. All documents will be presented by Warren Hayes.</li> <li>• The information herein is provided, as required by law, to the stakeholders in preparation for the MHS three-year plan</li> <li>• Noted that the EQRO is an annual external qualitative review of Mental Health Services. The review looks at the quality of the county’s mental health services from various angles.</li> <li>• The auditors asked what kind of data is being utilized to inform the decision process of Behavioral Health Services. Auditors also asked for examples of application to make changes to the system of care.</li> <li>• Everyone is invited to the CPAW =Consolidated Planning Advisory Workgroup meeting, February 2<sup>nd</sup>, the first Thursday of every month. The agenda is how to prioritize the needs of the community and take the information from the Community Program Planning Process, and link it to what is being proposed in the three-year plan. Both in the</li> </ul>	

new plan and in the emerging programs, projects and plan elements initiative to inform, interact and build support to all our stakeholders to what will be presented to the board.

- Qualitative and quantitative considerations will be included, a budget that is balanced and able to fund and sustain the programs and projects that are or will be implemented. The budgeting process should be completed by March. The CPAW meeting in March will propose the first draft of the program and expenditure plan, attaching the costs to the concepts. The plan obtains the information of the needs from the stakeholders, we establish what we need to do to meet the needs and how we are going to pay for the program or project.
- Upon completion, it will be presented to the public, after receiving and addressing all the inquiries and comments, it will be presented to the Mental Health Commission, then to a public hearing, and subsequently to the Board of Supervisors for approval by May or June of 2017.
- The Needs Assessment plan is a quantitative plan which covers the following:
  - Are we serving the targeted population?
  - Are we allocating our resources to provide a full spectrum of care?
  - Are there any significant workforce shortfalls?
- Following APA guidelines, including creating a hypothesis, an inquiry questions and developing a methodology
- A “Prevalence Rate” is the estimated county population that experiences mental health issues with the actual number that was served
- The “Penetration Rate” is the comparison of the actual total of eligible MediCal recipients that are receiving services within the county’s regions to the total population.
- The total population of Contra Costa County is 10 million people and the estimated prevalence rate is 20 thousand people. The actual population being served, regarding mental health services, is 20 thousand people. The numbers are equivalent and that is good. After the Affordable Care Act went into effect, or Covered California, a larger amount of the population could obtain eligibility and acquire services from 2013 to present.
- When we compare race, ethnicity, age and gender identity we exceed the statewide average, except for our numbers are lower for Pacific Islander, Latinas, Latinos children under the age of 5 and over the age of 60.
- Commissioner Yoshioka questioned the comparison of the 2015

prevalence rate to the 2014 penetration rate. This data offers different years due to the validity of the data for those years. The 2015 penetration data was incomplete at the time of the study.

- Commissioner Serwin inquired about Contra Costa County standings in comparison of these rates in regards to other counties within the state and nationally? Accurate statewide and nationwide comparison data has not been obtained but it can be stated that the county is doing well due to the high MediCaid usage. The problem is if the federal government decides to decrease the budget to obtain services then the larger counties, such as Contra Costa are most vulnerable and will be affected.
- LOCUS = Level of Care Utilization System Treatment or CALOCUS= Children and Adolescent Level of Care Utilization System are methods used in Contra Costa by Behavioral Health Services and is one of the few counties that requires the usage of this level of care for all people served within the county. A clinical professional makes an assessment to evaluate what level of care is needed.
- The highest level of care utilized is locked facilities
- The second highest level of care is full service partnerships that are intensive community based care
- The third level of care is outpatient services, adult and children clinics providing psychotherapy in mild to moderate cases which determines the outreach and engagement. Most of the prevention and early intervention programs are in the outreach and engagement
- The fourth level of care is managing self-care
- Another category that was evaluated was determining if resources were being allocated towards staff development= recruiting, retention and training.
- It is important to view the data in the benchmarks to see how much of the resources are being allocated to each level of care. There is data dating back to 1981 and see what monies were allocated to what levels of care provided and the changes in the trends. In 1981 more people were in locked facilities and outpatient programs were almost nonexistent.
- Another example is currently, the budget allows for a 1% expenditure for staff development and only .3% is being utilized.
- Two main areas of deficiencies in staff is the lack of Psychiatrists and bilingual staff. Currently the county's pay rate is below neighboring counties and therefore resulting in a lot of vacancies for Psychiatrists, a total of 15 full time equivalent positions are unfilled presently. 10 years ago, Contra Costa County's salaries were equal to other counties and has fallen behind. Nurse Practitioners and Physician Assistants are also positions that are in dire need to be filled.

<p>Without competitive pay rates, all positions will continue to be unfilled. This is a major problem because there is increased need, for mental health care services, throughout the county.</p> <ul style="list-style-type: none"> <li>• Bilingual staff has increased throughout the county but there is still a need to fulfill bilingual positions throughout the county.</li> <li>• Contra Costa County has shown an increase in utilizing Interpreter services, a video conferencing translator service.</li> <li>• The Needs Assessment report is a part of the three-year plan.</li> <li>• The Community Program Planning Process is another piece.</li> <li>• It is noted that the indicators shown in the report, are broad indicators and not to be taken literally. These documents are first drafts and are not yet finalized</li> <li>• It was informed that union negotiations this month will give clarity if there is a need for parody or adjustments regarding Psychiatrist's salaries</li> <li>• Noted: Alameda County pays their Psychiatrists \$207,000 to \$230,000 per month, almost \$100,000 less than what Contra Costa County pays. Salaries are increasing due to the high demand.</li> </ul>	
<p><b>VIII. RECEIVE the Community Planning Process from Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Three community forums were done throughout the county, to obtain input to define the issues</li> <li>• The participants were three members from the consumer community, three members from the family member community and three members from the service provider community, including what is new or not covered.</li> <li>• There was a total of 10 stations, at each of the three and had a dialogue for approximately 15 to 20 minutes. Members were rotated to each of the community forums. Over 300 people attended, the number was evenly distributed amongst the member groups</li> <li>• The outcome was a favorable in obtaining information from stakeholder's needs perspective, to shift resources in accordance to the needs.</li> <li>• Going forward, it was suggested that executive staff be present and active participants during these type of community events, organized by MHS/BHS.</li> <li>• Commissioner Swirsding suggested, to obtain better results for the underrepresented population of Hispanics, to go to schools or Hispanic community centers to inquire about the Hispanic needs regarding mental health care and treatment.</li> </ul>	
<p><b>IX. RECEIVE Commission representative reports:</b></p> <ul style="list-style-type: none"> <li>• AOD Advisory Board- Sam Yoshioka – was not present at the previous meeting</li> <li>• CPAW- general meeting- Lauren Rettagliata- was not present at the</li> </ul>	



<p>previous meeting but presented an overview of the MHSA FINANCE committee meeting:</p> <ul style="list-style-type: none"> <li>• Noted and thanked Dr. Jon Whalen for taking the time to discuss the current situation regarding the lack of full time Psychiatrists. There are 15 full time positions available for Psychiatrists and he is working hard to recruit. His hope is to obtain leverage regarding salaries after union negotiations are completed. Another incentive, in hopes to obtain more Psychiatrists is to utilize WET= Workforce Education and Training funds. Approximately \$1 million dollars has been allocated for loan forgiveness in exchange for services rendered by Psychiatrists, with pay, due to low pay rate helping to recruit young Psychiatrists. Dr. Whalen stated he will update the MHSA Finance Committee in March regarding the results of the union negotiations</li> <li>• The Family Coordinator, Robert Thigpen, announced that he can fill a position in Central County for a Family Advocate. There are two Family Advocates, one in East county, Susan Waters and one in West County, Gloria Menjivar, who is bilingual in Spanish. It is hoped to obtain more positions for additional Family Advocate positions.</li> <li>• Steve Blum was also present, although has moved on to another position, gave a detail summary regarding Family Courtyard</li> <li>• Vic Montoya was present and Matthew Luu, their participation and attendance is appreciated</li> <li>• Children’s Committee- Gina Swirsding, was unable to attend the previous meeting. It was reported that at the meeting human trafficking was discussed, since January was Human Trafficking month</li> <li>• It was noted that the Housing Committee is incorrect and should be stated as the <b>“Counsel on Homelessness,”</b> not to be confused with many other housing committees.</li> </ul>	
<p><b>X. Adjourn Meeting</b></p> <p>The meeting was adjourned at 6:26pm.</p>	

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

# Draft AOT Workgroup Plan

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On February 3, 2017, the Contra Costa Behavioral Health Services (CCBHS) staff and Chair and Vice-Chair of the Mental Health Commission (MHC) met to work together to define key aspects of the Assisted Outpatient Treatment (AOT) Workgroup. Those present: MHC Chair Duane Chapman and Vice-Chair Barbara Serwin, CCBHS Director Cynthia Belon, Deputy Director Matthew Luu, MHSA Program Manager Warren Hayes, Administrative Services Assistant III Adam Down and MHC Executive Secretary Liza Molina-Huntley.

The AOT Workgroup was created to provide input to the AOT Program during its initial design phase. The Workgroup is now evolving as the AOT Program moves into its implementation phase. This document outlines how the Workgroup will be structured and operate during this next phase.

This plan will be submitted to the MHC for approval at the full Commission meeting in March. Upon approval from the MHC, the agreement will be submitted to the Board of Supervisor's Family and Human Services Committee for consideration.

## Objectives

The purpose of the AOT Workgroup is to provide an open forum to enable Workgroup members and the public to voice and address issues pertaining to the AOT Program. This includes problem solving, supporting transparency and accountability, and providing input to major policies and strategies.

## Constituencies

- The broad set of stakeholders from the first phase AOT Workgroup will continue to participate. An inclusive list of stakeholder groups will be provided by CCBHS staff.
- Members will be determined by and in accordance with representation of stakeholder bodies. The MHC Chair and CCBHS Director will define the maximum number of members.

## Meetings

- The first meeting will be facilitated by the MHC Chair and CCBHS Director. It will tentatively be held in April, 2017 at 50 Douglas Drive in Martinez.
- The first agenda will be set by the MHC Chair and the CCBHS Director.
- At the first AOT Workgroup meeting, the MHC Chair and CCBHS Director will solicit input and participation from stakeholders as to protocol for setting future meeting agendas. Input will also be solicited for the selection of person(s) to co-facilitate meetings on a rotation basis, along with the MHC Chair.
- Meetings will be held on a quarterly basis.
- Sub-committees may be formed to study and/or problem-solve specific issues or challenges that arise from the AOT Program. Input from Workgroup stakeholders will be solicited for determining guidelines for subcommittees.

**In Addition**

- Administrative CCBHS staff will be assigned to provide continuity and support for organizing the meeting, agenda, minutes, postings and copies.
- CCBHS will provide a report by Research Development Associates with a summary and evaluation of the AOT Program's first year of operation; the report is due this spring.
- The AOT Workgroup will adhere to the provisions of Better Government Ordinances and the Brown Act.

Respectfully submitted by:

Liza Molina-Huntley

Executive Assistant for the Mental Health Commission

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# Contra Costa County Mental Health Commission 2016 Annual Report

## I. Introduction

The Contra Costa County Mental Health Commission (MHC) had a busy and ambitious agenda in 2016. We pushed steadily on longer term issues and challenges, such as continued tracking on Psychiatric Emergency Services (PES) and authoring of the White Paper. We addressed acute issues as they arose, such as advocating for improvements to injection medication protocol at county clinics. We also made strides in improving the more administrative side of our work.

Two important themes informed our efforts: 1) Teamwork; and 2) understanding our roles and responsibilities. We took steps and will continue to improve teamwork and collaboration with our partners in Behavioral Health Services (BHS) and the Hospital, and to develop ties with the state organization- The California Association of Local Mental Health Board and Commission, that supports all Mental Health Commissions and Advisory Boards in California. We also made it a focus to understand our own role and the role of our partners, as well as our mandated responsibilities. These themes have enabled us to better know who we are and what our job is, and to better assist the BOS, BHS, and our other partners in providing the best care possible for people in our county who suffer from mental illness. These themes will continue to guide us in 2017.

This report contains the following sections, including this introduction:

- Changes in Commission representation
- Efforts and accomplishments
- Goals for 2017

## II. Changes in Commission Representation

Commission membership was very dynamic this year, with five new Commissioners joining, two resigning, and a new Executive Assistant coming on board.

Joined: Connie Steers (District IV), Douglas Dunn (District III), Meghan Cullen (District V), Michael Ward (District V), Jason Tanseco (District III)

Resigned: Greg Beckner (District IV), Tess Paoli (District III)

Vacancies: We currently have four vacancies: A Family Member in District I, a Consumer Representative in District III, a Consumer Representative in District IV,

and a Family Member in District V and the Chair will be working with you with filling the vacant positions.

Executive Assistant: Karen Shuler retired from her contract role and Liza Molina-Huntley joined as a full-time staff member of the BHS.

Please see the chart below showing all Commission posts and vacancies.

2017- Commission and Committee membership status			
MEMBER	DISTRICT	TYPE OF MEMBERSHIP	EXPIRATION DATE
Chair- Duane Chapman	I	Member at Large	6/30/17
Vice Chair- Barbara Serwin	II	Consumer Representative	6/30/19
Diana MaKieve	II	Member at Large	6/30/19
Samuel Yoshioka	IV	Family Member	6/30/19
Gina Swirsding	I	Consumer Representative	6/30/17
Douglas Dunn	III	Member at Large	6/30/19
Lauren Rettagliata	II	Family Member	6/30/18
Jason Tanseco	III	Family Member	6/30/19
Connie Steers	IV	Member at Large	6/30/18
Meghan Cullen	V	Member at Large	6/30/19
Michael Ward	V	Consumer Representative	6/30/18
VACANCY	I	Family Member	
VACANCY	III	Consumer Representative	
VACANCY	IV	Consumer Representative	
VACANCY	V	Family Member	

### III. Efforts and Accomplishments

#### *Authored White Paper*

In the spring of 2016, the MHC published a White Paper, a kind of state of the union address, which provides an overview of the challenges facing the mental health system in Contra Costa County from the perspective of the Commission. The paper calls out the dramatic rise in the number of adults and children presenting at PES; chronic understaffing due in part to non-competitive compensation; the lack of children and adolescent in-patient and residential treatment facilities; the acute need for more family support; and the deficits of a top-down budgeting system that does not adequately capture program needs and priorities. Initially spearheaded by Lauren Rettagliata and Barbara Serwin, the report was written with the input of BHS and the Behavioral Health Care Partnership.

The recommendation to send the paper to the Board of Supervisors (BOS) was first made on March 2<sup>nd</sup> by a unanimous vote. A motion to present the paper to the BOS was passed again, unanimously save one abstention, by the Commission on April 6<sup>th</sup>. The White Paper presentation was unanimously supported, save one abstention, by the Commission on September 7<sup>th</sup>. The paper was presented to the BOS on September 13<sup>th</sup>. The BOS gave strong words of support and assigned the paper to the Family and Human Services Committee for further review. Unfortunately, the paper has not yet been scheduled for a Committee meeting – CAO staff identified

October 2017 as a likely possibility. That will be nineteen months since the first motion to present the White Paper to the BOS was passed in March of 2016. Follow up on the White Paper and the issues it raises will continue in 2017.

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### ***MHC Retreat: Roles and Responsibilities and Teamwork***

In August the MHC hosted an all-day retreat with the dual themes of “roles and responsibilities” and “team work.” The attendees were mainly Commissioners, including Supervisor Candace Andersen, and a few county staff that work closely with the MHC, including Jill Ray from Supervisor Andersen’s office, Enid Mendoza from the CAO, and Adam Down from BHS. The retreat was led by Susan Wilson, a representative of the California Institute of Behavioral Health Solutions (CIBHS), which is the state not-for-profit organization that supports all state mental health commissions and boards.

As a first retreat objective, the MHC wanted to clarify its role within the public mental health community and to get a firm grasp on its mandated responsibilities. Secondly, the MHC wanted to develop a greater sense of teamwork between the MHC, the BHS, the CAO and the Supervisor’s office so that we could all work more smoothly and effectively toward our shared goal of helping those with mental illness. We believed that understanding the Commission’s roles and responsibilities vis a vis the roles and responsibilities of our partners, was essential for true collaboration. The retreat gave us the time, space and expertise from the CIBHS to accomplish these objectives. We look forward to a similarly formatted, successful retreat in 2017.

### ***Supported MHS Planning Process***

The MHC provided meaningful support to the MHS planning process in 2016.

- The MHC hosted and chaired the MHS FY 2016-17 public hearing in April.
- Multiple Commissioners participated in and helped facilitate the MHS Three Year Plan stakeholder forums held at the end of 2016.

### ***Initiated MHS Contract Review Process***

In 2016, the MHC made the commitment to meet its mandated responsibility to review County contracts related to mental health. Commissioners Chapman, Serwin and Rettagliata worked closely with Adam Down from BHS to determine objectives, learn about the contract process at BHS, look at the range of contracts, and discuss specific contracts of interest (e.g. higher dollar amount or typical contract, e.g. for psychiatrists.) The team is currently working on a process for selecting and evaluating contracts for review that is doable, efficient and effective, and on determining where to place this responsibility within the Commission.

### ***Tracked on Electronic Health Record System***

The MHC fully understands the importance of the Electronic Health Record (EHR) system as the basis of a timely, coordinated, efficient and effective Mental Health system. Throughout the year, the MHC consistently and persistently raised questions regarding timing, plans and financing of the County’s EHR system to help ensure transparency and accountability. The Commission will continue to monitor the progress of plan implementation in 2017.

### ***Influenced Improvements to Injection Medication Protocol***

The MHC heard testimony from a family member regarding the inability of a son to obtain an anti-psychotic injection medication at a BHS clinic due to a lack of inventory. For her son, the ramifications of missing a dose of his medications are serious. The MHC's line of questioning led to a plan for correction and ultimately the modification of the injection protocol for County clinics.

### ***Supported Sheriff's Bid for SB 863 Funding***

The Commission strongly supported the Sheriff's efforts to win an \$70 million-dollar grant to providing housing and treatment to inmates with mental illness through expansion of the West County Detention Center. Commission members toured the Martinez detention facility, where the County's mentally ill population is held, and the West Count detention site. The Commission also attended meetings and heard testimony of staff from the Sheriff's Office, Behavioral Health Services Department, and Detention Mental Health Services. The Commission continues to support the Sheriff's office as it now competes for SB 844 funding.

### ***Supported the Knightsen Farm Project***

The Commission voted to support a residential farm project as part of the MHSA Three Year Plan.

### ***Improved Administrative Tools***

The MHC introduced an annual calendar as a means of improving planning of Commission meetings (e.g. meeting content, presenters, requests for information) and responsibilities (e.g. host annual MHSA planning community meeting) and regularize the creation of agendas and distribution meeting packets. The calendar will be tested and enhanced during 2017. Secondly, a tool was created to document and track motions separately from minutes to enable Commissioners to quickly access the exact language and timing of all motions and thereby understand their commitments. Thirdly, meeting agenda language was standardized to the model used within Behavior Health. This simplifies agenda creation and clarifies intended meeting actions.

### ***Asked Hard Questions***

The MHC learned of many issues relating to mental health in our County over the past year. We heard of concerns and incidents from the street, from mental health care professionals, and from phone calls from the community, including family of loved ones and consumers. Many of these came directly to the full Commission and some were worked on at the subcommittee level and then forwarded to the full Commission for further action. We sought to get to the heart of the matter, asking difficult questions, and we worked hard to shine attention on issues that might easily fade away.



Some of the issues that we tracked on include:

- The high percentage of unfilled positions at BHS, especially psychiatrists, and the resulting negative impact on service delivery, including the two to three month wait for psychiatric appointments once a consumer had been initially assessed;
- The challenging situation at PES, including such issues as 1) Overcrowding in an aged facility not designed for current capacity or needs; 2) An untenable strain on staff; 3) An alarming recidivism rate; 4) Children's exposure to adult consumers; and 5) Patients being discharged without the family's permission or in some cases even their awareness;
- The death of a consumer at Family Courtyard and the question of whether the provider was adequately delivering the mental health services that it is being paid to deliver;
- Continued problems at Riverhouse in Martinez, owned by Eden Housing Corporation, with bed bug infestation, mold, deterioration, etc.
- Funding to support the Don Brown Shelter in Antioch;
- The cultural competency of the delivery of programs and services.

### **Reports**

The MHC invited several County mental health programs and resources for presentations and discussion. The following are representative highlights:

- ***EQRO Report:*** The MHC reviewed at full Commission and Quality of Care Committee level the all-important EQRO Report for 2015. We benefited from seeing more data-driven analysis, we learned of positive new outcomes, and we recognized challenges and opportunities that we've written and spoke of ourselves. We look forward to greater involvement and analysis of the report in 2017.
- ***AOT Six Month Program Report:*** The MHC reviewed and discussed a report presented by Research Development Associates (RDA) covering the first six months' operation of the Assisted Outpatient Treatment (AOT) Program (or Laura's Law Program). The discussion surfaced the desire of the MHC to play a more active role in the AOT Program stakeholder process. Determining meaningful MHC participation has been a key topic of early 2017.
- ***Family Partner Programs:*** The MHC received an update on the strong efforts by the Family Partner Programs to ensure that families have the awareness to access the services they need within MHS and can advocate for their family

member who needs services. Discussion led to the question of “how do we get to families before they suffer so much.”

- ***Mental Health Evaluation Team (MHET):*** The MHC heard a presentation on the operations of the relatively new MHET team -- the BHS clinician and police program for connecting clinicians to people with mental illness.
- ***CCC Homeless Continuum of Care Point-in-Time (PIT) Report:*** The Commission heard the January 2016 numbers on the homeless in our County. Commissioners asked for details on methodology and for the number of mentally ill within the homeless population (29%).
- ***The Family Justice Center:*** We learned about the many critical services offered by the Center and about the distressing facts associated with its clients – about 8% need mental health services.
- ***MHSA Three-Year Plan:*** The MHC reviewed the plan with deep focus, aided by the Finance Committee’s financial review of MHSA-funded programs and services.
- ***Reports on PES:*** Updates on PES were included in several reports by various BHS and hospital staff, including Dr. Christine Jerard, Anna Roth, and Victor Montoya. Note that this information was augmented by several visits to PES by Commissioners.

## **IV. Goals for 2017**

### ***Continue Efforts of Teamwork and Understanding Our Roles and Responsibilities***

This year the MHC will continue to develop teamwork and collaboration and our understanding who we are and what we have been tasked with by the State of California.

### ***Expand Outreach***

In 2017, greater outreach efforts are a key goal. The MHC needs greater diversity among its Commissioners to reflect more accurately the make-up of our constituencies. This challenge needs to be addressed as part of our recruitment strategizing with the BOS. A second aspect of diversity is reaching out to our various communities to ensure that they know that they have an ear and a voice in the MHC. Our major strategy this year will be to host a few MHC full Commission meetings in locations other than Martinez. So far, we are scheduled to meet in West County in March and East County in October.

### ***Develop Commissioner Training***

The MHC has a dire need for effective training, especially for new Commissioners. This need is especially acute given the large number (five) of new Commissioners who joined in 2016 and projecting forward to the recruitment of four new Commissioners as soon as possible in 2017. The better our training, the faster Commissioners come up to speed and the more effective they are. This year we will work to develop a baseline training program. Current ideas include well-targeted documentation, formal training as modeled by CPAW's seminar-style training delivered before every monthly CPAW meeting, informal training through mentoring, and more of the team-oriented learning that we initiated through our 2016 annual retreat. These approaches will benefit more seasoned Commissioners as well.

### ***Increase Muscle Power***

A key hindrance to the MHC is the number of vacancies in our membership. We are currently down by four Commissioners, which is one-third of our team; this has been the norm. Our five new Commissioners are all at different levels on the learning curve. While we can help, our new Commissioners come up to speed more rapidly through our training goal, we need the strong hand of the BOS to help us bring in qualified and committed recruits. This year the MHC will strategize with the BOS on outreach and recruitment.

### ***Implement More Effective Timing***

The MHC is still working at contributing its input at the point when it matters most. An important example is the budget. If the Commission does not find a way to advise on needs in the earliest stage of budget development, or provide feedback when the budget is mid-way through development, then it cannot effectively influence change in budgeting priorities. The MHC will focus this year on working more collaboratively and more proactively with BHS to 1) identify initiatives and activities that fall within its mandated scope of responsibilities; and 2) time its input appropriately.

### ***Integrate the Contract Review Process***

In 2016 the MHC initiated a project to review targeted county mental health-related contracts. In 2017 we will continue to develop our contract review process with the goal of integrating it into our normal monthly business. This goal ties in with our goal of "more effective timing"; when we proactively watch for large or otherwise important contracts coming down the pike, we can time our questions at the early stage where they are most likely to be helpful and well-considered, instead of being caught unawares a few days prior to a major contract review and going into a reactive mode.

***Continue Communication and Advocacy of White Paper***

In 2017, the Commission will continue to communicate the needs outlined in the White Paper, track on issues identified in the White Paper, and encourage action by the BOS.

***Continue Support for Improved Mental Health Care in County Jails***

If the Sheriff's bid for SB 844 is successful, we will collaborate in any way that we can to bring input from the mental health community to the development process. Regardless of the outcome, we will continue to advocate for better services and conditions for mentally ill inmates in our jails.

***Participate More Closely in the AOT Workgroup***

In early 2017, the MHC has worked with BHS to draft a plan for a baseline AOT Workgroup stakeholder input process that enables greater MHC involvement. Our goal for the remainder of 2017 is to work with the BHS and the AOT Workgroup to effectively implement this plan.

***Continue Organizational Learning***

The MHC will continue with its developing partnership with the California Institute of Behavioral Health Solutions and its sister organizations throughout California. We will continue to learn from the success stories of other counties and make use of the Institute's resources and understanding of the roles, responsibilities and best practices of Mental Health Commissions in California. MHC Duane Chapman will continue to attend CIBHS conferences and liaison with the Institute's leadership. It is likely that CIBHS will participate in the 2017 MHC annual retreat.

**This report is respectfully submitted by:**

**Duane Chapman**  
**Chair, Mental Health Commission**

**Barbara Serwin**  
**Vice-Chair, Mental Health Commission**

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## Year End Report MHSA Finance 2016

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A priority of the MHSA/Finance Committee is to insure that funding for Mental Health is focused on improving the care and treatment for people diagnosed with a mental illness. At each meeting Warren Hayes provides an update on the MHSA spending and an overview of the Program & Fiscal Reviews. This committee also has asked to be updated and kept informed on Realignment I & II funding. We also received all County contracts for the first time. As a committee we are becoming more knowledgeable about how care and treatment is financed. In that vein, we have also asked to receive, on a regular ongoing basis, Federal Financial Participation (FFP, i.e. Medi-Cal and Medicare) reimbursement funding reports. FFP reimbursement comprises around 50% or greater of county mental health funding. Health Services Finance Department indicated they would try to comply. With this knowledge we hope to improve the lives of those who rely on the county for their care.

The committee will focus on understanding the systems in use in our county. We need to consider what the options are and collaborate with the Quality of Care Committee on housing issues. This committee has noted that there needs to be a plan in place that determines if the funds spent are: improving the quality of treatment and care, keeping the status quo, or causing treatment and care to deteriorate. We have improved our knowledge of homelessness, housing and shelter procedures for the mentally ill. We reviewed our housing partnerships, searching for models that work best to provide the most successful transitions and supports toward wellness. We did search for space and funding, to be used to improve and increase housing for our seriously mentally ill.

The main focus of a sub-committee was to prepare and collaborate with the Behavioral Health Department and the Behavioral Health Care Partnership to produce the Mental Health System & Budget Crisis document. It was contemplated, that this report would have an impact on how the budget for mental health is developed. The document and presentation, asked the Board of Supervisors to give budget priority to systemic deficits in care that are not being addressed in the current budget process.

# **Quality of Care Committee Mental Health Commission *DRAFT 2016 Annual Report***

## **Changes in Membership**

The Quality of Care Committee has had many changes in membership since late 2015: We lost Chair Peggy Black, Dave Kahler, Tess Paoli and Greg Beckner; and we gained Gina Swirsding and Connie Steers. Currently, we stand at three committee members rather than target of four. These changes significantly impacted our ability to consistently form a quorum for meetings. Fortunately, Commission by-laws were changed recently to permit an Executive Committee member to stand in at a meeting to form a quorum, so we should be able to meet regularly in 2017.

## **Scheduled Injectable Medication Procedure at Clinics**

The Quality of Care Committee heard direct testimony from a family member whose son was not given a scheduled long-acting anti-psychotic injection medication at a BHS clinic. Typically, patients receiving an injectable are severely ill and lapses in medication can have serious consequences. Commissioners had experience with or were familiar with other incidences in our County. The Committee recognized that clinics should have the same accountability for medications that a hospital has when administering anti-psychotic medications to severely mentally ill patients. Committee and subsequent Commission efforts resulted in a revised procedure to improve effectiveness and timeliness of medication fulfillment. A Nursing Program Manager presented the revised procedure to the Commission. Our next step will be to circle back to look at the impact of the changes.

## **Shelter Deaths**

The Committee tracked on two deaths that occurred last winter at the Brookside Shelter and one death at the Family Courtyard. We were concerned that the deaths might have a mental health component. We visited these sites and asked questions, e.g. Were there lapses in care or safety procedures that contributed to the circumstances of the deaths? What type of quality assurance reviews take place after mortality? Who is going out to identify the mentally ill in areas that have overflow emergency shelters? What is the quality of outreach? Despite numerous attempts we were unable to obtain a coroners report or learn specific details regarding the deaths. We did, however, contribute to keeping these incidents visible. We plan to monitor the investigations around these deaths for progress and to continue efforts to keep the deaths in the spotlight.

## Consumer Rights

Many issues that the Committee learns of have a consumer rights aspect, whether it's a lapse in care or patient-to-patient violence. With the closure of programs operated by Mental Health Consumer Concerns program in 2013, there is no longer a consumer advocacy resource for clinic out-patients such as there is for PES and 4C in the hospital setting. There is, however, a strong need for consumer advocates so that consumers have a formal mechanism for problem resolution and as a means for the BHS to learn about problems in care. This year the Committee heard testimony and discussed mental health-related incidences that led to several discussions on this topic. New Committee member Connie Steers has significant expertise in the area of consumer rights and the Committee is likely to advocate for a robust consumer rights program to serve County clinics.

## Other Efforts

- The Committee continued to research issues around the creation of crisis in-patient and residential facilities for children and adolescents. We consolidated information collected to date and have begun regular attendance of the Children's group that reports to Vern Wallace. Our next step will be to develop a case for the creation of these facilities for presentation to the Board of Supervisors and BHS Finance.
- The Committee supported the efforts of the Sheriff's office to win the SB863 grant award for expanding the West County detention facility with the purpose of improving mental health care for inmates. We visited the Martinez and West County jails and participated in meetings with the Sheriff's Office, County mental health staff, and other law enforcement and detention facility staff to learn about the needs of mentally ill inmates and about the proposed supports. Committee members voted affirmatively for Commission support of the Sheriff's grant proposal.
- The Committee stayed abreast of Quality of Care issues at PES.
- The Committee developed stronger ties to the County hospital in the way of information sharing. We are fortunate to have Victor Montoya and Shelley Whalen attending our meetings to report on hospital mental health situations and to provide input to current issues.
- The Committee performed an in-depth analysis of the 2015 EQRO report on behalf of the full Commission. We also requested greater participation for the Commission in this coming year's EQR program analysis.



# 2016 Year End Report for Justice Systems Committee

*The purpose of the Justice Systems Committee is to be a voice for the mentally ill that have encounters with law enforcement or are in a correctional facility, in hopes to improve conditions.*

## **The two objectives for 2016:**

- 1) To assist in the change the uniforms for those institutionalized in the correctional Juvenile Hall facility in Martinez
- 2) Create a Community Mental Health Referral Card

The uniforms that were utilized in the correctional juvenile facility, at the Martinez Juvenile Hall, were not uniform in color. The previous uniforms were color coded and those in the facility felt targeted due to the color coding clothing.

After negotiations, the mission was accomplished. Juvenile Hall is currently utilizing the new uniforms. The uniforms have provided confidence and a better outlook to those who are currently institutionalized.

A grant for the creation of the Community Mental Health Referral Card was obtained but unfortunately, due to many impediments, the grant was lost.

The card could be utilized by Law Enforcement and other agencies, to hand out to the community, during encounters with those in need of mental health services.

The plastic card would resemble a business card with a quick glance of referral numbers for mental health services throughout the county, including the 1-800 Crisis Center, Wellness Center, Family Partners, AOT and more.

The committee supported, SB863, for the expansion of the West County detention facility to provide mental health services within the facility.

## **Goals for 2017:**

1. Reestablish the grant and complete the creation of the cards so that they may be utilized throughout the county.
2. Continue to support, SB844, for the expansion of the West County detention facility to be able to provide mental health services.