

To work through families and interagency collaborations to ensure that individuals, with mental illness in the justice system, are given respect, dignity and human rights.

Justice Systems Committee Meeting
Tuesday July 24, 2018 ♦ 2pm to 4pm
At: 1340 Arnold Drive, Martinez
First floor conference room

AGENDA

- I. Call to Order / Introductions- Chair**
- II. Public Comments**
- III. Commissioner Comments**
- IV. Announcements**
- V. APPROVE minutes from the May 22, 2018 meeting**
- VI. RECEIVE presentation from the following: David Seidner, LMFT, CCHP-MH, Mental Health Program Chief for Detention Health Services, Dr. Chris Farnitano, CCHS Officer and Erika Jenssen, Assistant to the Health Services Director; pertaining to the improvements efforts for detention**
- VII. RECEIVE reports and update attendance participation at advisory bodies as agreed:
 - i. Community Corrections Partnership – next meeting 9/7/18 at: 50 Douglas Drive in Martinez, second floor conference room (Sequoia room)**
 - ii. Juvenile Justice – next meeting 8/1**
 - iii. Council on Homelessness Meeting – next meeting on Thursday August 2, 1pm-3pm At: 50 Douglas Drive, Martinez, second floor conference room**
 - iv. Continuum of Care – next meeting Friday, July 20, 10 am-12pm, At: 50 Douglas in Martinez, second floor conference room**
 - v. Assisted Outpatient Treatment Workgroup meeting: October 12, 10am-11:30am At: 50 Douglas, in Martinez, in the second floor conference room****
- VIII. DISCUSS agenda for next meeting on August 28 –**
- IX. Adjourn**



**JUSTICE SYSTEMS COMMITTEE
MONTHLY MEETING MINUTES
May 22, 2018 – First Draft**

| Agenda Item / Discussion | Action / Follow-Up |
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| <p>I. Call to Order / Introductions Commission Chair Diana MaKieve call to meeting to order @2:00pm</p> <p><u>Members Present:</u> Chair- Diana MaKieve, District II Vice Chair- Gina Swirsding, District I Geri Stern, District I (arrived @2:07pm) Duane Chapman, Vice Chair for MHC, District I, <i>pro tem</i></p> <p><u>Commissioners Absent:</u> none</p> <p><u>Other Attendees:</u> Jill Ray, Field Rep, District II Supervisor Anderson’s Office Dr. Dan Batiuchok, Program Manager for Juvenile Probation Mental Health Services Margaret Netherby, family member Joni Spears, Public Defender’s office – (Juveniles) John Douglass, Reentry Specialist- Reentry Success Center Barbara Serwin, Chair of Mental Health Commission (MHC) Liza A. Molina-Huntley, EA- MHC</p> | EA Transfer recording to computer |
| <p>II. PUBLIC COMMENTS-</p> <ul style="list-style-type: none"> • none | |
| <p>III. COMMISSIONERS COMMENTS-</p> <ul style="list-style-type: none"> • Gina- on behalf of the JS Committee, would like to request a report from Detention Mental Health Services, pertaining to the M module in Martinez, or have a staff member from the department, come to the Committee to discuss updates • Chair, Diana- informed that the Program Chief for Detention Mental Health Services, David Seidner, will be presenting department updates, to the Committee at the July meeting • Chair- On May 23, there will be a meeting in Pittsburg, sponsored by NAMI, for ministers • Duane- attended mental health training for Ministers in Richmond; County staff from, Behavioral/Mental Health Services, were not present. Another training will be facilitated in July, hopes staff members attend • Duane – invited, by Supervisor Gioia, to attend the Value Stream Mapping event, all day for one week, in Pittsburg (precursor to the Rapid Improvement Events) | *Program Chief of Detention Mental Health Services will be updating the Committee on July 24 |
| <p>IV. CHAIR ANNOUNCEMENTS/COMMENTS-</p> <ul style="list-style-type: none"> • Gina – on June 16, in Richmond, will host the JUNETEEN Celebration event focused on youth, services • Duane- offered to pay/sponsor a table for the MHC to promote advocacy for mental health. Will send an email to EA, to forward to all the Commissioners. The County attends the event | |
| <p>V. Approval of April 24, 2018 minutes.</p> <ul style="list-style-type: none"> • Duane Chapman moved to motion, second by Gina Swirsding, to approve the minutes. *no corrections required <p>Vote: 4-0-0 Ayes: Gina Swirsding, Diana MaKieve, Geri Stern and Duane Chapman Abstain: none Absent: none</p> | |

VI. RECEIVE updates from Dr. Dan Batiuchok, Mental Health Services Program Manager for Juvenile Probation and Detention

- Dan- provided an overview of the services being provided and the programs and the function of each of the programs, in Juvenile Hall. Will also discuss how the programs work together to provide a continuum of care and the current staffing levels. Provided a handout to illustrate how the programs fit together. There are three primary programs that Dr. Batiuchok oversees. The first is the mental health services, at Juvenile Hall, referred to as Juvenile Assessment and Consultation Services, (JACS). The second program is Oren Allen Youth Rehabilitation Facility (OAYRF) clinic, also known as the RANCH. Lastly there is a team known as the Mental Health Probation Liaison Team which consists of three licensed mental health clinicians that are each stationed at the regional probation field offices (Antioch, Martinez, and Richmond). There is Community Support Workers (CSW) in a parent-partner role, out of the Richmond field office as well.
- At Juvenile Hall, when fully staffed, there are three full time licensed mental health clinicians, Dr. Batiuchok as the psychiatrist and three, half-time trainees (20 hours per week); most of the trainees are doctoral students. The department is looking to increase the amount of trainees to four or five in the fall. At the RANCH facility, there are two full-time licensed mental health clinicians providing services at the facility.
- The overarching goal of the Mental Health Probation Services is to create a continuum of care that spans the entire spectrum of the probation continuum. In reference to the solid and dotted lines on the handout, the dots represent the continuum of care and out of custody, the solid line represents in custody. The left-side being the entry point of the probation system, through to termination. The Mental Health Liaison Program, tries to achieve the continuum of care by identifying youth that are at risk for involvement in the juvenile probation system, through the truancy courts and the school board SARB hearings, offering services prior to the entering the juvenile justice system. Would like to expand the liaison role to figure out what other areas to get involved in making referrals, pre-entry into the juvenile justice system.
- Once a youth has be detained, in-house mental health services are provided, both at Juvenile Hall and at the RANCH facilities. As a youth exits those facilities, the Mental Health Liaison Team works with the youth, probation helping to connect the youth with services as the re-enter the community. This effort is particularly important for the youth in longer term programs, the youth full offender treatment program and the RANCH program. Youth that are in these programs may have been out of contact with their families for an extended period of time that are re-entering the community.
- The re-entry process has a couple of programs that are available for youth, utilized heavily in making referrals, post-release, which includes: Functional Family Therapy program (FFT), and the Multi-Systemic Therapy program (MST) and some referrals are made to the Multi-Dimensional Family Therapy program or (MDFT), and to the WRAP around services providers.
- The FFT and MST programs are both run by COFY (Community Options for Families and Youth), and are almost exclusively probation referrals. Upon release, most patients will automatically get a referral to the FFT program. If for some reason the FFT program is not a good fit, the referral will be rerouted, depending on the needs of the patients
- The overall philosophy for the program is to create a continuum of care, from early intervention and identifying at risk youth and providing services, providing services during detainment and providing services after being released, while on probation. The overarching goal of preventing entry into the Juvenile Justice System, or reducing recidivism for patients who are in the

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system.

- Currently the department is short-staffed at Juvenile Hall. Recently lost a clinician and in the process of filling the position, hopefully starting mid-June. One of the challenges for obtaining and retaining staff is due to the staggered scheduling. The schedule is staggered to ensure that there is coverage, Wednesday through Saturday, (four days a week, 10 hour shifts); or, Sunday through Wednesday. This schedule ensures that there is coverage seven days a week, but reduces the applicant pool.
- There is another clinician out on leave, at Juvenile Hall, should be back by May 24 or 25. The RANCH facility is currently fully staffed.
- There are clinicians that are trained in trauma focused CBT
- Diana- what is in place to identify high risk youth?
- Dan- primary venues for intervention, is through truancy courts and School Attendance Review Board (SARB)
- All youth entering the system are assessed by a Mental Health clinician, to help identify at risk youth.
- Geri- when a patient is released, does someone make sure that the person has an actual appointment for follow up? Is there a waiting list for appointments?
- The youth that are referred to a program, we are informed in advance, when the person will be released and we can make the referrals ahead of time and sometimes we can start services before the person is released. The patient can have contacts or connect with their clinician, before the person is released
- The challenging part is that MediCal is suspended while the youth is in Juvenile Hall or at the Ranch, reinstating or activating MediCal insurance so that services can be billed can be difficult. It is a state law, while incarcerated a person loses all benefits during the time that the person is held or sentenced, with adults and youth. Out of county MediCal has to transfer services, to Contra Costa County, or their county of residence to utilize MediCal insurance services. The patient must wait for the transfer to be in effect, before using the services. Although, the county does provide services, regardless.
- Diana- we have learned that recently released incarcerated adults, have a higher risk of death in the first two weeks. What are the statistics for youth?
- Dan- probation does have data regarding you; as a mental health program, we track the services and we can follow the path of services being rendered. When a minor leaves Juvenile Hall, they are assigned a probation officer and are still in the Juvenile system. It does depend on how proactive the parents are and what resources they choose to use. Depending on the severity of the mental health issues of the youth, it can be mandated by the courts, and then probation officer will check for compliance of the court order. Only youth with severe mental health issues are assigned a case worker
- The programs that we contract with, particularly FFT and MST, because the service probation involved youth, the clinicians have a better understanding of the probation system and are more communicative with the probation officers. The electronic medical record system does help facilitate communication, referrals and medications. Nationwide, recidivism is not a well-defined term and can be subjective to the definition or interpretation of an individual, program and government. Recidivism is being defined and measured, by the state and federal governments, it varies by area.
- The mental health program, works in collaboration with probation to assist in creating a new culture of understanding in regards to mental health. Mental health can contribute to some behaviors that can otherwise being interpreted as violating or criminal. The program communicates regularly with probation, helping in creating awareness of mental health issues, to

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| <p>understand the role that mental health issues play in behaviors. This is a goal of the mental health program, to continue to work with probation, to benefit and provide services for the youth</p> <ul style="list-style-type: none"> • Diana- is there any connections made between First Break programs and what is observed in detention? If someone is having hallucinations and displaying some signs of psychosis of some kind, who makes the connection to providing services to assist. • Dan- The mental health program works closely with the First Hope program, the program manager, Jude Leung, there are clinicians that work with moderate to severe youth, regardless if the services can be billed. • John Douglass- how does the program make the transition from juvenile to adult? In Richmond, the programs used regularly is CALI House and Richmond Works, that has a youth program and provides some vocational services • Dan- it is a challenging area, traditionally with youth. There is a Transitional Aged Youth (TAY) meeting, once a month, to discuss the challenges for youth in this age group (18-24 years old). The FFT program does work with youth, up to 20 years old and that is a service in place for a portion of the TAY group. A gap still exists in the program. There is not enough transitional housing, to offer TAY individuals. Depending on sentencing and the judge, youth can be housed at Juvenile Hall, or the RANCH, up to age 21. • Diana- maybe we can invite Jude, from First Hope, to discuss their program | |
| <p>VII. DISCUSS Committee members, attending other advisory body's meetings of interest, involving mental illness in detention, Juvenile Hall, the Assisted Outpatient Treatment Workgroup and Council on Homelessness</p> <ul style="list-style-type: none"> • Diana- will attend the following meetings <ol style="list-style-type: none"> 1. Contra Costa County Juvenile Justice and Delinquency Prevention meeting, on 6/6/18, from 6:30pm to 7:30 at Walnut Creek Superior Courts- 640 Ygnacio Valley Road, Dept. 5, in Walnut Creek (Gina Swirsding will also attend/alternate) 2. Community Corrections Partnership (AB109 meets quarterly) meeting, on the second Thursday of the month, from 10am to noon, at the Probation Department 50 Douglas Drive, 2nd floor in Martinez 3. Council on Homelessness is the first Thursday of the month, from 1pm to 3pm, (locations vary) 4. Continuum of Care, (quarterly meeting) the third Friday in July 20, from 10am to 12pm, at 30 Muir Road in the Hearing/ZA room, in Martinez (Gina Swirsding will also attend/alternate) • Geri and/or Gina will attend <ol style="list-style-type: none"> 5. Assisted Outpatient Treatment (AOT), 6/29/18, 10 to 11:30am at 50 Douglas, Probation conference room/second floor, in Martinez (Justice System member will offer to co-Chair a future meeting) 6. Report Out event on 6/15/18 at 2311 Loveridge Road in Pittsburg, Cypress conference room, from 12:15pm to 1pm 7. Rapid Improvement Detention and Reentry in the fall | |
| <p>VIII. REVIEW and DISCUSS Committee's Mission Statement</p> <ul style="list-style-type: none"> • Diana- asked members if they agreed with adding "with mental illness," to the mission statement, as stated on the agenda: "To work through families and interagency collaborations to ensure that individuals, with mental illness in the justice systems are given respect, dignity and human rights" | |

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| <ul style="list-style-type: none"> All members agree to add “with mental illness” to the mission statement: MOTION: Diana Makieve moved to motion to approve the new mission statement, Gina Swirsding seconded. VOTE: 4-0-0 YAYS: Diana MaKieve, Gina Swirsding, Geri Stern and Duane Chapman NAYS: none ABSTAIN: none ABSENT: none | |
| <p>IX. REVIEW and DISCUSS Committee’s goals for 2018</p> <ol style="list-style-type: none"> 1) Establish a Mental Health Commission (MHC) Justice Systems (JS) presence in advisory bodies and Rapid Improvement Events that impact those with mental illness in detention or Juvenile Hall/RANCH 2) Partner with the Behavioral Health, forensics and detention in advocacy efforts to improve care and treatment of mental health patients in detention 3) Advocate for Contra Costa County efforts like AOT, and LEAD PLUS, (Antioch) that help those with mental illness obtain treatment and supportive services instead of detention (preventative intervention) <ul style="list-style-type: none"> The JS Committee would like to receive more information from the Crisis Response Team program, (children and adults) and the MHET (Mental Health Evaluation Team program) The JS Committee will look to be part of the initiation of the, Stepping up Initiative, to start in the near future. The JS Committee will look to participate in the Sequential Intercept Mapping process will begin in the fall (September), similar to the Value Stream Mapping, focused on the detention system, entry into and exit from the adult system. David Seidner, Program Chief for Detention Mental Health will attend and present at the July 24, Justice Systems meeting The Police Chief Association, all Police Chiefs gather and discuss best practices, others may attend. Duane Chapman has attended in the past | <p>*</p> |
| <p>X. DISCUSS agenda for June 26, 2018 meeting:</p> <ul style="list-style-type: none"> The main focus for the June 26 agenda will be the discussion pertaining to the Prop 47, actually known as CoCo Lead+ Program Robert Weston, Project Manager and Patrice Guillory, Network Manager of HealthRight 360 will be presenting The Committee has agreed to have one speaker, per meeting | <p>*Agenda items and presenters, for June and July, are confirmed and set</p> |
| <p>XI. Adjourn Meeting at 3:30pm</p> | |