

**Contra Costa County Mental Health Commission Monthly Meeting  
TUESDAY, JULY 11, 2017 ♦ 4:30pm to 6:30 p.m.  
AT: 550 Ellinwood Way in Pleasant Hill**

**AGENDA**

- I. Call to Order / Introductions/Roll call- Chair**
- II. Chair- Announcements and Comments**
- III. Public Comments (3 minutes per speaker)**
- IV. Commissioner's comments**
- V. APPROVE minutes from June 7, 2017 meeting**
- VI. RECEIVE and DISCUSS Strategic Plan for Behavioral Health Services with the Director of Behavioral Health, Cynthia Belon**
- VII. RECEIVE and DISCUSS expansion of the mental health treatment plans for West County Detention facility.**
- VIII. REVIEW and DISCUSS overview regarding the Grand Jury process- Enid Mendoza**
- IX. REVIEW and DISCUSS report #1703 Mental Health Services for At-Risk Children in Contra Costa County by 2016-2017 Contra Costa County Grand Jury, approved on May 11, 2017.**
  - a) DISCUSS the report and its findings**
  - b) DISCUSS and MOTION that the Mental Health Commission will allow the Chair and Vice Chair to, and/or work with, the Behavioral Health Services Director, in responding to the report of the Grand Jury to present the response to the Family & Human Service of the Board of Supervisors on July 31, 2017.**
- X. DISCUSSION and MOTION to create an ad hoc committee to review and update the Mental Health Commission's current Bylaws.**
- XI. DISCUSS and MOTION to consent to video and record the 2017 Commission retreat/training on September 16, in Martinez.**
- XII. DISCUSS and MOTION to agree to have the 2017 Retreat/training (Saturday, September 6, 2017) in lieu of the full commission (September 6, 2017) meeting in September.**
- XIII. DISCUSS a proposed change in the scope of the Finance Committee of the Mental Health Commission to encompass the entire Mental Health budget.**
- XIV. RECEIVE Commission Representative Reports**
  - 1) AOD Advisory Board – Sam Yoshioka
  - 2) CPAW General Meeting – Lauren Rettagliata
  - 3) Children's Committee – Barbara Serwin
  - 4) Council on Housing Committee – Lauren Rettagliata
- XV. Adjourn**



**MENTAL HEALTH COMMISSION  
MONTHLY MEETING MINUTES  
June 7, 2017 – First Draft  
At: 550 Ellinwood, Pleasant Hill, CA**

Agenda Item / Discussion	Action / Follow-Up
<p><b>I. Call to Order / Introductions</b> Commission Chair Duane Chapman called the meeting to order at 4:32pm.</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II (arrived @4:37pm) Supv. Candace Andersen, District II Sam Yoshioka, District IV Diana MaKieve, District II Gina Swirsding, District I Meghan Cullen, District V Douglas Dunn, District III Connie Steers, District III (arrived @4:37pm)</p> <p><u>Commissioners Absent:</u> Jason Tanseco, District IV Michael Ward, District V Lauren Rettagliata, District II</p> <p><u>Other Attendees:</u> Cynthia Belon, Director of Behavioral Health Services Matthew Luu, Deputy Director of Behavioral Health Services (departure @5:00 pm) Jenny Robbins, Housing and Services Administrator for Health, Housing and Homeless Services (departure @5:36 pm) Steve Blum, Supportive Housing Manager for Health, Housing and Homeless Services (departure @5:36 pm) Debra Beckert, Nurse Program Manager (departure @4:55 pm) Jill Ray, Field Rep Supv. Andersen's office, District II Vic Montoya, Program Chief for Psych serves at CCRMC (departure @5:58 pm) Robert Thigpen, Adult Mental Health Family Services Coordinator Dr. Ann Isbell, Health Services Planner/Evaluator-B Claire Battis, Health Services Planner/Evaluator-B Jersey Neilson, Health Services Planner/Evaluator-B Teresa Comstock, Chair of Napa County Mental Health Board/CALBHBC Carole Masasovic, Chair of Berkley Mental Health Commission/CALBHBC Steven Dambede, CALBHBC Steven Marks- Talia Rueben, Community Advisory Board member (CAB) Karen Wise, ANKA Behavioral Health Kassie Perkins, ANKA Adam Down, Behavioral Health Admin (departure @5:58 pm) Teresa Pasquini- Family member/former commissioner Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p><b>EA-Transfer recording to computer</b></p>
<p><b>II. Chair announcements and comments:</b></p> <ul style="list-style-type: none"> <li>• <b>Amendments to the MHC Bylaws regarding membership applicants-</b></li> <li>• <b>Chair/Duane-</b> has viewed Bylaws from several different counties and compared them to Contra Costa County's, along with Napa County's Bylaws. Would like the Commission to update the Bylaws, according to the request</li> </ul>	<p><b>*The Commission will choose two Commissioners, next month, to</b></p>

from a Supervisor. Would like to choose a new and old Commissioner, to jointly work on the revision of the Bylaws, next month.

- **MHC communication protocol-**
- **Chair/Duane-** This issue was discussed previously regarding Commissioners directly requesting information to various Behavioral Health Services staff. The Commissioners all agreed that **all requests for information would be directed to the Chair and Vice Chair, first, and they will forward the request to the Executive Assistant.** The Executive Assistant will then forward the request to the appropriate Behavioral Health Services staff member.
- **Supervisor Andersen-** Clarified that the previous process of the Mental Health Commission, interviewing applicants, did not sit well with Supervisor Mitchoff; therefore, all people who are interested in applying to become a Commissioner should be directed to the person's District Supervisor. It is the District Supervisor's responsibility to appoint the applicant. After the person has been appointed, the Commission can determine the protocol to follow. Everyone can recruit new commissioners and refer people.
- **Introduction of representatives from CALBHBC- California Association of Local Behavioral Health Boards and Commissions-**
- **Chair/Duane-** Since everyone has met the members, are there any questions?
- **AOT (Assisted Outpatient Treatment) Workgroup will start June 12, 2017, from 10am to noon, at 50 Douglas Drive, in Martinez in the second floor conference room.**
- **Chair/Duane-** Informed that he and the Behavioral Health Director, Cynthia Belon, will be facilitating the first meeting.
- **EAST/SOUTH COUNTY MHC meetings in the fall-Commissioner Diana MaKieve is working on obtaining a location in November in South County**
- **Diana-** Informed that the San Ramon Regional Hospital has a nice conference room to accommodate the Mental Health Commission meeting in November and will follow up.
- **Supervisor Andersen-** offered assistance with other options in South County, if the previously mentioned is not available in November. Also, encouraged people to attend the Board's meeting on June 20 to discuss the mental health facility expansion in West County. It would be helpful to provide the perspective on why the Mental Health Commission has approved the proposal. There are some people in opposition of the expansion but unfortunately there are mentally ill people incarcerated that need to be provided with mental health services to help with the recidivism in the jails.
- **Chair/Duane-** Attended an event in Brentwood, opposing the expansion, noticing that it was the same group of people that continue to misinform the public throughout the county. It is bad enough to be in jail, it's worse without services. There is a new bill out, 42CFRR2, there are some changes regarding behavioral health and substance abuse treatment.
- **Director Belon-** Regarding 42CFR2, which is very restrictive, was put before stakeholders, interested parties, and websites- to respond and obtain information to what the community wanted. It was halted by the new federal administration. As of March 21, 2017 the revisions that were recommended by all parties went forward. Consent forms are still required but parties can be more specific regarding what information can be shared and to whom, specifically and all parties need to be identified along with a termination date on the consent form. The individual can request that the consent form be pulled. It can be stated as "to all interested parties," but the individual that is

**revise the section, in the Bylaws, regarding applicants for the Commission, according to the consensus of the Board of Supervisors.**

<p>being treated can ask that their provider a list of all individuals where the information has been shared. That is the major change. It does have implications for a billed out and CCLink, we have not made any decisions, as of yet. Consents still need to be used in all cases.</p>	
<p><b>III. Public comments (3 minutes per speaker)</b></p> <ul style="list-style-type: none"> <li>• <b>Talia Rueben-</b> A LCSW (Licensed Clinical Social Worker), resident of Richmond and works for homeless outreach programs for the City of Oakland. Distributed flyers regarding CAB =Community Advisory Board and requested that anyone interested in being part of the Contra Costa County Community Corrections Partnership to complete the application and to submit the application as indicated on the flyer (see attached). CAB currently has seven vacancies that need to be filled for January, 2018. Members from all districts within Contra Costa County are encouraged to apply.</li> <li>• <b>Jill Ray-</b> Distributed the updated “HOMELESS?” and the “STAND DOWN ON THE DELTA 2017” flyers. The “Stand Down on the Delta,” is a bi-annual, four-day encampment for homeless and/or at risk Veterans to come together and receive support on August 11-14, at the Contra Costa Fairgrounds, volunteers are needed to help with this event.</li> <li>• <b>Teresa Comstock-</b> Introduced self and members of CALBHBC, present to understand more about the priorities of the Commission of Contra Costa County and jointly advocate at the State level. Encourages everyone to look at the website and Facebook for CALBHBC.</li> </ul>	
<p><b>IV. Commissioner’s comments (3 minutes per speaker)</b></p> <ul style="list-style-type: none"> <li>• <b>Commissioner Doug Dunn-</b> Commented on the State Governor’s proposal to shift realignment funds, allocated to mental health, to fill in gaps in the State’s budget. (See attachment under “June 7, 2017 MHC Comments”).</li> <li>• <b>Vice Chair, Barbara Serwin-</b> Wanted to thank Behavioral Health Services Director, Cynthia Belon and Dr. Ann Isbell, Evaluator, for inviting the Commission to participate to review proposals, regarding contracting a provider for services for a new TAY (Transitional Aged Youth) program facility in Concord. She congratulated Dr. Ann Isbell, for facilitating the review process and felt she did a great job!</li> </ul>	
<p><b>V. MOTION to APPROVE minutes from May 3, 2017 meeting</b>  <b>Sam moved to motion, Gina seconded the motion</b></p> <ul style="list-style-type: none"> <li>• <b>No corrections were needed</b></li> <li>• <b>VOTE: 8-0-0</b></li> <li>• <b>YAYS: Supervisor Andersen, Duane, Barbara, Gina, Diana, Doug, Sam, Meghan and Connie</b></li> <li>• <b>NAYS: none ABSTAIN: none</b></li> <li>• <b>ABSENT: Jason, Mike and Lauren</b></li> </ul>	
<p><b>VI. RECEIVE updates from the Director of Behavioral Health Services, Cynthia Belon</b></p> <ul style="list-style-type: none"> <li>• <b>Director Belon-</b> What the IHSS proposal means specifically for Behavioral/Mental Health is that we would lose the 1991 Realignment growth dollars for three years. In non-recession years we anticipate that we get between \$1 to \$3 million dollars per year in annual growth dollars. It is used to cover the cost of living adjustments and it is used for “match”. It can be a significant loss in these areas. The loss of this money will place additional financial hardship on the mental health system. It was not anticipate putting any growth dollars into the 2017-2018 budget, we will not experience any hardship for these years. It was stated that the loss will be offset with holding the increase with IMD costs for three years. The CBHDA, which is the California</li> </ul>	

Behavioral Health Director's Association, recommended that it be held for five years, to my understanding, that is what is in the most recent proposal. Regarding the electronic health record, Behavioral Health Services has moved forward with phase one of the implementation, going onto CCLink. The target date for going live is September 26, 2017, for all 11 mental health clinics, the older adult program and First Hope. To insure its success a governing structure has been created with a Project Manager, Project Sponsors, Champions and Subject Matter Experts, which are comprised of clerks, clinicians, nurses and Psychiatrists, these individuals have been instrumental in helping to create workflows to gain a better understanding of what is needed. Currently, the department is working on clinical build out sessions that will focus on various forms that are utilized and determine what is needed to create to incorporate into CCLink. Phase two, will start after phase one has been completed, and it will target the alcohol and drug system and all of the community based organizations, including a portal for patients to be able to access their health record. There will be a portal for community based organizations, that will allow referrals and billing processing, but not for documentation. The projected target date for the completion of phase two is the end of April, 2018. The PSP program will be phased out.

- **Teresa P-** Has been tracking the Commission, attending Committee meetings, and was aware of the new proposed State budget, shifting \$660 million dollars of IHSS money. Expressed her concerns and disappointment regarding the lack of communication within the county and its residents. Very concerned regarding the State budget, proposing to decrease funding for mental health services. Feels that the Commission should be based on the best needs for the consumers and their families and the residents of this county utilizing mental health services. Expressed that if the public had been made aware of the State budget changes, more people would have been able to lobby sooner, against the State budget. Feels that the State Governor's actions are outrageous, regarding taking away a funding stream that is already limited and insufficient for what is needed. Extremely disappointed that the State budget was not brought to the attention of the Mental Health Commission or the MHSA/Finance Committee meeting, when the Chief Operating Officer- Mr. Godley was present. The State budget will affect the planning that the County just completed.

Would like to partner to advocate and make changes, together. Drove to Sacramento, to obtain Contra Costa County information, due to the lack of transparency regarding budget information.

- **Supervisor Andersen-** the County's Administrator, David Twa, is a member of the subcommittee that is currently working on developing a better plan. The County is not pleased with the proposed State budget, in many areas, and it would have been best to maintain the budget status quo, instead of taking funds that have been specifically allocated for certain areas. The County Administrator has worked very diligently to negotiate the best possible solution. A resolution was sent out on May 9, on the Board of Supervisor's agenda, regarding the issue. Letters have been sent out to lobbyists to assist, the Administrator has been working closely with CSAP, trying to come up with different ways to modify funding- although, it was a surprise that the State has decided to tap into the mental health funds.
- **Director Belon-** At the MHSA/Finance meeting that Mr. Godley attended, earlier this year, the State's proposed budget cuts were discussed and reiterated at the

Family and Human Services meeting, when EPSTD and Federal was discussed.

- **Gina-** Inquired if the State has a website that keeps the public informed of changes, new legislature, related to health and human services? How could a person find information or issues regarding mental health? On the County website a person can sign up for notifications, does the State have such a website?
- **Supervisor Andersen-** this issue came out in the State's budget, which was a surprise to everyone. There were issues with IHSS funding for several years. It was a surprise when these funds were taken by the State for funding relief and have the County deal with a \$7 million decrease in budget, threatening people's services. Letters in opposition have been sent out. The County does not have a way to inform the public of changes in the State budget. There is not a State website that works like the County's website, regarding applying for public notifications. It is unfortunate that the information received from the State is after the fact, not before.
- **Director Belon-** the Department of Health Care Services visited Behavioral Health Services, from April 10 through April 13, conducting a program oversight and compliance review. The review covered 216 different areas, that Behavioral Health Services had to provide evidence of implementation including policies and procedures, data reports, meeting agendas and minutes to show that the department was in compliance with different State's and Federal's regulations. The preliminary results from the System Review Audit, Contra Costa County had a 90% compliance rate, a really good rate! Only 20, out of 216, were chosen as partial or noncompliance items. It was a significant increase from previous audits. The staff did excellent work during months of preparation. Behavioral Health Services is working on items not in compliance, to make them compliant. The chart review compliance rate was 95%, excellent work!
- **The Oak Grove Residential Treatment for TAY** (Transitional Age Youth- ages 18 to 26 years old), will be a structured residential treatment program for young adults leaving hospitalization or a locked facility, that still need a structured environment: the RFI was posted on March 22, the bidder's conference was on April 17, received proposals from providers, which were reviewed by the review panel, (the Mental Health Commission's Vice-Chair, Barbara Serwin, participated in the review panel process). An award has not been made because the review panel created a list of questions for the bidders and responses should be received by mid-June. The project will be a structured residential program, a "step-down" program and an outpatient program, hoping that the proposals will include all three elements.
- **Prop 47-** Contra Costa County will hopefully receive, almost \$6 million dollars, over a three year period, to provide diversion services. Targeted for individuals who prearrest, arrest or post arrest are in need of Behavioral Health services. The program is for low level offenders. It was determined that Antioch had a high level of individuals that have co-occurring issues, who could benefit from the program. Several departments will be working together and be part of the program, specifically the Antioch Police Department, and community based organizations such as "healthRight360" (the network provider for reentry services in East County), along with H3 (Health, Housing and Homelessness). Housing vouchers and transitional housing will be part of the assistance for individuals in the program and part of the proposal and will be a comprehensive, diversion program.
- **Jill-** The reason why the program will be in Antioch is because a thorough

<p>evaluation was done to establish where the services were needed the most. Police records, recidivism rates, types of crimes, were taken into consideration, and it was determined that Antioch was the area of highest need, despite the push for the program in West County. Contra Costa County's application rated #5, out of 58 applications, in the State.</p> <ul style="list-style-type: none"> <li>• <b>Director Belon-</b> In regards to the <b>Drug-MediCal</b> waiver: the alcohol and drug system have put out an RFI, to all of its providers, to request information regarding levels of care to be provided, as per the new waiver system. Currently, AOD (Alcohol and Other Drugs) does not place individuals in treatment, based on medical necessity, in the near future, AOD will be moving towards medical necessity <b>and</b> assessments determining the level of care needed. Requiring that all providers respond in writing regarding their planning; whether it includes detox or intensive outpatient residential, or other services. Programs that are not <b>Drug-MediCal</b> certified AOD will be working closely with the provider to support them to become certified. Currently, there is not a contract but the County is moving forward with plans and starting July 1. Workflows are being completed in "Access," becoming Behavioral Health Access Unit. The workflows for utilization reviews and utilization management have been completed; next will be quality improvement/quality assurance. The department is working on assisting individuals in terms of policies and procedures and creating and updating them in preparation. The State is currently waiting for a response from CMS (Centers for MEDICARE &amp; MEDICAID services), that will allow to move forward with the implementation plans for the <b>Drug-MediCal</b> waiver for counties that are participating in the plan. Contra Costa and Santa Clara Counties have approved implementation plans but will not be sent until after CMS has responded with "boiler-plate" language to the State. Hopefully it will be resolved soon, and be sent to the Board of Supervisors for approval. The plan is to have all of the Mental Health Clinics to be "<b>Drug-MediCal Waiver</b>" certified and Alcohol and Drug Counselors will be hired for each clinic. Paperwork for Drug-MediCal Waiver certifications of both El Portal and West County Children's has been submitted.</li> <li>• <b>Psychiatrists' recruitment:</b> unfortunately the negotiations with the union continue and have been extended for two more months, and it is anticipated to be ongoing for several more months.</li> <li>• <b>Gina-</b> concerned about patient's electronic record and the accuracy of the information- how will Behavioral Health handle issues that might arise? How will patients be able to rectify their own records?</li> <li>• <b>Director Belon-</b> Stated previously that phase two will include a portal where patients will be able to view their own records so they can report any discrepancies to their provider.</li> <li>• <b>Vice Chair Serwin-</b> Would like a future presentation, from Director Belon, regarding Behavioral Health Services Strategic Plan. How long is the department's strategic plan for?</li> <li>• <b>Director Belon-</b> The department's strategic plan is a five year plan, starting 2017, and would be willing to do a presentation regarding the goals and objectives of the Behavioral Health Services department.</li> </ul>	
<p><b>VII. RECEIVE presentation regarding injectable protocol-Debra Beckert, RN, Nurse Program Manager</b></p> <ul style="list-style-type: none"> <li>• <b>Debra-</b> Last year presented regarding injectable medication was available to patients who needed it. Current protocol is a five day check: medication comes in through the pharmacy, as per doctor's order, medication is checked</li> </ul>	

<p>to match the correct medication and dosage with doctor’s request and the correct patient. Then two days prior to administering medication, the second check is done to assure the patient is receiving the correct medication and dosage. Since the system has been in place, no incidents have occurred. Opened forum for questions or comments from the audience.</p> <ul style="list-style-type: none"> <li>• <b>No questions or comments were made.</b></li> <li>• <b>Deputy Director- Matthew Luu-</b> commented the following: That Behavioral Health Services would like to take the opportunity to hear back from the Commissioners and the public, when there is an area that there is need for improvement. As noted in the previous year, it was noted that there were deficiencies regarding medication not being available, which was taken seriously and therefore lead to implement checks and balances and assigned a responsible party to be accountable. As a result of the implementation, happy to report that further incidents. Requested feedback from the commission and the public so that Behavioral Health Services can continue to improve.</li> </ul>	
<p><b>VIII. RECEIVE updates from the Health, Housing and Homeless Services (H3) from Jenny Robbins, Housing and Services Administrator</b></p> <ul style="list-style-type: none"> <li>• <b>Jenny</b> – Updates regarding program: started new outreach teams, <b>C.O.R.E.</b> (Coordinated <b>O</b>utreach <b>R</b>eferral and <b>E</b>ngagement program) are the new outreach teams that are working throughout the County, with homeless residents, in order to provide services. Some of the homeless population resists services, so the services are being brought to them in order to get them engaged and encourage them to obtain shelter. The program is also providing the homeless with “survival” supplies: food, hygiene products, and undergarments in addition to providing the homeless with linkages to connect people more to services. They also provide referrals. The public can dial “211” and press “3” to gain access to outreach services in the program. Access is currently being streamline access, not to confuse the public and/or providers. Dispatchers prioritize calls and then triaging to teams to access the individuals in need of services. The CORE program started with three teams, in January 2017, two day time teams and one evening team. Will have six teams operating by July 1, 2017. In addition to CORE, H3 has new “Warming Centers,” which provides a warm and safe place for the homeless during evening hours; beds are not available and can be accessed via the CORE teams. The capacity of the Warming Center is for 30 people, at the Concord shelter on Arnold Industrial Way. There has been an increase in families accessing the Warming Centers. The information to access services is on the flyers presented (<b>See attachments</b>). Another presentation can be provided to discuss in depth the layers of services that are being provided in the Homeless Programs. There are two teams that are assigned to Martinez, Pleasant Hill and soon will include Concord and Walnut Creek, providing local police departments with the access information, working with officers in the community to help the homeless. The program’s teams are also available throughout Richmond, Brentwood, Oakley, and Discovery Bay traveling throughout the entire county. Beds at the shelter are prioritizing in accordance to the most vulnerable population, including the elderly due to complex health care and behavioral health care needs. Beds are being prioritized daily and being informed of availability to the CORE teams for placement, prioritizing based on vulnerability, including the elderly, which has increased dramatically in the shelter programs. HUD is currently paying for the majority of the additional services; the next phase of CORE is to obtain a Care Center and a Warming Center in East County. Currently there is only one</li> </ul>	<p><b>*The H3 program will update the Mental Health Commission, after the “Point in Time Count” report has been completed.</b></p>



Warming Center in Central County. Will do the same for West County as well.

- **Connie-** Inquired how the elderly can access information, specifically to meet their needs.
- **Jenny-** Dial 211 and press “3” to access dispatch to a CORE teams. At the Concord shelter, there is currently a Case Manager/Housing Specialist, specific for the older adult population. There has been a significant increase in the number of older adults that need services.
- **Gina-** There are homeless people all over the county, including South County and in rural areas, is H3 reaching out to all areas, or just focused on the major areas of Central, East and West County? And, are people who are “couch surfing” being reached out to for assistance?
- **Jenny-** Yes, the program is reaching out to all areas within the County. The email address for CORE is [core@hsd.cccounty.us](mailto:core@hsd.cccounty.us) is a great way to communicate when and where homeless are seen. On June 1, a new team was created called “Creek Team,” in partnership with Public Works. The team will focus on rural areas and unincorporated areas throughout the county. Feedback from the community is encouraged. It is challenging to contact people who are “couch surfing.” There is a limited capacity in the shelters, there are 500 beds throughout the entire county, that are full and the turnover rate is about 2 to 4 beds every evening. The beds are prioritized, to people that have health conditions, living outside or in their cars, and couch surfers, depending on availability.
- **Jill-** Added that H3, is fairly new and they are doing phenomenal work in the first phase of a very complex program and have plans to do more in the fall. There are various layers and H3 is addressing the issues in different ways and it is a long journey.
- **Jenny-** Later, this year, there are plans for a “coordinated entry,” in general various phases. A new program that will start is “Prevention and Diversion” helping people before they need a shelter or coming into the County’s system of care by providing support and short term assistance to help people get started. The program is an evolution.
- **Chair/Duane-** **H3 is doing a great job, and is doing a lot more now, than what was being done before, for the community.**  
**It is wonderful to see how H3 engages with the community.**
- **Jenny-** H3 is trying to fill the gaps that were in the system and the program is being diligent about finding out what the need is how to address the need, continuing to find ways to improve.
- **Teresa-** Had dropped off consumers to a shelter, but had not entered a shelter. Did visit a shelter and had lunch with the residents and it was a good experience. Regarding the increases and populations that was stated, is there any data? Also, any data regarding where people are coming from- how many people are coming from PES or 4C, how are these people being coordinated through the system?
- **Jenny-** I can state that it is estimated that there has been 100% increase in older adults in approximately the last three years. We are doing data internally and that is why we shifted a Case Manager to be dedicated to the older adult population. I can provide the data information. The program did complete the “Point in Time Count” at the end of January, this year; the data will be released within the next two weeks and in the full report, will provide more information. I can give some figures but the report is not completed. PES referrals are tracked, every person is asked from where they are referred from and the service provider? The program can obtain information, up to three years back, to see how many referrals have come from PES, into the Concord Shelter and Respid

<p>facilities.</p> <ul style="list-style-type: none"> <li>• <b>Chair/Duane-</b> We will invite H3 to come back to update regarding the report.</li> <li>• <b>Robert Thigpen-</b> How many people are on your outreach teams and is there a peer support component as part of the teams?</li> <li>• <b>Jenny-</b> Each team is comprised of two people, an outreach lead and an outreach specialist, they do go out in two's for safety. It is not a peer model, although some staff has had lived experience and they have the passion for getting outside and bringing services into the community. The team has 50+ years of experience, as a whole.</li> <li>• <b>Sam-</b> Is there a widely accepted methodology to determine the kinds of homeless solutions, a number for addressing homelessness, in a suburban county, such as Contra Costa, with a population of 1 million residents? To determine in the future, the type and number of housing that is needed and address the goals for next year, the following year or three years ahead? The county that resembles Contra Costa, socio-economically, is San Mateo County and I would like to know what San Mateo is doing to address the housing needs for their community?</li> <li>• <b>Jenny-</b> Are you asking for a comprehensive "Needs Assessment"? We are working closely with other local Bay Area counties, the counties that receive funding from HUD, are directed towards the "Coordinated Entry" process, which is a larger scale of how to streamline all the different services. The counties are communicating to see how other counties are prioritizing, coordinating, the model being used, what other programs are offered to the homeless population? We are bouncing off ideas with one another, but the programing is new for the all local counties, although the counties are in different phases. The counties have stopped working in silos, wait list, 1-800 phone numbers and creating new ways to leverage the resources in the best possible way for the community. San Mateo might be similar, but their funding is very different. Each county has different layers of funding that comes through the county and that will determine what services are offered.</li> </ul>	
<p><b>IX. DISCUSS 2017 Commission retreat/training on September 16, from 10 am to 3pm, at 1875 Arnold Drive in Martinez. Materials used for training: 2016 Mental Health Board Manual (see attachment)</b></p> <ul style="list-style-type: none"> <li>• <b>Chair/Duane-</b> The training will cover the "do's and don'ts" of the Mental Health Commission. The facilitator will be Susan Wilson. For example: the Chair asked the facilitator if the Commissioners should be reviewing the County's contracts and the facilitator informed that it is not the Commissioner's role to do so. We will try to see if the training can be recorded. All of the Board of Supervisors will be invited, along with their senior staff and liaisons, and Behavioral Health Services staff. There will not be a full commission meeting in September, due to the retreat/training event.</li> <li>• <b>Gina-</b> would like the SPIRIT program to do a presentation for the full commission meeting.</li> <li>• <b>EA/Liza-</b> has discussed the presentation with the program, interim coordinator, Jennifer Tuipulotu, to see if a presentation can be done during the Commission's August meeting. Jennifer will check the feasibility of the date.</li> </ul>	<p>*EA will try to schedule SPIRIT presentation for the August MHC meeting</p>
<p><b>X. RECEIVE the Commission Representative Reports</b></p> <p><b>1) AOD= Alcohol and Other Drugs Advisory Board- Sam Yoshioka</b></p> <p><b>Sam-</b> appreciates the Director's report. There was a guest speaker, Dr. Vaughn Stief (from John Muir Behavioral Health), an Internationally acclaimed addiction knowlegist. During his presentation, informed that</p>	

the heroin addiction started in 1952. Opiates are treated now with a medication called Suboxone, utilized to get those individuals addicted to opiates, off their addiction, but unfortunately, also addictive. The presenter has written a book to help people and for other colleagues, to address the issue of addictive medications which needs to be addressed at a national level.

**Connie-** was there any discussion regarding the current opiate addiction epidemic?

**Jill-** the County is making a variety of efforts to deal with the opioid epidemic and appropriate dosages.

**Director Belon-** At the health centers, "Choosing Change", it is medication assisted treatment, it requires that the patient attend clinic groups, that include a social workers and/or alcohol and drug counselors that manage the group. Time is spent with the patient to ensure that the dosage is the proper amount needed, to get the patient to their "maintenance" dose and patients are monitored by a doctor as well. The Bart Methadone programs in the community that provides assistance and the department is looking into expanding assistance to patients, as part of the Drug-MediCal waiver.

**2) CPAW= the Community Planning Advisory Workgroup- Lauren Rettagliata (absent)**

**3) CPAW, Children's Committee- Barbara Serwin**

**4) Council on Homelessness- Lauren Rettagliata- (absent)**

**XI. Adjourn Meeting**

The meeting was adjourned at 6:10pm.

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

June 7, 2017 Mental Health Commission Meeting Comments:

To deal with a projected \$1.9B decline in revenues for the 2017-2018 fiscal year, in his May revised budget, Governor Brown proposes the following social services cuts:

- Eliminating Community Infrastructure Grants by reverting one-time \$67.5 million General Fund in 2016-17 that was intended to support community infrastructure grants to cities and/or counties to promote public safety diversion programs and services by increasing the number of mental health, substance use disorder, and trauma-related services treatment facilities. "Revolving door" crisis care rates among Community Infrastructure Grant program participants has decreased from roughly 75 percent to 20 percent annually.
- Reducing SB 833 funding by \$17M which was designed to establish a continuum of mental health crisis services for children and youth.

When children and adolescents experience a crisis associated with a serious mental illness, qualified mental health professionals should always be the first responders contacted. Families should not be directed to law enforcement when a child is experiencing a psychiatric crisis at home or in the community. Every community must have access to an effective and appropriate crisis response system for children and adolescents with serious mental illnesses.

Children in crisis often are subject to unnecessary separations from their families simply so they can be kept safe in hospital emergency departments ill-equipped to meet their needs or in order to be moved across the state to one of the few psychiatric hospitals which serve individuals under the age of 18. Moreover, many of the children and youth transported to an emergency room during a crisis could be successfully diverted from hospitalization if appropriate crisis services existed.

Building a robust continuum of crisis services for children is critical. Support our children!

- Redirect the 1991 Realignment Vehicle License Fee (VLF) from the Mental Health, Health and County Medical Services subaccounts to pay for the In Home Supportive Services (IHSS) costs.

NAMI-Contra Costa and the Community Mental Health Coalition are strongly opposed to redirecting the 1991 Realignment Vehicle License Fee (VLF) from the Mental Health, Health and County Medical Services subaccounts to pay for the In Home Supportive Services (IHSS) costs. The loss of \$110 million from these accounts over 5 years would destroy lives and families who need higher levels of medically necessary psychiatric care.

Contra Costa, like many other counties, uses 1991 Mental Health Realignment funds to pay for a number of community mental health services which have either no other funding source, are non-Medi-Cal reimbursable, or have substantially limited funding under Medi-Cal, including psychiatric inpatient hospitalization services. The funds are also used for Institutions for Mental Disease (IMD) services for adults with serious mental illness in need of 24-hour skilled nursing care, Lanterman-Petris-Short (LPS) Act responsibilities for involuntary mental health evaluation and treatment, and indigent mental health services for persons without Medi-Cal or other health coverage.

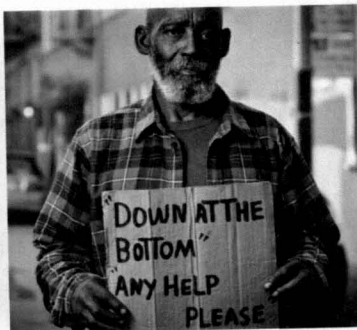
In that vein, Contra Costa (1.2M population) currently receives approximately \$57M in Realignment funds and, of that, spends around \$9M/year as follows:

- \$4.5M (or \$286-\$300/day) for Institutions of Mental Diseases care for 100-125 adults requiring involuntary evaluation and treatment in contracted secure facility Mental Health Rehabilitation Centers (MHRCs).
- \$4.5M (or \$507/day) for 20 Napa State Hospital beds to mainly serve mentally ill defendants Not Guilty by Reason of Insanity (NGLI) or adjudged Incompetent to Stand Trial (IST). This mirrors the **Incompetent to Stand Trial case explosion occurring throughout California.**

The proposed reductions for Contra Costa would amount to \$2M/yr. with a 5 year cumulative effect of \$10M. Reductions of this magnitude would have a devastating impact by stripping away the high acuity mental health services these people require. **Redirecting this sub-acute and acute care funding away from this most vulnerable population isn't just bad public policy, it is cruel beyond imagination!**

NAMI-Contra Costa and the Community Mental Health Coalition represent nearly 3,000 families who care for the most severely mentally ill for the most severely mentally ill persons in Contra Costa County. We strongly oppose these proposed spending reductions.

We recognize that tough budget decisions need to be made, but, NAMI-Contra Costa and the Community Mental Health Coalition also recognizes that the cost of not treating serious mental illnesses greatly exceeds the cost of treating them. It is imperative that mental health programs receive the funding that they need to effectively serve the Californians who need them.



# HOMELESS?

## LOSING YOUR HOUSING?

**CALL 211**

**FREE CONFIDENTIAL SERVICE AVAILABLE 24/7**  
Callers will be matched and referred to appropriate programs

OR

## WALK INTO A CARE CENTER

Coordinated Assessment Referral and Engagement (CARE) Centers can provide help with:

- Showers
- Food
- Laundry
- Case management
- Benefits enrollment
- Health care services
- Mental health services
- Substance use disorder services
- Housing search assistance
- Screening and referrals for housing / utility assistance

*Please note not all services are available at all sites.*

### **CONCORD**

*(next to Concord Adult Shelter)*  
2047-A Arnold Industrial Way  
M-F, 8 am-5 pm

### **SAN PABLO**

*(Anka)*  
1515 Market Avenue  
M-F, 8 am-5 pm

### **CONCORD**

**Specializing in Families and Seniors**  
*(Monument Crisis Center)*  
1990 Market Street

### **WALNUT CREEK**

*(Trinity Center)*  
1924 Trinity Avenue  
M-F, 8 am-5 pm



5.9.17

[cchealth.org/homeless/](http://cchealth.org/homeless/)



THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY

PHYSICAL CHEMISTRY  
BY ROBERT W. CROSSLAND

LECTURE NOTES  
FOR THE COURSE

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# STAND DOWN ON THE DELTA 2017

for Homeless and at risk Veteran's  
August 11-14, 2017



Contra Costa Fairgrounds



## VOLUNTEERS NEEDED

Registration open March 23rd - August 7th

Planning meetings are at 7pm on the 1st Thursday of the month

Location: Antioch Veterans Memorial Bldg, 403 W 6th st Antioch, CA

**Stand Down on the Delta** is a bi-annual, four-day encampment for homeless and/or at-risk Veterans to come together and receive support from their communities. While at Stand Down, veterans are provided with court and legal services, DMV, addiction counseling, clothing, food, shelter, hygiene services, wellness, medical, dental and a goal of Delta Veterans Group in hosting the **Stand Down on the Delta** event is to treat the Veteran participants with respect and dignity, as well as honoring our female Veterans and families of the Veterans. Our Nation's Veterans have made the ultimate sacrifices for our freedoms, which is why we strive to make **Stand Down on the delta** "All about the Veteran". Please visit [www.deltaveteransgroup.org](http://www.deltaveteransgroup.org) for more information on how you can contribute to our Nation's fine Men and Women Veterans of the United States Armed Forces.

### Some of the Services Available at Stand Down Are:

- COMPLETE MEDICAL
- TRANSITIONAL HOUSING
- MENTAL HEALTH
- COURT/LEGAL SERVICES
- DMV I.D. SERVICES
- SUBSTANCE ABUSE ASSISTANCE
- ON-SITE PET CARE
- EMPLOYMENT SERVICES
- VETERANS BENEFITS
- WELLNESS & CHAPLAIN SERVICES
- MEALS/ CLOTHING/ HYGIENE



DeltaVeteransGroup

<http://www.deltaveteransgroup.org>

DELTA VETERANS GROUP.ORG P.O. BOX 1692 PITTSBURG, CA 94565







# C.O.P.E. Family Support Center

## Triple P



The Triple P – Positive Parenting Program<sup>®</sup> is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential.

**Level 2 Triple P Selected Seminar Series** – An introduction to the strategies of positive parenting and Triple P. Parents attend any number of three 90-minute seminars (Power of Positive Parenting; Raising Confident, Competent Children; and Raising Resilient Children) or any of the three seminars in the **Teen Triple P Seminar Series** (Raising Responsible Teenagers; Raising Competent Teenagers; and Getting Teenagers Connected). Take-home tip sheets are given to all parents who attend Triple P seminars.

**Level 2 Selected Stepping Stones (Seminars) Triple P** is a series of parenting information presentations for groups of parent (20 to 200) who have a child with a developmental disability. There are three seminar topics with each taking around 90 minutes to present, plus 30 minutes for question time. Selected Stepping Stones Triple P is designed to be a brief introduction to the principles of positive parenting, teaching children with disabilities new skills and changing problem behavior in children.

**Level 3 Primary Care Triple P** is a brief targeted intervention in a one-to-one format that assists parents to develop parenting plans to manage behavioral issues (e.g. tantrums, fighting, going shopping) and skill development issues (e.g. eating independently, toilet training, staying in bed at night). These focused consultations are carried out in the course of providing routine health care for all health professionals. Practitioners provide 3-4 sessions (15-30 minutes each) over a period of 4-6 weeks. Sessions can be done in person, over the phone, or as a combination of both.

**Level 3 Primary Care Teen Triple P** is a brief targeted intervention in a one-to-one format that assists parents to develop parenting plans to manage behavioral issues (e.g., rudeness, disrespect) and skill development issues (e.g., independent problem solving, dealing with strong emotions, positive communication). These focused consultations are carried out in the course of providing routine health care for all health professionals. Practitioners provide 3-4 sessions (15-30 minutes each) over a period of 4-6 weeks. Sessions can be done in person, over the phone or as a combination of both. During the sessions parents learn about what influences the development of teenage behavior problems and then develop an individualized parenting plan based on information sheets specifically targeting the parent's area of concern.

**Level 3 Triple P Discussion Groups** are short, small group sessions that offer practical advice for tackling a specific problem behavior. A discussion group is run by a trained Triple P provider. Each session brings together about 10–12 parents who are experiencing the same parenting problem, and covers one of the four topics listed below. Just choose which one (or however many) of the discussion



# C.O.P.E. Family Support Center

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group sessions fits your needs: Dealing with disobedience; Developing good bedtime routines; Managing fighting and aggression; Hassle-free shopping with children.

**Level 4 Group Triple P** is a broad-based parenting intervention delivered over nine weeks for parents of children up to 12 years old who are interested in learning a variety of parenting skills. Parents may be interested in promoting their child's development and potential, or they may have concerns about their child's behavioral problems. The program involves seven (2 hour) group sessions and two one-on-one telephone parent coaching sessions of up to 12 parents.

**Level 4 Stepping Stones Triple P** has been developed for parents of children with a developmental disability. Stepping Stones Triple P has been evaluated with families of children with a range of disabilities (e.g., intellectual disability, autism spectrum disorders, cerebral palsy and elevated levels of disruptive behavior). The program involves eight (2 hour) group sessions that educate and actively train skills, and 2 (15 to 30 minute) individual telephone consultations to assist parents to refine the use of their parenting skills and to develop independent problem-solving skills.

**Level 5 Pathways Triple P** has been developed as an intensive intervention program for parents who have difficulty regulating their emotions and as a result are considered at risk of physically or emotionally harming their children. Pathways Triple P requires parents to have received Level 4 sessions teaching them positive parenting and child management skills. There are three core modules that provide parents with support and to learn new techniques that will assist in improvement and/or maintenance of positive parenting skills.

**Level 5 Enhanced Triple P** is delivered to parents who have been referred by their Level 4 Triple P Provider. Enhanced Triple P consists of four different modules delivered to families in three to ten individualized consultations. The modules address family facts that may impact upon and complicate the task of parenting (e.g. parental mood, partner conflict).

**Level 5 Family Transitions Triple P** is designed for parents who are experiencing personal distress from separation or divorce, which is impacting on or complicating their parenting. It is delivered to parents before they complete Level 4 Group or Standard Triple P and consists of five sessions. Family Transitions Triple P assists parents who need extra support to adjust and manage the transition from a two-parent family to a single-parent family. It focuses on skills to resolve conflicts with former partners and how to cope positively with stress.

**Level 5 Group Lifestyle Triple P** is an adaptation of Level 4 Group Triple P and is a multi-component intervention for families with overweight or obese children. The aim of the program is to help parents develop effective strategies for managing their child's weight by introducing gradual permanent changes in their family's lifestyle (e.g., healthier family eating, encourage physical activity). Group Lifestyle Triple P consists of ten 90-minute group sessions and four telephone support calls.

**For more information about Group Triple P, please call  
C.O.P.E Family Support Center at (925) 689-5811**

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# C.O.P.E. Family Support Center

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**Fact Sheet**  
**Contra Costa County Community Advisory Board on**  
**Public Safety Realignment (CAB)**

**What is the CAB?**

CAB is a 12-member body established in 2012 by the Contra Costa County Community Correction Partnership (CCP) to provide input on community needs in relation to the State's criminal justice realignment/paradigm shift. It is one of only a few such advisory boards in the State. The CAB provides citizen oversight, feedback, advice, and policy recommendations to County's agencies responsible for implementation of the major criminal justice reform policies underway in Contra Costa, particularly AB 109 as outlined in the following planning documents:

- 2011/12 Contra Costa County Public Safety Realignment Implementation Plan
- AB 109 Operational Plan
- CCC Reentry Strategic Plan

County bodies responsible for AB 109 implementation include the CCP and its Executive Committee and the Public Protection Committee of the County Board of Supervisors. More information on CAB and the foregoing planning documents can be found on the County's website here:

- <http://www.co.contra-costa.ca.us/4165/Community-Advisory-Board/>
- <http://www.co.contra-costa.ca.us/3091/Public-Safety-Realignment>

**Who are CAB's members?**

The CAB includes 12-members with expertise in adult education within a correctional setting, domestic violence prevention, workforce development, behavioral health issues, post-release reentry services, services for reentering women, criminal and drug court, and law and policy related to issues of the formerly incarcerated and crime survivors. All members live or work in Contra Costa County. These are unpaid, voluntary positions.

**When does CAB meet?**

The Community Advisory Board meets on the second Thursday of the month from 10 to 12 pm. Most meetings are held at the Probation Department (50 Douglas Drive, Second Floor Martinez, CA) but locations vary. Notices of meeting locations are issued 5 calendar days in advance.

**What is AB 109?**

Largely a response to prison overcrowding in California, the Public Safety Realignment Act (Assembly Bill (AB) 109) was came into law in 2011. AB 109 transferred the responsibility of supervising specific lower-level incarcerated individuals and parolees from the California Department of Corrections and Rehabilitation (CDCR) to counties. Counties are allocated funding to accommodate this increased responsibility, and have discretion to use that funding as they see fit, although use of evidence-based programs situated in the community, instead of incarceration, are strongly encouraged.

Contra Costa County's overarching approach to AB 109 implementation has largely centered on developing formalized partnerships between different public agencies and AB 109-contracted community-based organizations (CBOs). County institutions with principal roles in AB 109 implementation include:

- Behavioral Health Services
- Detention Health Services
- District Attorney's Office
- Office of the Public Defender
- Pretrial Services
- Probation Department
- Sheriff's Office
- Workforce Development Board

**CAB Recent Highlights**

- CAB submitted a proposal for an *Office of Reentry and Justice Services* that became operational January 2017 as part of the County Administrators Office (CAO)
- AB 109 funding advocacy and securing additional funding for investments in community-based programs
- CAB completed a comprehensive analysis of budgeting practices using AB 109 funds and presented policy recommendations to the CCP and PPC

**What is the Community Corrections Partnership (CCP)?**

The CCP is the body all counties are required to establish under AB 109 to steward state funding under that law. The CCP is led by an Executive Committee comprised of the Chief Probation Officer (Chair), and representatives of the Superior Court, District Attorney, Health Services, Public Defender, Sheriff-Coroner, and, on an annual rotating basis, city police departments. The CCP is responsible for preparing the AB 109 Operational Plan, annual budgets, and policies for approval by the County Board of Supervisors. The Board of Supervisors' Public Protection Committee provides the primary interface between the Board and the CCP.

**If I join CAB what time commitment is required?**

CAB members serve 3 year terms and must attend monthly 2 hour meetings (no more than 3 total absences are allowed). They are also expected to monthly contribute additional time and effort to advance CAB's mission. For instance, CAB provides input on community needs; assesses implementation of the realignment plan; reviews data on realignment outcomes; advises the CCP Executive Committee on community engagement strategies; offers recommendations for ongoing realignment planning; advises county agencies regarding programs for implementation in the county; and encourages outcomes that are consistent with the county's Reentry Strategic Plan. Members of the CAB and its sub-committees share responsibility for fulfilling these functions.

**How can I apply to join the CAB?**

The CAB typically has several vacancies at the end of each calendar year, since members are limited to 3-year terms. An annual application process allows eligible Contra Costa residents to apply to join the CAB. The annual deadline is Sept. 14<sup>th</sup>. Details on the application process can be found here: <http://www.co.contra-costa.ca.us/3599/CAB-Application>.

**Who can I contact with questions?**

Jason Schwarz, CAB Secretary

[jschwarz22@hotmail.com](mailto:jschwarz22@hotmail.com); Mob. 415-686-7392



**Commitment:** Members of the CAB agree to participate in up to two meetings per month, from January 2017 to December 2017. These meetings include a monthly meeting of the CAB held in Martinez, or other areas of the County as designated by the CAB, and CAB Members must make the effort to attend at least half of the CCP meetings held in Martinez on a bimonthly basis.

CAB Members are required to attend all regularly scheduled CAB meetings. Members may miss up to three (3) meetings for any reason. Members who are absent from four (4) meetings will automatically be removed from CAB.

In addition to attending CAB meetings, Members must participate in CAB projects and/or working groups. Currently, the CAB has two standing committees – (1) Programs and Services and (2) Data and Evaluation. CAB Members also hold seats on the Contra Costa County Reentry Success Center Steering Committee, CCP Quality Assurance Committee (QAC), and have previously participated in review panels for reentry related county based funding opportunities.

The CCP will review and provide final approval of recommendations for membership to the Community Advisory Board. These decisions are expected to be made at the December 2016 CCP meeting.

***This is an unpaid, voluntary position.***

By submitting an application you are indicating you understand the time commitment required for CAB membership, and confirm that you are able and available to fully participate.

**Private Information:** All information entered on the final page of this application will be considered private, will only be made available to those tasked with reviewing and voting on applications, and will not be published or otherwise documented for the public. However, because review of CAB applications occurs during a public meeting, some of the information may be part discussion of the reviewing body.

All other information submitted as part of this application is not considered private, and will be publically published as part of a future CAB agenda packet.

## You're Invited to Apply to Serve on the Community Advisory Board to Advise the Contra Costa County Community Corrections Partnership!

Today, you have an opportunity to help guide an important reentry process now under way in counties across the state of California.

**California Assembly Bill 109 ("AB 109"), also known as the Public Safety Realignment Act,** is a new law designed to reduce the overcrowded prison population and decrease recidivism through the use of new and innovative approaches to corrections and reentry into the community. To accomplish these goals, AB 109 shifts responsibility for incarceration and supervision of people convicted of many less serious felonies from the state level to the local county level. The major components of the Act went into effect on October 1, 2011.

AB 109 directs each county to convene a Community Corrections Partnership (CCP) to oversee the development of a plan to implement the Realignment changes on a county level.

The CCP is governed by a seven-person **Executive Committee**.

This group has been meeting regularly since July 2011 to draft and steward the County's Realignment Plan and budget allocations. The initial Plan was approved by the Board of Supervisors in October 2011, with the intent that the Plan is an ongoing project that will be revised and adjusted as the group evaluates the progress of the Realignment process. In fall 2012, the Executive Committee convened an Ad Hoc Operational Planning committee to develop an Operational Plan, which was adopted by the Executive Committee on November 9, 2012.

To ensure community involvement and strong communication, the Executive Committee convened a group of 12 community members in December 2011 to act as a **Community Advisory Board (CAB) to the Community Corrections Partnership**.

CAB is now seeking new Members to fill seven (7) upcoming vacancies for the 2013 CAB.

**Why get involved?** As Realignment implementation continues, the Community Advisory Board will provide a meaningful opportunity for community members to inform and improve the County's realignment process.

**Purpose and responsibilities:** The CAB will: Provide input on community needs; Assess implementation of the Realignment plan; Advise County agencies regarding programs for implementation in the County; Review data related to Realignment and programmatic outcomes; Advise the CCP on community engagement strategies; Offer recommendations for ongoing Realignment planning; Encourage outcomes that are consistent with the County's Reentry Strategic Plan

**Eligibility and attributes:** CAB Members must live or work in Contra Costa County. CAB Members may include representatives of community groups, service providers working with people with criminal backgrounds, other criminal justice stakeholders including advocates for alternative methods of justice such as community courts and restorative justice, subject-matter experts and other interested individuals. Emphasis will be placed on pursuing geographic representation from parts of the county most impacted by incarceration and reentry.

CAB seeks to include formerly incarcerated individuals and the family members of incarcerated or formerly incarcerated people as well as crime victims and the family members of crime victims. Formerly incarcerated individuals and individuals impacted by crime are strongly encouraged to apply. If you or a family member has been incarcerated or impacted by crime, please describe how your experience with the criminal justice system will inform your participation as a CAB Member.

Though the selection process the CAB is committed to creating an advisory body that is inclusive and diverse in regards to gender, ethnicity, age, and ability.



# Community Advisory Board on Public Safety Realignment Application Form

**Instructions:** To skip to the next box, press the tab key.

Name: First and last name

City of **Residence:** City in which you reside

Zip: Home zip code

City of **Employment/School:** City where you work

Zip: Work zip code

## Creating an Inclusive and Diverse Board

We are committed to creating a CAB that is inclusive and diverse, so please provide the following.

**Gender:** How you identify

**Ethnicity:** What do you consider to be your ethnicity? (select all that apply)

- |                         |                          |                     |                          |                  |                          |
|-------------------------|--------------------------|---------------------|--------------------------|------------------|--------------------------|
| African American        | <input type="checkbox"/> | Native American     | <input type="checkbox"/> | Pacific Islander | <input type="checkbox"/> |
| East Indian/South Asian | <input type="checkbox"/> | Arab/Middle Eastern | <input type="checkbox"/> | Asian American   | <input type="checkbox"/> |
| Latino/a                | <input type="checkbox"/> | Caucasian           | <input type="checkbox"/> | Mixed Race       | <input type="checkbox"/> |
| Other (please describe) | <input type="checkbox"/> |                     |                          |                  |                          |

## About Your Interest in the CCP Community Advisory Board

Please explain your interest in serving on the Community Advisory Board. Why does this work seem interesting, exciting, or important to you?

Enter your response here

Tell us about any skills, experiences, or resources you believe you would bring to the Community Advisory Board. Please be sure to include any expertise you have related to reentry.

Enter your response here

### Submission Instructions:

- To be considered for the 2017 CAB, application forms must be **received** no later than: **5:00 PM on Thursday September 14, 2017**
- If possible, please submit your application by email, to [Donte.Blue@prob.cccounty.us](mailto:Donte.Blue@prob.cccounty.us)
  - The Subject Line of the email should read "CAB Application - " followed by your name (for example: CAB Application - Donté Blue)
- If you cannot submit your application by email, you may fax it to 925-313-4191
  - Please include a cover sheet with the fax, and send your fax to the attention of Donté Blue
- Selected applicants will be presented for approval at the ~~October 12, 2017~~ CAB general meeting

### Questions? Contact:

- Donté Blue, Contra Costa County Reentry Coordinator, by phone at 925-313-4158, or by email at [Donte.Blue@prob.cccounty.us](mailto:Donte.Blue@prob.cccounty.us)

**Community Advisory Board on Public Safety Realignment  
Application Form**

**PRIVATE PORTION OF THE APPLICATION BEGINS HERE**

*All information entered on this page is confidential and will only be used to review applications.*

**Contact Information:**

Street Address: Home address

Phone: Phone number

Email: Email address

**Personal Experience Question (response to this question is optional)**

Please include details below about any relevant personal experience related to (your own or a family member's) incarceration or as a victim of crime, and how you believe this experience will inform your participation as a CAB Member.

Enter your response here

**Community Advisory Board on Public Safety Realignment  
Application Form**

**PRIVATE PORTION OF THE APPLICATION BEGINS HERE**

*All information entered on this page is confidential and will only be used to review applications.*

**Contact Information:**

Street Address: Home address

Phone: Phone number

Email: Email address

**Personal Experience Question (response to this question is optional)**

Please include details below about any relevant personal experience related to (your own or a family member's) incarceration or as a victim of crime, and how you believe this experience will inform your participation as a CAB Member.

Enter your response here

# Community Advisory Board on Public Safety Realignment Application Form

**Instructions:** To skip to the next box, press the tab key.

Name: First and last name

City of **Residence:** City in which you reside

Zip: Home zip code

City of **Employment/School:** City where you work

Zip: Work zip code

## Creating an Inclusive and Diverse Board

We are committed to creating a CAB that is inclusive and diverse, so please provide the following.

**Gender:** How you identify

**Ethnicity:** What do you consider to be your ethnicity? (select all that apply)

- |                         |                          |                     |                          |                  |                          |
|-------------------------|--------------------------|---------------------|--------------------------|------------------|--------------------------|
| African American        | <input type="checkbox"/> | Native American     | <input type="checkbox"/> | Pacific Islander | <input type="checkbox"/> |
| East Indian/South Asian | <input type="checkbox"/> | Arab/Middle Eastern | <input type="checkbox"/> | Asian American   | <input type="checkbox"/> |
| Latino/a                | <input type="checkbox"/> | Caucasian           | <input type="checkbox"/> | Mixed Race       | <input type="checkbox"/> |
| Other (please describe) | <input type="checkbox"/> |                     |                          |                  |                          |

## About Your Interest in the CCP Community Advisory Board

Please explain your interest in serving on the Community Advisory Board. Why does this work seem interesting, exciting, or important to you?

Enter your response here

Tell us about any skills, experiences, or resources you believe you would bring to the Community Advisory Board. Please be sure to include any expertise you have related to reentry.

Enter your response here

### Submission Instructions:

- To be considered for the 2017 CAB, application forms must be **received** no later than:  
**5:00 PM on Thursday September 14, 2017**
- If possible, please submit your application by email, to [Donte.Blue@prob.cccounty.us](mailto:Donte.Blue@prob.cccounty.us)
  - The Subject Line of the email should read "CAB Application – " followed by your name (for example: CAB Application – Donté Blue)
- If you cannot submit your application by email, you may fax it to 925-313-4191
  - Please include a cover sheet with the fax, and send your fax to the attention of Donté Blue
- Selected applicants will be presented for approval at th. ~~October 12, 2017~~ CAB general meeting

### Questions? Contact:

- Donté Blue, Contra Costa County Reentry Coordinator, by phone at 925-313-4158, or by email at [Donte.Blue@prob.cccounty.us](mailto:Donte.Blue@prob.cccounty.us)

## You're Invited to Apply to Serve on the Community Advisory Board to Advise the Contra Costa County Community Corrections Partnership!

Today, you have an opportunity to help guide an important reentry process now under way in counties across the state of California.

**California Assembly Bill 109 ("AB 109"), also known as the Public Safety Realignment Act,** is a new law designed to reduce the overcrowded prison population and decrease recidivism through the use of new and innovative approaches to corrections and reentry into the community. To accomplish these goals, AB 109 shifts responsibility for incarceration and supervision of people convicted of many less serious felonies from the state level to the local county level. The major components of the Act went into effect on October 1, 2011.

AB 109 directs each county to convene a Community Corrections Partnership (CCP) to oversee the development of a plan to implement the Realignment changes on a county level.

The CCP is governed by a seven-person **Executive Committee**.

This group has been meeting regularly since July 2011 to draft and steward the County's Realignment Plan and budget allocations. The initial Plan was approved by the Board of Supervisors in October 2011, with the intent that the Plan is an ongoing project that will be revised and adjusted as the group evaluates the progress of the Realignment process. In fall 2012, the Executive Committee convened an Ad Hoc Operational Planning committee to develop an Operational Plan, which was adopted by the Executive Committee on November 9, 2012.

To ensure community involvement and strong communication, the Executive Committee convened a group of 12 community members in December 2011 to act as a **Community Advisory Board (CAB) to the Community Corrections Partnership**.

CAB is now seeking new Members to fill seven (7) upcoming vacancies for the 2013 CAB.

**Why get involved?** As Realignment implementation continues, the Community Advisory Board will provide a meaningful opportunity for community members to inform and improve the County's realignment process.

**Purpose and responsibilities:** The CAB will: Provide input on community needs; Assess implementation of the Realignment plan; Advise County agencies regarding programs for implementation in the County; Review data related to Realignment and programmatic outcomes; Advise the CCP on community engagement strategies; Offer recommendations for ongoing Realignment planning; Encourage outcomes that are consistent with the County's Reentry Strategic Plan

**Eligibility and attributes:** CAB Members must live or work in Contra Costa County. CAB Members may include representatives of community groups, service providers working with people with criminal backgrounds, other criminal justice stakeholders including advocates for alternative methods of justice such as community courts and restorative justice, subject-matter experts and other interested individuals. Emphasis will be placed on pursuing geographic representation from parts of the county most impacted by incarceration and reentry.

CAB seeks to include formerly incarcerated individuals and the family members of incarcerated or formerly incarcerated people as well as crime victims and the family members of crime victims. Formerly incarcerated individuals and individuals impacted by crime are strongly encouraged to apply. If you or a family member has been incarcerated or impacted by crime, please describe how your experience with the criminal justice system will inform your participation as a CAB Member.

Though the selection process the CAB is committed to creating an advisory body that is inclusive and diverse in regards to gender, ethnicity, age, and ability.

**Commitment:** Members of the CAB agree to participate in up to two meetings per month, from January 2017 to December 2017. These meetings include a monthly meeting of the CAB held in Martinez, or other areas of the County as designated by the CAB, and CAB Members must make the effort to attend at least half of the CCP meetings held in Martinez on a bimonthly basis.

CAB Members are required to attend all regularly scheduled CAB meetings. Members may miss up to three (3) meetings for any reason. Members who are absent from four (4) meetings will automatically be removed from CAB.

In addition to attending CAB meetings, Members must participate in CAB projects and/or working groups. Currently, the CAB has two standing committees – (1) Programs and Services and (2) Data and Evaluation. CAB Members also hold seats on the Contra Costa County Reentry Success Center Steering Committee, CCP Quality Assurance Committee (QAC), and have previously participated in review panels for reentry related county based funding opportunities.

The CCP will review and provide final approval of recommendations for membership to the Community Advisory Board. These decisions are expected to be made at the December 2016 CCP meeting.

***This is an unpaid, voluntary position.***

By submitting an application you are indicating you understand the time commitment required for CAB membership, and confirm that you are able and available to fully participate.

**Private Information:** All information entered on the final page of this application will be considered private, will only be made available to those tasked with reviewing and voting on applications, and will not be published or otherwise documented for the public. However, because review of CAB applications occurs during a public meeting, some of the information may be part discussion of the reviewing body.

All other information submitted as part of this application is not considered private, and will be publically published as part of a future CAB agenda packet.

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

### ***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 \_\_\_\_\_