



## Co-Occurring Joint Action Council (COJAC)



### Meeting Minutes April 23, 2009

#### **Participants**

Workgroup Co-Chair: Cheryl Trenwith (CADPAAC) and Dr. Marvin Southard (CMHDA) (on the phone)

Workgroup Members: Director Stephen Mayberg (DMH), Director Renee Zito (ADP), Marjorie McKisson (ADP), Jim O'Connell (SMRS), Victor Kogler (ADPI), Elizabeth Stanley-Salazar (Phoenix House), Mary Hale (CMHDA), Dr. Sandra Naylor Goodwin (CiMH), Albert Senella, Dr. Vivian Brown, Sophie Cabrera (DMH), Jerry Wengerd (CMDA) (on the phone), Tom Renfree (CADPAAC), and Carol Wilkins (CSH)

Other COJAC Staff: Kevin Furey (ADP) and Alice Washington (CiMH)

Guests: Dr. David Pating, Millicent Gomes (ADP), Judge Manley (Santa Clara County), Mary Ann Bennett (Sacramento) (on the phone)

#### **Welcome and Introductions**

The co-chairs, Cheryl Trenwith and Dr. Southard, opened the COJAC meeting at 10:15 am.

Cheryl Trenwith reviewed the minutes from the January 2009 meeting. There were two changes:

- Reflect the updated COJAC meeting schedule in the minutes.
- On Page 5, Dr. Vivian Brown asked for the deletion of the word 'confirmed' and put in that the committee was going to receive the disclaimer related to the COJAC Screening Tool.

Albert Senella moved to adopt the minutes with proposed changes. Dr. Vivian Brown seconded, and all approved the minutes as adopted.

Cheryl Trenwith reviewed the meeting agenda. Victor Kogler added an agenda related to ADPI contract funds and COJAC deliverables.

#### **Report from the COJAC Workgroup Co-Chairs**

Dr. Southard commented on the wonderful progress of co-occurring work and the integration of issues at CiMH, in Los Angeles, and other counties. He spoke about the federal policy issues, the rumors about dissolving SAMHSA and the impact. Dr. Southard posed a question to the

workgroup, “How can we move the co-occurring agenda forward in the context of health care reform?”

Cheryl Trenwith stated completion of great work has happened in the field. She agreed with Dr. Southard that it is important to keep the issues alive. COAJC will need to revisit new issues with the department directors.

### **ADPI Contract-Need Feedback**

Victor Kogler of ADPI stated that the Department of Alcohol and Drug Programs (DADP) provided funding for COJAC activities. ADPI proposes to write five white papers. Victor Kogler solicited topics from the workgroup members. He read a list of suggested topics but wanted more input.

1. Albert Senella suggested the topic of behavioral health and health care reform, which includes national and local movements related to the integration of primary care, mental health, and substance use. The white paper could focus on the importance of integration.
2. Dr. Pating suggested a training paper on how to use the COJAC Screening Tool.
3. Jerry Wengerd suggested a paper that discussed the barriers that do not allow full integration.
4. Cheryl Trenwith asked Dr. Goodwin to speak about *California Primary Care, Mental Health, and Substance Use Services Integration Policy Initiative*. One of the white papers can support this initiative. Dr. Goodwin agreed any work/paper complements both. The initiative information is at <http://www.cimh.org/Services/Special-Projects/Primary-Care.aspx>.

Others from Victor Kogler’s notes

<b>White paper topics</b>
▫ Services with veterans presenting with PTSD in AOD treatment programs.
▫ Trauma informed services for youth
▫ Addressing depression in AOD treatment.
▫ Funding streams.
▫ The role of spirituality in COD recovery
▫ Older adults and COD
▫ Opportunities for expanding State Medicaid waiver application to better address COD issues.
▫ Present exemplary programs. Describe what’s working at the local level and how other counties might replicate it.
▫ Integration with primary care – Discuss activity, initiatives at the federal. What should counties and providers do to position themselves for this. Identify barriers to integration.
▫ Training paper or user’s guide on COJAC screening tool
▫ Paper on how to use screening tool findings to make appropriate referrals

**Presentation:**

## ***The Administrative Office of the Courts, Task Force for Criminal Justice Collaboration on Mental Health Issues Update***

Introduced by Millicent Gomes (ADP)

Presenter: Honorable Stephen V. Manley, Santa Clara County

Judge Manley talked about the task force and reasons for its formation. The judges were concerned about the failure to meet the administration of justice to individuals we are mandated to enter into treatment. The judges need to make sure this happens for improved outcomes.

The task forces include collaboration of many stakeholders including consumers and family members. The task forces are action oriented. The task forces focus on

- Before individuals enter the system
- Charged to look at the path of someone who enters to when they leave the system
- Area of is co-occurring disorders

Co-occurring disorders cross all task forces. The judicial council may change the rules/legislation because co-occurring disorders is significant throughout the courts.

Judge Lindley, chair of COD Task Force, wanted to address the workgroup members about the lack of action related to co-occurring disorders. The judges are feeling frustrated. Judge Manley outlined the judges' frustrations.

### *Frustrations: Assessment of Co-occurring Disorders*

- The judges have heard discussions about needing to assess co-occurring disorders for the past 10 years, yet nothing has changed.
- Given that judges are action oriented, white papers are not useful.
- They see more people in the courts with co-occurring disorders.
- Prop 36 needs to be improved.
- Accusation that judges are not ordering appropriate treatment plans.
- Access to state hospitals and crisis treatment is gone. There is only community treatment, but there is not a lot for co-occurring disorders, so the only viable alternative is jail or prison.

The judges' frustrations are forcing them to take other avenues of action and change. Why are there no appropriate treatment avenues? If they had one screening tool recommended for use, the judges would implement it immediately. They need effective tools: screening, assessment and treatment for co-occurring disorders or they will make mandates.

### *Workgroup Member Reactions*

Elizabeth Stanley-Salazar: Action may include mandates from the bench because funding of co-occurring disorder services usually happens with mandates.

Jerry Wengerd: Mandates are not answers because counties cannot do 'musts' at this time.

Dr. Southard: It is best to be smart about getting funding. Right now counties only have the Medi-Cal drug benefit.

## *Draft Workgroup Member Issues and Recommendations*

Judge Manley asked the workgroup members to specify issues the courts can weigh in on and act. They need specifics about how to address the needs of individuals with co-occurring disorders who are coming through the court system. The list of issues and recommendations generated by the workgroup members

### ***Judges concerns***

- Each county has a different way of providing referrals, screening, assessments, and treatment for co-occurring disorders.
- Why are referrals, screening, assessments, and treatment provided separately in AOD and MH and not at the same time?
- Prop 36—could mandate for each county.

### ***Issues***

- Mary Hale: There are many regulations that must be complied with at the local level, we will get further if they are considered/known by the judges.
- Dr. Southard: The regulations require local stakeholders to provide input and their input may not include co-occurring in plans.
- Jerry Wengerd: If there are mandates, counties need to have money. The counties are not comfortable with the state having more authority over local planning.
- Judge Manley: We need uniformity in the provision and accountability for co-occurring services and outcomes. Because real lives are negatively impacted, we cannot have all counties not do this well.
- Carol Wilkins-There is a revolving door with people who have co-occurring disorders and are homeless. They often end up in jail or prison. Judge Manley stated the need for specialized housing including veteran's who have co-occurring disorders.
- Cheryl Trenwith stated all treatment standards need co-occurring embedded.
- Millicent Gomes—Counties that with an effective learning collaborative have better outcomes for Prop 36.
- Dr. Pating speaking on behalf of interested stakeholders described a big fix where there are more diversion programs, which keep people out of prisons and jail. He provided an example: using a domestic violent model, Judge Moore of Santa Ana provides an adapted model. The adapted model is (1) developing guidelines for co-occurring disorders and the courts, (2) can the COJAC Screening Tool be used in the courts, (3) use peer navigators as consultants while people are in custody and screen positive, (4) upon discharge provide linkage to peer navigators (5) what do you do with discharged individuals? (e.g., sentencing, treatments, use treatment standards and/or mandates, referrals), and (6) having accessing to effective co-occurring treatment.
- Judge Manley asked if they could mandate the COJAC Screening Tool. Albert Senella affirmed that the tool has use in the courts, but if the individual screens positive a fuller assessment is necessary.
- Dr. Goodwin and Albert Senella stated the DDCAT is a great tool to help determine county and program co-occurring capability. The courts should be aware of any county or program that passes the DDCAT so they can use them in

the courts. Because of current capacity issues, they may not be able to help, but the courts need to be aware these programs do exist. The judges could push the use of DDCAT to help with the certification of programs. In trying to support counties with Prop 63, there are trainings available to the courts that might provide assistance, i.e., Crisis Intervention Trainings and the COJAC Screening Tool. CiMH would be glad to work with the courts.

- Dr. Southard supports broader use of the screening tool. DMH is collecting data about what counties are doing with co-occurring disorders. COJAC can request that information about Prop 63 and share with the judges.
- Carol Wilkins stated that the Council of State Governments has just released a report. The link to the Council of State Governments report about evidence based approaches for people with mental health & COD problems who are under community corrections supervision is <http://consensusproject.org/downloads/community.corrections.research.guide.pdf>

The task force will meet in May 2009 and the judges will come forth with preliminary recommendations. The judges want to push COJAC priorities by allowing the courts to lend power to get things done.

Action Item:

- Dr. Southard and Cheryl Trenwith will gather recommendations and send them to Judge Manley. They will share the list with workgroup members before forwarding.

## **Committee Reports**

### Youth

Elizabeth Stanley-Salazar stated the Youth Committee has met twice. The committee brought two items to the COJAC workgroup members.

The focus of committee is on

- Membership
- Advocacy

*Membership:* There are members missing from child welfare and juvenile justice systems.

*Advocacy:* The message is no youth system of care for co-occurring disorders exists. Other messages include a heightened awareness about funding sources and what can be used for youth with co-occurring disorders, increased access and case identification. Products being produced by the funding, and screening and assessment committees inform these messages.

The committee will not address treatment standards because there is no receiver port for these issues.

### Partnership

Victor Kogler reported on this committee's monthly meeting activities.

The committee produced a new membership application and letter of invitation for distribution to stakeholders. The committee brought the documents forth to COJAC for consideration.

Action Item:

The COJAC workgroup members moved to adopt and distribute the membership application and invitation letter. The motion carried with no discussion or opposition.

### Treatment and Screening

The committee discussed the COJAC Screening Tool and the disclaimer posted on the website.

Dr. Brown received the disclaimer language after the last meeting. The committee reviewed the disclaimer language. All felt the disclaimer discredited the tool, and took away its value as a validated and effective screener.

Mary Hale: Can we change the language?

Elizabeth Stanley-Salazar: Can we ask the director to use our language?

The workgroup members recommended ADP use the language developed by COJAC.

Action Item:

If ADP does not adopt the COJAC language for the disclaimer, the members ask for the removal of the tool from the ADP website.

Dr. Brown is working on the treatment standards committee membership. However, she will not move forward until the disclaimer issues are resolved.

### Housing

Carol Wilkins has had one committee meeting since the first of the year. They focused on

- Conversations about the national economy and how its state influences housing for the people we serve in our system. They looked at Economic Stimulus Package in order to understand the impact on funding for supported housing. She provides links to relevant documents for the workgroup members.
  1. CSH summary of supportive housing provisions in stimulus  
<http://www.csh.org/data/global/images/ARRASummaryFeb242009.pdf>
  2. Information about new \$1.5 billion for homeless prevention and rapid re-housing and resources for local planning and program development  
<http://www.endhomelessness.org/section/prevention/> and <http://www.hudhre.info>
  3. CSH paper on health care reform  
<http://documents.csh.org/documents/policy/HealthCareReformCSHMarch20.pdf>

- There are significant resources available for homeless veterans with co-occurring disorders.
- Carol Wilkins is leaving CSH this summer, so this committee will need a new chair.

### Funding

Mary Hale continues to have monthly conference calls.

The committee is working on two projects

1. FQA's: They are developing a preliminary list of questions.
2. They are identifying regulatory barriers for co-occurring funding.

### **Conversation with the department directors:**

#### Directors Discussion (from ADP's Marjorie McKisson's notes)

Dr. Mayberg addressed the Workgroup and apologized for the absence of DMH from the COJAC Workgroup for the last several meetings. He spoke of the reorganization of DMH distracting his office from several priority projects at DMH, including COJAC. He stated that DMH will do better in the future. Dr. Mayberg introduced Sophie Cabrera as the new DMH representative to the Council.

Director Zito spoke of conferring at length with ADP's Chief Deputy Director, Michael Cunningham, reassessing the Department's many commitments of its dwindling resources. They discussed ADP's participation and investment in COJAC. They concluded that the return on this investment at this time is limited. Director Zito told the Workgroup that ADP is at this time considering withdrawing from COJAC to refocus ADP's dwindling resources on projects that would provide better return for the persons with COD.

The senior members of COJAC responded by asking Director Zito to reconsider. David Pating, M.D., a guest at this meeting, asked ADP to stay, stating COJAC is the only publicly visible place COD is being discussed in California on a professional, collaborative basis. Mary Hale and Cheryl Trenwith both discussed the various projects COJAC has completed. A repeated theme of the discussion was that people in the AOD and MH field are now aware of COJAC and discovering the tools now available through COJAC's efforts. Progress is finally being made. Now is the time to build on the work of the past, not disband. The Screening Tool is already out and widely used, even before it is validated. The DDCAT pilot project is informing people not only of how prepared they are to treat the dually diagnosed, but also how to improve their programs to better serve their clients.

Also of importance is the new relationship between professionals in both fields where, instead of being overly cautious about talking with each other, they are now not only talking, but debating, collaborating, and otherwise working together towards developing a basis for integrating services for COD afflicted clients. COJAC is considered by the members of the Workgroup to be a work in progress, not a finished or unproductive body. There is still much work left to be done.

Several members indicated that if ADP withdraws, they will continue on with an effort not sponsored by the Departments, though their first preference is that ADP remains a part of COJAC.

Director Zito said she would consider what was said before making a final decision.

### ***Action Items***

Director Renee Zito of ADP will change the COJAC Screening Tool disclaimer language. The disclaimer language will say—"In the process of being validated."

The COJAC will develop sound bites for the department directors in order highlight the year's successes.

### **Next meetings**

Please put these dates in your calendars, as this is a revised "Save the Date," notice for 2009 COJAC meetings.

Jan. 7, 2009 (So Cal) **(completed)**

April 23, 2009 (Director's Meeting at CiMH) **(completed)**

June 3, 2009 (Scheduled at CiMH)

July 22, 2009 (Director's Meeting at CiMH)

Sept. 30, 2009 (Scheduled at CiMH)

Nov. 4, 2009 (Scheduled at CiMH)