



CONTRA COSTA
MENTAL HEALTH
COMMISSION

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**Mental Health Commission
Justice Systems Committee Meeting
Tuesday, January 26, 2021, 1:30-3:00 PM
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

AGENDA

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. REVIEW minutes from the November 24, 2020 Justice Systems Committee and Quality of Care Committee Joint meeting.**
- V. DISCUSSION of Conservatorships. Linda Arzio, Conservatorship Office, Behavioral Health Services.**
- VI. DISCUSSION on Diversion. Dr. Jessica Hamilton, West County and Martinez Detention Facilities.**
- VII. 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) 313-9553 to arrange.

Questions for Jessica Hamilton

- There was an issue with dispensing ADHD meds at the Orin Allen Juvenile facility; how do they handle that in the adult jails, or is it not a problem as a result of better nurse staffing there?

I am not aware of any recent issues dispensing medication at Orin Allen or our Juvenile Hall facilities.

- How about methadone or other medical treatment for substance dependence such as opioids?

We offer medication assisted treatment for those with opioid use disorder. Patients are screened at intake for substance use disorders. We offer induction of buprenorphine as early as intake to treat opioid withdrawal. Buprenorphine and naltrexone are offered for maintenance treatment within the facilities. For those who are having trouble taking their medication daily, we offer a long acting injectable form of buprenorphine called Sublocade. We are not yet a designated opioid treatment program, and thus cannot offer methadone maintenance treatment. We can treat pregnant patients with opioid use disorder with methadone and we can prescribe methadone for medical reasons other than opioid use disorder. We contract with BayMark to offer a methadone taper to those who come in on methadone. After this taper, we offer buprenorphine or naltrexone for maintenance.

Patients who are on a form of medication assisted treatment are referred to our county Choosing Change program for follow-up after release. Prescriptions are sent to patient's pharmacies when discharged.

- Is she/the sheriff the health authority for methadone treatment, or do they use a contractor now?

Please see above

- I am interested in the status of the planned architectural changes to M module; what are they and how will they improve delivery of treatment/services?

Detention health leadership was consulted regarding the planned architectural changes to M module. Per Assistant Sheriff Steve Simpkins, construction is in progress with an estimated completion date of February 2022.

- How is mental status routinely monitored for those on psychotropic meds throughout the facilities?

Mental status is assessed at every visit with both psychiatry and mental health clinical staff. This is documented in psychiatry and mental health progress notes in

the electronic health record. Psychiatry determines a track level of care for individuals receiving mental health services. The frequency of visits (and therefore these assessments) is clinically determined by the psychiatrist at each visit and is reflected in the track level. We document our recommended follow up interval in every note.

We take a multidisciplinary approach to monitoring patients. Housing deputies, nursing staff, physicians, psychiatrists and mental health clinical specialists are in regular contact. Team members will contact a MHCS to evaluate an individual when a significant change in the individual's mental status is identified. Multidisciplinary case conferences are held for our patients with more acute needs. All members of the care team may recommend escalating the track level of care or frequency of visits and monitoring at any time.

- **What are the current procedures for seclusion and restraints in each facility, and how will they change with the modifications to M module? Will there be similar changes in booking?**

Detention Mental Health is currently in the process of improving upon the clinical restraint and seclusion workflows. Clinical restraints and clinical seclusion are one of several treatment interventions that addresses an individual's agitation while incarcerated. The treatment team with our Custody partners will collaborate to exhaust the less restrictive de-escalation tools before intervening with clinical restraint and/or seclusion. Psychiatry places orders for clinical restraint or seclusion. The psychiatrist may also consider the use of emergency medications in the event that the individual's agitation is not responding to other treatment options and there is a clinical crisis.

Please contact the Assistant Sheriff regarding the use of M Module for programming or information regarding Custody workflow's such as booking a newly arrested individuals.

- **How is she involved with planning for the new building/programs at West County? Are they all on hold, or what is the status now?**

Per Assistant Sheriff Simpkins, progress is on track as scheduled with the West County Reentry and treatment housing facility. Detention health leadership has been involved in the architectural planning of the facility and will continue to partner with Custody in the development of programming.

- **Are the staff informing the female inmates of the availability of menstrual cups? Has this information been put in the welcome pamphlets or on the bulletin board?**

Female patients are informed of the availability of menstrual cups through posted signage and verbally by clinical staff.