

Minutes for Yolo County Mental Health Board
Monday, September 24, 2007

Members Present: Chairwoman Marilyn Moyle; Millie Braunstein; Peter Brixie; Robert Canning; Martha Flammer; Irma Rodriguez; Rev. Hank Scherer; Mike Summers

Members Absent:

Members Excused: Vice-Chairman Robert Schelen; Anne Breault-Darling; Guille Libresco; Carolyn Reiff; Marilyn Schwartz ; Joanne Welty; Helen Thomson, Yolo County Supervisor;

Others Present: Richard DeLiberty, ADMH Interim Director; Joan Beesley, ADMH Program Manager (MHSA); Tawny Yambrovich, ADMH Secretary; Don Meyer, Probation; June Forbes, NAMI-Yolo; ; Walter Shwe, client; Patrick Henning, MHSOAC; Laura Bibelheimer, Deputy to Helen Thomson

Location: Community Room 1, 500 Jefferson Blvd Bldg A, West Sacramento, CA 95605.

I. Meeting called to order by Chairwoman Marilyn Moyle at 7:05 P.M.

II. Approval of Agenda; Minutes.

Approval of Meeting Agenda: *Motion was made by Millie Braunstein and seconded by Hank Scherer to approve agenda; carried.*

Approval of Meeting Minutes: *Motion was made by Hank Scherer and seconded by Millie Braunstein to approve minutes of August 27, 2007 meeting; carried.*

III. Announcements:

- a. Mental Health Awareness week is the first week in October; program at the administration building/courthouse is October 8, open mike to share experiences, NAMI gives out its annual tallest sunflower award; potluck following at County Library; will have a candlelight vigil following in honor of those touched by mental illness; more information – including on the Mental Health Walk – can be found at the NAMI-Yolo Web site.
- b. Marilyn M. saw obituary for Pinetree Gardens Board Member and advocate Ruth Enos; services are September 30; Ruth asked that donations be made in her memory to Pinetree Gardens.
- c. Episode of Oprah on mental illness with Kay Redfield Jamison; will be repeated tonight at 9:00. One of her better programs in terms of giving a face to bipolar illness, a hopeful face. Really outstanding, you should watch it if you have the opportunity.

IV. Dr. Jon Caldwell, Interim Medical Director (not present)

V. Patrick W. Henning, Jr., Member: Mental Health Services Oversight and Accountability Commission (MHOAC)

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- a. Thanks to Martha for inviting me. We work together on the Economic Development Commission in West Sacramento. Started working with Yolo County working on Housing and Labor issues for Vic Fazio. Returned to CA to work on workforce issues. I have several family members who are clients, and also had a brother who passed on when he was a teenager who struggled with mental illness.

There are 2-3 types of “slots” on the MHSOAC: clients, family members, legislative positions, laborers. I am a member of the laborers union. There are many workforce issues for consumers: getting them into the workforce; accessibility issues, helping them to assimilate into society. The Oversight and Accountability Commission has struggled; has direct oversight over Prevention and Early Intervention monies; only tangential oversight over the rest of the cash flow. One of the biggest issues we are facing is an issue called supplantation: taking MHSA money to continue existing services instead of expanding services. What is happening is that the MHSA money is being used to replace budget cuts being made at the state and county level. \$64 million of unspent administrative funds was used as a one-time “band-aid” to patch the hole. The commission is working to prevent supplantation—to force the counties and state to use the MHSA money on new programs, not to replace the funding for previously existing services.

Community Supports and Services (CSS)—has \$40 million/year statewide in new funds for housing. (To Yolo County: \$483,700 for Workforce Training and Early Implementation, with \$72,600 for planning annually.) You’re spending money to get money hopefully in the future.

Martha: Need to make sure that our over-worked, underpaid, stretched-thin workers can be retained in Yolo County, finding innovative ways to provide supports in the community.

Patrick: It’s difficult to hire workers with advanced degrees when we are competing with the higher salaries offered in the prisons; we are working at incentive programs to get more folks into the field.

Marilyn M: Received two articles about policy problems that Prop 63 has created: a few people are getting the services we’ve always dreamed of, while the core Mental Health programs are struggling to survive. Trying to juggle the funding of the Prop 63 programs with the increasingly diminishing core mental health services.

Patrick: Trying to decide how to spend \$1.5 billion is a “good problem to have.” It’s definitely a struggle that counties are going through. We are talking about putting \$20 million/year for the next 4 years into suicide prevention at our colleges and junior colleges, in the wake of what happened at Virginia Tech; we are trying to act and react at the same time. There are struggles at the state hospital as well; lots of beds in Napa but no practitioners. It’s throwing a spark where a fire is needed.

Richard: Prop 63 talks about system transformation: letting go of some of the ways things were done before. Some people are uncomfortable with the need to change.

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Marilyn: For some people, these funds are life-savers; allowing us to go out in the street and pick people up who aren't in the system, and give them the services that enable them to be the people that they can be.

Patrick: Wants advocates located at DESS centers to help clients walk through the various programs they are eligible for, and help them apply.
The state has been slow in hiring, which is why some of the MHSA administrative money is still available to backfill AB2034.

Martha: The state has had trouble organizing; so the counties have as well.

Patrick: Looking for strong counties with innovative programs that provide a backstop for clients, with greater involvement of families and consumers. Innovation will be different in Los Angeles County, compared to Yolo County. Every county really differs. Reaching out to underserved consumers would be innovative in Los Angeles County, but it's already one of the things that Yolo County does really well, especially with the university medical system being located here. Each county is struggling differently, and growing differently. New prevention/early intervention guidelines will provide a "toolkit" for submitting proposals.

MHOAC has open public meetings every other month; alternating between Sacramento and other locations. There is some discussion about changing to having monthly meetings. All meetings have a public comment period every few hours.

- VI. Public Comment (none)
- VII. Board of Supervisors: no report this month.
- VIII. LMHB Chairperson's Report--Marilyn Moyle:
 - a. Proposed Meeting Schedule for 2008--Tawny to e-mail to Board (done)
 - b. Briefly--need to remember those of us who are caretakers and providers need to take care of ourselves, as well. Several board members have been ill. Take care of yourselves; get sleep; get exercise. Cancel some appointments if you are overcommitted. Martha sent an article about mental health issues that survivors of Hurricane Katrina are facing several years later. Some of reducing stress is setting priorities and time management.
- IX. Report: ADMH Interim Director--Richard DeLiberty
 - a. Dr. Harrington started today; Dr. Rosi starts October 1.
 - b. We are attempting to develop an infrastructure that will support itself.
 - c. Rudy Arrieta is our new QM/Data Administrator, coming to us from San Joaquin County.
 - d. We are using our planning money for workforce education and training to hire a Training and Staff Development and Training manager, who will work on staff development plans as well as continuing education.
 - e. MHSA money that is replacing AB2034 is a one-time dollar-for-dollar backfill.

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- f. MIOCR is one-year money; being used to train staff and get programs started. We are hiring a clinical supervisor for Adult Forensics programs as a limited term position, but we hope to keep her on board elsewhere in the organization.
- g. NetSmart contract has been an ongoing issue; we have stopped going forward on implementation until some contract issues are ironed out. A lot of the problem is the way they recommended the implementation; we are renegotiating those contracts. They are lowering the price of the software, so that for the same price we will get more technical support. It's a good thing, but implementing several of the components will be postponed until late this year, or possibly next year.
- h. You have handouts on our residential and team-based care; 24-hour care is not going down as fast as hoped. 5 clients have been brought to Safe Harbor as a preparatory step to enrolling them in ACT; ACT can work with them on a daily basis until they are ready to live on their own in the community.

Martha F.: Does the county have a plan to respond to the lack of AB2034 funds for FY 2008-2009?

Richard: Not yet; we just got the answer on AB2034 a week ago, so we will be using the next year to plan for the shortfall, as well as for the ending of MIOCR and AIM.

X. Budget—Richard DeLiberty

- a. Year-to-date column is more accurate than the monthly. Shows \$1.1 million deficit, which is not completely accurate: MHSA (\$1.5 million Prevention and Early Intervention, \$0.5 million for workforce development) and Meth grant money is not yet included in totals. Adds approx \$200,000/month to numbers. Budget spreadsheet will be more complete in future months.
- b. \$3 million negative budget adjustment; this assumes we do not lower the residential, IMD and state hospital census in the next 10 months. We are starting to see the ACT team have an impact.
- c. One of the reasons the ACT team has ramped up slower than hoped is finding housing vacancies; it has slowed us down a little bit, but is not a major stumbling block.
- d. Adjustments: \$300,000 Medi-Cal (state share that we pay); 5% estimated denials and data errors. Pomona fund is money from a nationwide tobacco settlement, invested by the Board of Supervisors. Expenditures from the Pomona fund are controlled by the Board of Supervisors, who invested \$9-12 million of those funds in the Bauer Building. Any general fund monies are essentially a loan, which we will eventually have to pay back.

XI. Legislative Update—Martha Flammer:

- a. Senate has passed Mental Health Parity Bill; House version is being presented in committee hearings (and covers all DSM-IV diagnoses). Senate version only covers what insurers currently cover, but did take out pre-emption of state parity laws, which would have undone CA state progress on parity.
- b. AB 423 is state parity bill on governor's desk—may not get signed, but at least it was put forward.
- c. See summary sheet for list of other bills and their summaries; two bills that we are monitoring closely. SB 568, the Wiggins bill that would allow medication

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- treatment in the jails, and SB 851 which seeks to have mental health courts as pilots in the counties, but doesn't specify a funding source.
- d. Have copies of all the legislation, if anyone wants to read entire text.
 - e. Compromise on Healthy Families program: covers EPSDT—looking into whether covers TBS services. Mental Health services on a par with outpatient and surgical procedures.
 - f. Citizenship requirements for Medi-Cal; mental health clients aren't always able to provide proper documentation.
 - g. Perry Communications training: Thursday, September 27, 7:00-9:00 P.M. in the Walker-Thomson rooms of the Bauer building. 5 attending (Tawny to send out e-mail reminder.)

Laura B: Any healthcare reform during special session?

Martha F: All rumor and speculation so far.

Hank S.: What's the average stay in the county jails?

Don M.: 45 days; Sheriff put out some data that 85% of those in custody are awaiting trial. Juvenile Hall stays average 16 days. Mentally ill spend up to 6 months awaiting transfer to appropriate facilities. Court system and jail population is ready to implode, due to volume and no resources. Fewer and fewer cases are being dealt with; it's almost misdemeanor anarchy. This is the same situation most counties are dealing with.

June F.: Notes that mentally ill have no incentive to join a program that, if they fail, will be returned to jail, since at this point, misdemeanants are virtually being let go with no punishment, while a mentally ill client would have to complete a 2-year program.

Martha: One program that had good data collection was AB2034

Mike S: Couldn't track people in law enforcement due to confidentiality issues...is this the problem in Yolo County?

Richard: We are collecting tons of data, but it is very difficult to extract from the system. Part of that was faulty implementation; people who are working with Avatar without knowing what kinds of things can be done with this software.

Martha: Yolo County is looking for stand-alone system; Martha suggests following the DESS Regional model.

Richard: 18 counties are using the same software; but Mental Health systems are like a large Dr's office, and each county has different requirements.

Martha: Is there a way to network services across county departments that are serving the same clients, a "passport"? Thinks it would be a good idea.

Richard: Someday.

XII. Committee Reports:

- a. Program Committee report received via e-mail: in answer to Marilyn's question: several responses received for RFQ.

Forensics: sent via e-mail. Committee interested in sending a joint letter to get a stakeholder's process going in Yolo County for Mental Health Court.

Marilyn moves that such a letter be sent ; Peter Brixie seconds. Motion carried.

XIII. Adjournment – 9:05 P.M.