

Executive Committee Meeting
Tuesday July 25, 2017 ♦ 3:15pm to 5pm
2425 BISSO LANE, CONCORD- 1st floor conference room

AGENDA

- I. Call to Order / Introductions**
- II. Public Comments**
- III. Commissioner Comments**
- IV. Chair comments-**
 - Discuss County Board of Supervisors liaisons**
 - Review updated Commission membership district chart**
 - Update regarding CALBHBC= California Association of Local Behavioral Health Boards and Commissions.**
- V. APPROVE minutes from June 27, 2017 meeting**
- VI. DEVELOP a plan for filling the voluntary role of Co-Chair for AOT meetings**
- VII. DISCUSS what role the Commission should play in the design and development of facilities and programs of the West County Jail facility expansion that relates to mental health. Discuss potential ways and timing for the Commission to review plans and provide input. (See attached minutes from the Justice Systems Committee meeting on June 1, 2017)**
- VIII. Adjourn**



**MENTAL HEALTH EXECUTIVE COMMITTEE
MONTHLY MEETING MINUTES
June 27, 2017 – First Draft**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair Duane Chapman meeting called to order at 3:19pm.</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II (arrived @3:25pm) Diana MaKieve, District II Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u> Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Jill Ray, Field Rep. District II Supv. Andersen's office Haley Wilson, CPAW member and Co-Chair of Systems of Care Com. Sheri Richards- ACOA (Advisory Council on Aging) and CPAW member Margaret Netherby, NAMI member Douglas Dunn, District III (arrived @4:38pm) Adam Down, BHS Administration (arrived @ 3:19pm) Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p>EA-Transfer recording to computer</p>
<p>II. Public Comments:</p> <ul style="list-style-type: none"> • None 	
<p>III. Commissioners Comments:</p> <ul style="list-style-type: none"> • Sam- reviewed the Bylaws and feels that training is needed regarding on how to adhere to the Bylaws. In regards to the minutes dated 5/23/17 feels that the Commission needs to conform to the Bylaws, specifically the creation of an ad hoc nominating committee needs to be in August. 	<p>* Add Bylaws clarification to the 9/16/17 training.</p>
<p>IV. Chair comments:</p> <ul style="list-style-type: none"> • Duane- A poll was taken regarding changing the date of the Mental Health Commission meeting from July 5 to Tuesday July 11. The majority won; the next full commission meeting will be on July 11, at the same time and location. • July is NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH in honor of leading African American novelist and journalist who have voiced on behalf of individuals and families affected by mental illness. • September is SUICIDE PREVENTION AWARENESS MONTH. On September 10 we will observe WORLD SUICIDE PREVENTION DAY. • October is National MENTAL HEALTH AWARENESS MONTH, established by the US Congress in 1990. 	<p>*The Executive Assistant will send out a notification, via email, regarding the change in date for the July MHC meeting</p>

<ul style="list-style-type: none"> • SB82- Triage grant: to receive more information there will be a gathering on Thursday, July 29 from 2pm to 5pm. The meeting will be held at the Berkeley City Hall, in the Sequoia and Redwood rooms on 2180 Milvia St., 6th Floor, in Berkeley. The grant addresses mental health accountability to evaluate grants used for programs. There will be attendees from Contra Costa County’s Behavioral Health Services Division. • CALBHBC- California Association of Local Behavioral Health Boards and Commissions has decided to hire an Executive Director, part-time, the salary will be \$36K-\$50K, annually. The Executive Director will be a key management leader for CALBHBC and responsible for overseeing the administration, raising funds and establishing regional collaboration. To inquire regarding this position, view the full details at CALBHBCweekly.com. • A list of MHSA programs was distributed and will be forwarded to the commission for completion and to submit to the Executive Assistant-Liza. (see attachment) 	
<p>V. MOTION to APPROVE the minutes from the May 23, 2017 meeting Jill-requested to strike comment on page 3 and correct spelling of “council” to “counsel.” Barbara moved to motion to accept the minutes, with corrections as stated, Diana seconded the motion VOTE: 4-0-0 AYES: Duane, Barbara, Sam, Diana NAYS: none ABSTAIN: none Absent: Gina</p>	<p>*Post approved final minutes to the website</p>
<p>VI. DISCUSS recording of retreat, consensus of full Commission and consent forms-</p> <ul style="list-style-type: none"> • Duane and EA/Liza- The Mental Health Commission retreat will be videoed and it is required that every attendee sign a consent form/photo release. All who are interested in becoming Commission members, including the public in general, are invited to attend the retreat/training on Saturday, September 16, from 10am to 3pm at 1875 Arnold Drive in Martinez- space is limited, please call/email the Executive Assistant- Liza Molina-Huntley to reserve and confirm attendance. ALL ATTENDEES MUST SIGN A CONSENT FORM TO BE IN THE VIDEO. Moved to the next full commission meeting for approval. 	<p>* move to full commission meeting 7/11/17 for consensus</p>

<p>VII. DISCUSS moving to full commission meeting whether Or not to have a commission meeting in September, to be replaced by the Mental Health Commission 2017 retreat on September 16, 2017- Committee members agreed to forward item for approval</p>	<p>* EA Forward item to the full commission agenda 7/11/17</p>
<p>VIII. DISCUSS regarding SB844, the creation of a letter to Sheriff David O. Livingston requesting clarification of specific plans for care of the incarcerated severely mentally ill, including plans for the m Module at the Martinez jail.</p> <p>The Executive Committee decided to forward the request for information to Anna Roth, Chief Executive Officer of CCRMC and Detention and to the Sheriff's Office for a presentation/update regarding the expansion plans for the mental health treatment center for the West County detention center.</p>	<p>*EA will forward item to the full commission meeting 7/11/17</p>
<p>IX. REVIEW and DISCUSS report #1703 Mental Health Services for At-Risk Children in Contra Costa County, by the 2016-2017 Contra Costa County Grand Jury, approved on May 11, 2017</p> <p>a) Hear overview how the Grand Jury process works b) DISCUSS the Commission's response to the report c) CONSIDER a proposed letter to the County Administrator's, David Twa and the Board of Supervisors regarding the Commission's desire to participate in the discussion of a response to the Grand Jury.</p> <ul style="list-style-type: none"> • Committee members (Duane, Diana, and Sam) perplexed regarding the delivery of the document to the Grand Jury and inquired on how the Mental Health Commission can participate in responding to the document. • Jill- elaborated on the processing of a document, once submitted to the Grand Jury by stating that the report will go to the Board of Supervisors, whom may direct the County Administrator's office to respond. The response goes back to the Board of Supervisors, for a final approval, before the report is submitted to the Grand Jury. The County Administrator's Office may contact the Behavioral Health department and any other departments involved in the report to request a response. • The committee/commission Chair, Duane Chapman, stated the following: "commission members, before acting individually, should consult the commission first. Members should work together as a team. The Commission should not find out after the fact. Before submitting anything, it should be brought before the Commission, first!" 	<p>*The EA will send out invites to the CEO of Mental Health Detention facilities and to the Sheriff's Office to request details regarding the plans for the expansion of the Mental Health Treatment facility at the West County Detention Center.</p> <p>*Jill- will obtain a copy of the SO's presentation and forward to the EA, along with a copy of the updated Title 15 State mandate.</p>

<ul style="list-style-type: none"> • Sam, committee/commission member, was not in agreement with the document presented to the Grand Jury, specifically certain data and recommendations presented within the document. Stated that more than six new Psychiatrist positions are needed for the county. • Duane, will contact the Director of Behavioral Health Services to inquire regarding joining efforts, with the Commission, to respond to the report and inquire about the deadline for responding. • The committee members agreed to invite Enid Mendoza, to the next full commission meeting to give greater detail to the process regarding submitting documents to the Grand Jury for investigation. • Diana pointed out the relevancy in the Data Notebook to some of the topics presented in the document to the Grand Jury. Further stating that some of the gaps identified, in regards to children services, the State of California is already looking into the disparities. Concluding that there is a more efficient way to partner and address these issues, versus submitting a document to the Grand Jury. 	
<p>X. REVIEW and DISCUSS the “Purpose, Policies, Procedures and Protocol” for site visits and the site visit observation form (see attachments)</p> <ul style="list-style-type: none"> • Currently, there is not a formal policy, procedure or protocol regarding commissioners participating in site visits of programs currently funded with MHSA/realignment funding. • One of the commissioner’s duties, that is mandated by the Mental Health Commission’s Bylaws, is to participate in at least 1 site visit per year • The Executive Assistant informed that the upper management staff, at Behavioral Health Services, are working together to create and establish protocols that are acceptable to all parties. • Diana added that although there are site visits done for programs receiving MHSA funding, commissioners do not participate continuously, but the process is clear. A Program Review is completed by Behavioral Health Staff for each site and reported to the MHSA/Finance Committee during the monthly meetings. The Chair of the committee, Lauren, focuses on the outcomes of the Program Reviews during committee discussions, especially regarding housing issues for the seriously mentally ill. • Barbara stated that it would be good to know the scope of the facilities, including the ones not covered by MHSA funding. • Duane noted that Napa and San Francisco Counties have developed a protocol for their site visits. Agrees that there should be a standard procedure for site visits and plans to discuss the issue further, alongside the Vice Chair Barbara, 	<p>*Chair will forward correct document to the Grand Jury</p> <p>*EA send a request to the BHS Director to inquire regarding the following questions:</p> <p>1)What is the deadline for BHS to respond to the Grand Jury</p> <p>2) When does the Director of BHS plan to prepare the response by, so that the Commission may be able to give input to the response from the BHS?</p>

<p>to see the best possible way to partner with Behavioral Health Services. It is best to work as a partnership, with Behavioral Health Services. It can be counterproductive to work against or on behalf of self-interests. This issue will be brought up at the training on 9/16/17 regarding the Commission's roles and responsibilities. In addition, Duane reviewed the Commission's Bylaws and compared them to other counties, coming to the realization that Contra Costa County's Mental Health Commission's Bylaws are outdated.</p> <ul style="list-style-type: none"> • Adam did inform the committee, that Behavioral Health Services is in the process of hiring a new Operations Officer that will be overseeing the administrative operations of the department, including communications with other government entities such as MediCal. • Jill made the suggestion for the commission to create an ad hoc Bylaws committee be created. The new committee can compare Bylaws from other counties to make recommendations to the Commission. • The Executive committee agreed to discuss the creation of an ad hoc Bylaws committee and add the item for discussion to the next full commission meeting. 	
<p>XI. DISCUSS a proposed change in the scope of the finance Committee of the Mental Health Commission to encompass the entire Mental Health budget</p> <ul style="list-style-type: none"> • Barbara stated that currently, the Finance Committee focuses on the MHSA budget and programs. Initially, the scope was the entire mental budget, including MHSA funds, based on the scope of the committee other issues arise. The Commission has been asking questions about the budget and when can the budget be viewed by the Commission. The Finance Committee is current with the MHSA budget but not with the full budget. The full budget reporting is an important to have access to and a big piece that is left out of the full picture. The committee can have an important role in reporting to the Commission, updates of the entire budget. • Diana, who is a member of the Finance committee, stated that the Finance Committee focuses on more than just MHSA funding. Pat Godley was present, at a previous Finance committee, elaborated on the BHS program budget, including realignment funding and expenditures. Although, as previously stated, the Finance committee does spend the majority of its time discussing housing for the seriously mentally ill and is unsure if a change to the scope of the committee is necessary. • Both Doug and Barbara expressed that if the MHSA/Finance Committee had the mandate, it might give more leverage to obtain detailed information. • Adam disagreed stating the MHSA/Finance committee has directed their focus in other areas not pertinent to the committee. For example, by focusing less on housing issues 	<p>*The EA will send request as stated by the Executive Committee:</p> <ol style="list-style-type: none"> 1) What is the scope for site visits? 2) What facilities should the commission focus on first? 3) How often should the Commission do a site visit? <p>*Move to the MHC agenda the creation of an ad hoc Bylaws Committee</p> <p>*Barbara/Vice Chair will consolidate and complete the annual report for the Mental Health Commission</p> <p>*Adam will contact Mr. Fisher regarding the Mental Health Commission's web page in regards to the detailed list that was given to him to be on the web page.</p>

<p>the committee could be better served to focus directly on finance, including the MHSA funding part of the finances. Doug agreed with Adam that the primary focus of the committee should be the financial part, in order to make suggestions on where funds should be allocated. Enough detail to make intelligent suggestions to see what funding is available and where the gaps are.</p> <ul style="list-style-type: none"> • Sam reiterated how important it is to look into the County's budget on line. Encourages everyone to take the time to become familiar with the County's budget found on the Contra Costa County web page to make a better informed decision regarding the MHSA/Finance Committee, before making changes to the scope. • Barbara would like the commission/committee to obtain the financial information, prior to posting to the public, to see where changes are needed. • Jill and Duane discussed the importance of understanding what the County's mental health system is allocating funds. The Needs Assessment is a document that analyzed the mental health needs of the community and was utilized to allocate funding accordingly. • The Executive Committee concluded that the MHSA/Finance Committee needs to meet and discuss to put in writing, stating clearly and defining what changes are needed and why. • Sheri, as an observer who is considering becoming a commission member, expressed that there are parallels that are challenging: one is clarity and where to go, and the other is bridging other agencies that are doing similar efforts. She prefers to keep things simple and focused. After observing, she is unclear regarding the direction and focus of the commission and unsure how she will be able to contribute. She also stated that the Mental Health Commission is a leader to solicit other leaders, bureaus and organizations to help bridge the disparity. A lack of unity can lead to burn out. • Haley, another observer, is also considering whether or not to become a commission member and is interested in attending the MHC training on 9/16/17. • Margaret has attended previous meetings and is also considering becoming a member. 	<p>*Adam will also update the committee regarding the contracts.</p> <p>AS PER THE MHC BYLAWS-</p> <p>* The commission will select 3 to 5 volunteers to form an ad hoc committee. The ad hoc committee will have a Chair and a Vice Chair and the Chair, which will be selected by the majority of the members of the ad hoc committee. The Chair, of the new committee, will preside all meetings and perform their duties consistent with the procedures therein and will consult with the Commission's Chairperson and report back, monthly, to the commission regarding its finding or recommendations. The Chairperson of the Committee will direct the agenda and adhere to the Brown Act and the County's Better Government Ordinance.</p>
<p>XII. Adjourned meeting at 5:14 pm</p>	

Respectfully submitted,
Liza Molina-Huntley
 Executive Assistant to the Mental Health Commission
 CCC- Behavioral Health Services Administration

**JUSTICE SYSTEMS COMMITTEE
MONTHLY MEETING MINUTES
June 1, 2017 – DRAFT**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Committee member- Duane Chapman, called the meeting to order @10:07am</p> <p><u>Members Present:</u> Chair- Gina Swirsding, District I (arrived @10:11am) Duane Chapman, District I Michael Ward, District V</p> <p style="text-align: center;"><u>Commissioners Absent:</u> NONE</p> <p><u>Other Attendees:</u> Dr. Dan Batiuchok, CCCBH- Program Manager for Juvenile Mental Health & Probation Services Dr. David Seidner, Program Chief of Detention Mental Health Services Sam Yoshioka, Mental Health Commissioner for District IV Jill Ray, Supervisor Andersen’s office, District II Margret Netherby, NAMI member (arrived @10:11am) Soula Naogavopunos, Social Worker/School Counselor Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p>* Liza/EA-Transfer audio to computer file and complete minutes</p>
<p>II. PUBLIC COMMENTS-</p> <ul style="list-style-type: none"> • None 	
<p>III. COMMISSIONERS COMMENTS</p> <ul style="list-style-type: none"> • None 	
<p>IV. ANNOUNCEMENTS</p> <ul style="list-style-type: none"> • None 	
<p>V. MOTION to APPROVE the March 21, 2017, meeting minutes.</p> <ul style="list-style-type: none"> • Mike Ward moved to motion, seconded by Duane, to approve the March 21, 2017 minutes. VOTE: 2-0-0 AYES: Mike, Duane NAYS: none ABSTAIN: none Absent: Gina 	<p>*Liza/EA- will make finalize minutes and post to County website.</p>
<p>VI. RECEIVE updates from Dr. Dan Batiuchok, Program Manager for Juvenile & Probation Mental Health Services.</p> <ul style="list-style-type: none"> • Dan- Current population, at Juvenile Hall, is approximately 100. The “RANCH” daily population is at approximately 35. Staffing levels have been stable. Currently there are two licensed Mental Health Clinicians at the RANCH, at Juvenile Hall there are two licensed MFT (Marriage, Family Therapist), himself, one post Dr. Psychologist, three doctorate level trainee’s that are in process of finishing their 	<p>* Dr. Batiuchok will forward program brochures to EA to forward to the Commissioners.</p>

<p>rotations and one incoming that will start this summer. Previously, there are three licensed clinicians' mental health liaisons, each stationed in the regional field probation offices. There is an office in West County, an office in Martinez, and an office in Antioch. In West County there is also a Family Partner that helps support the families and caregivers of youth involved in the criminal justice system. The role of the liaisons is to provide support and facilitate linkage and transition of mental health services, post incarceration. There are two programs for probation involved youth: Functional Family Therapy program which is an intensive therapy program that provides therapy 2-3 days per week in the home to help leverage dysfunctional behaviors in the family and help reduce recidivism (primary focus on frequent offenders) and MST (Multi Systemic Therapy) a probation exclusive program, home based, multiple times per week with a primary focus to assist parents set firm expectations and enforcement of consequences and reinforce positive behaviors. There is a third program, that referrals are made to, MDFT (Multi-Dimensional Family Therapy) similar to the other two programs because it is a home/family based intensive program, for youth with co-occurring substance abuse issues. The three programs provide a good capacity of intensive based programs for youth that are exiting the juvenile detention facilities. Department was awarded a three year grant and is half way done with the grant. Probation did find additional funding to expand the program, therefore hired an additional clinician. The current project is how to make the program sustainable. The department defines "full capacity" has having four full time clinicians, each with a caseload of approximately 15 youths, the "capacity" to see all the patients that are enrolled in the programs. There is a small waiting list in each of the programs but openings become readily available. The three programs give the department needed flexibility due to the similarities. All providers meet monthly.</p> <p>The MST and FFT are administered by COFY (Community Options for Families and Youth) in Pleasant Hill. The MDFT is run by Lincoln Child Center. Once a month, all three programs will meet, with the liaisons and discuss wait list, shifting referrals in order to keep the process organized. There are brochures available, regarding the programs and they will be forwarded to the Commissioners.</p> <ul style="list-style-type: none">• Jill- What is the percentage of youth that are referred to these programs?• Dan- Juvenile Hall has approximately 55 youths, daily, that are in either the YOTP or the "Girls in Motion" programs, and over half of these youths will get a referral for mental health services. 100% of the youth at the RANCH get a referral for mental health services.• Duane- What happens if the individuals in Foster Care?• Dan- The department does work with the Foster families; it is on a case by case basis. If the youth is going into a group home or residential facility, the department will coordinate with the	
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<p>receiving facility to assure that the mental health services are transitioned. All the program mental health services provided are closely integrated with the Probation Department. The programs also assist youths with issues such as, PTSD (Post Traumatic Stress Disorder) and youths exposed to gun violence. There are clinicians that are trained in trauma focused issues and encourage more staff to get trained in this particular area, which is provided by the county on an on-going basis. The goal is for all staff to be trained in "Trauma Focus CBT". Currently, there are two staff members at Juvenile Hall and one member at the RANCH, trained in Trauma Focus CBT. A new support group, focused on trauma, has just started at Juvenile Hall.</p> <ul style="list-style-type: none"> • Gina- expressed her concerns regarding PTSD (Post Traumatic Stress Disorder) regarding juveniles in detention centers. • Dan- The department is continuing to improve on services and assure that continuum of care is adhered to. Chad Pierce is the West County Program Manager at the Child and Adolescent clinic and hosts monthly round table meetings with West County providers. At the meetings, the discussion centers regarding difficulties, leveraging resources to provide services, what other services are available in the community, finding gaps and how to fill those gaps. Where the needs and where the gaps are and what are the potential solutions. • Duane- Could you inform us when the meetings are and can we attend the meetings? • Dan- Chad Pierce will be able to inform if you can attend the meetings, since he is the chair. • Sam- It was mentioned that there are approximately 130 total of institutionalized juveniles- 100 at Juvenile Hall and 30 at the RANCH. The County's population is approximately 1.3 million, how does Contra Costa compare to other similar counties? There are four counties that have over 1 million in population: Santa Clara, Alameda, Sacramento and us, how do we compare with these counties? • Dan- A year to year comparison has been done, to identify any trends; this County's trend has gone down. In a previous year there were 160 in Juvenile Hall and currently there are 100 and the trend is statewide. Alameda County has similar numbers to our county. • Gina- Are only boys allowed at the RANCH? Are children taking medications allowed at the RANCH, what is the protocol? • Dan- Correct, only boys are allowed at the RANCH, no girls. Youth that are taking psychiatric medication, can go to the RANCH, however, there is not a seven day a week nursing staff to administer controlled substances. If a juvenile does have a break, then will be stabilized and safe, rather than sending the individual to PES (Psychiatric Emergency Services). • Jill- Is there a breakdown regarding the juvenile population by 	
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region?

- **Dan-** Probation can provide that information that is the department that captures all data. East County has the largest population of juveniles and the fewest services.
- **Soula-** Regarding the juveniles that are released on probation, what is the protocol providing an exit assessment and providing referrals for services. Many of the youth coming in through the Golden Gate Community School and the process is unclear. Are Probation Officers trained in mental health assessments, how do they assess what referrals an individual receives? It is important to for the youth to receive early intervention or prevention services, and not all teen's exhibit signs. There is a gap in extending referrals. Is there any data stating how many youths get diverted?
- **Dan-** The mental health liaison team is to provide referrals to services for youth. If an individual is staying in Juvenile Hall for any period of time, there is a process in place for each person to obtain referrals upon release. The youth that are repeat offenders, becomes difficult, the department is trying to increase referrals to push the services upstream. The goal is to provide services early on to reduce recidivism. The department is coordinating a lot through the probation services department, keeping them informed of the services available and encouraging the probation department to make referrals, in the initiation part of the process, to rout the cases to the Mental Health Liaison. The Probation Officers are not Mental Health Clinicians, if a youth is being released, whatever information can be provided to the Mental Health Liaison to be able to assess the person so the liaison can provide the services. The liaison will contact the family and do a thorough assessment. For example, if a youth comes in through intake at Juvenile Hall, and the District Attorney's office decides not to file charges and the youth is released. The liaison will be contacted, the liaison will contact the family to set up an appointment to do a further assessment and connect them with services in the community. If there is a delay in services, the liaison will provide short-term therapy to bridge the gap and follow the case until the person is connected to services. The department cannot continue to follow all cases because there is limited staffing and the volume would be too great and we cannot force people into services. The liaison will follow up with probation, until the person is connected into services. The Probation Officer is the case manager, does the follow up and monitors. Currently, the department does not have the resources to assess everyone that goes through the juvenile detention system. The department is trying to create more mental health awareness among probation and intake staff and encourage referrals. It is unknown, at this time, how many youths get diverted. The department is highly involved in the truancy courts. There are two courts: the Parent Truancy Court and the Teen Truancy Court. For each court, there is at least one liaison present, to give an

<p>opportunity to services, as a preventative measure, along with partnering with Lincoln Child Center to assist in preventative services and early intervention.</p> <ul style="list-style-type: none"> • Jill- informed that the Program Chief for Children’s mental health, Vern Wallace, is putting together a plan regarding the new State changes for Foster Care Youth and encouraged to invite him to the next meeting to discuss the State changes and the plan; along with a representative of the Youth Justice initiative to discuss plans to assist through grant, combining early intervention and post intervention. 	
<p>VII. RECEIVE updates from David Seidner, Program Chief for Detention Mental Health Services</p> <ul style="list-style-type: none"> • Mr. Seidner started his position in November of 2016 and is able to discuss activities, since his assignment. He is part of the executive team with hospitals, clinics and detention. Detention Health Services is a system of care that includes a lead physician, nursing and mental health, and an entire health team that delivers services to adults in detention. Detention Mental Health work as vendors to the Sheriff’s Department. The lead physician is responsible for all six custody centers. Dr. Hamilton oversees the three adult settings and the two juvenile settings. Mr. Seidner has been working on observation of the process at Martinez detention, meeting with the mental health staff, medical staff, seeing the Behavioral Health integration between mental health services as well as medical services, meeting with West County detention. NCCHC, the National Commission on Corrections Health Care, within the last six months Mr. Seidner was certified as a Corrections Health Care Professional. Vital to adhering to national standards for access to care and what constitutes standard care it really moves forward the process. There are jail health standards and a separate mental health standards. Mr. Seidner and the lead physician attended the NCCHC’s conference and gained a lot of information from other correctional departments and toured other detention centers, one was the Atlanta Metro jail, which was designed to be able to provide more services and the Sacramento detention center where they are utilizing incentive processes, a point award system. Looking into quality improvements, levels of service for the population, behavioral health and medical integration, addressing detox and withdrawal, every aspect of detention health is being reviewed thoroughly to search for where and how to improvement is needed. There is a variety of providers, both veteran and new, are working together towards improving. Staff is very compassionate, dedicated and hardworking to provide the best and most efficient service possible. Mr. Seidner’s focus is on streamlining the process and be more efficient while maintaining the same level of care and keep safety as a priority. Population management in detention is an important consideration to varied levels of care. 	

- Attendees discussed the loss of “H” and “J” wards at the Martinez jail and those who need services now end up in Psych Emergency services due to the lack of space in the jail.
- All data regarding daily inmate population and census is handled and monitored only by the Sheriff’s Department. Regarding defining how many inmates are served for mental health services; every individual must be health screened by a nurse, within the assessment process there are eight psychiatric acuity questions meant to analyze if the person needs to be seen by a mental health clinician, then a decision is made whether or not, depending on the outcome of the screening, to see the individual or educate regarding inmate request. Approximately, 25-30 mental health screenings are processed, daily, from 6am to 12am. Attending to “sick calls” approximately 25-30 are being served, daily. At this moment, the detention centers are in the process of establishing a process to better identify the mental health population within. Detention Health Services is responsible for the entire inmate population and the three adult facilities have a maximum capacity of 1600 inmates. Mental Health’s responsibility is to help the inmates that are having difficulty with coping and other issues, the severely mentally ill are a high priority but there are others that are not seen by Behavioral Health Division. At West County, there are two therapists and they are averaging 25-30 sick calls daily, there is a misconception regarding the inability to distribute psychiatric medications at the facility, which is untrue. If an inmate is eligible, then they are sent to West County and if additional mental health support is needed, whether it be a therapist or medication, that is what the facility is currently trying to do to help more inmates, but resources are limited. There is one psychiatrist available on Tuesdays and are looking to acquire another psychiatrist, to increase assistance for the inmates. The department is working on establishing a classification, so that in the future, mental health and medical support will be available in West County. The M-Module is not a goal for the severely mentally ill; it only serves as segregation for vulnerable people that may be harmed by other individuals. The M-Module is used for individuals that are vulnerable to their symptoms. Individuals that their symptoms can be managed will be sent to West County, if feasible. At hospital clinic and detention system of care there is an ongoing improvement academy, improvement science, which is supported by the senior leadership of Detention Mental Health. The department is connected to IHI (Institute for Health Improvement), an international improvement academy for health care systems. There are quarterly trainings and the detention team (nursing, medical and mental health) to the COCO/2020 on improvement attended. A previous detainee gave feedback, serving on a consumer panel at the event, and gave positive feedback regarding the detention health team which boosted the moral of the team. The long hours and hard work the

<p>team puts into the work that they do can lead to compassion fatigue. It is helpful for the team and the providers to hear positive feedback.</p> <ul style="list-style-type: none">• Gina-stated that she met and talked to several therapists that work for Detention Mental Health Services, and was impressed by their level of compassion and empathy towards the people they serve in detention.• Jill- Is there a way, within the current systems, to significantly improve care and treatment?• David- It is a priority and the department is in the process of reallocating resources, including expectations of accountability and deliverables. Previously there was only one Program Chief, now there are three Program Chief's. I am responsible for solely detention, Victor Montoya is solely PES (Psychiatric Emergency Services and 4C) and Miranda Noy is the Program Chief for Ambulatory System of Care assures that each area is given the focus that is vital to work towards improvement. Dr. Hamilton is the Physician Lead who is responsible for all medical care within the facilities. There is also a Director of Quality and Improvement, Roberto Vargas; he is responsible for detention improvement and specialty medical care. First, the system is creating a leadership team to solely focus on the issues. Improvements are incremental and are being identified and addressed. Monthly staff meetings are held to discuss issues and problem solve as a team. We are improving on staff communication in detention, a larger group that includes medical health. Medical and mental health integration is a high priority. There are two specialty nurses on the health team, case manager nurse and a chronic condition nurse; they are developing nursing plans and then a multidisciplinary team to do a comprehensive collaborative treatment plan. A lot of the situations regarding care within the facilities are complex and not easily resolved. Dr. Mat White, Chief of Psychiatry, is also part of the team working on complex situations within the detention division. Regarding entry procedures: an individual will go into a safety cell for active suicidal, safety smocks are used for the individual, not jail garments, so the person cannot rip the threads to hurt themselves. Deputies will do routine checks, every 15 minutes, and medical nurses (work around the clock 24/7), will check in and take vitals along with check into the person's medical records. The safety cells are in the Martinez facility, in West County there are different levels of housing. Females are housed in building 8, which is general population and in building 4, there is a segregation pod. Typically, females will not be placed in a safety smock; they would be transported back to the Martinez facility. Medical staff is on standby on suicidal cases. The protocol will allow for diabetics to obtain medical care in a safety cell and are required by law, to check individuals continuously, while they are detained in a safety cell. The goal for the medical and mental health staff, is to treat	
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everyone humanely, 24/7. We are looking into improving the timeframe an individual is placed in a safety cell, to step down the person as quickly and safely as possible. It also depends if the person is willing to take medication, voluntarily. There is a minimum requirement of deputy staffing that is maintained.

- **Margaret-** informed of a person that is a type 1 diabetic and was detained due to suicidal attempt, and not given medication needed. Occurred approximately 18 months ago, prior to the Program Chief's appointment.
- **Jill-** Is your department, able to work with state locked Psychiatric hospitals, to try to facilitate a quicker transition of those people that need to be stabilized at a level above the department's ability to provide it?
- **David-**The Public Defender can declare a doubt and someone can be deemed incompetent to stand trial. Their legal proceeding is suspended, a third party evaluator works with the court, 1368, 1369, 1370- once the person is found incompetent to stand trial, then a court packet and detention medical records goes to the department's State hospital and then the admissions process starts. If the person is on the wait list for department State hospital and they are psychiatrically deteriorating within the County's facility, what is the legal pathway for detention health? In the code, detention health can ask for an acuity review, reprioritization. If the clinician sends a letter to the State Hospitals admissions, listing the grave disability, the Medical Director will reprioritize the individual. Napa State Hospital deals with all of Northern California and prioritizes individuals on a case by case basis, depending on how gravely disabled the individual is. There is a 1369.1, a Board Order, with the Sheriff's department and County Mental Health which would authorize involuntary medications on IST's, that is currently under discussion, and it is a very difficult subject. Title 15, was recently updated in April of 2017, each community can adopt, issuing involuntary medication on the population that the courts have deemed not competent, it is under discussion.
- **Duane-** would like to obtain medical information
- **David-** I would refer to Jill as your best conduit and could reach out to Assistant Sheriff Schuler. That is my recommendation. Health Services is a contracture who must comply with the Sheriff's decisions, they are involved and actively pursuing ways to improve care within our detention system. We are here to provide care, to be helpful, show benefit and do no harm, in a medical model. There is a book, written by a Chief Psychiatrist for New York's State Jail system, "Sometimes Amazing Things Happens," it is her memoir about being a jail psychiatrist and about care in corrections institutions.
- **Jill-** David did walk into an immense job, just recently, and a once a year update is ample, because nothing in this system of care moves

<p>rapidly because it is huge and complex.</p> <ul style="list-style-type: none"> • Gina- has concerns regarding Foster Care Youth that can be discussed further with the Children’s Program Chief, Vern Wallace and the new legislation coming into effect on July 1, to eliminate group homes, the Continuum of Care Reform (CCR) is the new legislation. • Duane – would like someone to get in contact with the Mayor’s and Chief of Police Association to see if this committee or this commission can be of some help to them • Jill- clarified that there is a Mayor’s Conference and a Police Chief’s Association, City Manager’s and County Administrators Association, three different organizations. The County has jurisdiction over all unincorporated areas and also has the responsibility to run the detention system, to provide care to everyone regardless of ability to pay and the County has the receiving hospital for 5150’s regardless of health care coverage, the library system, County has a local Medi-Cal office (EHSD) which administers local, state and federal funding programs. The judicial system is completely a State jurisdiction and the school system which is State run, which the County has no jurisdiction. If a school wants to build something on their site, they do not have to obtain county permits. The divide is very clear, they can choose to partner with the County, but they do not have to. There are pockets of funding in different areas that go out in grants. The County administers the funding and at times, it is best to partner with other organizations as providers, instead of running the service through the County because of the various mandates imposed on the county. 	
<p>VIII. DISCUSS what programs are identified, within the county, to support victims of gun violence and/or the creation of a mental health support program for the victims of gun violence.</p>	<p>Move item to the next meeting on July 25, from 1pm to 3pm and resume normal schedule.</p>
<p>IX. Adjourn Meeting: at 12:03pm</p>	

Respectfully submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
Behavioral Health Administration