

**Contra Costa County Mental Health Commission  
Special Meeting to Discuss Staffing Changes at CCRMC Crisis Stabilization Unit  
November 5, 2007**

<p><b>1. Call to Order</b></p> <p><b>Attendance:</b></p>	<p>The meeting was called to order at 4:07 pm by Co-Chairperson Kathi McLaughlin.</p> <p><u>Commissioners:</u> Bobbie Arnold, District I Dave Kahler, District IV Kathi McLaughlin, District II Cynthia Miller, District II Teresa Pasquini, District I Bettye Randle, District I Karen Sloma, District IV Scott Singley, District III</p> <p><u>Other Attendees:</u> 21 guests attended Bernadette Baker, <i>Senior Patients' Rights Advocate</i>; Suzanne Davis, <i>Conservator's Office</i>; A. L. Farmer, <i>NAMI Contra Costa Board</i>; Rosemary Frazier, <i>Concerned Citizen</i>; John Gragnani, <i>PEU Local One</i>; Rollie Katz, <i>PEU Local H One</i>; Fran Kelly, <i>Rep. Supervisor Bonilla</i>; Dr. Miles Kramer, <i>Director of Hospital Psychiatry and Detention Health Services</i>; Brian Lindblom, <i>Juvenile Justice Committee</i>; Christine Lopez, <i>Patients' Rights Advocate</i>; Peter Mantas, <i>Parent</i>; Mariana Moore, <i>Contractor's Alliance</i>; Nancy L. Morgan, <i>Hume Mental Health Center</i>; Lola Pittman-Lara, <i>Parent/consumer</i>; Herbert B. Putnam, <i>Concerned citizen</i>; Dorothy Sansoe, <i>County Administrative Office</i>; Karen Shuler, <i>Executive Assistant</i>; Dr. Jeffrey Smith, <i>Director, CCRMC</i>; Tonya Smith, <i>Rep. Supervisor Glover</i>; Connie Steers, <i>Patients' Rights Advocate</i>; Eric Svenonius, <i>Recording Secretary</i>; Lisa Tadlock, <i>National Association of Social Workers</i>; Dr. William Walker, <i>Health Services Director</i>; Dr. Wasserman, <i>Retired Psychiatrist</i>; Janet Marshall Wilson, <i>JD Director, Patients' Rights</i>.</p>	<p>Commissioners Absent:</p> <p>Judy McCahon</p>
<p><b>2. Purpose of Special Meeting</b></p>	<p>Kathi explained the purpose of the meeting and went through the list of documents provided which were the Agenda; Recommendation APAR #20431 with comments, recommendations and minutes of the board meeting attached; MH Consumer Concerns Input; Questions and Answers from the MHC to hospital administration regarding Res. 20431; Letter of concern from the NASW; memo titled Licensing of Crisis Stabilization Units.</p>	
<p><b>3. Background Information by</b></p>	<p>Dr. Jeffrey Smith explained that before November 2004, psychiatric emergency was run on and paid for with Title 9 res</p>	

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psychiatric emergency was run on and paid for with Title 9 regs. Then on Thanksgiving Day 2004, there was a suicide in psychiatric emergency. It generated 300 pages of citations and stages of corrections. It basically said we did not meet requirements for a separate psychiatric emergency location under Title 22, and we should, and the second thing was they felt the patients were treated more as inmates instead of patients. So, we had to recognize that it would be evaluated as a second emergency room under Title 22, not a public more generic one, under Title 9. This meant changing the entire mindset of CSU, including many of the staff and policies. The staff is now being called to do primarily placement and social work. Three of the 11 decided to stay, the others left. We have tried actively since April to fill the eight open positions but have been unsuccessful. So we said, are we going to continue understaffed indefinitely or are we going to change the job description, and fill these positions quickly? We would like to fill them with Licensed Clinical Social Workers (LCSW).

Dr. William Walker said the change in staffing has drastically improved since last year. They now have 38 hours daily in the CSU through December with only six hours missing. Last year they had more than 100 missing hours each month.

Dr. Miles Kramer said he personally perceived Resolution 20431 as a personnel action – “we have been trying to fill these positions for the last six months. We were looking for options,” one being to hire continuity employees with social worker positions because they were unable to fill the positions with LCSWs. The competition has easier jobs (not as high stress and they do not have to work nights and weekends) and the state hospitals & prisons raised their wages. We are still working with Donna Wigand to fill those positions but if unable to do so, we will fill them with social workers. Another struggle was the list of new LCSWs was not continuous, so it could be up to eight months old and most of those listed already had jobs. This has since changed and the list is now continuous.

The doctors then went through the questions with the co-chairpersons and addressed specific questions:

*Please explain the differences between the MHCS and the MSW II positions:* The ability to do diagnosis and treatment is the main difference between the MCHS and the MWSII positions. (Miles)

*What is your understanding of the benefits ... provided by licensed therapists? Or of no longer having them in these positions?* We don't meet the criteria of Title 9. CSU is not separate and distinct.

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	<p>so we operate under Title 22. We responded to the 300 pages of citations and requirements ... at this point, we are in a stable position. But we are waiting for CMS to come and if they require further changes, we may need to address those. (Jeffrey)</p> <p><i>Provide an overview of funding for psychiatric and psychological services at the hospital and how the budget cuts during the last two years impacted staffing:</i> California realigned Mental Health, changing where the funding came from and switched to a specific program funding. The MH Division is given the money, they are responsible for the consistent, mentally ill. In CCC, 50,000 should be cared for. We only have the funds to care for 11,000. The MH budget comes out of health services to the mental health. There have been no cuts in MH during the last 2 yrs. (Jeffrey)</p>	
<b>4. Presentation by Local One</b>	<p>Rollie Katz said that some areas allowed persons who were license eligible, but not have their license, to fill positions requiring a license. “We want to prevent regular medical staff dealing with the mentally ill.” This is why we concur with Dr. Walker when he says he wants fill all these positions with licensed clinical workers. John Gragnani said that the list had not been open and continuous. The list can be stale for up to 18 months, but now it has changed. “We are complying with Title 22 guidelines to provide the best treatment for patients and their families.”</p>	
<b>5. Presentation by Mental Health Consumer Concerns</b>	<p>Janet Marshall Wilson pointed out that anyone can end up in the CSU. It is a quality of care issue, not a fight between two unions. What will the quality of care be if the positions are given to non-licensed personnel? Christine Lopez, Colette O'Keeffe, Connie Steers and Bernadette Banks expressed concerns as advocates from local hospitals. The advocate for the Richmond Community Center distributed a petition which read, “We are unhappy with the planned changes replacing licensed social workers with unlicensed workers” and was signed by 14 people.</p>	
<b>6. Presentation by National Alliance for the Mentally Ill Population</b>	<p>Al Farmer said the National Alliance for the Mentally Ill tries to provide the best care for our loved ones through education &amp; information. The patients should receive the best care available when submitted to the CSU. He is concerned about what other problems will arise if social workers are hired to fill these positions.</p>	
<b>7. Public Comment on Staffing Changes at</b>	<p>Suzanne H. Davis, MHCS, came to work for Contra Costa Health Services because it had the best reputation. She worked on both wards of 43 beds. Several <i>locums</i> (local, temporary doctors), came and said they would be glad to return. “We made all of our</p>	

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<p><b>CCRMC Crisis Stabilization Unit.</b></p>	<p>decisions based on what would keep the community safe.” She now works in the public sector and said the proposed staffing change will have a negative affect on all of us.</p> <p>Lisa Tadlock thanked the commission for having the meeting, and referred to a letter presented to the council and hospital administration which read, in part: “This decision should not be based on to “make it easier to fill the positions,” it should be based on who is the best professional to provide the care that people need while in the hospital, as well as transitioning back into being productive members of the community.” “... there are 473 LCSWs in Contra Costa and another 149 who are in the process of obtaining their license. It is difficult to believe that the county cannot recruit 8 LCSWs among this large pool ...” .</p> <p>Brian Copperstein, a social worker with 10 years experience, said the issue should not be licensor only, but licensor with mental health training.</p> <p>Bob Thigpen has a son in the MH system and he is frustrated with the current level of care and does not want to take any steps back.</p> <p>Lola Pittman-Lara is a mother of 9, eight of which are bipolar. She has personally been in the CSU. She has two daughters whom she feels have not been properly cared for recently and is concerned for their future care.</p> <p>Peter Mantas expressed concern that the staff at CSU have not properly addressed existing problems with care and now with the additional staffing issues, he is more concerned.</p> <p>Dr. Wasserman requested information regarding an update on a staffing article printed a couple months ago. Dr. Miles Kramer responded saying they are doing excellently with less than six hours not covered between now and the new year.</p>	
<p><b>8. Discussion and Development of Mental Health Commission’s Position Regarding Staffing Changes at CCRMC Crisis Stabilization Unit</b></p>	<p>Teresa Pasquini mentioned that while Dr. Kramer is pleased, there are many problems. He responded that while there are many issues that need to be addressed, staffing is not one of them. She expressed concern that Donna Wigand, MH director was not addressed concerning these staffing issues. Dr. Jeffrey Smith responded that while they would track quality performance and inform Donna, they would not normally ask her permission prior to a staffing decision. Teresa said the problem is she does not believe efforts have been made to fill these positions. She asked how Title 22 affects these staffing decisions. Jeffrey explained it is inaccurate to say anyone is being removed, because these are empty positions they are trying to fill. Salaries happen at the union tables, thats why it has become a union issue.</p>	

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Cynthia Miller expressed concern with some of the answers given to the commission and with the hospital administration not discussing it with Donna first. She feels like they have been given a second tier consideration. She hopes the hospital and the board of supervisors will reconsider.

Bobbie Arnold expressed concern over the division with this issue and said the commission needs to work with the hospital to come up with a plan to fill these positions.

Bettye Randle mentions again the lack of discussion between Donna and the hospital, when so much of the budget come from mental health. "If we are paying for it, we should have a say."

Jeffrey said the MHA determines regulations, policies and guidelines but the director does not involve herself with staffing issues.

Scott Singley expressed concern with the lack of respect demonstrated to the mentally ill throughout the country.

Karen Sloma said communication between the MHC and the hospital needs to improve. She expressed concern because when the MHC does not hear issues until after the fact, it causes mistrust. She also said by losing the licensed/licensed eligible staff, there is a crucial element of communication lost in every step of the process, including the doctor, families and patients.

Kathi again expressed concern that they did not speak to Donna before making these decisions. She also was disturbed by the lack of a time-study. If the hospital wanted to fill these positions with licensed staffers, why did they do away with other positions instead of adding the new positions as a temporary fix? She doesn't understand how the hospital does not fit under Title 9 with the separate entrance.

Fran Miller speaking for Sup. Glover -- he has a firm commitment to provide serious oversight for what is going on with Mental Health issues.

Jeffrey expressed concern at being called a liar. He said if the commission wants to hear from him, he will attend the meetings every other month.

Teresa agreed there is a perception of lack of information from the hospital staff. She is not satisfied with the information being provided to the Board of Supervisors and feels it is one-sided with the administration.

A motion was made to request the Board rescind the cancellation of the positions.

M- Karen Sloma  
S- Teresa Pasquini  
Carried  
unanimously with  
1 abstention.

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	<p>A motion was made to establish a way for the MHC, MHA, and hospital staff to get a communication system between the commission and the hospital administration.</p> <p>Kathi asked the hospital administration to provide an updated plan for recruitment of LC at the November 29 meeting. Karen Shuler will get the questions to the doctor by the Wednesday before thanksgiving, one week before the meeting.</p>	<p>M-Karen Sloma S- Cynthia Miller Carried unanimously with 1 abstention. <i>Karen Shuler will get questions to the CCRMC by Nov. 22.</i></p>
<b>9. Public Comment</b>	<p>Lola Pittman-Lara said she disagrees with the hospital's statement that the quality of care is not being compromised.</p> <p>Lisa Tadlock said the NASW will be glad to assist with the recruitment problems.</p> <p>Dorothy Sansoe suggested that the commission look into the continuing problem of loss of beds in the county.</p> <p>Peter Mantas said the other supervisors should be here as well.</p>	
<b>10. Adjournment</b>	<p>The meeting was adjourned at 6:45 pm.</p>	

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

Eric Svenonius, Recording Secretary