

**CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
MINUTES - FINAL
NOVEMBER 12, 2015**

Agenda Item	Discussion	Action/ Follow-Up
I. Call to Order / Introductions	<p>The meeting was called to order at 4:30 by Chairperson Lauren Rettagliata.</p> <p><u>Commissioner's Present:</u> Greg Beckner, District IV Peggy Black, District V Louis Buckingham, District III Duane Chapman, District I Dave Kahler, District IV Diana McKieve, District II Tess Paoli, District III Lauren Rettagliata, District II Barbara Serwin, District II (Arrived late) Gina Swirsding, District I Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u> Supv. Candace Andersen, BOS Representative</p> <p><u>Non-Commissioners Present:</u></p> <ul style="list-style-type: none"> • Cynthia Belon, MH/BHS Director • Douglas Dunn, NAMI-CC • Anthony Longoria, Mental Health Services • Krystal Luna, MH Systems • Victor Montoya, MH Services • Laura Otis-Miles, MH Systems • Kassie Perkins, ANKA Behavior Health • Jill Ray, Supv. Andersen's Office • Karen Shuler, MHC Executive Assistant • Connie Steers, CPAW-BHCP • Shelly Whalon, CCRMC 	<p><i>Transfer recording to computer</i></p> <p><i>Update Commissioner attendance</i></p> <p><i>Update Database</i></p>
II. Announcements	None.	
III. Public Comment	None.	
IV. Commissioner Comments	<ol style="list-style-type: none"> 1) Sam asked if we will have someone come here to explain the financial reports? Lauren replied that the financial reports will be discussed at the MHSA-Finance Committee meetings. 2) Lauren said she was heartened to see that many of the MHC's recommendations made it through the AOT Workgroup (use of MHSA 	

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	<p>monies, need for data collecting, working with Duke University on data collection).</p> <p>3) Lauren read portions of AB1194 – new legislation. She asked each Commissioner to read it.</p>	<p><i>Distribute copies of AB1194 to Commissioners</i></p>
<p>V. Approval of the October 8th, 2015 Minutes</p>	<ul style="list-style-type: none"> • Sam made a motion, seconded by Louis, to approve the Minutes from October 8th, 2015. Discussion: Page 2: Lauren mentioned the misspelling of the word “Gallinot” on page 2, 4th bullet under Public Comment. Vote: The Minutes were approved unanimously as corrected. Yea: (10) Greg, Peggy, Louis, Duane, Dave, Diana, Tess, Lauren, Gina and Sam. Nay: (0) Abstained: (0) Absent: (2) Candace, Barbara. (Barbara arrived after the vote was taken.) 	<p><i>Correct October Minutes; post to web.</i></p>
<p>VI. Report from Anna Roth, RN, MS, MPH, Chief Executive Officer, or her designee.</p>	<p>Status of care for the Mentally Ill at 4C, Psychiatric Emergency Services (PES), Clinics and Jail.</p> <p>Anna Roth designated Vic Montoya to give her report.</p> <p>Vic said PES has been running 35-40. They have a lot of new staff. Training is ongoing. They contract with Traditions for their physicians. They are looking at refining practices to make sure they’re following protocol. Because of the number of shifts, it is necessary to spend extra time becoming familiar with staff. Vic said he is spending more time working at the hospital.</p> <ul style="list-style-type: none"> • Lauren asked about the treatment staff to inmate ratio on M-Module. She asked what their population was. • Anthony said the population was 20-23. • Lauren asked how many mental health staff there were per inmate. • Anthony said Candace Kunz-Tao would have the answer. • Peggy asked if the majority of the physicians come through Traditions. • Vic said they did. • Peggy said she was concerned about a lack of 	<p><i>Contact Candace Kunz-Tao per ratio of staff to inmates.</i></p> <p><i>Ask Vic for the turnover rate for PES -- current staffing: who they are, how long they’ve</i></p>

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	<p>MHSA for Community Support Workers at 4C. There is a need for a Clinical Social Worker – Family Service Coordinator. Could this be charged out to Medicaid/Medicare.</p> <ul style="list-style-type: none"> • Duane asked when someone is discharged and there’s a complaint, where does it go? • Shelly explained the process. Give or send a written complaint to Patients Relations <ul style="list-style-type: none"> ▪ They will document the complaint and send it to the appropriate person. They have 7 days to notify the consumer to tell them the complaint has been received. ▪ Once they receive the complaint, they have 30 days to respond to the consumer. ▪ It will be tracked and Patients Relations will respond to the person who complained. • Duane asked if a person is discharged and they attack someone, what is the course of action? • Doug responded, reading from a letter he had written to Anna Roth: “During the September, 2015 Mental Health Commission meeting, I remember your kind caring listening of our “stories of woe” at the CCRMC Psychiatric Emergency Services (PES) and 4C wards. Unfortunately, our loved one’s very recent 4C situation was far worse. Briefly, here is the background: After his July, 2015 premature hospital release, our loved one re-decompensated and was arrested just outside Roseburg, Oregon in early August for using his vehicle to evade police (felony). He twice tried to commit suicide during his week in jail which caused him to be admitted on an emergency basis to a psych ward (11th time) there. After 3 days, he was released and the Full Service Partnership (FSP) here in east county agreed to take him back. He decompensated again, lost his room and board housing, was put into a motel and was 5150’d again (12th time) on October 26, 2015. This time, he attacked an FSP worker during the 5150, which required the intervention of 6 police officers. He was 	<p><i>Pass this information on to Cynthia.</i></p>
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	<p>transported to PES where he remained until Wed., Oct. 28 when he was transferred to 4C. In the meantime, Victor Montoya, Medical Center Integration Program Manager, asked that I prepare the attached mental health history of our loved one and arranged to have it presented to the Hearings Officer, John Dowd, for Jeff's requested Gallinot Hearing, Fri. morning, Oct. 30, 2015. He also arranged for Mr. Dowd to meet with us, if he so chose, prior to this hearing as we did not want our loved one to know we were at CCRMC. Mr. Montoya is trying to implement processes that would insure family input is actively considered in these types of hearings. We were assured, our loved one would not know of the information we prepared for Mr. Dowd at Mr. Montoya's request. Mr. Montoya also insured this mental health history of Jeff was included in his 4C treatment file and that our loved one's recent Oregon felony arrest and jail information was prominently highlighted. Mr. Montoya assured us that our loved one's Psychiatrist, _____, and Social Worker, _____, were solidly in favor of the 5250 hold petition and continuing treatment. In fact, Mr. _____ did extensive additional documentation on our loved one's ongoing Oregon arrest legal situation. If our loved one did not improve during the 5250 (10 day) hold, Mr. Montoya also told me he was considering a 6 month conservatorship (WIC 5300). My wife, Linda, and I waited in the 4th floor lobby of CCRMC for 4 ½ hours, from 9:30 AM – 2 PM to meet with Mr. Dowd. The hearing was scheduled to occur from 10 AM-12 noon but was considerably delayed due to an unexpected heavy morning of Gallinot hearings at John Muir Behavioral Health-Concord. As a result, Mr. Montoya had to leave for another pressing work matter around 11:30 AM. Despite all of these cooperative efforts, Mr. Dowd did not meet with us and dismissed the 4C staff's desire for a 5250 hold because our loved one's 4C</p>	
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	<p>Psychiatrist, _____, MD, did not fill out the correct paperwork and, thus, 4C did not ever have the legal standing to hold him!!!. As a result, Mr. Dowd, never having met with Linda and me, had our loved one released from 4C around 2 PM. We found out this information from the Patient's Rights Advocate, who came and told us of this most shocking news. He was extremely upset Jeff was summarily released because "Jeff badly needs treatment! and needs to be 5150'd right away." When we got to the car, I called Mr. Montoya, who was absolutely shocked at this news. He said that he was "more concerned than ever for our son." He said he would make some phone calls to find out why this shocking release occurred. Our loved one's Full Service Partnership (FSP) Manager, was notified of this unbelievable development. Since this grossly premature release, we have endured a terror-filled night (Fri., 10/30/2015) of our loved one showing up unannounced on our doorstep, all the while fearing for our very lives. We have also endured numerous "parent blame" game phone messages which are delusional and "way over the top." Such is the result of this unbelievable mistake. In this vein, I have several questions:</p> <ul style="list-style-type: none"> ▪ What are Dr. _____ credentials to practice on 4C? We understand he is "brand new" to 4C. ▪ What paperwork was not correctly filled out that would have met the requested hold criteria? ▪ What are the consequences to Dr. _____ of this very serious mistake? ▪ Why did a social worker from the 4C staff not come out to explain this sudden release and why it occurred? Why was it left to the Patient's Rights Advocate to tell us? ▪ How can policies be implemented to prevent such 4C tragic mistakes from continually reoccurring? <p>Regarding this last question, Teresa Pasquini, Behavioral Health Care Partnership (BHCP)</p>	
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	<p>chairperson, invited my wife, Linda and me, to do a presentation this past Tues., 11/3, on the:</p> <ol style="list-style-type: none"> 1. New AB 1194 law which requires law enforcement, clinical evaluators, and discharge personnel to actively consider the person's "mental disorder history" in all 5150 situations. 2. Revised HIPAA law interpretations, which are a "valve, not a blockage" to medical provider communication with families. 3. Laura's Law (Assisted Outpatient Treatment) which will be implemented soon in this county. <p>As a result, Dr. Kristine Girard, 4C co-lead psychiatrist, asked us to present this information to a quarterly meeting of 4C and PES staff, which we are happy to do. FYI, Linda, and I are National Alliance on Mental Illness (NAMI) Family-to-Family teachers. I am currently NAMI-Contra Costa 1st Vice President and led the 3 year effort to have the Board of Supervisors adopt Laura's Law (5-0 vote) earlier this year. Dr. Anton Bland, the other co-lead 4C psychiatrist, heard about our loved one's Oregon arrest "fall-out" at a September BHCP meeting. I've not cc'd him because we do not want to "short circuit" the opportunity to bring about much needed change by presenting our AB 1194, revised HIPAA law interpretations, and Laura's Law information to 4C and PES staff. I trust your judgement and discretion and that of Mr. Montoya (especially) and Ms. Whalon in helping to rectify the major problems identified in this letter.</p> <p>Doug asked for the MHC to do a full investigation of 4C admittance policy.</p> <ul style="list-style-type: none"> • Vic said we've looked at why 5250's are not being sustained – asking what is the Hearing Officer looking at? We put together a template showing what the Hearing Officer will be looking at to make sure doctors document everything properly. He said he 	
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	<p>will find out what the formal process is to involve family members and put it as part of the document template.</p> <ul style="list-style-type: none"> • Sam asked that cost center and utilization reports for 4C, PES, Hope House, and Miller Wellness be provided. • Vic said outpatient reports would be through Cynthia and he could provide inpatient reports. • Greg said patients have a right to privacy. How can outside resources be discussed? Is privacy a County law? • Vic said that it is a federal regulation. Doctors are interested in pertinent information, though. • Greg said he was concerned there won't be a proper assessment if family members or others are not allowed to be involved. • Vic said they agree – more is better. • Gina asked how many go to jail or juvenile hall from PES? • Vic said they're reviewing 5150's to see if they are in lieu of an arrest. • Gina said she doesn't want her family members involved. • Greg said he was speaking about observation of behavior. • Lauren asked if the Hearing Office could speak to the MHC? • Vic said yes. <ul style="list-style-type: none"> ➢ Lauren made a motion, seconded by Duane, to invite Hearing Office John Dowdy to speak to the Commission. Discussion: None. Vote: The motion passed unanimously. Yea: (11) Greg, Peggy, Louis, Duane, Dave, Diana, Tess, Lauren, Barbara, Gina and Sam. Nay: (0) Abstained: (0) Absent: (1) Candace 	<p><i>Obtain copies through Vic and Cynthia.</i></p> <p><i>Invite John Dowdy to speak at an MHC meeting.</i></p>
<p>VII. Behavioral Health Director's Report, Cynthia Belon</p>	<p>Assisted Outpatient Treatment (AOT) The AOT Workgroup met on November 10th and received an update on progress toward</p>	

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	<p>implementing Laura's Law here in Contra Costa County. Representatives from Superior Court, County Counsel, and the Public Defender's Office reported that they have been meeting with Contra Costa Behavioral Health since the AOT Program Design was approved by the Board of Supervisors on June 16. Staff are in place, and they are ready for implementation. County Behavioral Health staff are on board and ready to provide eligibility assessments and participate on the Care Team. Mental Health Systems has been selected through a competitive Request for Proposal process, and started on contract with the County the first week of October. They have approximately half of their team selected, and anticipate that their work space should be operational the week of November 16. They still need three behavioral clinicians selected and trained before their Assertive Community Treatment team is ready to provide care. Resource Development Associates was recently selected via RFP to be the AOT evaluator, and their contract is currently being processed. Draft web page and brochure materials were shared with the AOT Workgroup, and input received for final products. Input was also obtained regarding the structure of stakeholder participation moving forward in the areas of program implementation, evaluation, and oversight. All interested individuals will be updated as to further progress, specifically when the AOT is ready to begin.</p> <p>Status of Electronic Records Going up in February, 2016 for mild-moderate</p> <p>Homeless Program Update In November, Board and care housing administration officially joined other interim and permanent housing programs under the Homeless Program. Sandy Rose and Jane Yoo will continue to focus on board and care administration, placement, compliance, and training. They will round out the Homeless Program team to bring together a continuum of housing opportunities for those who lack housing in our community. As the CPAW housing committee officially dissolved in October 2015, the BH Homeless Program will begin to take the lead to develop and facilitate a</p>	
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	<p>housing forum for a broad spectrum of interested stakeholders to discuss the development of housing resources for individuals in our community. A survey is being developed to ascertain what information is most relevant to bring to this new housing forum. Look for the survey early December. The first meeting will be convened at a date to be determined in January 2016.</p> <p>New Appointment Fatima Matal Sol has been selected as Chief of our Alcohol & Other Drugs Services Program, effective 11/02/15. Fatima has filled the position on an interim basis since 2014, starting with CCHS as an administrative intern and going on to build a 20-year career as a program manager and health educator in our AODS program. She has played a vital role in shaping Behavioral Health’s efforts to integrate our services internally and with our partners in primary care, and is leading our preparations to implement the state’s Drug Medi-Cal Waiver, which will bring new treatment options to many Contra Costa residents in need of substance abuse treatment. Fatima will continue to supervise all aspects of our AOD prevention and treatment programs.</p> <p>Optum 24/7 Access Services Contracts & Grants is currently working on the contract with San Mateo County. It may be ready to go to the Board on December 8th, depending on how much review is needed by County Counsel.</p> <p>7 Bay Area Counties Collaborative on Trauma Informed Therapy, a SAMSHA Grant Project Regional Directors of County Behavioral Health systems of seven Bay Area counties: Alameda, Contra Costa, Marin, San Mateo, Santa Clara, Santa Cruz, and San Francisco, came together in July of 2012 to develop plans to take trauma-informed practices, knowledge, and approaches to a new level of regional coordination. In October 2014, the “Bay Area Trauma Informed Regional Collaborative” group was awarded a SAMHSA grant for their proposal to respond to trauma on a systems-wide level, by creating a shared and</p>	<p><i>Ask Cynthia how much the grant is</i></p>
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	<p>trauma informed regional infrastructure to implement, sustain, and improve services for children and youth affected by trauma. The grant award will span 4 years and includes a plan to create a regional clearinghouse and coordinating center. That center, located in Alameda co. is called “T2” (T squared, Trauma Transformed) and is in the process of preparing to open. The center focuses on training, practices, policy alignment, and care coordination.</p> <p>New Phone Line Installation On Wednesday, November 4th the Contra Costa County Mental Health Access Line will "go live" with the InContact Phone System, replacing the long used Avaya call system. InContact uses voice over internet (VoIP) technology to route calls, by requested skill, to appropriate parties. Improving the phone system has been a stated goal in the last two EQRO reports as part of the solution to limiting long wait times experienced by consumers and family members seeking access to County provided behavioral health services. Upon optimization, there will be a number of benefits from the new system. For example, skill based routing should relieve the amount of calls that will ultimately be directed to other members of the organization, from front end agents at the Access Line, freeing their time to promptly answer calls from those in need of services. In addition, digitizing the call platform will provide a wealth of new information by offering more than 215 customizable metrics to improve workforce management and to track the movement of calls to and from the Access Line. In addition to Access Line, BHS Care Management Unit and the Alcohol and Other Drug Services Hotline will also be transition to the InContact platform. Upon the successful implementation of Epic Tapestry, it is hopeful that a second phase of the project will allow an integrated customer relationship manager (CRM) to further enhance consumer experience and tracking.</p> <p>Process of Oral Boards for Adult MH Chief We are in the process of the oral boards for the</p>	<p><i>Appoint a</i></p>
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	<p>Mental Health Chief for the Adult System of Care, but will need help from the Mental Health Commission for second interviews. The MHC needs to provide a representative within the next two weeks</p> <p>Mental Health Systems Duane asked about MH Systems location and was told they are in Concord.</p> <p>Greg asked about where the Family Services Court is. Cynthia suggested inviting Susun Kim from the Family Services Court to speak to the Commission.</p>	<p><i>representative from the MHC.</i></p> <p><i>Invite Susun Kim from the Family Justice Court to the MHC.</i></p>
<p>VIII. MHC Committee Reports</p>	<ul style="list-style-type: none"> • Criminal Justice Committee – Louis Louis reported they asked Health Services to present suggestion on how we could help them. • Executive Committee – Lauren <ol style="list-style-type: none"> 1) Consider a motion to amend the Bylaws <ul style="list-style-type: none"> ➤ Duane made a motion, seconded by Gina to add an amendment to the Bylaws stating: “A Mental Health Commissioner who is not a member of the given MHC committee can attend the committee’s meeting as an alternate voting committee member who, in this capacity, may be counted towards a quorum.” <p>Discussion: This would help reduce the number of meetings that are cancelled due to lack of quorum. Duane asked Karen what County Counsel had said about it. Karen responded that she had not been asked to contact County Counsel. She checked her EC notes, and they did not show any direction to her to contact County Counsel.</p> <p>Vote: The motion passed unanimously. Yea: (11) Greg, Peggy, Louis, Duane, Dave, Diana, Tess, Lauren, Barbara, Gina and Sam. Nay: (0) Abstained: (0)</p> 	<p><i>Begin process for Bylaws Amendment.</i></p>

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	<p align="center">Absent: (1) Candace</p> <p>2) Duane mentioned that the MHC website is too difficult to find. It was suggested that the EC Committee review it and provide comments.</p> <p>Jill said the MHC website was not intentionally buried in the County website. It was placed under a new umbrella. She suggested bringing the need to have it placed more to the front to the Public Information Officer.</p> <p>Duane also suggested considering developing a brochure for the MHC.</p> <p>3) Lauren requested that each Committee finalize their Action Plan for the 2015 MHC Annual Report for discussion at the December MHC meeting.</p> <ul style="list-style-type: none"> • Quality of Care Committee – Peggy Peggy mentioned they had not veered from their Action Plan and would be updating the information. • MHSA-Finance Committee – Lauren Lauren mentioned they had Matthew Luu, Lavonna Martin at their meeting to discuss the changes in housing. Lauren said we need to make sure that the SPMI population does not get lost in integration. There are concerns because everything seems to be full. She hopes the Committee can look for additional grant monies. Lauren said we did not get the AB863 Grant. She asked the MHC to take this on. They also had a report from Pat Godley at the meeting. She encouraged everyone to look over the information he distributed. • Nominating Ad Hoc Committee <ol style="list-style-type: none"> 1) Ad Hoc Committee MHC nominations for 2016: Chair: Duane Vice Chair: Duane, Sam, Barbara. Sam withdrew his name from consideration. Executive Committee: Gina, Barbara, Sam, Diana CPAW Representatives: Lauren, Barbara. 	<p><i>Invite Bestsy to EC Meeting</i></p> <p><i>Forward to EC</i></p> <p><i>Scan papers from Pat Godley and distribute to MHC</i></p> <p><i>Prepare ballots</i></p>
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	2) Nominations from the floor. None.	<i>for December MHC meeting.</i>
IX. Commissioner Representative Reports	<ul style="list-style-type: none"> • AOD Advisory Board – Sam Sam said everything was covered in Cynthia’s report. He added that the AOD Board presents People Who Make A Difference Awards and suggested the MHC also present awards. • CPAW General Meeting – Lauren Lauren said she didn’t attend. • Children’s Committee – Gina Gina said Katie A was discussed. AB403 was passed for more intensified residential care. • Housing Committee – Lauren Lauren said Housing is now under Behavior Health. Lauren said she will send out information on 1034 Oak Grove regarding transitional Age Youth. There is a large piece of property behind the property. They meet next in January. Gina suggested looking at information on Missouri and Illinois housing. Lauren asked her to send her the website information. Gina also mentioned a man owned a house and housed high school age students there. She mentioned claims he committed child abuse. His house was not part of the County system. 	<i>Place MHC Awards on EC Agenda.</i>
X. Report on Follow-up items from October MHC Meeting	No discussion due to lack of time.	
XI. Future MHC Agenda Items	December: Presentation by First Hope Vote for 2016 MHC Officer Future: Invite John Dowdy, Hearing Officer Invite Susun Kim	
XII. Adjourn Meeting	The meeting was adjourned at 6:33 p.m.	

Respectfully Submitted,
Karen Shuler, Executive Assistant
Contra Costa County Mental Health Commission