

**Mental Health Commission Minutes
March 2, 2016 – Final**

Agenda Item / Discussion	Action/Follow-up
<p>Note: There was a delay in calling the meeting to order due to lack of quorum. It was decided to allow the Powerpoint presentation by Family Justice Center (Agenda Item VI) to proceed until a quorum was achieved. Once a quorum was achieved, some Agenda Items were taken out of order. For ease in following the meeting, the Minutes were done in the order the meeting actually occurred, not necessarily in order of the actual Agenda. The number of the Agenda Item refers to where it was originally on the Agenda.</p>	
<p>VI. Informational discussion about the Family Justice Center -- Natalie Oleas, Navigator, Family Justice Center Notes were not taken as this was not yet an "official" meeting. The powerpoint to you with information about the services the Family Justice Center provides is available through the MHC Office.</p>	
<p>I. Call to Order / Introductions – Duane Chapman, Chair A quorum of the Commission was achieved at 4:40 p.m. MHC Chair Duane Chapman called the meeting to order.</p> <p><u>Commissioners Present:</u> Supv. Candace Andersen, BOS Representative Greg Beckner, District IV Duane Chapman, District I Douglas Dunn, District IV Lauren Rettagliata, District II Barbara Serwin, District II Gina Swirsding, District I Sam Yoshioga, District IV</p> <p><u>Commissioners Absent:</u> Peggy Black, District V Dave Kahler, District IV Diana MaKieve, District II Tess Paoli, District III</p> <p><u>Other Attendees:</u> Debra Beckert, RN, Nurse Program Manager Cynthia Belon, LCSW, Behavior Health Services Director Ralph Hoffmann, CCC Senior Mobility Action Council Ann Isbell, Ph.D., Health Services Planner/Evaluator Shayne Kaleo, Anka BHI Matthew Luu, LCSW, Deputy Director of Behavior Health Kris McCann, Bay Area Housing Marsha McInnis, BHR</p>	<p><i>Transfer recording to computer</i></p> <p><i>Update Commissioner attendance</i></p> <p><i>Update MHC database</i></p>

<p>Victor Montoya, CCRMC Integration Program Chief Ron Nunez Natalie Oleas, Family Justice Center Jill Ray, Supv. Andersen’s Office Miriam Rosa, CCRMC Anna Roth, Chief Executive Officer, CCRMC Karen Shuler, MHC Executive Assistant Connie Steers, CPAW Will Taylor, NAMI Robert Thigpen, Acting Family Services Coordinator Jennifer Tuipulotu, BHS Jon Whalen, MD, Acting Medical Director Shelly Whalon, CCRMC Chris Zubiata, Ever Well Health Jane, Anka BH</p>	
<p>III. Public Comment</p> <ol style="list-style-type: none"> 1) Ralph Hoffmann spoke about his experience, strength and hope in transitioning from schizophrenia to recovery over 48 years. 2) Connie Steers mentioned ongoing problems with getting legal help and asked who consumers can go to? 	
<p>IV. Commissioner Comments</p> <ol style="list-style-type: none"> 1) Lauren said she was at the Behavior Health Care Partnership on Tuesday. She mentioned that she had been told clinicians had been told they were not to speak about Laura's Law. She said she received the above information from a phone call the morning of March 2 from an employee who wished to remain anonymous. The caller said that they were an employee of Contra Costa Behavioral Health. The employee reported in a meeting a few weeks ago that David Seidner informed clinicians and case managers they were not to mention Laura's Law to clients or to family members of clients. At a separate meeting West County Supervisors, Robin O Neil and Annetta Devera, told the case managers that they were not to advocate for longer stays at the CCRMC or admittance to 4C from PES. They were told that their advocating was upsetting the clinical staff at the hospital. 2) Gina said the SPIRIT Program is part of the MHSA portion on Education and Training. She mentioned the class conflicts with the MHC Monthly Meeting. She asked if the meeting could be started about 15 minutes later. 3) Barbara Serwin thanked consumers and family members and Commissioners and non-Commissioners alike for all their hard work. 4) Duane mentioned that being a Commissioner is not a 10 hour/month “job” as is listed on the MHC Application. 	
<p>VIII. Report on the issue of anti-psychotic medication not being available at the Concord Mental Health Clinic</p>	

-- **Matthew Luu, LCSW, Deputy Director of Behavior Health Service; Jon Whalen, MD, Acting Medical Director; Debra Beckert, BRN, RN, Nursing Program Manager**

Debra Beckert referred to the report that addressed questions raised by the Commission regarding medication. The full report is available through the MHC Office.

Page 1:

Question – What has been done to ensure that these patients are notified and given their essential medication?

Answer – There are two policies that exist regarding injectable medications administered at the clinics. They are Policy number 554, *Medication Administration Procedure Policy*, and Policy number 506, *Injectable Medications*. These policies are now supported by the injection protocol, which is supported by the following decision trees: (a) *Medication Check Tree* (see pages 9 and 11); (b) *Order/Check of Injectable Medications* (see page 12); and (c) *Injection Decision Tree for New or Existing Orders* (see page 16). The decision trees have been developed to address the Mental Health Commission’s request for a plan of correction. They are included in this packet.

- Sam asked why we aren’t coordinating with other pharmacies we have?
- Debra replied that we don’t keep a supply of the medication; the medication is ordered specifically for the patient. She added that page 16 showed the injectables are ordered directly by the doctor.
- Lauren asked if this is a correction policy that was not in place until a few weeks ago?
- Debra responded that the trees are new.
- Lauren said she noticed this came from United Behavior Health and asked if there was a reason they were picked.
- Debra responded that this is just the system that is used.
- Lauren said Annis Pereyra had reported to the Commission last month that there was more than one person who had not received their injections and was very happy to see that this was now in place. Concern was also expressed about FDA-mandated blood draws not being done despite physicians’ orders.
- Cynthia referred to page 18 of the Report that addresses this issue.
- Dr. Whalen responded that Clonazepam cannot be administered without the lab work being done. He mentioned that it has been helpful to have them review their procedures. He said that they found that the policies were fine, but they weren’t clear or specific enough. By clarifying it, they can now have all three clinics on the same page about the policies.
- Lauren asked if blood was drawn at the clinic or elsewhere?

- Dr. Whalen said it can be drawn at any clinic.
- Lauren asked if there could be an effort to coordinate efforts so those who use Clonazepam can do it on a one-stop basis.
- Dr. Whalen said he would look into how to coordinate better.
- Ralph asked if there will ever be self-injectables?
- Dr. Whalen said that isn't in the plans; the blood draws still need to be done.
- Gina suggested that there needs to be 1 person who is responsible for the medication issues. She added she was glad they did an incident report. Gina asked where the two-day policy of getting medications came from.
- Dr. Whalen explained that no medications are kept on site. It used to be that they ordered the medication one day and it almost always arrived the next day and the patient was given an appointment. After the error, it was decided to make it two days. That way there would also be less inconvenience for the consumer.
- Duane asked about a situation where the client doesn't show up for his appointment. The nurse calls but doesn't get an answer. The client is a patient at CCRMC and is due for his medications. How will you know that?
- Dr. Whalen replied the clinic would have the responsibility.
- Debra said there is a daily bed review and the clinic manager is made aware of it.
- Duane asked if there was anything else for discussion.
- Debra said although the handouts included in the report might not make sense to everyone, the nurses do understand them the way she has laid them out. They are continuing to do training and continuing to look at improving our quality of care and our plan of care for consumers.
- Gina mentioned that it was reported that a consumer was asked by a nurse if he was the one who complained. Gina said this being said to a consumer is devastating. She feels the clinician that said that should be fired.
- Dr. Whalen said they have been unable to verify if that was actually said. He said that he agreed that no one coming to their clinics should be treated like that. He added that training is an ongoing process. He praised the nurses they have.
- Barbara asked what happens next when they have a report from a patient saying this is what happened to me? If you don't have it verified on your end, does it disappear or is there a formal process?
- Dr. Whalen said it would be part of our training – if verified it would be a different matter. But we have no way to verify this.
- Barbara asked if there was a way to speak to the person who dealt

<p>with the patient – is there a way to track this or does it just become a matter of opinion?</p> <ul style="list-style-type: none"> • Matthew mentioned there is a complaint form at each clinic and family members and patients are encouraged to voice their opinion and they can have a meeting with the clinic manager (Kenesha Johnson at the Central Clinic), so they don't have to go to the nurse supervisor and it can be figured out and where the breakdown and issues are. • Duane asked for clarification. He said this is how he understood it: A patient didn't get his shot. When he comes in to get his shot, somebody says to him, "Oh, you went and complained." Did the mother or somebody come and tell you that this person came and complained? Yes or No? That's something I haven't heard yet. • Lauren said yes, Annis came to the Commission... • Cynthia said that Annis verbalized it here in her Public Comment. • Duane agreed that she verbalized it here at the Commission meeting. • Dr. Whalen asked if Duane was asking if the clinic was aware that somebody complained? • Duane replied "Yes." • Barbara asked if they still need to fill out a piece of paper and start the process? • Dr. Whalen said that would be one way. Any avenue is open. • Cynthia in relationship to a complaint being made in that way, we do an investigation. Based on what we find out as a result of the investigation, it could end up becoming an issue related to personnel. We aren't going to get into discussing specific personnel issues here. • Barbara asked if that was where it's at now? • Cynthia said that wasn't what she was saying – based on an investigation and the results of an investigation, it could result in – • Barbara said that's what she meant and asked if there was an investigation in process? • Debra said an investigation has taken place. • Lauren asked if an investigation has been done on the report Annis Pereyra made? • Debra replied, "Yes." • Duane said we're clear now. • Dr. Walen said it was important that family members not be identified because the patient is thus identified and could put the doctors in a spot. • Gina said that as a consumer she'd never fill out a complaint form because it makes a consumer's life more complicated. It's been frightening for her when she's filed a complaint report. • Duane asked if there were any other comments, concerns? 	
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<p>V. Approval of the February 3, 2016 Minutes. <i>Not discussed.</i> Place on April Agenda.</p>	
<p>IX. Response to concerns regarding discharge clothing -- Miriam Rosa, Care Continuum Services Coordinator, Interim Assistant to Anna Roth, CEO, CCRMC</p> <p>Vic Montoya reported that by regulation under Patients’ Rights, the person is allowed to wear their own clothing at PES. If it comes in soiled we have a washer and dryer there so it can be cleaned.</p> <p>Duane interrupted to ask Gina to express why she brought this issue to the Commission.</p> <p>Gina said she was at a meeting and a parent approached her and said when she went to pick up her son at PES, he was wearing a blue hospital outfit and she was concerned about what would have happened if he had to take public transportation to get home. She wanted to know where his clothes were. Gina became more concerned as she heard stories from consumers saying it had happened to them as well, and one had gotten on the bus in this outfit. Having on a hospital-type gown or this blue outfit alerts the public that the person has left the hospital and causes concern because the person isn’t dressed properly. This causes more trauma to the consumer. Gina’s proposed solution was to have consumers request a taxi voucher.</p> <p>Vic agreed with Gina that discharging consumers in these outfits was not a good protocol. He said one solution has been to put out a call for clothing, especially during the colder months. Sweats are good because they can fit several sizes. If a consumer comes in with soiled clothing and the clothes are not yet washed/dried when they are due for discharge, they sometimes request to go home anyway, and if other clothing is not available, they give them a hospital smock – consisting of shirt and pants not an open gown. He added it is not their practice to have them go on a bus in the blue smocks – only when they insist on leaving without choosing to either wait for their soiled clothing or if other clothes are not available.</p>	
<p>X. Presentation on MHC Budget White Paper: “Mental Health Budget and System Crisis in Contra Costa County, FY 16/17” -- Chris Zubiato, Ever Well Health, and Kris McCann, Bay Area Housing</p> <p>➤ Lauren made a motion that we as a Mental Health Commission present this document to the Board of Supervisors and the Behavior Health Services Director as our recommendations with the understanding that this is a document that will change as it moved forward each month. Barbara seconded the motion.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Candace said she does not want it to be a “them vs. us” issue. She wants it to be done with Cynthia. She suggested that the motion 	

<p>direct Lauren to work with Cynthia to bring back a more refined version of the document.</p> <ul style="list-style-type: none"> • Lauren said that was the spirit with which this was being offered. She said perhaps the motion could be amended. She said she wants the White Paper to be an accurate account. • Gina said this model is being used and is successful in other states. • Candace said this is a starting point and let's move forward in cooperation. • Doug said high PES usage at CCRMC is also part of this. • Barbara said she is asking about having an arms-length relationship between the MHC and BHS. We observe, define problems and work together. She said we aren't at the policy stage yet. • Candace said the White Paper needs fact-checking so the Board of Supervisors doesn't receive contradicting information. The issues need to be thoroughly vetted before going to the Board of Supervisors. • Gina said the stakeholders need to have input. • Duane said we talked about this 20 years ago. The homeless are not mentioned. He spoke about the MHSA budget and the makeup and running of CPAW. <p>Amended Motion: Lauren requested the motion be amended and Barbara, who had seconded the motion agreed. After several word corrections, the final motion was determined. "Lauren recommended that the MHSA-Finance Committee work with Behavior Health Administration over the next month before our next MHC Monthly Meeting to refine the MHC Budget White Paper to advocate our recommendations for the Mental Health Budget to the Board of Supervisors." Vote: By a vote of 8-0-0, the motion passed. Aye: (8) Greg, Duane, Douglas, Lauren, Barbara, Gina, Sam Nay: (0) Abstain: (0) Supv. Andersen Absent: (4) Peggy, Dave, Diana, Tess</p>	<p><i>Motion to work with Behavior Health to refine White Paper passed 8-0-0.</i></p>
<p>XI. MHC and CCRMC Information Needs Survey. The Quality of Care Committee has been working with Vic on reporting from the hospital to the MHC. We came up with an idea of requesting of the MHC what their issues and priorities are. We put together a survey to fill out to tell what your ideas are about the hospital. She's asked that Commissioners return it a couple of weeks before our next Commission meeting. The comments will be collated and we will present back to the MHC what Commissioner priorities are. The hospital team will then be</p>	

	able to work on developing ideas from the report.	
VII.	Behavior Health Director's Report <i>No report given.</i> Cynthia referred people to the copy of her report in the Packet.	
XII.	Protocol for requesting information from Behavior Health Services staff per request of Cynthia Belon. <i>There was no discussion.</i>	
XIII.	Committee Membership for 2016 <i>There was no discussion.</i>	
II.	Chair Announcements Duane welcomed Doug Dunn to membership on the Commission.	
XIV.	Mental Health Commission Committee Reports <i>No reports were given</i> 1) Criminal Justice Committee – Gina Swirsding, Chair 2) Quality of Care Committee – Barbara Serwin, Vice Chair 3) MHSA/Finance Committee – Lauren Rettagliata, Chair 4) Executive Committee – Duane Chapman, Chair 5) Applicant Interview Ad Hoc Committee Applicant status 6) Nominating Ad Hoc Committee	
XV.	Commissioner Representative Reports <i>No reports were given.</i> 1) AOD Advisory Board – Sam Yoshioka 2) CPAW General Meeting – Lauren Rettagliata 3) Children's Committee – Gina Swirsding 4) Housing Committee – Lauren Rettagliata	
XVI.	Future Reports / Updates <i>There was no discussion</i>	
XVII.	Adjourn Meeting The meeting was adjourned at 6:35 p.m.	

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