alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Adult Committee APPROVED Minutes
February 23, 2021 ◊ 12:00 PM – 2:00 PM
2000 Embarcadero Cove, Oakland, CA
Eden Room
Video Conference Meeting

Alameda County
Mental Health Advisory Board

Committee Members:	☒ **Marsha McInnis** *(Chair, District 1)*
ACBH Staff:	☐ **Kate Jones** *(Adult and Older Adult System of Care Director)*; ☒ **Jennifer Mullane** *(Adult and Older Adult System of Care Director)*; ☒ **Angelica Gums** *(Administrative Liaison and Recording Secretary);* ☒ **Asia Jenkins** *(Administrative Liaison)*

Meeting called to order @ 12:00 PM by **Chair Marsha McInnis**.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll Call completed.	
Emergency Action	None.	
Approval of Minutes	January minutes approved.	
Correspondence	None.	
Chair's Report	**A. Chair McInnis provided her Chair's report and shared the following update:** a. She wanted to re-iterate her thanks to John George and two guests Terri Daugherty and Gloria Sawiris.	
Director's Report	**B. Jennifer Mullane from Alameda County Behavioral Health, Adult and Older Adult System of Care, provided the Director's report.** a. The Department of State Hospital Diversion program is starting February 24th. They received a grant in August of last year to implement the pilot program. The goal is to reduce the number of Incompetent to Stand Trial (IST) clients over a three-year period, and to reduce that number of ISP going to Napa by 30%. ACBH is aiming for 22 people over a three-year period to be diverted away from Napa and into treatment at a lower level, including sub-acute facilities and Full-Service Partnerships, depending on their level of care. By statute, clients who have schizophrenia, schizoaffective, or bi-polar disorder and have committed certain felony crimes will qualify for the diversion program. There is collaboration amongst the District Attorney's Office, ACBH, Public Defender's Office and the Court to implement the program.	

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	b. The District Attorney and Public Defender look very closely at who in the system meets criteria and the court and judge decide if that person is eligible. It's a small but significant pilot. c. Question: Will there be sheriffs assigned to that unit? There will not be sheriffs assigned to this unit. If they qualify based on statuary requirements, ACBH will look at the client and determine care of need in lieu of a locked facility. There is no unit per se, so no Sheriff. The DHS wants to divert some of their responsibilities in putting people in Napa Hospital to lower system of care. d. The pilot is a 3 million dollar grant over three years. ACBH will only be able to use the funding for those who need this service. e. Question: Is there an expected different outcome for these folks? Yes, the goal is to divert them away from Napa. It all goes back to civil rights. We want the clients to have a happy, healthy life, without being behind a lock door. We'll see what happens at the end of the pilot to determine what works and didn't work. f. What is the average length of stay at Napa? Jennifer to follow up regarding this information. Jennifer Mullane explained what full-service partnership level of treatment. This is considered high level 24/7 availability. There are also service teams based on what someone needs. We contract 90% of services out to Community Based Organizations. We do have four County clinics that do level 1 outpatient treatment, but many community-based organizations do the same thing, and the programs vary from place to place. The goal is to look at what level of care does this client need? Are they getting it? Are there evidence-based practices embedded in what we do? We want to examine what our clients are getting in terms of quality improvement.	

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	g. Question: Do we have wellness hubs in place? I know there is an African American wellness hub underway. Tracey Hazelton will delve into that. We're in the process of hiring 4 -5 Division Directors. For Older Adult Services, we should have a new person in the role in mid-spring. Since we implemented our community conservatorship program and assistant outpatient treatment program four to five years ago, ACBH just now hit our highest census ever. Of the 25 slots for community conservatorship program, all are being used. And of the 30 Assistant Outpatient Treatment slots, 29 are being used. Historically, all FSPs have looked to IHSS, PHP, IOP for support with those SMI patients with Medicare who need more support beyond what an FSP offers.	
Overview of John George Psychiatric Pavilion Terri Daugherty, Manager, Behavioral Health Support Services Gloria Sawiris, Social Work Supervisor	**C. Terri Daugherty and Gloria Sawiris provided an overview of John George services.** a. Terri Daugherty is happy to be part of the meeting and will do her best to join. The main priority right now at John George is COVID and how to keep a safe environment for patients, staff and community. They are adhering to the social distancing requirements outlined by the CDC and Public Health Department. b. John George Hospital was established in 1992, as part of a larger health system, known as Alameda Health System. It is a 69-bed acute hospital, attached is a 24-hour acute psychiatric emergency services (PES). We get 1500 to 1800 contacts with patients every month, 85% come in on a 5150 and about 75% go back into the community. Most of them are triaged to other facilities. Because of COVID, staff had to reduce emergency room size. They can usually accommodate 40 -75 patients but try to keep it at 25. All patients are asked to wear masks. If patients have a positive COVID test, staff contact Public Health and they are transferred to Highland Hospital for treatment. c. John George is primarily an involuntary hospital. There are some people who come in voluntarily. They also triage for services. d. Once patients are admitted to inpatient care, they start receiving treatments. Patients are then asked to engage in a therapeutic program. In the past, we used to have groups of three throughout the day who attended a therapeutic	

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	program. Based on Public Health recommendations, we don't combine groups. Each unit meets with their groups individually. e. The goal is to get the patient to manage their illness outside the hospital. Some patients can't do process-oriented groups. In that case, they look at low-functioning groups and activities related to self-care and work on gross motor activities. As they improve, they start engaging in more groups. f. The current length of stay right now is five days, which is really a short stay because they aren't at baseline. g. Outpatient programs carry on the continuity of care. **D.** Marsha reminded the Committee that they meet every 4th Tuesday of the Month. **E.** Gloria provided a general overview on the role of a social worker at the Hospital. a. Monday through Friday, they have 9 social workers on site. At times, we have 3 or 4 social workers assigned to emergency room for PES. The access whether the client needs to stay for stabilization? Will be admitted? interested in resource information? Or may need additional stabilization outside hospital, which is crises residential programs. b. The also access whether the person is stable and able to return to placement. There are 6 social workers assigned to each unit. Each Doctor has a social worker assigned to their caseload. c. In in-patient, they support 11-12 patients a day. Social Workers in PES are dealing with 8-10 patients. If a person is trying to connect to services, they make sure they reach out to a provider. There is an automatic alert sent to the provider letting the provider know a client has entered a facility. d. There is a great deal of Nomadic traveling from San Francisco, San Juaquin, San Francisco, Contra Costa County, and Santa Clara County. A lot of people cross over. **F.** Question: Can you explain any concerns about discharge planning? e. One of the difficulties of DP is getting the ROI signed. Some patients are interested in the ROI at the beginning, and then at the time of their release they revoke the ROI. The family wants to be involved in the care planning. If	

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	possible, try to do a teleconference call with everyone. The best-case scenario, the family stays involved. f. Question: When you have a homeless person, do you try to find them shelter? Yes. They have a housing resource. Patients have a right to decline resources. g. The Committee members asked questions of Terri and Gloria regarding COVID, partnership with the Regional Center. h. Question: What percentage really leave there without any place to go? We don't have a bunch of voluntary people show up at John George. Each person is accessed by a triage doctor and then a psychiatrist. There are a lot of components to each assessment. A 5150 is a 72 hour hold for an assessment. It means you have up to 72 hours to perform an assessment. During that time, they may eat, sleep, shower and willing to take medication. And then in that course of time, no longer meet the criteria to be on a 5150. It is continuously assessing. 76% go back into the community. i. For cases for 5150, then converted for 5250. There is a hearing, they can speak to a judge and say they can leave. j. Many people don't realize they have an illness and will not take medication. k. Question: Has there been a discussion with the mental health community about the John and Johnson vaccine since its one shot. The two-shot process may not be ideal.	**Marsha would like to invite Terri and Gloria back to give us updates.**
Reports	**The Committee Members shared their reports.** - **Patients' Rights Advocates are still busy.** They hold hearings on Tuesdays and Fridays, who are on 5250. A Question came up at one of the residential facilities if they can make phone calls during quarantine, and the facilities are now allowing it. - **FERC –** Still has their warm line that operates 9-6 pm, M-F. Have received increased calls related to 5150 and discharges from John George. All of their services are being offered virtually. We have an increase in support groups in San Leandro, Tri-Valley, and Union City. For Spanish-speaking care-givers, they do have support group that happens twice a month.	

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	- **NAMI Alameda County –** Has increased their support groups to every Tuesday instead of every other Tuesday.	
Future Agenda Items	a. Information on the wellness hubs and the model.	**Invite Tracey Hazelton and MHSA Director to explain program.**
Committee Comment	a. **Dr. Fried –** The Intensive Outpatient Program is in the final phase of being relocated back to John George in Psychiatry from Ambulatory. It's not finalized yet. Glad that they're working on a process to preserve it.	
Public Comment	None	
Adjournment	Adjourned at 2:00 PM	

Minutes submitted by A. Gums