

**NOTE: THESE MINUTES HAVE NOT BEEN VOTED ON FOR APPROVAL BY
THE MENTAL HEALTH COMMISSION**

MENTAL HEALTH COMMISSION
SPECIAL MEETING: 2008/2009 BUDGET REDUCTIONS
APRIL 17, 2008
MINUTES

<p>1. CALL TO ORDER / INTRODUCTIONS</p> <p>The meeting was called to order by Interim Co-Chair Judy McCahon at 5:15 p.m.</p> <p>Commissioners Present: Dave Kahler, District IV (Left shortly after meeting started) Judy McCahon, District III Jacque McLaughlin, District II Kathi McLaughlin, District II Cynthia Miller, District II Teresa Pasquini, District I Scott Singley, District III Karen Sloma, District IV</p> <p>Attendees: Frank Barham, MD, Retired Psychiatrist David Evans, MHC Applicant John Gagnani, Local 1 Art Honnegger, MHC Applicant Fran Kelly, Supv. Bonilla's Office Sandy Kleffman, Contra Costa Times Mariana Moore, Contractor's Alliance Luis Quinonez, Supv. Bonilla's Office (Left after making statement) Dorothy Sansoe, County Administrator's Office Karen Shuler, Executive Assistant to the MHC Franz Wassermann, MD, Retired Psychiatrist Donna Wigand, Mental Health Director Janet Marshall Wilson, JD, MHCC, Program Director, Patient's Rights</p>	<p>Commissioners Absent: Bobbie Arnold Supv. Susan Bonilla</p>
<p>2. ANNOUNCEMENTS</p> <ul style="list-style-type: none"> • Notice of Public Hearing: April 22 at 9:30 a.m. at Board of Supervisor's Chambers, Room 107, 651 Pine Street, Martinez. • Luis Quinonez stated he was asked by Supv. Bonilla to come to the meeting to give a brief statement to the Commission on her behalf: One of the things she hopes would happen today is that the Commission presents what she suggests – to formally ask the Board of Supervisors to create a process in which this Commission works with staff and the Board in a pro-active manner in any time when it comes to years like these where there's a severe crisis in the County budget, and the State budget as well. I myself, along with Susan, have only been here since January 7th of 2007, and we're still learning as we go. But one of the things she has found is that a lot of things happen on a 	

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<p>reactive basis. Things tend to happen on a reactive basis. The best decisions are not made when not all the information is obtained or too much information is received by the policy makers or decision makers. So she hopes the Commission takes her up on that suggestion to work with your individual Supervisors, staff, as well as tonight to take a look at all the differing, difficult recommendations and decisions that are going to be made on Tuesday, and also to bring to light any ideas or hopes you may have. One of the things I know we discussed is the possible action of moving the psychiatric unit out of the hospital into a free-standing building and I'm sure, as all of you know, the County spent a lot of money to meet the Federal standards and now we're supposed to spend millions of more dollars at a time where the County needs every cent. So she, along with the rest of her colleagues, would love to hear your input on that, and whether or not you think that is a good idea. We depend on you a lot, in a lot of ways, on your recommendations, as well as staff, and we value your input, especially in these times where we're looking at a possibility where we'll probably want to make more cuts down the road in the next fiscal year. I'm not sure if you are aware but the legislative analysts in the State of California had projected \$1 billion more would come to the State coffers than it did. So, just to wrap it up, Susan hopes that the request is made and they'll take it up and put it in a Board Order if you ask her to, and also ask her colleagues to take more of a pro-active effort. Good luck tonight and we look forward to the hearings and what you have to say and our door is always open to all of you. Thanks.</p> <ul style="list-style-type: none"> o Kathi stated if there was something specific Supv. Bonilla is asking, maybe it could be formulated to be placed on next week's Commission agenda. Luis replied that one of the things they could formally send over to Scott and Judy would be considering getting the Commission input on how the County can best maximize its partnership with non-profit mental health providers. 	
<p>3. 2008/2009 BUDGET REDUCTIONS (Issue is discussed under other Agenda items below.)</p> <ul style="list-style-type: none"> • Jacque asked that the issue of communicating the budget information to clients and families be addressed. • John suggested that a motion be made that he and Donna meet as often as necessary to work on proposals regarding the budget cuts. 	<p><i>Place on April 24 MHC Agenda.</i></p> <p><i>Place on April 24 MHC Agenda.</i></p>

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**4. HEALTH SERVICES PROPOSAL TO DEVELOP A NEW
MULTI-PROGRAM PSYCHIATRIC CAMPUS**

- Jacque asked about the potential cost savings and mentioned we have invested money in the current facility. She asked how this would impact clients. Donna stated there was a proposal to purchase property adjacent to the hospital and build a new Psychiatric Pavilion. It would have 3 programs instead of 2. We currently have a 24/7 Crisis Support Unit with 23 beds. Psychiatric Emergency had to be reconfigured to match Title 22 requirements (mental health is under Title 9). The staffing pattern was changed and made a medical model. We have to move out of the hospital to get back to being a psychiatric emergency facility. The hospital was ordered to reduce and Mental Health was ordered to reduce. The proposed 3-program plan would be cheaper. It would be run by a community-based organization and would consist of:
 1. Assessment and Recovery Center. Open 24/7. Voluntary and involuntary would have separate entrances.
 2. One wing would be a 16-bed locked adult Psychiatric Health Facility (PHF).
 3. One wing would be a 16-bed unlocked crisis facility. This would bring people back under Title 9 and back under Mental Health. Donna said she would like to have County Mental Health staff stationed there, but can't do it with County staff only. Most of these types of facilities are run by Contract Providers. We need to have County staff co-located to keep a linkage. There would be 2 offices to do treatment planning, clinical case review, etc. Donna's Program Manager would monitor and do the program reviews. She said they want to start negotiating with the owner and do a Request for Proposal. The very soonest it could happen would be 2 years. Issues: There is discomfort because County staff would be displaced – 5 mental health clinicians, 4 mental health social workers and 20-22 nurses. All physicians are under contract. Donna stated the nurses will be against this.
- Janet stated that PHF's are licensed by the Department of Mental Health, and that it is more difficult to get complaints resolved.
- In reply to Jacque's question about what happens to children, Donna said there are no services for children now. They go to Psychiatric Emergency or assessment services. Cynthia said that in the design, we take a system that doesn't work for kids to one where there would be nothing, to which Donna replied that they

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<p>would go to the assessment center. Kathi asked if there was some consideration of creating a regional crisis center for kids awaiting placement, saying there may be a greater need due to costs. Cynthia added that this seemed like an ideal time to factor kids in. Donna said she liked the idea of a regional center, perhaps partnering with Solano County, and possibly including Kaiser.</p> <ul style="list-style-type: none">• Karen Sloma said she is in favor of the 16 locked/16 unlocked beds – that it was a good balance. She added it would be a good opportunity to be a mental health facility under Mental Health rather than medical. Also, having separate entrances does a great service in providing better care for everybody.• Fran asked how it saves money if no county employee is losing their position. Donna explained the budget process. Teresa said she is concerned about the money it cost to revamp the hospital. She continued that she is not a fan of PHF's, stating they provide a lower level of care. She asked for the numbers in private overflow hospitals. Kathi said Vern was having trouble getting the numbers. Donna said she does not want a less-than-quality program. She explained she had been asked when 20 of 23 inpatient psychiatric beds went away, what would you need? She said three teams to absorb the business of intensive follow-up post discharge. One team materialized. John stated it is good financially to be under Title 9.• Jacque summarized the discussion regarding the proposed PHF:<ol style="list-style-type: none">1. Needs to be assurance of accountability of the level of care2. Needs to include the care of children3. Needs to pay attention to problem resolution – working with patient's rights people4. Needs to provide good treatment teams after discharge.• A motion was made to accept in concept the Multi-Program Psychiatric Campus, requesting that the following concerns be addressed in the planning process: Assurance of quality of care standards; people in need have a place to go; children are considered in the process; there be a good partnership in planning with mental health and others; and request that the Mental Health Commission receive updates and at least one Commissioner sits in on the partnership in planning process. <p>During discussion, Janet expressed concern over training staff for the additional paperwork involved in PHF's. Mariana Moore said the Alliance supports Donna in the partnership. Teresa said she's trying to be open-minded, and in spite of the fact that she's had mostly bad experiences with PHF's, she likes the partnership but</p>	
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<p>won't support the motion. She stated she feels like it's reactionary because we're in crisis and doesn't believe there has been enough analysis or looking at reorganization. In Public Comment on this Agenda item, Dr. Wassermann mentioned an article that stated private contracting may involve more costs. He said establishing a separate campus is unwise. Mentally ill patients have a high rate of other illnesses and it would be harder to get appropriate medical treatment. We are learning more about treatment all the time. This is going against unification of services. Dr. Barham added that we need to look at other models.</p> <p>The motion carried 6-1-0.</p>	<p>M-J.McLaughlin S-K.McLaughlin Carried 6-1-0 Yea: McCahon J. McLaughlin K. McLaughlin Miller Singley Sloma Nay: Pasquini</p>
<p>5. HEALTH SERVICES PROPOSAL THAT ALL HEALTH AND MENTAL HEALTH SERVICES AT ALL COUNTY DETENTION FACILITIES BE PROVIDED BY PRIVATE SECTOR FIRMS</p> <p>-- Karen Sloma and Judy McCahon, Co-Chairs Justice System Committee</p> <ul style="list-style-type: none"> • Karen reported they have not completed their discussions. She stated they have real concerns around keeping Juvenile Hall within the current mental health structure. She asked that the Board of Supervisors be requested not to act on this proposal until they've had a chance to gather additional information. 	<p><i>Place on April 24 MHC Agenda.</i></p>
<p>6. LOCAL BUDGET REDUCTIONS SPECIFIC TO CHILDREN'S SERVICES</p> <p>-- Kathi McLaughlin, Chair, Children's Committee</p> <ul style="list-style-type: none"> • Kathi presented information on her analysis of the budget cuts and asked why the cuts were disproportionate. Donna gave a detailed history of how children's mental health dollars were allocated, explaining why the cuts were impacting children's services more than adults this year. • It was reiterated that if we cut, it will cost more. We have a 3632 mandate – kids served under that go to the front of the line no matter what. Medi-Cal and the uninsured go to the back of the line. We won a lawsuit allowing us not to serve 3632, but still provide the services. The Board of Supervisors will have to make a decision to reconfigure. The state takes 5-15 years to reimburse. • A motion was made to send a letter to the Board of Supervisors to look at the actual cost in dollars and cents and direct mental health to focus on the uninsured and underinsured. • John stated that the drop from 57 to 48 in out-of-home 	<p>M-K. McLaughlin S-Pasquini Carried unanimously. <i>Draft a letter to the Board of Supervisors.</i></p>

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<p>placements shows the success of the current program.</p> <ul style="list-style-type: none"> • Dorothy suggested discussing what can be done about changing what we're doing with AB3632 as a future agenda item. 	<p><i>Place on future MHC Agenda.</i></p>
<p>7. PUBLIC COMMENT ON NON-AGENDA ITEMS None.</p>	
<p>8. ITEMS TO BE FORWARDED TO THE REGULAR MONTHLY MENTAL HEALTH COMMISSION MEETING APRIL 24th</p> <ul style="list-style-type: none"> • Develop a means by which consumers, families, staff, providers, contractors, etc. can be kept up-to-date and informed thoroughly about the budget cuts and how it will impact them. D/A • Entertain a motion to encouraging ongoing collaboration between Local 1 and Mental Health Administration during discussions regarding cuts in staffing. D/A • Review Health Services proposal that all health and mental health services at all County detention facilities be provided by private sector firm(s). Make recommendations to the Board of Supervisors. D/A • Review and make recommendations regarding services to AB3632 children in relation to proposed \$2.6 million in cuts to Medi-Cal eligible children. D/A 	
<p>9. ADJOURNMENT The meeting adjourned at 7:15 p.m.</p>	

Respectfully submitted,
Karen Shuler, Executive Assistant
Contra Costa Mental Health Commission