Co-Occurring Joint Action Council (COJAC)

Meeting Minutes
March 3, 2010

Workgroup Co-Chairs: Cheryl Trenwith (County Alcohol and Drug Program Administrators Association of California: CADPAAC) and Dr. Marvin Southard (California Mental Health Directors Association: CMHDA)

Workgroup Members: Director Renee Zito (Department of Alcohol and Drug Programs: ADP), Director Stephen Mayberg (Department of Mental Health: DMH), Sophie Cabrera (DMH), Michael Borunda (ADP), Mary Hale (CMHDA & Alcohol and Drug Policy Institute: ADPI), Debbie Reno-Smith (Victor Community Support Services), Tom Renfree (CADPAAC), Dr. Sandra Naylor Goodwin (California Institute for Mental Health: CiMH), Dr. Vivian Brown (on the phone), Madelyn Schlaepfer (CADPAAC), and Elizabeth Stanley-Salazar (Phoenix House & ADPI) (on the phone)

COJAC Staff: Darien De Lu (ADP), Kevin Furey (ADP), and Alice Washington (CiMH)

Welcome

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

The January 6, 2010, minutes were reviewed and approved with no changes or additions, and today's agenda was approved with no changes or additions.

Director's Addresses

Department of Mental Health (DMH)

Dr. Mayberg, DMH Director, addressed the COJAC Workgroup. His comments focused on the following:

1. Issues of integration are important.
   a. Integrated treatment, both for substance use and mental health and for behavioral health and physical health, impacts health care costs.

2. The 1115 Medi-Cal Waiver discussions are important for integration issues.
   a. The Department of Health Care Services is using good data to show impact and efficaciousness.

3. DMH is looking at the recently passed federal parity legislation and the impact the new regulations will have on the state.
   a. There will be more impact on substance use treatment than mental health treatment.

4. DMH is focusing on veterans services. The Governor has implemented an initiative called California's Operation Welcome Home and information is located at http://www.calvetcorps.ca.gov/.
   a. DMH and ADP are collaborating with this effort.

Department of Alcohol and Drug Programs (ADP)

Renée Zito, ADP Director, addressed the COJAC Workgroup. Her comments focused on the following:

1. Counselor certification legislation (SB707)is not "dead."
   a. The bill is undergoing many changes.
   b. This bill is crucial to ADP because it would ensure the alcohol and other drug (AOD) provider workforce is trained, and prepared for the system impacts caused by health care reform.

2. ADP is collaborating with DMH on the Veterans' Policy Academy, a federal effort to assist states in developing plans to serve active military and veterans and their families.

3. ADP and AOD staff are participating in 1115 Waiver discussions.

Questions

1. Dr. Southard asked if there is an 1115 Waiver vision for the departments. The following are the comments.
   a. Renée Zito stated they would like to review the Drug Medi-Cal benefit.
   b. Cheryl Trenwith added that ADPI has past recommendations regarding this benefit. She suggested putting forth these recommendations as a vision for the 1115 Waiver discussions.

Action Item: *A small group including Mary Hale will bring forth these recommendations as input so the CADPAAC 1115/ADPI Workgroup may state that this is a priority.*

   c. Mary Hale stated we need a funded continuum of care based on assessment of need.
   d. Madelyn Schlaepfer stated CADPAAC concurred with developing small pilots instead of a broad implementation of the Waiver, as a means of testing new approaches while minimizing expenditure of State matching funds money..

2. Dr. Southard asked a second question. How might we better handle the prison release populations at the local levels?
   a. Dr. Mayberg stated they need to raise the issues.

3. In a discussion around a question about substance use treatment in connection with parole, the Workgroup noted the need for more effective work to address COD.
   a. The life expectancy for a person experiencing COD is some 30 years shorter than for the general US population.
   b. The value of COJAC lies in the continued focus on COD issues. Also, the continuity of this group is important in the face of many changes in our COD system of care.

Conclusions:

Dr. Mayberg stated that his department welcomes any recommendation regarding the following topics:

1. Parity
2. 1115 Waiver
3. Medi-Cal

Renée Zito affirmed this welcome for ADP as well.

Committee Reports

Youth

Debbie Reno-Smith reported on the committee's activities. The Youth Committee presented a draft of the COD State Action Plan (SAP) for youth. Overall, the Youth SAP addresses the following:

1. Seeks identification of gaps.
2. Plans a statement of necessity.
3. Facilitates a process to develop guidelines.
4. Identifies evidence based practices (EBP).
5. Includes prevention and early intervention (PEI) component for youth.
6. Looks at staff competencies and training.

Elizabeth Stanley-Salazar asked the committee to add as a priority –

7. Identifies mechanisms for integrating youth COD treatment within the primary health care "team".

Action Item: With this addition, the Youth Committee's segment of the COD SAP was approved by the COJAC Workgroup and the Directors. Subsequent revisions and additions are possible.

> ***Action Item:*** Debbie Reno-Smith asked the COJAC Workgroup to review the approved COD SAP segment and provide any further input at the next meeting. The input can be e-mailed.

Partnership

Dr. Goodwin reviewed the documents this committee developed based on past COJAC Workgroup action items.

COJAC Charter Document

Dr. Goodwin presented the updated COJAC Charter for review. The COJAC Workgroup approved the document and reserved word edits for later. The COJAC Workgroup also provided the following input:

1. One major edit is adding "hope" to the core values and Dr. Southard will provide specific language.

2. Debbie Reno-Smith asked the committee to add “dignity and respect” as this is important. It relates to how people are treated. Debbie will send this language.

3. The Workgroup agreed that they would like this language deleted “whenever regular members are not available” (See membership section, page 2).

4. Additionally, Director Mayberg specified that there should be no delegation of the authority of members. So the old language that suggested such delegation should be deleted (namely, the words *“*whenever regular members are not available” in the context of permitting nonmember participation).

Action Item: The COJAC Workgroup – including the Directors - formally adopted the document *in concept* with the understanding that the committee will fine tune the language later. All suggestions for changes should be e-mailed to Darien De Lu of ADP or provided at the next COAJC meeting.

COJAC Operational Guidelines for Membership Document

The COJAC Workgroup reviewed the proposed “COJAC Operational Guidelines for Membership*”*. One concern raised was that there is no indication of a limit on the number of COJAC members. However, the application process is arduous, and all members must be appointed by the Directors. So number of members has not been an issue up to now.

The Workgroup recommended the document for approval.

Action Item: The COJAC Workgroup adopted the guidelines and recommended posting to the COJAC website.

Review and Discussion of COD SAP 1.3.3-Survey

The committee has reviewed COD SAP item 1.3.3 (“Collect county documents that lay out COD services principles / policies to develop a comprehensive document “) and has begun discussing ways to implement the item. They expect to use a survey to indentify exemplary policies and procedures. Victor Kogler, ADPI Executive Director and Partnerships co-chair, is working on a definition of exemplary policies and procedures. With that definition, when we survey directors and agencies, they will be clear about what we are asking, and all information submitted will meet this definition. The committee will follow-up with a phone call. All of these efforts will inform the new COD TA Center website and training schedule discussed below.

COD SAP 1.5 & 1.6

1.5 (Workforce Development)

A CiMH Central Region Project is focused on an analysis of knowledge, skills, and competencies needed for various levels of staff with a focus on COD. The projected completion of their products is spring 2010. The products will inform any training we provide in the future.

1.6 (COJAC website and improved COD understanding)

CiMH expects to receive monies on March 30 in order to develop the new COD TA Center. CiMH expects to collaborate with ADPI in order to provide the center's activities. The key proposed activities are:

1. Development of a website including resources for COD and links to other websites.
2. Looking at evidence-based practices (EBP) and promising practices for COD treatment.
3. Analysis and evaluation of EBP in one area: treatment for the seriously mentally ill (SMI) population with COD
4. Indicating training opportunities.

Screening

Dr. Vivian Brown provided this report. Analysis and evaluation of evidence-based practices in one area: treatment for the seriously mentally ill (SMI) population with COD.

The COJAC Screening Tool is moving forward. The committee has made one minor change to the tool. They have added an optional question about "war" that is focused on identifying veterans with service in war.

The next stage for the tool is training. Drs Goodwin and Brown are talking about using the Screening Committee to disseminate this information/trainings. The trainings can focus on how the tool fits into service delivery. They would like to pull together an advisory group. Please send recommendation for membership to Dr. Brown. In addition, if there are more questions to add to the Screening Tool, then send them and any related suggestions to Dr. Brown.

The Screening Committee will transform into the Treatment Standards Committee and will have the same participants. They will expand the SAP for the new committee's focus/tasks. One of their first tasks is to share standards implemented in other states.

Funding

Mary Hale reported the need for more members. Their work is still relevant.

State Reports

Department of Mental Health (DMH)

Sophie Cabrera provided the DMH report.

1. Sophie provided Mental Health Services Act (MHSA) updates. All MHSA information, including guidelines for the various programs, is posted at http://www.dmh.cahwnet.gov/Prop_63/MHSA/default.asp. Given the difficult financial times the counties are experiencing, the current focus for MHSA funding is get the money out to the counties as quickly as possible.

2. DMH has received clarification from Centers for Medicare & Medicaid (CMS) regarding Medicare-Medi-Cal: Providers do not have to bill Medicare first, before billing Medi-Cal (for those services known not to be covered by Medicare. (Also, the 90-day submission rule is waived until remaining discrepancies are settled.)

3. DMH continues to work on their timeliness in order to send money to counties in a timely manner. In connection with this effort, the Short-Doyle Medi-Cal II payment system is finally in place, making reimbursement payments in about 30 days.

Department of Alcohol and Drug Programs (ADP)

Michael Borunda provided this state report.

1. UCSF Contract Work on the COJAC Screening Tool
   a. Michael provided an update on the COJAC Screening Tool. He met with the UCSF staff. The following bullets highlight their conversation:
      i. Michael reported that the COJAC Screening Committee does not feel the findings were relevant to the original purpose of COJAC's questions on the tool.
      ii. Dr. Jessup was in the meeting representing the UCSF researchers, and they disagreed with this position.
      iii. USCF wants to publish, and Michael told them this was a higher-level decision at ADP.
   b. The COJAC Screening Committee will write an oppositional letter if the UCSF report is published. Michael will relay this information to Dave Neilsen.

2. Veteran's Information
   a. All ADP information regarding veteran's services and ADP collaborations are at the veterans' pages of the ADP web site:
      http://www.adp.cahwnet.gov/veteran/index.shtml.
   b. The California Addiction Training and Education Series (CATES) is good for veterans-related information:
      http://www.adp.cahwnet.gov/veteran/Vets_calendar.shtml
   c. Other resources
      i. California Department of Veteran's Affairs
         http://www.cdva.ca.gov/newhome.aspx.
      ii. California Operation Welcome Home Initiatives are located at
         http://www.veterans.ca.gov/.

CADPAAC Legislative Report

Tom Renfree, Executive Director of CADPAAC, provided a legislative report.

There is a new Assembly Speaker, John Perez.

The COJAC Workgroup received this bill information:

1. AB1599-Establishes the Medi-Cal Alcohol and Drug Screening and Brief Intervention Services Program
2. AB1600-Parity
3. AB1694-Alcohol Fee
4. AB1925-Specialized Veteran's Court
5. AB2254-Marijuana taxation and legalization
6. SB810-Establishes the California Healthcare System (single payer)
7. SB1029-Allow pharmacies to dispense clean needles

8. Issue: SB707, which focuses on certification of AOD counselors, needs an author. The issues of counselor certification (and professionalization) gains urgency with the passage of federal health care legislation.
9. Federal – We do expect some version of Health Care Reform to pass. The current movement is toward linkage with primary care and integrated care.

1115 Waiver (ongoing)

Dr. Southard provided this report and asked several important questions.

1. What is the shape of a reformed Drug Medi-Cal? Do we want to this? How can we reform Drug Medi-Cal?

2. If we are looking at small pilots, what are the populations we might focus on?
    a. Homeless
    b. People released from incarceration
    c. Families touching the child welfare system
    d. Transition aged youth and former foster care

3. Integrated Array of Services – What are your thoughts about an integrated care mechanism?
    a. In what part(s) of the "4-quadrant model" do we need this mechanism?
    b. How will care function in an integrated fashion?

Other Comments

Cheryl Trenwith stated another important focus: Medication assisted recovery and the impact on Medi-Cal in California.

Dr. Southard stated the real issues are an array of services and eligibility.

Dr. Goodwin stated we need to find match dollars because there are no new State General Fund monies available.

Old Business

None

New Business

None

Next Meeting

Date: May 5, 2010
Time: 10:00 am to 3:00 pm
Location: CiMH
Call-In #: (916) 552-6503