

Sonoma County Advisory Board on Alcohol and Drug Problems

Monthly Meeting Minutes

March 18, 2009

5 – 7 p.m.

MEMBERS PRESENT

Trey Dunia
Marvin Mars
Kevin McConnell
Edi Patrick
John Abrahams

MEMBERS ABSENT

None

STAFF PRESENT

Gino Giannavola, AODS
Donna Newman-Fields, Prevention & Planning
Maureen Donaghue, AODS
Angela Avery, AODS

PROVIDERS & GUESTS

Michael Spielman, DAAC
Cheryle Stanley, WRS
Don Cobb, Redwood Gospel Mission

Called to order at 5:10 pm, by Trey Dunia

I. Public Comment

- ◆ None

II. Action Items

- ◆ February minutes approved.
- ◆ **Budget Recommendations for FY2009-2010:** The AODS elements of the recommended budget reductions were distributed to board members. The green pages illustrated the 5% reductions approved by the board to be implemented July 1st. These reductions included – reduce the detox facility from 30 beds to 15 beds, eliminate the 4-6 hour hold program, and eliminate several vacant positions. There will be two layoffs resulting from the 5% reduction plan. Human Resources must get approval on a board item for position allocations slated for the 4/7/09 meeting prior to distribution of the seniority lists.

The reductions on both the green and the yellow pages are consistent with Advisory Board recommendations.

The yellow pages show the recommendations for the 10% and 15% reductions. Though the Board of Supervisors has reviewed the yellow pages, there has been no action taken at this time. The proposed reductions include – transfer of the 20 bed residential facility to providers in the community, transfer most of outpatient services to contractors and consolidate leases. The reductions in the yellow pages total \$450,000, which brings us to baseline.

DHS is preparing a “White Paper” for the CAO to include the Orenda option and other options that the department considered to put the reduction plan in some context. The

CAO will determine how this information will be presented to the board, and when, to answer any board questions still outstanding on the Orenda proposal.

The CAO has questions about the feasibility of implementing the reduction plans on July 1st. Our unions MOUs require 90-day notice to meet and confer for contracting out county services, which may preclude a July 1st implementation date if the Board approves the Orenda transfer of services.

There are potential countywide reductions such as elimination of Cost of Living Allowances (COLAs), imposing mandatory time off (MTO), elimination of the Management Benefit Allowance (MBA) etc. that can significantly alter the amount of reductions necessary at the department level. The county will meet in good faith with the unions on these proposals. The unions are scheduled for negotiations on April 2nd.

The Board of Supervisors has agreed to hold "town hall" meetings to get public input on budget reductions. The announcement with the meeting dates was passed out to advisory board members, who were encouraged to attend the meeting in their supervisor's district.

The Board commented that the argument in favor of keeping Orenda open is generally an emotional one. Advisory Board members would like to hear from community treatment providers the emotional side of cutting beds at their facilities. They also requested input from AODS and the treatment providers on the community impact for the proposed reductions. Discussion included:

1. If the BOS decides to keep county-operated treatment facilities, we may have to cut community beds. Cutting twenty to twenty-five beds in the community may likely require the Sheriff to open another North Coast Detention Facility (NCDF) unit at the cost of about \$1,000,000.00. This differs greatly from the impact of transferring the 20 bed residential facility from Orenda to contract providers.
2. DAAC did a study of the in-house impact of budget reductions. With a 10% cut in funding to their 99-bed facility, they would actually have to reduce by 16 beds due to staffing level requirements and fixed costs.
3. DAAC and WRS are both prepared to step up and take a percentage of the beds proposed to be transferred at this time. If the proposal is delayed a year or more, there is a possibility that they will be fully contracted with other entities such as state CDCR, and unable to set aside beds for the county.
4. Reducing community beds may cause a certain number of facility closures. There may be problems in re-establishing treatment beds in better budget years - it is difficult for treatment providers to obtain a use permit for new or reopening facilities.

The Advisory Board members noted that they have supported services at Orenda for as long as it was possible. It seems that the lesser of the two evils would be to make cuts that minimize the community impact.

The cuts outlined above are based on the County general fund decrease to AODS. At this time, AODS has level 09-10 state funding based on Fiscal Year 08/09 amounts. In 08/09, we had a 10% reduction that we covered using carryover funds. For 09/10, we do not

have any carryover dollars, resulting in the need to implement the 10% reduction. Our perinatal funding for 09/10 is \$75,000 less than it was in 08/09 and has been negotiated with the contract providers.

There is a special election on May 19th, in which five initiatives must pass in order to have a valid state budget. In addition, the state's revenue projections are off by billions. If voters reject any of the initiatives, or, if the newest revenue projections are correct, the state will have to revisit the budget. AODS may have to make additional reductions if the state budget is reworked and AOD is included in the next round of state cuts.

The Federal Block Grant will increase by \$20,000,000 this year. The Sonoma County share may be about \$20,000.00.

Advisory Board members opted to take action by setting up meetings with their supervisors to discuss community impact of treatment reductions as opposed to a transfer of services.

III. SACPA (Prop 36) Update

A short description of the SACPA program was given to Don Cobb, prospective advisory board member, prior to the Steering Committee update.

◆ **Steering Committee:** In 08/09, we had approximately \$100,000 more in carryover dollars that will not be available in 09/10. There will be a reduction in services totaling \$132,000; with 54 outpatient slots and 2 residential beds eliminated. The waitlist is down to 12 – we expect that it will go up in July, once the 09/10 fiscal year starts. The referrals to this program from the Court are increasing.

For the 08/09 budget, we transferred OTP funding from the allocation for probation into treatment services in order to assure that the funds will be used.

The steering committee had approved use of \$3000 in OTP funds for medication for Co-Occurring Disorder clients. To date only \$500 has been spent – we have been getting reassurances from the treatment providers that the funding will be used. If the funding is not used, it will impact the outcome for this pilot project and result in the return of unspent OTP dollars.

NTP Methadone referrals are down; Santa Rosa Treatment Program has proposed that we transfer funding from methadone maintenance into their intensive outpatient program. The certified outpatient program has been in existence for 18 months and is based on the matrix model. Transfer of the funds would open six outpatient slots in the community. SRTP and AODS will monitor the amount of methadone referrals and adjust the contract as needed.

IV. Prevention Division Update

◆ **Meth Task Force Phase II:** An initial planning meeting for implementing a systems integration plan between Health Services, Human Services and Probation has occurred. A RFP went out today to identify a consultant to lead this process. The board

of supervisors on Tuesday approved the acceptance of funding for 18-months from the California Endowment to implement the systems integration plan. A portion of the funding will be used for part-time AOD and Human Services Child Welfare employees. The goal is to break down the barriers between departments and institute a children and family focus to identify the children of substance using parents. The quarterly Methamphetamine Task Force meeting will be held tomorrow at 3pm in the Sheriff's training room. Agenda items include a discussion of the methamphetamine article in the Press Democrat and constructing a possible response from the Task Force focused on the prevention strategies recommended in the Meth Prevention Plan.

- ◆ The Meth Prevention Task Force education subcommittee will offer an all-day training on giving Meth presentations to the community in the third week of May. The subcommittee is working with the United Way to develop a mailing list of potential groups and organizations who might be interested in receiving a presentation on one or more aspect of meth: choosing from a menu of modules including Meth 101, Law Enforcement, Prevention, Treatment, etc.

- ◆ Prevention has received a \$125,000, five-year Drug Free Communities grant. The Rohnert Park/Cotati/SSU Underage Drinking Coalition is submitting a proposal for the five-year program grant. Prevention staff is applying for a Mentoring Grant, for \$75,000 a year for two years through DFC. The grant is to provide mentoring to Sebastopol in hopes of helping them build the capacity to apply for a full program grant after two years. Sebastopol had a Rural Enforcement of Underage Drinking Laws grant for 3 years that has ended; the Mentoring Grant (and eventual Program Grant) would enable them to continue the implementation of environmental prevention strategies begun under that funding.

V. AODS Division Update

- ◆ On April 1st, there is a meeting to discuss veteran's services in our county. Historically, returning vets have had limited options for AOD treatment. It is expected that tens of thousands of troops will be returning from Iraq and Afghanistan – what will be the county's response? A presentation by the VA on services available indicated:

- ◆ There are no VA sponsored AOD services in the county – vets will have to travel elsewhere for services.
- ◆ Vets must be active to receive services.
- ◆ The services available are for physical and mental health, with little or no AOD services available.

Michael Spielman of DAAC noted there was an effective vet's services outpatient program in place ten to twelve years ago in our county. The program stopped when the clinic opened on Chanate. Vets must go to Palo Alto to receive AOD services. He would like to be involved if our county establishes veteran's AOD services.

- ◆ AOD staff met with the Latino Commission Board members to discuss service issues. The board decided to close Casa Teresa as of May 31st. They have had a difficult time – their utilization beds do not generate enough funding for the facility. High fixed costs and US Immigration and Customs Enforcement (ICE) removing clients contributed to the problem. AODS will hold the funding for Latino Commission in abeyance for the

start up and operations of new facilities next fiscal year. The commission is looking to reopen in July in two, smaller facilities. They will take in only Latina clients and focus on Hispanic culture. CHCADA Consultants, under contract with the state ADP for culturally based training and assistance, will be on hand to help rebuild the program from the ground up.

As noted in the budget discussion, the Orenda Long Term Men's facility program may be cut. The facility is county owned and there are number of options for use of the property:

- ◆ Contract with a provider to have a men's long term program in the facility
- ◆ Contract with Latino Commission for use of the facility for Latina women
- ◆ Sell the property

The intent is to give the Latino Commission a good foundation to provide services to the Latino and Latina population.

VI. Roundtable Discussion

Cheryle Stanley: WRS will be able to step up and take transferred women's beds from Orenda. Cheryle reported that she was contacted by a woman who was in the program 10 years ago at the age of 37. The woman now lives in Seattle and has celebrated her 10th year of sobriety. Her mother was at WRS about 8 years ago and is still clean. Her daughter also went through the program, and gave birth to a clean and sober baby. The daughter is still struggling with addiction, the baby lives with his grandmother.

Don Cobb: Don indicated that he would appreciate a list of acronyms and a program description. Angie will send him the appropriate documents.

Michael Spielman: Turning Point is at or near capacity. They have started an incentive program – if the facility goes seven days without a client leaving before their treatment plan is ended, the clients get a movie. If the facility goes 14 days, there is a movie, ice cream and cake. Out of the last 20 people leaving, 17 stayed for their entire treatment plan.

DAAC received \$15,000 in funding to upgrade the perinatal day treatment food. It is \$2 per meal. The women and children had been given snack food, and now they will get more fruits and vegetables. For some clients, it is the best meal they get all day. WRS had been receiving this grant for a number of years.

Incentives really pay off – they work better than sanctions. The perinatal day treatment clients are entered in a drawing for a gift card if they attend all five days in a week. Attendance for this program is up by 25%.

Cheryle Stanley: WRS gives a T-shirt to clients that complete the program. It is a big incentive – a badge of honor. Clients who attend all aftercare receive a \$10 gift card.

John Abrahams: The new jail pods have wooden doors. The sheriff has a model program – MOD of the month, in which the inmates get ice cream for good behavior. The peer pressure is huge.

Trey Dunia: Trey may have a conflict next month that would preclude his attendance at the advisory board meeting.

Meeting Adjourned at 6:30 pm.

Next Meeting: April 15, 2009
Prevention & Planning conference room - 490 Mendocino Avenue
Santa Rosa, CA 95403