

Current (2018) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Duane Chapman, District I (Vice Chair); Supervisor Diane Burgis, BOS representative, District III, Joe Metro District V; Douglas Dunn, District III; Diana MaKieve, District II; Geri Stern District I; Gina Swirsding, District I; Julie Ann Neward District III; Tasha Kamegai-Karadi, District IV; Sam Yoshioka, District IV; Leslie May, District V, Candace Andersen, Alternate BOS Representative for District II

Mental Health Commission
Wednesday, July 11, 2018 from 4:30pm-6:30pm
At: 550 Ellinwood Way, Pleasant Hill, CA

AGENDA

- I. Call to order/Introductions**
- II. Public Comments:**
*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/Comments-**
 - 1) Executive Assistant
 - 2) MHC Retreat
- V. APPROVE Minutes from the June 6, 2018 Meeting**
- VI. RECEIVE Behavioral Health Services report-- Dr. Matthew White, Behavioral Health Services Acting Director**
- VII. RECEIVE presentation from Health, Home and Homelessness Services (H3)– by Lavonna Martin, Director of H3 and Jenny Robbins, Supportive Housing Manager**
- VIII. RECEIVE presentations from Juvenile and Probations Mental Health Services- by Dr. Dan Batiuchok, Program Manager**
- IX. DISCUSS letter, from the Commission to Contra Costa Regional Medical Center leadership, to make recommendation to extend the hospital's quality assurance process to 4C and Psych Emergency Services to improve mental health services- Barbara Serwin, MHC Chair**
- X. RECEIVE Commission liaison reports and special meeting reports:**
 - 1) Bylaws Task Force - Barbara Serwin
 - 2) Ad hoc Data Committee- Barbara Serwin
 - 3) AOD Advisory Board – Sam Yoshioka
 - 4) CPAW Community Forum – Douglas Dunn
 - 5) AOT Workgroup Meeting – Douglas Dunn
- XI. Report on Commission membership vacancies and Committee membership needs- Liza Molina-Huntley, MHC Executive Assistant**
- XII. Adjourn**



**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
Hosts a Public Hearing for the
Mental Health Services Act (MHSA)
Three Year Plan Update
Wednesday, June 6, 2018**

At: 550 Ellinwood Way, Pleasant Hill, CA

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Commission Chair Barbara Serwin called the meeting to order at 4:41pm</p> <p><u>Members Present:</u> Chair- Barbara Serwin, District II Vice Chair- Duane Chapman, District I Supervisor Diane Burgis, District III Diana MaKieve, District II (left @5:32pm) Geri Stern, District I (arrived @4:50pm) Gina Swirsding, District I Michael Ward, District V Sam Yoshioka, District IV Joe Metro, District V Julie Ann Neward, District III</p> <p><u>Commissioners Absent:</u> Douglas Dunn, District III Lauren Rettagliata, District II Leslie May, District V</p> <p><u>Other Attendees:</u> Erika Jenssen, Assistant to the Health Services Director for Contra Costa Count Dr. Matthew White, Chief Psychiatrist, Medical Director for BHS and Interim Director for BHS Mark Goodwin, Chief of Staff for District III Jill Ray, Field Representative for District II, Supervisor District II Dr. Chris Farnitano, Contra Costa Health Services Miriam Rosa- CCC Health Services Linda Velarde- Public Dr. Matt Lindgren, Kaiser Antioch Mental Health Services Warren Hayes, MHSA Program Manager Morvarid Naghshineh, Planner Evaluator Robert Thigpen, Adult- Behavioral Health Family Services Coordinator Liza A. Molina-Huntley, EA - MHC</p>	
<p>II. Public Comments:</p> <ul style="list-style-type: none"> • None 	
<p>III. Commissioner Comments:</p> <ul style="list-style-type: none"> • Supervisor Burgis welcomed new Commissioner from District III, Julie Ann Neward • Vice Chair- made a referral to the AOT program and received a voicemail. Discussed matter with Warren Hayes. • Vice Chair- announced and invited to attend the “June-Teen” celebration in Richmond, on June 16 	<p>Interested in serving as a volunteer on the Mental Health Commission? Apply online at: https://ca-contracostacounty2.civicplus.com/6408/Boards-and-Commissions-Database</p>

<p>IV. Chair Announcements/Comments:</p> <ul style="list-style-type: none"> • Welcomed new Commissioners, Joe Metro and Julie Ann Neward. • Previously discussed the Bylaws Task Force, at the Executive Committee, meetings will resume- assigned Sam Yoshioka to be in charge of resuming meetings • Please note that the next MHC meeting will be on Wednesday, July 11 at the same time and place, due to the regularly scheduled meeting falls on the July 4 holiday • Announced that the Adult Mobile Crisis Team launched in May. Attended the quarterly meeting, impressed with goals, operations and communications with law enforcement. Would like for the team to provide updates, at a future MHC meeting • Informed gaining new Commissioners and losing a valued Commissioner, Lauren Rettagliata. Announced that the Commissioner will continue to attend meetings, currently attending a family gathering. • Jill Ray, Field Representative from the District II office, informed that a Commissioner’s appointed seat, continues beyond the expiration date, for an additional 90 days or until the seat is filled 	<p>* Next MHC meeting- 7/11/18, 4:30pm to 6:30pm at: 550 Ellinwood Way in Pleasant Hill</p>
<p>V. MOTION to APPROVE minutes from May 2, 2018 meeting</p> <p>Duane Chapman moved to motion, Supervisor Diane Burgis seconded the motion</p> <p>Corrections noted for final posting</p> <p>VOTE: 9-0-0</p> <p>YAYS: Supervisor Diane Burgis, Barbara Serwin, Duane Chapman, Diana MaKieve, Mike Ward, Sam Yoshioka, Gina Swirsding, Julie Ann Neward, Joe Metro</p> <p>NAYS: none ABSTAIN: none ABSENT: Douglas Dunn, Lauren Rettagliata, Leslie May, Geri Stern, Patrick Field</p>	<p>*Post final corrected minutes to MHC website at:</p> <p>http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. RECEIVE Behavioral Health Services updates –Dr. Matthew White, Behavioral Health Services Acting Director and Medical Director for Behavioral Health Services</p> <ul style="list-style-type: none"> • Dr. White- Dr. Ko will be starting in East County in July. Two child psychiatrists will be hired, one for the Central County Children’s clinic and another for West County Children’s clinic, making progress in filling psychiatrists positions. Looking to hire a couple of more psychiatrists in East County, and two more psychiatrists, one for adults in Central County and another for West County • Focusing on the quality of services and access to care • Value Stream mapping event will occur in East County starting in June, to help identify where changes and improvements are needed. The Report Out will be on Friday at 12:15pm, on June 15, at the Pittsburg Health Center (2311 Loveridge Road in Pittsburg) • IT department is working on a dashboard to facilitate access to information, (real-time data), working on 	<p>*See attachment (Dr. White)</p> <p>**View video on the Rapid Improvement Event at: https://cchealth.org/video/2018-0323-dh-report-out.php</p>

making adjustments to be able to provide more accurate data (see handout of dashboard preview)

- Commissioner Sam Yoshioka requested data for West and Central clinics. Dr. White will provide more information, after adjustments have been made, and the accuracy of the data is verified
- Public member, Linda Velarde, inquired regarding Tele-psychiatry services, if the services were only over the phone and how is the success rate gauged? Dr. White clarified that it is a video monitor system; the psychiatrist is able to see the patient, while at a different location. The system is utilized to provide continued services of care, by decreasing appointment wait times. In the future, satisfaction surveys will be conducted to weigh Tele-psychiatrists services, versus psychiatrists' services. Noted the lack of follow-up, pertaining to patient care, and would like to see more focus on follow-up care in the future
- Supervisor Burgis: Tele-psychiatry was developed because it was difficult to fill psychiatry positions in East County, it is an option, to provide people with continued access to care and services, rather than have patients wait a long time for an appointment. The technology is an acceptable and sometimes a preferred way for patients, particularly for East County, due to transportation issues. Thanked Dr. White for embracing the challenges and finding options, during his short two months, as Acting Behavioral Health Director
- The Children/Teens Program Chief for Behavioral Health Services position has been vacant for several months; a ranked list of the potential candidates was created by an interviewing panel committee. Interviews will be offered to the first four on the list. Discussed with the Chair and Vice Chair of the MHC on how to include the MHC in the process. The Chair and Vice Chair agreed today, to initially, discuss the values and the rankings that want to be used to evaluate, develop specific criteria and questions to evaluate the candidates. Both technical skills and characteristics will be considered. The panel will also include Matthew Luu, the Deputy Director for Behavioral Health Services and Fatima Mata Sol, Program Chief of Alcohol and Other Drugs (AOD). Before making a final decision, will review the interviews and discuss the candidates, with the Chair and Vice Chair of the MHC, will make a final decision after discussion
- Commissioner Gina Swirsding inquired if graduate students are hired as interns. Warren Hayes, MHS Program Manager, informed that there are approximately 30 graduate student interns working throughout all the clinics, annually. The interns

<p>contribute their time and earn a student worker pay and earn their required hours. The county draws from these students, to hire for continued employment (MHSA funded). There is separate funding, for Community Based Organizations (CBOs) to be able to hire graduate student interns, the same as the County does. The primary focus of the Work Force Education and Training Internship program is to insure that the workforce is responsive to the diversity and cultural differences in our community</p>	
<p>VII. FORM ad hoc committee to define MHC information needs regarding key indicators of consumer and overall mental health system outcomes—Barbara Serwin, MHC Chair</p> <ul style="list-style-type: none"> ● Chair- Dr. White and Warren Hayes has invited the MHC to work together to identify the kinds of information needs, questions that the MHC has requested in the past. The plan is to sit down and do some brainstorming and compile the list of information needs that the MHC is able to identify at this moment in time. We will work with a team to implement information reports that gives us information and answers to the questions. ● Warren- over the years, there has been a recurring theme in domains of interests, areas that the stakeholders have been consistently inquiring about. If stakeholders are defining the areas, the same as the leadership and the staff that run the programs, then there is an opportunity to have discussions regarding what is the current status and where improvements need to be made. Will assist in facilitating the discussion between the MHC and leadership to define the areas, so that the questions that stakeholders have are answered, (i.e. finance, personnel, quality assurance, access). The objective will be to provide the information requested, in a “user friendly” format. The Chair is offering the MHC to participate in the process, without active participation from the MHC and the leadership, it will not be successful. ● Chair- Thinking, how we could pull those kinds of questions together, I would like to suggest that we form an ad hoc committee to focus on this task. Does anyone have an interest in participating? The following Commissioners expressed their interests in participating in the ad hoc committee: Joe Metro, Gina Swirsding, ● EA- If a task force is formed with MHC members, then it is not subject to the Brown-Act Regulations because a task force is not a public meeting; but if the MHC decides to form an ad hoc committee, it is a public meeting and subject to the Brown-Act Regulations (agendas must be posted, publically 	<p>* Information ad hoc Committee members are: Barbara Serwin, Duane Chapman, Joe Metro, Julie Ann Neward and Gina Swirsding. First meeting will be in July to structure Committee and brainstorm</p>

<p>(website too), at least 96 hours prior to the meeting, with three to five members forming a committee</p> <ul style="list-style-type: none"> • Chair- would like an ad hoc committee to be formed, so that minutes are taken and the full Commission can be informed and there will be a continued opportunity to be adding to the list of questions, it would be more dynamic and obtain more quantitative information • Diana- Will the ad hoc committee only includes Commissioners, not interactive with key staff from BHS? • Warren- if an ad hoc committee is created, that is subject to the Brown-Act, which means that it is a public meeting and discussion, along with being posted and advertised. My commitment is to bring a product to the committee, for review and discussion, then it will be reviewed by the full Commission for further input • Duane- requested a copy of the MHC Bylaws to review the process. The MHC Bylaws states that every ad hoc Committee should have a Chair person, a minimum of three and maximum of five people and the Commission shall agree to appoint members, abiding by the Brown-Act and the County's Better Government Ordinance • Chair- I am interested in participating. Duane, also expressed interest in participating and Julie Ann Neward. May I have a motion to form the committee? <p>Gina Swirsding, MOTIONED to form an ad hoc Information Committee, to collaborate with BHS in obtaining data that is of interest to the MHC, from the data dashboard, seconded by Supervisor Diane Burgis. Members are: Barbara Serwin, Duane Chapman, Joe Metro, Julie Ann Neward and Gina Swirsding</p> <p>VOTE: 10-0-0</p> <p>YAYS: Barbara Serwin, Duane Chapman, Gina Swirsding, Supervisor Diane Burgis, Geri Stern, Joe Metro, Julie Ann Neward, Diana MaKieve, Michael Ward, Sam Yoshioka NAYS: none ABSTAIN: none ABSENT: Douglas Dunn, Lauren Rettagliata, Leslie May</p>	
<p>VIII. DISCUSS MHC Retreat plan- Barbara Serwin, MHC Chair</p> <ul style="list-style-type: none"> • Chair- Would like to introduce a new concept, rather than having the format of Commissioners being presented with information, training or information about finance; prefers to have a more interactive retreat, to integrate Behavioral Health Services staff, with the Commission. With the goals of developing more trust, more understanding of each other's positions and roles and responsibilities. Would like to incorporate team 	<p>*MHC Retreat will tentatively be on Wednesday, September 12, from 3pm to 6:30pm, location TBD, facilitator TBD</p> <p>*MHC meeting will not be held in September</p>

<p>building exercises as well, choose a couple of problem areas and brainstorm together. We want to make it as easy as possible so that everyone can participate, have the retreat during a regular scheduled commission meeting, maybe start around 3pm, to allow for more time, without having to set aside an entire day. As far as locations, we are looking into the IBEW Union hall, (2017/2016 MHC Retreat location), on Arnold Drive in Martinez. The MHC would like to invite the Behavioral Health Services Program Chiefs and management team, including Dr. Matthew White Acting Director, Anna Roth, Director of Health Services, Supervisor Diane Burgis and it will be a public meeting as well.</p> <ul style="list-style-type: none"> • A very important key aspect is to have a very strong facilitator on board, to direct activities and keep everything moving • The retreat will be from 3pm to 6:30pm, with a break • The tentative date is: Wednesday, September 5 • Commissioners: Geri Stern, Gina Swirsding, Joe Metro, and Supervisor Burgis will not be able to attend on 9/5/18 • Chair requested that EA change reservation to September 12, if available at the IBEW location, or other dates will have to be discussed. Commissioners Joe Metro and Geri Stern will not be able to attend on 9/12/18 either. Requested a show of hands, in favor of holding the retreat, in lieu of a regular MHC meeting in September. The option is to have a full commission meeting, in addition to the retreat in September, (two meetings), and the second option is to not have the full commission meeting, only the retreat. • MOTION: All in favor of having the retreat in lieu of the full commission meeting in September? Barbara Serwin motion to have the MHC retreat in September, in lieu of the full commission meeting, seconded by Gina Swirsding VOTE: 10-0-0 YAYS: Supervisor Burgis, Duane Chapman, Barbara Serwin, Gina Swirsding, Michael Ward, Julie Ann Neward, Joe Metro, Geri Stern, Sam Yoshioka, and Diana MaKieve NAYS: none ABSTAIN: none Absent: Douglas Dunn, Lauren Rettagliata, Leslie May • Supervisor Burgis: Maybe the facilitator will be able to post questions early, to get those that cannot participate on that day, can still be able to do written contributions, and during the meeting, their contributions can be incorporated and presented to the group. • Chair- A facilitator plan will be in place and distributed before the retreat. We are looking internally for a facilitator, within BHS. 	
<p>IX. Report on Commission membership vacancies and Committee membership needs- Liza Molina-Huntley, MHC Executive Assistant</p>	<p>* Forward to 7/11/18 MHC meeting</p>
<p>X. Chair adjourned Meeting @5:32pm</p>	



**Public Hearing for the
Mental Health Services Act (MHSA)
Three Year Plan *updates**

<p>I. The Chair, called to order- The Public Hearing on the Mental Health Services Act (MHSA) Three Year Plan *updates at 5:32 pm</p>	
<p>II. Opening Comments by the Mental Health Commission Chair- Barbara Serwin</p> <ul style="list-style-type: none"> Announced the start of the public hearing for the MHSA Three Year plan updates and introduced Warren Hayes, MHSA Program Manager, to start the public hearing proceedings 	
<p>III. Fiscal Years 2017 to 2020 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan- by Warren Hayes, MHSA Program Manager</p> <p>Warren- This is an annual, formal event, and is required by the law/statue- Welfare and Institutions Code 5848 (WIC 5848). Every county that receives MHSA funds has to abide by the law and have a public hearing. This is done to make sure that stakeholders have the opportunity to comment, on the MHSA Three Year Program and Expenditure Plan, or plan update.</p> <ul style="list-style-type: none"> In Contra Costa County, takes the intent of the law to heart. We start the process, a year prior to this meeting. We start with the Consolidated Planning Advisory Workgroup (CPAW) planning community forums, which were held last year in the fall and winter, in different regions of the county. A first draft was put together and presented in March to the MHC, (*included in meeting packet) the entire process, up to April 23, is a continued dialogue, receiving comments from stakeholders. On April 23, by law we are required to take the latest draft and post it on the website and advertise for the community to provide public comment and forms were provided to assist in obtaining the information. The time frame is 30 days, which ended on May 23, 2018. We ask the MHC, to host an official public hearing, at the end of the time frame (6/6/18). The purpose of the public hearing is to allow the community and the Commission, the opportunity to officially, formally comment on the three year plan. Contra Costa Behavioral Health Services is required to formally respond to any public comment that asks for any substantive changes to the plan. Any changes are required to go before the Board of Supervisors for consideration, for the upcoming year. The public and the Commissioners may comment at this time, regarding the plan 	<p>*Plan is available for review at: http://cchealth.org/mentalhealth/</p> <p>**See attachment (Warren Hayes) (copies of the plan and summary outline were provided to the public and are viewable online)</p>

<p>updates and will be included in the plan. There are various appendices, appendix “F” will be for the public comment process, where it is documented that the plan was posted on line for public viewing, that the plan’s public hearing was included on the MHC agenda, that the MHC minutes reflect that the public hearing occurred and that any substantive comments for revision the County has officially responded to. This evening is not to engage in questions and answers dialogue, that process has been completed. This is to ensure that we are meeting the requirements of the statute. I will read the one page attachment; it will be included in the minutes and then ask the Chair of the MHC to request the public and the Commission for any comments. Finally, the MHC can make any recommendations, for Behavioral Health Services to respond to.</p> <ul style="list-style-type: none"> • Warren- As per Section 5848 of the California Welfare and Institutions Code the County shall summarize and analyze any substantive written recommendations for revisions by the public and/or the Mental Health Commission to the MHSA Three Year Program and Expenditure Plan (see attachment) 	
<p>IV. Public Comment regarding the Plan</p> <ul style="list-style-type: none"> • Chair, Barbara Serwin, opened the forum for discussion by asking if anyone would like to make any public comments during the meeting, no public comments were received. 	
<p>V. Commissioner Comments-</p> <ul style="list-style-type: none"> • Upon completion of the Public Comment period Mental Health Commission members provided individual comments. A summary of commissioner comments and Behavioral Health Services Administration (CCBHS) responses are as follows: <ol style="list-style-type: none"> 1. I am concerned about people who have received services before, but need them again and their difficulty in getting services. I also concerned about the growing number of seniors who have medical problems and are losing their housing. Finally, is the Native American Health Center open? Response- CCBHS shares these concerns and the new Health Services Director and Acting Behavioral Health Services Director have placed access to services and supportive housing as top priorities to be addressed. The Native American Health Center is open and continues to be funded in the MHSA Three Year Plan. 2. I notice that there is no community members here for the public hearing. What are we doing to get the word out? Response- Contra Costa has an extensive dialogue period prior to this formal public hearing. We put substantial resources to both invite the public to participate with us as each year’s MHSA Plan is developed, as well as advertise the public hearing. We surmise that the heavy participation in our dialogue and planning period enables stakeholders to have their input heard and incorporated, and have made the determination that this part of the planning process is where 	

they can most effectively utilize their time.

3. Is the Mental Health Evaluation Team countywide? There is a lot of gun violence and I don't think a lot of people understand how the Medi-Cal eligibility works.

Response- Yes, the MHET Team serves the entire county, but is funded by a small grant that only is able to field one team. Mobile response crisis teams are now funded in this Three Year Plan, and will greatly expand CCBHS's ability to respond as events happen across the county. They will serve people regardless of their insurance status, or ability to pay. As staff come on line CCBHS will provide education to the community as to their availability.

4. What happens when innovative projects sunset, and are they evaluated?

Response: Innovative Projects by definition have up to five years, depending upon the time frame stipulated to learn from these new and different patterns of service. We have had a handful of these projects sunset in the last two years. Each has had an extensive ongoing evaluation process with which CPAW Innovation Committee actively participates? These projects were either incorporated into our larger system of care with permanent funding, or ended because they were time limited by definition. MHSA Team staff provide an extensive final evaluation report on each project that has ended, is shared with stakeholders, and then sent to the state.

5. Regarding the Capital Facilities/Information Technology electronic health record project, what has been accomplished with the original \$6 million of MHSA money, how much is left, and what will the County need to ask for additionally to finish?

Response: The objectives of fielding an electronic mental health charting system by county operated programs and e-prescribing by psychiatrists has been accomplished so far. Replacing the current billing system will go live on July 1. To be accomplished is including organizational providers in the charting and billing process, and consumer capacity for communicating and scheduling with their service providers. Approximately \$50,000 of the original \$6 million of MHSA funds remain. The county will be completing the aforementioned objectives with available non-MHSA funding. Because the county has chosen to integrate mental health with primary care within the county's EPIC system the total cost of the project has exceeded the scope as originally designed. This strategic move is intended to further the integration and communication between mental health and primary care providers, and was beyond the scope of the project as originally envisioned.

6. Our school teachers need to be trained to identify and respond to mental health issues as they arise in the classroom. Do we have money in the plan to do this?

Response: The Workforce Education and Training Component has budgeted funds to train mental health trainers to provide Mental Health First Aid training to teachers, first responders and others in the community. Our challenge has been for the education system, school districts and schools to use this resource. Also, we provide funding in several programs that are in high schools to model exemplary practices in responding to youth experiencing mental health issues. More importantly, several years ago the state transferred millions of dollars from the Department of Mental Health to the Department of Education just for this purpose. Today's practice leaves it up to parents to advocate for this care to be funded through an Individual Education Plan once a student has been determined to be eligible for special needs.

7. The Three Year Plan Vision statement emphasizes partnership as part of the statements pertaining to capacity and integration. Right now consumers and their families are at a disadvantage because they get information after the fact and piecemeal. I think we should provide better information to them beforehand so that they can better assist service providers to partner with them and each other.

Response: CCBHS concurs. The funding of the new program, Family Support Volunteer Network, is intended to enable trained volunteers to better inform consumers and their families as to programs, their eligibility, and how to navigate the system as needs change.

8. I think that MHSA funding calls forth that every program that receives funding must provide measurable outcomes. If MHSA does not require it I believe we should require it. In particular, augmented board and care facilities and county operated clinics do not list outcomes.

Response: The Mental Health Services Act requires that the State shall establish requirements for the content of the Plan, and shall include reports on the achievement of performance outcomes for services. Contra Costa's Three Year Plan complies with and does specify performance outcomes for MHSA funded programs, but does not list outcomes for programs where MHSA supplements the total service delivery, such as county operated clinics and augmented board and care facilities that are part of a larger program of service. This would contribute to an incomplete perception of the impact of MHSA dollars. CCBHS is embarking on a means of performance indicators in which CCBHS leadership and stakeholders, such as the Mental Health Commission, can agree upon, share and use to identify areas for improvement and exemplary practices to be duplicated. These performance indicators would apply to the entirety of the Mental Health Plan and not just MHSA.

<p>VI. Mental Health Commission Recommendations to the County Mental Health Administration (MHA) and to the Board of Supervisors (BOS)</p> <ul style="list-style-type: none"> The Mental Health Commission thanked all those present today for their participation in the Public Hearing of the MHSA Three Year Program and Expenditure Plan Update for fiscal year 2018-19. This hearing fulfills the Commissions duties under the Mental Health Services Act requirements. The Commission elected not to provide any recommendations <p><u>Response-</u> The Behavioral Health Services Administration appreciates the support provided by the Commission to collaboratively conduct a public hearing on the draft MHSA Three Year Program and Expenditure Plan.</p>	
<p>VII. Chair of MHC, adjourned the Public Hearing @6:22pm</p>	

Public Hearing Presentation

MHSA Three Year Program and Expenditure Plan Update for FY 2018-19

Contra Costa Behavioral Health Services is pleased to present the Draft Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update for Fiscal Year 2018-19. Included for your consideration this evening are copies of the draft plan update, and copies of a summary outline of the plan. We welcome your input.

The Three Year Plan Update proposes to set aside \$50.5 million for fiscal year 2018-19 in order to fund over 80 programs and plan elements.

The Three Year Plan Update includes \$36.8 million to fund 39 programs and plan elements in the Community Services and Supports component that will serve approximately 2,000 individuals who are experiencing a serious mental illness. Our Prevention and Early Intervention component plans to set aside \$8.9 million to fund 26 programs serving approximately 26,000 persons, and are designed to prevent mental illness from becoming severe and debilitating. \$2.1 million is budgeted for five Innovative Projects, and \$2.6 million is set aside for programs to recruit, train, retain and support our public mental health workforce. Finally, our Capital Facilities/Information Technology component will utilize the remaining MHSA funds allocated for implementation of the electronic mental health records project.

An inclusive Community Program Planning Process engaged stakeholders in identifying service gaps, prioritizing community public mental health needs, and suggesting strategies to meet these needs. All identified service gaps and prioritized needs from the Community Program Planning Process are referenced and addressed in the Three Year Plan Update.

FY 2016-17 performance indicators for our Full Service Partnerships and our Prevention and Early Intervention programs are included in the program description, and individual program outcomes are listed by program in Appendix B.

No new MHSA funded programs, projects or plan elements are being added for FY 2018-19, and the projected budgets for the five components remain the same. We anticipate that the plan's proposed total budget spending authority will not need to be reduced in the foreseeable future, and that all MHSA programs and plan elements can be sustained at their proposed level of funding.

As per direction of the California Department of Health Care Services the draft plan update includes a plan to spend by June 2020 funds that DHCS has identified as potentially subject to reversion back to the state.

Again, we welcome both Public and Commission comment and input this evening. The Draft Three Year Plan will be sent to the Board of Supervisors for review once we have included our written response to any substantive recommendations for revisions received by either the Public or the Commission.

Mental Health and Probation Services (MHAPS)

MH Commission Presentation

July 11, 2018

Agenda

- Overview of probation related MH services
- Transition process and referral options

Mental Health and Probation Services (MHAPS)

- Juvenile Hall
 - Program Manager, three full-time licensed Mental Health (MH) clinicians, three half-time psychology trainees
 - Coverage = Seven days/week, 9:00am – 7:30 pm
- OAYRF (aka “The Ranch”)
 - Two full-time licensed MH clinicians
 - Coverage = Seven days/week, 9:00am – 5:30 pm
- Probation Field Offices (Mental Health Liaisons)
 - One full-time licensed MH clinician in each of the regional offices
 - One 85% Family Partner (CSW) in Richmond Probation Office
 - Coverage = Five days/week, 9:00am – 5:30 pm

Mental Health Needs at Juvenile Hall

- 40%-60% of youth at Juvenile Hall have a Mental Health Diagnosis*

*Based on open MH cases at Juvenile Hall on 01/05/16. 60% of youth had a DSM IV-TR MH diagnosis, 39% when you exclude "Diagnosis Deferred" and "Adjustment Disorders."

Intake Process

- All youth receive medical screening upon intake (nursing staff on site 7am – 11pm)
 - Medical screening includes risk assessment and MH history
 - All positive screens are referred to MH for further assessment.
- Probation Staff also administers a suicide screening questionnaire (Ask Suicide-Screening Questions - ASQ) upon intake.

Intake Process cont'd

- All “first time” intakes receive face-to-face screening with MH clinician (usually within 24 hours)
 - MH clinician administers MAYSI-2 questionnaire
 - Mental status exam performed, assess for MH needs
- ***All Orin Allen Youth Rehabilitation Facility (OAYRF) referrals are assessed/screened at Juvenile Hall prior to OAYRF arrival. Cases with ongoing MH needs are referred to OAYRF MH clinicians.

In Custody MH Services

- Psychiatry (Psychiatrist on site Tuesdays and Thursdays)
- Individual Therapy
- Family Therapy
- Dialectical Behavior Therapy (DBT)
- Trauma-Focused Therapy
- Coordination with outside providers

***All services are performed in accordance with MediCal standards.

Transition of MH Services

- All youth (exiting Juvenile Hall or OAYRF) in need of ongoing MH services are referred to their regional MH Liaison.
- MH Liaison will contact parents and facilitate the transition of services (e.g. assist with referrals, provide short-term therapy, etc.)
- MH Liaisons also attend truancy court hearings in order to identify and link “at risk” youth.

Referral Options

Outpatient Services

- Community-based MH services
 - Seneca Mobile Response Team has the capacity for same day services
- Regional CC County clinics (based on level of severity)
- Private providers (for non MediCal youth)
- Intensive programs (most youth exiting OAYRF, Youthful Offender Treatment Program [YOTP], and Girls in Motion [GIM] are referred to intensive programs)

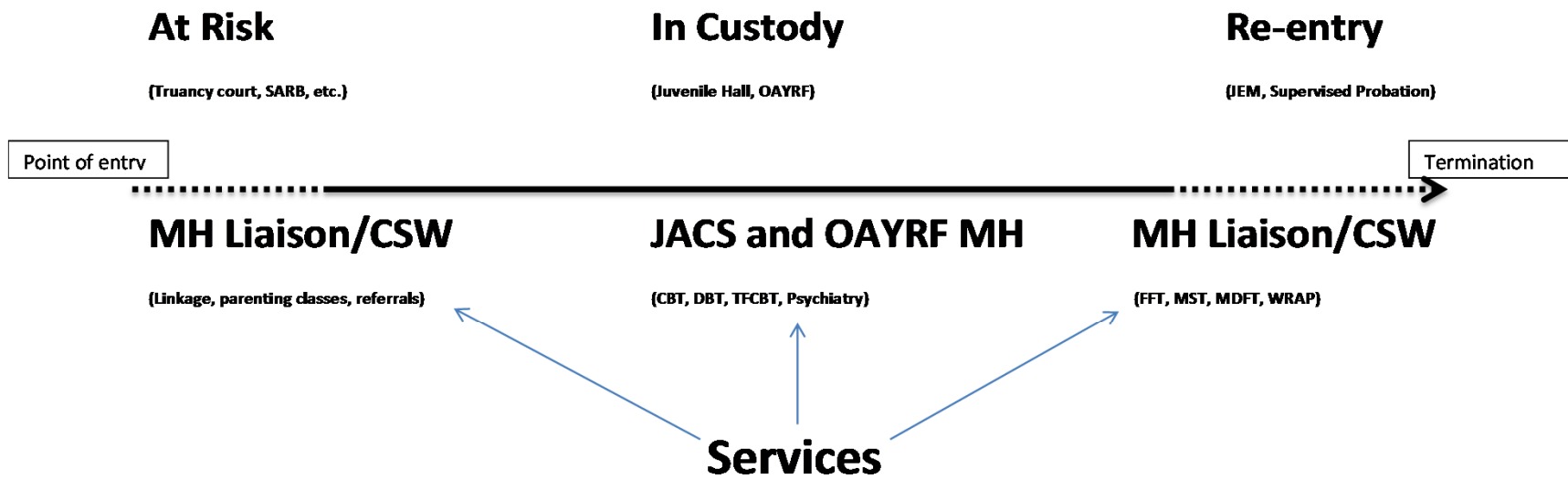
Intensive MH services

- Functional Family Therapy (FFT)
 - Family based, in home
 - Goals: improve family relationships, communication, and support
- Multisystemic Therapy (MST)
 - Family based, in home, intensive (multiple sessions/week)
 - Goals: Enable caregivers to set expectations, structure, support, and consequences.

Intensive MH Services cont'd

- Multidimensional Family Therapy (MDFT)
 - Family based, in home, intensive
 - Goals: improve attachment and coping. Reduce substance abuse.
- WRAP Around Services
 - Systematic process for interagency collaboration
 - Goals: system coordination between multiple agencies, community engagement

Probation Continuum and MHAPS



Questions?

Contact Information

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daniel.batiuchok@hsd.cccounty.us

925-957-2739

2018 Commission and Committee members

Mental Health Commission (MHC)	MHSA/Finance Committee (FIN)	Quality of Care Committee (QC)	Justice Systems Committee (JS)	EXECUTIVE Committee (EC)	DATA Ad Hoc Committee	BYLAWS Task Force
1 st Wednesday 4:30-6:30 pm (full membership-16 + 1 BOS alternate)	3 rd Thursday 1:00--3:00pm (3-5 members)	3 rd Thursday 3:15--5:00pm (3-5 members)	4 th Tuesday 2:00-3:30pm (3-5 members)	4 th Tuesday 3:30-5:00pm (3-5 members- voted)	(3-5 members)	(3 -5 members)
1- Chair Barbara Serwin Consumer District II	Douglas Dunn	Chair- Barbara Serwin	Chair- Diana MaKieve	Chair- Barbara Serwin	Barbara Serwin	Sam Yoshioka
2- Vice Chair Duane Chapman Member-at-Large District I	Sam Yoshioka	Gina Swirsding	Vice Chair Gina Swirsding	Vice Chair- Duane Chapman	Duane Chapman	Duane Chapman
3- Supervisor Diane Burgis District III	Leslie May	Leslie May	Geri Stern	Diana MaKieve	Gina Swirsding	Gina Swirsding
4- Alternate BOS rep Supervisor C. Andersen District II	(VACANCY)	Joe Metro	Julie Ann Neward	(VACANCY)	Joe Metro	Leslie May
5- Gina Swirsding Consumer District I	(VACANCY)	(VACANCY)	Duane Chapman <i>Pro tem member</i>	(VACANCY)	Julie Ann Neward	(VACANCY)
6- Geri Stern Family Member District I						
7- Diana MaKieve Member-at-Large District II						
8- Family Member District II (vacancy)						
9- Douglas Dunn Member at Large District III						
10-Julie Ann Neward Family member District III						
11-Consumer District III (vacant)						
12-Sam Yoshioka Family Member District IV						
13-Consumer District IV (vacant)						
14-Tasha Kamegai- Karadi Member-at-large						
15-Consumer District V (vacancy)						
16-Leslie May Family Member District V						
17-Joe Metro Member at Large District V						

June 8, 2018

*complaint
avoidance*

Lynette Watts
Shelly Whalon
Contra Costa County Regional Medical Center
Martinez, CA 94553

Dear Lynette and Shelly,

In the November, 2017, Mental Health Commission's Quality Care Committee meeting, Lynette Watts, MSOD Health Service Administrator and Patient and Family Advisory Council/patient Experience, provided a description of the Contra Costa Regional Medical Center's (CCRMC) "Consumer Advocacy Empowerment and Grievance Resolution Program". The Committee learned from Lynette that the program is currently implemented in some departments of CCRMC and at least some of the county clinics but not in the Psychiatric Unit of 4C (4C) and Psychiatric Emergency Services (PES). The Patient Relations Department protocol for this program includes 1) Giving patients a welcome packet that includes information and forms to help them with the process of reporting any grievance of their care; 2) Giving patients a visit or phone call from department staff during the patient's stay; 3) Attempting to resolve any issues on the spot; and 4) Attempting to resolve issues communicated via grievance forms as quickly as possible. As a result of this program, the number of grievances from patients at CCRMC and the county clinics has been reduced by a truly impressive number: In years prior to 2016, CCRMC received 600 to 700 grievances per year; in 2016, CCRMC received 300.

At present, the staff on 4C and PES is aware of the "Consumer Advocacy Empowerment and Grievance Resolution Program" but the program is not being fully implemented on these units unlike the rest of the hospital and clinics. Information about the grievance process is available to patients and family members only when they request it. As a result, the benefits seen by the rest of CCRMC are not fully available to PES and 4C.

We, the Quality of Care Committee of the Mental Health Commission respectfully request that CCRMC incorporate the "Consumer Advocacy Empowerment and Grievance Resolution Program" into the quality of care practices of the Psychiatric Unit of 4C and of Psychiatric Emergency Services. We believe that psychiatric patients admitted to 4C and PES should benefit from this program in the same way that CCRMC and clinic patients benefit. For example, we suggest that patients receive grievance information in their welcome packet and have this information on display where their family members and other caretakers can see it when visiting psychiatric patients. We respectfully request that nursing staff visit patients on 4C and PES who are there more than 24 hours to hear problems real-time and to assist them in filling out grievance forms. Perhaps staff should also visit patients with shorter stays after evaluation and or treatment and or at discharge. The best times to make a visit are obviously

something that only staff is qualified to make – our suggestions are based on the experience of patients, family and other caregivers.

Thank you for your wonderful care and for hearing our recommendations.

Sincerely,

Gina Swirsding
Mental Health Commissioner
Quality of Care Committee Member

And

Barbara Serwin
Chair, Mental Health Commission
Chair, Quality of Care Committee



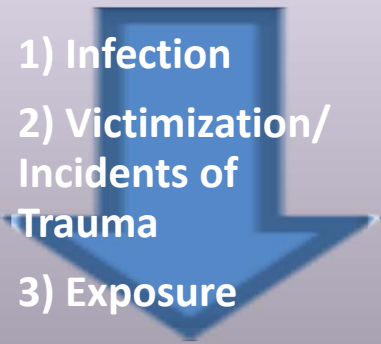
Updates on Supportive Housing

Presented to the Contra Costa Mental Health Commission

7/11/18

Supportive Housing as Health

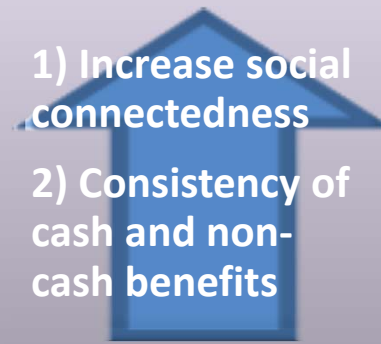
Physical Roof

- 
- 1) Infection
 - 2) Victimization/
Incidents of
Trauma
 - 3) Exposure

Intensive services

- 
- 1) Access to
specific support
 - 2) Attend appts.
 - 3) Medication
management

Stable address

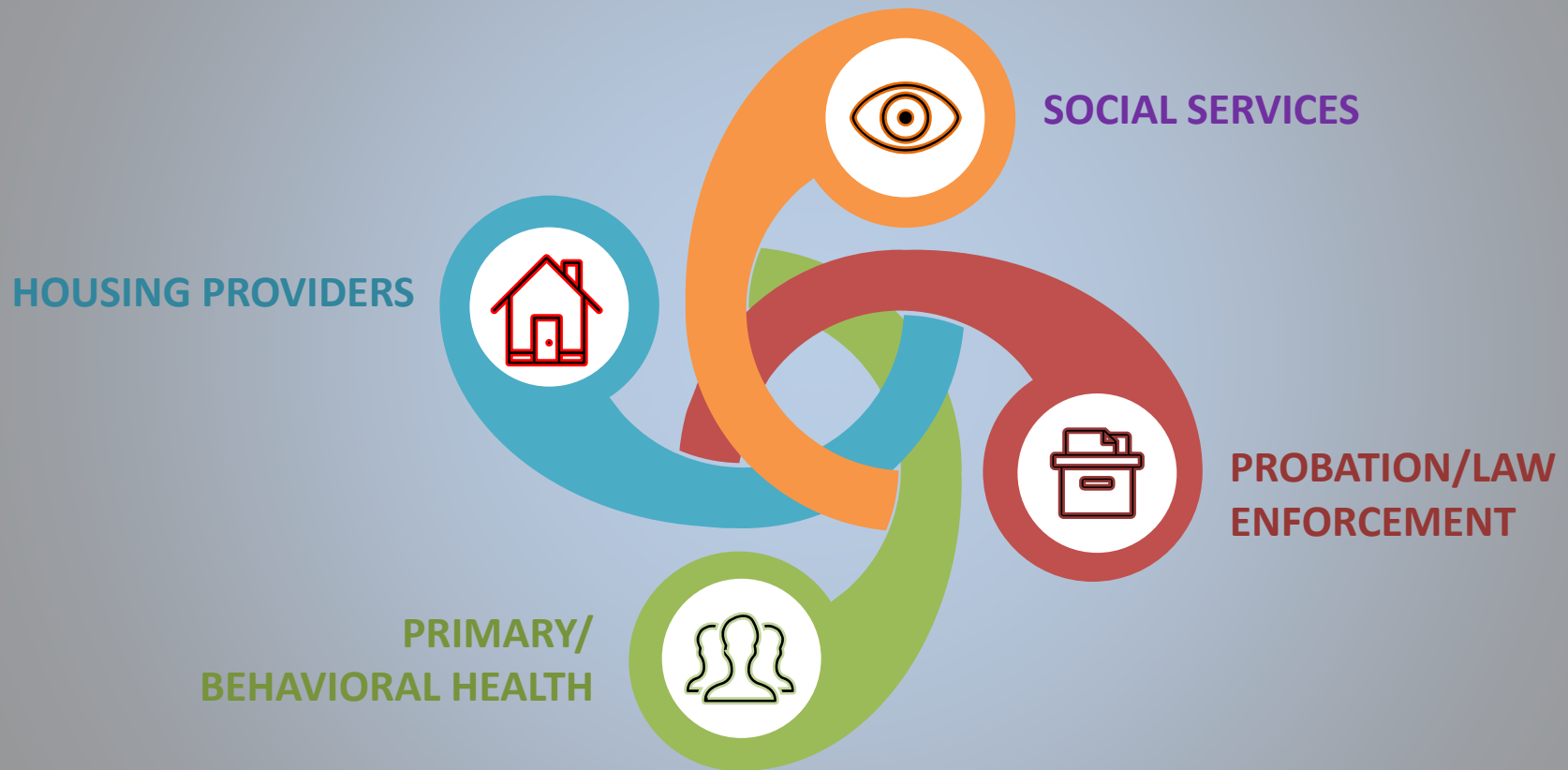
- 
- 1) Increase social
connectedness
 - 2) Consistency of
cash and non-
cash benefits

IMPACT

- **REDUCED EMERGENCY SERVICES**
- **APPROPRIATE USE OF PRIMARY CARE**
- **LONGER COMMUNITY TENURE**
- **LOWER COST TO HEALTHCARE SYSTEM**

Adapted from Bharel, Monica et al. "Health Care Utilization Patterns of Homeless Individuals in Boston: Preparing for Medicaid Expansion Under the Affordable Care Act."

Partnering to Serve



Types of Permanent Supportive Housing

- Scattered site units
- Project-based units
- Shared housing
- Board and Care
- Assisted Living

Current Project



50 units of
Micro-housing

Pending Projects

Family Unification
Project Vouchers

Mainstream Housing
Choice Vouchers

Youth Homelessness
Demonstration Project

SAMHSA

MH Housing Loan
Program

NPLH – Technical
Assistance

Upcoming Opportunities

- HUD Continuum of Care Program -Homeless Assistance
- Homelessness Emergency Aid Block Grant
- No Place Like Home – Non-Competitive Allocation*

We Welcome Your Participation

CoC Program Competition TA workshop - July 12th, 10:00am-12:00 pm, 2400 Bisso Ln, Suite D, 2nd flr. Concord

Council on Homelessness meeting – July 12th, 1-3pm, 50 Douglas Dr. Martinez – Sequoia Room, 2nd flr.

Homeless Continuum of Care meeting – July 20th, 10am-12pm, 50 Douglas Drive, Martinez – Sequoia Room

H3 Housing Meeting - August 7th, 1-3pm @ 2425 Bisso Lane, 1st floor conference room

"Donna's" Journey

A look into one consumer's experience and positive outcome

