

Mental Health Commission Annual Report 2018

Submitted by Chair, Barbara Serwin

Theme

The theme of 2018 was integration and collaboration between the Mental Health Commission (MHC) and Behavioral Health Services (BHS), following two years of intensive conflict, negotiation and problem solving. From the MHC perspective, this theme has ultimately led to a much closer-knit and trusting working relationship, while still respecting the MHC's role as a mandatory and objective observer of Contra Costa County's system of care and advisor to the Board of Supervisors (BOS) on matters related to mental health in our county.

Below are key examples of the current integrations between the MHC and BHS:

- The collaborative MHC retreat (see description below)
- Monthly report outs at Commission meetings by Acting Director Dr. Mathew White
- Steady attendance by Anna Roth, Director of Health Services and/or her team members, Erika Jennsen and Duffy Newman
- Monthly meetings between the MHC Chair and Vice Chair and the BHS Director and leadership team
- Assignment of BHS resources one hundred percent committed to supporting the MHC in the way of our new Executive Assistant, Sarah Kennard, and the new role of MHC Liason, filled by Warren Hayes, who is part of the BHS Leadership Team and provides a deep history and knowledge of current BHS and MHSA activities.

2018 MHC Retreat

The 2018 MHC retreat introduced a new concept of a collaborative and interactive learning event based on close involvement of BHS and Health Services. The theme of the retreat was "Communication, Collaboration, and Trust". It had the goal of integrating Behavioral Health Services staff with the Commission and developing more trust and more understanding of each other's positions and roles and responsibilities. The event was attended by members of the Health Services leadership team and the BHS leadership team and a broad range of BHS staff.

Responded to BOS Family and Human Services (FHS) Committee Referrals 115 and 116 Reports and Grand Jury Report No. 1703

At the end of 2017 the Commission reported to the BOS FHS Committee regarding responses to the MHC White Paper and BHS Grand Jury Report response. This discussion resulted in the FHS Committee, chaired by Supervisors John Gioia from District I and Supervisor Candace Andersen from District II, requesting an ongoing six-month updates from BHS services on the issues put forth in the White Paper and Grand Jury Report.

Between the end of 2017 and April 2018, the MHC and BHS engaged in ongoing working meetings regarding problem-solving potential solutions for the relating to the challenges that the BHS was facing. In late Spring of 2018, the MHC and BHS gave a joint update to the FHS

Committee that reported on our further developing collaborative working relationship, progress made by BHS and plans for further improvements. The report ended with the joint recommendation that updates to the BOS FHS Committee were no longer necessary from the BHS point-of-view, pending consistent, ongoing internal dialog between the MHC and BHS, which the FHS Committee accepted.

Continued Advocacy for Increase Number of Psychiatrists and Decreased Wait Times

The Commission continued to direct much attention to advocating for an increase in the number of psychiatrists and a decrease in wait times at county clinics. The Commission pressed for consistent progress reports from BHS, which were provided. The Commission also worked jointly with BHS to report on this area to the BOS FHS.

Continued Tracking on the West County Mental Health Detention Expansion

The Commission continued to track on efforts to expand West County Mental Health Detention. We heard updates from Assistant Sheriff Schuler and Captain Tom Chalk and participated in the series of *Detention Rapid Improvement Events* sponsored by Health Services.

Advocating For a Mandatory PES Evaluation in Cases of Violent Consumer Behavior

Throughout the year, the Commission advocated for requiring a medical evaluation at PES of consumers who pose harm (immediate or potential) to themselves or others at the scene of a call for an involuntary hospitalization (5150). We sought to find the best avenue to influence the policy of the Sheriff's department and the countywide police force towards this policy. Our current strategy is to work with the director of the county Crisis Intervention Team, Chief Brian Bothran, to potentially train officers on this approach.

Participation in Rapid Improvements Events

One of the most exciting efforts that the MHC learned from and participated in was the Rapid Improvement Events moderated by Erika Jenssen, Assistant to Health Services Director of Contra Costa County and Chris Farnitano, Health Officer of the county. The MHC gained a general overview of the value and workings of RIE's and participated as part of the leadership that gave feedback to the RIE teams each day of their week-long events and attended some of the tours of facilities related to the RIE's. The RIE's that the MHC participated in were:

- The Value Stream Mapping process for Detention Mental Health
- Detention RIE events
- Value Stream Map for BHS
- Redesigning the First Visit RIE
- Standardizing Screening and Scheduling RIE

Varied Discussion Topics and Updates

- ECAMH registered nurses addressed Patient Safety concerns and the lack of protection for mental health professionals with respect to the current mental health crisis in our community, Therese Becker, AMFT
- Community Connect Program which aims to connect consumers and families to community services, Emily Parmenter, Program Manager
- Discussed BHS efforts relating to housing for the seriously mentally ill, led by Dr. Jan Cobaleda-Kegler, Program Chief for Adults and Aging Adults
- Discussed Network Adequacy Standards, which is a review of a mandatory analysis of the distribution of mental health services in our system of care compared to the metrics of comparably-sized counties in California, Mathew Luu, Deputy Director of BHS
- Learned more about the new BHS Adult Mobile Crisis Response Team, which aims to reduce suicides and PES hospitalizations, de-escalate crises, and initiate 5150s as needed, Mobile Crisis Team
- Learned more about the Child and Youth Mobile Response Team, which aims to minimize police involvement or hospitalization during incidents of crisis, Seneca Family of Agencies
- Updated on the San Pablo building for the West County clinic, by Contra Costa Health Services Planning and Evaluation Staff, West County Behavioral Health Center

Advocacy for Children’s Residential and Tay Residential Programs

The Commission continued to consistently advocate for children’s and Tay residential programs. We discussed a new BHS proposal for a children’s program with Warren Hayes (now on the back burner for good reasons) and the new Tay program moving forward in the Oak Grove county property.

Review of the Mental Health Services Act (MHSA) Activities and Budget

The MHC reviewed the MHSA activities and budget on multiple occasions as presented by Warren Hayes, MHSA Program Manager. In addition to hearing multiple updates, the Commission hosted the Public Hearing on the MHSA Three Year Plan update.

Change in By-laws

The Commission updated its bylaw regarding attendance and the formation of a quorum. At the committee level we now permit the Chair or Vice Chair to represent absent Commissioners, thereby permitting a quorum to be more easily formed. This in turn increased the capacity of work by the Committees.

Implemented Motion Track

The Commission implemented a “Motion Tracker” to record in one place motions made at the Commission and Committee levels, thereby, at a glance being able to see which motions have been executed, which haven’t, who is responsible for leading the efforts of incomplete motions, etc. This tool enables the Commission to track on progress and move along completion of its commitments.

Formed Ad Hoc Data Committee

The Commission formed an ad hoc Data Committee to illicit the informational needs of the Commission. This was in response to efforts by BHS to provide standardized reporting on key benchmarks of BHS system of care performance. Defining our own informational needs has been a thoughtful, and rewarding process. This important endeavor is led internally by Commissioner Joe Metro and externally by the BHS driver of the data and reporting definition effort, Warren Hayes.

Interaction With CALBHC

The MHC learned more about statewide mental health issues, training, resources, etc. tracked by the CALBHC/C from Theresa Comstock the CALBHC/C President. The MHC Chair also attended the CALBHC/C Bay Area April regional meeting and participated in a call with other statewide MHC chairs regarding challenges and lessons learned in other counties. The urgent issue of disaster planning was called out, a topic that the MHC will study more in 2019 for our county.

Membership Update

- *Current Number of Commissioners:* 11 of 16 (5 open seats)
- *Current Commissioners:* Barbara Serwin, District II, Diane Burgis, County Supervisor District III, Geri Stern, District I, Diana Makeover, District II, John Kincaid, District II, Douglas Dunn, District III, Tasha Kamegai-Karadi, District IV, Sam Yoshioka, District IV, Leslie May, District V, Joe Metro, District V, Gina Swirsding, District I
- *Changes in Membership:*
 - Duane Chapman, District I, who sadly passed away in December, after two years acting as Chair and strong advocacy for West County
 - Lauren Rettagliata, District II, who advocated tirelessly for housing for the seriously mentally ill, was co-author of the *White Paper* and major contributor to working with BHS to improve our system of care
 - Meghan Cullen, District V, Patrick Field, District III, Michael Ward, District V
 - Julie Neward, District III (pending formal de-commissioning)
- *Challenges in Recruitment:* Supervisor Burgis stated it well that for Supervisors, it is difficult to fill vacancies, specifically when there are certain requirements attached to them. This translated to as many as five open vacancies on the Commission at any given time, reducing capacity for representation of our community and for conducting the work of the Commission.

Committee Reports

Annual Report 2018 Justice Systems Committee

- Participated in and/or observed the following advisory body meetings that help set and or implement the strategies of justice for adults and juveniles with mental illness in our County:
 - Community Corrections Partnership CCP (Quarterly)
 - Community Advisory Board CAB (Monthly- advisory to CCP)
 - Continuum of Care (Quarterly)
 - Council on Homelessness (Monthly)
 - Juvenile Justice (Monthly and meets in conflict with the MHC)
 - Assisted Outpatient Treatment. (Quarterly)
- Partnered with Behavioral Health and Detention by participating in or observing the feedback of Rapid Improvement/Value Stream Mapping Events, impacting the receipt of treatment and care of those in Detention or upon their release.
- Received information from Behavioral Health, Detention, Juvenile Justice and Office of Reentry and Justice to be informed about current operations as well as new programs funded through Prop 47 and AB109, including Antioch's diversion program and reentry programs to connect individuals with programs and services upon reentry to avert future involvement in the criminal justice system. We also received information about our CORE Teams, MHET program, the Adult Crisis Response Team, Children's Crisis Response Teams, and Assisted Outpatient Treatment (AOT) program.
- Took the first step to begin identifying areas of interest for a Detention/Office of Reentry and Justice, Data Dashboard, from the perspective of the Mental Health Commission.
- Advocated for fully implementing and funding the Office of Reentry and Justice with a letter of support to the Board of Supervisors.
- Tour of Juvenile Hall to more fully understand the integration of mental health treatment, continuing education, and safe and nurturing environment while incarcerated.

Quality of Care Committee 2018 Annual Report

- Continued to review consumer advocacy and grievance procedures of Behavioral Health. Learned about some of the practices used by CCRMC in an effort to look for ways to learn from other successful systems. Advocated for the improvement of the problem resolution process and resources used at PES and 4C with the goal of bringing them more into alignment with those of the rest of CCRMC. Proposal to conduct a customer satisfaction survey and/or talk directly to consumer and family to measure satisfaction with the Behavioral Health Services problem resolution process.
- Facilitated discussion of how Behavioral Health Services could improve its process of evaluating and tracking at-risk consumers and eliminate delays in the availability and delivery of patient care.
- Continued to advocate for the development of a Crisis Inpatient/Residential Treatment Facility for Children and Young Adults, reviewing plans for a new feasibility analysis by Behavioral Health Services in 2019.
- Reviewed how Behavioral Health Services monitors the performance of CBO's operating board and care facilities, including augmented board and care facilities and services, when problems are identified through the annual (or triennial?) review process. Proposed the creation of a tool for monitoring and ensuring resolution of problems identified through the review process. This tool will be an extension to the tool developed by the MHC to review MHSA projects.
- Participated in the development of a BHS "data dashboard" information model and report through discussion of the information needs of the committee.
- Reviewed the 2017 EQRO Report on behalf of the Commission
- Continued to track on quality of care information at PES.

MHSA-Finance Committee 2018 Annual Report

- ***Fiscal and Program Reviews***

- January-June Meetings: Warren Hayes, MHSA Program Chief
Mr. Hayes and MHSA staff kept the committee up-to-date on the schedule and outcome of Fiscal and Program Reviews of all 86 MHSA funded programs in the county. Major corrective action needed in several of the reviews (such as Hope House and COFY) were noted and discussed. Mr. Hayes apprised the Committee of how and when the required corrective actions had been taken and completed. Members of this Committee, as well as the Quality of Care Committee, the Mental Health Commission, and Community stakeholders will follow up to make sure how and when these corrective actions are completed. Depending on the nature of the Fiscal and Program Review Findings, the Commission will, if necessary, recommend contract provider changes to Contra Costa Behavioral Health Services BHS. The Commission will also promptly follow up on demonstrated deficiencies that arise between these reviews and with other non-MHSA programs overseen by BHS.

Housing

- July, August, and December meetings: Warren Hayes, MHSA Program Chief
 - Mr. Hayes kept the committee apprised of developments regarding funding housing opportunities for the most severely mentally ill among us, especially the \$1.73M returned by the state and the \$2.1M available in non-competitive funding provided by the new No Place Like Home (NPLH) initiative passed by voters in November, 2018. He has also let us know of the successive NPLH bidding opportunities “coming down the pike” in the next several years.
 - We had a discussion with Pat Godley, CEO of Mental Health Services regarding the Behavioral Health Budgeting Process and 2018 budget.
- September Meeting:
 - The Committee hosted presentations by the Adults and Older Adults Division Chief, Dr. Jan-Cobelada-Keglar, Psy.D. and the Alcohol and Other Drugs (AOD) Program Director, Fatima Matal Sol, LCSW.
 - Both Program Chiefs gave a detailed overview of their respective departments’ budgets and how they are developed. Dr. Cobelada-Keglar gave the latest updates on new programs, especially the Adult Mobil Crisis Response Team (MCRT) and how it fits into the adult system continuum of care. Ms. Matal Sol gave a very comprehensive overview of the AOD budget process and how her department operates (10% county staff, 90% CBO staff). She also explained how the 1115 Drug Med-Cal Waiver (Whole Person Care) program is helping to greatly expand the integration of both AOD and mental health services throughout the county. Both persons answered in-depth questions posed by Committee members and other stakeholders.

- October Meeting: Children and Adolescents: Gerold Loenicker, LMFT, Program Chief
 - Mr. Loenicker gave a very comprehensive presentation of how children and adolescent budgets are developed. He also delved into the background behind the major expansion of the in-person SENECA Mobil Response Team hours, 7AM-11:30 PM M-F, and 9 AM-7 PM Saturday and Sunday, as well as 24/7 phone availability. SENECA serves the highest acute children and adolescents in this county. He also discussed the expanded school programs, especially in East County, that involve new CBO service providers. He also answered the in-depth questions posed by Committee members and other stakeholders.