

**MENTAL HEALTH COMMISSION  
MONTHLY MEETING MINUTES**

**Wednesday December 6, 2017 – FINAL**

**At: 2425 Bisso Lane, Concord- Large Conference room**

<b>Agenda Item / Discussion</b>	<b>Action / Follow-Up</b>
<p><b>I. Call to Order / Introductions</b> Commission Chair Duane Chapman called the meeting to order at 4:38pm</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II (arrived at 5:05pm) Supervisor Candace Andersen, District II Diana MaKieve, District II Meghan Cullen, District V Michael Ward, District V (arrived at 4:47pm) Gina Swirsding, District I Douglas Dunn, District III Geri Stern, District I Lauren Rettagliata, District II Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u> Patrick Field, District III</p> <p><u>Other Attendees:</u> Fatima Matal Sol, Program Chief for Alcohol and Other Drugs (AOD) David Seidner, Program Chief for Detention Mental Health Vic Montoya, Psych Emergency Coordinated Care Services Adam Down, MH Project Manager (arrived @4:56pm) Jill Ray, Field Representative for District II, Supervisor Andersen’s Office Mark Goodwin, Representative for District III, Supervisor Burgis’ Office Jessica Donahue, Seneca Family of Agencies Robert Thigpen, Coordinator for Adult Community Support Workers Guita Bahramipour, AOD advisory board Margaret Netherby, NAMI member and MHC applicant (arrived @4:47pm) Liza A. Molina-Huntley, EA for MHC</p>	<p><b>EA-Transfer recording to computer</b></p>
<p><b>II. Public Comments:</b></p> <ul style="list-style-type: none"> <li>• none</li> </ul>	
<p><b>III. Commissioner Comments:</b></p> <ul style="list-style-type: none"> <li>• Supervisor Andersen attended the “Stepping Up” conference in Phoenix, Arizona sponsored by NACo (National Association of Counties), a different way of looking at inmates that are suffering with mental illness, in the criminal justices system. Had an opportunity to tour the urgent care, in their detention facility, for mental health issues. Also toured the homeless campus, in Arizona, on 12 acres. They had many great and different ideas to address people suffering from mental illness. They are working on how to help someone from the initial contact and how to intercept, and help a person, before incarceration. The facility is successful and is privately run. Many inmates have substance abuse issues and they are providing treatment, while incarcerated. NACo is supporting the “Stepping Up Initiative”; it was a great opportunity to see what others are doing in Phoenix, as well as sharing some of <b>the best practices.</b></li> <li>• <b>Commissioners would like additional information regarding the facility visited and requested to please forward information regarding the conference to the EA, to forward to the Commissioners</b></li> </ul>	<p><b>*District II office will forward information to EA, regarding facility visited, to forward to the MHC</b></p> <p><b>*Douglass Dunn will co-Chair the next AOT meeting on 1/19/18</b></p>

<ul style="list-style-type: none"> <li>Douglas Dunn- announced that the next <b>Assisted Outpatient Treatment (AOT) meeting will be on Friday January 19, 2018, 10am to noon, at 50 Douglas Drive in Martinez</b>, on the second floor- the meeting is open to the public</li> </ul>	
<p><b>IV. Chair Announcements-</b></p> <ul style="list-style-type: none"> <li>The Chair attended the meeting “Rich Minds” in West County- a group of citizens that have pulled together to inform the Board of Supervisors regarding gaps and what is needed, for mental health in West County. Expressed concern regarding the same mental health stigma, stated that no change has been made towards acceptance</li> <li>Addressed Commissioners regarding attendance commitment, for Mental Health Commission meetings and attendance for Committee meetings. Too many Committee meetings have been cancelled due to a lack of quorum. Each Commissioner should be assigned to one Committee and commit to attend the monthly Committee meeting and the full Commission meeting. Each Commissioner should commit to attend at least two monthly meetings, as part of their responsibilities, serving as Mental Health Commissioners.</li> <li>The Chair will try to continue to serve as the Vice Chair in 2018, as much as his health allows. Will decrease his participation in some of the Committees. He needs to focus on improving his health</li> <li>Announced the new <b>Chair for 2018 will be Barbara Serwin</b>, currently serving as Vice Chair. The <b>2018 Executive Committee consists of: Michael Ward, Mehgan Cullen, Diana MaKieve, Barbara Serwin</b> and himself, as Vice Chair. Reminded Commissioners that the Commission is in a partnership and continue to follow the rules to assure that everybody with a mental health diagnosis is treated fairly and continue to work on fighting against mental health stigma by reaching out to their communities and government officials.</li> <li>All Committee meetings have been cancelled for the month of December and will resume their regular schedule in January</li> <li>The Mental Health Commission will have a meeting on Wednesday, January 10, 2018 at the same time at 2425 Bisso Lane in Concord.</li> <li>Act (MHSA) Three Year Program and Expenditure Plan update for Fiscal year 2018-19 will have their final “Community Forum” on Thursday December 7<sup>th</sup>, from 2:30pm to 5:30pm, at 35 Oak Street in Brentwood – RSVP via email at: <a href="mailto:mhsa@hsd.cccounty.us">mhsa@hsd.cccounty.us</a></li> </ul>	<p><b>*All Committee meetings have been cancelled for December and will resume in January, regular schedule</b></p> <p><b>*MHC meeting will be held on 1/10/18, 4:30-6:30pm at 2425 Bisso in Concord</b></p> <p><b>*MHSA FINAL FORUM on 12/7/17, from 2:30pm to 5:30pm, at the Brentwood Community Center- please RSVP via email: <a href="mailto:mhsa@hsd.cccounty.us">mhsa@hsd.cccounty.us</a></b></p>
<p><b>V. MOTION to APPROVE minutes from November 1, 2017 meeting</b>  <b>Sam Yoshioka moved to motion, Gina Swirsding seconded the motion</b>  <b>*no corrections needed</b></p> <ul style="list-style-type: none"> <li>VOTE: 10-0-0</li> <li>YAYS: Supervisor Andersen, Duane, Gina, Doug, Diana, Mehgan, Geri, Lauren, Sam and Mike</li> <li>NAYS: none ABSTAIN: none</li> <li>ABSENT: Patrick Field and Barbara Serwin (arrived late)</li> </ul>	<p><b>*Post final minutes to MH website at: <a href="http://cchealth.org/mentalhealth/mhc/agendas-minutes.php">http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></b></p>
<p><b>VI. RECEIVE presentation introducing the Contra Costa County Drug Medi-Cal Organized Delivery System Plan- with Fatima Matal Sol, Alcohol and Other Drugs (AOD) Program Chief</b></p> <ul style="list-style-type: none"> <li>Thanked the MHC for supporting the plan presented to the State</li> <li>The AOD advisory board is a major part and supporter for the AOD division</li> <li>The Drug-MediCal Waiver is a demonstration program that tests a new pyridine to provide health care services for individuals with substance abuse disorder, expanding the availability entitled -substance use disorder treatment for drug Medical beneficiaries and it creates a continuum of substance use disorder services and care, modeled after the American Society of Addiction Medicine</li> <li>Historically, when a person sought treatment for alcohol and drugs, they were admitted into a treatment facility wherever the person entered, whether it be a residential facility, without an accurate assessment determining the appropriate level of care</li> <li>The “Waiver” has changed the previous status quo- now all clients/patients are</li> </ul>	<p><b>*See attachment of presentation</b></p> <p><b>*MHC requests that the Director of Behavioral Health Services provide updates, specifically of an AOD treatment facility (CBO) for West County at the next meeting on 1/10/18</b></p> <p><b>*Access line for AOD is:</b></p>

assessed, according to the American Society of Addiction Medicine" (ASAM) criteria; after which, an appropriate level of care is determined to provide continuum of care

- AOD partners with the criminal justice system to provide treatment and care, upon release. Most clients have a criminal justice history
- The plan was embraced by Dr. William Walker, Health Services Director and by the Behavioral Health Director, Cynthia Belon. Most recently received a contract from the centers for Medicare and Medicaid, on June 30, 2017. Therefore, the program's plan is in the initial stages of development, operating for only the past five months
- ASAM has multiple levels of care, starting with goal management
- There are outpatient services, which are considered a care level one
- Intensive outpatient services are considered a level 2.1
- Residential services are considered 3.1 care level
- Recovery services, that are currently in an embryonic stage, requires case management, precision consultation and that the county provides medication assistant treatment
- Providing a continuum of services, is a requirement for the Drug Medical Waiver
- The law states that individuals can be ordered by a judge, to a residential treatment facility, in exchange for incarceration time. The sentenced time is credited, while the inmate is receiving treatment, in a residential facility
- Prior to the Medical Waiver, the time frame for residential treatment as mandated for 90 days
- Currently, with the changes due to the Medical Waiver, an assessment is done that determines the placement of the level of care that is appropriate and following the ASAM criteria, reevaluating while receiving treatment to determine changes, if needed, for the level of care needed.
- Services are required to be coordinated, in partnership, with the Mental Health Care Division and with the primary health care system
- Contra Costa has two managed care plans for Medical beneficiaries =CCHP (Contra Costa Health Plan) and Anthem Blue Cross
- It is also required that ASAM assessments and placement are done face-to-face, not over the phone
- There is a medical necessity for substance abuse disorders treatment is also a requirement
- The ASAM continuum promotes movement throughout the levels of care, depending on the person's needs and improvement while in treatment. The criterion is created by SAMHSA (Substance Abuse Mental Health Services Administration) federal level.
- AOD is now mandated, to be in compliance, to no longer have a waiting list; due to the changes in the Medical Waiver, AOD now must provide accessible entry into treatment, there is no longer a wait list. The wait list was eliminated as of July 1, 2017
- Enough beds are available there is enough capacity in the system. Although there is currently a gap in West County. There was a facility that was providing 40 beds unfortunately there ability to continue to provide services was lost. At the moment, people from West County is being transported from West County to Central and East County facilities
- The reason for the previous lack of beds was due to inmates, that were already sober and needed outpatient treatment, were being sentenced to residential treatment facilities, creating a waiting list for others in need of residential treatment
- Recovery is a journey and stepping up patients throughout the different levels of care, to fit their needs, is important to their recovery. Not all clients require residential treatment, that is only part of the services of care
- In process of preparing a report regarding the data, pre-Waiver and post-

**1-800-846-1652  
(M-F 8am to 5pm)**

**\*Access line for Mental Health is:  
1-888-678-7277  
(24/7)**

**\*AOD will include website information on card with the access line**

Waiver for the same period of time. AOD is short staff by 12 and still meeting the same goals, prior to the Waiver.

- Currently placing clients in intensive outpatient, which is up to nine hours of treatment, where the individual can be employed or in school, while receiving treatment
- Questions:
  - I) Is there the same level of compliance; are people in the outpatient treatment having the same level of participation?  
(not dropping off or out of the program/treatment)
  - II) Is the same level of success, being achieved with the patient, not relapsing?
  - III) Are the data and/or outcomes being tracked?
- Response: Addiction is a disease, for example a person that has diabetes can be in remission, a person that is experiencing addiction issues can relapse and are part of the recovery process and part of the disease.
- Due to the Medical Waiver, it has help the public to understand and become aware that alcohol and drug recovery is a medical issue
- Relapses need to be helped, not judged, and reengage the client/patient in the system, regardless of the number of times the person relapses.
- According to the ASAM criteria, the gains are minor, for individuals- each step is a success. Success is personal and varies from person to person
- Each person that is able to be readmitted into treatment is a success
- Success is measured by the number of times that the individual is readmitted into treatment, reducing number of relapses during a period, extended lengths of time between relapses are all measures of success
- Chair stated that the County is in the process of working out an agreement with a Community Based Organization (CBO) for alcohol and drug treatment, in West County and requests that the Director of Behavioral Health Services update the Commission at the January 10 meeting
- The Waiver requires timely access to services, allowing for longer periods of time in treatment for individuals involved in the criminal justice system and for pregnant women
- The Waiver requires AOD to provide more co-occurring support in all of the treatment facilities- this means that every facility, must have, a licensed practitioner of the healing arts; i.e. - an LMFT (Licensed Marriage Family Therapist), a Licensed Social Worker, a Psychologist for each facility. If someone has co-occurring disorders, there is the ability to provide the service. Especially for individuals that have low to moderate mental health disorders.
- Each provider that becomes "medical certified" must have a Medical Director
- Also required to provide pharmacotherapy through the provision of medication assisted treatment
- AOD will start co-locating substance abuse counselor in all mental health clinics and at homeless shelters, throughout Contra Costa, updates will be provided at a later time
- \*\* see attachment for the benefits of the Medical Waiver for the clients, providers and for the county. The Medical Waiver was an option for every county, not a requirement. Placements are made immediately, dependent on the willingness of the client.
- Contra Costa County opted for the Waiver because the Behavioral Health Services Division/AOD is forward thinking, because the Directors of both Health Services and Behavioral Health are dedicated to the health care needs of the residents of the county, because of the support of the advisory boards and because of the clients planning process requesting the changes
- Effective July 1, 2017- there is a Behavioral Health Access line, fully staffed with mental health specialists and substance abuse counselors
- Attended a conference – a doctor presented that prior to the most recent changes, diagnosis were seen singular, not dual- with the new changes, dual diagnosis is the present term and co-occurring disorders, much more complex

<p>and cannot be treated separately</p> <ul style="list-style-type: none"> <li>• Question: How much funding came with the Waiver for AOD?</li> <li>• Response: The Waiver operates in the same way as mental health, the County needs to match the grant funding. The total amount received was \$60 million for a period of three years, including state funds that have to make provisions for counties that opted into the waiver, almost nothing came from County General Funds. The funding is based on utilization, more clients, more funding will be received, less clients, declines the funding. Growth will be slow, not all at once.</li> <li>• Question: will AOD information become part of the client’s electronic health record?</li> <li>• Response: AOD must adhere by 42-CFR code regulations part 2- which restricts the disclosure of information without the consent of the client. Currently, AOD/BHS is discussing the challenges of how to make it work. Mental Health has just recently gone live with EPIC/EHR, AOD has not and it might take more time to implement to assure that regulations are adhered to. County Counsel must approve, before implementing, all counties are undergoing the same challenges.</li> </ul>	
<p><b>VII. RECEIVE report from Contra Costa Detention Mental Health regarding Penal Code 1369.1 Treatment Facility Designation at the Martinez Detention Facility – with David Seidner, Program Chief of Detention Mental Health</b></p> <ul style="list-style-type: none"> <li>• The summary provided is part of the necessity facing Detention Mental Health Services with patients that are deemed incompetent to stand trial. In addition to brief information about the proposal, approved by the Board of Supervisors (BOS) on 12/5/17.</li> <li>• Individuals with mental health illness challenges, within the criminal justice system, the attorney for the defendant can request to the judge to suspend their criminal proceeding and declare a doubt to stand trial. The defendant will grow through an evaluation process, where the court can determine incompetent to stand trial. If the person is determined to be incompetent to stand trial, the criminal judge has an order of commitment and refers the inmate/patient to the department’s State hospital; then they will be responsible for restoring the person within the facility</li> <li>• Reference to the need for the proposal approved by the BOS (1369.1), individuals going through the process, there is a long waiting period, during the waiting period the inmate/patient that are struggling with their challenges can decline because they are not receptive to participating in active treatment. The proposal allows for the Sheriff’s Office, the Health Services Department and the Behavioral Health Services Division to make a request, to the BOS, for the Board Order (1369.1) which will designate the detention facility has a treatment facility. With the designation, Detention Mental Health has an opportunity to explore options for treatment, build services and policies, to treat individuals that are severely mentally ill and decrease their symptoms and decrease their stress</li> <li>• Question: who will be responsible for engaging the inmate in the program at the Martinez facility?</li> <li>• Response: inmates are referred to as “patients” in Detention Mental Health and the individuals in the legal status, will be under the care and will be tracked by Detention Mental Health Services. The team provides wraparound services to the individual. When individuals are struggling with their symptoms, and decline rapidly. What is currently possible is long term medication. With the approved Board Order, it provides another tool for needed intensive treatments, to offer patients in detention.</li> <li>• The Board Order (BO) will allow Detention Mental Health to explore different pathways to have a hearing process, or due process, so that a Psychiatrist can ask for a hearing and if deemed by the Commissioner that the individual needs the medication, then the BO provides the ability to provide the medications</li> </ul>	<p><b>*See attachment in packet</b></p>

<p>needed to assist the patient, to help improve their symptoms, and providing ongoing treatment</p> <ul style="list-style-type: none"> <li>• Question: How long does it take for the individual to be assessed and deemed incompetent?</li> <li>• Response: Detention Mental Health is aware of part of the process but the criminal justice systems are the ones that have the expertise to respond correctly. The criminal justice system holds the data regarding the timeframe from arrest, booking, to the court proceedings, to the determination for 1369.1. That data resides outside of Detention Mental Health. The primary focus is to provide consistent continuity of care for all patients in detention, with privacy, safety and dignity.</li> </ul>	
<p><b>VIII. RECEIVE updates regarding discussion held at the Family and Human Services Committee regarding response to Commission White Paper and BHS Grand Jury Response- Barbara Serwin, Vice Chair of the Mental Health Commission</b></p> <ul style="list-style-type: none"> <li>• Barbara updated the Commission regarding responses and concerns.</li> <li>• Informed that MHC is currently working with Behavioral Health Services in moving forward, working through many critical topics, such as: physical improvements have been made to the West County clinic, various discussion regarding improvements of the Children’s clinics, including lead times, reducing pressure on PES (Psych Emergency Services). Vern Wallace provided an updated report, responding to the White Paper, after which, Barbara, Duane and Lauren developed a report (on behalf of the Commission), responding to the report created by Behavioral Health Services, updated version, by the Program Chief of Children, Teens and TAY (Transitional Aged Youth)</li> <li>• Various issues have or are in the process of being resolved and new issues were identified. Addressed concerns regarding new programs and measuring outcomes</li> <li>• The result of the meetings is that the Commission came to an agreement with Behavioral Health Services, to continue to collaborate and partner in update discussion, every six months, looking for progress on the issues that were identified in the White Paper. Chair and Vice Chair will continue to meet with the Director and Deputy Director to continue collaborating</li> <li>• The two reports have not been distributed</li> <li>• Barbara will forward both reports to the EA to distribute to the MHC, along with a cover letter summarizing the issues</li> </ul>	<p><b>*Vice Chair will create a summary and forward to EA, along with both reports: 1) MHC responses 2) BHS responses (directly from Family and Human Services)</b></p>
<p><b>IX. RECEIVE Commission liaison Representative Reports</b></p> <ol style="list-style-type: none"> <li>1) AOD Advisory Board- Sam Yoshioka</li> <li>2) CPAW General meeting-Douglas Dunn</li> <li>3) Children’s Committee- Barbara Serwin</li> <li>4) Council on Homelessness- no report, MHC member is not currently attending meetings</li> </ol>	<p><b>*AOD will notify the MHC regarding future meetings for added attendance and support</b></p>
<p><b>X. HONOR outgoing Mental Health Commission Chair for 2017- Duane Chapman</b></p> <ul style="list-style-type: none"> <li>• Supervisor Candace Andersen presented a Proclamation Honoring Duane Chapman for his years of service as Chair, on behalf of the entire Board of Supervisors. Supervisor Andersen read, to the outgoing Chair, the approved Proclamation stating gratitude for his work as an advocate for mental illness, mental health care, trainings and collaboration. Pictures were taken after the presentation</li> <li>• Vice Chair presented flowers to the Chair and distributed papers for everyone to write one word, from the heart, that describes the Chair. All papers will be collected and sent to the Chair as an action of gratitude for his services</li> </ul>	
<p><b>XI. Adjourn Meeting @6:13pm</b></p>	

Submitted,  
Liza Molina-Huntley  
Executive Assistant to the Mental Health Commission  
FINAL MINUTES APPROVED 1/10/18