

Consolidated Planning and Advisory Workgroup (CPAW)

Thursday, April 6, 2017

3pm – 6pm

Location: 2425 Bisso Lane, First Floor Conference Room, Concord, CA 94520



Members attending: Tom Gilbert, Jennifer Tuipulotu, Roberto Roman, Kathi McLaughlin, Kristi Abbott, Steve Blum, Sam Yoshioka, Candace Collier, Lucy Espinoza, Sheri Richards, Lauren Rettagliata, Sara Marsh, Doug Dunn, Ryan Nestman

Staff attending: Windy Murphy, Ellie Shirgul, Kristin Clopton, Ann Isbell, Robert Thigpen, Janet Costa, Ronnie Potts, Kristin Visbal

Public Participants: Anne Sutherland, Kanwarpal Dhaliwal, Carwen Spencer, James Ross, Kerri Banks, Mia Jackson, Melinda O'Day, Cheryl Hall, Cynthia McCants, Elizabeth Ward,

Facilitator: Maria Pappas

Recorder: Lisa Cabral

Staff Support: Warren Hayes

Excused from Meeting: Karen Smith, Matt Wilson, Molly Hamaker, Maude DeVictor

Absent from Meeting: Antwon Cloird, Courtney Cummings, Gina Swirsding, Will McGarvey, Duane Chapman, Lisa Bruce, Connie Steers, Dave Kahler, Kimberly Krisch, Jackie Lerman,

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome <ul style="list-style-type: none">• Call to Order• Introductions• Working Agreement• Announcements• Finalize Minutes	<ul style="list-style-type: none">• Introductions made.• Maria Pappas reviewed the revised CPAW's Working Agreement• Approved March notes	Information Notes approved and will be posted to MHSA CPAW website.	Maria Pappas Lisa Cabral to post Notes.

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<p>2. Behavioral Health Issues</p> <ul style="list-style-type: none"> • Drug Medi-Cal Waiver roll-out • EQRO • EHR • DHCS 	<ul style="list-style-type: none"> • Drug Medi-Cal Waiver is slated to begin July 1st. Have begun to looking into hire additional staff. Awaiting the state to execute the plan. • External Quality Review Organization Audit (EQRO) – Behavioral Health Administration has not received the final draft report. The report will focus on areas of correction. EQRO is an annual review of the programs. • Electronic Health Record – Hired a project manager of the EHR, Megan Rice. Amanda Dold has been hired as the Integration Services manager to help with the integration between Behavioral Health, ambulatory care clinic, and PES. The EHR will be rolled out in September 2017. The next milestone is to branch out to our organizational providers and family members. • Department of Health Care Service Triennial Audit (DHCS) will be taking place next week beginning April 10th. 	<p>Will the EHR have the ability to give Law Enforcement access to patient information?</p>	<p>Vern Wallace</p>
<p>3. CPAW Committee Reports</p> <ul style="list-style-type: none"> • System of Care • Innovation • Membership 	<p>System of Care</p> <ul style="list-style-type: none"> • Working on the Family Support program for the last several months. Currently working on the proposal of family support worker and receive input from all individuals and plan to release a request for qualifications for the Family Support program. If there are any individuals who are connected with an agency and would like to apply, may not need to attend the next System of Care meeting due to conflict of interest. • Connecting the MH First Aid graduates to community organizations first responders 		<p>Committee Representatives</p>

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	<p>throughout the county to be on-going trainers and liaisons of Mental Health First Aid.</p> <p>Innovation</p> <ul style="list-style-type: none"> • The two new concepts are in the process of draft proposal. <ol style="list-style-type: none"> 1) Adolescent Intensive Outpatient Program with mental health and AOD services 2) CBSST within Board & Cares • CORE project concept for adolescents who have substance use and mental health disorders. CTYA committee has decided to have a sub-group of the committee to help with the writing of the proposal. Windy has currently written two drafts for the Innovation template which will be provided to the sub-group for review and will then need to be submitted to the MHSOAC. • CBSST project concept for Board and Cares. The Adult Committee has begun discussions of the writing of the proposal. • The next meeting will be on Monday, April 24th and the Innovation Committee is looking for new members. • The Partners in Aging project has a position for a liaison at PES but there is not enough space for an individual. Miller Wellness Center does not have space for an extra individual either. • Windy has created a form specifying certain areas of topic for when projects come to Innovation meeting to give update. 		

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	<p>Membership</p> <ul style="list-style-type: none"> • Membership had provided three individuals for recommendation to the BH director for appointment to CPAW. • The newly appointed CPAW members are Candace Collier, Lucy Espinoza, and Kristi Abbott. • Looking to fill additional vacancies on CPAW. • Membership committee is looking for additional committee members. • Next Membership meeting will be held on Monday, April 17th. 		
<p>4. BHS Committee Dialogue</p> <ul style="list-style-type: none"> • Social Inclusion • Children, Teens and Young Adults • Adults • Older Adults 	<ul style="list-style-type: none"> • Social Inclusion – The March meeting selected feedback amongst the most popular items from the January and February meetings and committee members discussed options concerning which actions were possible to be completed and effective ways of completing them. This month’s meeting will host presentations from members of the WREACH Speakers’ bureau. • The next Social Inclusion meeting will be on April 13 from 1:30-3:30pm. • Photovoice will have its last meeting at Crestwood on April 19th at 10am. Beginning next month, Photovoice will begin meeting on May 24th at 3pm at 2425 Bisso Lane. • Photovoice 2017 at Vicente and Briones High School is about to enter its seventh class. • The WREACH subcommittee discussed some goals of the subcommittee for 2017. Members confirmed an official list of meeting participant 		<p>Committee Representatives</p>

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	<p>agreements and acknowledgements which are to be enforced during the March subcommittee meeting. Subcommittee members were invited to attend the Brown Bag workshop presented by WREACH at Diablo Valley College. Will begin conducting Tell Your Story Workshop I & II at 2425 Bisso Lane. Tell Your Story Workshop II for RI International in Concord was held on February 3rd. WREACH is planning a workshop at Bissel Cottages next Thursday.</p> <ul style="list-style-type: none"> • The next WREACH meeting will be on April 23 from 1-3pm at 2425 Bisso Lane. • Children, Teens, and Young Adult – The committee will look at the TAY Report written by former CPAW member, Ashley Baughman. The committee will look at the recommendations from the report and decide how to move forward with the recommendations. The committee is looking to review the 4C letter recommending for and Inpatient Children’s Unit for children 5-12 years old. The committee will move forward on the letter to the Board of Supervisors to advocate for a needed Children’s Inpatient Unit at CCRMC and would like to use the 4D ward. • Adults – Met on March 28th and had many presenters. Dave Kahler, NAMI Member, came to give a presentation about NAMI’s Crash Course. The Crash Course meets on a weekly basis. This course helps to meet the needs of family members of persons with mental health issues. <p>There was discussion with the Overcoming</p>		

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	<p>Transportation Barriers Innovation project. Transportation Navigation Specialists help consumers with need of transportation and support to help individuals use public transportation through peer advocacy and overcoming transportation barriers.</p> <p>Brief discussion regarding Steve Blum’s concept of CBSST for Board & Cares and huge need for training for individuals in our Board & Cares.</p> <ul style="list-style-type: none"> • Older Adults- Met on March 22nd, the direction of the committee meeting is dependent on the individuals who attend the meeting. Two months ago there was a reduced attendance at the meeting. <p>Needs of Older Adults were around Housing and transportation. Housing needs to focus on individuals whose needs have changed. Transportation is universal throughout the system of care.</p> <p>The committee has discussed that the voice of the mental health needs are not getting out. The committee would like to promote the needs of the Older Adults. This month the committee will be focusing on a series of topics such as Conservatorship, Patient Rights, and Family Rights.</p> <p>Identify individuals to gain additional input from Mental Health Commission, Faith Based community, and Mental Health Older Adult</p> <p>Next meeting is Wednesday, April 26th.</p>	<p>Sheri to continue outreach to these individuals.</p>	
<p>5. Reports from Other Stakeholder Bodies</p>	<ul style="list-style-type: none"> • Mental Health Commission – The month of May is the Mental Health Awareness month. 		<p>Committee Members</p>

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<ul style="list-style-type: none"> • Mental Health Commission • Housing and Homeless Services • Alcohol and Other Drug Services 	<p>Megan Rice, EHR Project manager, and Amanda Dold, Integration Services manager, attended and discussed that the EHR will roll out at all 12 clinics on the same day. The 5-Year Behavioral Health Strategic Plan has been approved for Contra Costa County and will begin July 1st, 2017. There may be a follow up with the conservatorship office that can provide a report back to the Mental Health Commission and have the Older Adult population in attendance to voice their opinion and concerns to the conservatorship office.</p> <ul style="list-style-type: none"> • Housing and Homeless Services – In early April there was Cognitive Social Services training at H³ meeting and trying to look into setting up groups who have Mental Health shared housing. The next quarterly Continuum of Care meeting will have a panel on affordable housing on April 21st at 10 am at 30 Muir Road. Shelter Inc announced they are accepting applications for the Lyle Morris Center, for 19 available units, beginning April 10th through April 14th. There are 15 two bedroom rooms and 4 three bedroom units. • Alcohol and Other Drug Services – The AOD Advisory Board have spoken with community stakeholders and have decided to not change the name to SUD but continue the use of the name Alcohol and Other Drugs. Residential Recovery guidelines were drafted by Isabelle Kirske and Fatima Matal Sol in order to adhere to the Drug Medi-Cal Waiver Looking forward to the full integration of AOD 		

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	<p>and Mental Health. There are concerns about the integration of the Drug Medi-Cal waiver was not included in the Five Year Strategic Plan. April is the Alcohol Awareness Month.</p>		
6. Break (flexibly applied)			
7. CPAW's Upcoming Schedule of Invited Guests	Steering committee has put forward recommendations to invite select departments/divisions to present at the CPAW monthly meeting for the next 6 months.	CPAW members approved the ARF of upcoming invited guests.	Warren Hayes
8. Contra Costa Behavioral Health Services Forensics Programs – Mental Health Evaluation Team (MHET)	<p>Overview of the Forensics Mental Health and MHET program. See attached Power Point</p>		<p>Kristi Abbott Ronnie Potts</p>
9. Public Comment, Announcements			Meeting Attendees
10. Review of Meeting	Meeting flowed exquisitely.		Meeting Attendees
11. Next CPAW, Steering, Membership Meetings	<p>The next CPAW meeting will take place on May 4th. The Steering Committee will meet on April 20th. The Membership Committee will meet on April 17th</p>		

Contra Costa County Forensic Mental Health



Forensic Mental Health

Forensic Mental Health is a specialty clinic within BHS that works exclusively with Criminal Justice Partners to provide mental health services to clients with criminal justice involvement.

FORENSIC MENTAL HEALTH

MHET

AOT

1370

PROBATION

MHET

- Criminal Justice Partner – Law Enforcement
- Funding – SB82/AB109
- 3 Regional Teams – Central (WCPD), West (RPD), and East(PPD)
- Launched May 2015

MHET - Workflow

- Referral Process:
 - Patrol Officer refers individual directly to MHET after responding to a psychiatric crisis call for service with that individual
- Services Provided (short-term 30-60 days):
 - MHET liaises and coordinates care with PES and/or inpatient psychiatric unit
 - MHET conducts follow-up welfare check to the individual upon discharge from PES/inpatient psych unit
 - MHET links individual to mental health services and other appropriate resources
 - MHET meets with individual's family to provide resources
 - MHET collaborates with individual's current service providers, if applicable

AOT

- Criminal Justice Partner – Civil Court
- Funding – MHSA
- Launched February 1st, 2016

AOT - Workflow

- Qualified Requester (according to W&I code 5345 – 5349.5) makes initial call to initiate an investigation as to whether an individual meets criteria for AOT services
- If individual meets AOT criteria Forensics refers to Mental Health Systems (MHS) for Outreach & Engagement.
 - Outreach and Engagement is a period of time to reach out with the goal of getting the individual to voluntarily agree to AOT services.
- If MHS's outreach and engagement is not moving forward Forensics will re-assess for criteria and if appropriate file a petition with County Counsel for court ordered AOT services
 - At court individual has option to agree to a Settlement Agreement for AOT services OR a hearing to contest AOT services
 - If there is a Settlement Agreement or Court Order the individual starts AOT services with MHS team for a maximum of 6 months
- At the completion of AOT services individuals are transitioned back to County system of care or previous private providers

AOT – Qualified Requestor Criteria (W&I code 5345 – 5349.5)

- A request may be made only by any of the following persons to the county mental health department for the filing of a petition to obtain an order authorizing AOT
 - (A) Any person 18 years of age or older with whom the person who is the subject of the petition resides
 - (B) Any person who is the parent, spouse, or sibling or child 18 years of age or older of the person who is subject of the petition
 - (C) The director of any public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services to the person who is the subject of the petition in which institution the subject resides
 - (D) The director of a hospital in which the person who is the subject of the petition is hospitalized
 - (E) A licensed mental health treatment provider who is either supervising the treatment of, or treating for a mental illness, the person subject of the petition
 - (F) A peace officer, parole officer, or probation officer assigned to supervise the person who is the subject of the petition

AOT – Criteria for Services (W&I code 5345 -5349.5)

- (1) The person is 18 years of age or older
- (2) The person is suffering from a mental illness as defined in paragraphs (2) and (3) of subdivision (b) of Section 5600.3
- (3) There has been a clinical determination that the person is unlikely to survive safely in the community without supervision
- (4) The person has a history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:
 - (A) The person's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition OR
 - (B) The person's mental illness has resulted in one or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months, not including any period in which the person was hospitalized or incarcerated immediately preceding the filing of the petition

AOT – Criteria for Services (W&I code 5345 -5349.5) CONT.

- (5) The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or his or her designee, provided the treatment plan includes all of the services described in Section 5348, and the person continues to fail to engage in treatment
- (6) The person's condition is substantially deteriorating
- (7) Participation in the AOT program would be the least restrictive placement necessary to ensure the person's recovery and stability
- (8) In view of the person's treatment history and current behavior, the person is in need of AOT in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to other, as defined in Section 5150
- (9) It is likely that the person will benefit from AOT

1370- Incompetent to Stand Trial

- Criminal Justice Partner – Criminal Court
- Funding – Some Medi-Cal billable services
- Launched June 2011

1370 – Workflow

- Prior to referral individual has already been deemed Incompetent to Stand Trial (IST) for a Misdemeanor offense
- Step 1 - Referrals come directly from Contra Costa County's Superior Court
 - 1st court order for a Report & Recommendations as to whether the individual is appropriate for outpatient competency restoration
 - Forensic staff assesses individual in custody (occasionally in the community)
 - Forensic sends a report with recommendation for outpatient or state hospital
 - If outpatient, 2nd court order is an Order of Commitment for weekly outpatient restoration training

1370- Workflow Cont.

- Step 2 - Weekly 1:1 competency restoration training with Forensic clinician
 - Brief Case Manager services to stabilizing mental health
 - Complete Restoration Training Curriculum
- Step 3 – Re-assess for competency and report to court

Probation

- Criminal Justice Partner – Probation Department
- Funding – AB109/MHSA
- 3 Regional Teams – Central, West, and East
- Launched March 2012

Probation – Workflow

- Referrals are identified by probation status
 - AB109
 - General Supervision
- Clinicians are co-located at the 3 regional adult probation offices.
- Referral Process:
 - Deputy Probation Officers refer directly to Forensics
 - Clinician screens individual at probation to determine eligibility
- Services Provided:
 - Health Care Navigation
 - Benefits support
 - Psychiatric case management
 - Seeking Safety Trauma group and WRAP

THANK YOU!!!



Contra Costa County's

MHET

Mental Health Evaluation Team

Presented by Kristi Abbott, LCSW
Team Lead MHET



What is MHET?

- **MHET** (Mental Health Evaluation Team) is a co-responding model in which a police officer and a mental health clinician partner together to provide joint welfare-checks and follow up for mental health calls for service.

What is the goal of MHET?

- To reduce PES visits, inpatient hospitalizations, police calls for service, and arrests of persons living with mental illness in our community.
- To reduce law enforcement's encounters with persons living with a mental illness.
- To reduce violent encounters between law enforcement and persons living with a mental illness.

HOW?

- Connecting persons to mental health services.
- Bridging the gaps in mental health services.
- Assistance navigating the mental health system.
- Providing psycho-education, support, and referrals to the families of persons living with a mental illness.

Launching MHET

- In April 2014 BHS was awarded the Mental Health Wellness Grant (SB82) to fund a mobile crisis team.
- In March 2015 Contra Costa County's Police Chiefs Association (PCA) voted to agreed to fund 3 full-time officers.
- MHET is divided into regional teams: Central, West, and East
- Central Host Department: WCPD; West Host Department: RPD; East Host Department: PPD.
- MHET implemented full-time May 2015.

MHET Central

MHET Officer

TBD, WCPD

MHET Clinician

Kristi Abbott, LCSW

Allied Departments: Pleasant Hill, Martinez, Concord, Lafayette, Clayton, Danville, Moraga, Orinda, San Ramon, Sherriff's Office

MHET West

MHET Officer

Officer Jesse Sousa, RPD

MHET Clinician

James Lancaster, MFTi

Allied Departments: El Cerrito, San Pablo, Hercules, Pinole,
Sherriff's Office

MHET East

MHET Officer

Chase Thomas, Pittsburg PD

MHET Clinician

Michael Postell, LMFT

Allied Departments: Antioch, Brentwood, Oakley, Sherriff's Office

Allied Departments

- **Allied Departments appoint MHET Liaison**
- **MHET Liaison attends monthly Forensic Multi-Disciplinary (FMDT) meetings**
- **Allied Departments provide patrol support for MHET in their jurisdiction**
- **Allied Departments handle any investigation/crime report in their jurisdiction**

Workflow

- **The patrol officer responds to a call for service involving a person with a mental health challenge. The officer will determine if the person meets the following criteria for a MHET referral:**
 - Combative/Barricaded/148 type behavior
 - Violence to family members/household
 - Weapon used
 - Multiple 5150 contacts

LAW ENFORCEMENT REFERRAL ONLY

Workflow (Cont.)

MHET provides clients with short-term (30-60 days) services :

- **Follows up on the status of the client at Psych Emergency Services (PES).**
- **Coordinate with PES staff about admitting/discharging client.**
- **Follow-up welfare-checks with those discharged from PES and inpatient psych units.**
- **Link client to mental health services and other appropriate resources.**
- **Meet with client's family to provide resources.**
- **Collaborate with client's current service providers, if applicable.**

Thank You!!

For more information contact Kristi Abbott, LCSW
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