

Contra Costa County Mental Health Commission

2016 Annual Report

Submitted by:

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July 15, 2017

Mandated Responsibilities

Mental Health Commission

It is the responsibility of the Mental Health Commission to:

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any County agreements entered into pursuant to Welfare & Inst. Code 5650.
3. Advise the Board of Supervisors and the Contra Costa County Mental Health Director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an Annual Report to the Board of Supervisors on the needs and performance of the County's mental health system.
6. Review and make recommendations on applicants for the appointment of Contra Costa County Director of Mental Health Services. The Commission shall be included in the selection process prior to the vote of the Board of Supervisors.
7. Review and comment on the County's performance outcome data and communicate its findings to the California Mental Health Planning Council.
8. Perform other duties as authorized by the Board of Supervisors.

As part of its duties set forth above, the Commission shall assess the impact of the realignment of services from the State to the County, on services delivered to clients and in the local community.

Mental Health Commission 2016 Annual Report

This report contains the following sections:

- Introduction
- Changes in Commission representation
- Commission efforts and accomplishments for 2016 and goals for 2017
- Quality of Care Committee 2016 efforts and accomplishments and 2017 goals
- Finance Committee 2016 efforts and accomplishments and 2017 goals
- Justice Committee 2016 efforts and accomplishments and 2017 goals

I. Introduction

The Contra Costa County Mental Health Commission (MHC) had a busy and ambitious agenda in 2016. We pushed steadily on longer term issues and challenges, such as continued tracking on Psychiatric Emergency Services (PES) and authoring of the White Paper. We addressed acute issues as they arose, such as advocating for improvements to injection medication protocol at county clinics. We also made strides in improving the more administrative side of our work.

Two important themes informed our efforts: 1) Teamwork; and 2) understanding our roles and responsibilities. We took steps and will continue to improve teamwork and collaboration with our partners in Behavioral Health Services (BHS) and the Hospital, and to develop ties with the state organization- The California Association of Local Mental Health Board and Commission, that supports all Mental Health Commissions and Advisory Boards in California. We also made it a focus to understand our own role and the role of our partners, as well as our mandated responsibilities. These themes have enabled us to better know who we are and what our job is, and to better assist the BOS, BHS, and our other partners in providing the best care possible for people in our county who suffer from mental illness. These themes will continue to guide us in 2017.

II. Changes in Commission Representation

Commission membership was very dynamic this year, with five new Commissioners joining, two resigning, and a new Executive Assistant coming on board.

Joined: Connie Steers (District IV), Douglas Dunn (District III), Meghan Cullen (District V), Michael Ward (District V), Jason Tanseco (District III)

Resigned: Greg Beckner (District IV), Tess Paoli (District III)

Vacancies: We currently have four vacancies: A Family Member in District I, a Consumer Representative in District III, a Consumer Representative in District IV, and a Family Member in District V and the Chair will be working with you with filling the vacant positions.

Executive Assistant: Karen Shuler retired from her contract role and Liza Molina-Huntley joined as a full-time staff member of the BHS.

Please see the chart below showing all Commission posts and vacancies.

2017- Commission and Committee membership status			
MEMBER	DISTRICT	TYPE OF MEMBERSHIP	EXPIRATION DATE
Chair- Duane Chapman	I	Member at Large	6/30/17
Vice Chair- Barbara Serwin	II	Consumer Representative	6/30/19
Diana MaKieve	II	Member at Large	6/30/19
Samuel Yoshioka	IV	Family Member	6/30/19
Gina Swirsding	I	Consumer Representative	6/30/17
Douglas Dunn	III	Member at Large	6/30/19
Lauren Rettagliata	II	Family Member	6/30/18
Jason Tanseco	III	Family Member	6/30/19
Connie Steers	IV	Member at Large	6/30/18
Meghan Cullen	V	Member at Large	6/30/19
Michael Ward	V	Consumer Representative	6/30/18
VACANCY	I	Family Member	
VACANCY	III	Consumer Representative	
VACANCY	IV	Consumer Representative	
VACANCY	V	Family Member	

III. Efforts and Accomplishments

Authored White Paper

In the spring of 2016, the MHC published a White Paper, a kind of state of the union address, which provides an overview of the challenges facing the mental health system in Contra Costa County from the perspective of the Commission. The paper calls out the dramatic rise in the number of adults and children presenting at PES; chronic understaffing due in part to non-competitive compensation; the lack of children and adolescent in-patient and residential treatment facilities; the acute need for more family support; and the deficits of a top-down budgeting system that does not adequately capture program needs and priorities. Initially spearheaded by Lauren Rettagliata and Barbara Serwin, the report was written with the input of BHS and the Behavioral Health Care Partnership.

The recommendation to send the paper to the Board of Supervisors (BOS) was first made on March 2nd by a unanimous vote. A motion to present the paper to the BOS was passed again, unanimously save one abstention, by the Commission on April 6th. The White Paper presentation was unanimously supported, save one abstention, by the Commission on September 7th. The paper was presented to the BOS on

September 13th. The BOS gave strong words of support and assigned the paper to the Family and Human Services Committee for further review. Unfortunately, the paper has not yet been scheduled for a Committee meeting – CAO staff identified October 2017 as a likely possibility. That will be nineteen months since the first motion to present the White Paper to the BOS was passed in March of 2016. Follow up on the White Paper and the issues it raises will continue in 2017.

MHC Retreat: Roles and Responsibilities and Teamwork

In August the MHC hosted an all-day retreat with the dual themes of “roles and responsibilities” and “team work.” The attendees were mainly Commissioners, including Supervisor Candace Andersen, and a few county staff that work closely with the MHC, including Jill Ray from Supervisor Andersen’s office, Enid Mendoza from the CAO, and Adam Down from BHS. The retreat was led by Susan Wilson, a representative of the California Institute of Behavioral Health Solutions (CIBHS), which is the state not-for-profit organization that supports all state mental health commissions and boards.

As a first retreat objective, the MHC wanted to clarify its role within the public mental health community and to get a firm grasp on its mandated responsibilities. Secondly, the MHC wanted to develop a greater sense of teamwork between the MHC, the BHS, the CAO and the Supervisor’s office so that we could all work more smoothly and effectively toward our shared goal of helping those with mental illness. We believed that understanding the Commission’s roles and responsibilities vis a vis the roles and responsibilities of our partners, was essential for true collaboration. The retreat gave us the time, space and expertise from the CIBHS to accomplish these objectives. We look forward to a similarly formatted, successful retreat in 2017.

Supported MHSA Planning Process

The MHC provided meaningful support to the MHSA planning process in 2016.

- The MHC hosted and chaired the MHSA FY 2016-17 public hearing in April.
- Multiple Commissioners participated in and helped facilitate the MHSA Three Year Plan stakeholder forums held at the end of 2016.

Initiated MHS Contract Review Process

In 2016, the MHC made the commitment to meet its mandated responsibility to review County contracts related to mental health. Commissioners Chapman, Serwin and Rettagliata worked closely with Adam Down from BHS to determine objectives, learn about the contract process at BHS, look at the range of contracts, and discuss specific contracts of interest (e.g. higher dollar amount or typical contract, e.g. for psychiatrists.) The team is currently working on a process for selecting and evaluating contracts for review that is doable, efficient and effective, and on determining where to place this responsibility within the Commission.

Tracked on Electronic Health Record System

The MHC fully understands the importance of the Electronic Health Record (EHR) system as the basis of a timely, coordinated, efficient and effective Mental Health system. Throughout the year, the MHC consistently and persistently raised questions regarding timing, plans and financing of the County's EHR system to help ensure transparency and accountability. The Commission will continue to monitor the progress of plan implementation in 2017.

Influenced Improvements to Injection Medication Protocol

The MHC heard testimony from a family member regarding the inability of a son to obtain an anti-psychotic injection medication at a BHS clinic due to a lack of inventory. For her son, the ramifications of missing a dose of his medications are serious. The MHC's line of questioning led to a plan for correction and ultimately the modification of the injection protocol for County clinics.

Supported Sheriff's Bid for SB 863 Funding

The Commission strongly supported the Sheriff's efforts to win an \$70 million-dollar grant to providing housing and treatment to inmates with mental illness through expansion of the West County Detention Center. Commission members toured the Martinez detention facility, where the County's mentally ill population is held, and the West Count detention site. The Commission also attended meetings and heard testimony of staff from the Sheriff's Office, Behavioral Health Services Department, and Detention Mental Health Services. The Commission continues to support the Sheriff's office as it now competes for SB 844 funding.

Supported the Knightsen Farm Project

The Commission voted to support a residential farm project as part of the MHSA Three Year Plan.

Improved Administrative Tools

The MHC introduced an annual calendar as a means of improving planning of Commission meetings (e.g. meeting content, presenters, requests for information) and responsibilities (e.g. host annual MHSA planning community meeting) and regularize the creation of agendas and distribution meeting packets. The calendar will be tested and enhanced during 2017. Secondly, a tool was created to document and track motions separately from minutes to enable Commissioners to quickly access the exact language and timing of all motions and thereby understand their commitments. Thirdly, meeting agenda language was standardized to the model used within Behavior Health. This simplifies agenda creation and clarifies intended meeting actions.

Asked Hard Questions

The MHC learned of many issues relating to mental health in our County over the past year. We heard of concerns and incidents from the street, from mental health care professionals, and from phone calls from the community, including family of

loved ones and consumers. Many of these came directly to the full Commission and some were worked on at the subcommittee level and then forwarded to the full Commission for further action. We sought to get to the heart of the matter, asking difficult questions, and we worked hard to shine attention on issues that might easily fade away.

Some of the issues that we tracked on include:

- The high percentage of unfilled positions at BHS, especially psychiatrists, and the resulting negative impact on service delivery, including the two to three month wait for psychiatric appointments once a consumer had been initially assessed;
- The challenging situation at PES, including such issues as 1) Overcrowding in an aged facility not designed for current capacity or needs; 2) An untenable strain on staff; 3) An alarming recidivism rate; 4) Children's exposure to adult consumers; and 5) Patients being discharged without the family's permission or in some cases even their awareness;
- The death of a consumer at Family Courtyard and the question of whether the provider was adequately delivering the mental health services that it is being paid to deliver;
- Continued problems at Riverhouse in Martinez, owned by Eden Housing Corporation, with bed bug infestation, mold, deterioration, etc.
- Funding to support the Don Brown Shelter in Antioch;
- The cultural competency of the delivery of programs and services.

Reports

The MHC invited several County mental health programs and resources for presentations and discussion. The following are representative highlights:

- ***EQRO Report:*** The MHC reviewed at full Commission and Quality of Care Committee level the all-important EQRO Report for 2015. We benefited from seeing more data-driven analysis, we learned of positive new outcomes, and we recognized challenges and opportunities that we've written and spoke of ourselves. We look forward to greater involvement and analysis of the report in 2017.
- ***AOT Six Month Program Report:*** The MHC reviewed and discussed a report presented by Research Development Associates (RDA) covering the first six months' operation of the Assisted Outpatient Treatment (AOT) Program (or Laura's Law Program). The discussion surfaced the desire of the MHC to play a

more active role in the AOT Program stakeholder process. Determining meaningful MHC participation has been a key topic of early 2017.

- ***Family Partner Programs:*** The MHC received an update on the strong efforts by the Family Partner Programs to ensure that families have the awareness to access the services they need within MHS and can advocate for their family member who needs services. Discussion led to the question of “how do we get to families before they suffer so much.”
- ***Mental Health Evaluation Team (MHET):*** The MHC heard a presentation on the operations of the relatively new MHET team -- the BHS clinician and police program for connecting clinicians to people with mental illness.
- ***CCC Homeless Continuum of Care Point-in-Time (PIT) Report:*** The Commission heard the January 2016 numbers on the homeless in our County. Commissioners asked for details on methodology and for the number of mentally ill within the homeless population (29%).
- ***The Family Justice Center:*** We learned about the many critical services offered by the Center and about the distressing facts associated with its clients – about 8% need mental health services.
- ***MHSA Three-Year Plan:*** The MHC reviewed the plan with deep focus, aided by the Finance Committee’s financial review of MHSA-funded programs and services.
- ***Reports on PES:*** Updates on PES were included in several reports by various BHS and hospital staff, including Dr. Christine Jerard, Anna Roth, and Victor Montoya. Note that this information was augmented by several visits to PES by Commissioners.

IV. Goals for 2017

Continue Efforts of Teamwork and Understanding Our Roles and Responsibilities

This year the MHC will continue to develop teamwork and collaboration and our understanding of who we are and what we have been tasked with by the State of California.

Expand Outreach

In 2017, greater outreach efforts are a key goal. The MHC needs greater diversity among its Commissioners to reflect more accurately the make-up of our constituencies. This challenge needs to be addressed as part of our recruitment

strategizing with the BOS. A second aspect of diversity is reaching out to our various communities to ensure that they know that they have an ear and a voice in the MHC. Our major strategy this year will be to host a few MHC full Commission meetings in locations other than Martinez. So far, we are scheduled to meet in West County in March and East County in October.

Develop Commissioner Training

The MHC has a dire need for effective training, especially for new Commissioners. This need is especially acute given the large number (five) of new Commissioners who joined in 2016 and projecting forward to the recruitment of four new Commissioners as soon as possible in 2017. The better our training, the faster Commissioners come up to speed and the more effective they are. This year we will work to develop a baseline training program. Current ideas include well-targeted documentation, formal training as modeled by CPAW's seminar-style training delivered before every monthly CPAW meeting, informal training through mentoring, and more of the team-oriented learning that we initiated through our 2016 annual retreat. These approaches will benefit more seasoned Commissioners as well.

Increase Muscle Power

A key hindrance to the MHC is the number of vacancies in our membership. We are currently down by four Commissioners, which is one-third of our team; this has been the norm. Our five new Commissioners are all at different levels on the learning curve. While we can help, our new Commissioners come up to speed more rapidly through our training goal, we need the strong hand of the BOS to help us bring in qualified and committed recruits. This year the MHC will strategize with the BOS on outreach and recruitment.

Implement More Effective Timing

The MHC is still working at contributing its input at the point when it matters most. An important example is the budget. If the Commission does not find a way to advise on needs in the earliest stage of budget development, or provide feedback when the budget is mid-way through development, then it cannot effectively influence change in budgeting priorities. The MHC will focus this year on working more collaboratively and more proactively with BHS to 1) identify initiatives and activities that fall within its mandated scope of responsibilities; and 2) time its input appropriately.

Integrate the Contract Review Process

In 2016 the MHC initiated a project to review targeted county mental health-related contracts. In 2017 we will continue to develop our contract review process with the goal of integrating it into our normal monthly business. This goal ties in with our goal of "more effective timing"; when we proactively watch for large or otherwise important contracts coming down the pike, we can time our questions at the early stage where they are most likely to be helpful and well-considered, instead of being

caught unawares a few days prior to a major contract review and going into a reactive mode.

Continue Communication and Advocacy of White Paper

In 2017, the Commission will continue to communicate the needs outlined in the White Paper, track on issues identified in the White Paper, and encourage action by the BOS.

Continue Support for Improved Mental Health Care in County Jails

If the Sheriff's bid for SB 844 is successful, we will collaborate in any way that we can to bring input from the mental health community to the development process. Regardless of the outcome, we will continue to advocate for better services and conditions for mentally ill inmates in our jails.

Participate More Closely in the AOT Workgroup

In early 2017, the MHC has worked with BHS to draft a plan for a baseline AOT Workgroup stakeholder input process that enables greater MHC involvement. Our goal for the remainder of 2017 is to work with the BHS and the AOT Workgroup to effectively implement this plan.

Continue Organizational Learning

The MHC will continue with its developing partnership with the California Institute of Behavioral Health Solutions and its sister organizations throughout California. We will continue to learn from the success stories of other counties and make use of the Institute's resources and understanding of the roles, responsibilities and best practices of Mental Health Commissions in California. MHC Duane Chapman will continue to attend CIBHS conferences and liaison with the Institute's leadership. It is likely that CIBHS will participate in the 2017 MHC annual retreat.

Quality of Care Committee, Mental Health Commission

2016 Annual Report

I. Changes in Membership

The Quality of Care Committee has had many changes in membership since late 2015: We lost Chair Peggy Black, Dave Kahler, Tess Paoli and Greg Beckner; and we gained Gina Swirsding and Connie Steers. Currently, we stand at three committee members rather than the target of four. These changes significantly impacted our ability to consistently form a quorum for meetings. Fortunately, Commission by-laws were changed recently to permit an Executive Committee member to stand in at a meeting to form a quorum, so we should be able to meet regularly in 2017.

II. Efforts and Accomplishments

Scheduled Injectable Medication Procedure at Clinics

The Quality of Care Committee heard direct testimony from a family member whose son was not given a scheduled long-acting anti-psychotic injection medication at a BHS clinic. Typically, patients receiving an injectable are severely ill and lapses in medication can have serious consequences. Commissioners had experience with or were familiar with other incidences in our County. The Committee recognized that clinics should have the same accountability for medications that a hospital has when administering anti-psychotic medications to severely mentally ill patients. Committee and subsequent Commission efforts resulted in a revised procedure to improve effectiveness and timeliness of medication fulfillment. A Nursing Program Manager presented the revised procedure to the Commission. Our next step will be to circle back to look at the impact of the changes.

Shelter Deaths

The Committee tracked on two deaths that occurred last winter at the Brookside Shelter and one death at the Family Courtyard. We were concerned that the deaths might have a mental health component. We visited these sites and asked questions, e.g. Were there lapses in care or safety procedures that contributed to the circumstances of the deaths? What type of quality assurance reviews take place after mortality? Who is going out to identify the mentally ill in areas that have overflow emergency shelters? What is the quality of outreach? Despite numerous attempts we were unable to obtain a coroners report or learn specific details regarding the deaths. We did, however, contribute to keeping these incidents visible. We plan to monitor the investigations around these deaths for progress and to continue efforts to keep the deaths in the spotlight.

Consumer Rights

Many issues that the Committee learns of have a consumer rights aspect, whether it's a lapse in care or patient-to-patient violence. With the closure of programs operated by Mental Health Consumer Concerns program in 2013, there is no longer a consumer advocacy resource for clinic out-patients such as there is for PES and 4C in the hospital setting. There is, however, a strong need for consumer advocates so that consumers have a formal mechanism for problem resolution and as a means for the BHS to learn about problems in care. This year the Committee heard testimony and discussed mental health-related incidences that led to several discussions on this topic. New Committee member Connie Steers has significant expertise in the area of consumer rights and the Committee is likely to advocate for a robust consumer rights program to serve County clinics.

Other Efforts

- The Committee continued to research issues around the creation of crisis in-patient and residential facilities for children and adolescents. We consolidated information collected to date and have begun regular attendance of the Children's group that reports to Vern Wallace. Our next step will be to develop a case for the creation of these facilities for presentation to the Board of Supervisors and BHS Finance.
- The Committee supported the efforts of the Sheriff's office to win the SB863 grant award for expanding the West County detention facility with the purpose of improving mental health care for inmates. We visited the Martinez and West County jails and participated in meetings with the Sheriff's Office, County mental health staff, and other law enforcement and detention facility staff to learn about the needs of mentally ill inmates and about the proposed supports. Committee members voted affirmatively for Commission support of the Sheriff's grant proposal.

III. Goals for 2017

1. Continue to address gaps in medical, psychiatric, social and cultural services
 - Respond on an ad hoc basis to issues brought to the Committee's attention
2. Continue to advocate for the creation of crisis in-patient and residential facilities for children and adolescents
3. Continue to monitor quality of care issues at Psychiatric Emergency Services (PES)
4. Research specialty mental health services for consumers who have chronic health difficulties and/or dual diagnosis of developmental disabilities and mental illness

5. Continue to work with the Criminal Justice Committee and full Commission to advocate for improvements in the care of inmates who are mentally ill
6. Update the full Commission on key findings from the EQRO annual report and support quality of care-related challenges and opportunities for Behavioral Health Services as identified through the EQRO process
7. Evaluate consumer rights and advocacy programs for gaps in the system

Finance Committee, Mental Health Commission

2016 Annual Report

I. Efforts and Accomplishments

Review of Funding for Mental Health

Each month one of the top priorities of the MHSA/Finance Committee is to insure that funding for Mental Health is focused on improving the care and treatment for people diagnosed with a mental illness. Each meeting Warren Hayes gives us an update on the MHSA spending and an overview of the Program & Fiscal Reviews done that month on MHSA programs. This Committee also has asked to be updated and kept informed on Realignment I & II Funding. We have only received the same reports seen by the Committee in 2015. These are for fiscal year 2013-2014. We hope to be brought up to date soon.

As a committee we are becoming more knowledgeable about how care and treatment are financed. In that vein, we have also asked to receive, on a regular ongoing basis, Federal Financial Participation (FFP, i.e. Medi-Cal and Medicare) reimbursement funding reports. FFP reimbursement comprises around 50% or greater of county mental health funding. Health Services Finance Department indicated they would try to comply. With this knowledge we hope to improve the lives of those who rely on the county for their care.

Contracts Review

We also received all County contracts for the first time. The Committee Chair is currently working with the Chair and Vice-Chair of the Commission to develop policies and procedures for contract reviews.

Review of Systems and Housing for the Mentally Ill.

The committee will focus on understanding the systems in use in our county. We need to consider what the options are and collaborate with the Quality of Care Committee on housing issues. This committee has noted that there needs to be a plan in place that determines if the funds spent are: improving the quality of treatment and care, keeping the status quo, or causing treatment and care to deteriorate. We have improved our knowledge of homelessness, housing and shelter procedures for the mentally ill. We reviewed our housing partnerships, searching for models that work best to provide the most successful transitions and supports toward wellness. We did search for space and funding, to be used to improve and increase housing for our seriously mentally ill.

Authoring and Collaboration on the White Paper

The main focus of a sub-committee was to prepare and collaborate with the Behavioral Health Department and the Behavioral Health Care Partnership to produce the Mental Health System & Budget Crisis document., also known as the White Paper. It was contemplated that this report would have an effect on how the budget for mental health is developed. The document and presentation asked the Board of Supervisors to give budget priority to systemic deficits in care that are not being addressed in the current budget process.

II. Goals for 2017

1. Effectively track funding spent on Mental Health—is funding being leveraged to recoup maximum dollars from federal and state funding?
 - Task 1: Receive and Review MHSA Program and Fiscal review
 - Success Criteria—improve outcomes for consumers by identifying areas for improvement.
 - Time Frame—ongoing
 - Resources-- MHSA Administrative Chief and Staff
 - Task 2: Receive Quarterly MHSA Budget Reports
 - Success Criteria—able to identify weaknesses in planned funding.
 - Time Frame—ongoing
 - Resources—Health Services Chief Financial Officer and Staff
 - Task 3: Twice yearly review of 1991 & 2011 Realignment Income & Spending
 - Success Criteria—able to identify weaknesses in planned funding.
 - Time Frame—ongoing
 - Resources—Health Services Chief Financial Officer and Staff
 - Task 4: Twice yearly review of Federal Financial Participation Income & Spending
 - Success Criteria—able to identify weaknesses in planned funding.
 - Time Frame—ongoing
 - Resources—Health Services Chief Financial Officer and Staff

2. Improve services for those with a mental illness with federal funding, state realignment funding, and county funding.
 - Task 1: Assure that services are funded are being provided
 - Success Criteria—Reports from BH Admin that show care provided is being accessed
 - Time Frame—each program or incident documented.
 - Resources --BH Admin., Onsite visits, Feedback from patients and consumers
 - Task 2: Work on the 3 year Plan and Yearly update
 - Success Criteria—
 - Time Frame – Ongoing emphasis on October through December
 - Resources -- MHSA Staff, CPAW
 - Task 3: Public Hearing on MHSA Plan
3. Effectively track those who are seriously mentally ill who have housing, those who use shelter beds, and those that are homeless so that the committee can study options that are working and advocate for programs that will reduce homelessness
 - Task 1: Reduce homelessness for those with a mental illness
 - Task 2: Improve housing availability at all levels
 - Task 3: Learn of housing models that are successful and have a proven track record

Justice Committee, Mental Health Commission

2016 Annual Report

I. Changes in Membership

The Justice Committee was greatly hampered by understaffing in 2016. The Committee lost its Chair early in the year. The subsequent Chair had to step down from her duties for an extended period of illness. The overall Commission problem of understaffing applied to the Committee, which at times was and currently is down to two members. As a result, there were times when the Committee's monthly meeting could not be held due to the lack of a quorum.

II. Efforts and Accomplishments

Assisted in Changing the Uniforms of Youth at Juvenile Hall

The Justice Committee assisted in changing the uniforms of those institutionalized in the correctional Juvenile Hall facility in Martinez. The uniforms that were previously utilized at the Martinez Juvenile Hall were not uniform in color. The previous uniforms were color-coded and those in the facility felt targeted due to the color-coded clothing. After negotiations, the mission was accomplished. Juvenile Hall is currently utilizing new uniforms. These uniforms have provided confidence and a better outlook to those who are currently institutionalized.

Continued Efforts to Create a Community Mental Health Referral Card

The Justice Committee continued with its efforts to create a mental health referral card that would resemble a business card, with a quick glance of referral numbers for mental health services throughout the county, including the 1-800 Crisis Center, Wellness Center, Family Partners, AOT and more. The card could be utilized by Law Enforcement and other agencies to hand out to the community during encounters with those in need of mental health services.

A grant for the creation of the Community Mental Health Referral Card was obtained, but due to many impediments the grant was unfortunately lost.

Supported Sheriff's Bid for SB 863 Funding

The committee supported the Sheriff's SB863 for the expansion of the West County detention facility to provide mental health services within the facility.

III. Goals for 2017

1. Reestablish the grant and complete the creation of the cards so that they may be utilized throughout the county.
2. Continue to support, SB844, for the expansion of the West County detention facility to be able to provide mental health services.