Contra Costa
Health Services

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

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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; Alternate- Diane Burgis, District III, BOS Representative.

Justice Systems Committee Meeting

Tuesday, March 21, 2017 ♦ 1pm to 3p.m.
1340 Arnold Drive, 1st floor conference room 112, Martinez

AGENDA

I. **Call to Order / Introductions**

II. **Public Comment**

III. **Commissioner Comment**

IV. **Announcements**

V. **APPROVE minutes from February 21, 2017 meeting**

VI. **DISCUSS AB109 Quarterly Progress Report- Dr. Marie Scannell**

VII. **DISCUSS detention outpatient follow up programs**

VIII. **DISCUSS West County community education outreach support efforts for SB844**

IX. **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 is pleased to make special accommodations, if needed, please call ahead at (925) 957-5140 to arrange.

JUSTICE SYSTEMS COMMITTEE
MONTHLY MEETING MINUTES
February 21, 2017 – First Draft

Agenda Item / Discussion	Action / Follow-Up
I. Call to Order / Introductions Commission Chair Gina Swirsding call to meeting to order @1:12pm Members Present: Chair- Gina Swirsding, District I Duane Chapman, District I Commissioners Absent: Michael Ward, District V Other Attendees: Sam Yoshioka, District IV Joe Pantaski, District IV, independent advocate for human rights, Veteran Jill Ray, Supv. Andersen's office Adam Down, Behavioral Health Administration Liza A. Molina-Huntley, Executive Assistant for MHC	**EA: will transfer audio to computer file and complete minutes**
II. PUBLIC COMMENTS- • **JOE-** distributed copies of the Concord Police Department, Chief's recent report, on how they are functioning. Contra Costa County has 19 cities to the extent that the various cities, police departments, interact with people with mental health issues. On Wednesday night's open meeting, at 7:30pm, the Family Justice center in Concord: has a two hour orientation session on mental health services for family members and the public, and it's free. It is a very good informational meeting and there are a lot of helpful brochures, for consumers and family members, seeking services. • **JILL**- On Fridays, the San Ramon Valley Discovery Center, is hosting Will Taylor from NAMI, to talk about the program and implementation due to more interests for information in the South county area. • **GINA**- there is not a group meeting for advocacy, in West County, yet; but, would like to see if a group can get started in West County. Will follow up and contact Will, from NAMI, to check on getting a group started.	**Gina/Duane: call Will from Nami regarding getting a group started in West County**
III. COMMISSIONERS COMMENTS	

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	• **GINA**- very disturbed by the media's referring to our President about being mentally ill and the reason he is mentally ill is because he's liar, jokingly. The reason it is bothersome is because I work with many Consumers that have be assaulted or raped, victims of violent crimes, and when the information was brought forth, they were not believed or taken seriously. A symptom of mental illness is not because a person lies. It is not a symptom and I find it insulting that a Congressman made such a comment. I communicated with my Congressman and complained about the comment. I do not appreciate our elected government officials making such statements. It is not a joke, or being mentally ill is not a joke! There is a stigma, with the media, and I find it very offensive. • **DUANE-** there was several articles that addressed the situation, regarding the jail in West County. One of the things that were brought to my attention is that the Richmond's City Council will direct the City Manager tonight, to write a letter in opposition of Contra Costa County's application for SB844 funding. I will be present and I urge anyone else who is a mental health advocate to participate in the meeting. I will be present to show support for SB844. I did ask those who spoke out at the Board of Supervisor's meeting if they had been in jail, if they had visited the West County detention facility, or have a loved one suffering from mental illness in the facility. I did inform, those who were present at that meeting, that I do and I know that mental health services are needed outside and inside the detention facility; there was "H" Ward, a geriatrics psych ward, not a facility with mental health services for everyone. No one knew, at the time, that there would be a problem. That more of the jail population would require services and need a specialized facility to provide mental health services so those incarcerated can do better, once they are released. Was present when the jail was built and at the time, it was not built for people with mental health issues. That is why I care so much about offering, mental health services, to those incarcerated too. • **GINA-** I will attend and will speak at the meeting, because this is something very serious and those incarcerated, need and deserve help. I have visited people in the West County facility and consumers would be better served, in the West County facility, rather than at the Martinez facility. I have visited both facilities.	
IV.	**ANNOUNCEMENTS** • **On March 1, the Mental Health Commission meeting will be held, in West County, at the San Pablo Community Center, 2450 Road 20 in the City of San Pablo, from 4:30pm to**	

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	6:30pm • **In October, the Mental Health Commission will have their meeting in East County, at a location to be determined.** • **April 4 through the 6, Commissioner Duane, will be in Redding attending the California Local Board Association of Mental Health and he has been elected Parliamentarian.**	
V.	**MOTION to approve the January 24, 2017, meeting minutes.** • **Correct "51/50" to 5150 (page 5)** • **DUANE moved to motion, second by GINA, to approve the January 24, 2017 minutes.** **VOTE: 2-0-0** **AYES: Duane, Gina NAYS: none** **ABSTAIN: none** **Absent: Michael Ward**	
VI.	**REVIEW and ACCEPT the 2016 Yearend Report** • Noted by DUANE, to include the number of mental health consumers being served, at all facilities, including all correctional facilities, for public awareness. Maybe the information can be obtained on a quarterly, bi-annual or annual basis? • Corrections are, as follows: to include the support for SB863 and SB844 in both 2016 and 2017. The EA will include it in the report. **MOTION to approve the Yearend Report-** • **DUANE moved to motion, to accept the Justice Systems Committee Yearend Report and pass it on to the Executive Committee, with the changes has stated. GINA seconds the motion.** **VOTE: 2-0-0** **YAYS: 2 NAYS: 0 ABSTAIN: 0** **Absent: Michael Ward**	
VII.	**DISCUSS outreach and communication goals for the Committee in 2017:** • **GINA-** One of the objectives **for 2017 is to complete the "CCC Referral Card**," as soon as possible • **GINA-** work on **CIT** training • **DUANE-** we need to be a **liaison for the Police Chief's Association and for the Mayor's office or the City Manager**, or be a part of it. Mental Health is a public health issue and government offices need to know that, be more aware. Mental health is every body's issue and responsibility, not just the County's. There should be a liaison for the Mayor's Association for the County; the Mental Health Commission needs to be a liaison for both groups. • **JILL-** There is a Contra Costa County Mayor's Association and a West County Mayor's Association.	

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	• **GINA-** March is the "**Mental Health Awareness" month** and it should be announced at the meetings and at the City Council meetings. • **DUANE-** I believe the full commission should request, from **each city to declare**, (including NAMI), **a resolution**. If nothing is said, then it is not remembered, but if we continue to be proactive, **do resolution for the month of March** and keep it in the public's view, people will start paying more attention. Maybe ask the Warrior's organization to adopt us, for Mental Health. We need to look into things that keep the public more aware of mental illness. • **JILL-** that is what other advisory boards' do, get resolutions done at different cities and then it gets placed on the agenda and a presentation is done on the issue. It's the best way to do outreach. • **DUANE-** I believe each person, on the commission, from each district should do, get all their cities in their district to do a resolution and next year, the Chair and the Vice Chair can help them, not this year. Whoever represents a district needs to take on the responsibility of getting the resolutions done. I will bring it up to the **Executive Committee** in March. • **DUANE-** Look at ways **the justice system continues to improve, working with those with mental illness that are institutionalized, what follow up is being done**. Inform the public, keep the public updated. We should also follow up with **First- Responders/EMS** and ask if they need training or any support or assistance from the Mental Health Commission	
VIII.	**DISCUSS the creation of a referral card for law enforcement agencies** • **GINA-** regarding the "Referral Card," the reason for the project is because during her enrollment at SPIRIT, one of her projects was to create something useful for the consumers in the community. I researched and found facilities and services, throughout West County and would like the referral cards to be handed to police officers, for them to hand out to the community, when needed. I would like it to be specific to each area of the county: East, West and Central and they should be bilingual. • **GINA**- a magnet is an option to consider, like the magnet card made for Behavioral Health's "Welcome" packet. Although, if the card needs to be bilingual, the card will have to be double sided, credit card or business card size and laminated or plastic, like a credit card.	**GINA/MICHAEL: provide the list and information, for the card, to the EA.**

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	• **GINA-** has discussed the idea, of the referral card, with police officers. The Police Officers reacted favorably, to the idea of the card, and said that they would use the card, when it becomes available. • **GINA-** I do want the card to be "user" friendly for family members too. If a family member has a loved one whom is 5150, they know who to call. I would also like advocating agencies, like NAMI, to be on the card too. The Coordinated Care contact number will be good to be on the card. • **JILL-** this is all going to change this year because all calls will be centralized by **calling "211,"** which will start in May of this year and by the fall, it will not be necessary to know all the different phone numbers. Everyone will be using "211" to find any service, or a bed, throughout the county. It is important to consider, when developing the card, how to tie in the "Coordinated Care Center information" into the card. To point people in the right direction. It is difficult to list every single facility that is why "211" is the referral center to get people connected and should be ready in the fall of this year**. "911" will still be for emergencies. For now, use one of three portals: call 211, go to a care center or be reached by a court outreach team.**	
IX.	**DISCUSS suggestions for CIT training:** • **GINA- work on CIT training** • **JILL-** would like more clarification regarding "working on" CIT training? • **GINA-** the reason it was brought up, by another Commissioner, is because apparently the police departments are not having any more trainings? • **JILL**- at the Police Academy, there is an extensive CIT training unit. One Commissioner had an incident, with one police officer in the City of Concord that issue should be brought to that city's Police Chief, so he's aware of what training needs to be done with his department. I don't believe it to be a reflection of the CIT program and the entire county. In the area, I represent, Moraga participates in trainings all the time, they work with the MET program, they have had the MET program come into their department and train their officers. It is an imperfect society with imperfect human beings and somebody made a mistake and didn't understand something clearly or communication was off, we do not know happened in that particular incident. If there was a list of incidents that would be ongoing, then I would say we have a major problem in our county. I don't think, one interaction with one officer, at one point in time, creates an issue that needs to be solved by this commission with a department we don't have jurisdiction over. David Seinder has given several	**JILL- will email a copy of the handout, that Joe Pantaski had obtained regarding CCP and CAB meetings, to Duane and Gina**

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presentations regarding the CIT, Police Academy training. All consumers are our clients and it's a case by case basis. If we find out that there is something wrong, as a consumer or a family member, then a person should go to the jurisdiction that oversees that and make file a complaint. It is that jurisdiction to fix the issue. Although we would like to be able to fix every problem throughout the county, we cannot.

- **ADAM-** the training is offered two additional times a year and in the new "Three Year Plan," basically MHSA is proposing to fund a third CIT training, in the year. It not ignored, MHSA is looking to expand the CIT training to offer it three times a year.
- **DUANE-** I do not think it is an issue but I do think we should watch was is going on the Federal level, State level and County level. The mandates are a lot.
- **JILL- I** think that base, of CIT training, has been covered several times, I know I have seen David do a presentation three different times.
- **JOE-** at the State level, there is an organization that is responsible for police training; they are mandated, every other year, to have a review regarding their training modules. The meetings, that I've been attending, have it divided in three committees: Juvenile, Diversion and Adult. It is important for law enforcement to be able to know how to relate to people with mental illness. You can go to the COMIO website, to learn more, at: http://www.cdcr.ca.gov/COMIO/Meetings.html and look under the "trainings" that are available. All police departments have issues, the training is important and the accountability that follows.
- **DUANE-** is it possible to obtain the minutes from the police department meetings? I do believe that someone, from this Commission, needs to be a liaison representing the stakeholders, to let them know that we are here to help.
- **JILL-** I do not know, it is an independent organization now, and it's no longer run by the Sheriff's Office. The Police Chief's Association organization has a rotating Chair position, I believe. What Joe is discussing is AB109, which the Commission is aware of. The Public Protection Executive Committee is AB109, which meets every other month. Public Protection Committee is the Board of Supervisor's subcommittee and the Community Advisory Board is CAB, which meets monthly. It is not correct and I corrected it when I was at the meeting. I can email everyone, if they want a copy of the handout? The Contra Costa County Police Chief's Association is a non-profit organization, the person who submitted the record is Pete Peterson, in Dublin, and it is an old record. It is not a public organization. There is not a website for this organization. I believe Richmond is the Chair

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	this year representing the Association. • **JILL-** Regarding the "STEPPING UP" initiative, there is a plan to have a two day summit, I cannot give details at this time, I will inform, as soon as the information is available. • **JOE-** The CCP and the other two groups • **DUANE-** asks for a person to be assigned to keep track of the agenda items, regarding mental health, coming before the Board of Supervisors and to inform the Commission of the items to be presented to the BOS. (**Connie Steers volunteered at the previous Executive Committee**) • **ADAM-** to keep informed, there are lobby groups like the Behavioral Health Director's Association, that is there job is to keep an eye on State policies and put out "ledge trackers" all the time that any person can sign up for or visit their website. • **DUANE-** I requested this information to be sent to me in a previous email, to receive this information. I did that before and will not do that again because I received too many emails. Behavioral Health website states: "are you willing to volunteer 10 hours… to be on the Commission?" That needs to be taken out of there because we all spend a lot more hours than that; it really needs to be removed**.** • **DUANE- BART Police,** is another issue that we should keep in mind, **JILL-** It's like any of us, we all have far more work than we are able to get done, so we all need to find a balance and set priorities. Allwyn Brown, the Police Chief of the City of Richmond, is the representative of the Police Chief's Association to the CCP for 2017 • **ADAM**- Anyone can just sign up for them, the just email notifications and mailing lists. • **GINA-** it is important for everyone to be aware that people with mental illnesses have rights too; they have a right to walk down the street, without someone calling the police because they're talking to themselves. As for BART police, people receiving citations if they are causing disturbances. • **GINA- I will contact Mike regarding the card**	
X.	**Adjourn Meeting:** at 2:45pm.	

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

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COUNTY OF CONTRA COSTA

Quarterly Progress Report

Project Name	AB 109
Agency Name	Health Services Department, Behavioral Health Services Division, Health, Housing and Homeless Services
Report compiled by	Anne Staunton
Reporting period	FY 2016-2017 Q2 (October 1, 2016 – December 31, 2016)

Section One: Summary of Quarterly Activities and Progress

Mental Health: This report includes additional consumers served through the AB109 expansion, and includes referrals of people on felony probation from general supervision and the public defender. Deputy Probation Officers continue to make referrals through their case management system, and clinical staff members meet with consumers during the routine office hours. There were a total of **40** referrals during the quarter, of which **28** were screened for services. There were **14** Health Care Navigation cases, and **nine** cases were opened for ongoing psychiatric services with Forensic Mental Health. Referrals by region during the quarter were: East (25), Central (2), and West (13). There were **21** AB 109 referrals and **19** general supervision referrals.

Alcohol and Other Drug (AOD) Services: Through a network of community based treatment providers, Behavioral Health Alcohol and Other Drug Services (AODS) offers a comprehensive array of outpatient and residential treatment services to AB109 eligible individuals, as outlined by the CCC 2012/13 Public Safety Realignment Implementation Plan. AODS coordinates a countywide continuum of services including pre-release screening, intake, placement & referral, HIV testing and education, and sober living after successful completion of treatment. AODS Residential Treatment providers include: Discovery House (Integrated Co-occurring Treatment for men), Diablo Valley Ranch (men), Cole House (men), Pueblos del Sol (Spanish Speaking men), Wollam House & Ozanam Center (women). Outpatient Programs include A Chance For Freedom (Central), A Chance For Freedom (East) and Gateway (West). Individuals in need of detoxification services are able to utilize our Detoxification programs as well. As part of the continuum of services, we are also serving four (4) individuals in Uilkema House, the Sober Living Transition House.

Health, Housing and Homeless Services (H3): The Contra Costa County Health, Housing & Homeless Services Department received **23** AB109 Probation referrals from County Probation during this reporting period. Of the 23 referrals, **30% (7)** resulted in placements at the Concord or Brookside shelters and **70% (16)** did not seek services.

A total of **10** probationers were served this quarter including the **seven (7)** new intakes mentioned above and **three (3)** probationers who enrolled in the program during a previous reporting period. All **ten (10)** individuals received case management services and all probationers that remained engaged at our shelters were connected to support service providers. **To date**, **444** probationers have been referred and **208** AB109 probationers accepted services in our shelter program, or **47%** entered into shelter from the total that was referred.

Homeless/Housing Contracted Activities

Shelter beds: We are contracted to provide up to ten (10) beds each night at both shelter programs for a total of 3,650 bed nights over the fiscal year. This quarter, we provided **280** bed nights at Brookside Shelter and **216** at Concord Shelter with an average of **6** beds filled per day. This is an increase of **1** filled bed from last quarter. During this quarter we filled our beds at 70% and attribute being slightly under capacity to the

low number of referrals received and the reluctance of the re-entry population to enter a structured program post release. It is common for AB109 consumers to be resistant to entering another congregate living environment after exiting the jail/prison system and we continue to identify ways to increase our bed utilization given the complex nature of the population being served.

Public Benefits: *A total of 41Particpants were assigned this quarter. 7 pre-release contacts, 31 post release15 Medi-Cal applications, 5 SSI applications and 14 awaiting services.*

Section Two: Performance Measurements and Demographic Data

Mental Health: See Tables 1 and 2 below and Appendix 1 (Demographics).

Health, Housing and Homeless Services (H3): See Tables 1 and 2 below and Appendix 1.

Public Benefits: See Table 2 below as well as the following information:

Met with zero incarcerated participants. Of the 34 out of custody participants, competed 5 SSI applications, 15 applications for Medi-Cal, 14 are awaiting services at this time.

Alcohol and Other Drug (AOD) Services: See information below, Tables 1 and 2 below, and Appendix 1.

1) Referrals: **110** referrals from Probation. SUD Counselor completed a total of **70** screenings. Of the **70** screenings, **32** were referred to outpatient and **38** were referred to residential treatment. Of those not screened, **8** individuals declined services at the time of screening, **1** declined service prior to screening and **19** did not show for their screening appointment.
2) Treatment Admissions: A total of **56** clients were served this quarter in treatment. **26** clients were in outpatient and **30** in residential services. There were **17** new admissions this quarter in outpatient and **21** in residential.
3) Treatment Discharges: There were a total of **28** discharges this quarter. There were **4** successful completions, **5** walk aways, **3** for rule violations, **1** for threats or acts of violence, **2** taken back into custody, **10** for lack of attendance in outpatient, and **3** for relapsing while in treatment. The 3 clients who relapsed while in treatment were given appropriate referrals to continue services at another level of care.

The Division of Behavioral Health Services continues to work with the CAO and RDA to provide data regarding performance measures for the AB109 program. We have included data that can feasibly be obtained on performance measures listed in Appendix 1 that are appropriate for our services. Table 1 (below) summarizes a few key utilization measures for Alcohol and Other Drug (AOD) Services and Health, Housing and Homeless Services (H3).

Table 1: Select Utilization Measures for
Alcohol and Other Drug Services & Homeless Services

Performance Measure	Alcohol & Other Drug Services (28 Discharges)	Health, Housing & Homeless Services
Clients successfully completed treatment/program	4	2
Participants no longer in the program due to failure to meet program requirements	14	2
Participants no longer in the program due to court or criminal involvement (arrest, conviction, revocation, re-incarceration)	2	1
Participants not engaged (no shows and nonresponsive participants)	5	0
Participants moved/relocated	0	0
AOD Only: Participants discharged due to relapse while in treatment (referred out)	3	N/A

This quarter's data for key performance measures related to referrals and screening are summarized in Table 2 below.

Table 2: Select Referral and Screening Performance Measures for Behavioral Health Services

	Mental Health Services		Alcohol & Other Drugs Services		Homeless Services		Benefits Services	
Number of clients referred (from Probation)	40		110		23		41	
Number pending screening/assessment							14	
Number failed to keep screening appt			19				0	
Number of clients screened	28		70		7		19	
Clients Accepted for services	Outpatient	9	Residential	38	7		SSI	5
	Navigation/Linkage	14	Outpatient	32			Medi-Cal	15
Geographic area of referred clients	West Co.	13						
	Central Co.	2						
	East Co.	25						
	Unknown							
Gender	Male		Male	47	Male			
	Female		Female	2	Female			
Age			Range: 21 - 53					

Section Three: Issues, Challenges, and Achievements

Mental Health:

1) Challenge - Fewer probationers/referrals early in Q2: In the beginning of this quarter, referrals were down due to fewer new AB 109 probationers. Referrals were increasing in the month of December 2016.
2) Challenge - Housing challenges for those with criminal histories: Another challenge was referring clients to MHSA housing and supporting them to appeal denials due to criminal histories. We were able to help one individual through this process and continue to work with another one.
3) Achievement: We supported two clients to gain more independence by getting drivers licenses, purchasing cars, and one is currently employed part time.
4) Achievement: In West County, we continued to provide groups at the probation department and added a weekly group at the Re-Entry Success Center.

Alcohol and Other Drug (AOD) Services:

1) There continues to be far fewer female clients served in treatment (**3**) compared to the males (**53**). Two females were being served in residential and were discharged for walking away and 1 female is currently attending out-patient.

2) There continues to be difficulties contacting clients who give probation false information, do not return AODS attempts at contact to schedule their screenings, and for those that are being released from the state prison system.

3) There continues to be an increase in clients that are not responsive to outreach efforts by AODS, and decline services during the time of screening. The Substance Use Disorder (SUD) Counselor collaborates with probation and other AB109 Providers in an attempt to increase client's motivation and readiness to change.

4) There have been **12** clients referred to Intensive Case Management through ANKA Behavioral Health during this quarter, at this time she has made contact and opened **8** of these clients for services.

5) Because Medication Assisted Treatment (MAT) referrals have not been tracked in the past, these services may be underutilized. AOD has an effort underway to screen and monitor referrals to increase utilization of MAT as appropriate.

Health, Housing and Homeless Services (H3): CCACS continues to receive a low number of AB-109 referrals from probation. Of those referred, about 50% accept services. With 10 contracted beds, and 2 dedicated AB-109 housing specialists, CCACS would like to see an increase in referrals from probation and an increase in those that accept services.

Despite having a low number of referrals, our AB109 Housing Specialists continue to work with the general re-entry population that enters our shelters and is able to provide services that are tailored to those with a history of incarceration. This reporting period 64% of those served have been convicted of a crime and 14% are currently on probation. These statistics highlight the large number of re-entry consumers residing in our system of care and the need to continue to provide case management services that can best support this hard to reach population.

Access to affordable housing continues to be the primary challenge for the re-entry population. CCACS housing specialists have been working diligently with each client and performing outreach activities that include engaging landlords and property managers to help clients overcome the pressing barriers to housing.

Public Benefits: The biggest challenge or issue this quarter was a lapse in visitation privileges to meet with pre-release participants. That issue was rectified as of January 17th, 2017.

Section Four: Outcomes and Lessons Learned

Mental Health: An important lesson learned was described in Section Three related to supporting housing referrals and successful housing placements for those with criminal backgrounds.

Alcohol and Other Drug (AOD) Services:

1. Referrals from Probation have increased with **110** for this period compared to **72** for the previous period.
2. Successful completions decreased with **4** this quarter down from **10** the previous quarter.
3. Walk-aways from residential treatment decreased with **5** this quarter and **9** in the previous quarter. There were **10** discharges for lack of attendance in outpatient, **7** discharged for various rule violations, including using substances while in treatment, **1** was discharged for threats/ acts of violence, and **2** were taken back into custody.

Health, Housing and Homeless Services (H3): Eight (8) clients were discharged during this period. Of those discharged, 38% (3) individuals were discharged in less than one month; 38% (3) individual was discharged between 1-2 months; while the remaining 25% (2) stayed between three and six months. Additionally, of those individuals discharged, 13% (1) discharged to transitional housing, 25% (2) discharged to a friend or family on a temporary basis, 50% (4) did not inform of their discharge destination, and 13% (1) reoffended and was discharged to jail.

H3 Consumer Success Story:
Client Tr. Ch. was referred to the Concord Shelter on August 25, 2016 from the Contra Costa Probation Department. Tr. Ch. entered services with a long history previous incarcerations and this time was intrinsically motivated to do something different during his stay at the shelter. The re-entry Housing Specialist worked with Tr. Ch. and his probation officer to get him referred to Shelter, Inc. so that he could obtain AB-109 funded transitional housing and to Goodwill to obtain employment. Tr. Ch. was consistent with making his case management meetings both at shelter and at Shelter, Inc. Once he established employment, he purchased a vehicle to ease the burden of getting to work. On November 2016, client was accepted into the Loftus House, an AB-109 funded transitional house in Bay Point, California and moved in on November 25, 2016. To date, Tr. Ch. resides at this transitional housing program and is working on his personal growth and development with the end goal of moving into permanent housing.

Public Benefits: None at this time.

Section Five: Coordination and Collaboration with Network Partners

Mental Health: The Goodwill Bridges to Work Program continues to be a valuable resource in central county for collaborative work for the population we serve. The Re-Entry Success Center is developing into a valuable resource in west county and Rubicon is the same in east county. Regarding collaborative partnerships, we will continue to pursue resources for housing through MHSA.

Alcohol and Other Drug (AOD) Services:

1) The SUD Counselor conducts AB109 screenings and makes the appropriate referrals to treatment for the AB109 clients that are currently residing at both the Concord and Brookside Shelters. During this quarter, the AB109 counselor started to work closely with the West County Re-entry Success Center via a Memorandum of Understanding (MOU) with Behavioral Health. In addition, AOD collaborates with the Central/East County Re-entry Network and also conducts community screenings at the Forensics Clinic in Concord.
2) The SUD Counselor continues to also attend treatment team meetings as needed regarding specific clients, and assists in collaborating with all AB109 Community Based Organizations (CBO) and Probation.
3) AODS continues to collaborate with ANKA Behavioral Health, Inc. by providing intensive case management services for high utilizer clients within the AB109/AODS system. At this time the designated case manager is working with **12** active clients and assisting them with referrals, outreach to clients both in and out of custody for support and guidance as well as collaborating with the SUD Counselor to increase AOD program participation, reduce relapse, and increase these client's successful completion of program.

Health, Housing and Homeless Services (H3): Contra Costa County Homeless Program staff continues to collaborate with the various AB-109 service providers including Mental Health forensics and Contra Costa County Probation. Mental Health forensics has been critical in providing mental health services to some of our most challenging consumers who would traditionally not be open to counselling services. These connections are critical in stabilizing AB109 consumers presenting with behavioural health needs so they are better equipped to handle life's stressors post release. Other partners include: Rubicon Programs Inc.; Shelter, Inc.; Goodwill; and Men and Women of Purpose.

Public Benefits: Public Benefits: None at this time.

Section Six: Dissemination-Outreach

Mental Health: Our clinicians continue to participate in monthly AB 109 case coordination meetings at probation as well as attending AB 109 planning meetings.

Alcohol and Other Drug (AOD) Services:

1) Substance Abuse Disorder (SUD) Counselor continues to do outreach and follow up with clients that are referred from the state prison system, however, many times these clients decline services through AODS, or the contact information that is provided on their referral is inaccurate. The SUD Counselor is working with Probation in an attempt to engage these clients; however these attempts are not always successful.
2) During client screenings the SUD Counselor follows up regarding client's Medi-Cal eligibility and if they are not already under Medi-Cal, a referral to Benefits is made in order to address gaps in medical and mental health needs.

Health, Housing and Homeless Services (H3): Health, Housing and Homeless Program staff continues to play an active role in the AB109 Regional Planning meetings, case conferencing, and monthly Community Advisory Board meetings as well as the pre-release strategic planning committee. Additionally, CCACS is actively engaged with the coordinated entry process. By utilizing the VI-SPDAT (Vulnerable Index and Service Prioritization Decision Assistance Tool) which helps determine the chronicity and medical vulnerability of each homeless consumer, we are better equipped to identify and provide housing options to the most vulnerable homeless adults and families in Contra Costa County.

On December 1st, 2016 CCACS initiated the Coordinated Outreach Referral and Engagement Program (CORE). CORE is a mobile outreach team responsible for reaching out and building trust with homeless individuals and families that are not being served or are underserved by existing community based programs. Homeless outreach is a low barrier entryway into services for those living outside and provides an opportunity for individuals to connect with a provider without needing to enter a shelter program. CORE works collaboratively with a multi-disciplinary team to engage and stabilize chronically homeless individuals, re-entry consumers, transitional age youth (TAY) and families, connect to necessary services, establish care for chronic conditions and find permanent housing. As we continue to build out the CORE program we will work with probation to identify those individuals who do not want to enter the shelter and as we continue to build out the CORE program we will work with probation to identify those individuals who do not want to enter the shelter and would be better served through our street outreach program.

Any publicity the project received during the reporting period: N/A.

Public Benefits: **Public Benefits:** None at this time.

Section Seven: Financial Statement

See summary Quarterly Financial expenditure information in the table on the following page and a detailed financial expenditure report attached.

Section Eight: Next Steps

Mental Health: Our clinicians will continue to have office hours at each of the probation departments three days/week and are available for initial screenings, ongoing individual meetings, and coordinating supportive community services by our CSW and nurse. We will continue to provide Seeking safety and WRAP groups at west county and will be expanding this to east and central county.

Alcohol and Other Drug (AOD) Services:

1) There will be another AB109 AOD Providers Meeting scheduled for next quarter.
2) Client Satisfaction Surveys are still being completed by the clients both during admit and upon completion. The results are analysed in order to bridge service gaps to provide our AB109 clients with the best service possible.
3) Continue to work with high utilizing AB109/AODS clients and work with them in intensive case management through collaboration with ANKA Behavioral Health.
4) MAT services seem to be underutilized. An effort is underway to both track those clients that may qualify for MAT services and make referrals to those services.

Health, Housing and Homeless Services (H3): Homeless Program's two case managers dedicated to AB109 residents in our shelter program will continue to provide housing search assistance, tenant education, brief goal-oriented counselling, and linkages to other services. They will work diligently with AB109 consumers residing in our shelters to identify long-term housing options and develop their life/treatment plan goals.

Public Benefits: FC will continue to meet with Participants at the various locations. Also, to meet with the post release Participants at their respective Probation Offices.

Total Contract	**$2,243,433**		**Duration of project**	**July 1, 2016 to June 30,2017**
Reporting Period	**October 1, 2016 – December 31, 2016**			
Budget Headings	**Total budget allocated**	**Expenditure this reporting period**	**Total expenditure to date**	**Further information**
Staff	$1,092,651	$365,484	$533,316	
Travel & Subsistence				
Equipment				
Dissemination activities				
Evaluation activities				
Other (please specify)	$1,150,781	$247,672	$281,242	

APPENDIX 1: REQUIRED PERFORMANCE MEASUREMENTS

REENTRY SERVICES	PERFORMANCE MEASUREMENT	DATA REQUIRED
Housing: ▪ Assessment of Housing Needs and Individual Service Plan ▪ Case Management Services ▪ Housing Access Services ▪ Financial Assistance to Secure or Maintain Housing, ▪ Transitional Housing ▪ Identification of landlords and landlord support ▪ Legal Services related to Housing ▪ Financial Education/ Credit Counseling	▪ Percentage of participants who <u>received</u> housing assessment and service plan ▪ Percentage of participants <u>enrolled</u> in case management services ▪ Percentage of participants <u>enrolled</u> in housing access services ▪ Percentage of participants <u>enrolled</u> in financial assistance ▪ Percentage of participants who <u>received</u> financial assistance ▪ Percentage of participants <u>enrolled</u> in transitional housing ▪ Percentage of participants <u>enrolled</u> in legal services related to housing issues ▪ Percentage of participants <u>enrolled</u> in financial education/ credit counseling ▪ Percentage of participants who successfully <u>completed</u> the program *(or components of the program: e.g., legal services, financial counseling)* ▪ Percentage of participants who <u>unsuccessfully</u> <u>complete</u> <u>d</u> the program ▪ Percentage of program <u>incompletes</u>	A. **100% of (23)** participants were <u>referred</u> for housing services B. **100% of (7)** participants <u>received</u> housing assessment/service plan. C. **100% of (7)** participants <u>enrolled</u> in services, <u>by services</u> (*case management, housing access, financial assistance, transitional housing, legal services, credit counseling*) D. 1 participant <u>successfully completed</u> program. E. **2** participants no longer in the program due to failure to meet program requirements F. **1** participants no longer in the program due to court or criminal involvement (arrest, conviction, revocation, re-incarceration) G. **0** participants no longer in the program due to a lack of engagement (no shows and nonresponsive participants) H. **4** participants no longer in the program due to absconding **I.** **0** participants no longer in the program due to relocation or case transfer
Health & Well-Being: ***Substance Use Disorders (SUD)***	▪ Total number of participants <u>enrolled</u> in case management while in	A. Total # of participants <u>referred</u> for intensive case

Treatment. ▪ Case Management ▪ Continuing Care ▪ Client Satisfaction	outpatient **18 clients** ▪ Percentage of clients referred to RESIDENTIAL treatment by SUD counselor **[54.28%]** ▪ Percentage of clients referred to OUTPATIENT treatment by SUD counselor**[45.71%]** ▪ Percentage of clients enrolled in RESIDENTIAL treatment **[30%]** ▪ Percentage of clients enrolled in OUTPATIENT treatment **[25.71%]** ▪ Percentage of clients who successfully complete treatment as defined by a minimum of 90 days length of stay **[5.71%]** ▪ Percentage of clients who have completed treatment and subsequently participate in program alumni groups or BASN **[75%]** ▪ Percentage of clients with a positive experience of care **We received a total of 16 Client Satisfaction Surveys, (11) surveys were taken upon admission and (5) upon discharge. The responses indicated that there is a high level of satisfaction (100%) upon admission and throughout the treatment episode.**	management **12 clients** B. # of participants <u>enrolled</u> in intensive case management services **9 clients** C. # of participants referred to <u>residential</u> treatment **29 clients** D. # of participants referred to <u>outpatient</u> treatment **16 clients** E. # of participants who successfully complete treatment **4 clients; 3-Residential and 1 Outpatient** F. # of participants no longer in the program due to failure to meet program requirements **11 clients were discharged from outpatient due to lack of attendance, and 5 were discharged from residential for walking away from treatment** G. # of participants no longer in the program due to court or criminal involvement **2 clients were discharged due to new charges and 1 was discharged due to threats or acts of violence** H. # of participants no longer in the program due to a lack of engagement **A total of 4 clients disengaged from treatment** I. # of participants no longer in the program due to absconding **0 clients**

		J. # of participants no longer in the program due to relocation or case transfer **0 clients**
Demographic Information Substance Use Disorders (SUD) Treatment: Mental Health:		▪ Age **21- 53 years old** ▪ Race & Ethnicity **N/A** ▪ Gender **2 females** **47 males** ▪ Geographic information **All regions of Contra Costa County** Referrals by Geographic Region: • East: 25 • Central : 2 • West: 13