

# Behavioral Health Board Meeting Minutes

Date: 05.22.2008

Start Time: 3:00

Adjournment: 5:00

Location: Chico Masonic Family Center, York Rite Room

**Present:**

**Board Members:** Salvador Ventura, Supervisor Kim Yamaguchi, Perry Turner, Dave Panchesson, David Warren-Baker, Carol Childers, Dr. Michael Shuell, Tom LeBlanc

**Staff:** Edward Walker, Lisa Cox, Elizabeth Gowan, Dr. Michael Clarke, Danelle Campbell, Kathy Freitas, Dean True, Greg Plummer, Michele Brousseau, Lisa Arnold, Michelle Phillippi, Angel Calderon, Don Taylor, Christa Taylor, Rick Reynolds, Amanda Montgomery, Lina Nasr, Mike Schultz, Elizabeth Wetter, Joanie Frericks, Andrea Whitted, Catherine Riley, Eula Moffett, Manoj Cheevers, Alicia Sharp, Nancy Taylor, Kelly Carmack, Veronica Wynn, Angel Calderon, Margie Mitchell, Scott Palmer, Harold Baize, Donna Rogers, Bonita Riehl, Mike Bruno, Cara Carvalho, Rick Jackson, Charlie Dunn, Kevin Woodside, Terry Bridges, Tim Muser, Dan Holmer, Cindy McDermott, Pam Stalling, Pai Vang, Eileen Keefe, Holly Massie, Cheryl Grace, Michelle Halligan, Heidi Nalley, Geoff Davis

**Visitors:** Patricia Krause, Greg Fagen, George Cyler, Mary Beth Flanagan, Melba Riggs, Km McGarry, Sean MacCampbell, Teri Skow, Kami Medina, Julie Bos, Dave Mahae, April Backues, Bob Michels, Kim Holbrook, James Rosencranz, Melanie Breedlove, Shirley Hardway, Mary Madsen, Bud Mauerhan, Jan Mauerhan, Jana Sanford, Tim Mossman, David Scott, Lynn Kennedy, Judy Lana, Reed Chambers, Shawn Blair, Daniel Quigley, Tessa Puccinell, Rev. Regie Greywolf, Kevin Vazquez, Susan Bertozzi, Malinda Fasol, Barbara Foy, Alea Goodwin, Pang Xiong, Jason Pricrelt, Edith Pitcock, Karen Mann, Stephen Abell, Stewart Bedford, Nicole Bateman, Lisa Ann Febbo, Jason Rever, MARicia McCloskey,

Ryk Buehler, Rudy Jenkins, Erica Blissa, Kevin Parker

**Absent:**

**Board Members:** Patricia Johnson

Agenda Item/Issue:	Discussion Summary:	Result/Action/Next Steps- Person Assigned/Due Date
1) Call to Order	<ul style="list-style-type: none"><li>This meeting is a continuance of the May 15 regular meeting, therefore a quorum, though present at this meeting, did not need to be determined.</li></ul>	Called to order at 3:00
2) Approval of Minutes	<ul style="list-style-type: none"><li>No minutes to approve at this meeting; minutes taken at the 05.15.2008 meeting and this 05.22.2008 meeting, will be subject to review for approval with or without corrections at the 06.19.2008 meeting.</li></ul>	May 15 and 22 minutes will be subject to review/approval at the June 19 meeting.

<p>3) Announcements- Chair –Salvador Ventura</p>	<ul style="list-style-type: none"> <li>• Salvador Ventura explained to the Board and to the public that this is a continuance of the May 15 meeting.</li> <li>• The order of the meeting is as follows: <ul style="list-style-type: none"> <li>○ Ongoing Board business carried over from the 05.15 meeting.</li> <li>○ Edward Walker, Interim Director, will present the revised budget based on input provided at the May 15 meeting.</li> <li>○ Behavioral Health Board members can ask questions, make comments on the revised budget.</li> <li>○ Public Review/comment on the revised budget.</li> <li>○ Additional questions/comments by Behavioral Health Board members on the revised budget.</li> <li>○ Adjournment</li> </ul> </li> </ul>	
<p>4) Ongoing Board Business</p> <p>-Draft letter of recognition for former Director Dr. Bradford Luz</p>	<ul style="list-style-type: none"> <li>• The draft letter of recognition for former Director Dr. Bradford Luz was considered for approval by the Board.</li> <li>• Salvador Ventura stated that the letter would need further revision and consideration before it could be approved.</li> </ul>	



	<p>Code, not the Code in its entirety. Entire Code is available upon request; please contact Geoff Davis, BHB Secretary.</p> <ul style="list-style-type: none"><li>○ Salvador Ventura advised the public that the Board does “not have budgetary authority; advisory body only.”</li></ul> <p style="text-align: center;"><b>Revised Draft Budget Presentation</b></p> <ul style="list-style-type: none"><li>● Draft Budget Reduction<ul style="list-style-type: none"><li>○ FY 07-08 Approved Mental Health Budget, \$48 million</li><li>○ FY 08-09 Draft Mental Health Budget, \$43 Million</li><li>○ \$5 million annualized reduction</li></ul></li><li>● Mental Health Budget Only<ul style="list-style-type: none"><li>○ The revised draft budget only includes mental health:</li><li>○ Grant-Funded programs such as Connecting Circles of Care are not reduced/</li><li>○ MHSA funds are not reduced.</li></ul></li><li>● Alcohol and Drug/Prevention &amp; Proposition 36 funds are not part of the Mental Health Budget.</li><li>● State Funding<ul style="list-style-type: none"><li>○ State funding has never been sufficient for public mental health.</li><li>○ Since FY 99-00, State funding has become even worse.</li><li>○ Claims for AB 3632 payments to counties were suspended for three years (payments resumed, counties to be repaid over 10 years).</li><li>○ EPSDT funding was given to counties three quarters in advance.</li></ul></li></ul>	
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	<ul style="list-style-type: none"> <li>○ EPSDT funding is now given only two quarters in advance.</li> <li>○ Medi-Cal claim payments delayed , causing major cash flow problems.</li> <li>○ The State failed to submit a large federal claim, and discovered it too late to re-submit.</li> <li>○ The State had to appropriate State General Funds to pay counties.</li> <li>○ These payments are spread over three years.</li> <li>○ Routine Medi-Cal claims remain delayed.</li> <li>○ State-caused cash flow problems continue.</li> <li>○ State deficit today is estimated at \$17 billion.</li> <li>○ Counties bear the brunt of mental health cuts (Ex., Yolo County, with 170 positions will eliminate 70 positions).</li> <li>○ A large State deficit is expected for FY 09-10.</li> </ul> <ul style="list-style-type: none"> <li>● Budgeting Background <ul style="list-style-type: none"> <li>○ Expenses exceeded funding sources years ago.</li> <li>○ State delays in paying claims made the cash flow problem much worse.</li> <li>○ Funding base trust funds were used up, <b>leaving no reserve.</b></li> </ul> </li> <li>● Loan of County Funds <ul style="list-style-type: none"> <li>○ With no reserve funds, a loan was needed.</li> <li>○ FY 06-07, County funding was needed for ongoing operational expenses. This was an unplanned loan of County funds that continues.</li> <li>○ <b>The loan must be repaid in this budget.</b></li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"><li>• Medi-Cal Rate<ul style="list-style-type: none"><li>○ Allowable costs divided by units of service equals the rate Medi-Cal pays.</li><li>○ The State measures out-patient service units by the minute.</li></ul></li> <li>• Annual Cost Report<ul style="list-style-type: none"><li>○ Service Data collected by Legal Entity (<b>DBH is a single Legal Entity comprised of many services sites of teams</b>).</li><li>○ Service Data from all sites totaled by mode and type of Service by Legal Entity Cost Report (In-Patient-Day Treatment-Out-Patient).</li><li>○ Cost Report submitted to State DMH as the final claim for Medi-Cal reimbursement, then “settled” to <b>one rate by service type by Legal Entity</b> (not service sites or teams).</li></ul></li> <li>• Fundamentals of a Cost Report<ul style="list-style-type: none"><li>○ Each service site or team delivers services throughout the year.</li><li>○ At close of year, all units of service (UOS) are totaled by mode of service across the Department (Legal Entity) rather than individual service sites or teams.</li><li>○ Costs are totaled by each mode and are applied to the UOS. This determines an overall Departmental Rate.</li><li>○ Reimbursement is settled to this Departmental rate.</li></ul></li> <li>• Fundamentals<ul style="list-style-type: none"><li>○ The budget reduction is large.</li><li>○ Remaining funding is very large.</li></ul></li></ul>	
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	<ul style="list-style-type: none"> <li>○ The Board of Supervisors remains fully supportive of providing mental health services.</li> <li>● Management Responsibilities <ul style="list-style-type: none"> <li>○ A 10% budget reduction is large and difficult to manage.</li> <li>○ Department leadership will meet this challenge: <ul style="list-style-type: none"> <li>▪ Adjust Department structure and resource allocation as necessary.</li> <li>▪ Ensure fidelity to service and administrative priorities.</li> </ul> </li> </ul> </li> <li>● Core Principles <ul style="list-style-type: none"> <li>○ Mandates will be met.</li> <li>○ High need clients will continue as a first priority.</li> <li>○ Quality care will be sustained.</li> <li>○ Resources will be managed to conform to priorities.</li> <li>○ Budget discipline will be sustained (<u>FY 08-09 budget will include an account to build a reserve for the future</u>).</li> </ul> </li> <li>● Human Issues <ul style="list-style-type: none"> <li>○ Clients and their families who need services are foremost.</li> <li>○ Great care must be taken to minimize difficulties.</li> <li>○ County employees and Contract Agency employees lives are disrupted.</li> <li>○ All feasible accommodations to mitigate the impacts on them must be pursued.</li> </ul> </li> <li>● Percent of Reduction <ul style="list-style-type: none"> <li>○ Adult Division, 40% of Budget, 40% of reduction.</li> <li>○ Youth Division, 46% of</li> </ul> </li> </ul>	
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	<p>budget, 37% of reduction.</p> <ul style="list-style-type: none"> <li>○ Administration, 14% of budget, 23% of reduction.</li> </ul> <ul style="list-style-type: none"> <li>● Highlights of Draft Budget <ul style="list-style-type: none"> <li>○ Paradise and Gridley Services will be provided in those communities by contract agency centers.</li> <li>○ Family Bridges Memorandum of Understanding with Department of Probation will end.</li> <li>○ <b>324 FTE Mental Health positions</b></li> <li>○ <b>54 Department positions reduced (30 employee will be laid off</b>, 22 positions are vacant, and two positions are newly eliminated.</li> <li>○ Caminar contract for supported employment service for adults will be reduced (15 consumer/client jobs lost).</li> <li>○ Eliminate Work Training Center Contract for adults in Oroville: <ul style="list-style-type: none"> <li>▪ 45 Clients will no longer receive Work Training Center and Do-It Leisure supportive services.</li> <li>▪ These clients will continue to receive mental health services.</li> </ul> </li> </ul> </li> <li>● Gridley and Paradise <ul style="list-style-type: none"> <li>○ Maintain the current level and array of mental health services in both communities while reducing costs to the County.</li> <li>○ Local services will be provided in Gridley and Paradise at contract agency centers.</li> <li>○ Key DBH staff co-located within community contract</li> </ul> </li> </ul>	
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	<p>agency centers (to provide authorizations, assessments, psychiatric care and community outreach).</p> <ul style="list-style-type: none"> <li>○ Continuity of medical care maintained. <ul style="list-style-type: none"> <li>▪ DBH medical staff currently providing care in Paradise and Gridley to be co-located within contract agency centers.</li> <li>▪ Maintain relationships and culturally relevant links to community institutions.</li> <li>▪ DBH community outreach staff complement the community relationships of the contract agency.</li> <li>▪ Community linkage is enhanced.</li> </ul> </li> <li>○ Contract agency centers provide no-cost space for self-help groups currently using DBH office space for their meetings.</li> <li>○ DBH staff will participate at the centers during transition and implementation phases.</li> <li>○ DBH conducts ongoing comprehensive oversight, contract management, monitoring, and quality assurance for contract agency center services.</li> </ul> <ul style="list-style-type: none"> <li>● Revised Draft Budget <ul style="list-style-type: none"> <li>○ DBH medical staff capacity fully maintained (Certified Nurse Practitioner position restored).</li> <li>○ One Mental Health Clinician</li> </ul> </li> </ul>	
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	<p>position restored.</p> <ul style="list-style-type: none"> <li>○ Two positions reduced from Leadership</li> </ul> <ul style="list-style-type: none"> <li>● Next Steps <ul style="list-style-type: none"> <li>○ Recommendations offered here today and those already submitted will continue to be carefully reviewed and considered.</li> <li>○ Some recommendations take longer to assess and/or implement and will contribute to ongoing budget planning.</li> <li>○ Today’s meeting will conclude the budget review and comment process approved by your Board.</li> <li>○ A recommended budget will be submitted to the County Administrator next week.</li> </ul> </li> </ul>	
<p>6) Behavioral Health Board Questions and Comments on Revised Budget.</p>	<ul style="list-style-type: none"> <li>● Perry Turner asked whether “Best Practices” (ex., SEARCH and Drug Court programs) could be fostered by contracted agencies as they have been in the past by County programs, and how many what best practices have come out of contracting in well-heeled Bay and Southern California metropolitan areas.</li> <li>● Edward Walker replied that counties across the State utilize a mix of county and contracted agency services to meet the needs of the community. Best practices are applied across the Board by employees, regardless of who the employer is. The key factor is the level of commitment to do it, and to do it well.</li> <li>● Perry Turner asked how long it would take for the proposed changes to take place, and what the Department budget would look like like six to eighteen</li> </ul>	

	<p>months from now.</p> <ul style="list-style-type: none"><li>• Edward Walker replied that next year will be a difficult year as well. California public mental health funding history informs us that this will most likely continue to be the case in the future.</li><li>• Perry Turner then asked about the idea of the 36 hour work week as a way to save money.</li><li>• Edward Walker answered that County Administration has been informed of that idea.</li><li>• Dave Panchesson stated that most of his questions had already been answered by Edward Walker's presentation. Dave Panchesson asked whether the philosophy of striving to serve the under-served in the community will continue in light of the proposed changes.</li><li>• Edward Walker affirmed that the philosophy of serving the under-served will definitely continue. Quality of services will depend on the efforts of County and contracted agency staff.</li><li>• Supervisor Kim Yamaguchi addressed the issue of the State's 10-year payment plan to the counties to make up for the lost revenue due to a late claim made to the Federal Government for Medi-Cal reimbursement.</li><li>• Supervisor Yamaguchi asked that if the Medi-Cal claim was actually a Federal issue rather than a State issue, if the claim could be worked on with the Federal Government in lieu of a 10 year re-payment plan by the State.</li><li>• Edward Walker stated that would be an excellent idea to pursue.</li><li>• Carol Childers thanked Edward Walker for all of the thought and consideration that went into the revised budget. Carol discussed the importance of continuing to serve those currently receiving services,</li></ul>	
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	<p>particularly of those who are in the process of recovery. It would be a terrible loss for those who in the process of recovery, to lose progress made due to cutbacks in services. Carol closed by stating that she was not comfortable with the proposed closures of Paradise and Gridley Centers. Carol suggested proportionate cuts across the board and additional sub-contracting as a possible alternate solution.</p> <ul style="list-style-type: none"><li>• Dr. Michael Shuell commented on the strong support shown by the community for the Paradise and Gridley facilities at the May 15 meeting.</li><li>• Dr. Shuell asked what the decision-making process was when the community's sentiment was articulated at last week's meeting.</li><li>• Edward Walker replied that last week's meeting sparked a great deal of discussion by the Department Leadership Team, and a long critique of the feedback provided by the community. There is a need to both sustain the overall service level and to implement the proposed reductions. The medical staff issue was adjusted to insure continuity of care, as an example of the Department's response to the community's concerns. Department Leadership believes that the Department can sustain a large presence by way of a contracted agency in Paradise and Gridley.</li><li>• Dr. Michael Shuell then asked how the cuts affect the progress that the recovery model approach as made in the Department.</li><li>• Edward Walker referred to a comment made at the May 15 meeting about how cuts made were contradictory to as well as a step back of the recovery model's implementation. Edward</li></ul>	
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	<p>Walker agreed that cuts are contrary to the recovery model, but re-affirmed the Department's commitment to the recovery model is as strong as it was before. The Department will do all it can to strengthen the recovery model within its programs.</p> <ul style="list-style-type: none"><li>• Tom LeBlanc expressed his total support for what Carol Childers said earlier in the meeting. After relating his personal experiences with the Department as a family member, he asked how the changes in Paradise will affect services for his family member.</li><li>• Edward Walker answered that sites in Paradise will be highly accessible, albeit that the exact sites are unknown at this time. The plan is that the doctor/patient relationship that exists now will not be changed. Medical staff will be co-located at the new sites.</li><li>• Salvador Ventura remarked that the consumers are why we are here. Salvador questioned how contracting out services is cheaper for the County.</li><li>• Edward Walker responded by first commenting that it was a fair and good question for Salvador to ask him. The reason why contracting agencies are cheaper is because their base cost is less. It is true they have a lower reimbursement rate, but that is ameliorated by the fact that they provide services at a lower cost.</li><li>• Perry Turner asked whether there would be safeguards against HMOs.</li><li>• Edward Walker replied that there would be in the sense that the Department alone is responsible for monitoring access to care. Edward explained that HMOs derive savings by denial of services. The Department is the sole agency to determine access to care.</li><li>• Perry Turner asked about how</li></ul>	
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	<p>facilities will be impacted by being leased by contracted agencies.</p> <ul style="list-style-type: none"> <li>• Edward Walker stated that the request for proposals (RFPs) would have facility needs incorporated into them.</li> </ul>	
<p>7) Public Review/Comment</p>	<ul style="list-style-type: none"> <li>• Patricia Krause referenced her hand out on budget calculations (available from Geoff Davis, BHB Secretary upon request). Patricia commented that the State and Federal portion of the cost of care is 90%; the County's portion is 10%. Patricia asked why the Department wants to close the Paradise and Gridley facilities.</li> <li>• Angel Calderon talked about how the Gridley Center is the only clinic that has been practicing the recovery model since the Center's inception in 1996. Angel has seen many contracted agencies use County facilities in the past at no charge. Will, in the future, Department employees be able to use contracted agency facilities to help the destitute that contracted agencies will not be able to assist? Angel discussed how the Gridley Center effectively addresses consumer symptoms and then assists in the integration of the consumer into his/her community.</li> <li>• Donna Jensen questioned how much the Department will save with its proposed changes. Donna stressed the importance of accessibility to free clinics for those in need. She enjoined the Department Leadership to consider the cost of the loss of services.</li> <li>• Michelle Phillippi appreciated all of the hard work that was put into the revised budget. Michelle voiced her concerns on the level of services to seniors. Board and Care facilities often accept seniors contingent on them receiving mental health services. She asked how medical services will be provided to such consumers.</li> <li>• Norma Rigs shared her experiences at</li> </ul>	

	<p>the Paradise Treatment Center, and how she was oftentimes over-medicated prior to her receiving services at PTC. She acknowledged the importance of the budget, but said that consumers have a hard time with change and that change/transition can be very confusing. Can the changes be made slowly in light of this fact?</p> <ul style="list-style-type: none"><li>• James Rosencranz talked about the cuts to services as an infringement of consumer’s civil rights. He asked whether politicians would want to have their perks cut as consumer services are proposed to be cut.</li><li>• Mary McCloskey thanked the Board and the Department for the opportunity to speak. She shared her personal experiences and challenges. Positive experiences at the Paradise Treatment Center included the feeling of being welcome and accurately diagnosed as an addict with mental illness (dual diagnosis) This combination of being made welcome and effective clinical care has lead to Mary’s current success, which includes have completed her first year in Alcohol and Drug Studies at Butte Community College.</li><li>• Stephen Abell said it is a shame what is going on (proposed budget). He talked about the high quality of care received at the Paradise Treatment Center. The care he has received has restored his ownership of his personal dignity and destiny.</li><li>• Ken (of Do-It Leisure) talked about “how an ounce of prevention is worth a pound of cure.” He talked about how Do-It Leisure has a 27 year history with Department as a contracted agency, and that the recovery model has been practiced for a long time, but never been called that in name. Ken questioned whether not</li></ul>	
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	<p>mentioning the term recovery model in the past had an impact on its current situation with the Department.</p> <ul style="list-style-type: none"><li>• Cary Medina has been going to the Drop-In Center for 11 years, and has received mental health services for the past 25 years. The DIC has been very helpful in her recovery.</li><li>• Kim McGery shared her personal experiences with the Board and public.</li><li>• Karen (last name not given) stated that she is bipolar, and a consumer receiving services from Do-It Leisure, which provides an outlet for her. She and others rely on Do-It Leisure to give their lives focus.</li><li>• Danny Quigley has been with Do-It Leisure for over two years. He talked in detail about new drugs being introduced into the Oroville area.</li><li>• Greg Fagen stated that he has a problem with non-clinical people making clinical decisions. He recounted such an incident in which a clerical support staff turned away a suicidal consumer without that person having the benefit of clinical assessment and care. Greg advised that the budget should not move forward without clinical feedback.</li><li>• Julie (last name not given) of Do-It Leisure talked about how Do-It Leisure made her life right once more, and wondered out loud what would happen to the fellowship that exists with the Do-It Leisure community.</li><li>• Elia Goodwin, Former Director of Do-It Leisure, talked about how such a small program has had such a large impact. She had all of those from Do-It Leisure at today's meeting stand up and applaud what Do-It Leisure has done for them. She talked about how Do-It Leisure is a bargain for the Department, and that the Department should reconsider its position.</li></ul>	
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	<ul style="list-style-type: none"> <li>• Julie Bos talked about the money the State lost due to its late claim (Medi-Cal).</li> <li>• Miss Saldovan advocated for one-on-one therapy. She is sad to see that such therapy is no longer available. She commented on how her own life has deteriorated with out this level of care. She went on to explain how stability makes a huge difference for those how have post traumatic stress disorder (PTSD).</li> <li>• Catherine Riley questioned the reasons why contracted agencies cost less (ex., no retirement pension, low or no benefits package). She cautioned the Department to look very carefully at how contractors pay their employees. She likened the proposed contracting to the North American Free Trade Agreement (NAFTA).</li> <li>• Rudy Jenkins stated that the contracted agencies save the Department due to cheap labor. He said that the Paradise Treatment Center was taken over by the Department five years ago due to contracted agency mismanagement.</li> <li>• George Syler addressed previous concerns about which sites contracted agencies would utilize to deliver services. He talked about negotiating leases with the current facilities used by the Department. George said staff currently working for the County at the Paradise and Gridley Centers would have opportunities for employment with whoever is contracted to run them. He also stated that contracted agencies, such as his (Youth for Change), have to compete with County wages and benefits.</li> </ul>	
8) Additional Board Comment/Questions	<ul style="list-style-type: none"> <li>• Tom LeBlanc praised those in attendance for their commitment to a high level of care. He challenged consumers to apply for membership to the Behavioral Health Board. Tom</li> </ul>	

	<p>said that he looks forward to the time when mental illness is seen to be on par with physical illnesses such as cancer.</p> <ul style="list-style-type: none"> <li>• Dave Panchesson announced his support for Tom LeBlanc’s comments.</li> <li>• Perry Turner talked about the membership process.</li> <li>• Salvador Ventura spoke about what the Board is currently doing to improve services (ex., Crisis Intervention Training, Customer Service Training, support for the Club Stairways Program).</li> <li>• Carol Childers urged people to remember the National Alliance for the Mentally Ill (NAMI) to make sure that their needs are met.</li> <li>• Edward Walker invited all who wanted the meeting agendas mailed to them or e-mailed to them, to leave their information.</li> <li>• Edward Walker talked about how the transition is scheduled for October, contingent on approval by the Board of Supervisors. The Board will be kept current on the progress of this transition. The transition will be comprehensive in scope, and keep consumer care as its primary focus. Suggestions made by the Board and the community will be used in both the short and long term, as applicable. The Behavioral Health Board is an excellent forum for such suggestions to be further developed.</li> <li>• Patricia Krause suggested that people attend the June 10 Board of Supervisors meeting where the Department Budget will be considered for approval. The meeting will be at 9:00 at 25 County Center Dr., Oroville. All five members of the Board of Supervisors will be there.</li> </ul>	<p>The Board will mail off agendas and/or membership applications to those who request it.</p>
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9) Adjournment	<ul style="list-style-type: none"><li>• Meeting adjourned at 5:00</li></ul>	The next meeting will be on June 19, 3-5, at the ASD Conference Room, 109 Parmac Rd., #1, Chico, CA 95926