CONTRA COSTA
MENTAL HEALTH
COMMISSION
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cchealth.org/mentalhealth/mhc

Current (2020) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Leslie May, District V(Vice Chair); Supervisor Diane Burgis, BOS Representative, District III; John Kincaid, District II; Joe Metro, District V; Douglas Dunn, District III; Graham Wiseman, District II; Geri Stern, District I; Gina Swirsding, District I;; Sam Yoshioka, District IV; Katie Lewis, District I; Kira Monterrey, District III; Candace Andersen, Alternate BOS Representative for District II

Mental Health Commission (MHC)
Wednesday, January 8th, 2020 ◊ 4:30pm-6:30pm
At: 550 Ellinwood Way, Pleasant Hill, CA

I. **Call to Order/Introductions**

II. **Public Comments**

III. **Commissioner Comments**

IV. **Chair Comments/Announcements**

V. **APPROVE December 4, 2019 Meeting Minutes**

VI. **HEAR and DISCUSS presentation by Children's Response Mobile Team with Johanna Navarro-Perez**

VII. **DISCUSS Behavior Health Services Director's Report with Dr. Suzanne Tavano**

VIII. **DISCUSS Draft Director's Data Report compiled by MHC Data Committee and Warren Hayes**

IX. **DISCUSS and APPROVE Orientation and Training Curriculum for new and existing members of MHC**

X. **REMIND Committees to complete their Annual Reports**

XI. **DISCUSS where to hold April 2020 MHC meeting**

XII. **Adjourn**

The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 957-2619 to arrange.

MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
December 4, 2019 – Draft

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Cmsr. B. Serwin, MHC Chair, called the meeting to order @ 4:36pm Members Present: Chair- Cmsr. Barbara Serwin, District II Cmsr. Katie Lewis, District I Cmsr, John Kincaid, District II Cmsr. Diane Burgis, Supervisor, District III Cmsr, Douglas Dunn, District III Cmsr. Kira Monterrey, District III Cmsr. Joe Metro, District V Cmsr. Sam Yoshioka, District IV (left at 5:54pm) Cmsr. Geri Stern, District I (came at 4:56pm) Members Absent: Cmsr. Gina Swirsding, District I Cmsr. Graham Wiseman, District II Cmsr. Leslie May, Vice-Chair, District V Other Attendees: Dr. Suzanne Tavano, Behavioral Health Director, Contra Costa Behavioral Health Services (CCBHS) Dr. Matthew White, Medical Director, CCBHS Warren Hayes, MH Program Chief, CCBHS Gerold Loenicker, Children and Adolescent MH Program Chief, CCBHS Alexander Ayzenberg (Executive Assistant for MHC) Mark Goodman (Chief of Staff, Supervisor Diane Burgis Office) Dom Pruett (Representative of Supervisor Candace Andersen Office) Sean Kearns (Representing the Office of Assembly Representative Jim Frasier) Jeanne Falla (C.O.P.E. Family Support Center) Melinda O'Day Anna Lubarov	Complete Audio Recording available
II. PUBLIC COMMENT: • None	
III. COMMISSIONER COMMENT: • None	
IV. CHAIR COMMENTS: • The new Executive Assistant for Mental Health Commission, Alexander Ayzenberg, was introduced. • January Commission's meeting will be held on January 8th (as opposed to January 1st). • Executive Committee December meeting will not take place as it falls on Christmas Eve. The meeting will possibly be re-scheduled.	
V. APROVE November 6, 2019 Meeting Minutes • D. Dunn moved to approve the minutes, seconded by Kira Monterrey **Vote: 8-0-0** **Ayes:** B. Serwin (Chair), D. Dunn, J. Metro, D. Burgis, K. Lewis, K. Monterrey, J. Kincaid, S. Yoshioka	**Agendas and minutes can be found at:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

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VI. DISCUSS SB 428 (Pan) Mental Health First Aid and other youth initiatives with Gerold Loenicker, Program Chief, Child and Adolescent Mental Health:	
• SB 428 (Pan) was not signed into the law by Governor Newsom. The bill would have mandated the schools to introduce Mental Health First Aid curriculum in schools to train educational staff to roll out that kind of training in their school systems. The bill would help to increase mental health awareness in education system. It would really help to identify/screen the students who need behavioral/mental health help or early intervention, especially the one who are not exhibiting the obvious signs and address any behavioral/mental issues at their infancy as opposed to when they are full blown and the possibility of the youth acting out is very high. D. Dunn added that there is a major effort to get SB 428 signed into the law. • The other bill is SB 439 (please see the attached Implementation Guide), which was signed into the law. The bill excludes kids under the age of 12 getting under the jurisdiction of juvenile court system (unless serious crimes such as serious bodily harm, rape, or murder are committed). If child under the age of 12 commits a crime of non-violent nature, child is to be returned to the parents. And parents are to be guided how to handle the situation: Counties are mandated with come up with a plan and coordinate care, which involves CFS, Probation, Health Services, educational system, and Law Enforcement. Police department makes an initial determination after the arrest of where to place the kid: Probation/Juvenile court system or parents. The County's workgroup, spearheaded by CFS, is working on the protocol to implement SB 439 in Contra Costa. • Among other updates from G. Loenicker, one was about RFP coming out this week from Mental Health Services Oversight & Accountability Commission (MHSOAC) regarding Mental Health Student Services Act to possibly get the grant money to support existing behavioral health school collaboratives; to bolster school based mental health and to do more in the area of prevention and early intervention. These initiatives can potentially help with school dropout and truancy prevention. Stakeholders and providers will meet on January 20th at the Contra Costa Office of Education to discuss the best use of this grant opportunity. • B. Serwin wondered if mental health services were provided out of schools. Mr. Loenicker explained that schools were responsible for providing the mental health services, especially since the mandate changed in 2011, which is AB 3632 (prior to 2011, County was responsible for providing MH services to schools). BHS are still involved with lots of school districts (through contracts or collaboration), but not all. • K. Monterrey and D. Burgis raised the issue of Brentwood School District not working with BHS on providing enough behavioral/mental health support to its students. While the existing AB 3632 works for students who have IEP, especially with designated mental health services, it does not work well for students who have 504 plans so the support of school district (and to work with BHS) is even more needed for these students. Besides the lack of resources and support, the attitudes toward and awareness of mental health issues are still hindering some school districts in how they are dealing with behavioral/mental health issues, including Brentwood's. • D.Burgis updated the Commission on the conference, she recently attended, where California Surgeon General talked about adverse childhood experiences (ACE). More money would be funneled to address ACE for young children (not older ones) to establish the trauma-informed care. Dr. Tavano mentioned that G. Loenicker and his team are working with CCRMC pediatrician to implement trauma-informed care, specifically looking at ACE. G. Loenicker attended webinar presented by Surgeon General on the same topic: beginning of next year Medical providers in primary care will be able to bill for ACE screenings.	

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Attendees agree that introducing ACE (and potentially mental health) screenings at schools will be really helpful for everyone, especially students.

- The last update from G. Loenicker was about the new State’s law to mandate Counties to create Family Urgent Response System. State will create the hotline for children in foster care system (or who were in foster care system). Children or families can call for any risk of placement instability (the issues could be as simple as not wanting to do the homework; however, can explode into something more serious and dramatic). The hotline then will notify the local mobile response teams to take the appropriate action. Contra Costa County has an existing robust mobile response team so it will have easier time to implement this mandate. The multi-county collaborative is currently working to implement and setup protocols for this mandate to be in effect by January 2021.

VII. DISCUSS Los Angeles Homeless Authority's advocacy for preserving adult residential homes (ARFs) in Los Angeles led by Leslie May

L. May was not present at the meeting so Dr. Tavano stepped in to update on the topic and related items:

- LA County has produced two large reports on the issues that are closely related to the issues in Contra Costa County. The first report is where LA County is taking a lead in advocacy, especially around regulations of licensed boarding care facilities and adjusting base payment rate (Contra Costa is paying augmented rates for the facilities to provide enhanced services). When housing market goes up, the operators of small residential programs cannot keep up with real estate costs so it is becoming more difficult for these places to stay open. There have been enough closures so that LA County is looking into that and trying to figure out the way to keep these facilities open.
- When look at Behavioral Health Services: we start with prevention and early intervention, then routine outpatient mental health services, then full service partnerships, then crisis residential, then PES, then hospital (sometimes State hospital), and then often to the community, which could be IMD or MHRC. BHS has been trying to increase the number of licensed boarding cares in County. And to complete this continuum of care, people really need the housing for independent living in the community hence BHS has gotten into ‘housing business’ lately. LA has been looking at this continuum of care as part of their second report.
- One other big part of what LA is really highlighting in the second report is lack of Medical eligible psychiatric beds, which drives the rates up. In a way, the rest of CA caught on this issue to Bay Area (historically, LA had lots of psychiatric beds available to them and rates for inpatient care in Bay Area were 2-3 times higher compared to LA or other parts of State).
- LA is sharing reports with other counties. Contra Costa County is aligning itself with LA County because it has experienced the same issues even longer then LA (as whole Bay Area). It is great for LA County to produce these reports as they cover lots of topics that are especially meaningful for Contra Costa County. Whenever LA County raises an issue or express concerns, State listens due to the size of LA County, including the size of MediCal population so it is good to be aligned with LA County.
- D. Burgis inquired about how many licensed boarding facilities/programs rent vs. own the property and referred to ANKA Behavioral Health going bankrupt. S. Tavano explained that licensed boarding care facilities are most often a small family operated businesses, which could be really hit hard and lead to closures (that are happening) by housing prices going up and hence the property taxes going up and cost of living going up. After ANKA went bankrupt, BHS looked at their properties – some were owned and some were leased. For the leased ones, the price of rent was very high.

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• D. Dunn requested the copy of the second LA County report about, which talked about the lack of inpatient beds count among other things. He also brought up the issue of IMD/MHRC being subject to MediCal reimbursement exclusion per federal regulations. Dr. Tavano explained that applying for the exclusion waiver was done on the State level; Counties could push for applying (Contra Costa has done so); however, State has been reluctant so far.	

VIII. DISCUSS Director's Report:
• Dr. White asked W. Hayes to update on how BHS was working with State's 'No Place Like Home' initiative:
  • State used some of MHSA trust fund money to create 'No Place Like Home' program for local use for permanent supportive housing. Last year successfully applied for \$3.5 million to create 29 affordable housing units in Pittsburg, Veteran's Square for persons with serious mental illness.
  • We are now in the notice of funding availability period for round two of four or five rounds once a year; the final filing date is now January 8th, 2020. We hired a part-time consultant this summer using some of 'No Place Like Home' technical assistance money. K. Douglas is retired from County's Conservation and Development department.
  • Encouraged by Board of Supervisors to apply for as much as possible of 'No Place Like Home' money, BHS is putting forward an application to create 20 affordable housing units for transitional age youth (TAY) by tearing down and rebuilding County owned property on Oak Grove. There is a big County workgroup which includes BHS, Real Estate, Public Works, and EHSD to work on this project. The project will include using one of the existing buildings on the property for an assertive community treatment (ACT) team to serve not just TAY, but also young adults in the community to establish the continuum of care. The firm out of San Rafael will be the lead on construction. Hiring a property manager is also in the works. And if successful, the request for qualifications to CBOs will go to establish the ACT team. The application will ask for \$6.5 million to fund this project.
  • Currently, in the negotiations with three other possible applicants. One of them is called Galindo project, which involves converting the abandoned building near downtown Concord. Supervisor Mitchoff has been briefed on this project. The two other projects are in West County so the meeting with Supervisor Gioia has been setup to brief him. One of two projects is on 138th Street, which used to house Health Services Department. The whole project is 40 or so affordable housing units, including 10 units for persons with serious mental illness hence would like some of 'No Place Like Home' money. The second project is called Legacy in North Richmond. Eden Housing is the lead on both of these two projects. Galindo and Eden Housing projects are taking the lead in putting the applications together; however, they need BHS participation on few sections, which is happily provided. All three projects are in the vetting process; hopefully, will be able to meet January 8th filing deadline.
  • Oak Grove, Galindo, and both Eden Housing projects are treated separately and asking for separate money. 11 large counties are eligible for \$90 million in funds; however, each project/application is scored on its own merits (and potentially gets the money) independent of County.
• Dr. Tavano introduced the topic of looking into the feasibility of moving many of mild to moderate benefits into the primary care so that it is an integrated model. As things progress, BHS leadership will keep Commission updated.
• Dr. White and Mr. Hayes talked about the new County's Mental Health Clinic opening in San Pablo with the grand opening is scheduled for February 28th. The clinic will house both Adult's and Children's clinics. The MH clinic will be on the same campus as West County Health Center. BHS leadership is looking	

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forward to the opening and is working on staffing (going well) and moving the programs to the new building.

- D. Dunn expressed concerns that Commission had about the entrance to the building and what happens in the case of crisis situation. W. Hayes assured that while the entrances for Adult's (upstairs) and Children's (downstairs) clinics are next to each other, there is a physical barrier between two entrances and there is plenty of signage to direct people to the right clinic. There is a back entrance, which includes an elevator, to address dealing with the crisis situation should one occur.
- W. Hayes commented how Commission's input was taken to heart and implemented even after the architectural designs were done.

IX. REMIND Committees to draft their Annual Reviews and to set Goals for 2020
B. Serwin, Chair Mental Health Commission:

- B. Serwin reminded Committees, especially Chairs of Committees to start working on 2019 Annual Reports, which will be part of the overall Commission Annual Report. The report highlights Commission's accomplishments, special projects, and sets goals for 2020.
- After Chairs draft the reports, Committees (and eventually the full commission) shall discuss and finalize reports (and full Annual Report).
- Having previous year's report and this year's minutes are helpful in creating the current annual report. G. Stern requested both items to write her report. Commissioners were encouraged to provide their ideas and feedback for the annual reports during the entire reports' creation process.
- Commissioners agreed to discuss and finalize Committees' reports during January meetings so that the full Annual Report could be ideally discussed and finalized during February full commission meeting or definitely during March's meeting.

X. REVIEW the requirement to join a Mental Health Commission Committees and the required attendance of Commission meetings

- B. Serwin reminded Commissioners about the importance of attending all Commission's meetings for Commission to serve its purpose and function well. Per MHC Bylaws, Commissioner who misses four Commission's meetings in a calendar year is considered resigned from Commission. B. Serwin suggested that after three missed meetings, Commissioner would receive a warning from either EA for MHC or MHC Chair.
- Committees' meetings attendance is not required per MHC Bylaws. B. Serwin is concerned with Committees' meetings lack of attendance and its impact on what Committees, and Commission in general, can accomplish. B. Serwin would like to amend Bylaws to make Committees' meetings attendance mandatory and asked Commissioners to think about it to be discussed in the next Commission monthly meeting.
- Commissioners can join any standing Committee (Justice Systems, MHSA-Finance, and Quality of Care) on volunteer basis (only members of Executive Committee are voted in). B. Serwin strongly encouraged Commissioners to join MHC standing Committees.
- K. Lewis brought up the concern of commute and time commitment if she were to join any committee. D. Dunn suggested that depending on the particular committee composition, the locations and times of meetings could be adjusted to fit the members' schedules.
- K. Lewis brought up the possibility of participating in the committee's meeting remotely. M. Goodman reminded that any place Commissioner would be connecting remotely from had to be accessible to public per Brown Act.
- B. Serwin mentioned that the orientation curriculum was in the works, including building the binder of materials to accompany the orientation, to

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	improve the on-boarding process for new Commissioners and to expand knowledge of how Mental Health Commission fit into County's Behavioral Health system for any Commissioner.	

XI.	**VOTE for Chair and Vice-Chair of Mental Health Commission and Executive Committee members (Chair and Vice-Chair are automatically members of Executive Committee)**
	• J. Kincaid, as the lead of Nominating Committee, announced voting was about to take place. He briefly explained that to get on the ballot Commissioner had to express interest in running for the certain position or Commissioner could be nominated by other Commissioner (as long as nominated Commissioner accepted the nomination).
	• B. Serwin asked if someone expresses desire to join Executive Committee at the later time. W. Hayes said that another election could be held to vote that person onto Executive Committee.
	• J. Kincaid distributed the ballots for voting took place; he counted votes after the elections took place and the results were:
	  • Chair – Barbara Serwin
	  • Vice-Chair – Leslie May
	  • Executive Committee – Chair and Vice-Chair are joined by John Kincaid	

XII:	**Adjourned Meeting at 6:30pm**	

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Director’s Report

Fiscal Year 2018-19

Information contained herein is in the process of being validated, and thus is considered to be illustrative for the purposes of this project

Purpose

- Communicates qualitative and quantitative information regarding the state of BHS
- Allows analysis of seven selected areas, or domains, over time and how they interrelate
  A. Requests for Service
  B. Timeliness of Response
  C. Staffing Capacity
  D. Financing
  E. Number Served
  F. Service Impact
  G. Quality Assurance
- Supports more effective planning, implementation and evaluation of services

Scope

- Provides visibility of BHS staff and resources providing public mental health services in the following continuum of care:
  - In-patient psychiatric hospitals and facilities
  - Unlocked residential treatment facilities
  - Intensive out-patient treatment in the community
  - Specialty mental health services
  - Prevention and early intervention
  - Therapy from individual and network providers

- Does not include, due to data systems incompatibility, public mental health services provided in:
  - Health, Housing and Homeless Service Division
  - Contra Costa's Health Plan
  - Primary care health centers
  - Detention Mental Health
  - Public Health
  - AODS programs within BHS

Report Structure

- **Part I** – Narrative update on significant initiatives that are aligned with BHS Strategic Plan
- **Part II** – Reports on performance indicators selected to represent the seven domains
- **Part III** – How, where and from whom data has been collected

Behavioral Health Initiatives

- Comprehensive Coordinated Care
  - Rapid Improvement Events
  - Alcohol and Other Drug Service Integration
- Treatment, Housing and Supports
  - Assertive Community Treatment
  - Supportive Housing
  - Forensic Diversion Programs
- Data Systems and Evaluation
  - Electronic Health Record
- Division Operations and Infrastructure
  - Psychiatry Shortage

Performance Indicators

- Performance indicators are selected data that point toward how a particular BHS domain is performing and trending
- They assist in understanding how these domains relate to each other and enable visibility of opportunities for change
- Performance indicators selected to depict the seven domains:

Domain	Indicator		
A. Need for Services	# Access Line Calls	# PES Admissions	
B. Access to Services	# Days to Service		
C. Staffing Capacity	% Staff Vacancies		
D. Finance	Budgeted vs Spent		
E. Services Provided	# services provided	% billable services	
F. Service Impact	Reduction in PES admissions	Reduction in # hospitalizations	Reduction in inpatient costs
F. Quality Assurance	% MediCal served	% race/ethnicity	Client Satisfaction

Performance Indicator Summary FY 2018-19 (1)

Overview and analysis for Fiscal Year 2018-19:

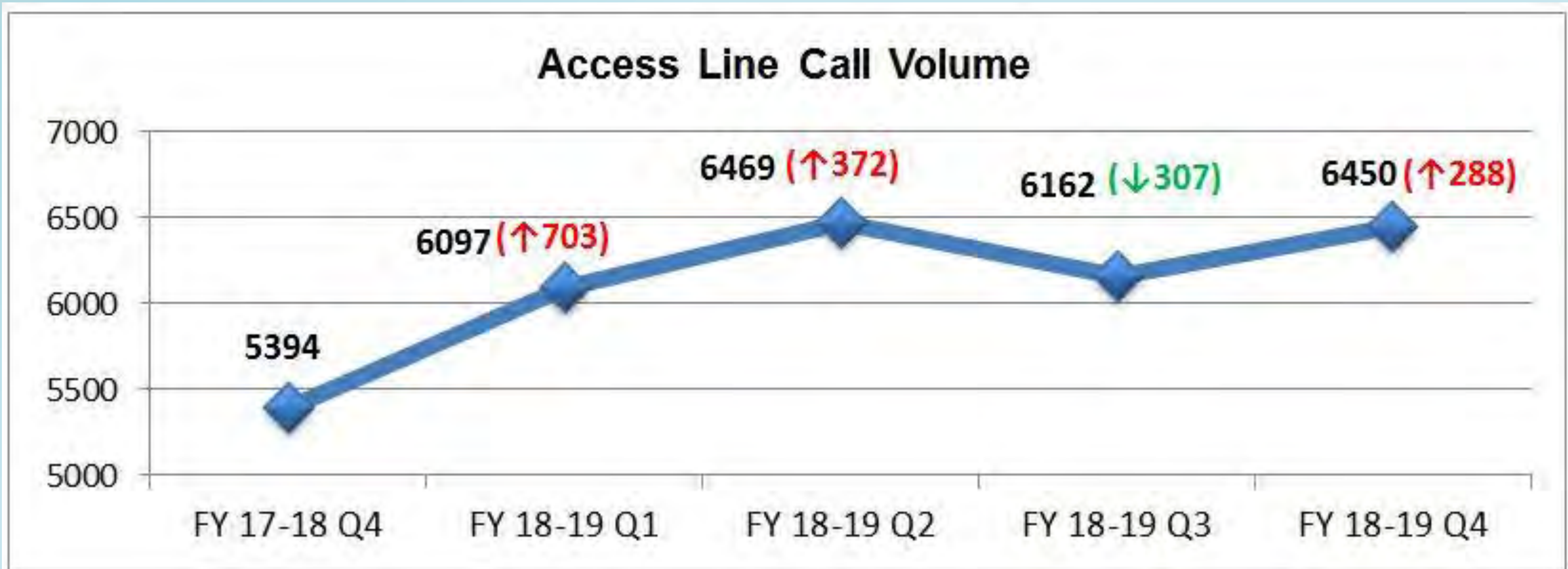
- **Need for Services –** Access Line call volume and PES admissions remained relatively stable, with a monthly average of 2,100 calls and 875 admissions
- **Service Response –** Non-psychiatry appointments met state standard of 10 days. Psychiatry appointments reduced from 32 to 17 days, slightly higher than the state standard of 15 days
- **Staffing Capacity** – Staff vacancy rate dropped from 19% to 12% - psychiatry vacancy rate dropped from 31% to 20%.
- **Funding** – BHS budgeted at $225 M, and spent $225 M.

Performance Indicator Summary FY 2018-19 (2)

- **Services Provided –** Volume of county clinic services provided remained stable at 12,300 per month
- **Service Impact –** Full Service Partnerships decreased PES admissions and in-patient psychiatric hospitalizations, while a high percent of adult care costs were spent on locked psychiatric facilities
- **Quality Assurance –** Contra Costa serves a higher proportion of persons who are seriously mentally ill and poor, and serves a higher proportion of persons of color. 70% of persons surveyed agreed that they were better able to take care of their needs as a result of BHS services

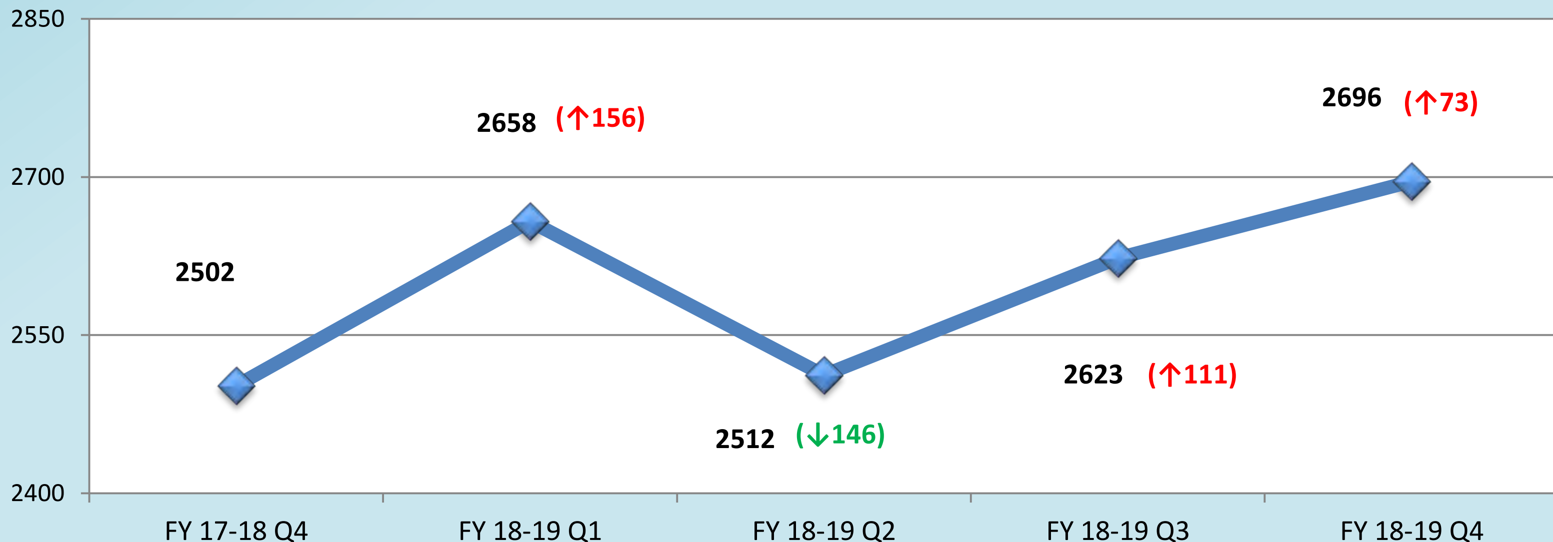
A. Need for Services (1)

An indicator of need for public mental health services is the volume of calls received through BHS's toll free 24/7 Access Line, where appointments for the type of care requested are provided.



A. Need for Services (2)

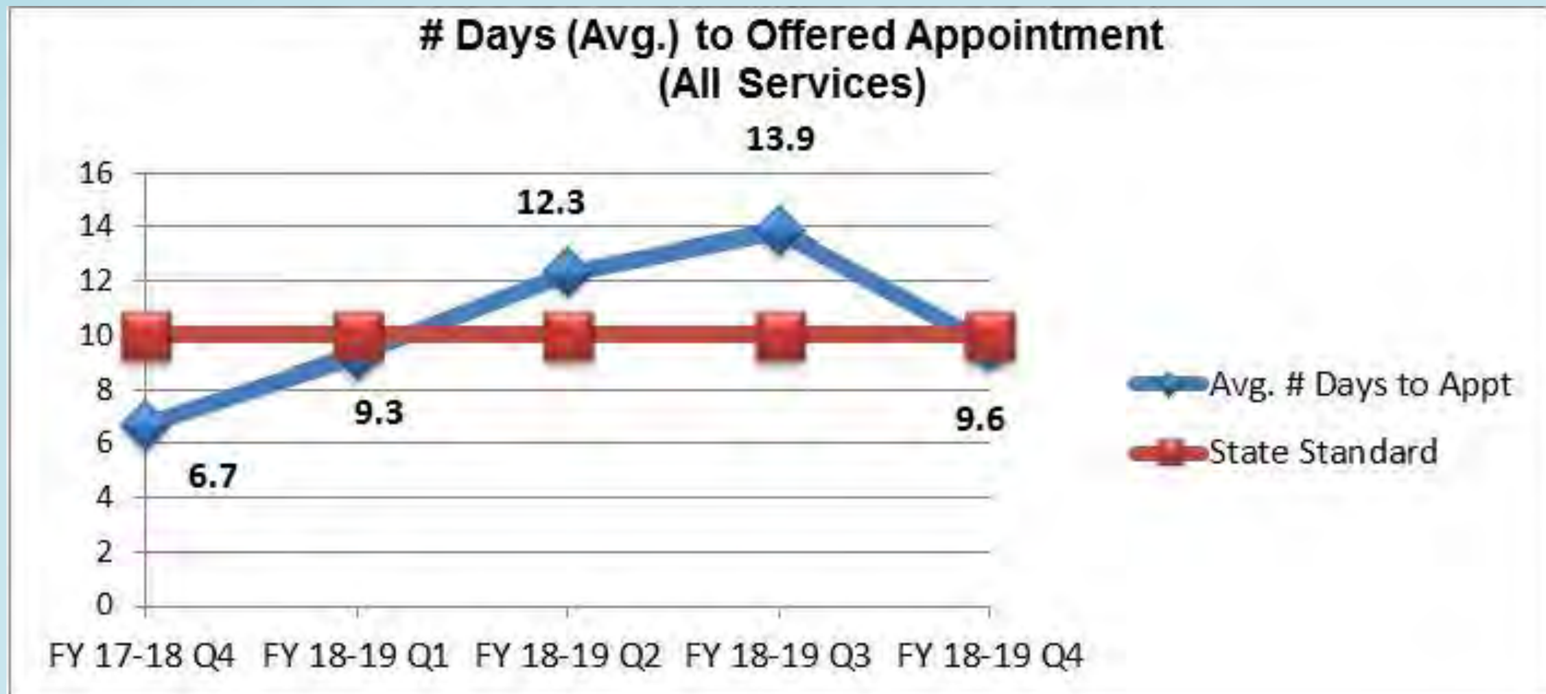
A second indicator of need for mental health services is the number of in-person admissions for crisis mental health services at Contra Costa's Psychiatric Emergency Services (PES):



B. Access to Services (1)

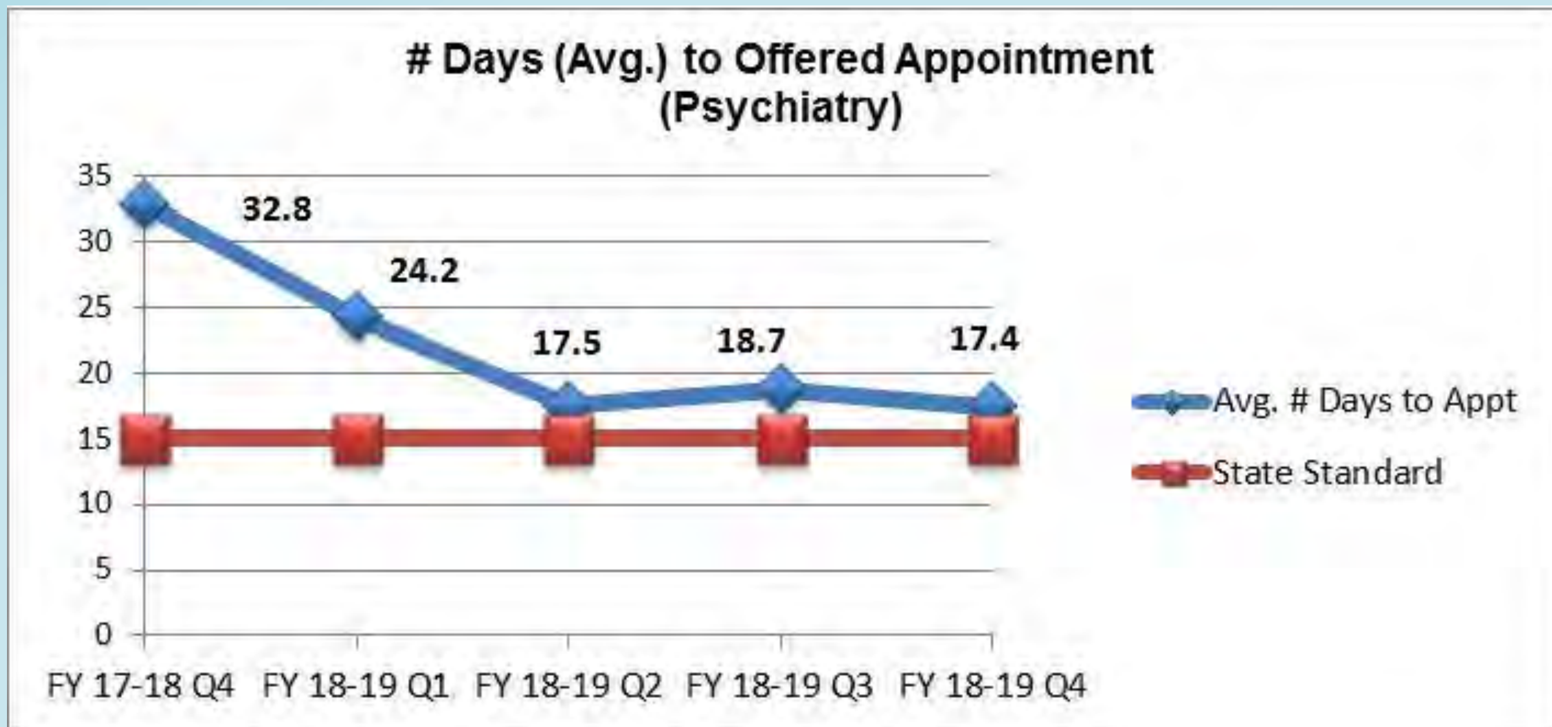
An indicator of responsiveness by BHS is the length of time it takes for someone to get a first appointment for mental health care in our county operated clinics.

The number of days from initial request to offered appointment for ALL SERVICES, and the percent of offered appointments that meet the State standard of 10 business days:



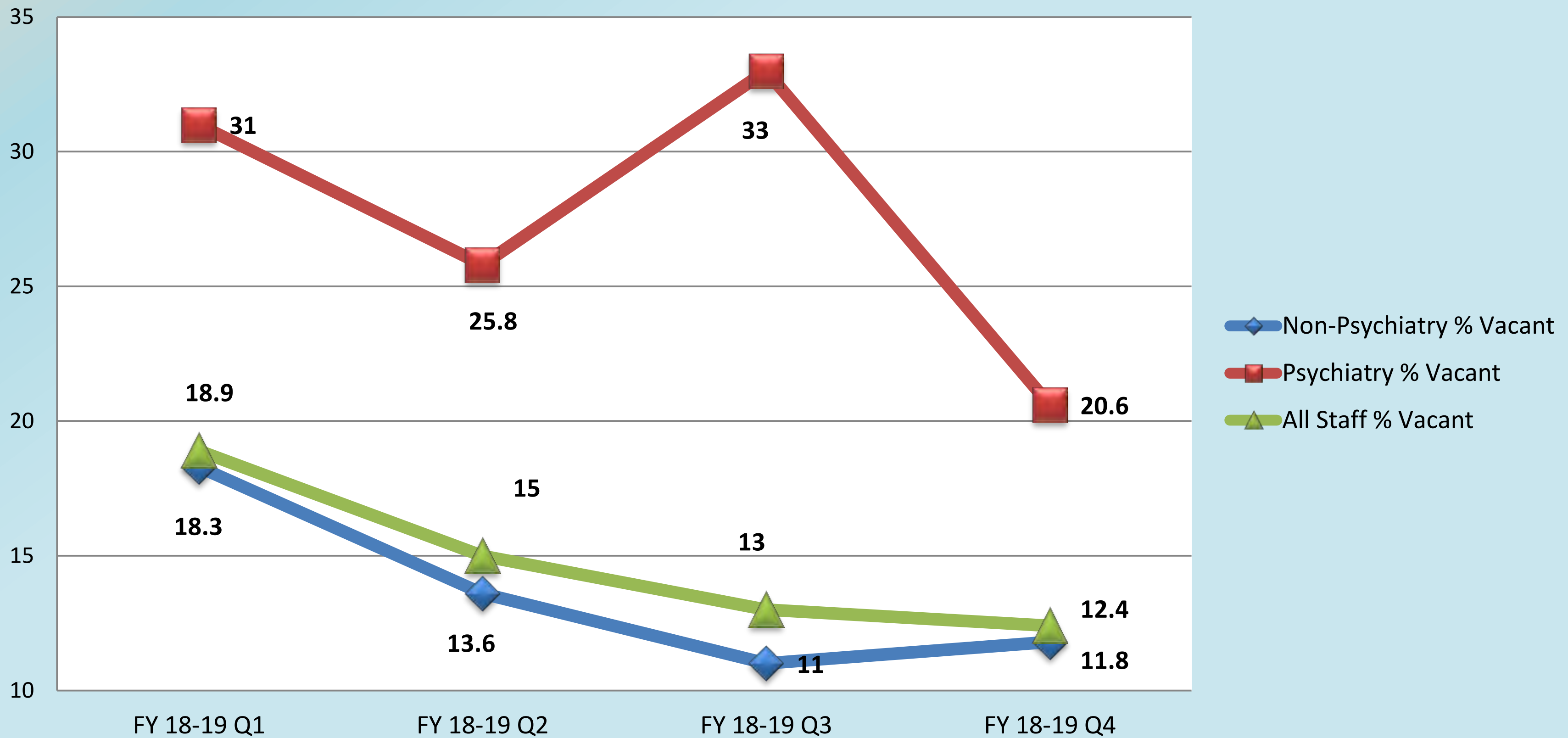
B. Access to Services (2)

The number of days from initial request to offered appointment for a PSYCHIATRIST, and the percent of offered appointments that meet the State standard of 15 business days:



C. Staffing Capacity

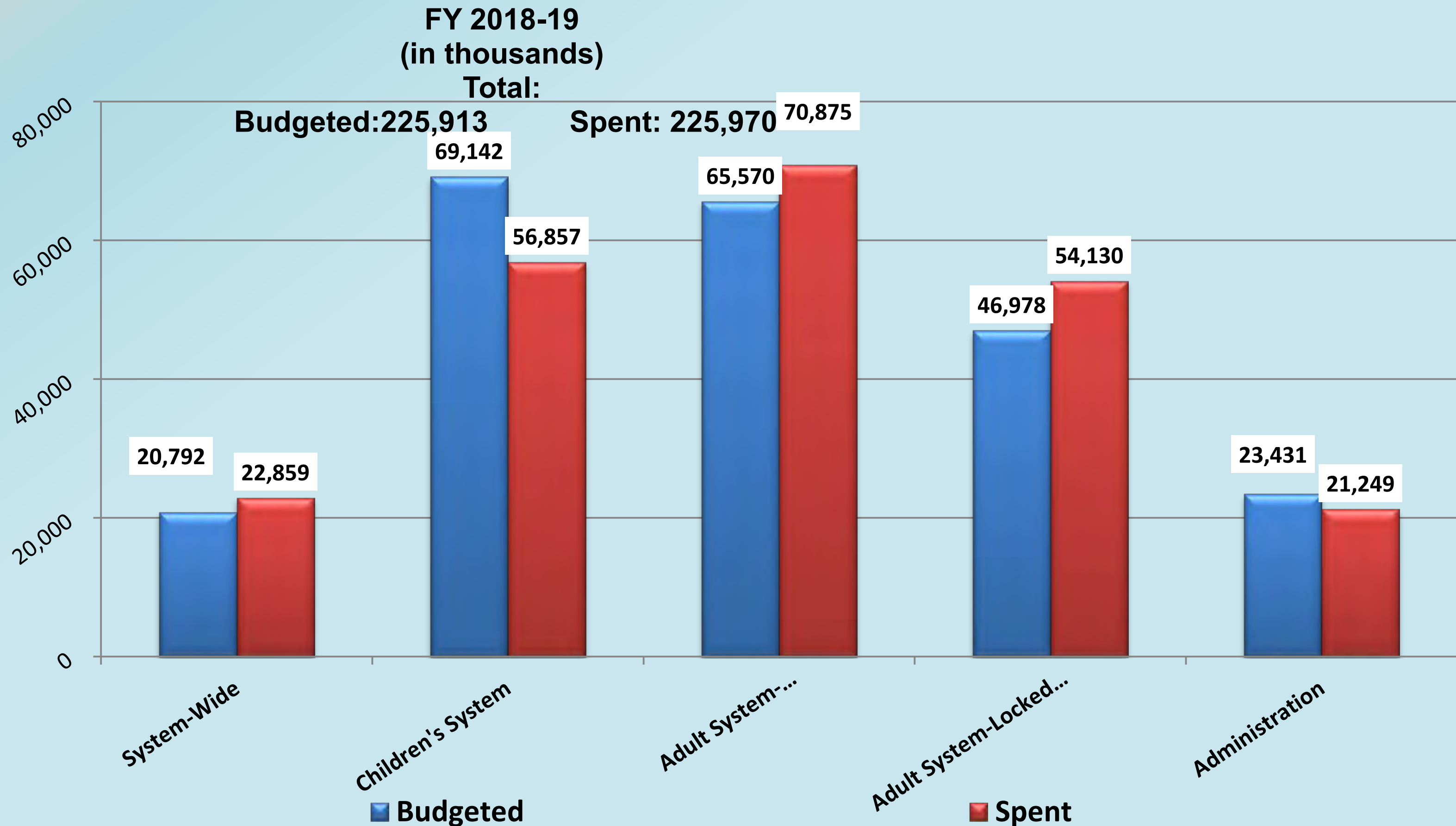
An indicator of how well BHS can respond to need is the number of county staff that are able to provide and support public mental health services.



	Authorized	Vacant
Non-Psychiatrists	518	61
Psychiatrists	40	8.25
Total All Staff	558	69.25

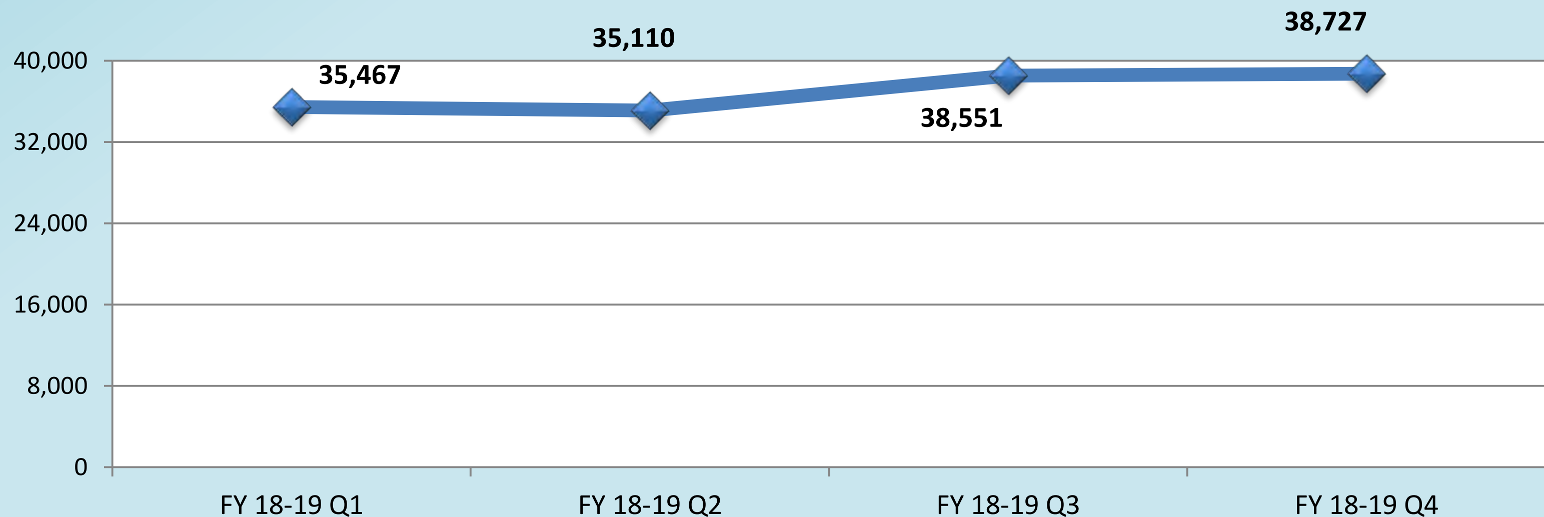
D. Finance

How much money is provided versus how much is spent for fiscal year 2018-19 is an indicator of BHS capacity to field staff and conduct operations (in thousands).



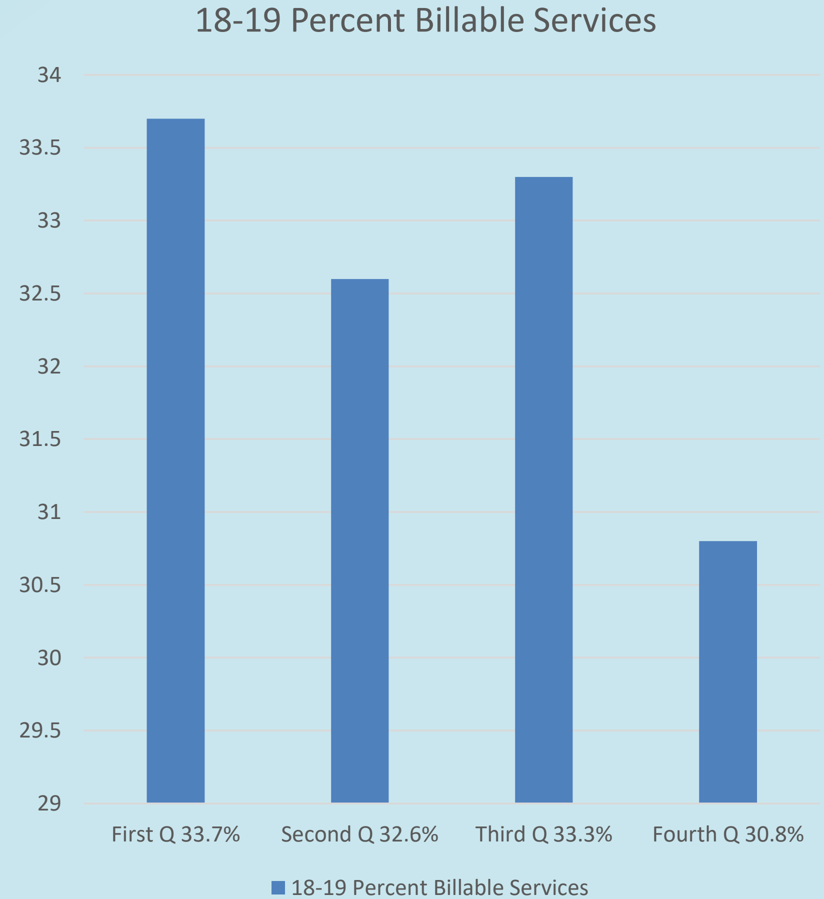
E. Services Provided

a. Total number of specialty mental health services provided by BHS enables an indicator of how many services are provided in relation to number of staff available.



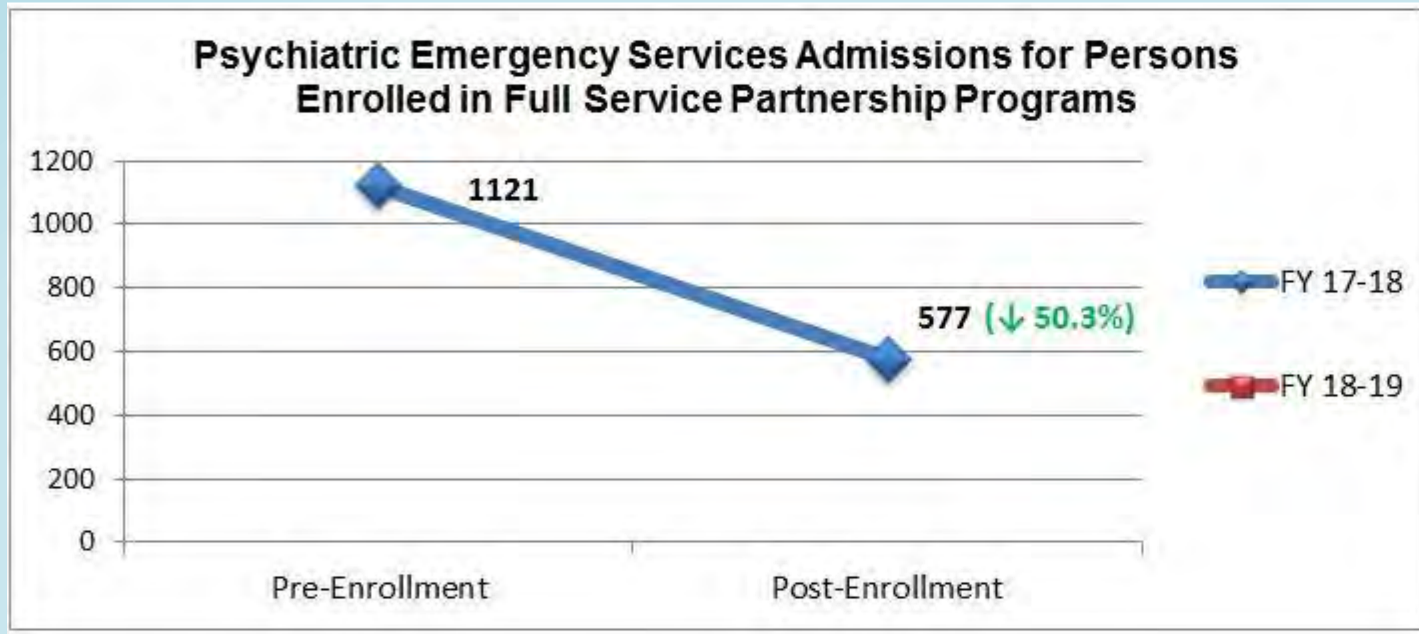
E. Services Provided (2)

b. The percentage of county operated clinician hours that are billable for federal financial participation (Medi-Cal and/or Medi-Care) provides an indicator of what percentage of an average work week is spent providing direct care.



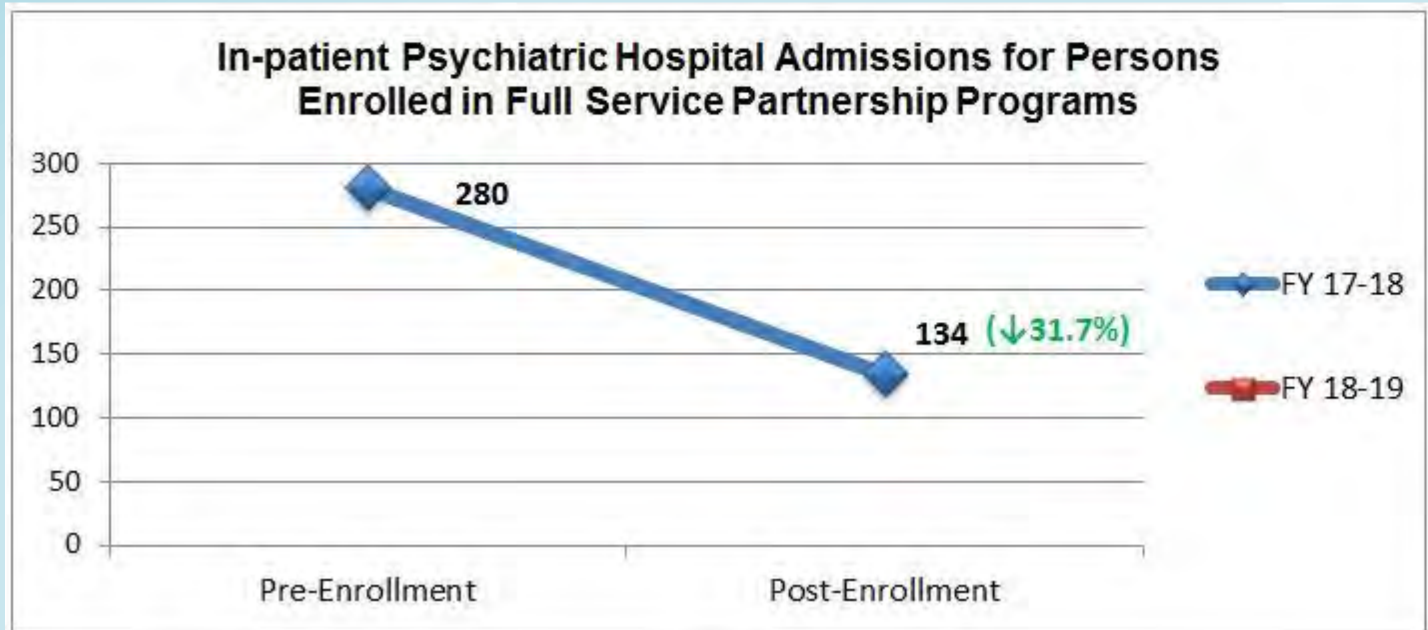
F. Service Impact (1)

Three indicators have been selected to provide data on how well the services of BHS assist clients avoid in-patient psychiatric hospitalization and recover to lower levels of care. The first is the reduction of Psychiatric Emergency Service (PES) admissions for persons enrolled in Full Service Partnership Programs:



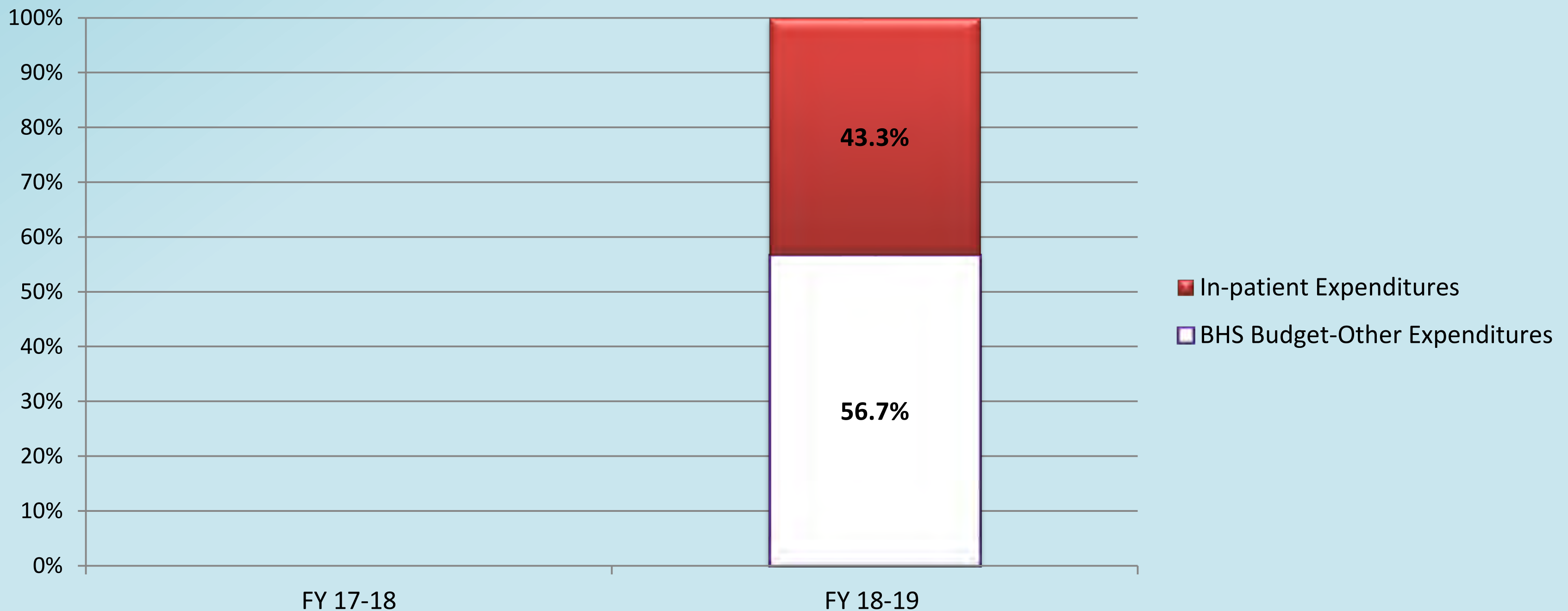
F. Service Impact (2)

The second is the reduction of in-patient psychiatric hospital admissions for persons enrolled in Full Service Partnership Programs:



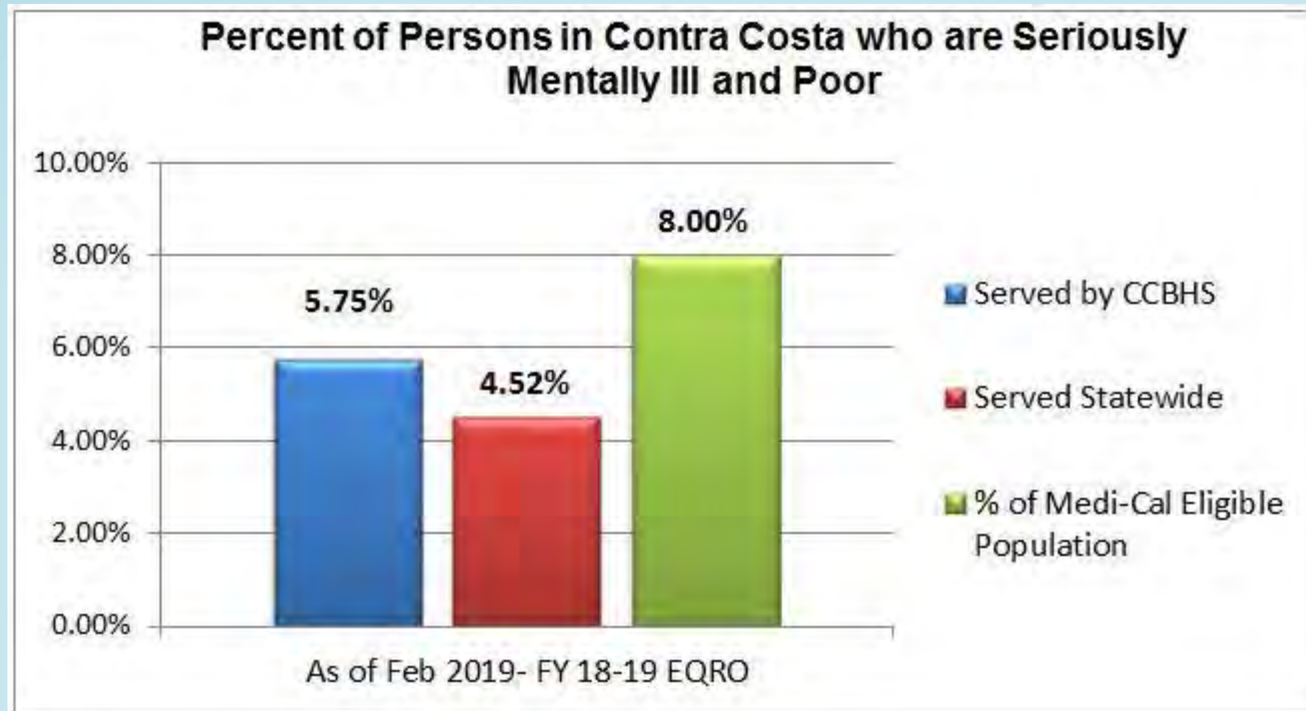
F. Service Impact (3)

The third is the percent of BHS expenditures (in millions) for in-patient psychiatric hospitalizations versus total adult system of care mental health program costs over time:



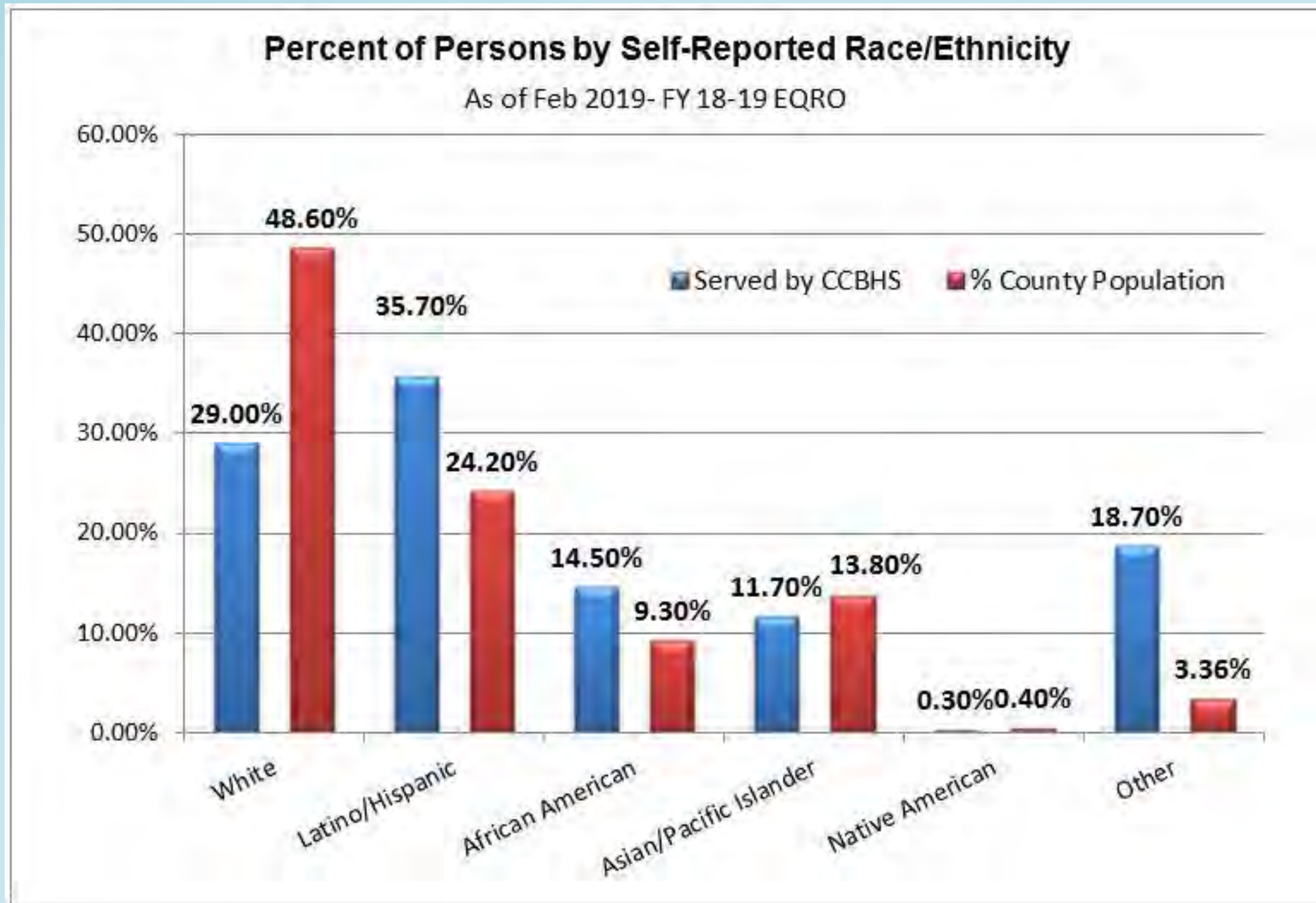
G. Quality Assurance (1)

The following three indicators speak to the equity and quality of care provided:
The first is the percent of persons in Contra Costa who are seriously mentally ill and poor.



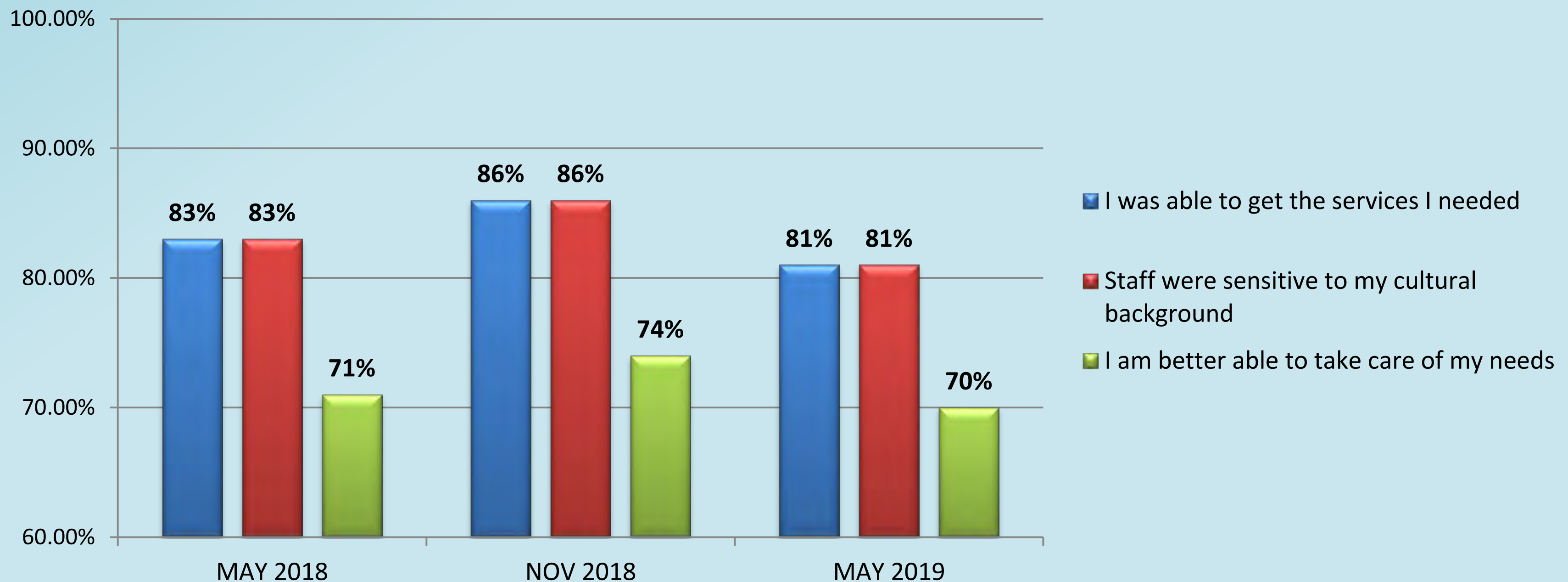
G. Quality Assurance (2)

The second indicator is the percent of persons by self-reported race/ethnicity served by BHS versus the County's census:



G. Quality Assurance (3)

The third indicator is drawn from semi-annual consumer surveys and depicts the percent of clients who agree or strongly agree with the following:



Methodology and Next Steps

Methodology

The Methodology Section of the report outlines nine different data sources that are not consolidated and easily accessible for use – some are not automated

Recommendations

- BHS and stakeholders "beta test" the information and data in this report for validity, reliability and usefulness
- Electronically automate this report upon determination that this tool supports better analysis, planning, implementation, evaluation and communication of BHS services

Point of Contact

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Martinez, CA
warren.hayes@cchealth.org
925-957-2616

All comments, questions, input and guidance are most welcome!

Mental Health Commission

Data Committee Input – Director's Report – as of: November 6, 2019

The ad-hoc Data Committee has been meeting since the Fall of 2018 to become educated as to how and what data is utilized by Behavioral Health Services (BHS). A communication tool, entitled the *Director's Report*, has been created to inform both BHS leadership and the Mental Health Commission as to trends in domains, or areas of interest that reflect performance indicators. Committee meeting time has been spent on gaining understanding of BHS data, what it means, and data constraints.

The following is a compilation of significant input and suggestions generated from the Data Committee's deliberations of the DRAFT Director's Report document:

Table of Contents

	Status
1. Put the Table of Contents prior to the Introduction	Incorporated
2. List sub-section headings as well as major sections	Incorporated

Introduction

3. Clarify who is the audience	Incorporated
4. Clarify purpose of the report	Incorporated
5. Explain why other county elements delivering mental health are not included in the report	Incorporated

Behavioral Health Initiatives

No changes recommended by Data Committee. However, Behavioral Health leadership provided changes to the initiatives, editing, and aligned the areas to Behavioral Health's Five Year Strategic Plan.

Performance Indicators

6. Changes in data should have some analysis of what it means	In progress
7. Notate where one domain's set of data influences or interrelates with another domain	In progress
8. Show more data over time to get better context	In progress
9. Wherever possible compare county data with statewide data	In progress
10. Provide more contextual narrative in graphs and tables	In progress
11. Indicate on the Performance Indicator Summary page where where state standards are applicable	In progress

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Need for Services

12. Differentiate new versus repeat callers and PES admissions In progress
13. Provide demographics on callers and PES admissions Data not available

Access to Services

14. Need to track no shows In progress

Staffing Capacity

15. Annotate those vacant positions that BHS is not trying to fill In progress
16. Annotate positions that are hard to fill In progress
17. Add average pay per classification to the data table In progress
18. Differentiate psychiatrist whole person versus FTE In progress

Finance

19. Would like the revenue and expenditure data to be approved for public release In progress
20. In general would like more specificity of financial data released In progress

Services Provided

21. For number served in locked facilities, need to differentiate between hospitals, PHFs, IMDs and state hospitals and show trends over time In progress

Service Impact

22. Long term would like to see if a metric could be developed to capture the interrelationship between improved service performance and the costs to provide the services

Quality Assurance

23. For depicting percent of persons who are seriously mentally ill and poor provide the viewer an easier understanding of what the percentages mean and their significance In progress

In general the Data Committee would like the public to have more and better education and understanding of what the data points mean, how they are constructed, and when possible compared to other counties. The Data Committee expressed appreciation for the discussions and knowledge gained during Data Committee meetings.

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Appendix 1 – Methodology

The Data Committee recommended that this appendix be added to list each performance indicator, the name of the report(s), where and from whom it is obtained, the data source, and the frequency of the report. This appendix has subsequently been created.

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Mental Health Commission Orientation and Training Curriculum

The purpose of providing this series of orientation and training sessions is to provide Commissioners with the information and tools necessary to contribute to the Mental Health Commission (MHC) in a meaningful way while providing a rewarding experience to individual Commissioners.

The following topics will be presented to new and existing Commissioners and interested community stakeholders as an orientation to the role and responsibilities of the MHC as an advisory body to the Board of Supervisors and Contra Costa Behavioral Health Services (BHS). The topics will also provide background information on services and programs of the County's mental health services, as well as information related to issues and efforts regarding mental health that are typically addressed by the Commission.

Each topic, or module, will be covered in 45 minute session prior to the start of each monthly Mental Health Commission meeting on a continuous basis. This will provide each new and existing Commission member the opportunity to learn how the MHC is governed and how public mental health services are provided, funded and evaluated. The format will be to review the learning objectives for each module and provide examples that are applicable to Commissioners' concerns and advocacy efforts. A binder with reference materials and handouts, such as power point presentations, organizational charts and program descriptions will be provided, as well as posted on the MHC website. The method of delivery is an informal exchange of information with time allotted for questions and discussion. BHS staff will be responsible to prepare for and conduct each module.

Module 1. Mental Health Commission Mandate, Structure and Governance:

- Mission, role and responsibilities of the MHC and Commissioners
- Structure, to include district representation and sub-committees
- Laws, regulations and policies governing the MHC, to include the Brown Act, Better Governance Ordinance, and MHC By-Laws
- How meetings are planned and conducted, to include discussion of issues, motions, and taking positions for further action
- Defining advocacy versus impartial representation, and recognizing potential conflicts of interest

Module 2. How Contra Costa Behavioral Health Services is Organized:

- Mission and responsibilities, to include how BHS relates to the Board of Supervisors and state and federal agencies
- How BHS relates to other divisions within Health Services Department that provide public mental health services, such as the Regional Medical Center, Miller Wellness Center and Detention Mental Health
- Introduction to key leaders and how BHS is administered
- Organization of the BHS Children and Adult Systems of Care, to include introduction to key programs and services

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- How the MHC and BHS collaborate / work together

Module 3. How Public Mental Health Care is Provided:

- Outreach and engagement
- Prevention and early intervention
- Specialty mental health services
- Intensive outpatient treatment
- Emergency and crisis response, including 5150 definition
- Inpatient hospitalization
- Best practices, cultural relevance, wellness and recovery
- Current challenges in the continuum of care, such as funding and staffing constraints, service gaps or shortfalls

Module 4. How Behavioral Health is Funded:

- BHS budget in the context of the overall Health Services Department and County budget
- The County's budget cycle
- How the Behavioral Health budget is developed
- MHC input and review
- Revenues
  - Federal financial participation – Medi-Cal and Medi-Care reimbursement
  - Realignment funding
  - Mental Health Services Act (MHSA)
- Expenditures
- Grants and Contracts

Module 5. How Services are Evaluated**:**

- How BHS is evaluated by the State and County, such as external quality reviews and triennial audits
- How BHS evaluates itself, such as performance outcomes, consumer satisfaction surveys, MHSA program and fiscal reviews
- The role and responsibility of the MHC and Commissioners to represent consumers, family members and other interested stakeholders in evaluating the quality of public mental health services in Contra Costa County
- Determine areas of interest to be covered in Module 6.

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Module 6. Miscellaneous Topics (to be determined by attendees):

This module will be devoted to addressing more in depth those current or emerging areas of interest relating to public mental health that have been selected by attendees; possible topics may include

- Suicide prevention
- Mental health in the criminal justice system
- Conservatorships
- Supportive housing
- Pending legislation and propositions affecting public mental health
- Networking with advocacy organizations and stakeholder bodies

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