



Current (2017) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Duane Chapman, District I (Vice Chair); Meghan Cullen, District V; Douglas Dunn, District III; Diana McKieve, District II; Lauren Rettagliata, District II; Geri Stern District I; Gina Swirsding, District I; Patrick Field District III; Michael Ward, District V; Sam Yoshioka, District IV; Candace Andersen, BOS Representative for District II

Mental Health Commission
Wednesday, March 7th, 2018 from 4:30pm-6:30pm
PLEASE NOTE LOCATION
At: 550 Ellinwood Way, Pleasant Hill

- I. Call to order/Introductions**
- II. Public Comment:**
*Please note that all members of the public may comment on any item of public interest within the jurisdiction of the Mental Health Commission, in accordance with the Brown Act, if a member of the public addresses an item, not on the agenda, no response, discussion or action on the item may occur. Time will be provided for public comment on the items on the agenda, after commissioner's comments, as they occur during the meeting.
- III. Commissioner Comments**
- IV. Chair Announcements**
- V. APPROVE Minutes from the February 7th, 2018 Meeting**
- VI. DISCUSS proposal to send letter to law enforcement agencies to advocate for requiring a medical evaluation at PES of people who pose harm to others at the scene of a call for an involuntary hospitalization (5150) – Diana McKieve, MHC**
- VII. REVIEW the document *Contra Costa County Mental Health Commission Response to Behavioral Health Services Update to Grand Jury Report No. 1703 and Referrals 115 and 116* presented at the Board of Supervisors' Family and Human Services Committee meeting on 10/30/17. DISCUSS Behavioral Health Services six-month updates. -- Barbara Serwin, Chair, MHC and Lauren Rettagliata, Chair, MHC Finance Committee**
- VIII. DETERMINE location and date for next regional meeting of the Mental Health Commission**
- IX. DISCUSS the status of committee membership and VOTE to approve assignments, Adam Down, MH Project Manager**
- X. RECEIVE Commission liaison reports and special meeting reports**
 - 1) AOT Workshop meeting – Douglas Dunn
 - 2) AOD Advisory Board – Sam Yoshioka
 - 3) CPAW General Meeting – Douglas Dunn
 - 4) Children's Committee – Gina Swirsding
 - 5) Council on Housing Committee – TBD
 - 6) Detention Rapid Improvement Read Out – Barbara Serwin
- XI. Adjourn**



**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES**

Wednesday February 7, 2018 – First Draft

At: Richmond Memorial Auditorium, 403 Civic Center Plaza, Richmond, CA- Bermuda Room

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Commission Chair Barbara Serwin called the meeting to order at 4:37pm</p> <p><u>Members Present:</u> Chair- Barbara Serwin, District II (arrived @4:37pm) Supervisor Diane Burgis, District III Diana MaKieve, District II Douglas Dunn, District III (arrived @4:44pm) Gina Swirsding, District I Lauren Rettagliata, District II Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u> Vice Chair- Duane Chapman, District I Geri Stern, District I Meghan Cullen, District V Mike Ward, District III Patrick Field, District III</p> <p><u>Other Attendees:</u> Anna M. Roth, Health Services Director for Contra Costa County Jaspreet Benepal, Interim Chief Executive Officer for CCRMC and Detention Mental Health Mark Goodwin, Chief of Staff, Supervisor District III Office Jill Ray, Field Representative for District II, Supervisor District II Office Captain Tom Chalk Dr. Jan Cobaleda-Kegler, Adult/Older Adult Program Chief for BHS Division (arrived @5:20pm) Adam Down, MH Project Manager Leslie May, MHC District V Erika Raulston, Christy Pierce, Public Defender’s Office Shelby Wichner- RI International Don Sevenm- RI International Vernessa Jones- ANKA Behavioral Health Tanya Brown- GRIP Liza A. Molina-Huntley, EA for MHC</p>	n
<p>II. Public Comments:</p> <ul style="list-style-type: none"> • None 	
<p>III. Commissioner Comments:</p> <ul style="list-style-type: none"> • Lauren updated regarding the State Mental Health budget and funding deferment being done by the State Governor’s office. Lauren and Barbara attended an audit session, as part of the EQRO agenda and she also mentioned that she would like for the Behavioral Health Services Division and Quality Improvement Program Manager, to consider the Mental Health Commissioners, as part of the “Executive Team” for External Quality Review Organization (EQRO) • Doug reported regarding potential gaps in services concerning recent events mentioned in a NAMI newsletter • Sam stated that in other counties, the director of the division is on the Commission’s agenda and provides a monthly written report pertaining to updates throughout the division • Sam will forward examples of agendas and information from other Commissions/Boards 	

<p>IV. Chair Announcements-</p> <ul style="list-style-type: none"> • Chair introduced and congratulated Anna Roth for her appointment as the new Health Services Director for Contra Costa County • Anna Roth introduced and asked to welcome the Interim Chief Executive Officer for Contra Costa Regional Medical Center (CCRMC) and Mental Health Detention, Jaspreet Benepal, RN. • Jaspreet’s resume is extensive, her passion is psychiatric nursing, accepts and welcomes her new role 	
<p>V. MOTION to APPROVE minutes from January 10, 2018 meeting Sam Yoshioka moved to motion, Diana MaKieve seconded the motion *no corrections needed</p> <ul style="list-style-type: none"> • VOTE: 7-0-0 • YAYS: Supervisor Diane Burgis, Barbara Serwin, Doug Dunn, Diana MaKieve, Sam Yoshioka, Gina Swirsding, Douglas Dunn and Lauren Rettagliata • NAYS: none ABSTAIN: none • ABSENT: Duane Chapman, Geri Stern, Mike Ward, Patrick Field and Meghan Cullen 	<p>*Post final minutes to MH website at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. RECEIVE updates from Captain Tom Chalk pertaining to the West County Mental Health Detention Expansion</p> <ul style="list-style-type: none"> • Reported that the design for the project has been completed • Project will go out for bidding to potential construction companies who may be interested • It may be two years, or more, before construction starts • Several facilities were toured to obtain insight regarding design and operations • Natural lighting was noted as the most important for both, psychological and energy efficiency, reasons 	<p>Captain T. Chalk will update, in the future, depending on progress of the project</p>
<p>VII. RECEIVE updates on Behavioral Health Services efforts relating to housing for the seriously mentally ill- Dr. Jan Cobaleda-Kegler, Program Chief for Adults and Aging Adults</p> <ul style="list-style-type: none"> • Two new hires are assisting with coordinating housing and placement of individuals that are in need of services, Jane Yoon and Constance Bravo • Ideally, the goal for some individuals would be to assist in obtaining, permanent supportive housing • Additional goals are to be able to “step down” treatment services for individuals who are able to live independently and learn life skills, while continuing outpatient treatment • Some patients can start in an Institution for Mental Disease (IMD), step down into living in a Super Board and Care and hopefully within a year or longer, into independent living. Independent living is not adequate for all patients, only for those who have demonstrated the ability to be independent by caring for themselves • Unfortunately, there are not enough beds or space available to meet the demand. Contra Costa is competing with other counties for available space for patients • The County relies on providers to supply space and services for patients • Some of the available providers of various services are: Recovery Innovations, Rainbow Center, Putnam Clubhouse, ANKA, Crestwood Healing Center, RYKA, Hope House • The programs and staff are working towards reviewing services, finding gaps and finding options for improving services • MHC pending appointment applicant has found difficulty in finding placement for a family member currently in 4C, being released 2/8/18 • Anna Roth, Contra Costa County Health Services Director, assured that she will be able to assist in finding placement for her family member • A public comment was “at what point do you determine the need for more capacity, how long is the waiting list?” • Jan- Needs of services are variable and is dependent on a case by case basis • Veteran Commissioners encourage new Commissioners, or Commissioners that have 	<p>*Adult Program Chief will provide or research information upon request</p>

<p>never visited programs, to do so. It is mandated that all Commissioners participate in at least one site visit per year and complete a report.</p>	
<p>VIII. RECEIVE a “special report” from MHSA/Finance Committee regarding Behavioral Health Services budget information received on 11/16/17- Chair of the Committee, Lauren Rettagliata and Vice Chair, Douglas Dunn</p> <ul style="list-style-type: none"> • Lauren reported regarding the November 16, MHSA/Finance meeting, informing the cooperation received by the County’s Chief Operating/Financial Officer, by responding to the Committee’s questions (see attachment) • Noted appreciation for compiling the list of questions, to Adam Down from Behavioral Health Services, and the EA • Discussed transfer of funds, taken from the County’s Realignment funds, by the State Governor • Funding for services, for children, teens, TAY’s, adults and older adults, are provided by MHSA funds, County General funds, Medicare, private insurance (see attachment provided by CO/FO for details) • The largest portion of the budget is allotted for children’s, teens and TAY programs • Doug noted that State Hospital services are funded by Realignment funds and Institution for Mental Diseases (IMD’s) • Sam Yoshioka noted that the new budget is available and should be reviewed and discussed • The public, in attendance, was invited to participate in the discussion, no comments were made 	<p>*See attachments -MHSA/Finance Committee questions -Presentation/responses from County’s Finance Office</p> <p>*New budget documents will be provided and discussed at the next MHSA/Finance meeting on February 15, 1pm, at 1340 Arnold Drive, suite 200, in Martinez Large Conference room</p>
<p>IX. REVIEW the Contra Costa County Mental Health Commission Response to Behavioral Health Services update to the Grand Jury Report No. 1703 and Referrals 115 and 116 reports presented at the Board of Supervisors’ Family and Human Services Committee meeting on 10/20/17. DISCUSS Behavioral Health Services six month updates- Barbara Serwin, Chair of the Mental Health Commission and Lauren Rettagliata, Chair of the MHSA/Finance Committee-</p>	<p>*Forwarded to the March 7, 2018 meeting agenda</p>

<p>X. REVIEW the Mental Health Commission Bylaws regarding attendance and quorum, including the impact on the Behavioral Health Services staff and carrying out the timeliness of the Commission’s order of business- Liza M. Huntley, Executive Assistant to the Commission and Barbara Serwin, Chair of the Commission</p> <ul style="list-style-type: none"> • Chair asked EA to address Commissioners regarding absences, quorum and cancelled meetings • EA provided binders with contents pertaining to the mandated responsibilities for Commissioners that included the following: <ol style="list-style-type: none"> 1)Contra Costa County Mental Health Commission Mandated Responsibilities 2) Contra Costa County Advisory Handbook 3)Mental Health Commission Bylaws, approved and amended by the Board of Supervisors on 9/16/14 4) Open & Public V- “a Guide to the Ralph M. Brown Act Regulations 5) Manual for Local Mental Health Boards and Commissions 6) Due dates for agendas for Commission and Committees 7)2017 Attendance tracker for all meetings • EA informed that according to the Bylaws, a quorum is one more than half of its members. If there is not a quorum, the meeting will not take place and will be cancelled. This waste the time of Behavioral Health Services staff, other County staff, scheduled presenters, the public that has interest in the agenda items and were planning to attend, the Chair that created the agenda, the other Commission/Committee members, other resources, and the cost of printing the meeting packets • a total of four absences are allowed per year, from the time of appointment • EA/Chair asks that notifications of absences be sent via email, at least 24 to 48 hours prior to the meeting date so that the public can be informed in advance if a meeting needs to be cancelled • Absences are tracked and forwarded to the Chair of the Commission. The Chair may choose to forward frequent absences to the Supervisor that appointed the member and request that the seat be vacated due to absences, to allow others who have applied, to be appointed • The key is open communication as a team • Further discussion or questions can be sent to their District Supervisor, the MHC Chair, or the EA, for response 	<p>*EA gave each Commissioner binders</p> <p>*Absent Commissioners will receive a binder at the next meeting</p> <p>*Commissioners communicate to EA/Chair via email, prior to being absent</p> <p>*Total absences should be no more than four per year</p>
<p>XI. RECEIVE Commission liaison reports:</p> <ol style="list-style-type: none"> 1) Detention Rapid Improvement Report Out- Barbara Serwin (pending posting of final report) 2) AOD Advisory Board- Sam Yoshioka –informed that the Director of AOD is present at meetings, has completed and submitted an annual report, provides a monthly written report and is working on a triannual report 3) CPAW General meeting-Douglas Dunn- CPAW has changed their meeting to only two hours, instead of three, effective March 1, CPAW will start at 3pm and end at 5pm. 4) Children’s Committee- Gina Swirsding will start attending next month 5) Council on Homelessness- Jill Ray attended and provided flyers (see attachment) 	<p>* 1)Detention Rapid Improvement Report Out- Barbara Serwin (pending posting of final report)</p> <p>*CPAW as of 3/1/18 3pm to 5pm</p>
<p>XII. Adjourn Meeting @6:27pm</p>	

Submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission

WILLIAM B. WALKER, M.D.
Health Services Director
CYNTHIA BELON, L.C.S.W.
Behavioral Health Director
MATTHEW LUU, L.C.S.W.
Deputy Director of Behavioral Health



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Update on the Grand Jury Report No. 1703 and Referrals 115 & 116 – MHC’s White Paper and BH Division White Paper Clarifications

There are three primary areas of update related to the addendum that was previously presented.

Grand Jury Report #1703: Facilities for Children’s Mental Health Services

West County Children’s Clinic staff has met with Steve Harris and Gennifer Mountain, to review concerns and address the areas of deficiency within the current building, to include concerns about asbestos. The clinic will be moving to a new clinic site in eighteen to twenty-four months. Based on the areas of concern, and subsequent feedback, the current site will need to be renovated to ameliorate some of the environmental issues that have plagued the clinic, such as roof repairs, interior paint, carpet replacement and correction of ADA compliance issues. An estimate has been rendered totaling roughly \$250,000. The roof repairs are tentatively scheduled to be completed in October/November, depending on contractor availability, and the interior renovations are anticipated to be completed by the end of the year. Further discussion will need to take place around ADA space re-allocation. Air quality has been checked regularly by Risk Management, and there has been no indication that there are concerning levels of asbestos indicated. Air quality will again be tested at the completion of renovations at the clinic. The new facility will not be ready for occupancy for eighteen to twenty-four months, perhaps a bit longer.

We are actively seeking the relocation of the First Hope Programming in a centralized county location. This will free up space for the development of the new TAY Transitional Housing program at Oak Grove and the development of the First Break program to be co-located with First Hope. Program staff has visited several prospective sites and are weighing benefits and challenges of these spaces with Finance and County Administration. It is a common goal to locate a site that will allow for expansion of services, with minimal impact to current budget funding allocated for any tenant improvements needed before moving. With this innovative program, appropriate facility design will be crucial. It must meet the needs of the program treatment space and be inviting and friendly to the teens and families that it will serve. The staff ideally will be involved in the interior design of the new facility.



Grand Jury Report No. 1703 and Referrals 115/116: Psychiatric Shortage and Recruitment Efforts

The Deputy Director of Behavioral Health, Matthew Luu, has been working with the Division’s Acting Medical Director to expand the recruitment of Psychiatrists. Historically, the Behavioral Health Division has solely utilized Jackson & Coker Locumtenens, LLC to assist in recruitment of Psychiatrists. Since the last update, the County has enhanced efforts to expand the recruitment and employment of Physicians via Health Services Finance’s approval for Behavioral Health to access the staffing agencies utilized by CCRMC.

To date, the contract agencies working with the Behavioral Health Division are now: Jackson & Coker Locumtenens, LLC., Staff Care, Locumtenens.com, and Traditions Behavioral Health (TBH).

No studies have been conducted by the Division related to a staffing assessment. Once current vacancies are filled, the Division will then determine if an assessment is needed to look at future needs for Psychiatry. It is important to note that there is an acute shortage of Psychiatrists available in the market and even fewer Child Psychiatrists. Every County in the State is dealing with this reality. There is no new information to report on County psychiatrist salary and benefits changes since the County is still negotiating with Physicians’ and Dentists’ Organization of Contra Costa. The current contract was recently extended through December 31, 2017.

The following tables summarize the current status of Psychiatric staffing:

Children’s System of Care

	Filled Positions (Contract)	Vacant Positions (County)
Children’s	7.6 FTE	3.8 FTE

Confirmed Candidates:

MD Name	% FTE	County Region	Status	Agency Name
John Kipling Jones	1.0	West	November 2017 start date	Jackson & Coker, LLC
Barbara Swarzenski	0.6	West	December 2017 start date	CCBHS contract
Nicole Quiterio	1.0	West	Interview in October 2017	TBH
Zakee Matthews	1.0	West	Interview in October 2017	TBH

Adult System of Care

	Filled Positions (Contract)	Vacant Positions (County)
Adult	25.8 FTE	7.2 FTE

Confirmed Candidates:

MD Name	% FTE	County Region	Status	Agency Name
Richard Cohen	0.6	East	January 2018 start date	Staff Care
Chang Lee	1.0	East	November 2017 start date	Staff Care

Behavioral Health is continuing with its nationwide search for a new Behavioral Health Medical Director. The next interview will take place in early December.

Grand Jury Report No. 1703 and Referrals 115/116: Child and Teen Crisis Services – Mobile Response and Staffing

The Children’s System of Care has contracted with Seneca Family of Agencies for more than 15 years to provide Mobile Crisis Response to all three regions of the County. Seneca Family of Agencies provides short-term crisis intervention and stabilization services are provided to children and transitional-age youth who are in acute psychiatric distress. The primary goals for MRT are crisis stabilization, decrease need for police involvement, reduce unnecessary hospitalizations, assist youth in accessing emergency psychiatric care when needed, and assess the youth’s current mental health needs.

Based on experience of implementing Mobile Response, the County has expanded Seneca’s contract to include additional funding to be able to support all children and families in Contra Costa County. The team will be available from 7AM to 11PM for field evaluation and visits. They will be available 24/7 by phone and after hours a field visit will be implemented if indicated by phone evaluation.

The Adult System of Care has also initiated planning and implementation of Mobile Crisis Response, which will be county-operated, and managed by our Specialty Mental Health Forensics clinic. There will be staff centrally located to all regions of the County and will have staffing 24-hours, 7 days a week. The PM shift, covering 3pm to 11pm, will have 2 teams scheduled, as these hours have been indicated by PES to have a higher volume of patients. The Adult Mobile Response team will work collaboratively with the Forensic Mental Health Evaluation Team (MHET) and local police departments, as needed, to alleviate the impact on Psychiatric Emergency Services.

The expansion of the Children’s Mobile Response Team and the implementation of the Adult Mobile Response teams have a hard start date of January 2018. Both programs

will help to link at-risk individuals—children, transition-aged youth, adults and older adults to the appropriate services and minimize additional impact on PES and limited crisis services.

Children's services staffing levels are slightly below the pre – 2008 Levels adjusting for Katie A. While some staff has been added Children's staffing needs to add an additional number of positions, Clinical and Family Partner staff, in the regional clinics. Currently, Children's is adding positions to meet the increasing demands of Katie A. and Continuum of Care Reform, however, this will only meet the pending demand for these services. These initiatives along with the Affordable Care Act have left the clinics slightly understaffed.

Referral 115/116: Child and Teen Crisis Services – Impact on PES

Health Services Psychiatric Emergency Services (PES) continues to see a rising number of 5150 clients and the census continues to be higher than originally intended. The facility design was targeted for a smaller daily influx of consumers. The Department acknowledges that PES continues to be busy with an average of nearly 900 patients per month, and is able to respond to average client visits in a timely manner. Intermittently PES census can spike to 30 or more patients and these peak occurrences are taxing on staff and space capabilities. In response to the challenges of census spikes, the Department has increased staffing in the morning to allow for expedited re-evaluation of overnight clients. This has been mostly manageable with a slightly reduced length of stay meaning consumers are able to leave the unit sooner and disposition is quicker. Additionally, the total number of monthly visits has been stable over the last 3 years with fewer spikes in demand suggesting a minimally acceptable staffing pattern that is taxed in times of crisis. In those instances additional resources, such as, Miller Wellness, etc. are used. The opening of the Miller Wellness Center has contributed to a stable number of monthly visits due to its accessibility to voluntary patients. Additionally, Miller Wellness has had a central role in assisting the Regional Clinics in the Children's System of care to serve consumers by providing initial Psychiatric assessment when needed and medication. Primarily it has allowed the system a way to divert non-acute consumers into appropriate service.

Issues with PES space and design continue to be a challenge, particularly with children. Children must walk through the adult milieu upon arrival and departure and to reach the interview room. Minors are housed in a separate room in an isolated corner of PES with dedicated bathroom and a nurse present at all times in the doorway. When they need to traverse the main environment, they are escorted by staff at all times (i.e. to enter or exit PES or to go to the interview room.) A separate space for children to enter, exit and to reside while present in PES is a priority. The Behavioral Health Division, however, has no control over space allocation, or any other operational and facilities planning within PES as a Hospital and Clinics Unit. Hospital and Clinics is currently looking at ways to improve the current situation and have Child and Adult services be more segregated.

A re-model is needed for separate entry of patients arriving via ambulance, voluntary walk-up clients, and children, as well as private space for confidential conversations with loved ones and for clients seeking information about our services.

With respect to needs for referral to facilities, PES' primary difficulty can be finding hospital beds for challenging minors (as they may be declined by outside hospitals) and also, housing for regional Center clients who lose their placement. These Regional Center clients can be housed in PES for extended periods of time while awaiting suitable placement and plan. Currently there is no requirement that a private Psychiatric Hospital accept a patient from a Psychiatric Emergency Service. As a result, a number of youth get denied each year and remain at PES past their allowed 23 hours and 59 minutes. There is a statewide shortage of acute care beds for children and youth. Behavioral Health has explored the possibility of a child and youth inpatient unit at County Hospital. While doable in concept, it became clear that the project was fiscally not feasible. Other options Children's Services is exploring include the development of a Crisis Residential Facility to provide short term stabilization to the consumer and family.

Summary

The Behavioral Health Division is aware that while all issues identified in the Grand Jury Report and White Paper have not been completely resolved, a considerable amount of progress has been made and significant effort has been put towards addressing the issues identified. Behavioral Health is committed to its partnership with the Mental Health Commission, the community, the Board of Supervisors, and its agency partners. We are dedicated to diligently working collaboratively to ameliorate the identified findings and ensure that we meet the needs of those we serve and their families.

Sincerely,

Matthew Luu, L.C.S.W
Deputy Director of Behavioral Health
Contra Costa County Behavioral Health Division

Contra Costa County Mental Health Commission Response to Behavioral Health Services Update to Grand Jury Report No. 1703 and Referrals 115 and 116

October 30th, 2017

This document is a response from the Mental Health Commission to the update by Behavioral Health Services to the Board of Supervisors Family and Human Services Committee regarding the Grand Jury Report No. 1703 and the White Paper published in March, 2016.

The process of updating the Family and Human Services Committee has been collaborative and fruitful. Over the past year, Behavioral Health has been working to address key challenges identified in the White Paper and more recently by the Grand Jury Report 1703. Over the past month and a half, the Commission and Behavioral Health have worked together to identify key improvements as well as ongoing challenges. This has involved a great deal of research, information exchange, and problem solving, and the development of a shared vision of how problem resolution can move forward in a positive direction. The process has resulted in the Behavioral Health Update and the ensuing Commission Response.

The Commission thanks the Board of Supervisors for giving serious consideration to the Grand Jury and Commission concerns and encouraging open discussions and collaboration. Thanks also to Behavioral Health for working so diligently to make strong headway and for the information sharing and frank discussions that have enabled us to air our differences of opinion and find common ground. We are grateful as well to Psyche Emergency Services for updating us on its current operations and challenges.

The remainder of this document consists of a Commission review of progress, questions, and suggested follow-up by the Commission and Board of Supervisors.

Upgrading the Current West County Children's Clinic Facility

The Commission recognizes that Behavioral Health is working diligently to improve the West County Children's Clinic, bringing together the necessary resources to make critical improvements as quickly as possible. The Commission is glad that the carpet will be replaced given its poor condition and the indeterminate lump underneath it. There were initial concerns that the carpet was installed over asbestos and therefore could not be replaced.

Recommended Follow Up:

- Visit the clinic in two months to review progress.

Acquiring a New Location for First Hope

The Commission recognizes the strong effort that is being made to relocate First Hope and its First-Episode Psychosis Program to a financially sustainable and appropriately designed facility.

Addressing the Shortage of Psychiatrists

The Commission believes that true prevention and early intervention start with hiring top-notch psychiatrists. Maintaining effective staffing levels and a building a team-like environment are also critical.

Behavioral Health has made significant progress in:

- clarifying the number of approved FTE positions and the number of filled positions and unfilled positions;
- and improving recruiting efforts by contracting with four staffing agencies for the hiring of contract psychiatrists, including Traditions, the agency that it has most recently contracted with.

Behavioral Health has long recognized that a key factor in its challenge in hiring is its inability to offer competitive compensation packages. Since most of the psychiatric staff is contracted, focusing attention on the rates and benefits of contract employees is particularly important. The Commission hopes that the more competitive compensation offered by the staffing agency Traditions will help attract candidates. The use of MHSA funds for student loan reimbursement should also be attractive.

Behavioral Health recognizes the importance of contracting with psychiatrists who are willing to work at least three days a week to maintain treatment continuity, simplify staffing planning, and support a team-oriented approach to care. Behavioral Health reports that it has discussed this need with its staffing agencies but, like other counties, is hampered by the regional- and nation-wide lack of child psychiatrists.

Questions:

- Behavioral Health states that it will consider whether an assessment will be made once current vacancies are filled. How will this determination be made? What kind of staffing assessment would potentially be made?
- Are MHSA student loan payment funds being fully utilized?
- Is there the possibility of incenting contracting psychiatrists to work a minimum of three days per week or more by a) offering a bonus for working 24 hours plus; or increasing their hourly fee for every hour worked over 24 hours?

Follow-up/Suggestions:

- Revisit the status of hiring in four months to see how hiring is progressing for unfilled psychiatry positions;
- Regularly review a Behavioral Health report on the status of all psychiatry and mental health clinician positions, including newly or soon to-be-vacated positions;

- Explore ways to incentivize contracting physicians to work a minimum of 24 hours per week;
- Annually review a report on the MHSA school loan payment program for psychiatrists to see how this program is being utilized.

Filling the Vacant Position of Medical Director

The Commission recognizes the challenges in filling the all-important Medical Director position. However, this process has been underway for two years now. Although a candidate was recently interviewed, the next interview is not scheduled until December, 2017. The Commission hopes that Behavioral Health can re-double its efforts to recruit and make timely, strong offers to qualified candidates over the next two months.

Follow-up/Suggestions:

- Review recruiting and hiring strategies to ensure they are as effective as possible.
- Revisit the hiring status of the Medical Director in two months.

Legacy Planning for High Level Positions

The issue of legacy planning within Behavioral Health has been raised by EQRO. In discussing the challenges around hiring a Medical Director position, the Commission learned that county hiring practices do not permit a Department to interview and fill a position until the incumbent has actually vacated the position. This is the case even if the retirement or departure is planned. The Commission is very concerned that this practice eliminates the ability to mentor and pass on institutional knowledge is lost. This in turn disrupts administration and services and, ultimately, continuity and quality of care. This practice will impact the management of the Children's Division when the Director of the Division, Vern Wallace, retires this coming year after decades of holding the position. The Commission urges the Board of Supervisors to find a solution to the legacy problem.

Relief to Impacted Psyche Emergency Services (PES):

PES Internal Adjustments

The Commission recognizes how fortunate the county is to have a PES co-located with medical facilities where a true medical evaluation can happen. The Commission lauds the ongoing efforts of PES to find ways to manage an impacted environment with an increasing number of 5150 clients and a decrease in the number of voluntary clients.

Since the White Paper was published, it seems that PES's main strategies for managing the new norm of an average 900 patients per month – still considerably higher than originally intended – has been to hire additional staff for the morning shift to expedite re-evaluation of overnight clients and to slightly reduce the average length of stay. This solution, plus a more stable daily census has resulted in a situation that is “mostly manageable”, with the current staffing pattern seen as “minimally acceptable.”

The Commission reads this situation either as 1) an increase in efficiency or 2) as a somewhat tenuous situation that is consistently stressful for staff, often leading to burn-out and turn-over, and that may decrease the amount of time that a consumer receives care. Lastly, is there the time and staff to follow up on whether the consumer is following the prescribed treatment? The Commission cannot be certain from the Update.

Questions:

- Is the current strategy viable long-term or do we need to commit to increasing staffing levels, potentially including psychiatrists, to reduce stress on staff and consumers and to enhance quality of care? How would the need for additional staff be evaluated?
- How has a decrease in the average length of stay has been achieved? Is it an increase in the number of staff in the morning or are we relying on quick turnarounds?
- Does this mean reduced time for a proper evaluation, adequate treatment and/or disposition?
- Has the experience of being a client at PES improved and have outcomes improved?
- Will the new electronic health record system provide the ability to follow the disposition of where PES patients receive their follow up and treatment?

Follow-up/Suggestions:

- Revisit staffing needs in six months
- Request clarifications on the amount of time for evaluation, stabilization, dispensation and opinions on how these metrics are impacting the consumer experience and quality of care.
- Request information on the capabilities of the Electronic Health Records to support the PES function of tracking patient post-PES treatment.

***Relief to Impacted Psyche Emergency Services (PES):
Addressing Children's Needs for the Facility***

The Commission fully agrees with the facility design changes that are required to separate children from adult clients and to improve the waiting, family consultation and treatment spaces for children. The Commission urges the Superintendents to support changes recommended by the Hospital and Clinics Unit for these high priority improvements.

Follow-up/Suggestions:

- Request proposals from the Hospital and Clinics Unit for redesigning the children's area of PES.

Relief to Impacted Psyche Emergency Services (PES): Expanded Mobile Relief Services

The expansion in mobile relief services is intended to decrease pressure on PES. The Commission is glad to see the increase in the hours of coverage of the Children's Mobile Crisis Response and the planned introduction of this service for the Adult System of Care. Also significant is the Adult program's coordination with the Forensic Mental Health Evaluation Team (MHET) and the three county police departments where MHET is located.

Questions:

- How will the impact of the Children and Adult Mobile Crisis Response on PES congestion be evaluated?
- What are the numbers related to the Children's Mobile Crisis Response, e.g. number of visits per month, number of diversions from PES? What are the projected numbers for the Adult service?
- How aware are all 23 law enforcement agencies of the three MHET teams?
- How will the 20 county law enforcement agencies outside the three that host MHETs activate a request for the adult mobile response team? How else will they interface?
- Forensics is open 8:00 AM to 5:00 PM. How will it interact with MHET when the teams will be used most frequently between 3:00 PM and 11:00 PM?

Unclear Staffing Needs of the Children's Division

The Behavioral Health update notes that the Children's Division staffing levels may not fully meet the needs of its several mandates and programs. The Division lost 40 line staff positions in 2008, and while several staff have been restored to respond to Katie A and Continuum of Care, Behavioral Health states that staffing levels are still *slightly* below the pre-2008 levels, despite the Affordable Care Act. Behavioral Health also reports that additional clinical and Family Partner staff are needed in the regional clinics. The Commission would like clarification to better understand what the Division's needs are. With the impending retirement of the Director of the Children's Division, Vern Wallace, the need for an adequate level of well-trained staff is essential.

Questions:

- What is the estimated number of Children's Division staff needed, by position?

Improvements to Family Support Services

Fully staffed Family Support services may have the impact of diverting consumers from PES. Family Partner positions in the Children's and Adult clinics that were empty, some for multiple years, are now filled. This is a critical step forward.

With the new MHSA NAMI Program for Family Support through family volunteers, Family Support Services is now comprised of three groups – the other two are 1) the Office of Consumer Empowerment with its 20 peer staff Family and Community Support Workers

and 2) the Family Coordinators. The key to success will be coordinating them to ensure efficient and effective deployment of the appropriate services.

Lastly, there are important family support programs being driven by volunteers. Dave Kahler, a Commissioner Emeritus, coordinates the CIT Training. He also has set up and runs the NAMI Crash Course, which has been seen over 1,000 family members in the past year. More direct involvement by Behavioral Health staff is needed in these crucial areas.

Questions:

- Does each of the adult clinics have a family advocate?
- How will the family advocates and coordinators interface with the new NAMI MHSA program?

Follow-up/Suggestions:

- Request a plan for coordinating and interfacing the three different family support services from Behavioral Health.

Determination of Wait Times at Clinics

The Grand Jury expressed a deep concern regarding wait times at the Children's clinics, as did the White Paper. The White Paper also expressed concerns regarding the Adult clinic wait times. What the Commission hears from the community on wait times differs significantly from Behavioral Health's numbers. EQRO 2016 has also questioned the Behavioral Health numbers and has stated that Behavioral Health's technique for calculating wait times is an estimate. It will be months until the impact of more psychiatrists on wait times will be known as it will take time for them to fully ramp up at the clinics.

The Commission and Behavioral Health do agree, however, that the new Behavioral Health information system should provide accurate data on how long it takes a patient to be initially assessed, receive non-medication treatment, and be assessed by a psychiatrist and receive medication treatment if warranted.

Follow-up/Suggestions:

- Revisit wait times as part of the 2017 External Quality Review process.
- Confer with information systems to ensure that the ability to accurately track wait times is being properly implemented.
- Request wait times as tracked by the new information system once the system has been up and running for four to six months.

Reduction of Wait Times for CBO and Private Therapist Appointments

The Grand Jury was very concerned about the availability of network providers for children who need to access treatment for moderate to severe mental illness. The Commission commends the new Access Line team for reducing abandoned calls from 15% to 2%.

Access Line data, however, does support the Grand Jury's concern, demonstrating that, in fact, that the five providers in East County are not able to meet demand.

Questions:

- How will the need for additional treatment providers for Children in East County be determined? Can Access Line data help estimate the number of needed providers?

Follow-up/Suggestions:

- Request a plan for determining the need for additional providers in East County and for acquiring the necessary number of providers.

The Continued Need for a Children's Residential Treatment Center

The Commission has advocated for a children's residential treatment center for the past two years on the behalf of the Children's Division. While creating a unit at the Contra Costa Regional Medical Center does not appear to be financially viable, the Commission continues to strongly support the Children's Division's efforts to find a workable solution for a treatment center. In particular, the Commission encourages more exploration into creating a regional solution of multiple surrounding counties participating in a pool of beds, thereby sharing costs and decreasing the risk of any one treatment center having to cover the cost of an unfilled bed. The Commission urges the Board of Supervisors to explore a regional solution to this critical problem.

Follow-up/Suggestions:

- Brainstorm a high level concept for a multi-county program for a children's residential treatment center. Present this concept to likely partners

The Need for Housing for Those With a Serious Mental Illness

The critical issue of housing for the Homeless with a Serious Mental Illness was a key issue raised by the White Paper. This concern was not addressed in the Behavioral Health Services update.

Supportive Services such as keeping an apartment clean and eating properly---these are services that the Regional Center provides those with a Developmental Disability—but these are not provided for those with a Serious Mental Illness. Non-Profit Housing Corporations must be involved on a larger scale to help develop a housing plan for those with a Serious Mental Illness.

Questions:

- How many clients of our Specialty Mental Health Clinics live in Non-Profit Housing Corporation developments such as Riverhouse? There were Behavioral Health ties directly into these facilities—what is happening now?
- What is done to assure that people with a mental illness are not just left on their own?

- How many Full Service Partnership clients are housed in unregulated Room and Boards?
- What are the plans to house the Homeless with a mental illness? Do we have a measurable plan?

Follow-up/Suggestions:

- Request a comprehensive plan for housing the Seriously Mentally Ill.

In closing, the Mental Health Commission hopes that its evaluations, questions and recommended follow up are received as intended – in the spirit of partnership and to stimulate ongoing dialog around the continuous improvement of our county’s System of Care for those suffering from mental illness.

This report is respectfully submitted by:

Duane Chapman
Chair, Mental Health Commission

Barbara Serwin,
Vice Chair, Mental Health Commission

Lauren Rettagliata
Past Chair, Mental Health Commission

Committee Memberships 2018

In order to clarify official committee membership for 2018 staff would like to revisit committee assignments. All committee rosters will need to be approved by the full Mental Health Commission. The Executive Committee has already been seated by vote for 2018. Decision points for consideration by the commission include, but are not limited to: verifying accuracy of records presented, accepting or declining nominations, accepting volunteers for vacant committee assignments, continuation of the ad-hoc bylaw committee and acceptance by vote of the Commission of full committee rosters.

Executive Committee (Meets 4th Tuesday at 3:30): members seated by vote of the full commission

- 1) Barbara Serwin (Chair)
- 2) Duane Chapman (Vice-chair)
- 3) Diana MaKieve
- 4) Mike Ward
- 5) Meghan Cullen

MHSA/Finance Committee (Meets 3rd Thursday @1) - potential membership proposed by vote of the committee

- 1) Lauren Rettagliata
- 2) Doug Dunn
- 3) Sam Yoshioka
- 4) Leslie May
- 5) Barbara Serwin (does not accept nomination)

Justice Systems Committee (Meets 4th Tuesday @2pm) –

- 1) Diana McKieve (agreed to chair)
- 2) Geri Stern
- 3) Gina Swirsding
- 4) Mike Ward
- 5) Patrick Field or Duane Chapman

Quality of Care (Meets 3rd Tuesday at 3:15) –

- 1) Barbara Serwin
- 2) Gina Swirsding
- 3) Vacant
- 4) Vacant
- 5) Vacant

Ad-Hoc Bylaw Committee

- 1) Meghan Cullen
- 2) Sam Yoshioka
- 3) Gina Swirsding