



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

Duane Chapman, District I (Chair); Barbara Serwin, District II (Vice Chair); Meghan Cullen, District V; Douglas Dunn, District III; Diana MaKieve, District II; Lauren Rettagliata, District II; Geri Stern District I; Gina Swirsding, District I; Patrick Field District III; Michael Ward, District V; Sam Yoshioka, District IV; Candace Andersen, BOS Representative for District II

Mental Health Commission
December 6, 2017 from 4:30pm-6:30pm
At: 2425 Bisso Lane, Concord
Large (First Floor) Conference Room

- I. Call to order/Introductions**
- II. Public Comment:**
*Please note that all members of the public may comment on any item of public interest within the jurisdiction of the Mental Health Commission, in accordance with the Brown Act, if a member of the public addresses an item, not on the agenda, no response, discussion or action on the item may occur. Time will be provided for public comment on the items on the agenda, after commissioner's comments, as they occur during the meeting.
- III. Commissioner Comments**
- IV. Chair Announcements**
- V. APPROVE Minutes from the November 1, 2017 Meeting**
- VI. RECEIVE presentation introducing the Contra Costa County Drug Medi-Cal Organized Delivery System Plan – Fatima Matal Sol, Alcohol and Other Drugs Program Chief**
- VII. RECEIVE report from Contra Costa Detention Health regarding Penal Code 1369.1 Treatment Facility Designation at Martinez Detention Facility – David Seidner, Detention Mental Health Program Chief**
- VIII. RECEIVE update regarding discussion held at the Family and Human Services Committee regarding responses to Commission White Paper and BHS Grand Jury Report response - Barbara Serwin**
- IX. RECEIVE Commission liaison reports**
 - 1) AOD Advisory Board – Sam Yoshioka
 - 2) CPAW General Meeting – Douglas Dunn
 - 3) Children's Committee – Barbara Serwin
 - 4) Council on Housing Committee –TBD
- X. HONOR outgoing Mental Health Commission Chair Duane Chapman – ALL**
- XI. Adjourn**



**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
Wednesday November 1, 2017 – First Draft
At: San Ramon Regional Medical Center
6001 Norris Canyon Road, San Ramon, CA
South Conference room**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Commission Chair Duane Chapman called the meeting to order at 4:38pm</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II Supervisor Candace Andersen, District II Diana MaKieve, District II Meghan Cullen, District V (arrived late @4:46pm) Michael Ward, District V Gina Swirsding, District I Douglas Dunn, District III Patrick Field, District III</p> <p><u>Commissioners Absent:</u> Geri Stern, District I Lauren Rettagliata, District II Sam Yoshioka, District IV</p> <p><u>Other Attendees:</u> Vern Wallace, LMFT- Child and Adolescent Program Chief for BHS Dr. Dan Batiuchok, Mental Health Detention Program Manager for Juveniles and Probation Services Warren Hayes, MHSA Program Manager for CCBHS Adam Down, MH Project Manager Jill Ray, Field Representative for District II, Supervisor Andersen's Office Kathy Chiverton, Executive Director for Discover Counseling Center Shirley Jacks, Discovery Counseling Center Patty Hoyt, Alcohol and Drug Coordinator for Discovery Counseling Center Mark Goodwin, Representative for District III, Supervisor Burgis' Office Colleen Isenberg, Representative for District IV, Supervisor Mitchoff's Office Chief Alex Shields- for Police Department Blake Chestnut, San Ramon Police Department Bill Farce, San Ramon PD Sargent Nathen Jones -San Ramon Police Department Ken Nelson, Director of Student Services San Ramon Valley Unified School District Kevin Athen, MVHS/SRVUSD Sue Goldman, GRMS/SRVUSD- School Principal at Gale Ranch Middle School Leysy Pelayo- San Ramon Police Department Linda Turnbali, Teen Esteem Crystal Luna, Program Manager for CC-ACTION TEAM -AOT Program Nick Velasides- Chaplain for San Ramon PD, Fire and Sheriff's Office</p>	<p>EA-Transfer recording to computer</p>

<p>Leslie May, applicant for MHC Erika Raulston, applicant for MHC Chris Oradell (?), CHEVRON Graham Wiseman, 2nd Vice President for NAMI Contra Costa- Community Andy, Li- Community Liza A. Molina-Huntley, EA for MHC</p>	
<p>II. Public Comments:</p> <ul style="list-style-type: none"> • <u>Sue Goldman</u> – working with grade school aged children (Middle School level), wondering if there are services available for families and kids in their area, when showing early signs of mental health issues. Not able to find resources to direct parents to. • <u>Kathy Chiverton</u>- most attendees are representatives of the San Ramon Valley Advisory Council of Mental Health. The Council meets quarterly, to discuss mental health issues, best practices, community assistance for developmental mental health • <u>Erika Raulston</u>-works for private agency, assisting clients to become independent. Main issue is finding mental health resources for clients and long lapse in time, in between appointments. How does the community plan to solve the issue, so that clients can see a therapist every week, instead of every 6 to 8 weeks? 	
<p>III. Commissioner Comments:</p> <ul style="list-style-type: none"> • Barbara- read letter, from Rabbi Judy Shanks from Temple Isaiah in Lafayette, honoring Diana MaKieve for her work, for the past 10 years, towards helping reduce stigma of mental illness. Obtaining grants, organizing support groups, providing educational workshops, webinars, conferences, providing resources and more, to provide a multitude of people with strength, compassion, hope and healing • Patrick Field- future is the children and the problem is that it is all tied up in money. The needs are recognized but people don't want to spend the money. The mental health problem is very serious with public health care • Douglass Dunn- recently made aware of issues with Hope House, a crisis residential treatment facility. Hopes that the Mental Health Commission looks at the issue, very seriously, at the December meeting – there are five to six beds a day, vacant. This is extremely serious considering the crisis for psychiatric beds, at any level in the county. 	<p>*See attached letter</p>
<p>IV. Chair Announcements-</p> <ul style="list-style-type: none"> • The next Assisted Outpatient Treatment (AOT) meeting will be on Friday January 19, 2018, 10am to noon, at 50 Douglas Drive in Martinez, on the second floor- the meeting is open to the public. • AOT needs a volunteer, from the Commission, to co-chair the next meeting • Douglas Dunn volunteered to co-Chair the AOT January 19 meeting • Glad to see a larger number of attendees • Community help is needed to address mental/behavioral health crisis in Contra Costa County • All Commissioners received DVD copies of the Mental Health Commission's 2017 retreat on 9/16/17 • Chair and Vice Chair attended the Family and Human Services meeting- a good meeting, formed a partnership, and both Supervisors, Andersen and Gioia, were very supportive of both Behavioral Health Division and 	<p>*Douglass Dunn will co-Chair the next AOT meeting on 1/19/18</p> <p>*MHSA FINAL FORUM on 12/7/17, from 2:30pm to 5:30pm, at the Brentwood Community Center- please RSVP via email: mhsa@hsd.cccounty.us</p>

<p>the Commission's report. The Supervisors made it clear to listen</p> <ul style="list-style-type: none"> • The next and final, community forum, for the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan update for Fiscal year 2018-19 will be on Thursday December 7th, from 2:30pm to 5:30pm, at 35 Oak Street in Brentwood – RSVP via email at: mhsa@hsd.cccounty.us. Had over 100 people at both previous forms in, West County and at the Central forum in Martinez 	
<p>V. MOTION to APPROVE minutes from October 4, 2017 meeting Gina moved to motion, Patrick seconded the motion *no corrections needed</p> <ul style="list-style-type: none"> • VOTE: 9-0-0 • YAYS: Supervisor Andersen, Duane, Gina, Doug, Diana, Barbara, Meghan, Patrick, and Mike • NAYS: none ABSTAIN: none • ABSENT: Geri Stern, Lauren Rettagliata and Sam Yoshioka 	<p>*Post final minutes to MH website at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. RECEIVE updates regarding partnership programs throughout county school districts aiding in intervention among youth –Vern Wallace, Children and Adolescent Program Chief</p> <ul style="list-style-type: none"> • The County previously provided school based services and partnering with school districts. There were numerous changes in 2011, changing the relationship between the school districts and the County's mental health services. In prior years, there was more of a partnership, frequent meetings, discussing and assisting cases whether they were Medi-Cal or not Medi-Cal. The Governor eliminated 8036 and 8032, funding education with the 8114 bill dollars. Some of the school districts decided that they wanted to develop their own mental health program, in house, and proceeded to do so. Most recently, some school districts, are partnering more with the County services, in providing mental health services to children, from elementary to teens. Pittsburg Unified Schools is one of the districts, working with the county, to provide support to contractors. There is a contract with Martinez Unified to do school aged services for special education kids. For 20 years, the County has been working with Mount Diablo Unified School District (MDUSD), providing mental health services. The County is also working with West County Unified, supports development of a wraparound program and fund a number of contractors in West Contra Costa Unified • Now, with the Continuum of Care Reform (CCR), residential care is an issue and will be limited to 90 days, six months at the most. • During the past year, there has been an increase in interest from school districts wanting to partner with the County. Part of the issue is that there are a lot more children in all the communities that need mental health services • The County is currently expanding the Mobile Response Team (MRT). The team is made up of mental health clinicians, for crisis intervention, available from 7am to 11pm. They are accessible to the community. • Questions: Has anyone asked the kids what services that they feel they might need? County doctors are limited in availability, time and quantity and until it changes, people are not going to get the help they need. Nothing will get better. • Response: We have tried to develop, a number of best practices for families and children. We are one of counties in the state that actually 	<p>*Provide Crisis Mobile Response Team's phone number</p> <p>*Provide updated information, at the next MHC meeting, regarding the MRT team: how many in a team, at each office, area served, how many serving for adults, children and what areas and what services are provided</p>

hires "Family Partners" that are consumer workers, to help us learn how to be better with parents and they help with a number of things that we would not be able to do without the Family Partners, we currently have 13 Family Partners and we are working on ramping up to hire more, probably 19 by the end of the year. They are crucial in the system to performing the tasks in assisting parents. We also have a "Children's and Youth Advisory Committee" that Commissioners, advocates and school district folks are invited to attend. The Family Partners are people who have been through our system or have a family member of someone that has been through our system. The Advisory Committee meets monthly I attend, to provide as much information as I can.

- **Questions:** In West County Unified, (elementary school), parents go to the schools, seeking mental health help for their child, they can't find support. Are there counselors in the school to help the parents with their children with mental illness? Especially for Spanish speaking families.
- **Response:** The County is assisting 52 schools in West County, all with contractors: Bay Area Counseling, Seneca Center, Asian America, those agencies are all in the schools. The referral process to get to the agencies goes through the usual school process, starting with a study team and up to the principal for a referral for mental health services. Principles make the referral for screening and services. There was a mental health service program being developed with Richmond High School but it was poorly accepted and dissolved. Teens did not want a mental health clinic on campus. We do have contractors that serve the Spanish speaking families in the West County community
- Again, the big change coming will be through Child and Family Services with Continuum of Care Reform- many kids are going to be returned home from residential group home placement within 90 days, when the previous average length of stay has been 18 months. So there will be many more kids in need of services and we will need to be partnering with education to be able to provide the services because of this restriction on residential treatment, which will also require out state contracts; but the out of state facilities do not have to agree to follow the Continuum of Care Reform regulations, contract or agree to take the kids that we need to send. This will force a number of changes later on. It is such a big issues that it does require all the agencies to partner with one another.
- **Question:** Is there assistance, through the MRT, for parents/families and what are the criteria?
- **Response:** In general the child has to be at risk of hospitalization and self-harm, or harm to others. The goal of mobile response is to defer hospitalization, reducing the number of 5150s, they are available seven days a week, by phone and can be dispatched and onsite approximately within an hour. They intervene in the family system, with the crisis team, but the service is not directed at the family, it is directed towards the individual when the crisis is occurring. Their job is to stabilize the crisis and move the youngster having the crisis to appropriate care. They will come out, after, to do intervention with the child and the family, but not ongoing. The team will connect the family to the appropriate services needed. Parents, school, anyone can call.

<p>VII. RECEIVE and DISCUSS updates from the Assisted Outpatient Treatment (AOT) quarterly meetings- Warren Hayes, MHSA Program Manager</p> <ul style="list-style-type: none"> • Gave an overview, referencing the Research Development Associates (RDA) report (attached with meeting packet) that recently provided an evaluation of the AOT program. RDA provides two evaluations for the County: one- specific to the fiscal year July 1 through June 30, and the second part is there is an official report each county is required to turn into the state once a year. The County receives two reports that are staggered. There is a lot of data gathering and meetings to sort through the data to analyze it. Because the program is provided with MHSA funds, all of the 80 programs funded have the program requirement to provide reports, they are open, transparent and invite participation • The workgroups are open to the public, approximately 30 attend, from the courts, county, staff, consumer, Commission representatives, NAMI- they have an active interest in the program, giving everyone a chance to enter into a dialogue about the program • The report was presented to the Board of Supervisors on October 17 • The program is serving the population that it was intended for, over 90% of those served have psychiatric emergency services a year before they were referred to the program • A fidelity assessment was done, on the evidence based practice, and scored high last year and this year, indicating that the practices are being adhered • The incidents of inpatient hospitalizations and the indicators demonstrate significant decrease as a result of the treatment provided • A strategy recommended to use the court systems, sooner, as an outreach and engagement to those who are resistant to treatment • Individuals must meet all nine criterion to be eligible for the program • MHSA –data manager set up a way to track the items in the plan to maximize enrollment in the services that the mental health services systems provides • Statewide quarterly phone meetings, with (AOT) representatives from other counties (Kern, Orange, San Diego, San Luis Obispo, San Francisco, Santa Barbara, Ventura and Los Angeles) engaged in the program. Almost every county, in the last few months have had a significant drop in referrals. Secondly, several counties have not submitted one petition. Orange County did the most, and one in ten would engage in the court process, the average is one in twenty. A couple of reasons were: no cooperation from their County Counsel Office and/or court system. Contra Costa County has a wonderful cooperation with our County Counsel and court system. All were continuing to obtain voluntary enrollments. • The 75 AOT slots can be ongoing, if they are volunteering for services. The six month or one year requirement is a defined by the courts and the individual may disappear because they are resistant to treatment, that even with a court order, they are still resistant and can remove themselves or request to stop engagement at anytime • Question: How is Law Enforcement made aware of this program? What kind of outreach is being done? • Response: The Forensics Mental Health team, headed by Dr. Marie Scannell, part of her duties is to have an active outreach to all the law enforcement entities. Part of the plan is to reinitiate contact, update 	<p>*Douglas Dunn will co-Chair the next AOT meeting on 1/19/18 and MHSA Program Manager will provide staff support and send out requests for agenda items and will meet with co-Chairs and they come up with an agenda</p> <p>*Crystal Luna, provided additional information to the audience and is a service provider for the AOT program</p> <p>*MHC requests MET to provide a presentation and updates to the Commission in a near future</p>
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	and market the program better. Dr. Scannell is also going out with her Management Health Evaluation Team (MHET) to do outreach and to first responders, as well as to the homeless program.	
VIII.	RECEIVE updates regarding the Mental Health Services Act (MHSA) budget planning process- Warren Hayes, MHSA Program Manager <ul style="list-style-type: none"> Part of the transparent funding process, it is tracked by the County's Finance department, stakeholders and the state. Financial Summary is provided to the MHSA/Finance Committee, as agreed each quarter and update CPAW and the MHC. Attachment provided is a draft of the first quarter of the budget fiscal year. There will be adjustments made, this document is not finalized! It is only a draft. 	*See draft attachment (Revisions will be made and document will be finalized at a later date. Another update will be provided to the Commission at a later meeting)
IX.	VOTE and ELECTION for the 2018 Chair, Vice Chair and three Executive Committee members <ul style="list-style-type: none"> All nine members voted: Supervisor Andersen, Duane Chapman, Barbara Serwin, Mike Ward, Diana MaKieve, Douglas Dunn, Meghan Cullen, Patrick Field, and Gina Swirsding. Ballots were signed by each individual present, then counted and tallied by the Executive Assistant for the MHC. Members present voted and the Chair elected for 2018 is Barbara Serwin The Vice Chair elected for 2018 is Duane Chapman The Executive Committee elected for 2018 is: <ul style="list-style-type: none"> The new Chair and Vice Chair will serve, along with the newly elected members, that obtained the highest number of votes: Diana MaKieve, Meghan Cullen and Mike Ward 	*The new 2018 elected members will serve as of January 2018
X.	RECEIVE Commission Representative Reports <ol style="list-style-type: none"> AOD Advisory Board- Sam Yoshioka- not present CPAW General meeting-Douglas Dunn Children's Committee- Barbara Serwin <ul style="list-style-type: none"> Barbara can no longer attend meeting Gina Swirsding volunteered to start attending meetings in January 2018 Council on Homelessness- no report, no MHC member currently attending meetings 	
XI.	Adjourn Meeting @6:24pm	

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



**CONTRA COSTA COUNTY DRUG MEDICAL
ORGANIZED DELIVERY SYSTEM
[DMC-ODS] PLAN
Wednesday, December 7, 2017**

**Presented to
MENTAL HEALTH COMMISSION**

Alcohol & Other Drug Services

Drug Medi-Cal Organized Delivery System (DMC-ODS) Overview

- ❖ The California Bridge to Reform is a demonstration program to test a new paradigm to provide health care services for individuals with Substance Use Disorders [SUD]
- ❖ It expands availability and type of SUD treatment for Drug Medi-Cal [DMC] beneficiaries
- ❖ Creates a Continuum of SUD services and care modeled after the American Society of Addiction Medicine (ASAM) Criteria

Contra Costa County's DMC-ODS WAIVER

- Extensive Community Engagement Process with Clients, Providers and Stakeholders – ended October 2015, submitted a County Implementation and Fiscal Plan
- Embraced by Dr. Walker and our Behavioral Health Director, Contra Costa received a contract from Centers for Medicare and Medicaid [CMS] last June 30, 2017. We have been **in operation 4 months.**



Waiver Requirements-ASAM

To provide a continuum of services modeled on the American Society of Addiction Medicine (ASAM) Criteria to include:

ASAM LEVELS OF CARE

- Withdrawal Management (Social Model Detox)- L3.2
- Outpatient – L1
- Intensive Outpatient- L2.1
- Residential Services – L3.1
- Recovery Services
- Case Management
- Physician Consultation
- Medication Assisted Treatment [MAT]



Waiver Requirements

- Places individuals in the least restrictive environment – not necessarily residential treatment and not necessarily fixed Length of Stays [LOS]
- Coordination with Mental Health and Primary Health Care
- MOU with the Managed Care Plan – CCHP & Anthem Blue Cross
- Requires ASAM Placement Assessment- **face-to-face**
- Medical Necessity must be met:
 - 1) Presence of DSM-5 for SUD Criteria &
 - 2) Medical necessity for the ASAM Criteria Level of Care needed by the client



Waiver Benefits for Beneficiaries

- ASAM continuum promotes movement across levels of care
- Expands available services and service eligibility
- Ensures timely access to all the Waiver-required services
- Provides choice of providers in the service area
- Allows for additional length of stay for probation/parole & pregnant women (Non-Medi-Cal funding)
- More co-occurring support through Licensed Practitioner of the Healing Arts [LPHA] at each provider site
- Medical support as a result of Physician consultation
- Pharmacotherapy through Medication Assisted Treatment
- Residential Treatment is now a (DMC) covered benefit
- Co-location at Mental Health Clinics & Homeless Shelters



Waiver Benefits for County

- Enables greater authority and accountability
- Institutes clear contracting requirements and appeals process
- Requires coordination of the mental health and physical health needs of the clients
- Implements a Quality Assurance process for services provided
- Strengthens Behavioral Health Integration, maximizes existing structures and prevents duplication of services
- Because of co-location, it increases the county capacity to provide services for co-occurring disorders



Waiver Benefits – Substance Use Disorder (SUD) Care Providers

- DMC certified providers that do not receive a county contract cannot receive a direct contract with the State in counties which opt into the waiver
- SUD providers will receive better reimbursement rates, based on their cost
- Major historical funding infusion into the SUD system, our services have been underfunded



Entry into the SUD System

- Single Entry Point: everyone enters through the Behavioral Health (BH) Access Line, which is now fully integrated 5 Substance Abuse Counselors
- Some exceptions: Methadone, Withdrawal Management, Mental Health Clinics
- Screen at BH Access Line (ASAM)
- Substance Abuse Counselors who are co-located at Mental Health Clinics and Homeless Shelters, will conduct a full ASAM Assessment. [The MH Clinics will be designated as **ASAM Level 1**. The Substance Abuse Counselor will contact the BH Access Line if the beneficiary does not meet medical necessity for Level 1



MEDICATION ASSISTED TREATMENT (MAT)

Medication Assisted Treatment- with Suboxone for individuals with Opioid Disorders, which includes Behavioral Health support. Existing clients contact the Nurse Care Manager(s) and new patients go through the Behavioral Health Access Line to schedule an induction appointment

Locations: County Health Centers

Leading Physicians Dr. Saffier and Dr. Rodelo.

Respite Center and Detention Health: Dr. Joseph Mega and Dr. Jessica Hamilton

METHADONE PROGRAMS - BAART

Opioid Use Disorder treatment with Methadone. Under the Waiver, future plans include using Naltrexone and Acamprosate for treatment of Alcohol Use Disorders. BAART will also start providing Suboxone shortly

WHAT DOES THE WAIVER MEAN FOR THE MENTAL HEALTH SYSTEM?

- Behavioral Health is designing every program aspect on the assumption that the next person “coming through the door” is likely to have co-occurring issues and needs, and they each need to be welcomed for care, engaged with empathy and the hope of recovery
- Early integrated screening and assessment
- Treat both conditions concurrently – if not dually trained staff in the team –then protocols for bi-directional referrals shall be in place internally

***SAMSHA's Principles for Treating Co-Occurring Disorders

First, SINGLE DIAGNOSIS...



A decade ago: DUAL DIAGNOSIS



Now: Co-Occurring Disorders (COD)

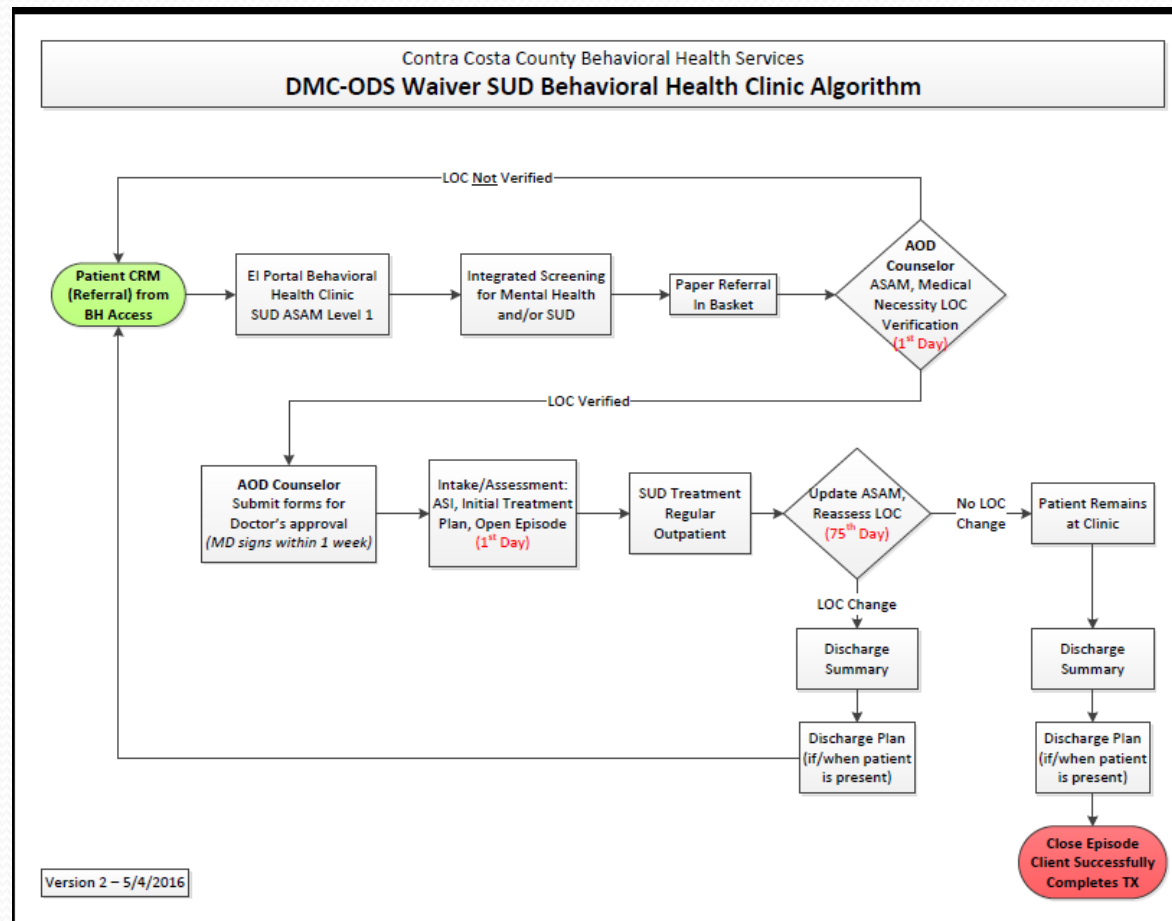




Colocation at mental health clinics

- 4 DMC certifications applications have been submitted thus far out of a total of 7
- Service delivery is tailored to engage mental health consumers not necessarily ready to be clean and sober rather to motivate for change.
- Our counselors participate in Integrated Clinical Conferences
- Bilateral Increased skill capacity on both disciplines. SUD 101 -Trained Managers and Supervisors, and Treatment of Co-occurring Disorders in SUD treatment
- Behavioral Health Access Line integrated processes
- Maximization of resources

Co-Location at Mental Health Health Integrated Clinics – EI Portal Preliminary Workflow



Co-location at MH Clinics

Challenges

- Newly developed procedures may not necessarily be perfect. El Portal and West County Children's
- While it provides a framework, variations may occur by Clinic
- 42CFR Par 2 – Confidentiality & EHR
- Preventing duplication of services e.g. Case Management
- Streamlining processes and forms to prevent overburden consumer/client
- DMC certification process of all Mental Health clinics and 2 Homeless Shelters and co-location of Substance Abuse Counselors
- Engaging staff to develop an integrated vision and workflows may be challenging due to competing priorities and emerging needs



Prevention Works, Treatment is Effective, People Recover

La Prevención funciona, el Tratamiento es
efectivo, las personas se Recuperan

THANK YOU!

MARTINEZ DETENTION FACILITY
PENAL CODE SECTION 1369.1
TREATMENT FACILITY DESIGNATION

BACKGROUND

Contra Costa Detention Health (CCDH) provides behavioral health services as needed to individuals incarcerated in Contra Costa County, including inmate-patients accused of a crime but deemed incompetent to stand trial (IST). When the court finds a person IST pursuant to Penal Code section 1370, the judge will order that he or she be transferred to the state hospital to regain competence in order to stand trial. These individuals remain in custody at the Martinez Detention Facility (MDF) while awaiting transfer and they may wait for an extended period of time due to the bed shortage at state hospitals. In addition, individuals who have regained competence in the state hospital are returned to MDF to stand trial.

Currently there are approximately 70 individuals in MDF in some stage of the IST process, many waiting for transfer to the state hospital. The majority of these individuals voluntarily take their psychiatric medications while in custody. A small subset, however, refuse their medications and at present, with very limited exceptions, CCDH cannot administer psychotropic medications involuntarily. There are no forensic psychiatric facilities in Contra Costa County and psychiatric facility beds are not available to inmate-patients in surrounding counties. In the past, Contra Costa County had a contract with Santa Clara County and this county's seriously ill inmates were placed in Santa Clara County jail's forensic psychiatric unit. When Santa Clara County stopped contracting with outside counties, Contra Costa County's options became even more limited.

PROPOSAL

Penal Code section 1369.1 permits the Board of Supervisors to designate MDF as a treatment facility for the purposes of involuntarily medicating individuals who have been found incompetent to stand trial, cannot provide informed consent for medications and are awaiting transfer to a state hospital. The designation will also allow for the administration of involuntary medication to individuals who have been restored to competency and have been returned to MDF to stand trial. This is necessary because once they have been returned to MDF, these individuals can refuse their psychiatric medication, decompensate and may once again become incompetent to stand trial, perpetuating the cycle.

The Contra Costa County Sheriff, the Health Services Department Director and the Behavioral Health Division Director are recommending to the Board, Penal Code section 1369.1 designation for Contra Costa County. CCDH is committed to treatment approaches that are respectful, voluntary, and guided by the wishes of the person receiving treatment. However, as in the community, if an individual with a serious mental illness refuses medication while in custody, it can result in increased aggression, self-destructive acts, and severe behavioral outbursts that can lead to injuries to the individual and detention facility staff.

Contra Costa County remains committed to transferring these individuals in a timely manner; however crowded facilities and long wait lists are beyond this county's control. By allowing CCDH to lawfully medicate inmate-patients, the Penal Code section 1369.1 designation will protect both the inmate-patients and the detention facility staff as well as preventing the decompensation of individuals who have regained competence to stand trial.