

2014 CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION ANNUAL REPORT

Name: Contra Costa County Mental Health Commission
Meeting Time/Location: 2nd Thursday of each month from 4:30-6:30 p.m.
John Muir Behavior Health, 2730 Grant Street, Classroom A, Concord
Chair: Sam Yoshioka
Staff Person: Karen Shuler, Executive Assistant
Reporting Period: January – December, 2014

I & II. Activities and Accomplishments

❖ **Criminal Justice Committee**

1. Evaluate the content of POST and CIT training, based on participant evaluations.
 - Established a collaboration with Lieutenant Jeff Moule on reviewing POST and CIT training. Moule has been attending the meeting with updates on the CIT Training. Positive outcomes are taking place resulting from increasingly progressive discussions. Moule, the head of the Health Services Security Unit at the hospital, and in charge of CIT in the Sheriff's Office, informed us that the county adheres to the Memphis model. We learned that improvements to the program are being discussed, such as inclusion of CIT in the Police Academy; CIT curriculum for all CHP officers in the state; mandatory CIT; and the idea that there's a need for a mental health clinician at a 5150.
 - Overall, our conversations with Lt. Moule give us a sense of accomplishment, CIT has been expanded and improvements have been made to training; and POST is working toward statewide standardization and developing role-playing, interactive videos for training purposes.
2. Advocate to improve outcomes following interaction between law enforcement and consumers. Lt. Jeff Moule is assisting in formulating a survey for consumers who have been 5150'd. Commissioner Gina Swirdsling is working with police officers and consumers to develop appropriate questions.
3. Continue to monitor AB109 realignment funding and its impact on the Contra Costa County Mental Health system.
 - Chief Phil Kader has attended two meetings. Our dialogues with him result in our continued understanding of the AB109 process, better understanding of budgeting for AB109, and more clarity on the quarterly reports.
 - Chair Evelyn Centeno has attended two meetings of the Community Corrections Partnership and two meetings of the Community Advisory Board.
 - AB109 funding reimburses Behavioral Health Services for county programs and services given the returning mentally ill inmates.
4. Create a dialogue with probation for a consistent referral, tracking process and treatment, placement and outcomes process for mental health clients.
 - In May, David Seidner discussed the Forensics Report and AB109 Evaluation Report. Forensics is a 12 month program for clients referred by probation who have mental health challenges. There is a move from crisis institutional to community. They navigate and link clients to community-based organizations. They have a program to connect drug addicts to drug treatment agencies.
 - Data from the July 2013 AB109 Evaluation has the following statistics:
referred by probation to forensics 95; failed screening 17 of 95; screened 78 of 95; qualified for the program 50 of 78 clients screened.
Data from January - March 2014 Report: Housing and Homeless Services- To date, we have served 119 AB 109 probationers in our shelter program; AODS – Total referred 72, Referred for Treatment 45; Shelter Referrals – (Report Period) Total referred 29, Total discharged 13 – (Since Program Start) Total referred 209, Total discharged 109.
5. Work with the Juvenile Justice Commission to ensure mutual goals for continuum of care of juveniles during and after incarceration.
 - Daniel Batiuchok with Children's System of Care, licensed psychologist who is assigned at the Juvenile Hall, gave a presentation of the programs and services at the Hall. We learned about the

staffing involved, the various services, procedures for solitary confinement and the Youthful Offender Treatment Program. Daniel Batiuchok's presentation and interview provided a satisfactory assessment that those juveniles encountering the juvenile justice system are properly assessed and provided mental health services during and after incarceration.

- Louis Buckingham, who represents the CJC at meetings of the Juvenile Justice Commission, has attended the meetings of the JJC. He, as part of the MHSA Program Review, visited Orin Allen Youth Rehabilitation Facility. We are addressing Louis's observations on color-coded uniforms with the Ranch Superintendent Michael Newton.
6. Monitor the issue on how Jails and Prisons are being used as our New Asylums.
- CJC discussed with David Seidner, with Forensics and Marti Wilson, with the Behavioral Health Court, how Medicaid, SSI and other entitlements are lost when one is incarcerated. As a result, many former inmates must reapply for benefits upon release to the community, a process that can take weeks or months. The long wait for a Medicaid card is particularly problematic, since it is often the only means of obtaining mental health services and treatment of co-occurring mental health and substance abuse disorders. The potential for recidivism can reasonably be expected to increase under such circumstances. During committee meetings, this issue has been repeatedly mentioned to David. We are happy with Cynthia Belon's Director Report late this year that BH is now servicing mentally ill in jail who are going to be released with applications for re-instatement of Medicaid, SSI and other entitlements-- services made available by the Affordable Care Act.
 - In February, we received a presentation from Marti Wilson on the current status of Behavior Health Court, its history and her assessment of the current need to improve BHC's service capacity. As a result of her presentation, the committee passed a BHC Resolution that recommends hiring of a Mental Health Clinical Specialist. This committee Resolution was forwarded to the Commission and it passed.
 - Public Defenders Jonathan Laba and Kim Mayer, through our invitation, attended our meeting. Another engaging conversation where Commissioners acquired an understanding of the referrals process, what happens to referrals, patterns and success rate of referrals being approved by the District Attorney.
 - A dialogue with Julie Kelly, CCRMC Mental Health Program Chief regarding advocacy for a second Mental Health Clinical Specialist, enhanced our understanding of the different funding streams paying for inmate services in jail—from the sheriff's office, hospital and behavioral health.
 - Stakeholders have come to our meetings, describing the administrative structure, the referral process, various roles, funding stream and the complexity of providing continuum of care to our consumers in the justice system. The Criminal Justice Committee appreciates their time and expertise as they impart knowledge of processes, clarity of issues and improvement in our vision of our tasks.

❖ **Mental Health Services Act (MHSA) / Finance Committee**

A. Oversee compliance of MHSA-funds

- This Committee requested two audits: 1) Money In-Money Out, and 2) The Compliance Tool, that was a compliance and procedural audit that was fair for all. This was approved by the MHC and the BOS. The MHSA Monthly Budget Report came out of this process. This effort assists the Mental Health Commission in accomplishing its mandated oversight and accountability responsibilities.
- The Committee participated in developing and testing a compliance tool. They ensured that a Commissioner will be on each of the Contract Program Reviews.
- This effort assists the Mental Health Commission in accomplishing its mandated oversight and accountability responsibilities in a standardized process.
- Worked collaboratively with Warren Hayes and his staff on all phases of development and implementation.
- Demonstrated partnership with county and community based agencies through the collaborative implementation of the tool in a spirit of continuous improvement.

- Demonstrated focused commitment to the mission of the MHSA/Finance Committee and the Mental Health Commission.
- B. Assure compliance of mental health revenue and expenditures.
 - Provided committee members and the public with various documents explaining the complexities of California mental health funding and mandated role of the MHC to oversee compliance.(ex Realignment for Dummies, Performance Contract, Medi-Cal Audit Protocol, MHSA Monthly Budget, County Budget.)
 - Invited Vic Montoya to provide the committee with a deep history of the county role in relation to state and federal regulations. He recommended that this committee receives the following documents annually: Performance Contract, Audit Protocol, Budget, Cost Report (annually), Audit Report.
 - The Committee will continue to work on this goal.
- C. Continue to advocate for increased housing in order to reduce human and fiscal impacts across the continuum.
 - The Committee has received and reviewed reports and recommendations from CPAW Housing, Annis Pereyra and Janet Wilson.
 - Lauren Rettagliata is the Committee liaison to the CPAW Housing Committee and provides monthly updates to MHSA/Finance Committee.
 - The Committee will continue to work on this goal.
- ❖ **Quality of Care Committee**
 - 1) Develop an action plan whereby Contra Costa adult consumers can receive free dental service
 - Received and disseminated information regarding which adult dental services are to be restored through Denti-Cal starting May, 2014.
 - 2) Evaluate gaps in medical, psychiatric, social and cultural services
 - Reviewed 2013 Quality Improvement & Plan Evaluation, discussed committee questions with Quality Improvement & Evaluation staff and made recommendations for 2014 Quality Improvement Work Plan.
 - Following a consumer/family member expression of concerns, followed up on Community Care Licensing Complaint Investigation Report re: Crestwood, Pleasant Hill; received regular updates from Crestwood representative on how issues are being addressed.
 - Discussed concerns re: consumer-reported criminal activity in the Ellis Lake area with City Councilmember Edi Birsén and Concord Police Sergeant Gartner.
 - 3) Advocate for physical accessibility of services

Discussed consumer transportation concerns and made recommendations re: improving consumer transportation options; Planned to work jointly with CPAW transportation committee in 2015.
 - 4) Address oversight and accountability of out-of-county placements and receive information from community advocates as available.

Received updates re: Children's/TAY issues from Vern Wallace including status of in-county housing; update on AOD program; length of stay in PES; safeguards for youths at Juvenile Hall; protocol for school interventions.

III. Attendance/Representation

A quorum was achieved at 11 of 12 scheduled Mental Health Commission monthly meetings. As of December 31, 2014, there were 12 members of the Commission, plus 1 representative and 1 alternate from the Board of Supervisors. Of those, there are 4 Consumers, 5 Family Members, and 3 Members-at-Large. There are 3 vacancies (1 Consumers, 2 Members-at-Large). Ethnicity included on the Commission is African-American, Asian, Pacific Islander and Caucasian. There are 5 men and 7 women.

- ❖ District I Carole McKindley-Alvarez (resigned 6/14), attended 3 of 6 MHC meetings
Teresa Pasquini, attended 10 of 11 MHC meetings
Gina Swirsding, attended 10 of 11 MHC meetings
- ❖ District II Peggy Kennedy attended 10 of 11 MHC meetings

- Lauren Rettagliata attended 11 of 11 MHC meetings
- Barbara Serwin (appointed 12/14) attended 0 of 0 MHC meetings
- ❖ District III Louis Buckingham attended 10 of 11 MHC meetings
- Jerome Crichton attended 7 of 11 MHC meetings
- Tess Paoli (appointed 8/14) attended 5 of 11 MHC meetings
- ❖ District IV Greg Beckner (appointed 10/21/14) attended 2 of 2 MHC meetings
- Dave Kahler attended 11 of 11 MHC meetings
- Sam Yoshioka attended 11 of 11 MHC meetings
- Colette O'Keeffe (resigned 7/14) attended 3 of 6 MHC meetings
- ❖ District V Peggy Black (appointed 4/14) attended 5 of 8 MHC meetings
- Evelyn Centeno attended 9 of 11 MHC meetings
- Jack Feldman (resigned 7/14) attended 5 of 6 MHC meetings
- BOS Representative Karen Mitchoff attended 5 of 11 MHC meetings
- BOS Alternate Representative Mary Nejedly Piepho attended 0/11 MHC meeting.

IV. Training Certification

Peggy Black attended the New Commissioner Orientation. See attached training certificates.

V. Proposed Work Plan/Objectives for Next Year

The Contra Costa County Mental Health Commission has a dual mission: First, to influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and Second, to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

❖ **Criminal Justice Committee**

1. Advocate to improve outcomes following interaction between law enforcement and consumers.
2. Continue to monitor AB109 realignment funding and its impact on the Contra Costa County Mental Health System.
3. Work with the Juvenile Justice Commission to ensure mutual goals for continuum of care of juveniles during and after incarceration.
4. Monitor the impact of Prop 47 on the Mental Health System.

❖ **Mental Health Services Act (MHSA) / Finance Committee**

1. Oversee compliance of MHSA-funds
2. Assure compliance of mental health revenue and expenditures.
3. Continue to advocate for increased housing for adults, older adults, children and TAY in order to reduce human and fiscal impacts across the continuum.

❖ **Quality of Care Committee**

1. Advocate to establish a crisis residential facility as well as expand Psychiatric Emergency Services for children and adolescents.
2. Advocate for specialty mental health services for consumers who have chronic health difficulties, dual diagnosis of developmental disabilities & mental illness, and/or seniors with mental illness.
3. Address gaps in medical, psychiatric, social and cultural services: a) explore and address concerns re time allotted for initial psychiatric exam b) continue to monitor repairs at Crestwood to meet standard of care