



SACRAMENTO COUNTY MENTAL HEALTH BOARD (MHB)

May 5, 2010

MHB General Board Meeting Minutes - Final

Sacramento County, Administration Building—Hearing Room 2
700 H Street, Sacramento, CA 95814

Attendance: Chad Thompson - Chair; Terry Imai – Vice Chair; Frank Topping – Secretary; Jane Fowler; Laurd Irvin; Randi Knott; Langley Kreuze; Susan McCrea; Supervisor Don Nottoli (arrived at 7:26pm)

Absent: Christopher Browne, OJ Platt

Other Attendees: Julie Leung, Division of Mental Health Liaison; Janice Snyder, Deputy County Counsel

- I. **Call to Order:** Chad Thompson, Chair, called the meeting to order at 6:04pm.

Welcome and Introductions

- A. Approval of May 5, 2010 Agenda: Randi Knott moved to approve the May 5, 2010 Agenda. Laurd Irvin seconded. Ayes: Unanimous. Motion carried (8).
- B. Approval of April 9, 2010 Minutes: Langley Kreuze moved to approve the April 9, 2010 minutes. Ayes: Jane Fowler, Terry Imai, Laurd Irvin, Langley Kreuze, Susan McCrea, Chad Thompson, Frank Topping. Abstained: Randi Knott. Motion carried (7).

II. Announcements and Advocacy Reports (two minute presentations)

- A. Announcements: Frank Topping disseminated tags with a Suicide Prevention Hotline number for returning veterans.
- B. Youth, Adult and Consumer Advocacy Report: No report.
- C. Mental Health Contractors Association Report: Paul Powell, President of the Mental Health Contractors Association, provided the following report:
 1. There's concern about the short time line with the mid-June Board of Supervisors (BOS) Budget Hearings and the new fiscal year approaching, and time to develop a transition plan for those consumers that would be affected. Providers and Division of Behavioral Health Services (DBHS) staff, together, are working hard on details associated with the transition plan to ensure as best of transfer of services given whatever plan that is approved by the BOS. There are several other plans and ideas in the works in reaction to how the community can come together that will be presented at a later date.
 2. The Contractors Association members have been invited to participate in some workgroups that were established by the California Hospital Council. There's a workgroup that is discussing the continuum of care and services available to clients in the acute care arena. Another workgroup is looking at patient and consumer rights issues. Another workgroup is looking at new partnerships, new opportunities and restructuring. A set of recommendations will be presented to the County, BOS, and this Board by late June.
 3. MHSA Oversight and Accountability Commission (OAC) have received hundreds of letters from consumers and supervisors requesting that the OAC solicit assistance from the State Legislative Counsel to secure an opinion on whether the State Welfare and Institution Codes (W&I) govern MHSA funds.
 4. The Contractors Association has hopes that the Municipal Services Agency and the County Executive will consider forgiving or deferring the \$2.9m

payment on a previous loan that was made to DBHS which will provide some relief to the system that will be in place July 1.

D. Law Enforcement Report: No report.

III. Public Comment (two minute presentations)

Patty Gainer: Patty stated that she is bothered that the proposed changes to the MHSA programs has come from the top down and that we have not followed our own charter for a stakeholder process. The previous System Integration Workgroup closed quickly prior to having an opportunity to support a complete position which included family and client driven programs. Although the plan uses a lot of language about wellness and recovery that comes from the consumer movement, the first few sentences of the plan talks about the medical model. The plan also talks about using WET funds. WET funds should be used for preparing consumers for the workforce. It's about acceptance, non-judgment and equality which we are not going to get from the Wellness Centers and the Treatment Center or anything County operated. Bringing the plan to the MHSA Steering Committee when it hasn't gone from the ground up is a way for them look as if it's gotten community support.

Sandra Marley: Sandra has complete manual for Crisis Intervention that the San Francisco Police uses. It's really hard to get in to Law Enforcement to provide training but it's really needed. NAMI provides a three to four hour training to the sheriffs.

Michael Wilkins: These people need our help. He asks that services are not cut.

Debbie Davis: Sacramento County is going to call their outpatient clinics the Sacramento Wellness Centers and they want to go with a wellness and recovery model which is really great; however, she doesn't know county workers that know much about wellness and recovery. At the Wellness and Recovery Centers (WRC) you can take a breath because you are among peers. The consumers have a voice and have a say. She suggests that the County please consider changing the name of their clinic. It adds insult to injury when a County clinic uses a medical model and calls itself and Wellness and Recovery Center. Although a medical model is important, it's easier to develop trust with a peer than a County employee.

Laura Coker: Laura is concerned about the Department of Justice profiling people using mental health diagnoses.

IV. Division of Behavioral Health Services, Mental Health

A. Director's Report – Mary Ann Bennett, Deputy Director:

1. Since we last met, there has been an increase in the County's deficit due to the cost of laying employees off (unemployment benefits) and pension obligations. Therefore, the deficit has increased by \$950,000. As a result, the Division reduced four (4) more County positions and reduced additional services and supplies.
2. Upon BOS approval mid-June, Sacramento County proposes to implement four (4) Wellness Centers, using the TCORE workplan. These Centers will be located regionally. Potential sites include Stockton Boulevard, Bowling Green, Del Paso Heights, Marconi Avenue. The draft Sacramento Wellness Center Budget was reviewed (see handout). Under this proposal, the contracts with the four providers of the Regional Support Teams will not be renewed for Fiscal Year 2010-11.
3. Other budgetary issues that remain to be addressed include: Institute of Mental Disease (IMD) ancillary services that for which Counties are now responsible, the increased FMAP will end as of June 30, 2011 if the Federal budget includes the extension, and there is the additional unknown reductions from the State budget.

- B. Adult Mental Health Services – Rod Kennedy, Acting Chief of Adult Mental Health:
The services in the general adult outpatient system are changing; however, MHSA Full Service Partnership (FSP) Programs and Guesthouse will remain.

V. Discussion/Action Items

- A. Comfort Agreement for MHB Meetings that include Public Comments: Janice Synder advised that the MHB can request and encourage that members of the public follow the Comfort Agreement. Randi Knott moved to adopt the MHSA Comfort Agreement as a MHB Guideline. Langley Kreuze seconded. Ayes: Unanimous. Motion carried (9).

VI. Adjournment: Meeting adjourned at 8:12pm.