CONTRA COSTA COUNTY
MENTAL HEALTH COMMISSION MONTHLY MEETING
MINUTES FROM SEPTEMBER 10, 2015 – FINAL

Agenda Item	Discussion	Action / Follow-Up
I. Call to Order / Introductions	The meeting was called to order at 4:32 pm by MHC Chairperson Lauren Rettagliata. **<u>Commissioners Present</u>** Supv. Candace Andersen, BOS Rep. Greg Beckner, District IV Peggy Black, District V Louis Buckingham, District III Duane Chapman, District I Dave Kahler, District IV Diana MaKieve, District II Tess Paoli, District III Lauren Rettagliata, District II Barbara Serwin, District II Gina Swirsding, District I Sam Yoshioka, District IV **<u>Commissioners Absent</u>** Jerome Crichton, District III **<u>Non-Commissioners Present</u>** • Avi Anand, Anka Behavioral Health • Guita Bahramipour, AOD Board • Miriam Chernak, Concerned Citizen • Travis Curran, Crestwood • Douglas Dunn, NAMI-CC • Diane Greenwood-Soto, Concerned Citizen • Ralph Hoffmann, Concerned Citizen • Georgette Howington, Family Member • Ann Isbell, MH Administration • Matthew Luu, Deputy Director of Behavioral Health/Mental Health • Melinda Meahan, MH Administration • Rose Philipps, MH Administration • Ziba Rahimzadeh, MH Administration • Jill Ray, Supv. Andersen's Office • Roberto Roman, Office for Consumer Empowerment • Miriam Rosa, CCHS-CCRMC • Anna Roth, MD, CCHS-CCRMC • Karen Shuler, MHC Executive Assistant • Jennifer Tuipulotu, Children's Family Services Coordinator • Shelly Whalon, CCHS-CCRMC • Katy White, Access Line Program Manager	*Transfer recording to computer.* *Update Commissioner Attendance Chart* *Update Data Base*

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II. Announcements	Lauren announced that Karen was going on vacation from September 18 through 28. Lauren also announced that she and Duane had attended the Richmond Community Fair to have a MHC table there for the first time and talked about their experience and the good contacts they had made there.	
III. Public Comment	Ralph Hoffmann talked about his experience of being 5150'd. He also summarized a recent newspaper article about the winter shelter project for the Walnut Creek National Guard Armory that was approved by the City Council on 9/8 and the local NIMBY opposition to it.	
IV. Commissioner Comments	• Gina commented that she was going to resign as the MHC representative to CPAW, as she was going to take a consumer seat in CPAW for next year. • Duane announced an October 3 event in Richmond called Put the Guns Down and encouraged CCHS to participate as an advocate for mental health issues. Tess asked if they had crafts projects for the children, and Gina said that they did do crafts projects, and Tess could contact her to help with that.	
V. Approval of the August 13, 2015, minutes	➢ Sam made a motion, seconded by Duane, to approve the Minutes from August 13, 2015. Discussion: None. Vote: By a vote of 12-0-0, the Minutes were approved as presented. Yes: 12 – Supv. Andersen, Greg, Peggy, Louis, Duane, Dave, Diana, Tess, Lauren, Barbara, Gina, Sam No: 0 Abstain: 0 Absent: 1 – Jerome Crichton	*Change August Minutes to FINAL and post to MHC website.*
VI. Report from Anna Roth, RN, MS, MPH, Chief Executive Officer, on Psychiatric Emergency Services (PES), 4C, Detention and the County Clinics under her administration.	• Anna thanked the MHC for inviting her to come. She hoped to have a regular presence at the MHC and wanted to focus on developing a shared agenda so she can come back in a planned way. She described the services she oversees and mentioned the increase in volume they have had over the last five years. She pointed out that Psychiatric Emergency Services (PES) is run by the hospital, not by the Behavioral Health Division. • Peggy asked about the staffing totals, and Anna replied that the staffing has gone up with the increase in volume and said that it has almost, but not quite,	

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	doubled. Peggy talked about a bad experience she had recently had with PES, and Anna replied that she had gotten information on it and had asked Vic Montoya to work on it directly. Her understanding was that the information was going to the PES Improvement Team and that staff would work on it. She invited Peggy to contact her directly if she felt she is not getting a response. Peggy stated she was concerned about the other people coming to PES and that it was an endemic issue. Anna reassured her that they are a very busy service but are working really hard to make sure they have high-quality services and that her experience did not sound like the experience they wanted to provide. Peggy described more fully her experience and another person's experience that she was also familiar with. • Gina stated she appreciated the services in PES except for being sent there instead of Herrick, where she regularly receives treatment. She felt that if she was paying out of her own pocket, she should be able to go to the place of her choice. She also felt they should be doing surveys and follow-up calls after visits, which she has frequently gotten elsewhere. • Anna replied they have been doing surveys for about 10 years, but they do random samplings and not everyone will get a survey. She also mentioned methods currently being worked on to be able to increase the sampling percentage. She asked to defer Gina's question about not being sent to Herrick to the Systems of Care group and to Matthew Luu. She pointed out they are only an evaluation center and the Behavioral Health Division sets up agreements across the county. She did feel that those who come to PES and have an established connection at another facility should be able to be accommodated. • Doug Dunn also described an experience that he had with a loved one who was in PES and 4C recently. • Sam said that he had heard a number of oral reports about increased utilization of PES. He showed a report about Miller Wellness Center that he had gotten at the CPAW Systems of Care meeting, and wanted to know why the MHC was not getting reports on PES utilization.	

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	• Anna was not aware of the report Sam was talking about. She pointed out that Miller Wellness Center data is on Epic and was therefore easier to report on, but PES data is now on Epic. • Lauren asked if Epic could differentiate whether a patient was seriously mentally ill or if they were addicted to alcohol or drugs. Anna said that the seriously mentally ill diagnosis is done within the Behavioral Health Division and not at PES. Lauren asked what about people who are not already in the system or who are having their first break. Anna briefly described the complexity of making behavioral/mental health diagnoses but then added that there are some ICD-9 codes for behavioral/ mental health issues that they may be able to use to obtain this data. Lauren said that her loved one had gone through PES seven times and was in 4C once but never made it to an outpatient clinic, and she knows of other similar situations. • Anna mentioned that in the past, approximately 65% of the people going to PES were already involved in the Behavioral Health system, but it has shifted to the point where now 65% of people are not already involved in the Behavioral Health system. She stated they needed to know more about that shift in population and how to bridge the gap and indicated that when she had the data Lauren wanted, they would bring it to the Commission. • Peggy asked why the County could not contract with more than one hospital to provide psychiatric emergency services, similar to what Alameda County does with other hospitals including John Muir. Anna replied that Alameda County has one psychiatric emergency facility at John George Pavilion but does contract for acute impatient beds at John Muir, which Contra Costa County also does. Peggy also described an experience a family member had with PES that she felt was not handled properly. • Ralph described an experience he had about being 5150'd when he shouldn't have been that he felt was handled properly. • Gina clarified that if one lives in Berkeley, they can go to Herrick; if one lives in Fremont, they can go to	

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	John George or Fremont Hospital. This is different than Contra Costa, where you are forced to go to PES and cannot go to John Muir. • Matthew added to Anna's comments by saying that the County prioritizes people coming through PES by what type of insurance they have or if they have no insurance, and that makes a difference where someone coming into PES will be sent. He explained briefly the difference in handling between someone covered by Medicare and/or Medi-Cal, private insurance, and no insurance. • Anna expanded on this by saying that each county has only one 5150 evaluation center, and PES is Contra Costa's 5150 evaluation center. If a patient is in need of acute hospitalization, then they can be transferred to other hospitals that the county may contract with. She also pointed out that outpatient care is managed through the Behavioral Health Division, which has contracts with other facilities to provide care. She reiterated that anybody placed on a 5150 will be sent to PES no matter what insurance they have, but those who come in voluntarily or not on a 5150 could self-present at other hospitals. • Duane added that he couldn't believe that patients were threatening other patients in PES. He spoke about one time he took a child to PES and felt it was too dangerous and went elsewhere with the child. He felt that the only change he has seen in the past 10 years is that there is a new hospital, and they should have more of a focus on people's health. • Ziba echoed Anna comments that a lot of what is done is dictated by regulations, and the regulations state that each county can have only one 5150 evaluation center. She said that at one point they did have a demonstration project that allowed John Muir to also receive Medi-Cal beneficiaries for evaluation. • Louis said he felt that when a consumer repeatedly comes to PES on 5150 holds and nothing is done in PES, they just go around and around in the system -- and then when someone asks why no one is doing anything for this consumer, they get sent out of the county. He felt that the doctors need to evaluate consumers correctly so this doesn't happen, and this	

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	would also save the County a lot of money. • Guita said she has talked to many doctors in the ER and was told that a lot of patients who keep coming back have alcohol or drug addiction problems. She wanted to know what will be done in order to reduce having people with addiction problems repeatedly sent back to the ER instead of getting them the services they really need, and what they are doing for patients in the hospital who have alcohol and drug addiction problems. • Anna stated that the PES department is an emergency department and is subject to emergency department regulations, such as not being able to refuse any patient. Someone coming in to PES who is experiencing acute withdrawal is treated in partnership with the ICU until no longer acute. • Anna finished by thanking the MHC for inviting her to come. She wanted the group to remember that PES is an emergency service and not a comprehensive system of care, but it is dependent upon being surrounded by a comprehensive system of care. She stated that when the medical emergency department was outstripped by demand, they worked on redesigning the outpatient medical clinics in order to reduce the medical emergency department volume. She pointed out that since 2008 the number of people in the health plan has doubled but the demand on the emergency department did not increase that much, so she feels they were successful. She believes the same thing needs to be done with PES, and they are working on creating a seamless path between PES and Miller Wellness Center toward this end. They are working with an international group that is focused on collaboration between primary care and behavioral health care. They are also working on a partnership with the Behavioral Health Division to do this, and the progress being made on the Access Line is part of this attempt. Since PES has its limitations, they are working on building other support services to fill the gap between PES and outpatient care. She mentioned that the clinicians share the MHC's frustration and are working very hard on this. She invited MHC members to attend the Behavioral	

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	Health Care Partnership that meets on campus once a week. • Lauren recapped that many people here are concerned that people are being released when they need intensive care, and also concerned about the physical setup of the waiting room. She thanked Anna for being here and expressed her appreciation for the hospital and the people who work here. • Duane asked Matthew when the last time was that he was in PES. Anna commented that she had been there today and also last Saturday and last Thursday at 3 am. Matthew stated that he had not been in there since June, when he was working at the hospital. • Greg asked if there was a way to differentiate between those who are a danger to themselves or others, and those who are gravely disabled in order to determine who is the biggest threat to the community. He wanted to know why people who desperately needed help were being released and those who didn't need help were staying longer. He felt that if someone obviously was suicidal or had homicidal tendencies, they should be put in acute care and that people who were just gravely disabled did not need to be kept. Anna said she did not know the circumstances, but that evaluation was very nuanced and was driven by clinical evaluation of what was happening at the moment. Greg did not understand why their accuracy was not improved and wanted to know what they were going to do to improve the circumstances. • Anna replied that the 5150 law could not be changed and what he was talking about was not covered by the law. She felt that the process was completely clinically driven and that they had strong clinicians. Greg said that evaluation should be also based on eyewitness accounts for patients who can hide their symptoms. Anna said that they are now integrating the 5150.05, where they can take eyewitness accounts into consideration. She added that Dave Kahler had set up a website for them at http://5150crisis.com that it was not highly utilized but could be.	
VII. Access Line	• Matthew thanked the group for inviting him and	

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Presentation— Matthew Luu, Deputy Mental Health Director, Ziba Rahimzadeh, PhD., Provider Services Program Manager, and Access Line Program Manager Katy White	described what his role in the division is, such as consolidating similar functions between divisions, and that he is trying to do this in phases and has a plan to accomplish this over time. He added that at present he is also the acting Adult Mental Health Chief until Vic Montoya's replacement is hired. • Katy White introduced herself and briefly described what the Access Line does and its current volume. She talked about how the line has been understaffed, problems caused, and what steps have taken to improve the situation. She said currently they have clerks on the front end answering calls, which has cut the abandoned call rate from 40-50% to 10% -- the clerks can screen and triage for crisis and take messages for callbacks if a clinician is not available. They are meeting weekly to tweak it as needed. • Matthew added that the clerks can help with simple requests such as a consumer calling to find out when their appointment is, collecting demographic information for those entering the system, and other administrative needs. • Katy stated that about 15% of the calls are handled by the clerks, which frees up the clinicians. The clerks can also screen out those who need to be referred elsewhere, such as the 25% of calls by those who live in a different county or are covered by private insurance. The clinicians are screening for those who need to be referred elsewhere for services for issues such as an alcohol or drug disorder, dementia, or autism. She added that they collaborate with other units and facilities. She pointed out that they also have a substance abuse counselor available during daytime hours and can do warm handoffs for substance abuse or housing issues. They have a new community support worker doing outreach calls to people who were referred in order to get feedback and offer coaching and encouragement. They are also working on having her do satisfaction surveys. She added that they are working very hard to launch the behavioral health electronic health record that should provide better communication between them and PES, Miller Wellness Center, and the clinics. • Gina introduced her friend Miriam, a concerned	

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	citizen she met in a group of mothers who had lost a child, who she wanted to have share her experience of a non-English-speaking person who calls the Access Line. Miriam, who spoke in Spanish with an interpreter, described her experience with not getting any help through the Access Line for a family member who needed it and eventually giving up because she felt nobody wanted to help her and didn't care. She stated they did not even return calls she left on the voicemail. She said she knows of a number of other people with similar experiences who also gave up trying to get help. She was finally able to get help through Kaiser, but never through the CCC Access Line. • Lauren also read an email she had received from Julia Aguilar asking for Lauren's help to get help for a family member after not being able to procure it herself through the Access Line. • Duane asked what the Access Line budget was, and Katy did not know. Matthew added that he knew that the general budget for Behavioral Health overall is about $160-180 million. Duane asked how many staff they have, and Katy said they have 12 clinicians and a total of 35 staff across the Access Line, Care Management, and Provider Services Departments. Duane asked how many calls a day they get; Katy said they get about 200 calls a day. Duane asked if someone calls from Richmond and does not speak English, how long would it take for someone to call them back. Katy explained that they now have a new phone tree with 8 recorded languages, and they have two Spanish-speaking clinicians for phone screening. Duane asked if someone called and did not get called back, could it be traced to find out why they didn't get a call back, and Katy said that they do keep phone logs. Duane felt that this was a good reason why a line-item budget was important so they know if people are doing what they are supposed to be doing with the money they are getting for it. Katy acknowledged that the system has been bad but hopes that with the changes they are making, it is getting better.	

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	• Ziba introduced herself and described the timeline on how they came to pursue improving the service on the Access Line; how they analyzed its problems; and how they ended up in a collaboration with Marin, Sonoma, and San Mateo Counties to hire one contractor to answer Access Line calls for all four counties on holidays, nights, and weekends. She described the RFP process they went through and said that they have selected a contractor, OptumHealth, who already provides Access Line services for San Diego County. At this time the MOU has been sent to Matthew for review. • Matthew added he and Cynthia are coming up with some questions for clarification on some budget issues that were not addressed in the MOU. • Lauren asked if there was a projected date. Matthew hoped this would be completed in about six weeks. • Louis asked how vendors would have all the information specific to each county so they don't end up telling people they don't have the information they are asking for. • Ziba replied that OptumHealth will work very closely with each county to get all the information into their system and the correct protocol for each county so they will be very well informed and able to refer each caller to the appropriate resources in their county. • Guita stated that she has seen a tremendous improvement in AOD but still sees a problem with referrals for people who may be on the edge of suicide or heavily drug-addicted who need help immediately and not in, for example, two weeks. She wondered what the Access Line could do to help these people. She thought that if the emergency room was not related to the Access Line, it would be better for these people to be transferred to the hospital than to be told to call 911. Katy replied that during business hours, the clinicians are trained to figure out if the need is acute, if they need a welfare check, if they need to go to PES, or if they need to get a clinic appointment. Callers can request an urgent appointment within 24 hours. Matthew added that when there is an urgent need, the clinics will be notified and will reach out to the caller within 2	

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	hours. He added that if the caller needed to come in the same day, they would be accommodated. Katy added that Miller Wellness Center has same-day appointments, and Matthew added that the Miller Wellness Center has appointments until 9 pm, which is helpful for making same-day appointments. Also, they recently started having Saturday appointments. • Lauren asked if people waiting on line are given this information on the recording, and Katy said that they are getting a new phone system this month and it will be on the recording then. • Diana asked whether their current plan of having a clerk triage meant that the clerks were making the decision to forward calls to clinicians to determine what to do with the call, and how they make those decisions. Katy explained that they have a script to follow but that they are not making clinical decisions but determining if the caller needs to talk with a clinician or if it is a crisis situation. There is a precise work flow outline with eight questions. • Diana asked if the clinicians call patients back or recommend that they go to Miller Wellness Center, and Katy said that it is their policy that every caller needs to be called back within 24 hours. Diana then asked if they are planning to have satisfaction surveys to reach out to consumers so we don't have these types of situations happen again. Katy replied that they will have data not only from the phone system but also from Epic when it goes live to monitor these situations. Diana asked if there were any records available to the person receiving Access Line calls on the person's history, and Katy said that currently that information is on seven different databases and on paper caller logs but it will change with the new systems. Diana asked her to verify that when behavioral health and physical health were integrated, that would all be available online, and Matthew pointed out that the behavioral health EHR program is the Tapestry module of Epic, which is what the County uses for their medical electronic health records. He added that they are trying to implement it slowly in phases and the Access Line is the first phase. Eventually everything will be online.	

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	• Duane asked if this was the same Miller Center that was in Hilltop [Richmond] and if it was still there, and Matthew said it was at 25 Allen Street in Martinez across from PES. Lauren pointed out that there was a Miller Center in Richmond that was a program for those who are developmentally disabled. Duane said that this confusion was a result of poor outreach and that a lot of people think the Miller Wellness Center is the Miller Center in Richmond. He asked what would happen if he called the Access Line as someone who lived in Richmond but did not have transportation to get to Martinez. • Matthew briefly related discussions he had with Anna about these types of problems. Currently they are trying to connect callers with clinics they are already connected to. There are also Community Support Workers who will call people with appointment reminders and will help them find transportation if they need it.	
VIII. Behavioral Health Director's Report, Cynthia Belon	Lauren referred the Commissioners to the Behavioral Health Director's report in the packet. Doug asked about the Laura's Law ACT contractor chosen, Mental Health Systems, Inc., in San Diego, and his concern about the very low initial housing budget they had submitted compared to the other bidders. He said he was assured that the housing funds will be negotiated upward and wanted to point out that this needs to be done.	
IX. Report from Commissioners who attended the Martinez and West County Detention Facility Tours.	• Louis shared his impressions after his tour of these facilities. Among other unacceptable conditions he saw, he felt the conditions in M module were unbearable: the lighting was low, there was trash all over, and the smell of urine and feces was obvious throughout the whole facility. • Lauren added that they had found there was no mental health treatment or any programs at the Martinez Detention Facility, and they will be continuing the conversation with them. She is hoping to advocate as a Commission that they cannot allow the conditions they saw to continue and that services must start. She said that while the West County facility is a nicer campus, there are still little if any mental health programs and that the	

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	Commission needed to take a serious look at this. • Lauren added that Karen was helping with solving the backup of sewage in the Martinez Detention Facility, and they were working with the Sheriff's Office to fix this and will keep the Commission updated with the progress. • Guita asked if there were AOD programs there, and Lauren said that there were AOD classrooms and AA and NA meetings.	*Check with Jill Ray about the meeting with PWD on Sept. 24th.*
X. MHC Committee Reports	Lauren mentioned that there was going to be a non-Commission meeting with some of the Commissioners and the Sheriff.	
XI. Commissioner Representative Reports	1) AOD Board – Sam Yoshioka, MHC Representative They have not met. They had a second retreat, and the AOD board is in a period of transition, as the previous chair resigned from the Board. 2) CPAW – Lauren Rettagliata and Gina Swirsding, MHC Representatives Their report was essentially the same as the Behavioral Health Director's report. They also spent a lot of time beginning to plan how to spend Prevention and Early Intervention funding. They met with community and county providers to figure out how to get information from stakeholders, and they came up with a number of very interesting and unique ways to do this. [The meeting ended at this point (6:43) because there was no longer a quorum of Commissioners.]	
XII. Report on Follow-up items from August MHC Meeting	No report.	
XIII. Future MHC Agenda Items	No discussion.	
XIV. Adjourn Meeting	The meeting ended at 6:43 due to lack of quorum.	

Respectfully Submitted,
Melinda Meahan, Scribe and
Karen Shuler, Executive Assistant
Contra Costa County Mental Health Commission