



Executive Committee Meeting
Tuesday August 22, 2017 ♦ 3:15pm to 5pm
2425 BISSO LANE, CONCORD- 1st floor conference room

AGENDA

- I. Call to Order / Introductions**
- II. Public Comments**
- III. Commissioner Comments**
- IV. Chair comments**
- V. APPROVE minutes from July 25, 2017 meeting**
- VI. DISCUSSION regarding Commissioners appropriate conduct during meetings**
- VII. DISCUSS policies and procedures regarding site visits**
- VIII. DISCUSS the integration of advisory boards report by Commission members Sam Yoshioka and Gina Swirsding**
- IX. DISCUSSION to determine and request regular updates from the County's Financial Officer, throughout the year**
- X. DISCUSS updates from the ad hoc Bylaws Committee meeting on July 28**
- XI. Adjourn**



**MENTAL HEALTH EXECUTIVE COMMITTEE
MONTHLY MEETING MINUTES
July 25, 2017 – First Draft**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair Duane Chapman meeting called to order at 3:19 pm.</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Sam Yoshioka, District IV Gina Swirsding, District I</p> <p><u>Commissioners Absent:</u> Barbara Serwin, District II Diana MaKieve, District II</p> <p><u>Other Attendees:</u> Lauren Rettagliata, District II Margaret Netherby, NAMI member Joe Partansky, advocate Dr. Dan Batiuchok, Program Manager for Juvenile Probation Mental Health Services Ken Gallaher, Research/Evaluation Manager Adam Down, BHS Administration Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p>EA-Transfer recording to computer</p>
<p>II. Public Comments:</p> <ul style="list-style-type: none"> J. Partansky- informed regarding Council on Mentally ill Offenders (COMIO) and encouraged attendees to view website: www.cdcr.ca.gov/comio/Members.html 	
<p>III. Commissioners Comments:</p> <ul style="list-style-type: none"> Lauren- wants to bring forth the Commission’s support of SB844, West County Jail expansion for a mental health treatment facility. There is one part that has not been clarified, to the Commission or the public, and that is the future usage of the M module at the Martinez facility, from either the Board of Supervisors or the Sheriff’s Office. It is important that this issue is clarified and put in writing that after the expansion has been built and/or completed, there will no longer be an M module in the Martinez detention facility. Support was given, for the expansion, to the Sheriff’s Office on the condition that the M module would no longer exist. Asked if the Chair and Vice Chair will be attending the July 31 “Special meeting,” regarding the Grand Jury report, at Family and Human Services (FHS), and will all other commissioners be in attendance as well? Can the agenda from FHS, be forwarded to all the Commissioners? Duane- yes, we will make sure that all commissioners are invited and receive the agenda from FHS. It will be at 10:30am on July 31, at 651 Pine Street in Martinez, in room 103. Gina- National night out will be on August 1, 2017, in Richmond Duane- read that in accordance to the W&I code 5600, supersedes the Advisory Board Handbook, the Brown Act and the Bylaws- it is the law. The Mental Health Commission’s mandates stem from the W&I 5600 code, it is part of the mandate to advocate for the community and advise the Board of Supervisors (BOS). Duane will contact a State mental health oversight committee to advise and 	<p>* Duane will contact CALBHBC (California Association of Local Behavioral Health Boards and Commissions, as the State of California mental health oversight committee to clarify which regulation supersedes W&I 5600, Brown Act, County’s Advisory Handbook or Bylaws</p>

<p>explain to the Commission to clarify the W&I 5600 code.</p>	
<p>IV. Chair comments:</p> <ul style="list-style-type: none"> • Discuss County Board of Supervisors liaisons • Duane will ask each Supervisor, to appoint a liaison to attend the Mental Health Commission meetings, and/or Committee meetings. Not all meetings, but a regular presence from each District Supervisor’s office. Jill Ray is the only liaison that attends all the meetings for District II. • Sam- to clarify, asks Chair if he is proposing that all other Board of Supervisor’s office representatives participate and attend the meetings as Jill Ray does for District II? • Duane- that is correct, every District should be represented at the meetings. According the Board of Supervisor’s office, Commission members volunteer ten hours per month that is incorrect. Commission members volunteer probably, minimum ten to twenty hours per week, no just I, but other commission members as well, including the time spent on reading documents. The other District Supervisors offices should be involved and see what the Commission is doing. • Sam- Since I have been on this Commission, Supervisor Andersen has been the only Board of Supervisor that has attended the Mental Health Commission meetings regularly. In the past, we had other Supervisors assigned to the Mental Health Commission but they rarely attended, they were inconsistent. • Review updated Commission membership district chart • Duane- I will ask the Executive Assistant to update the current chart and inform which Commissioners are assigned to a different district than where they reside. The Commission should know what district a Commissioner resides in and which district they have been appointed to. • Gina- asked if the Commissioner’s contact list can be updated • Update regarding CALBHBC = California Association of Local Behavioral Health Boards and Commissions • Duane- encourages to visit the website: http://www.calbhbc.org/ it is important for Commissioners to stay updated and be informed regarding what is going on around the state • Lauren- would like better communication between the Mental Health Commissioners and all the Board of Supervisors. The commission is fortunate that Supervisor Andersen is consistent in her attendance. There have been several instances when information has not been shared with the Commission, where programs have been funded, or contracts reinstated or cuts have been made and the Commission is caught off guard. If known, the Commission could have had a chance to advocate or inquire more in-depth regarding certain situations. Mental Health programs in the County were cut by 7% from “No Place Like Home,” and again with another amount being taken from in-home support services. Why only mental health funds are being decreased? That is a question for our legislators. 	<p>*The EA will update the Commission membership status chart and identify the district of residence and the district they are representing</p> <p>*Gina requested an updated Mental Health Commissioner contact list</p>
<p>V. MOTION to APPROVE the minutes from the June 27, 2017 meeting Gina moved to motion to accept the minutes, Sam</p>	<p>*Post approved final minutes to the website</p>

<p>seconded the motion VOTE: 3-0-0 AYES: Duane, Gina, Sam NAYS: none ABSTAIN: none Absent: Barbara, Diana</p> <p>VI. DEVELOP a plan for filling the voluntary role of Co-Chair for AOT meetings</p> <ul style="list-style-type: none"> • Duane- the Mental Health Commission and the Behavioral Health Division will co-chair the AOT quarterly meetings. The next meeting will be in September and we need Commissioners to volunteer to co-chair the next meeting. • Sam- one of the mandates of the commission is to oversee the activities in mental health and AOT is one of the activities. Then, how can we, with integrity and credibility, oversee ourselves, with one of the members of the Commission is chairing the very activity that it is supposed to oversee? That is confusing to me. • Lauren- I see it differently Sam, it is in our purview and most importantly to sit and chair this meeting because the services of the Assisted Outpatient Treatment (AOT), were contracted to a provider, mental health systems and another section was given to the county. Therefore, we as a Commission, along with the Behavioral Health Administration, would be overseeing the workgroup and working with the two providers. The County's Forensics program, that does the outreach and assessment and then there is Mental Health Systems that provides the actual services. The Commission is fulfilling the role of oversight by sharing this committee to see that the activities are being done • Sam- it is a conflict of interest and you can check that out with County Counsel • Lauren- if you feel strongly about that, then you can write a letter to County Counsel, because it is not a conflict of interest, I see it as an oversight capacity • Sam- Then why AOT, why aren't we involved in all the other programs and projects? Other programs and projects are not structured with a chair and vice chair like it is structured with AOT. • Lauren- We do oversee other programs and projects in other committees • DUANE- for example: we have the responsibility of site visits and reporting back. Barbara and I did not find, nor have a policy and procedure, that was established by the Commission. Barbara and I worked together to develop it and we will present it to the commission, as soon as it has been completed. We need to start somewhere, and every month, one person in the Commission is responsible, to complete at least one site visit, per year. At the training, we will go over what we can and what we cannot do, what the State expects us to be doing. We need to ask questions that we are unclear about. Let's wait and find out what we should be doing, by following the law. Let's find out how to do things the right way. We will develop a policy and give it to the Commission for review and have the whole Commission's input. Everyone will have input, so we know the direction that we're going. It will be a Mental Health Commission's policy and procedure, to forward to the Behavioral Health Division. • SAM – you need to spell that out clearly, the particular reference that you're making, saying that this is the Commission's policy and procedure. • Duane- the commission will review it and the commission will vote on the policy and procedure, regarding site visits. Regarding AOT we do not have oversight responsibilities. We formed a partnership with Behavioral Health Services (BHS) and the commission to work together 	<p>* the EC moved item to the full commission meeting on August 2, 2017, to request Commissioners to volunteer to co-chair the AOT meeting on September 22, from 10am to 3pm</p> <p>*The Executive Commission request that the Deputy Director, Matthew Luu and/or Dr. Marie Scannell explain and update regarding the AOT program and the co-chairing protocol, for the full commission meeting</p>
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and co-chair. We do need a commission member to co-chair the next AOT meeting. I suggested Lauren and Doug.

- Gina- How can Doug do it when he's in the workgroup as a NAMI member, like I am as a CPAW member and Connie too?
- Adam- I am not sure if there is a rule, in particular about a working group member not being able to co-chair the AOT meeting.
- Lauren- I will gladly co-chair but I do think we need an alternate, just in case
- Adam- A different BHS staff member and a different MHC member will co-chair each meeting. The reason why we came up with this design is to ensure that the questions and the needs of the Mental Health Commission were getting addressed in the forum, in a partnership. The public is allowed to speak at the AOT meetings.
- Sam- do we have in the policy and procedures, regarding the qualifications of each Commissioner? Commissioners are not qualified as experts of any program, the BHS staff is, that is their work and they supervise the work. The MHC is not a part of that.
- Lauren- Sam, you Chaired the Mental Health Commission when the Commission was discussing the AOT program and Laura's Law. The commissioners voted to endorse it. Commissioners lobbied for the program into existence. It was the Mental Health Commissioners who have educated others and brought the materials to BHS, therefore, I do believe, as Commissioners we are qualified to co-chair.
- Gina- regarding the issue of qualifications – we do not have the certifications, the formal education, and the training to perform any of the AOT activities. I agree with SAM and there is a law, people in the action team and in the judicial team know the law and follow the guidelines
- Duane- I disagree with what you are saying because as a Family member, I have over 35 years of experience. I have been dealing with several family members with serious mental illness, alcohol and drug addictions. The only difference is education, we have life experience, and that counts for something.
- Lauren- the law was written by Helen Thompson and we do know the law and follow the San Francisco example, the qualifications were worked out by many people, including current and past Commission members, we worked together to get the law enacted in the county. To get Laura's Law, AB1421 enacted in different counties, it involved citizens. It was not Behavioral Health Administrators that were doing this process, it was very involved citizens, advocates who had life experience, and two decades of 5150, of watching their loved ones be homeless, drug addictions, in jail in and out of treatments, with additional health conditions. This is the lived experience that I will put up against any mental health administrator or anyone with a degree. Advocates do have education, dedicated, trained, committed and do know what is going on with AOT. I have four decades of experience in social work and in writing legislation for public law 94142.
- Gina- I am a consumer, a family member and dealt with family members with various mental health issues but that is very different than how some professionals deal with mental health issues.
- Adam – you are all right! That is why this was designed in this manner so that there is a consumer voice, a family member voice and other voices and the Mental Health department needs that as well. It is valuable as a whole, so that we can gain that perspective.
- Lauren- Something that I learned from family to family and why I am a NAMI member, family members don't cause the illness or makes the

<p>illness worse, it is the brain disease that causes the person to be ill.</p> <ul style="list-style-type: none"> • Duane- we are giving everyone an opportunity and we do have a role on the AOT, it is voluntary. We are giving everyone the opportunity to be a part of it and have an active role. Let's move this forward, to the full commission and request an alternate and fulfill the obligation as a commission • Margaret- I have attended some of the meetings, regarding Laura's Law, with over 50 years of experience and decades of training and have facilitated many groups and I do not feel qualified to facilitate the AOT group. I do not find it appropriate for a parental point of view to be part of it because it inhibits the process • Duane- asked others to save their opinions and requests that Matthew Luu and/or Dr. Marie Scanell to respond and clarify regarding the AOT workgroup, give the commission an update and explain the co-chairing process. • Gina- family members can harm, not intentionally, but can hinder the consumer. The program should be of quality not quantity • SAM- who develops the agenda? • Adam- The workgroup is developed in an open forum. There is a steering committee, like CPAW does, where anyone can show up and propose an agenda item. The steering committee obtains stakeholders input and then sets the agenda. • Sam- so the person volunteering to co-chair the AOT workgroup is not developing the agenda, is that correct? • Adam- yes, that is correct. • Duane- this is called a partnership 	
<p>VII. DISCUSS what role the Commission should play in the design and development of facilities and programs of the West County Jail facility expansion that relates to mental health. Discuss potential ways and timing for the Commission to review plans and provide input. (See attached minutes from the Justice Systems Committee meeting on June 1, 2017).</p> <ul style="list-style-type: none"> • DUANE- The reason why I asked that the minutes of the Justice Systems meeting be attached is because part of this item was discussed at the last Justice Systems Committee meeting with David Seidner, the Program Chief for Adult Detention Mental Health. I would like to invite someone from John Gioia's office to get involved with this issue and discuss further • Gina-is the County still keeping the M module Lauren? • Lauren- when I read the grant, it was developed for the male population and unclear what will happen with the female population? There are a significant number of women in M module, what will happen to this? Nothing in the plan that states that the M module will be eliminated and I firmly believe that they should be in the new facility where they can receive the new treatment in the new facility. The M module is not an adequate facility. We need to know that the county has a contract to make sure that M module no longer exists and that a place is made for women- also in D and Q modules. It is not that we do not have good staff, not enough staff and they can no longer send them to Santa Clara- does our forensic team, that works in the jail, have the staff that is necessary to take care of the people they serve and the tools to do so- not enough resources • Margaret- I know of people that were in the jail and they were left in a cell, naked, no food, no toilet, no heat in the winter- for days, approximately two years ago • Gina- it is a concern, the M module not going outside is not good for a 	<p>* MOTION- The Executive Committee moves, to forward to the full commission, to discuss item further and vote to create a letter to be addressed to the Sheriff's Office and to the Board of Supervisors regarding concerns pertaining to the M module</p>

person it can make it worse and cause more mental and health issues it needs to change

- Joe- It is proven in the development stages that should take place now, instead of waiting another three to four years, it should be a priority to work with the services people and make sure that everybody does their homework. Not all the time everything is considered and never know when someone else's input might be important and encourage you to be part of the solution before construction starts to make sure that there is a review of the woman's mental health program and the whole thing now and as it progresses.
- Sam- I think we need more information about what's going on and what is included in the design, I am sure that it has already been designed and maybe started construction?
- Gina- design is done but not construction has not started
- Sam – it would be wise to find out what particular agency in the county is involved in the construction and if there is an advisory committee that oversees the construction. The other part has to do with programs of the facility and mental health, so the program part I would think that the mental health piece is part of Behavioral Health. We should look at these different areas and invite them to come and discuss the plans with the Mental Health Commission so the Commission and the stakeholders can have input and be the advocacy board
- Adam- this is a detention facility and it will fall under Contra Costa Regional Medical Center (CCRMC) that is headed by Anna Roth and David Seidner. You all stood up for this project when no one else would and they should come to the Commission to explain and update
- Lauren- we do need to invite the Sheriff, so they can explain their intent in the design and who it is for. The Sheriff now contracts with David Seidner as the Chief for detention mental health services and he is under Anna Roth but the Sheriff's Office does have the right to contract out the mental health services, outside of the county, with a private entity. As the commission, who has supported this project and has taken the heat for it, we should be able to give our input regarding what we see that can be most beneficial for the county and would be in detention. I do not want to be surprised and hear that a private contractor has been awarded a contract to provide mental health services, and not know what is going on. It has happened in other counties. Where are we contracting for these beds, how long of a wait and how many and prevention and early intervention is wonderful but there will always be a need for treatment in detention and make sure that they are taken care of, there are a lot of questions that the Commission has that should be answered.
- Gina- does juvenile hall have both genders together?
- Dan- no, genders are separated
- Margaret- public works, make sure building is up to code and actual space and design and it is not a one step process
- Duane- we need to declare our concerns and set up an ad hoc committee with commission members and someone from the BOS too to find out what is going on and to make sure things happen properly- to do oversight we need help from the two assigned BOS reps- supervisor Andersen and Supervisor Burgis- we need make this to be known and assure that the stakeholders input is protected and to address the issue in West County and hear from the public. The Sheriff can do whatever they want to and we need to make sure we know the community knows what is going on.
- Lauren wants to know, what agency or department, actually has the

<p>authority to decide if the M module goes or stays. Does not want to wait until 2021 to see improvements in the M module and to give David Seidner and his team, what they need to be able to do their job.</p> <ul style="list-style-type: none"> • Adam- Probably the Sheriff and the Board of Supervisors. Some of these issues, they might have answers for you; the questions need to be continued. • Duane- the Commission wants them to know that we have concerns regarding the M module and wants to assure that the stakeholders are protected. The first thing to do is to find out the history of the M module. The M module was created as a temporary medical module, so that inmates did not have to go to the hospital, it was never meant to be permanent. • Lauren – I believe we need to put on the agenda, for the Mental Health Commission, we need to put it down in writing exactly what our concerns are, and make a motion for the next full commission agenda of what our concerns are and ask the commission to vote if we should provide a letter with our concerns noted and send it to the Sheriff's Office and Board of Supervisors stating the items that we would like to be addressed- with input from the public. A written statement that the Commission approves to write a letter and that it is sent to the Sheriff's Office and to the Board of Supervisors. We need to write out our concerns and let them know the items that we would like to be addressed. • Margaret- favors the idea to write a letter to assure to improve the current conditions and better the programs for inmates that are mentally ill. • Gina-mentally ill inmates deserve treatment, with dignity and respect • Joe – if you do not ask, you will not get and now is the time to make sure that the correctional standards are adhered to, you do not want to have a crisis later. The sheriff needs to have continuity and respect for the commission that showed him support. According to the American disability act and the sheriff needs to address and program accessibility. The Sheriff's Office needs to have an ADA coordinator to be an advocate, across the board like police departments do, and be able to address the public issues • Gina- we did deal with the issues against the project in Richmond • Margaret- suggested that the Mental Health Commission needs to address this issue before it's too late <p>MOTION to move the item to the next Mental Health full Commission meeting on August 2, 2017 to request a vote, for Commissioners to write a letter, to address concerns, to the Sheriff's Office and to the Board of Supervisors</p> <ul style="list-style-type: none"> • Gina moved to motion, seconded by Duane VOTE: 3-0-0 YAYS: Gina, Duane and Sam NAYS: none ABSTAIN: none ABSENT: Diana and Barbara 	
<p>VIII. Adjourned at 5:17 pm</p>	

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

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION MEETING GROUND RULES

- Show up, be on time, be prepared
 - Leave outside concerns outside
 - Listen respectfully and appreciatively
- Speak to the question or issue, not in response to a person
 - No side talk
- Be open-minded and objective: be informed by your expertise
 - decide based on evidence
 - Practice active listening
 - Be brief, stay on point; no speech making
 - Say what you think, not what others think
 - Respect confidentiality
- Allow the facilitator to 'direct speaking traffic'
 - Cell phones and pagers on silent.

California Association of Local Behavioral Health Boards and Commissions

The California Association of Local Behavioral Health Boards and Commissions (CALBHBC) is a statewide organization supporting the work of local mental and behavioral health boards and commissions.

In accordance to the Welfare & Institution Code 5604.2(a) The local mental health board shall do all of the following:

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any county agreements entered into pursuant to Section 5650.
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
8. Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.



Site visit purpose, policies, procedures and protocol

1. PURPOSE:

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

2. POLICY, PROCEDURES and PROTOCOL:

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





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

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

1) *Attending Commission member(s):* _____

2) *Behavioral Health Services attending staff:* _____

3) *Date Of Site Visit:* _____

4) *Program/Facility Name:* _____

5) *Physical Address:* _____

6) *Program Supervisor/Contact:* _____

Contact information-phone/email: _____

Starred (*) Items may not apply to some programs

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

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

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



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

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

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

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



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

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

16) Any additional aspects or comments regarding the program?



SITE VISIT SUMMARY

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

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

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

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



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2) *Behavioral Health Services attending staff:* _____

3) *Date Of Site Visit:* _____

4) *Program/Facility Name:* _____

5) *Physical Address:* _____

6) *Program Director & Supervisor/Contact:* _____

Contact information-phone/email: (Business cards attached)

Starred () Items may not apply to some programs*

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

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Yes / No (please state name/s) :*

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