



CONTRA COSTA
MENTAL HEALTH
COMMISSION

1220 Morello Ave., Suite 100
Martinez, CA 94553

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cchealth.org/mentalhealth/mhc

Executive Committee
Tuesday, July 28, 2020 3:30–5:00pm

Via: Zoom Teleconference:

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

Join by phone:

1 646 518 9805 US

Access code: 609 413 6195

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair announcements**
- V. APPROVE minutes from June 23, 2020 meeting**
- VI. DISCUSS outcomes of July 24th Assisted Outpatient Treatment (AOT) workgroup meeting and potential Mental Health Commission follow-up**
- VII. UPDATE on Mental Health Commission 2020 goals progress**
- VIII. DISCUSS voting logistics for people with a serious mental illness and potential voting support**
- IX. FINALIZE agenda for Mental Health Commission August 2020 meeting**
- X. IDENTIFY questions for the Behavioral Health Services Director to report on at the Mental Health Commission August 2020 meeting**
- XI. UPDATE on research on Mental Health Commission advocacy scope**
- XII. Adjourn**



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 957-2619 to arrange.



CONTRA COSTA HEALTH SERVICES

Assisted Outpatient Treatment Workgroup (AOT)

July 24, 2020

10:00 A.M. - 12:00 P.M.

Join by Zoom: <https://cchealth.zoom.us/j/4673644278>

Meeting ID: 467 364 4278

One tap mobile

+16465189805,,4673644278# US

Dial by your location +1 646 518 9805 US

Find your local number: <https://cchealth.zoom.us/u/abbibeEvnY>

A G E N D A

1. The public **is welcome to attend and observe this meeting's proceedings.** The agenda reserves time for members of the public to address topics that are on the agenda. Guests are asked to make their comments brief and may be asked not to exceed two minutes.
2. If you need a reasonable accommodation due to a special need in order to participate in this meeting please contact Audrey Montana at 925-957-2617, or audrey.montana@cchealth.org.
3. Any disclosable public records provided for this meeting by the staff to a majority of the members of this workgroup less than 96 hours prior to the meeting are available for public inspection at 1220 Morello Avenue, Ste. 100, Martinez during normal business hours.

TOPIC	PRESENTER	DESIRED OUTCOME(S)	APPROXIMATE TIME
1. Welcome <ul style="list-style-type: none"> • Call to Order, Introductions • Review Agenda • Review Rules 	Leslie May Jan Cobaleda-Kegler	Called to Order	5
2. <u>Justice Partners</u> Status Report Discussion Topics: <ul style="list-style-type: none"> • AOT Court by Zoom • Judicial involvement for voluntary clients • Judicial review for adherence to treatment 	Justice Partners	Information and Discussion*	10
3. <u>Care Team</u> Status Report Updates: <u>Mental Health Systems</u> <ul style="list-style-type: none"> • COVID-19 Adjustments • Co-Occurring Disorder/Harm Reduction • Limits of Substance Abuse Treatment offered by AOT <u>Questions from previous AOT Workgroup</u> <ol style="list-style-type: none"> 1) How is telehealth working out with regards to psychiatrists and counselors meeting clients? 2) How much participation in group discussions were there prior to COVID-19? 	Mental Health Systems (MHS) Mike Sisler (Presentation)	Information and Discussion*	35



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<p>3) What is being provided to clients now if no groups are happening virtually?</p> <p>4) Why is it going to take 2 months to get groups up and running on a virtual platform?</p> <p>5) Is this population likely to be successful with the virtual platform for groups?</p> <p>6) If you are not able to provide full scope of services, do you get a specific reimbursement amount or is it billable?</p> <p>7) Can all family members who have a loved one in AOT be notified of the meeting?</p> <p>8) A survey of folks' experiences with AOT would be important to hear or see.</p> <p>9) How do you provide peer support?</p> <p>10) Who is facilitating your WRAP groups? Are those folks' peers? Is the group participation voluntary or mandated?</p> <p><u>Forensics Mental Health</u></p> <ul style="list-style-type: none"> • Outreach Efforts <p><u>Questions from previous AOT Workgroup</u></p> <p>1) What is the collaboration between MHS and jail mental health for shared clients? Is AOT getting referrals from jail mental health staff?</p> <p>2) Is Mobile Crisis able to get to someone quickly?</p>	<p>Contra Costa Behavioral Health Services (CCBHS)</p>	<p>Information and Discussion*</p>	<p>20</p>
<p>4. Suggestions for AOT Program Improvement</p> <p>1) Is 24-Hour telephone line staffed at all times?</p> <p>2) If phone line is not being answered outside of regular business hours do you have a voicemail or protocol to respond to a crisis?</p> <p>3) Do you notify clients if the staff is unable to make the appointment and how much advance notice do you give?</p>	<p>Leslie May Jan Cobaleda-Kegler</p>	<p>Discussion with suggested strategies*</p>	<p>30</p>



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<p>4) Do you coordinate with medical doctors the physical ailments that a client might be experiencing and/or been diagnosed with?</p> <p>5) Is medication readily available and delivered?</p>			
5. Public Comment	Leslie May Jan Cobaleda-Kegler	Public Input on any area not covered on the agenda	15
6. Next Steps	Leslie May Jan Cobaleda-Kegler	Suggested agenda items**	5
7. Adjourn			

Co-Chairs:

Leslie May
Jan Cobaleda- Kegler

Staff Support:

Audrey Montana
Ernesto Robles

NOTES:

*Members of the public will be invited to dialogue with the Justice Partners, Care Team and RDA staff upon completion of their reports and ensuing discussion with AOT Workgroup members. In the interests of staying on schedule and on topic members of the public are asked to make their comments or questions brief (one minute or less) and directly on point to the particular agenda item. Otherwise, the co-chairs will ask that they be held until the Public Comment Agenda item. During the Public Comment time, comments will be limited to one minute. In addition, meeting participants are invited to provide written input or suggested program strategies on forms provided for this purpose.

**All attendees will be invited to complete an evaluation form of what they liked about the meeting, what they would like to see improved, and to suggest agenda items for the next AOT Workgroup Meeting.

***Time allocated to each agenda item is approximate and may be lengthened or shortened in order to fit the total allotted time.

****All participants are reminded to refrain from providing any person- specific information during the meeting that may compromise the confidentiality and right to privacy of any individual either being considered for the Assisted Outpatient Treatment Program or receiving services.

MHC Questions for BHS Director for June – July 2020 MHC Meetings

Note that some of these questions may have been addressed to some extent in prior communications or other meetings. Please forgive any redundancy, but perhaps situations have changed.

Response to George Floyd related events:

- Has BHS encountered any consumer response (e.g. trauma-triggered) to the George Floyd protests, looting and violence?

COVID-19 related questions:

- What are the biggest challenges and successes that BHS (and the hospital and PES, if you know) are experiencing in terms of battling COVID-19 among consumers?
- Do we have any clear understanding of how many consumers have been diagnosed with and treated for COVID-19?
- What are the percentage breakdowns on the various categories of crisis calls that our Access line is receiving? Are there any notable changes?
- What is the breakdown on how consumers that have COVID-19 are identified in the following cases: Homeless, in the criminal justice systems, in treatment or requesting treatment?
- What kind of numbers of COVID-19 positive people are being experienced by IMDs or group homes?
- How are consumer with COVID-19 being tracked on once they: Leave jail, leave treatment centers, are identified in the homeless population?
- How are we getting the message out to our consumers that treatment is still available under SIP?
- How are we assisting consumers who are home bound?
- How are the crisis response units working under COVID-19? Are they being called and responding to calls in the same number as without COVID-19? Is there any change in the types of calls that they are responding to?
- How are our first responder workers in mental health faring in terms of COVID-19?

CCBHS budget-related questions:

- Has the BHS budget situation, including MHSA funds, become clearer?
- Does CCBHS project the current revenue drops or more:

- Continued FFP (Medi-Cal) Reimbursement reductions of 42% (from \$73.3+M down to \$42.5M) for the foreseeable future based on reduced 1991 and 2012 funding as well as, at best, flat MHSA funding?
- 1991 Realignment: \$31M to \$22M annually for the next several years?
- 2011 Realignment: \$35+M to 21.5M annually for the next several years?
- County General Fund Commitment of \$17M/year uncertain going forward?

MHSA budget-related questions:

- How is the Revised 2020-2023 3 Year MHSA plan progressing?
- What new proposed programs are proposed to be eliminated?
- Any current programs proposed to be downsized (if so, how much) or possibly eliminated?
- When will the Revised 2020-2023 3 Year MHSA plan be ready for CAPW and then the MHC public hearing?
- How/when will CCBHS leadership collaborate with stakeholders on the revised 2020-2023 MHSA Three Year plan?

Miscellaneous questions:

- What mental-health related patient cases are hospitals required to report on? What cases are they not required to report on. What is the rationale behind the break-down? How does this system help or hinder the work of BHS?
- Who follows up or is there a system to follow up with discharged PES/4C patients who have private insurance?

Assisted Outpatient Treatment (AOT) Workgroup

Friday, June 26, 2020

10:00 am – 11:30 am

Zoom meeting

Members Attending: Steve Austin, Jan Cobaleda-Kegler, Roberta Chambers, Nina Dong, Douglas Dunn, Don Green, Ivette Kwan, Jeffrey Landau, James Paulsen, Christy Pierce, Richard Penksa, Angela Powell, Kristine Suchan, David Swaim, Jennifer Tuipulotu, Yolanda Zavala

Staff Attending: Windy Taylor, Jenny Robbins, Jennifer Bruggeman

Public Participants: Claire Beckner, Gigi Crowder, Linda Dunn, Victoria Ghulam, Susan Horrocks, Colleen Isenberg, Dawn Morrow, Cheryl Metro, Joe Metro, Jill Ray, Lauren Rettagliata, Stacey Shepard, Tangalia Williams, Teresa Pasquini, Amy Lukes

Co-Chair: Lesley May, Contra Costa County Mental Health Commission, Commissioner

Co-Chair: Marie Scannell, Contra Costa County Behavioral Health Services, Forensics

Staff Support: Audrey Montana, Ernesto Robles

TOPIC	DISCUSSION
1. Welcome <ul style="list-style-type: none"> • Call to Order, Introductions • Review Agenda 	<ul style="list-style-type: none"> • Introductions made • Reviewed Agenda
2. Justice Partners Status Report Discussion Topics: <ul style="list-style-type: none"> • Experiences of persons referred for judicial involvement 	<ul style="list-style-type: none"> • Been on break due to the Covid-19 pandemic • Plan on resuming hearings on July 8th as necessary
3. Care Team Status Report Discussion Topics: <u>Mental Health Systems</u>	<u>Mental Health Systems:</u> <ul style="list-style-type: none"> ▪ 73 total clients ▪ 5 of these clients are petitioned

TOPIC	DISCUSSION
<ul style="list-style-type: none"> • Staffing Changes • Cultural Sensitivity • Wellness Activities • <p><u>Forensics Mental Health</u></p> <ul style="list-style-type: none"> • Enrollment Numbers • Status of Petitions, voluntary agreements, judicial orders 	<ul style="list-style-type: none"> ▪ 6 in outreach ▪ Serve 22 beds in total with 3 master leases, Antioch, Pittsburg, Richmond ▪ Due to the current SIP, MHS is providing services by splitting staff with alternated working days. ▪ 24hr crisis line remains active and available for individuals and family. ▪ Essential services continuing in master leases and offices. ▪ Outreach and engagement continue during SIP while following Covid-19 regulations and social distancing. ▪ Telephone and telehealth provided to clients to speak with psychiatrists ▪ Housing has been delivering food and supplies to residents on a daily/weekly basis or as needed to reduce risk of exposure. ▪ Alisha Austin-Townsend last day is June 19th and is transitioning to another program with in MHS ▪ Carolyn Goldstein Hidalgo is the new program manager
<p>4. Suggested areas to evaluate AOT and/or Assertive Community Treatment (ACT) such as:</p> <p>2018 – 2019 Fiscal Year – Report for Department of Health Care Services</p>	<ul style="list-style-type: none"> • Angela Arellano has been promoted to program supervisor at FSP Central • Compliance specialist to be starting late July • MHS has hired a consultant Dr. Sharlene Davis to provide services called “The Training on Racial Equity Diversity Inclusion Dialogue and Education. • Listening sessions followed by education to all employees • Will continue to provide services to clients who are referred and meet criteria. • Some wellness activities provided at Action, Daily groups at office and community, weekly group meditation, AOD, skill building, recreation. • All groups have been cancelled with SIP but currently implementing a way to integrate group via telehealth. • Integrate multi family support groups and family sessions within the next couple of months. • Currently meeting clients in the field and provide an option of meeting through telehealth while SIP active • CCAT credentials • Establish rapport for better interaction to determine use/frequency and best course of action • Establish goals, stress management, relapse prevention, triggers • House and health with medication first, then substance use along with other provider services

TOPIC	DISCUSSION
	<ul style="list-style-type: none"> • Establish trust is key • Service data specially does rely on data being entered into the counties EHR • All services they are reporting on were pulled from the EHR • 136 referred consumers to AOT • Of those 40 were referred to MHS for outreach and engagement • 8 were enrolled in Act program • 32 not enrolled • Of those referred to AOT, 96 were not referred to MHS • Forensic Mental Health team engaged or re-engaged 19 of those individuals with a provider and investigation of ongoing for 24 of those consumers • 53 were investigated and closed • Majority of individuals who were referred to AOT were connected to services through Act or another provider. • Approximately 29% of consumers referred to MHS • 14% engaged or re-engaged with a provider • 39% were investigated and closed • 18% continued to have investigation during reporting period • During fiscal year MHS had outreach with 76 consumers • 45% in person or successful attempts • 23% unsuccessful attempts • 21% collateral contacts • 10% phone or email
<p>5. Suggestions for AOT Program Improvement</p>	<ul style="list-style-type: none"> • (Gigi Crowder) Glad to hear AOT will be hiring someone with a background in substance abuse. Substance abuse needs to be a part of the program to sustain wellness. • (Jeff Landau) Need feedback on eligibility. We need to use the criteria to make them eligible to receive the services. That would be the best approach. We need a more inclusive initial net. Being deemed 5150 is never trivial. Something serious is going on. It should not be that something that serious does not qualify. We need to get people on the radar and receiving the services. That is all that matters. • (Doug Dunn) Because of lack of beds elsewhere, people remain in PES. That should count as a hospitalization. There was an external quality review report (EQRO) that had harsh words about County counsel and strict interpretation of laws for getting into –programs and the lack of step-down programs. Need to look at this going forward. • (Leslie May) I was contacted by someone this week saying he believed it was his relative who had been hit

TOPIC	DISCUSSION
	<p>by a train in Antioch. He knew it was a suicide. His relative put headphones on and knew the train was coming. I met this relative where this happened. He was very distraught. He said he had taken his loved one back and forth to Martinez and PES. His relative had medication. He felt his relative using marijuana did better than the prescribed medications. Now it is available for people to purchase. People may say they rather not take the meds because of the side effects. When they smoke they feel better. Sometimes we overlook new developments. It is important to include these in treatment. There is no such thing as bottoming out. We have to really start thinking out of the box as to how we can integrate this into treatment and recovery.</p> <ul style="list-style-type: none"> (Kimberly Krisch) I work at the Miller Wellness Center at Behavioral Health. We do screening. We ask about substance abuse. What about marijuana? The attitude concerns me daily. I encourage AOT that we need to understand what's happening with cannabis. We are in denial. How many times do we need to ask? This is a medication resulting from a medical diagnosis. Some take both marijuana and the medication. This use concerns me.
6. Public Comment	<ul style="list-style-type: none"> Daughter has been in AOT program and the mom is disappointed. Daughter has been compliant, and her programs have been cut in half and mom wants daughter to stay alive and is seeking help on how mom can help her daughter. Mom feels like her and daughter are not being heard and desperately asking for help.
7. Next Steps	<ul style="list-style-type: none"> Suggested time change for upcoming meeting 11:00am to 12:30pm
8. Adjourn	<ul style="list-style-type: none"> The next AOT Workgroup meeting date to be announced.