

**Executive Committee Meeting**  
**Tuesday June 27, 2017 ♦ 3:15pm to 5pm**  
**2425 BISSO LANE, CONCORD- 1<sup>st</sup> floor conference room**

**AGENDA**

- I. Call to Order / Introductions**
- II. Public Comments**
- III. Commissioner Comments**
- IV. Chair comments**
- V. APPROVE minutes from May 23, 2017 meeting**
- VI. DISCUSS recording of retreat, consensus of full commission and consent forms**
- VII. DISCUSS moving to full commission meeting, whether or not to have a commission meeting in September, to be replaced by Mental Health Commission 2017 Retreat on September 16, 2017.**
- VIII. DISCUSS regarding SB844, the creation of a letter to Sheriff David O. Livingston, requesting clarification of specific plans for care of the incarcerated severely mentally ill, including plans for the M Module at the Martinez jail**
- IX. REVIEW and DISCUSS report #1703 Mental Health Services for At-Risk Children in Contra Costa County, by the 2016-2017 Contra Costa County Grand Jury, approved on May 11, 2017**
  - a) Hear overview how the Grand Jury process works
  - b) DISCUSS the Commission's response to the report
  - c) CONSIDER a proposed letter to the County Administrator's office, David Twa and Board of Supervisors regarding the Commission's desire to participate in the discussion of a response to the Grand Jury
- X. REVIEW and DISCUSS the "Purpose, Policies, Procedures and Protocol" for site visits and the site visit observation form (see attachments)**
- XI. DISCUSS a proposed change in the scope of the Finance Committee of the Mental Health Commission to encompass the entire Mental Health budget.**
- XII. Adjourn**



**MENTAL HEALTH EXECUTIVE COMMITTEE  
MONTHLY MEETING MINUTES  
May 23, 2017 – First Draft**

<b>Agenda Item / Discussion</b>	<b>Action /Follow-Up</b>
<p><b>I. Call to Order / Introductions</b> Commission Chair Duane Chapman called the meeting to order at 3:21pm.</p> <p><b><u>Members Present:</u></b> Chair- Duane Chapman, District I Diana MaKieve, District II Sam Yoshioka, District IV Gina Swirsding, District I</p> <p><b><u>Commissioners Absent:</u></b> Vice Chair- Barbara Serwin, District II</p> <p><b><u>Other Attendees:</u></b> Jill Ray, Field Rep. District II Supv. Andersen’s office Margaret Netherby, NAMI member Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p><b>EA-Transfer recording to computer</b></p>
<p><b>II. Public Comments:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	
<p><b>III. Commissioners Comments:</b></p> <ul style="list-style-type: none"> <li>• <b>Gina-</b> Informed that the SPIRIT Coordinator stated that September would be a better time for them, to do a presentation for the Commission meeting. Gina informed that she is a graduate of the program and feels that the experience is vital to consumers and to the community for peer to peer counseling and that SPIRIT graduates have better employment and advocacy opportunities.</li> <li>• <b>Diana- Reminds and encourages everyone to attend the next NAMI meeting, the author of “Insane Consequences” will be present.</b></li> </ul>	<p><b>*EA- confirm SPIRIT presentation in September at the Mental Health Commission meeting on 9/6/17 and program brochures.</b></p>
<p><b>IV. Chair comments:</b></p> <ul style="list-style-type: none"> <li>• <b>Duane-</b> Stated that everyone has opinions and personal interests in serving as Commission members, but everyone and all members need to work as a team and follow protocol. In viewing other county’s policies and procedures, he realizes that there is work that needs to be done to improve the Mental Health Commission’s policies and procedures and suggested to work on the project, together. Duane also stated that, it will help the</li> </ul>	<p><b>*EA- include the “Manual for Local Mental Health Boards and Commissions-revised version and approved 1/2016.” Gina and Sam do want hard copies of the Manual.</b></p> <p><b>*EA- inquire if MHC retreat can be videotaped</b></p>

<p>Commission to run smoothly and more efficiently. The retreat/training, will go over the roles and responsibilities of Commissioners and the “do’s and don’ts”. Proper training is vital to function properly. Would like the training to be recorded and/or videotaped. The Brown Act will be discussed during the MHC retreat/training, to learn how to use it correctly and follow protocol with BHS staff. <b>As previously stated and agreed, at the Executive Committee, on February 21, 2017- all Commissioners inquiries, questions, concerns, requests for information, sharing of information will be sent directly to the Chair and Vice Chair. It is the responsibility of the Chair and Vice Chair to read and refer the Commissioner’s requests to the appropriate person. It is best to have one line of communication between the commission and the BHS (Behavioral Health Services) staff members, in order to eliminate duplicating efforts of staff and the staff becoming overwhelmed; therefore, it will assist with efficiency, help to obtain a better understanding, transparency, and partnership with BHS. As Commissioners, it is important to focus on the role of a Commissioner, not outside roles and be clear on how not to double use roles. The District Supervisor should be the first contact, for the community to obtain information. It is not correct to bypass the District Supervisor and contact staff first. The BHS staff is not controlled by the Commission that is the District Supervisor’s role. It is important to obtain clarity regarding Commissioner’s roles and responsibilities.</b></p> <ul style="list-style-type: none"> <li>• <b>Duane-</b> Contra Costa County residents have a need for hospital beds for the growing amount of children undergoing mental health treatment. The responsibility lies with the State and advocacy needs to be addressed at the state level, towards congressman, representatives, assembly and senators. There is a need for accurate data and forwarding the information to the previously mentioned, proper, government authorities. Certain studies show that there are some causes in environment that can affect the population but genetics also plays an important role. Part of the Commissioner’s role is to</li> </ul>	<p><b>**The Chair will contact all of the Board of Supervisor’s offices to request recruitment and appointment of more commission members and suggest and invite their liaisons to attend the Commission and Committee meetings. Instead of only the District II office liaison attending.</b></p> <p><b>**All Commissioners call their District office and ask to recruit/appoint new members to the Commission</b></p>
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<p>educate the community.</p> <ul style="list-style-type: none"> <li>• <b>Gina-</b> There is only 220 hospitals nationwide; to help children with mental health issues and a lot of hospitals are dropping the psychiatric services due to increased costs.</li> <li>• <b>Jill-</b> It is expected that with the drug medical waiver, things will get better, but it is still uncertain due to many factors. Health Services staff is working hard to stay involved in national conversations, making sure that the nation understands the devastating impacts.</li> <li>• <b>Duane-</b> Will call each District Supervisor to appoint and recruit more Commission members. It would be appreciated if other liaisons, from the other District offices, would attend the Commission and/or Committee meetings. Only District II's office liaison attends all the Commission and committee meetings. It is important for commissioners to advocate for their District office to attend Commission and committee meetings and recruit/appoint more members to lighten the load on the few Commissioners currently on the Commission.</li> </ul>	
<p><b>V. MOTION to APPROVE the minutes from the April 25, 2017 meeting</b></p> <p><b>Gina moved to motion to accept the minutes, Diana seconded the motion</b></p> <p><b>VOTE: 4-0-0</b>  <b>AYES: Duane, Gina, Sam, Diana NAYS: none</b>  <b>ABSTAIN: none</b>  <b>Absent: Barbara</b></p>	<p><b>*Post approved final minutes to the website</b></p>
<p><b>VI. RECEIVE report regarding the integration of advisory bodies- by Commissioners Sam Yoshioka and Gina Swirsding</b></p> <ul style="list-style-type: none"> <li>• A report was not submitted.</li> <li>• Although some counties in California have integrated their advisory bodies, it is still unclear if it is viable for a county the size of Contra Costa.</li> <li>• It was decided that further investigation is needed</li> <li>• The committee concluded to discuss the issue further with the Director of Behavioral Health Services.</li> <li>• <b>Sam-</b> Feels it is necessary to discuss and receive recommendations from the Director of</li> </ul>	<p><b>*Chair will request meeting with BHS Director for recommendation on how to proceed regarding advisory board's integration and inform the MHC-Executive Committee regarding findings.</b></p>

<p>Behavioral Health, and staff first, in regards to the integration of the advisory boards since there are three distinctively separate programs with separate advisory boards and Directors. Then if the idea is viable to proceed, then, have conversations with the other program's Directors and advisory boards. It is important to note that all comprehensive medical/mental health care, AOD (Alcohol and other drugs) and homelessness services is being integrated, offering the community more total wellness care. Should the Commission of Contra Costa County, as an advisory board, consider viewing the issues of the community in a more integrated way? Or continue operating status quo? It does not seem logical or cohesive to offer the community integrated services and not integrate the advisory boards.</p> <ul style="list-style-type: none"><li>• <b>Gina-</b> There are many consumers that have dual diagnosis and need integrated services, it makes sense to do the same with the advisory boards? It could be better for the community to address the issues jointly and advocate together.</li><li>• <b>Jill-</b> Although AOD is a component, with mental health; it is more than just dual diagnosis. AOD deals with tobacco products and underage use, advertising throughout the community, city ordinances regarding the sale of tobacco products, the marijuana ordinance, and an opioid epidemic. There may be issues that are linked with mental health but it is not the only issue that AOD attends to. There are many forms of mental health and it is more common. The Mental Health Commission covers a vast amount of services for children, TAY (Teens and Adult Youth), adults, older adults, and more and there are different funding streams that are for a wide variety of programs. The Commission advocates for mental health treatment throughout all the communities and it can be done in conjunction with AOD. It is not accurate to assume that AOD and MHC are doing the same things, therefore they should be integrated, is not accurate. A portion may be the same, but it is not all the same.</li><li>• <b>Gina-</b> Expressed that there is not enough representation from the other programs. Maybe a mental health commission member can be a board member of the other programs and vice</li></ul>	
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versa. There is a need for better representation of the other programs at the full commission meetings and committees. There is not enough representation and discussion between the programs.

- **Duane-** Suggestion to commissioners to attend their city's town hall meetings and find out what people need and what they don't need. Also, document issues, in writing, and submit them to the Chair. It is important to gather information and ask questions, request that all the Directors or staff update monthly, to keep the Commission informed of their departments, new programming and legislation. If and when Director of BHS is informed of new information, inform the Mental Health Commission regarding findings for proper channeling of advocacy efforts. Invites other programs to present updates to the commission monthly meetings, including the System of Care,
- **Gina-** stated concern regarding community members that are "dual diagnosed" are denied services.
- **Jill-** previously that was true, dual diagnosis was not accepted; now- with the new "Drug Medi-Cal Waiver," dual diagnosis is incorporated for treatment. Adult Housing 101 is part of the calendar and the purpose of the calendar was to receive regular updates and information from all the programs.
- **Margaret-** discussed personal family member experiences regarding the inability of the system to identify and give the appropriate treatment and medications, wasting a large amount of money and resources, for both health care and personal funds and creating more frustrations and aggravating the overall situation for the consumer. This member still has not received the proper medication and/or treatment and the person's condition has worsened. As a family member, is unhappy with the lack of services and unfavorable results. Stated that people should be treated as a whole person, not as various dismembered parts, treat the person as a whole human being. Services are not integrated and they should be. Educate people on how to help themselves. Resides in District V and will be submitting application to the corresponding District Supervisor, to become a MHC member.

<ul style="list-style-type: none"> <li>• <b>Duane-</b> Is looking forward to presentations to inform and explain the new system of care and find out where the gaps are, in order to prioritize advocacy efforts.</li> </ul>	
<p><b>VII. DISCUSS needs and expectations for the Health, Housing and Homelessness program presentation for the full commission meeting on June 7, 2017.</b></p> <ul style="list-style-type: none"> <li>• <b>Jill-</b> The program can give an overview on H3, “No Place like Home,” which will start in the fall and the PIT (Point-in-Time) count information has been completed.</li> </ul>	<p><b>*EA- will send request to H3 presenter to request additional information to be presented to the MHC regarding the new program, including the “PIT” count</b></p>
<p><b>VIII. DISCUSS the 2017 Commission retreat/training, July date and other topics</b></p> <ul style="list-style-type: none"> <li>• <b>Duane-</b> The date has been set for July 22, on a Saturday, from 10 am to 3 pm and the same location has been requested, as last year, at 1875 Arnold Drive in Martinez. The facilitator will discuss the “do’s and don’ts,” as a Commissioner, along with creating an action plan for 2018.</li> <li>• <b>Gina-</b> Would like the topic of overall transparency to be included, communication amongst the Commissioners. Without transparency, trust issues arise and become intensified.</li> <li>• <b>Duane-</b> Informed that communication and transparency will be covered by the facilitator in the “do’s and don’ts,” part of the training.</li> <li>• <b>Gina-</b> Agrees and supports the Chair regarding communication amongst all commission members should follow the protocol of directing all communication to the Chair and Vice Chair first, then the Executive Committee, everything should follow the correct process.</li> <li>• <b>Margaret-</b> In my studies, I have learned that family secrets are unhealthy in terms of functioning properly. There is a book, written by Dr. Eric Berne, “Games People Play” highly recommends.</li> <li>• <b>Duane-</b> Has an idea, regarding who can/will, provide lunch for the all the attendees the day of the training. He will personally call all the Board of Supervisors and ask them to each to donate towards the luncheon. He would also like to reach out to the community for donations. The commission would need a nonprofit to be a physical agent to handle any funds received. The Chair will also contact food companies to ask for their support and will ask</li> </ul>	<p><b>*Retreat facilitator will discuss Commissioner’s roles and the “do’s and don’ts”.</b></p> <p><b>*EA- will inquire regarding videotaping the training and confirming the venue</b></p>

BHS, if they can give the company a tax deduction receipt.

- **Jill-** there are several organizations that handle funds for nonprofits or another idea can be to get organizations to donate food, but all ideas should first be proposed to County Council. In the meantime, if each District Supervisor contributed to the luncheon, the costs will be minimal. Last year Supervisor Andersen paid for the entire luncheon.
- **Diana-** If the commission is not legal to receive the funds directly; there is a possibility that the commission may not be able to make use of the funds either.
- **Duane-** Each commissioner volunteers their time to the community and to advocate for the community, more than 15 hours per month.
- **Diana-** To do the minimum work, showing up to the meetings and nothing else, is more than 15 hours of volunteer time per month. Just reading the minutes of each meeting takes several hours.
- **Duane-** the minutes will no longer be a transcription, they need to be summarized. The Executive Committee has agreed to summarize the minutes. (Sam, Gina, Diana and Duane).
- **Duane-** Would also like the committee to consider expunging the full commission meeting, to be replaced by the retreat/training. The full commission meeting on July 5 will be difficult for all to attend due to the holiday.
- **Gina-** Reminded that Tuesday August 1, is "National Night Out," the day before the full commission meeting. Gina assist West County, in preparing for the celebration, of this event and ask to reconsider the full commission meeting to be held on August 2. Proposes to change the date.
- **Diana-** Proposes to have the full commission meeting in July and the retreat and to not have a commission meeting in August.
- **Duane/Diana-** stated that they may not be able to attend the full commission meeting on July 5.
- **Liza-** During her investigation of viewing other county's Mental Health Commissions website noted that other counties do not hold meetings during one month in the summer and year end, due to the holidays.
- **Jill-** viewed the calendar and noted that July's topic was presented in May and in August; the



<p>commission is the appointment for the “Nominating Committee.”</p>	
<p><b>IX. REVIEW comments from the May 3, 2017 – Mental Health Commission/MHSA Program and Expenditure Plan Public Hearing draft meeting minutes, to discuss adding additional comments/recommendations to the Plan for the Board of Supervisor’s presentation</b></p> <ul style="list-style-type: none"> <li>• <b>Duane-</b> Would like each commissioner to follow up on the process, including the comments and presentation at the Board of Supervisor’s meeting.</li> <li>• <b>Jill-</b> All the comments made at the previous meeting will be incorporated into the final plan as an attachment. Review the comments to check for gaps.</li> <li>• <b>Liza-</b> The final date for comments concluded on May 3, as stated by the Program Chief, Warren Hayes. Although, it was stated at the hearing that if anyone desires to make any “additional” comments, it would have to be at the presentation to the Board of Supervisors. The date of the presentation to the Board is yet to be announced.</li> </ul>	<p><b>*The MHSA Program and Expenditure Three Year Plan can be found on the website: <a href="http://cchealth.org/mentalhealth/">http://cchealth.org/mentalhealth/</a></b></p>
<p><b>X. DISCUSS responsibility and protocol for appointing new Commissioners</b></p> <ul style="list-style-type: none"> <li>• <b>Duane-</b> In researching other commission’s process and Napa does it differently. Will present the process to the Board of Supervisors (BOS) and District staff members, for review and editing.</li> <li>• <b>Sam-</b> The Supervisor interviews and appoints but the Commission should be able to make a recommendation.</li> <li>• <b>Jill-</b> the Commission’s brochure was created in accordance to the Bylaws, which was passed by the Board of Supervisors. The Bylaws will now need to be amended due to a Supervisor’s concerns regarding the process and the wording can be misconstrued. The amendment will be pending, since the Chair of the Commission has decided to contact the Board of Supervisors regarding this matter. Communication can be improved to inform others what services are available in each district. Commissioners can aid in providing correct information in their communities.</li> <li>• <b>Duane-</b> Informed that he and the Behavioral Health Director, Cynthia Belon, will restart and</li> </ul>	<p><b>* Duane will forward Napa’s process for appointing new commissioners to the BOS and District staff, for review and editing.</b></p> <p><b>*AOT Workgroup meeting: Monday, June 12, from 10am to noon at- 50 Douglas Drive, second floor conference room in Martinez.</b></p> <p><b>*Juneteenth Parade &amp; Festival will be on Saturday, June 17 in the City of Richmond. BHS will be present during the event.</b></p> <p><b>*Jill- volunteered to follow up with County Council regarding the pending amendment</b></p>

<p>co-chair the AOT workgroup on June 12, from 10am to noon, at 50 Douglas Drive, 2<sup>nd</sup> floor conference room, in Martinez. Encourages others to advertise and attend the Juneteenth festival in the City of Richmond in June.</p> <ul style="list-style-type: none"> <li>• <b>Follow up is needed with County Council, regarding the amendment to the MHC Bylaws sent in, for approval, at the beginning of the year. The amendment was to allow the Chair or the Vice Chair, to count as a substitute member of a committee, when a quorum is not met.</b></li> </ul>	
<p><b>XI. DISCUSS plan to appoint a nominating committee to appoint the Chair and Vice Chair for 2018</b></p> <ul style="list-style-type: none"> <li>• <b>Duane-</b> Has concluded, after discussion with the Vice Chair, the Vice Chair would like to be the Chair for next year and the current Chair would like to serve as the Vice Chair, if nominated, they both do work well as a team. Feels that it is important to maintain the continuity of what is currently in process and what has been accomplished, thus far. Another year together, will aid in the success of the commission. Together, partnerships are being formed.</li> <li>• <b>Diana-</b> Inquired regarding the process of nominating that is fair to the commission, that everyone can vote.</li> <li>• <b>Duane-</b> Explained that the Executive Committee will forward to the commission the appointment of the Nominating Committee. In accordance to the Bylaws, the “Nominating Committee,” will recommend a Chair, Vice Chair and the members for the Executive Committee and be open for other possible nominations.</li> <li>• <b>Diana-</b> Agrees and supports the Chair for the incoming year as Vice Chair and the current Vice Chair as the new Chair. Stated that another year would be beneficial for the commission, to set the procedures and processes and assure that they remain in place.</li> <li>• <b>Sam-</b> The commission should be involved and the decision made openly at the full commission meeting.</li> <li>• <b>Duane-</b> Assures and agrees, stating that the Executive Committee forwards the motion to the full commission as part of the process. If</li> </ul>	<p><b>*Discussion and appointment of the Nominating Committee will be at the next full commission meeting</b></p>

<p>the commission does not meet in July, or August, then would like the nominating committee to be selected at the next full commission meeting.</p> <ul style="list-style-type: none"> <li>• <b>Jill-</b> According to the Bylaws, in October the nominations will be announced for the Chair, Vice Chair and the Executive Committee and that is the same time the Data Notebook is assigned.</li> <li>• <b>Duane-</b> Therefore, the Executive Committee is putting forth Barbara, as the Chair and Duane as the Vice Chair, to be referred to the Nominating Committee, that will be appointed by the next full commission meeting. Three people will form an ad hoc Nominating Committee, appointed by the Commission, at the next meeting.</li> <li>• <b>Diana-</b> to summarize: the Nominating Committee will receive other nominations and make recommendations, then a voting process will take place and then the new Chair, Vice Chair and Executive Committee for 2018 will be elected.</li> <li>• <b>Duane-</b> the Executive Assistant will add the creation of the Nominating Committee to the June Commission meeting agenda.</li> </ul>	
<p><b>XII. DISCUSS options for full Commission meeting in East County and West County for 2017</b></p> <ul style="list-style-type: none"> <li>• <b>Duane-</b> the Commission had a meeting in West County, suggests choosing another district of the county, district II- South County and districting V- n Pittsburg. East County in October, September for South County.</li> <li>• <b>Sam-</b> Best to discuss the issue at the next full Commission meeting and event schedule should be checked before considering the location.</li> <li>• <b>Diana-</b> Has attended meetings at the Discovery Center in South County. She will contact the Center to inquire if it is available to host a commission meeting.</li> <li>• <b>Gina-</b> Has had difficulties in the past traveling to East County, request to have a meeting in late fall due to the high temperatures.</li> </ul>	<p><b>* Item for discussion moved to the full commission meeting.</b></p>
<p><b>XIII. Adjourned meeting at 5:02 pm</b></p>	

Respectfully submitted,

*Liza Molina-Huntley*  
Executive Assistant to the Mental Health Commission

DRAFT



## CONTRA COSTA COUNTY

### ***RELEASE FOR USE OF IMAGE OR LIKENESS***

I, *(please print your name)* \_\_\_\_\_, give the County of Contra Costa ("County") the absolute right and permission to the unlimited use of my image and likeness in photographic, video, film, slide, or any other electronic or printed formats as follows:

1. I understand and agree that the County may use my image or likeness in its educational or promotional materials, publicity efforts, or for any other lawful purpose;
2. I understand and agree that these materials will become the property of the County and will not be returned;
3. I understand and agree that the County shall have the right to use my image or likeness in any display, publication, print ad, direct-mail piece, or electronic media, including, but not limited to, video, online, email, or television;
4. I understand and agree that the County's use of my image and likeness will be without any compensation to me or my heirs or assigns.
5. I authorize the County to edit, alter, copy, exhibit, publish or distribute my image or likeness for these purposes.
6. I waive the right to inspect or approve the finished product in which my image or likeness appears.
7. I release and hold harmless the County, the photographer, their officers, employees, agents, and designees from any liability, claims, demands, causes of action, or attorneys fees regarding the use of my image or likeness, including for violation of any personal or proprietary right I may have in connection with such use.

I am 18 years of age or older, have read and understand this release, and sign this release voluntarily.

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

A REPORT BY  
THE 2016-2017 CONTRA COSTA COUNTY GRAND JURY  
725 Court Street  
Martinez, California 94553

Report 1703

# Mental Health Services for At-Risk Children in Contra Costa County

APPROVED BY THE GRAND JURY:

Date: 5/11/17



JIM MELLANDER  
GRAND JURY FOREPERSON

ACCEPTED FOR FILING:

Date: May 19, 2017



JOHN T. LAETTNER  
JUDGE OF THE SUPERIOR COURT

Contra Costa County Grand Jury Report 1703

## **Mental Health Services for At-Risk Children in Contra Costa County**

**TO: County Board of Supervisors, Behavioral Health Services**

### **SUMMARY**

The Grand Jury conducted a detailed investigation concerning the County's delivery of mental health services to at-risk children ("At-Risk Children"), which is defined as foster children or those in danger of becoming foster children, Commercial Sexually Exploited Children victims (CSEC), youth detained in Juvenile Hall, and children in domestic violence or sexual abuse situations. Over the course of a seven-month investigation, the Grand Jury found that at-risk children are not receiving timely access to mental health treatment. Several factors were preventing timely access, all of which are within the control of Behavioral Health Services and its subdivision Children's Mental Health Services. The Board of Supervisors should consider identifying funds to provide timely treatment for children.

### **METHODOLOGY**

The Grand Jury researched the statutes, agreements and regulations on mental health services for children that pertain to the County. It also researched official reports from State and County agencies, and conducted numerous interviews with County personnel who are involved in the delivery of mental health services.

### **BACKGROUND**

This Grand Jury conducted a detailed investigation of mental health services for at-risk children in Contra Costa County. For purposes of this investigation, the Grand Jury defined at-risk children as:

- Foster children or those in danger of becoming foster children
- Commercial Sexual Exploitation of Children (CSEC) victims
- Youth detained in Juvenile Hall
- Children who have experienced domestic violence and sexual abuse.

## **The Mental Health Commission White Paper**

The Mental Health Commission (MHC), an advisory body appointed by the Board of Supervisors to serve as the watchdog group in the County for mental health services, issued a white paper in April 2016 *“to encourage discussion around the current crisis in the county public mental health care system and deficits in the county mental health budget process that contribute to this crisis.”*

While the white paper was issued by MHC, Behavioral Health Services (BHS) assisted MHC with the data and the contents of the paper. The paper describes key points that are pertinent to at-risk children:

“The wake-up call of the crisis at Psychiatric Emergency Services (PES) that points to an impacted system that is unable to provide the right treatment at the right moment in time and is therefore struggling to truly meet the needs of people with a serious mental illness,”

“The compromised ability of... Child/Adolescent Clinics to meet the needs of patients due to understaffing as evidenced by three to four months wait times and a migration of patients to PES for intervention that is not meant to be a stand-in for treatment,”

“The underlying theme of inadequate staffing levels due to the inability of treatment facilities to attract and keep high quality psychiatrists and nurses because of uncompetitive compensation and such practices as closing of lists,”

“The underlying theme of dedicated, quality staff struggling to offer excellent care but undercut by budgets that are generated by a formulaic, top down process rather than a process that builds up a budget from program needs.”

## **The Katie A. Requirements**

In delivering mental health services, the County must comply with the terms of the *Katie A.* requirements. *Katie A.* was the lead plaintiff in a multiple-plaintiff lawsuit filed against Los Angeles County and the State of California in 2002. The lawsuit alleged that significant gaps existed in mental health services provided to children in the foster care system. By the age of 14, *Katie A.* had been shuffled through 37 foster homes and had endured 19 confinements in psychiatric hospitals.

Los Angeles County settled with the plaintiffs in 2003. The State of California agreed to the following *Katie A.* child definition and mental health service requirements in 2011:

Children who are in or at risk of entering foster care will be identified as the “*Katie A.* subclass.” A child will be part of the subclass if wraparound or specialized services are being considered for the child, or the child has been hospitalized three times in the past 24 months for behavioral reasons or is currently hospitalized for a behavioral issue.



Pursuant to this agreement, California counties must adhere to a protocol, called a “core practice model,” for screening and treating foster children. In accordance with this protocol, children may be eligible for the following services:

- Intensive Care Coordination (ICC)
- Intensive Home-Based Services (IHBS)
- Therapeutic Foster Care in specially-trained foster homes.

The County hired several coordinators and appointed a *Katie A.* specialist manager to handle the new protocol.

## DISCUSSION

The Grand Jury used the new *Katie A.* requirements and the MHC white paper as starting points to investigate Contra Costa County’s delivery of mental health services to at-risk children.

**Youth confined in Juvenile Hall** receive a consistent and well-regulated package of children’s mental health services from the County since these children are in a controlled confinement. Of the 110 youth currently at the Hall (some of whom are CSEC victims), 30% have been identified as having mental health problems. BHS has assigned three County clinicians and a program manager to work exclusively at the Hall to provide treatment, which involves medication and therapy. All three therapists are grant-funded, and the grants require regular data reports on the outcome of the treatments.

**CSEC victims and children in domestic violence and sexual abuse situations** are sometimes discovered by police responding to a complaint. The police refer the children to the Victim Advocates in the District Attorney’s Office. After securing the child in a safe environment, the advocate arranges for the child to receive therapy so that the child can better assist in the legal prosecution of their abusers. BHS is not usually involved in this process. Rather, the Victim Advocate arranges for the victim to receive treatment from a private therapist or psychiatrist. This treatment is funded by the State Victim Compensation Fund and continues for the months or years that the victim needs to recover. Despite receiving mental-health treatment, some CSEC victims are reluctant to testify against their pimp abusers.

An estimated 85-90% of foster children need some form of mental health services. Given this statistic, it is not surprising that a significant component of the estimated 7,000-plus children in the County who are serviced for mental health annually are foster children, estimated at over 1,700, or those who are in danger of becoming foster children. Only 300 of these children currently belong to the “*Katie A.* subclass.” The County’s compliance in the *Katie A.* requirements is a work in progress. Satisfactory

compliance depends upon skilled coordination between the social workers in Children and Family Services (CFS) and the clinicians at BHS.

Children who may need mental health services are generally assessed and evaluated within 7-10 days. However, children wait much longer, weeks or months, to receive treatment.

After assessment and evaluation, the social workers at CFS arrange for treatment for the child client through the BHS liaisons. The liaisons provide the social workers and child guardians with three referrals of available psychiatrists or therapists from their database. The social workers or guardians call these mental health professionals to schedule treatment. Oftentimes, the social workers or guardians find that the three referrals they have been given by the BHS liaisons are not available. Then they must go back to the liaisons to arrange for another set of three referrals. This is the cause of many delays. The CFS social workers state that the child has an average waiting time for treatment of three months and the BHS liaisons state that the average is only 4 to 6 weeks. These two sets of County workers are working from different perspectives and from different calendar counts. The BHS liaisons also state that they do not have an updated list of unavailable psychiatrists or therapists.

After the screening and evaluation phase, each of the 7,000-plus children are classified into two groups:

1. Medium to severe
2. Mild to medium

The mild to medium cases are scheduled for appointments with psychiatrists and therapists in non-profit community-based organizations (CBOs) and private therapists contracted by BHS. The medium to severe cases are scheduled for appointments with the psychiatrists and therapists in the County's three regional mental health clinics.

There are several factors that prevent children from accessing mental health services in a timely manner. These factors differ depending on whether the child is classified as medium to severe, or mild to medium.

### **Medium to Severe Cases**

The three mental health clinics are understaffed in terms of psychiatrists, the doctors who diagnose the children and prescribe medication for them when appropriate. Children's Mental Health Services estimates it needs to hire six more psychiatrists to handle the workload and resolve the inequitable distribution among the regional clinics. The County pays \$30-50,000 less than what psychiatrists can earn in private practice.

Table 1 shows the distribution of the medium to severe cases assigned to the three clinics and the corresponding distribution of psychiatrists in those three clinics.

**TABLE 1**

	<b>Antioch</b>	<b>Concord</b>	<b>West County</b>	<b>TOTAL</b>
Children	630	740	800	2170
Psychiatrists*	2.2	3.5	1.3	7
Ratio	286.4	211.4	615.4	310

Note: \* Full time equivalent

As shown on Table 2, the distribution of 85 County therapists across the three clinics is inequitable relative to the distribution of medium to severe mental cases.

**TABLE 2**

	<b>Antioch</b>	<b>Concord</b>	<b>West County</b>	<b>TOTAL</b>
Children	630	740	800	2170
Therapists	22	47	16	85
Ratio	28.6	15.7	50	25.5

The normal management response to such uneven distribution is to reallocate some therapists from Concord, to Antioch and to West County. The Grand Jury found no evidence that any such plan is being considered.

**Mild to Medium Cases**

BHS contracts with 34 non-profit Community Based Organizations (CBOs) to treat the estimated 5,000 children considered mild to medium cases. Twenty percent of these 34 CBOs were at capacity as of February 2017, meaning that seven of the CBOs had no appointment availability. The BHS liaisons, who provide the appointment referrals for the guardians/patients, do not have current data on the clinicians' availability. Thus, social workers or guardians call to CBOs that have no availability, causing delays in the children's treatment.

In addition to providing mental health treatment through CBOs, BHS can assign the 5,000 children who are diagnosed as mild to medium cases to the over 200 individual private therapists that it contracts with. Like CBOs, these private therapists have limited availability. Table 3 shows the availability of those private therapists in February 2017 and their distribution in the three regions.

**TABLE 3**

	<b>East County</b>	<b>Central</b>	<b>West County</b>	<b>TOTAL</b>
Private Therapist	60	100	47	207
Available	13	33	21	67
Not available	47 (78%)	67 (67%)	26 (55%)	140 (68%)

Overall, 68% of the private therapists were not available for appointments. Thus, children must wait longer for mental health services.

While no-shows for appointments also contribute to longer wait times, this factor is not under the control of BHS. The tables show what is within the control of BHS and its subdivision that manages treatment delays for at-risk children.

## **FINDINGS**

- F1. The County provides timely and consistent mental health services to detained youth in Juvenile Hall, CSEC victims, and children in domestic violence and sexual abuse situations.
- F2. Under the terms of the *Katie A.* requirements, upper and middle management levels of CFS and BHS have started to coordinate their efforts.
- F3. Many at-risk children are not receiving mental health treatment for several weeks to several months after the County assesses their mental-health needs.
- F4. Children's Mental Health Services estimates that the County needs an additional six psychiatrists for its three clinics.
- F5. County salaries for psychiatrists are not competitive with private practice.
- F6. The shortage of psychiatrists causes delays in the diagnosis and treatment of medium to severe mentally ill children.
- F7. West County clinic, which has the most medium to severe patients, also has the highest patient to therapist ratio.
- F8. The 85 County therapists, who treat medium to severely mentally ill children, are not equitably distributed among the three clinics based on workload.
- F9. Twenty percent of the CBOs and 68% of the individual private therapists are not available for appointments.
- F10. BHS liaisons are not provided with current information about the availability of CBOs and private therapists for appointments.

## **RECOMMENDATIONS**

- R1. The Board of Supervisors should consider identifying funds to add six psychiatrists at the three regional mental health clinics.
- R2. The Board of Supervisors should consider directing Human Resources to review the compensation packages for County psychiatrists to ensure their compensation packages are competitive compared with the private market.

- R3. The Board of Supervisors should consider directing BHS to redeploy therapists with a view to a more equitable ratio of children per therapist among the County's three mental health clinics.
- R4. The Board of Supervisors should consider identifying funds to enable BHS to review and improve systems related to the real time availability of CBOs and individual private therapists for mental health service appointments.
- R5. The Board of Supervisors should consider directing BHS to monitor and report on the wait times for mental health treatment for at-risk children.

**REQUIRED RESPONSES**

	<b>Findings</b>	<b>Recommendations</b>
Contra Costa County Board of Supervisors	F1 to F10	R1 to R5

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to [ctadmin@contracosta.courts.ca.gov](mailto:ctadmin@contracosta.courts.ca.gov) and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson  
 725 Court Street  
 P.O. Box 431  
 Martinez, CA 94553-0091



**CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION  
FACILITY/PROGRAM OBSERVATION REPORT**

*This Report Is Based On A Personal Visit From One Or More Members  
Of The Contra Costa County Mental Health Commission*

1) *Attending Commission member(s):* \_\_\_\_\_  
\_\_\_\_\_

2) *Behavioral Health Services attending staff:* \_\_\_\_\_  
\_\_\_\_\_

3) *Date Of Site Visit:* \_\_\_\_\_

4) *Program/Facility Name:* \_\_\_\_\_

5) *Physical Address:* \_\_\_\_\_

6) *Program Supervisor/Contact:* \_\_\_\_\_

*Contact information-phone/email:* \_\_\_\_\_

**Starred (\*) Items may not apply to some programs**

**\*7) *How does the staff interact with individuals? Example: Does staff appear compassionate, patient, caring, rushed, indifferent frustrated, or overwhelmed?***

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) *Are individual grievance procedures prominently posted? Are grievance forms readily available for individuals? Yes/No*

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9) *Is the current Patients' Rights Advocate's Contact information posted? Yes/No*

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**10) What are the treatment goals for individuals in the program? How are they achieved?**

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**11) What are the primary obstacles of the program and/or staff, which may make it difficult to achieve these goals?**

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**12) Does the program's Board Of Directors include any Mental Health Commission members?  
Yes / No (please state name/s) :**

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**13) How does the program determine when an individual no longer requires services or requires other services or referrals?**

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**14) Does the program have a turn over rate or waiting list?**

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**15) Within a one year period, how many individuals get turned away due to limited capacity and/or because the individual does not meet the criteria of the program?**

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**16) Any additional aspects or comments regarding the program?**

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**SITE VISIT SUMMARY**

*Mental Health Commissioner please complete this form, after the site visit.  
\*\*If additional space is needed, please attach page to form*

1) *What is your overall impression of the facility and/or the program?*

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2) *What are some of the strengths, weaknesses and limitations?*

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3) *Recommendations for facility and/or program?*

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## **Site visit purpose, policies, procedures and protocol**

### **1. PURPOSE:**

*Site visits provide an opportunity to review the community's mental health needs, the services being provided, and the program facilities and obtain a better understanding and knowledge regarding the County's services that are being provided. Mental Health Commissioners will identify potential areas for growth and make recommendations to Behavioral Health Services, with the objective to partner in improving and strengthening the lives of the residents of Contra Costa County.*

### **2. POLICY, PROCEDURES and PROTOCOL:**

- 2.1 Each Commissioner should participate in at least one site visit per year
- 2.2 A maximum of three Commissioners, per site visit
- 2.3 Commissioners should wear their identifying Commission name badges
- 2.4 An updated list of programs will be provided by Behavioral Health Services staff annually.
- 2.5 The Executive Committee and Behavioral Health Services will approve site visit schedule and attendees.
- 2.6 The site visit schedule will be done in collaboration with Behavioral Health Services upper management and with approval of the Director of Behavioral Health Services.
- 2.7 An annual site visit calendar will be created, by the Executive Committee, at the beginning of each year, and forwarded to the Behavioral Health Services Director for review and after to the full commission for approval.
- 2.8 The Executive Assistant, Chair and Vice Chair of the Mental Health Commission will confirm the appointment for the site visit, with the appropriate contact person and forward the confirmation to the attendees.
- 2.9 After the site visit, each attendee will complete the program observation form and forward the report to the Executive Committee and the Behavioral Health Services Director for review
- 2.10 Site visit attendees will adhere to the purpose of the site visit and the observation form, in an unbiased and respectful manner.

