



Advisory Board On Alcohol And Other Drug Problems

August 21, 2012

5:30 PM

Mental Health Administration

1137 B Street, Merced

Present:	Richard Hawthorne, Chair; Lori Newman, Vice-Chair; Dr. Livermore; Stephen Pierce; Claude Scheiner
Absent:	Paula Mason; Michelle Symes; Nathan Sweem; Su Briggs
Others Present:	Curt Willems; Tabatha Weeda; Rich Benitez; Jan Morita, Mental Health Board; Jeff Schindler, Grand Jury Member; Kathy Hogston, Grand Jury Member; Roberta Gray, Grand Jury Member; Carol Hulsizer

MINUTES

I. Call to Order – Richard Hawthorne, Chair

Richard Hawthorne called the meeting to order at 5:31 p.m.

II. Self-Introductions – Members and Guests

III. Public Opportunity to Speak on Any Matter of Public Interest Within the Board's Jurisdiction Including Items on the Board's Agenda

None

IV. Approval of Minutes from June 19, 2012 (ACTION ITEM)

Action/Recommendation: M/S/C (Scheiner / Newman) to approve the minutes from the June 19, 2012 meeting.

V. Approval of Agenda for August 21, 2012 (ACTION ITEM)

Action/Recommendation: M/S/C (Newman / Scheiner) to approve the agenda for the August 21, 2012 meeting.

VI. Mental Health Court – Tabatha Weeda and Rich Benitez

Tabatha reported that their caseload continues to increase. Today they met to discuss formalizing some structure and starting to build a structure to where they can show the community some outcomes for individuals going through Mental Health Court and the success and progress they are making along the way.

Rich continued discussing the process of getting this started and how cases are referred. He referenced AB 109 – Realignment with post-supervision in the community. It is not run like a regular criminal court. They are starting to tweak it in order to have more incentives for people that are mentally ill to keep them in the programs, to keep them on their medications, to keep them going to their groups, and to keep them going to their doctor appointments which all helps keep recidivism rates low. They are coming into the system through CFMG (California Forensic Medical Group) in the jail – medical and psych. They are given medications. Some agree to receive treatment and some do not. Probation does their risk assessment; they are rated and come into court. Rich also evaluates them to see if they are eligible for treatment. About 80% have alcohol and drug abuse and they are trying to tend to that also. Once they are evaluated, the judge, public defender, the DA, probation officer and Rich talk about treatment. Some go into the programs that Probation has through BI. They are using outside clinics for the drugs/alcohol. They are sentenced and have court reviews weekly and sometimes monthly. Rich does the one-on-one therapy. He finds them groups to attend and keeps their minds busy and keeps them off the streets. Basically, he is building their self-esteem. There is currently a new judge and they are trying to get some new structure so that there are no gaps between those being let out of jail with no medications. Dual diagnosis (alcohol/drugs and mental illness) is what they are addressing. They don't want a breakdown in communication and they want to work as a group. They want everything more streamlined so that it is client based and oriented.

Curt commented that the idea is to provide appropriate service for the population as opposed to just utilizing the jail and justice system to take care of this population. Through this we become advocates for them in accessing appropriate services. Sometimes they end up in the legal system because they convict a crime and then there is the cost on the safety side. These are things they want to cut the

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costs to, by hopefully treating them appropriately. Getting them stabilized by getting them into treatment programs to reduce recidivism. This service will pay for itself to the community. What is more important is providing a better service for the consumer population.

Lori questioned if there is a solution as to when a person who is dual diagnosed and is released from jail without having medication. They are medically stabilized while in jail but the minute they are out they no longer have medication. Curt stated that one problem is how to cover that person if they are not in the Mental Health "system of care"; how to cover them for their medication services and make sure that they are monitored properly for the time they need medication between release and their first psychiatric evaluation. Lori stated that historically when a prisoner comes out of the State prison, they are given enough medication to get them through their first appointment. Why is the prison system different than the jail? Curt stated that it is different and this has been discussed. Once they are released from jail, the County does not have any hold on this person anymore or any oversight of that person from the jail system. The medical community within the jail cannot be responsible for what they need outside of the jail system. They are working on different concepts and ideas that will address this – where they are referred to mental health or offer script a little longer period of time and finding a way to get them into the mental health system of care quicker. Steve questioned if there is any pre-planning prior to release as to setting up an appointment. Tabatha thought this was part of Probation's plan and there is an officer there now who is doing these screenings and the linkages; Curt stated they are still working on this.

Richard questioned how the Mental Health Court gets the referral. Rich stated the referral comes through the jail. In a meeting today with the judges, Mental Health, Public Defender, DA, and Probation they discussed the possibility of setting up appointments with Mental Health while they are still in custody so that they don't have to wait four to six weeks. This may just be a band aid until they can set things up so that they can get a 30-day supply of medication.

Claude questioned if they are getting good judicial support. Rich replied that they are now getting excellent support. They don't run this like a regular criminal-based court. They understand why they are doing this and that they are a different population.

Lori questioned that if there is a client who presents with a substance abuse disorder and a mental illness, which court does he go to and how is that determined? Tabatha stated that it depends if they have a severe, persistent mental illness or do they have depression or an adjustment disorder. You look at the drug history and maybe the Adult Drug Court is the answer and then link them with Mental Health. Try the least restrictive first. If that does not work, you would then switch the focus to more mental health based.

Dr. Livermore asked about CFMG's involvement because he sits on their QA Committee. There has been discussions regarding inmates who are being released and they have been stabilized on medication, had therapy but have not had a place to go. There is a shortage of mental health professionals in Merced County. It sounds like Mental Health Court would have a beneficial effect on that. There is probably more that can be done while they are still in jail and probably more that can be done in release planning. Curt responded that he has been working with the staff at the jail and trying to come up with ideas on how to handle this situation. There are still barriers/issues such as: just because someone is on psych meds does not qualify them for County Mental Health. There not only has to be a diagnosis but also functionality that is assessed. Mental Health is looking at ways to help in the jail and doing an evaluation before they leave. That still leaves the question of funding and how it is managed.

Action/Recommendation: Information only

VII. Prevention Specialist Report – Christopher Jensen

Christopher was not present.

Action/Recommendation: None

VIII. Executive Committee Report – Richard Hawthorne

Richard reminded Board members of the upcoming ethics training on Friday, August 24th from 9:00-11:00 at County Admin, Board Chambers. Ethics training is required every two years for all Board members. Richard also reported that Christopher Jensen sent out an email on an upcoming training on September 13th. The training is on basic AOD 101. If anyone is interested, Richard will forward the email.

Action/Recommendation: Anyone who needs ethics training should attend.

IX. Committee Reports
a. Membership – Vacancies
Richard commented that the Board still has vacancies. Claude questioned if someone has ever tried to recruit someone from the judicial side to this Board. He feels it would be a real plus having someone on the judicial side be involved with the AOD Board. This subject has been brought up before and Carol stated that she believes Manuel is working on it.
Action/Recommendation: As noted above
X. Alcohol and Drug Program Administrator’s Report - Manuel Jimenez
a. State Changes
a. Curt reported that the County passed a balanced budget today. There are some positive hopes for the future with Realignment and Mental Health and AOD should be stable in the upcoming years. Stability will depend on what kind of revenue comes into the State which will ultimately come this way. With the projections that he has seen, the Department may be able to enhance some of their services, if it continues to grow appropriately and according to projections.
Action/Recommendation: Information only
XI. Other Business (Discussion Only)
Curt brought up the integration of the AOD Board and Mental Health Board into a Behavioral Health Board. Richard responded that he and Lori have been attending the Mental Health Board meetings and both Boards are beginning to work on the process of blending the two Boards. A committee has been formed with members from both Boards. Carol replied that Manuel asked her to arrange a meeting with this committee and himself but she has not done it yet. Tabatha reported that with the SAMHSA grant they are beginning to integrate into healthcare settings. They have already been doing services at Family Care on 13 th Street. By next week services will start out at Castle Family Healthcare and expanding to the Livingston and Hilmar Medical Group and possibly even the Bloss Clinic in Atwater. They are working at getting prepared to provide alcohol and drug services in the primary care setting to deal with holistic health.
Action/Recommendation: Information only
XII. Next Meeting Agenda, Date, and Location
Action/Recommendation: The next meeting date is scheduled for Tuesday, October 16, 2012.
XIII. Adjournment
Action/Recommendation: The meeting was adjourned at 6:53 p.m.

Minutes prepared by: _____
Carol Hulsizer