



SACRAMENTO COUNTY MENTAL HEALTH BOARD (MHB)

October 1, 2008

MHB General Board Meeting Minutes

Sacramento County Administration Building—Board of Supervisors Chambers
700 H St., Sacramento, CA 95814

Present: Chad Thompson, Chair; Terry Imai, Vice-Chair; Jane Fowler; John Mancano; Susan McCrea; Supervisor Don Nottoli; Peter Panasenکو; OJ Platt; Diann Rogers; Frank Topping

Absent: Bill Young

I. Call to Order: Chair Chad Thompson called the meeting to order at 7:12 p.m.

Welcome and Introductions

A. Approval of October 1, 2008 Agenda:

1. Chad moved to approve the agenda; Jane seconded. Ayes: Unanimous. Motion carried (10).
2. Frank Topping moved to move Discussion Item number V. D. RST funding crisis forward. Terry seconded. Ayes: Unanimous. Motion carried (10).

B. Approval of September 10, 2008 Minutes: Frank Topping moved to approve minutes. John Mancano seconded. Ayes: Chad Thompson, Jane Fowler, John Mancano, Supervisor Don Nottoli, Peter Panasenکو, OJ Platt, Diann Rogers, Frank Topping. Abstained: Terry Imai, Susan McCrea. Motion Carried (8).

II. Announcements and Advocacy Reports (two minute presentations)

A. Announcements: Mental Health Services Act (MHSA), Prevention & Early Intervention (PEI) Orientation/Kickoff, Wednesday, Oct. 22, 4:30-7:30 p.m., CSUS Alumni Center. All MHB members will be invited.

B. Youth, Adult and Consumer Advocacy Report: Marilyn Hillerman, MHA Family Advocate provided the following announcements:

1. Mental Health Walk, Saturday, October 4, Capital.
2. Older Adult Conference, "The Final Act," October 23. Register early to attend.
3. Consumer Speaks Conference, Wed, October 28, Oak Park Community Center. For more information, contact Andrea Hillerman-Crook at (916) 875-4710.

III. Discussion / Action Items:

A. Regional Support Teams (RST) Funding Crisis / Budget Committee Report:

1. Chad Thompson discussed that information was provided at last month's MHB meeting regarding the potential \$600,000 shortfall to each of the RSTs. MHB has sent a letter to Supervisor Jimmy Yee requesting that the Board of Supervisors (BOS) and Division of Mental Health to consider enhancing existing RST programs with MHSA funds. No response has been received as of this date.
2. Leland Tom, Mental Health Division Director, provided the following report:
 - a. For the current fiscal year (FY), there are no Trust Fund dollars to support the RSTs. The Division, therefore, absorbed the \$2.4 million (\$600,000 per RST) that would have come from Trust Fund to augment the RSTs. The RSTs therefore will remain intact through this FY. The Division's Management Team and RST Directors have been exploring ways to reduce the pressure within the RST system, such as looking

- at other methods of serving clients at all levels of care, RFP for Recovery Option 5, in anticipation for the fiscal year 09/10 budget .
- b. We anticipate more reductions going into the next FY; however, we do not know how much. As we prepare for next year, whatever recommendations regarding potential reductions that are made by the Division will be open to community planning process/ feedback prior to going to the BOS.
 - c. Although the MHB recommended that the MHSA Steering Committee and System Integration Workgroup consider using MHSA dollars to salvage the RST system, there are more immediate concerns regarding the reduction of Manage Care dollars. It is suggested that the workgroup consider using MHSA dollars to transform current / existing programs that may be impacted by further reductions to this fiscal year before reviewing how MHSA dollars may be used for the RST system.
3. John Mancano provided a recap from the September 2008 Budget Committee Meeting: The charge of the committee was to look at the shortfalls from the upcoming budget. An augmentation/reduction workgroup was established. John disseminated the September draft meeting minutes and summary of recommended budget reductions (see "Mental Health Reduction Proposals, 08/09 Final Budget Preparation" handout). That Committee agreed to forward items 1-8, combined, which covers the shortfall of \$1.2m, to MHB for recommendation for reduction. The Committee did not want to discuss remaining items and did not want to prioritize them for reductions and is passing that discussion to the MHB. The hope is that further reductions would not have to be made.
 4. Leland Tom responded by reiterating that we still don't know how much we need to reduce. We know that there will be reductions to Managed Care of \$1.2m; however, we don't know if there are further state reductions. We are already three (3) months into this FY and thus far the Sacramento County Mental Health Treatment Center (SCMHTC) has been over census. As we prepare for reductions, we need to consider further state reductions as well as shoring up dollars that are needed to fund required and necessary services (such as SCMHTC costs) for the remainder of this FY. It is suggested that Items 5-6 be reconsidered because if they are reduced, we will need to turn around and request additional money from the BOS to fund the increased cost to SCMHTC. If we start reviewing Items 11-13, we have a process in place to consider how we can transform core programs using MHSA dollars. The MHSA Steering Committee charged the System Integration Workgroup with the task of exploring opportunities to transform core programs using MHSA funds. Some of these transformed programs may serve those that may be displaced because of the potential reduction of current programs. Time will be needed to analyze, plan for transforming programs, reducing programs.
 5. John Mancano moved that the MHB take items 1-8 from the Budget Reduction Workgroup proposal as the recommended list for reduction for submission for the Division's consideration. DHHS will be responsible for submitting the final recommendation to the BOS for approval. Diann Rogers seconded. Ayes: Terry Imai, John Mancano, Supervisor Don Nottoli, Peter Panasenka, OJ Platt, Diann Rogers, Frank Topping. Abstained: Jane Fowler, Susan McCrea, Chad Thompson. Motion Carried (7). Public Comments related to the motion:
 - Susan Gallagher, MHA: Are you voting on Budget Committee reduction list or County reduction list? (answer: Budget Committee reduction proposals) UCD is well funded, therefore, it was discussed that community based organizations shouldn't be cut over a well-funded organization. My understanding it that the group that voted on Recovery Option 5 were unaware of the reduction to the RSTs. In order to make knowledgeable decisions everyone needs to be on the same page and all info should be shared with committee members.

- Janice Massie: I am seriously concerned about the cuts on services for children and families. Why aren't we talking about postponing COLA's and pay increases? It's time we start looking at things like that.
6. John Mancano moved items 11-13 be considered for alternate funding from MHSA. Motion failed for lack of second.
 7. Chad Thompson move to include items 9-13 as well for the Division's consideration should it become necessary. John Mancano seconded. Discussion and Public Comment related to the motion:
 - Jane Fowler: Isn't it premature to put items 11-13 for review by the Division without having MHSA funding in place? These are important community resources. As a consumer, the MH Association is a critical part of the community's access to MH care and I don't see that it would be a positive reduction without making sure that MHSA funds are there to begin with.
 - Leland Tom: How MHSA funds are used needs to be vetted by the MHSA Steering Committee. Leland will present these concerns to the Steering Committee. Regardless, if there are reductions beyond \$1.2 m, the Division will be forced to make decisions r/t further reductions.
 - Meghan Stanton, Executive Director of Consumers Self-Help: Provided additional information in hopes that MHB will reconsider the Budget Committee recommendations to eliminate two of Consumers Self-Help programs. (see "Presentation to Mental Health Board, Oct 1, 2008," handout)
 - Member of the public: Please save programs and reconsider their effectiveness, how the programs serve people with homelessness and substance abuse problems. I hate to see people on the streets again with no medication, no treatment.
 - Patty Gainer: When you talk about dollars and cents, it is short-sighted to consider reducing those programs that run on a shoe-string budget. The MH Association and Consumers Self-Help do more for our community than the hospitals in terms of services they provide. If you take away MHA and Consumers Self-Help programs, people will be homeless, in hospital ER's, SCMHTC, or in jail which are very expensive places. It costs less than a dollar per day/person to run a Consumers Self-Help program.
 - Member of the public, Volunteer for Consumer Self-Help: I had out Consumer Self-Help brochures all over town.
 - Juanita Daniels, Volunteers Of America: On item 11, we are looking at cuts but we need to look at other things also to balance the budget. We are a high-cost savings program. Given an opportunity, we can draw down more Medi-Cal dollars for crisis intervention. Therefore, we can save ourselves. We fought hard to get that site and we serve 22 mental ill, and losing it would be a horrible thing to do.
 - Margaret, recent transplant from Nebraska: The Center has helped me out a lot. Without the Center, people wouldn't have anywhere to shower, to do laundry. It is real important to get these people out of the streets for a while; they do need help. If you want to close it, visit it first. It's important for Sacramento and California.
 - Frank Topping: I ended up as a first client of the Homeless Intervention Program. These programs save money, keep people out of hospitals and jails. I encourage the BOS and the Division to consider these cost-saving measures.
 - Mike Williams: I've seen how Consumers Self-Help has helped a lot of people in a lot of ways. It all comes down to dignity. Do you really want to take the dignity away from people who don't have a place to take their shower, to wash their clothes or have a place to stay for the day? What happened to the American spirit where Americans help Americans?
 - Ralph Taylor: Please continue the funding for Consumers Self-Help centers. My wife was diagnosed with schizophrenia in 1987. Since then, a lot of her progress

has been due to Consumers Self-Help. She now has gone back to get her certificate in alcohol and drug abuse counseling and has been helping people there. If you close the centers, it would be a most unfortunate incident for the county's most vulnerable people. Please do not let it happen. This year on any given night in Sacramento, 2,700 people are homeless and of those 34% of them are mentally ill. That means almost 900 people are out there on the streets who have serious mental illness that can push them in to isolation and loneliness. The violence against them is increasing. Do you realize the value of these centers? A cynic is one that knows the cost of everything and the value of nothing.

- Jane, also known as the "cupcake/hotdog lady": I've been dealing with the homeless since I was 7 years old. We go out every Wednesday night to feed the homeless. We have encountered vets who have been beaten up, amputees, generations of families living on the streets, not because they are lazy or alcoholics but because they don't have the finances to get shelter. It hurts me as a disabled veteran to see what happens out on the streets. We have taken out hundreds of sandwiches, cookies and water, we have given people blankets, we have talked to people and given them hope and encouragement. I've donated my time and food at the Center. This center has not only helped but have given homeless people a chance to give back. They provide peer counseling, jobs with a little pay to get them used to getting back in the workforce, and get them used to being back in society again. I want to impress on you that these are people's mothers, fathers, sons, daughters. We can't just look at costs.
- Member of the public: I'm a client of the MH Association. It has helped me with my anger, socializing skills and a whole lot more than you know.
- Daniel Massie: If I hadn't had the help I've been given, I would have ended in the morgue or jail. Many things that I have received I wouldn't be able to get from anywhere else but the MHA. The support that the MH Association gives is amazing and phenomenal. I'm a youth advocate and a volunteer and I enjoy my work.
- Ken Logan: I'm the lead advocate of MH Association. Seven members of our organization are on the MHSA Steering Committee. We supported the WET Taskforce workgroup and facilitated focus groups. By taking this cut, our clients will be greatly affected. We'll have to cut back on support groups that we currently have, about four or five a week. You can't put a price of life.
- Michael Young, MHA Youth Advocate: Touching on what Ken said of the WET Taskforce, we had six members affiliated with MHA on the Taskforce as voting members, facilitators, leadership roles. It's not just employees but family members and clients that we bring in to help serve on these boards. Five Essential Elements say that we need a client and family driven community which is exactly what we are doing. While I will be graduating from CSUS with a bachelors in psychology this December, when I look at Sacramento County Mental Health, this is something that I believe in. When I see programs like this getting cut when this is the backbone of Mental Health, why would I want to come to a place that will cut these remarkable programs. Why not go to Kaiser where they will keep me. MHA has the only youth advocate that I know of. I feel like we are a dying breed. We work with a diverse population which I've never seen anywhere else. To cut \$100,000 is cutting the entire program and that would be a travesty.
- Chris: I go to Consumer Self-Help North. Consumers Self-Help centers provide services for people with mental disabilities for \$0.91 cents a day, not to mention a hot lunch, showers, facilities including laundry verses hospitalization at the Sacramento MHTC for \$700.00 a day.
- Debra Middleton: I'm a consumer advocate and consumer, now a resource counselor. Not too far back in the past, some bad life choices and some really

unfortunate circumstances, landed me completely out of my environment and homeless. I was completely ill-equipped to find resources, etc. Homeless people came to my rescue and brought me to a day center where I sat down with a counselor and explained my situation. They gave me the very first step that it took to get my first unemployment check which led to me getting off the street. That's all it took. Hunger hurts and when you don't know how to beg and the police would automatically think that I was a prostitute, it's undignified. The day center is a place for us to hide and lick our wounds and take care of each other. Now I'm a resource counselor. It is my honor and duty to go back and help the people who helped me. The day center is a place for us to take care of each other. Closing down these day centers would truly be a crime.

- Member of the public: Staff at Consumers Self-Help helped motivate me because I would sleep all day, hanging out at my house doing nothing. I really hope you don't close this program down.
- David Keyes: I would like to applaud Consumers Self-Help drop-in centers and how tremendously helpful they were to my own transition after a lengthy institutionalization. I'd also like to plug the reputation that the Sacramento MH Association has statewide and in particular how they are admired for their emphasis on client recovery. I know for a fact that some of the MHA employees helped to get Prop 63 passed and literally stood on the corner just to get the initiative on the ballot. Some of these people could potentially lose their jobs. Please don't let that happen.
- Susan Gallagher, MHA Director: I want to talk about our values. By cutting all of these outpatient community based services, self help centers that have been around for many, many years, it really gave clients determination over their lives, focus on their recovery, gave each other peer support. And our own association where we provide youth and family with a voice in all these committees, workgroups, taskforces, it seems logical that we should fund these programs with MHSA state funds. It seems to me that we are looking to change things too rapidly and maybe not rapidly in some ways. It seems like we are abandoning our core programs. We're the foundation to where we've gotten. We are employing people and by eliminating these services you are putting consumers out on the streets again. This is what we've been talking about in WET. We facilitated all those groups and everyone said that we did a wonderful job. How can this be happening? We need the leadership to take control this situation and to commit time, energy and resources to see if can do this with MHSA funds. Don't just collapse program and don't just think about service delivery. Organizations have histories and connections with people. You can't just eliminate these things. We can't just let of these things and we can't let go of our values. It's like saying the only health care is in the emergency room. That's what we say when we are only going to fund the Treatment Center. If all the money goes away and what is left is the Treatment Center, that is really sad. We've moved away from everything that we built in this county. I hope you will consider these things and take a good hard look at how to use MHSA funds to fund these consumer programs.
- Dick Dobbins, Halcyon Place, Volunteers of America: VOA treats and houses 22 individuals that have chronic persistent mental illness, been homeless for years. We have been part of the provider community for the last seven and a half years. The folks that we have in our facility have extensive histories coming face-to-face with Treatment Center's service delivery and some of our patients have had state hospital histories as well. So in other words, our residents have received historically the most costly services provided by this county. Once people begin receiving services at Halcyon Place, very few of them use the Treatment Center at all. That represents a whole bunch of money, however, when you look at this set of

proposals, we are defined as being 22 members, high cost of \$29,000 a year per person. When you look at the cost of \$29,000 per year for a Halcyon Place resident verses \$180,000/year/person all county money for state hospitalization, where is the cost savings? We are in fact a diversion program from people getting to the Treatment Center and for State hospitalizations. In the last 9-1/2 years, we have not had one person go to Napa State Hospital. We need your help. We can save the county money by allowing us to modify our contract and bill for crisis intervention services.

- Sandra Marley: I'm an advocate, consumer and a family member. I also attend the Oversight Accountability Commission and was on several groups for Co-Occurring Disorders. I would like to get this information. I don't know what reduction is. MHSA just approved the Co-Occurring element with the program. Sacramento will be setting up the System Integration Committee to look at how things can be integrated with MHSA. I think a lot of people are jumping ahead too much.
- Jane Templeman: I'd like to build on Susan Gallagher's comments and connect the dots. I am a clinical nurse specialist, an LCSW, psychiatric nurse educator, currently adjunct faculty at CSUS, retired a year ago from UCD. I worked in Jail Psych Services not once but twice. About 16-18% of mentally ill people are incarcerated. Recently there's been a couple of suicides and recently allegedly some who was mentally ill killed his cellmate. I don't know whether they're short staff or if something is going on. I'm just so happy and honored to be working for Consumers Self-Help services. People go to Consumers Self-Help and other community-based services, it was always our hope that when people get out of jail. I'm delighted to run into some old friends at Consumers Self-Help. We have nursing students there and nursing students at Crestwood. This is where the rubber meets the road.
- Jazz Letters: I'm a consumer, taxpayer and part owner of a small business here in Sacramento. I'm relatively new to the area of homelessness and have gone out working with Jane for several years and have been appalled at what I've seen. It has touched my heart at the amount of people that have nowhere to go. Several years ago, our son became homeless and as a mother, that was one of the hardest nights of my life knowing that he was in an area that he had no clue about. I cannot understand why you would want to take away the money that helps these Self-Help Centers the give these people a place to go, to shower, to have bathroom facilities, to have a meal and just sit in a place where they can feel comfortable and safe. While it is only a drop in the big sea, it is making a difference. Please don't take away from these people.
- Member of the public: That's my wife and I'm the other part of the small business. I'm new to the area too. We went through a situation, with tough love, where our son chose to become homeless. But praise God, he is now doing great. He's working for FedEx. That's neat because someone took the time to reach out and say there's a better way. He wouldn't listen to mom and dad but he listened to someone else who cared. I'm a hick from the stick, I was born in Oregon and there's a lot I did not learn, but there's on thing I did learn which is common poor sense. If it takes \$5,000.00 to take care of one person in an emergency room verse \$2 or \$3 or \$4 or \$5 a day, how many more people could be taken care of?
- Janice Massie, MHA Family Advocate, Consumer and Family member: I was diagnosed bi-polar 13 years ago. I have been through quite a lot. In the last 10 years I have been with the MHA and in that time I can say that I have completely recovered. I have heard you vote on cuts to children's outpatient services, cuts to kids going for out-of-home placement, cuts for Triad crisis respite beds. These are all parents requesting services for their children in Children's Mental Health. Where are these parents going to for help when they no longer have these services? I

facilitate a support group called Family Night Out, we have a parent support group, we have psychiatrists talking to these people, we have different types of education and training and support for parents who have kids in the system. I don't know what they're going to do if we are not there to help them. I would like to put in my own bid for at least get together a group or a committee to look at the possibility of funding these programs with MHSA money. Don't just cut us, get a committee and take a look at it.

- Member of the public: I'm a member of the Wellness and Recovery and Consumers Self-Help Centers. I've seen people transform their lives through these centers. I've seen people down and out and depressed and don't want to take their medication and suicidal to turn around and transform their lives to the point where they are taking their medication, staying out of the hospital and taking care of themselves, volunteering, going to groups, making miraculous changes in their lives. We can do things for people. I am also a consumer. Working there and working in mental health has helped transform my life. We can help people access resources that they couldn't normally get in touch with. These are services that we desperately need and are incredibly helpful. If you come to these centers and watch people's lives change, it's amazing. If you close these centers, there's going to be more incarcerations, more substance abuse, more hospitalizations, more visits to emergency rooms and possibly more deaths. Because these are people we're talking about, we're not talking about dollars, we're talking about people.
 - Charles Thatcher: I'm a peer counselor and coordinator at the South Center for about seven (7) years. I enjoy my work. I learn everyday new things and meet new people every day. I hope you really don't vote that the Consumers Self-Help Centers get included in these cuts.
 - Member of the Public: I am homeless and on the streets for 3 days. If you take these centers away. I don't know where the next meal is coming from, where the next shower is. I'm recovering in certain ways and thanks to these people here, I'm on my way to a better life.
 - Thea Harris: I'm a member of Consumer Self-Help. I would like to share my story with you. Before I went to Consumer Self-Help, I was a wife and mother, I'm no longer a wife but a widow, my son is grown. All of the sudden when you don't have those things anymore to take care of, you feel lost. And I was feeling lost until I came to Consumers Self-Help. They helped me get through difficult times. My son said, Mom, you seemed to have given up on life. You know, you haven't been through what I've been through. Thanks to Consumers Self-Help, I've come a little further. I'm now a peer counselor. I've been in recovery from mental illness, depression and anxiety. I've come a long way. I'm 55 and I'm homeless and someday I'd like to get back into a home and if not, I'm providing something for someone.
 - Michael: I'm a client at Consumers Self-Help South for 9 years. Please don't cut Consumers Self-Help Center. At this time, I have a place to be to continue on with life.
 - Paul Powell, President, AMHC: (see "AMHC, Sacramento County MHB meeting, 10/1/08, Comments Concerning Budget Committee Recommendations" handout).
8. Supervisor Don Nottoli moved that MHB forward its recommendation to the Division to explore the potential for using MHSA funding for community based programs. John Mancano and Chad Thompson withdraw previous motions. Jane Fowler seconded. Ayes: unanimous. Motion carried (10).
- Leland Tom: Regarding the timeframe for recommended budget reductions: Because the MHSA System Integration Workgroup is still being formed, the Division will not be able to wait for the workgroup's recommendations in time to submit budget

reduction recommendations within the next two weeks to DHHS, then to the County Executive's Office in preparation for November budget hearings. Therefore, in the spirit of the motion just made, the Division will exercise its best judgment in identifying the programs that can be transformed with MHSA dollars and forward recommendations for the workgroup to examine. Currently, the Workgroup is seeking and accepting applications for participation and will begin meeting at the end of this month.

- OJ Platt: Sometimes when I listen I get the feeling like it's an us or them type of situation. I look at it as they (the Division) have the hardest jobs in the world. Because I work for the Board and watch the hard decisions they have to make. These are Solomon-type of decisions they have to make. I hurt for them because I don't think that they want to do this anymore than anyone wants them to. My heart breaks for them that they have to make these hard decisions and I hope that people remember that they are human beings too and that they know they are impacting other human beings and that this is not something they get happiness from. Unfortunately, when you are put at that position, at that level, someone has to make the decisions, somebody has to be the bad guy, somebody has to make the very hard decisions. I just want to thank you Leland because I know that your comments were not intended to hurt anyone. I just really respect what you have to do and am sorry that you have to do it.
- Chad Thompson: You are at the point where no matter what decision you make you impact someone. You've already had to swallow \$5.5m which is significant obviously. And that was not trimming fat but cutting away flesh. Now we are down to vital organs, bones. We don't have options. It's tough.

B. Mental Health Day: MH Day is scheduled for May 2, 2009 at the Clunie Center.

C. MHB Retreat: Suggestions for agenda items include a refresher course on W&I Code, the Brown Act, discussion of the MHB Mission Statement, operations, structure of membership, standardization of report to BOS, etc., and a variety of other topics. In addition, John Mancano would like a discussion on how each member of the Board perceives his/her role as a public interest member, family member or consumer. Chad will compile the information and send to MHB members for review. MHB will revisit this at the November meeting.

D. Retroactive Leave Of Absence Request from OJ Platt: OJ Platt informed the Chair that she would be unable to attend several meetings. She is requesting a retroactive Leave of Absence, which was granted.

E. MHB Performance Outcomes & Accountability Committee Report: Chad Thompson reported that Tracy Herbert, Research Evaluation Performance Outcomes (REPO) Program Manager, can provide data on facilities or agencies the MHB would like to review. Tracy will be presenting at next month's meeting.

F. Future Agenda Items:

1. Better coordination on exchange of information among members and the other committees, including the MHSA Steering Committee, so that we can information prior to our meetings.
2. Purpose of the Executive Committee meeting before the General Board meeting when agenda items are duplicative. Discussion would include compiling tasks that the full MHB delegates to the Executive Committee, from board operations to interviews. The full MHB must delegate these tasks to the Executive Committee. Terry Imai suggested that the Board Operations Committee develop structure for the Executive Committee and report back at the next MHB meeting.

- G. MHB Interview – Theresa Roberts: Theresa Roberts was interviewed at the MHB Executive Committee meeting. It was the desire of the Executive Committee to forward her application to full board for discussion and action. Frank Topping moved to approve Theresa Roberts' application and forward to the BOS for recommendation to for a MHB position. Terry Imai seconded. Ayes: Jane Fowler, Terry Imai, Supervisor Don Nottoli, Frank Topping. Opposed: John Mancano, OJ Platt, Diann Rogers, Chad Thompson. Abstained: Peter Panasenko, Susan McCrea. Motion failed due to tie.

IV. Adjournment: The meeting was adjourned at 9:35pm.