

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
February 1, 2017 – FINAL**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Commission Chair Duane Chapman called the meeting to order at 4:37pm.</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II Supv. Candace Andersen, District II Sam Yoshioka, District IV Gina Swirsding, District I Douglas Dunn, District III Michael Ward, District V Meghan Cullen, District V Connie Steers, District III Lauren Rettagliata, District II (arrived @4:52pm)</p> <p><u>Commissioners Absent:</u> Diana MaKieve, District II Jason Tanseco, District IV</p> <p><u>Other Attendees:</u> Captain Tom Chalk, Sherriff Office Bob, Sherriff Office Christian McCaffrey, Sherriff Office Warren Hayes, Jill Ray, Field Rep Supv. Andersen’s office, District II Robert Thigpen, Adult Family Partners Coordinator Jennifer T, Children’s Community Workers Coordinator David Snieder, Chief of Detention for Mental Health Vic Montoya, Program Manager Susan Waters, CCCBH Dega, AOD Liaison Phil Arnold, Inmate/Welfare Fund Board Roberto Roman, Payroll Services Will Taylor, NAMI rep Travis Cruz, BH center Jonathan Bash, Supv. Diana Burgis’s office, District III Adam Down, Behavioral Health Admin Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p>Transfer recording to computer</p>

<p>II. Chair Report, Announcements, and Comments – Duane Chapman</p> <ul style="list-style-type: none"> • March 1 meeting will be held in West County at the: SAN PABLO COMMUNITY CENTER, in the COMMUNITY HALL, in San Pablo, at 2450 Road 20 • The EMS 5150 SUMMIT will be on February 22, from 8am to 4:30pm at John Muir Medical Center, on Ygnacio Valley Road, in Walnut Creek. Contact the Contra Costa County Emergency Medical Services for registration information • The 5th Annual Foster Care Youth Conference will be on March 11 in Richmond. This is a community event and everyone is invited 	
<p>III. PUBLIC COMMENTS:</p> <ul style="list-style-type: none"> • None 	
<p>IV. COMMISSIONER COMMENTS:</p> <ul style="list-style-type: none"> • Commissioner Steers thanked everyone for their condolences during her mother’s passing last month and for the services being received, from Behavioral Health, for a loved one. CCCBHS offered better care than what was being received in the private health care system. The person, undergoing treatment, is improving and receiving good care. Noted the importance of the mental health services BH provides to the community. • Commissioner Serwin attended a day of the EQRO audit review meetings. The sessions gave information regarding the overall services Behavioral Health provided during 2016. It was noted that BHS’s comprehensive planning approach and the implementation of data driven decision making. Additional details regarding the electronic health records system was obtained as well. Kudos to BHS for the improvements made in 2016. • Supervisor Andersen recently attended the “Stepping up Initiative Conference,” in Sacramento, along with other law enforcement agency representatives. The purpose is to learn new ways to approach mental ill within the justice system. Various workshops were offered regarding how to reduce the amount of mentally ill in our justice system. In the months to follow, stated Initiative will be presented to the Board of Supervisors, in hopes to be implemented in CCC. Once a schedule has been set, the information will be forwarded to the Executive Assistant for the Mental Health Commission to forward to all parties interested in participating. It will be open to the public. • Commissioner Dunn compiled a letter, sent out by NAMI INTERNATIONAL. If anyone is interested in reading the letter, it can be accessed on the website at: change.org 	

<p>V. MOTION to approve the January 4, 2017, minutes. No corrections were needed</p> <ul style="list-style-type: none"> • Gina moved, second by Doug, to approve the January 4, 2017 minutes. • The motion passed by a vote of 10-0-0 <p>Vote: Ayes: Duane, Barbara, Supv. Andersen, Doug, Sam, Gina, Michael, Meghan, Connie, Lauren Abstain: none Absent: Diana, Jason</p>	
<p>VI. RECEIVE, the West County Detention Facility, (WCDF), grant update given by Captain Tom Chalk</p> <ul style="list-style-type: none"> • The previous grant application, SB863, for an awarded amount of \$80 million dollars, was lost to the County of San Francisco by ½ of a point. It was lost due to litigation, which did not allow the release of the environmental impact report. • The same proposal will be utilized for the new grant application of \$70 million dollars for SB844. • SB844 application will be presented to the Board of Supervisors, for approval and in full detail, on February 7. Everyone is invited to attend the BOS meeting to show support. The presentation is tentatively scheduled at approximately 10am-10:30am. • SB844 is a grant to be utilized towards an expansion of facilities, in West County. The expansion will enhance and provide extensive mental health treatment to the current and incoming inmates, along with services for reentry and decrease overcrowding in the Martinez facility. It is expected that the proposed plan will meet the needs of those who require mental health treatment services, over the next 20 to 40 years • The Martinez facility is 43 years old, the life span for a detention facility is a maximum of 40 years. • The Martinez facility has approximately 200 inmates suffering from mental health illness, some issues are more severe than others. • There is no ability to expand the Martinez facility • There are limited services that can be offered to those suffering from mental illness, that are presently in custody • The current jail population, in Martinez, is approximately 600-700 during the past 20 years. • If the grant is obtained, current beds in the Martinez facility will be closed and removed, to decrease the current number of detainees at the facility and retain an appropriate jail population. • Every bed created in the expansion in the West County facility will be decommissioned at the Martinez facility. 	

<ul style="list-style-type: none"> • There has been and will continue to be a jail population that suffers from behavioral and mental health issues. • There is not a facility that can offer, those in custody with mental health issues, treatment to decrease recidivism in jails. • Law enforcement has been working on trying to resolve this problem since 2007. • The SB844 application must be submitted, if approved by the Board, by February 28, 2017 and should receive a response, regarding the ranking of Contra Costa’s application, sometime between May or June of 2017. • Supervisor Andersen encourages anyone in District I to contact Supervisor Gioia and offer support for SB844 because he is getting a lot of pressure from the community regarding ICE detainees and erroneously tying the two together which are separate issues. <p style="text-align: center;">MOTION FOR THE MENTAL HEALTH COMMISSIONERS TO AGREE AND WRITE A LETTER TO THE BOARD OF SUPERVISORS TO DEMONSTRATE SOLIDARITY IN SUPPORT OF SB844</p> <p>Gina moved, seconded by Doug VOTE: 10-0-0 AYES: Duane, Gina, Barbara, Doug, Lauren, Connie, Sam, Mike, Meghan, Supv Andersen ABSTAIN: none NAYS: none</p>	
<p>VII. REVIEW and RECEIVE the Needs Assessment report for 2016 from Behavioral Health</p> <ul style="list-style-type: none"> • Three documents are to be presented as follows: the overview of the Needs Assessment report, the power point presentation that condenses the report, and the one page Executive Summary that includes the first draft of the results of our program finding process. All documents will be presented by Warren Hayes. • The information herein is provided, as required by law, to the stakeholders in preparation for the MHS three-year plan • Noted that the EQRO is an annual external qualitative review of Mental Health Services. The review looks at the quality of the county’s mental health services from various angles. • The auditors asked what kind of data is being utilized to inform the decision process of Behavioral Health Services. Auditors also asked for examples of application to make changes to the system of care. • Everyone is invited to the CPAW =Consolidated Planning Advisory Workgroup meeting, February 2nd, the first Thursday of every month. The agenda is how to prioritize the needs of the community and take the information from the Community Program Planning Process, and link it to what is being proposed in the three-year plan. Both in the 	

<p>new plan and in the emerging programs, projects and plan elements initiative to inform, interact and build support to all our stakeholders to what will be presented to the board.</p> <ul style="list-style-type: none"> • Qualitative and quantitative considerations will be included, a budget that is balanced and able to fund and sustain the programs and projects that are or will be implemented. The budgeting process should be completed by March. The CPAW meeting in March will propose the first draft of the program and expenditure plan, attaching the costs to the concepts. The plan obtains the information of the needs from the stakeholders, we establish what we need to do to meet the needs and how we are going to pay for the program or project. • Upon completion, it will be presented to the public, after receiving and addressing all the inquiries and comments, it will be presented to the Mental Health Commission, then to a public hearing, and subsequently to the Board of Supervisors for approval by May or June of 2017. • The Needs Assessment plan is a quantitative plan which covers the following: <ul style="list-style-type: none"> Are we serving the targeted population? Are we allocating our resources to provide a full spectrum of care? Are there any significant workforce shortfalls? • Following APA guidelines, including creating a hypothesis, an inquiry questions and developing a methodology • A “Prevalence Rate” is the estimated county population that experiences mental health issues with the actual number that was served • The “Penetration Rate” is the comparison of the actual total of eligible MediCal recipients that are receiving services within the county’s regions to the total population. • The total population of Contra Costa County is 10 million people and the estimated prevalence rate is 20 thousand people. The actual population being served, regarding mental health services, is 20 thousand people. The numbers are equivalent and that is good. After the Affordable Care Act went into effect, or Covered California, a larger amount of the population could obtain eligibility and acquire services from 2013 to present. • When we compare race, ethnicity, age and gender identity we exceed the statewide average, except for our numbers are lower for Pacific Islander, Latinas, Latinos children under the age of 5 and over the age of 60. • Commissioner Yoshioka questioned the comparison of the 2015 	
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prevalence rate to the 2014 penetration rate. This data offers different years due to the validity of the data for those years. The 2015 penetration data was incomplete at the time of the study.

- Commissioner Serwin inquired about Contra Costa County standings in comparison of these rates in regards to other counties within the state and nationally? Accurate statewide and nationwide comparison data has not been obtained but it can be stated that the county is doing well due to the high MediCaid usage. The problem is if the federal government decides to decrease the budget to obtain services then the larger counties, such as Contra Costa are most vulnerable and will be affected.
- LOCUS = Level of Care Utilization System Treatment or CALOCUS= Children and Adolescent Level of Care Utilization System are methods used in Contra Costa by Behavioral Health Services and is one of the few counties that requires the usage of this level of care for all people served within the county. A clinical professional makes an assessment to evaluate what level of care is needed.
- The highest level of care utilized is locked facilities
- The second highest level of care is full service partnerships that are intensive community based care
- The third level of care is outpatient services, adult and children clinics providing psychotherapy in mild to moderate cases which determines the outreach and engagement. Most of the prevention and early intervention programs are in the outreach and engagement
- The fourth level of care is managing self-care
- Another category that was evaluated was determining if resources were being allocated towards staff development= recruiting, retention and training.
- It is important to view the data in the benchmarks to see how much of the resources are being allocated to each level of care. There is data dating back to 1981 and see what monies were allocated to what levels of care provided and the changes in the trends. In 1981 more people were in locked facilities and outpatient programs were almost nonexistent.
- Another example is currently, the budget allows for a 1% expenditure for staff development and only .3% is being utilized.
- Two main areas of deficiencies in staff is the lack of Psychiatrists and bilingual staff. Currently the county's pay rate is below neighboring counties and therefore resulting in a lot of vacancies for Psychiatrists, a total of 15 full time equivalent positions are unfilled presently. 10 years ago, Contra Costa County's salaries were equal to other counties and has fallen behind. Nurse Practitioners and Physician Assistants are also positions that are in dire need to be filled.

<p>Without competitive pay rates, all positions will continue to be unfilled. This is a major problem because there is increased need, for mental health care services, throughout the county.</p> <ul style="list-style-type: none"> • Bilingual staff has increased throughout the county but there is still a need to fulfill bilingual positions throughout the county. • Contra Costa County has shown an increase in utilizing Interpreter services, a video conferencing translator service. • The Needs Assessment report is a part of the three-year plan. • The Community Program Planning Process is another piece. • It is noted that the indicators shown in the report, are broad indicators and not to be taken literally. These documents are first drafts and are not yet finalized • It was informed that union negotiations this month will give clarity if there is a need for parody or adjustments regarding Psychiatrist's salaries • Noted: Alameda County pays their Psychiatrists \$207,000 to \$230,000 per month, almost \$100,000 less than what Contra Costa County pays. Salaries are increasing due to the high demand. 	
<p>VIII. RECEIVE the Community Planning Process from Behavioral Health</p> <ul style="list-style-type: none"> • Three community forums were done throughout the county, to obtain input to define the issues • The participants were three members from the consumer community, three members from the family member community and three members from the service provider community, including what is new or not covered. • There was a total of 10 stations, at each of the three and had a dialogue for approximately 15 to 20 minutes. Members were rotated to each of the community forums. Over 300 people attended, the number was evenly distributed amongst the member groups • The outcome was a favorable in obtaining information from stakeholder's needs perspective, to shift resources in accordance to the needs. • Going forward, it was suggested that executive staff be present and active participants during these type of community events, organized by MHS/BHS. • Commissioner Swirsding suggested, to obtain better results for the underrepresented population of Hispanics, to go to schools or Hispanic community centers to inquire about the Hispanic needs regarding mental health care and treatment. 	
<p>IX. RECEIVE Commission representative reports:</p> <ul style="list-style-type: none"> • AOD Advisory Board- Sam Yoshioka – was not present at the previous meeting • CPAW- general meeting- Lauren Rettagliata- was not present at the 	

<p>previous meeting but presented an overview of the MHSA FINANCE committee meeting:</p> <ul style="list-style-type: none"> • Noted and thanked Dr. Jon Whalen for taking the time to discuss the current situation regarding the lack of full time Psychiatrists. There are 15 full time positions available for Psychiatrists and he is working hard to recruit. His hope is to obtain leverage regarding salaries after union negotiations are completed. Another incentive, in hopes to obtain more Psychiatrists is to utilize WET= Workforce Education and Training funds. Approximately \$1 million dollars has been allocated for loan forgiveness in exchange for services rendered by Psychiatrists, with pay, due to low pay rate helping to recruit young Psychiatrists. Dr. Whalen stated he will update the MHSA Finance Committee in March regarding the results of the union negotiations • The Family Coordinator, Robert Thigpen, announced that he can fill a position in Central County for a Family Advocate. There are two Family Advocates, one in East county, Susan Waters and one in West County, Gloria Menjivar, who is bilingual in Spanish. It is hoped to obtain more positions for additional Family Advocate positions. • Steve Blum was also present, although has moved on to another position, gave a detail summary regarding Family Courtyard • Vic Montoya was present and Matthew Luu, their participation and attendance is appreciated • Children’s Committee- Gina Swirsding, was unable to attend the previous meeting. It was reported that at the meeting human trafficking was discussed, since January was Human Trafficking month • It was noted that the Housing Committee is incorrect and should be stated as the “Council on Homelessness,” not to be confused with many other housing committees. 	
<p>X. Adjourn Meeting</p> <p>The meeting was adjourned at 6:26pm.</p>	

Respectfully submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration
Minutes approved 3/1/17