

Minutes for Yolo County Mental Health Board
Monday, March 24, 2008

Members Present: Chairwoman Marilyn Moyle; Vice-Chairman Robert Schelen; Millie Braunstein; Peter Brixie; Robert Canning; Martha Flammer; Carolyn Reiff; Irma Rodriguez; Marilyn Schwartz; Helen Thomson, County Supervisor; Joanne Welty

Members Absent:

Members Excused: Rhonda Hensley; Guille Libresco; Hank Scherer

Others Present: Ed Smith, Deputy County Administrator; Richard DeLiberty, ADMH Interim Director; Christina Hill-Coillot, ADMH Deputy Director; Joan Beesley, ADMH Program Manager (MHSA); Leigh Harrington, M.D., Psychiatrist; Kevin Rosi, M.D., Psychiatrist; Tawny Yambrovich, ADMH Secretary; Terry Hunley, ADMH Crisis Services; Diane Sommers, Suicide Prevention/Mobile Crisis; June Forbes, NAMI-Yolo; Nancy Temple, NAMI-Yolo

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

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

- II. Approval of Agenda; Minutes.
 - a. Approval of Meeting Agenda: *Motion was made by Helen Thomson and seconded by Carolyn Reiff to approve the agenda; carried with none opposed.*
 - b. Approval of Meeting Minutes: *Motion was made by Robert Canning and seconded by Bob Schelen to approve minutes of February 25, 2008 meeting as amended; carried with none opposed.*

- III. Announcements:
 - a. Nancy Temple: NAMI 6th annual Seeds of Hope Sunflower Art Show and Competition
 - b. Marilyn Moyle – moment of silence for those consumers we recently lost, and those we may lose in the future.

- IV. Report: LMHB Chairperson–Marilyn Moyle
 - a. Attended NAMI Potluck last month and heard Brenda McFerrin, whose brother is the well-known singer Bobby McFerrin, and at the age of 56 this was her first public appearance since being diagnosed as bipolar in her forties. She shared her experiences and difficulties since her diagnosis. This illness can strike anyone, and it can be difficult to find the right help
 - b. Attended executive committee meeting on March 5 with Sharon Jensen and Ed Smith
 - c. On March 18, met with Board of Supervisors
 - d. Met with Dr. Adler
 - e. Robert, Guille and I will meet with Lt. Rademaker at the County Jail re: response to LMHB letter about cut-down kits.

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- f. TIP Program – Trauma Intervention Programs, recommend visiting their Web site. Good resource; useful practical advice
 - g. Wondering at status of patients who used to see Bob Hudson; they are currently being seen by staff psychiatrists, and active efforts are being made to fill the open Nurse Practitioner position.
- V. Report: Board of Supervisors – Helen Thomson
- a. Thanks to all the staff, LMHB members, and community members who met with Phil Batchelor and helped to prepare the report that he presented on March 18. I would ask that everyone cooperate; ask all the questions you need to ask, but realize we have a big deficit that we have to deal with, as well as the state budget impacts. Work closely with ADMH staff, Ed, Richard, and see how this all goes.
- VI. Report: Mobile Crisis/Suicide Prevention – Diane Sommers
- a. Since 1981 Suicide Prevention has contracted with Yolo County for those with extreme psychiatric emergencies.
 - b. Q. Where are assessments done?
 - A. All of the crisis assessments occur at the emergency room of Sutter Davis, Woodland Memorial Hospital, or the medical unit of the jail. There is only one clinician on call, so the number of sites responded to needs to be limited. The potential of having weapons in a home would present a hazard to the clinician. Patients who are 5150'd will not be accepted at a psychiatric hospital until they have been medically cleared.
 - c. Psychiatric evaluation is not done unless/until blood alcohol level (BAL) is below .10; they remain in the Emergency Room until BAL is in appropriate range.
 - d. 2007: 1033 assessments; high percentage of 12-17 year olds. Youngest assessment was 4 year old; oldest was 99. 70% of assessments occur on weeknights; 30% on weekends
 - e. 75% clients are seen at Woodland Memorial Hospital (WMH); 25% at Sutter Davis ER.
 - f. In January 2008, of the 109 clients seen, only 17 had been previously seen by Mobile Crisis; 92 of the clients were new to the system (records go back 8 years). For the last 18 years D. Sommers has requested ADMH records access; but it has been denied by County Counsel and administrators. Staff at Mobile Crisis are LCSWs, Licensed Psychologists, and MFTs. They wear ID tags with 5150 certification.
 - g. After 5:00 or on the weekend, mobile crisis is called; most are 5150 holds signed by law enforcement. 70% on 5150 holds; 40% hospitalized in psychiatric facility.
 - h. Nurses and MDs at Sutter Davis and WMH decide who gets seen and whether Mobile Crisis gets called. Yolo County is there at the hospital's discretion.
 - i. Scope of service is those who are suicidal or in extreme psychiatric emergency.
 - j. There have been 4 suicides recently in Yolo County. It is difficult for clients to access services.
 - k. "Yolo County does not have a supporting system in place so you wind up with a system that fails people and they wind up in the emergency room."
 - l. Sutter Davis no longer provides social security numbers to Mobile Crisis.
 - m. We try to find out if clients have been seen before, but aren't always able to find out. Clients sometimes refuse information.
 - n. \$329,000 for current year contract; have submitted proposal for 08-09 at current rates

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- VII. Report: Crisis Services – Terry Hunley
- a. Those who are new to Mobile Crisis may not be new to Yolo County mental health care.
 - b. There is a discharge planner works closely with all the different hospitals to manage care.
 - c. ADMH is responsible for following up with its own clients.
 - d. All patients in crisis are seen; each psychiatric hospital has discharge planners to arrange for follow-up care for patients when they are ready to leave.
 - e. Daytime crisis contacts have gone down; the new Forensics ACT team is taking care of some clients who otherwise would be seeing Mobile Crisis. I work closely with Yolo STRIDES, and they very rarely have crisis calls.
 - f. More and more we are seeing people who no longer have insurance; people who have lost their jobs, lost their homes – they don't have anything.
 - g. In January daytime crisis had 44 total clients; 6 privately insured; 1 out-of-county Medi-Cal. 10 of our clients went in hospital; several to Safe Harbor. We conducted community calls and welfare checks; some clients referred to ER.
 - h. Day crisis also assists with placement of conserved patients; one crisis worker spent 4 hours on a single case trying to get a medically-compromised client appropriately housed.
 - i. WMH does not usually take private pay clients; they go to Heritage Oaks, or Sutter Center for Psychiatry.
 - j. ER costs are exorbitant, so if it is safe to do so, and medical clearance isn't needed, they are seen on site.
 - k. ERs in general are pressured to process people quicker; meet, treat and street.
 - l. The number of psychiatric hospitals has been drastically reduced, which causes difficulties with placing patients; finding a bed in the area.
- VIII. Report: Deputy County Administrator Ed Smith
- a. There are different crisis service models.
 - b. Contract crisis staff could work out of a county building; have access to records.
 - c. There are no HIPAA restrictions between treating professionals.
 - d. People can be psychiatrically evaluated, and if they are going to be admitted, their physical examination can be done at that time.
 - e. Dr. Harrington: Might not want to be transferring someone who isn't medically stable
 - f. Get medical history from collateral sources (family/friends) if not available from psychiatric patient.
 - g. Suicide Prevention handbook from Sutter-Yuba County provided to Robert Canning.
 - h. Here to help develop a different program for next year; on July 2, there will be \$5-6 million less in the program than there is today. A budget will be presented to the BOS that is balanced for the revenue available. We will have to cut the programs we currently have, and start the programs we want to have. In a relatively short period of time, we will have a different program. There is not enough money in the system to provide the care we would like to.
 - i. Meeting with as many staff and contract providers as possible to develop an image of what the system now is, so he can envision what it will become. What parts of the system can we take down between now and July; what parts need to stay. The end result will be a program that looks different in July of next year.
 - j. Counties are mandated to take care of danger to self, danger to others, and gravely disabled. We will have to develop what that system will look like.

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- k. Not a cheerful report, but the good news is that you will get to redesign your program.
 - l. Criteria for crisis intervention may be redesigned
 - m. County as a whole will be impacted by restriction in mental health services; mental health clients may turn up in jails, emergency rooms, other community-based services.
 - n. Our mission is to try to design a service that will hopefully help as many people as we can; striving to assist the sickest patients first.
 - o. Very real, very painful problem; the reality is that there will be less program 4 months from now than there is today.
 - p. Nature of funding in CA is cyclical; the challenge is to try to normalize the peaks and valleys in funding to be closer to rolling hills.
 - q. Phil Batchelor's report had some discussion of productivity; there isn't a 30% productivity level. The numbers are a work in progress, based on how the productivity is measured.
 - r. **Dr. Adler:** the way the numbers was being done was not capturing all the time: clinician productivity is 50-60%; MDs are in 60-70% range. There are a number of things the clinicians and doctors are doing that aren't being billed for.
 - s. As we design these services, we are people of good will and interest and energy in the systems that we are involved with. And we are going to do the best we can to keep people from falling through the cracks. We are going to make some painful decisions, but we are going to do the best we can for as many as we can.
 - t. Circumstances are that in the next 2-3 weeks the depts. budget is going to be submitted to the BOS for review. Before June the BOS will see some recommendations from Ed. LMHB will have an opportunity to express support, objection, etc.
 - u. **Joanne Welty:** We are the voice for those who don't have one. Wants you to truly hear the voice of the consumers, the clients.
- IX. Report: ADMH Interim Director–Richard DeLiberty
- a. See written report
 - b. Dr. Adler is here.
 - c. Karl and Christina went through CIMH leadership institute
 - d. Service dinner was very nice to honor Anne Ofsink, George Graman and Carlos Matos for their years of service to the County.
 - e. Jon Caldwell and Harpreet Gill passed their professional board exams.
 - f. Martha F: CMHDA small counties conference in May; anyone from Yolo County to attend? Yes, per Ed. Bodega Bay, 1st/2nd week of May; Martha to e-mail. Per Ed: Humboldt does “best job of blending funding of any county I’ve ever seen.”
- X. Committee Reports
- a. Executive
 - b. Budget: Self explanatory, per Irma
 - c. Forensic: no meeting this month; meeting this week w/Lt. Rademaker.
 - d. Program: Millie – after BOS meeting, heard report from Phil Batchelor. Emphasized how impressed he was with the dedication of the ADMH staff. There are programmatic problems as well as fiscal ones. The committee discussed what should be priority for ADMH: Suicide and crisis services need to be strengthened. Forensics to meet with Lt. Rademaker at the jail. Training information on Suicide Prevention in Corrections passed on to Robert Canning. Ways that family, friends and staff can receive support after a suicide. County needs to maximize MHSA funds; program committee members

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are very active in the planning process for the Prevention/Early Intervention monies. LMHB needs to have a way for setting up guiding principles and making priorities for the budget talks in July. Committee to draft guiding principles and priorities? Suggest 1 representative from each of the committees.

- e. *Millie moves committee be formed; Joanne seconded. Motion withdrawn.*
- f. Legislative Advocacy: Senate met to discuss mental health issues; children Medi-Cal is on the table. ADMH is over state maximum allowance. Could be a significant problem to the county; the upcoming state budget will add and additional shortfall. **Richard:** between lower units of service and higher than expected costs, the cost report was above SMA for services that OUR STAFF provides. However, a significant amount of our EPSDT is provided by our contract providers; they are not above SMA.
- g. SB 1541 mental health court bill (Robert Canning) with many responsibilities to county without money to pay for it.

Public Comment:

June F: A two-month wait for an appt. is unconscionable. If staff need to stay until 8 P.M., let them. People are dying here.

Dr. Adler: Good intentions gone astray: extremely well-trained clinical staff, and extremely dedicated. There is a crucial issue of “heart” in Yolo County. There is no higher priority than those things that impact patient care. Our medical staff are doing highly sophisticated, detailed, thorough evaluations, and sometime this increases the backlog. We may need to structure the detail so that it is captured over several months if they are going to be seeing the MD several times in the succeeding months.

Q: Irma R: Med Support Services? What is the Length of time for medication, via Adult and Child psychiatry.

A: Varies by staffing: less than a month up to 2 months or more.

Joan Beesley: All of the staff are keenly aware of the delays in appointments and Avatar issues; the Drs have remained VERY approachable about people needing to be seen sooner. In our current circumstances, we have lost a lot of staff, and there are a smaller number of staff seeing the same number of people. Things are slowing down because there are very dedicated people working very hard to see as many people as they can.

- XI. Adjournment – Meeting adjourned at 9:35 P.M.