

**Mental Health Commission Minutes
February 3, 2016 -- FINAL**

Agenda Item / Discussion	Action/Follow-up
<p>I. Call to Order / Introductions The meeting was called to order by MHC Chairperson Duane Chapman at 4:38 p.m.</p> <p><u>Commissioners Present:</u> Supv. Candace Andersen, BOS Representative Duane Chapman, District I Diana McKieve, District II Tess Paoli, District III Lauren Rettagliata, District II Barbara Serwin, District II Gina Swirsding, District I Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u> Greg Beckner, District IV Peggy Black, District V Louis Buckingham, District III Dave Kahler, District IV</p> <p><u>Non-Commissioner's Present:</u> Marina Becerra, LMFT, MH Unit/VP of Local 1 Cynthia Belon, Behavior Health Services Director Hillary Bowers, RI International Travis Curran, Crestwood Healing Center Douglas Dunn, NAMI-CC, MHC Applicant Ralph Hoffmann, Former Commissioner Peggy Harris, Interested Citizen Susan Medlin, OCE Teresa Pasquini, Community Robert Pavel Annis Pereyra, Community Member Kassie Perkins, ANKA BHI Jill Ray, Supv. Andersen's Office Roberto Roman, OCE Miriam Rosa, CCHS Deb Shearer, RI International Karen Shuler, MHC Executive Assistant Connie Steers, BHCP/CPAW Will Taylor, NAMI-CC Robert Thigpen, Family Services Coordinator</p>	<p><i>Transfer recording to computer</i></p> <p><i>Update Commissioner Attendance Chart</i></p> <p><i>Update Database</i></p>

<p>Nancy Williams, ECAMH Clinic Karen Wise, ANKA BHI</p>	
<p>II. Public Comment</p> <p>1) Ralph Hoffmann commented on the problems the homeless face during the wintertime. He listed concerns about the high rents, rainy weather and two recent deaths attributed to the weather conditions. He suggested that people consider taking in a homeless person and giving them shelter.</p> <p>2) Annis Pereyra read the following during Public Comment: On Wednesday, January 20, 2016, a Contra Costa County patient arrived at the Mental Health Clinic at 1420 Willow Pass Road, Concord, for a scheduled dose of the injectable medication, Sustenna. This particular medication is dosed at 28 day intervals, and adherence to that time frame is an FDA requirement and in the manufacture’s dosing information. This patient was informed at the front desk that there was no medication available for the injection, and the patient was sent back home, NOT receiving the injection in a timely manner. The use of injectable medications is part of a safety net that is extended to a large number of the mental health patients under the care of Contra Costa County Mental Health. It is part of the treatment plan for those with the highest rates of recidivism, most especially those who have had multiple community placement failures due to lack of medication adherence. These long acting injectable medications sometimes used with clozapine, enable the consumers to be in recovery and live in the community avoiding a relapse which would end in a crisis and rehospitalization. In addition to this incident, in the last 14 months the following incidents have happened to this same individual:</p> <ul style="list-style-type: none"> • Patient was injected on 2 consecutive days with the same injectable medication despite objections by the patient because the staff person could not remember giving the injection the day before. After performing the second injection the staff person confirmed by documentation that the patient had indeed been injected the day before. There was no medical treatment for this overdose, and the patient had to endure the consequence. Was an unusual occurrence form filed and investigated so this doesn’t happen again? • Patient was turned away at the front desk on a date and at the time an injection was scheduled because the patient’s name was not on the list of clients scheduled for that day which confirms that a list of patients who need injectables is keep by the nursing staff. Patient was given a follow up appointment 10 days later which is not acceptable. • Patient could not get the blood draw done at the laboratory which is an FDA mandated screening test for monitoring the drug 	

<p>Clozapine because the clinic had not responded with the appropriate orders despite requests by the performing laboratory. Laboratory showed patient the computerized documentation of the faxes sent to the clinic requesting the MD order for this required lab work. Standing lab orders expire every 6 months and have to be reordered and faxed to the draw station of the lab. The order must include a starting and ending date, frequency, with new ICD 10 medical codes as a reason for the order. Whose responsibility was that?</p> <ul style="list-style-type: none"> • Patient expressed extreme fear of standing up for self because staff at this clinic frequently 5150 patients. Patients who appear at the clinic in a psychotic state because of being off their meds are usually put on an involuntary hold and taken to the county hospital crisis unit. There is only one entrance and exit which everyone uses. Other patients observe this and it is frightening to them. • Following a complaint about the lack of medication availability, the patient returned to the clinic when the medication was available. At that time, the patient was queried by nurse giving the injection to ascertain the person who was responsible for making the complaint to the Behavioral Director and the Deputy Chief, which was intimidating for the patient. <ul style="list-style-type: none"> ❖ Violates federal mandate ---timeliness of care ❖ Erodes patient trust and willingness to work with treating staff ❖ Creates an atmosphere of fear that staff will retaliate after complaints are made ❖ Violates FDA requirements for the injectable long acting meds and also for clozapine ❖ A Plan of Correction needs to be written and implemented so errors don't keep happening in the care of this patient and also of others. New policies need to be implemented following FDA guidelines. <p>3) Connie thanked public servants who have done a lot in responding to issues at Riverhouse, etc.</p>	
<p>III. Commissioner Comments</p> <p>1) Gina addressed an issue regarding nursing protocol. She said consumers are being released from CCRMC's PES in hospital clothing. She asked what the policy is for discharging patients in blue outfits? She asked how this policy can be changed. It was suggested that a report on this issue be made at the March monthly MHC meeting. Miriam Rosa and Cynthia will follow up.</p> <p>2) Tess gave some positive feedback regarding the issue of medications not being available. She said she got a call saying the meds were now in.</p> <p>Re: the issue of medications not being available, Cynthia said she expects</p>	<p><i>Send Gina's concerns to Cynthia and Miriam. Place on March MHC Agenda.</i></p>

<p>a written corrective action plan to be developed so it doesn't happen again.</p>	
<p>IV. Approval of the January 6th, 2016 Minutes <i>(Approval of the Minutes was moved lower on the Agenda to accommodate Cynthia, who had to leave the meeting early. See Page 9.)</i></p>	
<p>V. Behavioral Health Director's Report, Cynthia Belon</p> <p>1) Vacancies The BH Division has selected Jan Cobaled-Kegler as the Adult and Older Adult Mental Health Chief. Jan's start date will be Tuesday 2/16/16. We are pleased to announce that Robert Thigpen was appointed as our interim Adult Family Services Coordinator. Robert's start date will be Wednesday 1/27/16. The UR Manager position is the first priority for additional recruitments, followed by the Quality Improvement Coordinator position. Discussion: Cynthia mentioned that the Quality Improvement Coordinator position's job specifications is being revised.</p> <p>2) Central County Adult Clinic First group of interviews for MHCS happened few weeks ago. A candidate has been offered a Rapid Access position last Friday, now awaiting for acceptance. A second group of interviews is scheduled for this week. There are 3 MHCS vacancies and we hope to be able to recruit for these vacancies soon. Discussion: Lauren asked about vacancies in East County. Cynthia replied that they are revising the specs and reviewing salaries. Lauren said the process needs to be sped up. Cynthia replied that she asked that it be prioritized. She said the process takes 4-6 weeks. Lauren asked if there can be a temporary stop-gap measure such as going through an agency. Cynthia said they do the contract. But the issue is the salary. Duane asked how many total vacancies there are. Cynthia said she will get back to the Commission with an answer.</p> <p>3) First Hope The First Hope is a Prevention and Early Intervention (PEI) Program funded 100% by MHSA. First Hope is staffed by licensed clinical specialists and a psychiatrist, Dr. Nancy Ebbert. Although they have not been billing Medi-Cal, the First Hope staff have been providing clinical interventions and writing clinical notes consistent with Medi-Cal standards. The Behavioral Health Administration and Finance have recently reviewed the possibility for First Hope to bill Medi-Cal. It was concluded that First Hope should start billing Medi-Cal effective 2/1/16. This would allow for revenue generation and the possibility to expand a First Break Program.</p> <p>4) Antioch Health Center The construction of the new Antioch Health Center has been completed recently. East County Children's Mental Health Services will move into this</p>	<p><i>Request report from Cynthia at March MHC regarding position vacancies.</i></p>

<p>new building after occupancy permits are obtained. This new construction will allow the Behavioral Health Division the opportunity to integrate our services with Primary Care. The Behavioral Health Division has started scheduling weekly meetings with our Primary Care partner to discuss furniture, computer /IT, phone systems, building signage, and moving logistics. The Antioch Grand Opening is scheduled on Wednesday 2/17/16 and that it is open to the public for services on Tuesday 2/23/16.</p> <p>Discussion: Cynthia reported the opening date had been delayed a month due to licensing and Medi-Cal evaluations.</p> <p>5) Assisted Out Patient (AOT) Implementation</p> <p>The BH Division has selected Mental Health Systems as the vendor for AOT. Mental Health Systems will adhere to the Assertive Community Treatment (ACT) model. The BH Division has allocated 2 licensed clinicians and 1 supervisor position to this project. The AOT program is scheduled to serve patients starting on Monday 2/1/16. For information, the general public can call toll free (844) 422-2268.</p> <p>Discussion: Cynthia reported they have received a draft of the Medi-Cal Plan. They have had 2 calls.</p>	
<p>VI. Report from Anna Roth, RN, MS, MPH, Chief Executive Officer, or her designee, on the status of care for the Mentally Ill at 4C, Psychiatric Emergency Services (PES), Clinics and Jail</p> <p><i>This report was forwarded to next month's MHC Meeting.</i></p> <ol style="list-style-type: none"> 1) Number of admissions (adults and children) 2) Report on what region of the County people are coming from (East, West, Central) and how (ambulance, law enforcement, automobile, bus, etc.) 	<p><i>Place on March MHC Agenda. Send request for report to Anna, Shelly, Miriam.</i></p>
<p>VII. Chair's Report and Announcements</p> <ol style="list-style-type: none"> 1) Duane mentioned the Commission is short of Commissioners. There are four vacancies on the Commission. 2) Duane announced a Foster Care Conference in West County on March 12. He has requested tables for the Mental Health Commission and for Behavior Health Services. 	
<p>VIII. Timing of Mental Health Commission (MHC) input to the Behavioral Health Services (BHS) 2016-2017 Budget</p> <p>Duane announced a meeting will be held Monday February 8th at 11:00 a.m. with Cynthia. Among items discussed will be discrepancies in MHSA Budget figures.</p>	
<p>IX. The Status of follow-up on Riverhouse, Martinez CA, Eden Housing Corporation issue</p> <ul style="list-style-type: none"> • Lauren said this was a systemic problem at Riverhouse. Eden Housing is meeting onsite to discuss the issues – including bed bug infestation, mold, deterioration, etc. Eden Housing promises affordable, clean and decent housing. The County has no contract with Eden Housing and 	

<p>thus has no jurisdiction. The City of Martinez should have oversight.</p> <ul style="list-style-type: none"> • Jill said immediately upon receiving the original email, she contacted the City of Martinez’s interim City Manager, who referred it to their Code Enforcement division. In addition, she contacted upper management in Eden Housing, BHD, the County IPM Coordinator, and Supv. Glover’s Office who in turn contacted Environmental Health. According to Eden’s Management, part of their 2016 capital improvement plan is replacing the flooring. The IPM Coordinator suggested laminate flooring. • Cynthia said Lavonna is reaching out to provide assistance. • Connie said that when MHCC (Mental Health Consumer Concerns) ended, clients were left out in the cold and threatened with eviction. • Peggy Harris said she was also concerned with the inside of the units – linoleum and upgrading appliances. • Cynthia said the flooring includes all rugs, not just outside the units. • Jill said we can suggest, not mandate. • Duane asked how many clients there are. • Lauren said there are 51 units. • Duane asked if we have a counseling program. • Cynthia said REI provides one. • Holly asked that they tell them what they want REI to do. Consumers’ self-help goes to hospitals, not residences. • Teresa said there’s a need for an advocacy group. She praised Connie for her efforts. Clients are in harm’s way in every living condition. An advocacy arm needs to be created. • Connie said that if someone calls here, it’s usually a last resort. There needs to be someone who knows how to work with licensing organizations. • Lauren suggested that there be an Ad Hoc Committee set up to investigate the gaps in further evaluations and repair – that gives direction to what needs to be done to remedy the situation. This needs to go to the MHC Executive Committee to iron out what needs to be done. • Susan suggested bringing it up for funding at CPAW while you’re planning what needs to be done. • Gina said more than just housing needs to be addressed. It needs to be more simple. • Teresa suggested scoping the issue tightly around housing issues at the Executive Committee. We need to make sure people stay housed. 	<p><i>Place ironing out what needs to be done on February EC Agenda.</i></p>
<p>X. Clarification of actions taken regarding two recent deaths at the Brookside Shelter and one death at the Family Courtyard <i>(This issue was moved lower on the Agenda. See pages 10 & 11.)</i></p>	
<p>XI. Entertain a motion to notify the Department of Health Care Services</p>	

(DHCS) that anti-psychotic medication was recently not available at the Concord Mental Health Clinic.

We need to ensure that quality control procedures for anti-psychotic medications are in place in the Contra Costa County Mental Health System.

- Lauren said she did believe it was important that we do notify the State about what happened at the Concord Clinic. I don't think we're the only County that's experiencing this. I think the State needs to be made aware that this is a significant problem. It takes a lot of courage to step up. I'm very thankful to past Commissioner Annis Pereyra for bringing this to our attention. Her son got his shot – how many other people didn't get or maybe they did get -- we don't know, and I have a feeling this is going on Statewide and we need to notify the State that this is happening and have it take a look.
- Lauren made a motion, seconded by Gina, that we notify the State of what happened at the Concord Clinic and ask for direction of what will happen, what needs to happen at the State level to assist Counties so that this does not happen again.

Discussion:

- Candace: Question -- But what I want to understand, because I found it shocking that this happened, horrible that it happened, but I also saw an immediate response from the County Health Department, and so going to file a report at the State level to do an investigation -- I kind of tend -- what is the outcome that you think that will bring at this point when we've already elevated it to the County Health Department and they are making sure that this doesn't happen again. Other than perhaps applying a penalty to investigate separately. That's what I'm trying to understand.
- Lauren: I'm not worried about a fine; I'm not worried about a penalty. What I am worried about is that this incident happened in Contra Costa County and it is being repeated in the 50 other some odd counties throughout our State. I'm worried about -- and we have, so we can show them our response, there was a response, and there was, there was a response, and that, that will be there, but we have to ask, if this is happening here, and we, and we have responded, we need for you to look into is this happening throughout our State. I'm not worried about fines; I'm worried about lives lost throughout the State when injectable medications are not available. This happened for some reason. It didn't happen because we have bad people at our Clinics. We probably have real good people at our Clinics.
- Candace: I understand, but I just haven't seen evidence that this is a significant issue in other Counties, and perhaps you could --

- Lauren: It's a significant problem in our County, and if it's a significant problem in our County it probably is in others.
- Candace: From my standpoint She asked if there is firm evidence? We need to focus on our County. The next step is having our Health Service come back and say this happened.explain what and why it happened and what is being done to handle it.
- Lauren said we need to look throughout the State.
- Candace asked if she had evidence it is happening in other Counties.
- Lauren responded "No."
- Gina said she wants to track this through the Clinics, Walgreen's, etc.
- Candace asked for evidence from other Counties. Bringing the State in doesn't correct it immediately.
- Jill added, we need to have Health Services show us their protocol and tell us what's happening and why. Then go to the next level.
- Barbara said we have a serious problem. It happens in private as well. She said she thinks it happens elsewhere -- in other Counties.
- Candace asked what do we want the State to do?
- Diane said we need to start where we order them.
- Cynthia asked where did it fail? Exactly what happened? She said she wants evidence to show the protocol is working.
- Diana said there needs to be a follow-through with the investigation and report back to the MHC then look at other efforts. She said we need to look in-house first.
- Lauren said she is worried about people throughout the State as well. We need to let the State know. When injectables aren't used, people can die.
- Candace said there is no evidence that it's happening in other Counties yet. If we find other Counties are having problems, we report best practices.
- Gina asked if there was a shortage in each of the Clinics – Central, East and West?
- Cynthia said there was.
- Teresa said she notified the MHC through the Quality of Care Committee. It was not the first time it happened in this County. She received an individual response from Cynthia. She said she tends toward agreeing with Candace. She has contacted a pharmacist and found there is no shortage. She asked if we are mandated to file a UOR – Unusual Occurrence Report? She said we must have independent oversight. There is no excuse for what happened. There needs to be some preliminary fact-finding.

<ul style="list-style-type: none"> • Candace said there is a system of checks and balances. We need to get a full report on what went wrong – what are they doing to make sure it doesn't happen again. • Duane asked if an incident report was done. • Candace said we need to find out. • Duane said he would prefer to see what is going on in-house. If there is a problem, then notify the State. • Teresa mentioned she is not just advocating on behalf of her family. What about consumers without families? The Commission has an important role. • Barbara said there is a lot of information about meds. She said that 3-4 times a year, some of her family's medication is not available. <p>Vote: The motion to ask for direction of what needs to happen at the State level to make sure it doesn't happen again was defeated by a vote of 3-4-1.</p> <p>Yes (3): Tess, Lauren, Barbara. No (4): Candace, Diana, Gina, Sam Abstain (1): Duane Absent (4): Greg, Peggy, Louis, Dave.</p> <p>➤ Candace made a motion, seconded by Gina to ask Health Services to provide us with a full report of what happened in this specific case:</p> <ol style="list-style-type: none"> 1) Do we have an account of when else it has happened within the County? 2) What are the procedures currently in place? 3) What should the procedures be in place so that this does not happen again. <p>Discussion:</p> <ul style="list-style-type: none"> • Are we mandated? • What are the reporting requirements • 1 year of incident reports should be requested <p>Vote: passed unanimously by a vote of 8-0-0. Yes (8): Candace, Duane, Diana, Tess, Lauren, Barbara, Gina, Sam. No (0) Abstain (0) Absent (4): Greg, Peggy, Louis, Dave.</p>	
<p><i>(IV) The Approval of the Minutes was moved from page 3 and discussed here.</i></p> <p>➤ Gina made a motion to approve the Minutes, seconded by Diana.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • There were two typographical errors on page 2, 1st bullet under Commissioner Comments. • On page 4, Supv. Andersen offered a correction of what she said during a discussion regarding the BOS looking at conditions at County 	

<p>buildings. Change “She added it has not been a priority” to “She added it has been a priority but there hasn’t been funding.”</p> <ul style="list-style-type: none"> • Correct spelling of Lauri Byers’ name. <p>Staff will review the tape and make corrections as noted.</p> <p>Vote: The Minutes were approved as corrected by a unanimous vote of 8-0-0.</p> <p>Yes (8): Candace, Duane, Diana, Tess, Lauren, Barbara, Gina, Sam.</p> <p>No (0)</p> <p>Abstain (0)</p> <p>Absent (4): Greg, Peggy, Louis, Dave</p>	
<p>XII. Follow-up on concerns expressed by members of Local 1</p> <ul style="list-style-type: none"> • Candace said Local 1 is voting to join the Teamsters. Everyone has moved on. The person who made the complaint to the Commission is gone. If they felt there were issues, there is recourse. • Duane said there were some problems that didn’t concern the MHC and some that did. • Lauren said when they came to the Executive Committee, they expressed concern about their workplace environment. • Duane said he will allow whatever motion is suggested. • Candace suggested taking it off the Agenda unless they bring an issue – and then bring it back. • Marina Becerra, Local 1 VP said that the vote to join the Teamsters is being held tomorrow. • Diana said to delete it unless there is a need to bring it back. • Candace asked if this is still an open issue. • Marina said it is to the staff person who had a workplace issue. • Teresa said she had heard it goes way beyond one person. She said she hadn’t heard of any resolution. She asked about keeping the issue open until there is a resolution. • Candace asked what aspect is under the purview of the Commission? If it is brought back, it needs to be clear and either actionable or informational. 	
<p><i>(X.) Clarification of actions taken regarding two recent deaths at the Brookside Shelter and one death at the Family Courtyard was moved from page 6 and discussed here.</i></p> <ul style="list-style-type: none"> • Duane said that on November 26, he heard that two people had died. He asked if there was follow-up? He added that there was no Police Report about anyone dying at the Shelter. • Jill said the person who had passed away was the aggressor in the incident. In the second incident, the person was found on the railroad tracks. She said that protocol was followed. • Duane said that when he had attempted to follow up, he got some smart-mouthed answers. 	

<ul style="list-style-type: none"> • Lauren said she wants to ask that we as Commissioners make a surprise review of “quasi” shelters outside of Brookside. • Candace mentioned the recent homeless count. She asked that someone come in and give an update on what they found. • Candace said it’s a very challenging and complex issue. • Duane said it should be a discussion for the MHC. • Candace requested a report and updates. • It was suggested that Homeless Program Chief Lavonna Martin be invited to the MHC in March. • Duane said the issue of people dying in the street needs to be addressed. • Teresa said a person from Family Courtyard dying on the tracks or in the Bay shows we have system issues. • Duane would like to see HIPAA addressed – what information can be given to the Commission. • Gina said it isn’t just deaths, but there is a lot of crime. 	
<p>XIII. Mental Health Commission Committee Reports</p> <ol style="list-style-type: none"> 1) Criminal Justice Committee – Gina Swirsding, Acting Chair Gina is acting as Chair since Louis resigned. 2) Quality of Care Committee – Barbara Serwin, Vice Chair 3) MHSA/Finance Committee – Lauren Rettagliata, Chair Lauren said she’ll be discussing with Cynthia budgetary discrepancies found on MHSA-F Reviews. 4) Executive Committee – Duane Chapman, Chair 5) Applicant Interview Ad Hoc Committee– Lauren Rettagliata, Chair Applicant status Doug Dunn is scheduled to be appointed to the MHC February 9. 6) Nominating Ad Hoc Committee – Duane Chapman, Chair Appoint additional CPAW Representative Duane told Karen he would be the other Representative until someone else steps forward. 	
<p>XIV. Commissioner Representative Reports <i>No reports were given.</i></p> <ol style="list-style-type: none"> 1) AOD Advisory Board – Sam Yoshioka 2) CPAW General Meeting – Lauren Rettagliata 3) Children’s Committee – Gina Swirsding 4) Housing Committee – Lauren Rettagliata 	
<p>XV. Adjourn Meeting The meeting was adjourned at 6:45 p.m.</p>	

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