

Consolidate Planning and Advisory Workgroup (CPAW)

Thursday June 5th, 2014

3pm – 6pm

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



Members attending: Connie Steers, Stephen Boyd, Dave Kahler, Karen Smith, Laurie Schnider, Lisa Bruce, Courtney Cummings, Kathi McLaughlin, Kimberly Krisch, Lori Hefner, Gina Swirsding, Tony Sanders, Mariana Moore, Ryan Nestman

Staff attending: Cynthia Belon, Tommy Tighe, Heather Sweeten-Healy, Erin McCarty, Roberto Roman, Gerold Loenicker, Priscilla Olivas

Public Participants: Tess Paoli, Sheri Richards, Douglas Dunn, Devon Roberts, Matt Wilson, Whitney Santos, Stan Baraghin, Beth Williams, Maude DeVictor

Facilitator: Maria Pappas

Recorder: Cassie Brown

Staff Support: Warren Hayes

Excused from Meeting: John Hollender, Molly Hamaker, Susanna Marshland, Susan Medlin

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome • Call to Order • Introductions • Working Agreement • Announcements • Finalize Minutes	<ul style="list-style-type: none">• Introductions made• Maria reviewed CPAW Working Agreements• The 24th Consumer Summer Picnic will be at Pleasant Hill Park on Gregory Ln. on Friday June 27th from 10am – 2:30pm• Minutes are in a different format for May, due to the Community Program Planning		

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	<p>Process, and being that they are rather lengthy they will take more individual time for review – no immediate changes noticed</p>		
<p>2. Conversation with the Director – Suggested Areas:</p> <ul style="list-style-type: none"> • Behavioral Health Integration • Primary Care Integration • Children’s Inpatient Beds • Status of Laura’s Law Considerations • Patient’s Rights Advocacy • Mental Health Electronic Medical Record System • Filling County Positions 	<ul style="list-style-type: none"> • We have seen a large increase in the number of children going through PES. There is concern that the demographics have changed due to AB3632. <ul style="list-style-type: none"> ○ CB: There have been internal conversations, as well as in the MH Commission around this issue. There has been a conversation around the need for children inpatient beds. ○ We would like to have a continuing dialogue around this issue. • Regardless of how much we spend, we just don’t have enough housing. The integration for behavioral and mental health housing has gone far. Feel good about where we’re at, and there is still much to be done. <ul style="list-style-type: none"> ○ CB: This committee has done a tremendous job in terms of bringing new housing into fruition as well as getting people housed. You’re right that there is just not enough housing. There is not enough funding available for the amount of housing that we need. I hope that the conversations will continue. • Some issues have program-level interventions. There is also a policy level that has fixed some issues. I think that there are 		

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	<p>opportunities for us to work together for the needs of those who need housing as well as supportive services. There are opportunities for us to be effective in our advocacy for those things which are safe-guarded by MHSA.</p> <ul style="list-style-type: none"> • There are unique needs for TAY who need housing. There are also unique needs for housing for families with SMI children. How can we work with the division to ensure that those families get the support that they need to deal with that? Our LGBTQ also have a great need. <ul style="list-style-type: none"> ○ CB: I believe wholeheartedly that the model that we have for TAY is very effective. I look forward to looking to expand that because there is a need for it. • There needs to be more follow through for kids who are hospitalized. • We need patient's rights advocates on the street very soon. We need to contract it out so that it will not be the employees in the division. Our personnel system takes too long to hire. Is there any hope on the horizon for patient's rights? <ul style="list-style-type: none"> ○ CB: It's under exploration but it is my understanding that Vic is looking at a couple more contractors, and then we will make a decision. ○ Tony mentioned that we used to have 		

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	<p>the Inclusion Initiative, which was very helpful.</p> <ul style="list-style-type: none"> ○ CB: There has been a lot of conversation around finding something in Central and East County for TAY programs. It is primarily funded through a federal grant, and is not enough money to sustain the entire program. We are thinking about perhaps relocating one of the two programs in West County to Central and East. ● The BOS only has jurisdiction over the incorporated areas located with Contra Costa County. ● We want to find ways to be better informed about the processes happening in the Behavioral Health world. We were hoping you could provide more information on the AOD integration, as well as the newer effort to more intentionally integrate behavioral health and primary care services. <ul style="list-style-type: none"> ○ CB: I hope that there are reports coming back to this group on a fairly regular basis about those things. We have design teams that were created by life cycle populations. They were originally created about a year and a half ago, for county managers to come together and have conversations about what happens 		

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	<p>within their systems of care. They could then talk about integration opportunities that they thought were important to identify. It's very difficult to come up with one process that meets everyone's needs. CBO's attend these design teams, and over the last few months they've started to get more closely aligned with what priorities they want to bring forward. We will take the list of priorities from the life cycle teams, and the executive team will identify what we want to integrate within our sites. That's not to say this isn't already happening. Along with that, we have Rona Consulting, who has been responsible for working with the hospitals and health centers to make those places more integrated systems of care. Rona has been coming in and meeting with the Access team. We are trying to take a look at how we create an integrated front door. We are doing a report out from 9:30 – 10:30 tomorrow at 1875 Arnold Dr., Martinez, if anyone is interested. Last month we started CHC2, which is Concord Health Center 2, where we have behaviorists within the primary care setting, to see if patients</p>		

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	<p>who need behavioral health services are being treated. This is funded through a public health grant. It's a very enriched environment. We are in the process of starting to do data collection and evaluation. The Miller Wellness Center will provide services for adults, as well as to children and their families. It will be an opportunity to do crisis intervention.</p> <ul style="list-style-type: none"> • The area still needing a fair amount of work is Employment and Human Services. We have a fair amount of trouble getting fully integrated services, especially for our foster youth. Are you working with the EHSD Director to streamline that? <ul style="list-style-type: none"> ○ That's a question I've written down that I'm happy to get back to you about. • Upset about the Access Line number and how unhelpful it is. 		
3. Three Year Plan Update	<ul style="list-style-type: none"> • Warren provided an update on the Three Year Plan Process (handouts included in packet). • The next public hearing is 6/12/14, at 6:15pm, at 651 Pine St., Rm 101, Martinez. 		
4. Break (flexibly applied)			
5. Laura's Law Status	<ul style="list-style-type: none"> • Douglas Dunn gave a PowerPoint presentation on Laura's Law (PowerPoint 		

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	<p>slides included in packet).</p> <ul style="list-style-type: none"> • See attached document with questions and responses. 		
<p>6. Committee Reports</p> <ul style="list-style-type: none"> • Children's • TAY • Adult • Older Adults • Housing • Social Inclusion • Innovation • Membership 	<p>Children's – Moved meeting time, June 12 to 12:00pm in MH Admin TAY – not meeting, YAC scheduled to meet on June 19th Adult – not meeting Older Adults – welcome Maude and Sheri Housing – Attached the upcoming agenda for June 18th Social Inclusion – June 10th, 10am Innovation- Reviewed Rainbow, LGBTQ program, MH Workforce Development, further evaluation processes, Recovery through Employment Readiness-reviewing proposal, committee closed, did not want to open at this time Membership – have 5 applications to review, process of looking who is on CPAW and targeted recommendations, not on a committee, need to be on a committee.</p>		
<p>7. Public Comment, Announcements</p>	<p>NAMI Walk - CC BH Wellness Champions Raised \$1396.</p>		
<p>8. Review of Meeting</p>			
<p>9. Next CPAW, Steering, Membership Meetings</p>	<p>June Steering Meeting has been cancelled, next Steering Meeting on July16th, July CPAW meeting has been cancelled and next meeting will be on Aug 7, 2014. Membership Meeting will be held on June 16th.</p>		

Doug Dunn – Laura’s Law Presentation June 5, 2014

1. Has the Contra Costa County court system provided a detailed budget about what the additional funds that would need to implement Laura’s Law?

We will get to that in the next five weeks, but no they have not.

2. Where is that money coming from?

Consistently cut court funding, having a difficulty meeting current case needs.

- Closed AOT Team: Consumers, Susan Medlin, Lisa Noriega, Edward from Crestwood;

Family Members: Doug Dunn, Karen Cohen, Sharon Madison; Cynthia Belon, Vic Montoya, Steven Grolnic-McClurg, Dr. Ross Andelman, Suzanne Davis, Janet Wilson, David Seidner, and Susan Medlin. Departments involved are BH Health, Courts, Public Defender, District Attorney, County Counsel, Sheriff, and PES. All original consumers and family members have been asked if they would like to continue. Family Members joining AOT are Lauren Rettagliata and Karen Cohen. Consumers joining AOT are Jack Feldman and Connie Steers.

How long should outreach last? One week, two weeks, one month, two months, etc. Nevada county, New York state, and North Carolina, found 2/3 of people accept this treatment voluntarily.

3. Would Laura’s Law benefit the consumer in the long run? What if we have involuntary volunteers to do this treatment? Is there a graduation from AOT? If there is a graduation, will there recovery still continue?

Nevada County’s experience has been that the people want to continue this level of service. The success rate seems to have been about 98%. One of the aspects of the full service team, my psychiatrist does not listen to me, advocate for you, these meds are not working; a peer counselor will be part of the full service team. Social services are there to listen to you, get you well, keep you well, and fully functioning.

4. If someone is in a 51/50 state, holding them in 51/50 is an additional brain trauma. This law is damaging to the family and consumer relationship. Where is the voice coming from, majority is family supported, voice from workgroup saying to not funding

There were two other recommendations made for outreach and education. Workgroup does not know which part will be funded by the board. Purpose of these two recommendations from Consumers and family members agreed upon them. Complaint in the MHSA forum: BH system seems very disjointed by Consumers and family members. Front-door access, do not know how to properly enter, navigate the system.

PTSD, you are absolutely right, one of the things the Sheriff's Departments in Orange County, for lack of a better term crisis intervention situations, what they do is have a social worker go out and meet the person, the police stay in the background. That is what they learn from the disasters telecom situation. The Sheriff's Department has been trained to stay in the background and let the mental health professional, as much as possible, handle the situation and the get person voluntarily into treatment.

5. Money from MHSA should not go towards Laura's Law. Slide 5: Family member, friend with whom they are living. Can power of attorney override someone I am living with, parent, or sibling? Power of attorney needs to be added to referrals listed? Can a consumer have their service animal?

This will not be a satisfactory answer, that particular topic has not been brought up in the workgroup. Will make sure it will be brought up in the next five weeks. Cannot imagine, the FSP team takes that into account, and advocates for that person. Having a pet is very helpful to people.

6. Patient's Rights began in 2002, Jan Moller, annual awards banquet. The era of patient rights is over! What we don't understand, consumers on conservatorship exist and rather than perfect Laura's law, we need strong advocacy, mainly for education, Mental Health law and civil rights.

7. What is participation for you is total commitment for me. 1) We need to deal with foster kids, and if they age out during a 6 month phases, where do they go, stop them from coming into the schools with ak-47 and certainly do not want them coming into the clinics? What about the guardian at lightum? What about the Native Americans and psychotropic drugs, they have genetic aspects that they cannot tolerate psychotropic medications? Need to do outreach to Native American health community, as a resource? Will have wonderful results with Mindfulness therapy. Need Cultural Competency? What about gender reassignment? Patient's bill of rights, respect the internal life activator that makes that person human. Interface with appropriate school mental health professionals and have cross-training?

8. Does Nevada County have a report and is that report available on the success what their experience has been? Send a link to us? If there is a treatment plan, can the plan include medication? If so, can medication compliance become of the determination of substantially deteriorating. If that becomes part of the plan, Slide 13: 135-148 people are the target population, 45 people would be part of that process. On the expanded team, is there anyone from Social Services? What funding source are you looking at? If you are looking at MHSA, I don't see how you can do the amount of money you are talking about without taking away need to address that? Lacking on closed workgroup, is patient's rights advocates? Minimal consumer participation, don't close a group, you make it bigger.

Yes, they do. I need to get it. It looks like duplicate reporting, I am trying to look at, for discussions sake, if the 45 are successful, is there a change or probability of locked facilities or conservatorships. Looking at beds, I was trying to humanize the process, real flesh and blood. We will be looking at this in the next few weeks.

9. There are pros and cons, whether we do decide to do Laura's Law, should MHSA funds be used to pay for it?

It has not been determined.

10. There is a concern that the potential abuses of Laura's Law could outweigh the benefits.

11. CPAW has acted precipitously over the last 4 -5 years and made some grave mistakes, give us the next year, and put several of us on this committee. Courts are significantly cut back and take 1/3 longer to go into hearings for clients. Grave concerns on how the numbers were put together.

Apologize, about the conservatorships, need to learn more about the type of work you do. Concerning the closed workgroup, the decision was made on behalf of the Behavioral Health department. Lack of processes and procedures, for lack of better tem, need to be considered, thought out and written before something like this is done in this county.

Part of the reason the numbers are not precise, have not been able to exact information through the county finance, behavioral health services division, RDA will lead discussion and have been asked to get exact information.