

Sonoma County
Mental Health Board Minutes
Feb 15, 2011
5:00 PM Norton West Wing Conference Room
www.sonoma-county.org/health/mh/mh_board.htm
(Minutes are posted in draft form and after approval)

Email: dhs-mhb@sonoma-county.org

Note: A list of acronyms is attached

CALL TO ORDER

Meeting called to order at 5:00 PM by Harry Martin, Chair

ROLL CALL

Present: Ivan Anderson, Lyndal-Marie Armstrong, Maureen Casey, Harry Martin, Eli Lindberg, Ron Miller, Kathy Smith, Doug Stephens, Mary Ann Swanson

Absent: Sharon Schmidt, Jenny Webley, Sherry Weyers

Public: Katrin Ciaffa (Buckelew); Kevin Murphy (Interlink); Laurie Petta (Goodwill); Grace Harris (CPI); Theresa Bruton, Jonathan and Patricia Coe; Dr. David Anglada-Figueroa and Dr. Francisco Trilla, Presenters (SRCHC)

Board of Supervisors Liaison to the MHB:

Sonoma County Mental Health: Mike Kennedy, MH/AODS Director; Gary Bravo, Medical Director; Denise Hunt and John Kolhoven, Section Managers; David Sheaves, ASO I; Hank Hallowell, Patient Rights; Virginia Meyer, clerk to the MHB

ANNOUNCEMENTS /PUBLIC INTRODUCTIONS & COMMENTS

- 1) Currently there are vacancies in Districts 2 (Petaluma) and 4. If you live in one of these districts and are interested in serving on the Board please contact Hank Hallowell at 565-4978 or hhallowe@sonoma-county.org.
- 2) You may submit agenda items for consideration, prior to the Executive Board meeting scheduled for the first Thursday of each month – the next one is March 3rd at 10:30 AM. Please email or call MHB clerk Virginia Meyer at 565-4850 or vmeyer@sonoma-county.org.
- 3) Board member Ivan Anderson said he's starting an LGBT support group in March; details to come.

APPROVAL OF MINUTES

Minutes of the last meeting, Jan 18th 2011, were approved after one correction and one addition. 7Ayes; 2 Abstentions.

SPECIAL PRESENTATION – “Santa Rosa Community Health Centers” (SRCHC) with Dr. David Anglada-Figueroa, Director of Mental Health Services; and Dr. Francisco Trilla, Chief Medical Officer [also, please see handout, posted separately on the website]

In the fall of 2010, Santa Rosa Community Health Center changed to a newer version of the Integrated Behavioral Health model (IBH) of service delivery, designed to increase access to an even higher quality of services. Founded in 1996 as Southwest Community Health Center on Lombardi Court, the expanded Santa Rosa Community Health Center now also provides medical and mental health services at the new Vista Family Health Center, Roseland Children’s Health Center, Elsie Allen High School Health Center, and the A Street Clinic. In addition, medical services are provided at the SRJC Reproductive Health Clinic; and at Turning Point Satellite substance abuse clinic, a partnership with the Drug Abuse Alternatives Center.

SRCHC’s collaboration with SCMH began in 2006, with Mental Health Services Act (MHSA) funding that fostered the beginnings of an Integrated Behavioral Health (IBH) model, which combines medical health care, mental health services, and substance abuse services. This is the future of health care, across the nation. From that beginning with three or four part-time MH staff, to 2011 with 15 full time MH staff, the improvements have resulted in easier access and quality of services. Primary care physicians at any of SRCHC’s locations can refer to SRCHC psychiatrists or MH professionals, sometimes the same day if the need is acute. Receiving MH services at the same location as they receive MH services greatly reduces stigma and has resulted in a dramatic reduction of No Shows and Cancellations among the approximately 54% of SRCMHC patients who are Latino.

SRCHC has group therapy sessions and classes on depression and anxiety as well as on parenting and couples; others will be added as patients request them. Individual therapy is available as an adjunct to other MH services.

The Vista Family Health Center is home to the Family Medicine Residency program, where 36 doctors in the final stages of their training, and 15 faculty provide care to Vista patients. SRCHC is committed to supporting the education of family practice residents in the field of community medicine, and to serving the community in a supportive and culturally appropriate environment.

SRCHC works with Mario Guerrero's SCMH Community Intervention Program (CIP), and every other month SRCHC doctors present for workers in the community. Although there's a lot of work to do in Santa Rosa, SRCHC collaborates as a member of the Redwood Coalition of Health Centers, which serves patients in Petaluma, Napa, and Marin counties. Using electronic medical records facilitates sharing of files and fosters genuine cooperation throughout the County.

Q & A:

Aren't the numbers showing Sonoma County Mental Health (SCMH) isn't meeting the needs of the Hispanic community?

Mike Kennedy said the State's Department of Mental Health (DMH) numbers indicate that SCMH is not meeting the needs of the Hispanic community; but beginning in 2006 with the MHSAs Community Planning process, the plan was to do things in an integrated fashion by enhancing the abilities of FQHCs [Federally Qualified Health Centers, such as SRCHC] to serve Latinos and Native Americans where they would most likely accept services - in their primary health care setting. This is the direction in which Health Care Reform is moving, and SCMH feels this is a better model. DMH has not been allowing us to count these services that MH funds at the FQHCs, but in this last year their attitude appears to be changing. The numbers have increased in MHSAs programs.

Mike said MH clients die at an average age of 50 years. They need medical care, they need substance abuse treatment, they need mental health services – all found in the integrated approach now being adopted by many providers. Southwest Community Health Clinic was interesting in partnering with us from the very beginning. Other clinics were doubtful at first but now see the benefits of collaboration. We used to talk only about our "target population", but now we're able to keep people out of PES and hospitalization by serving them "up front" at their medical homes. We have a model we've been working on so we're ready when Health Care Reform starts in 2014, making Medi-Cal available to many more individuals.

Aren't the Asian American, Pacific Islander, African American, and LGBT population underserved? What percentage are being served?

Dr. Anglada-Figueroa isn't sure that SRCHC has numbers on that. There is a group for Cambodian patients, as that need has been identified; and as the need arises, more services will be tailored.

Dr. Bravo said CIP team member Khraythong Souppakdy holds regular groups for the Cambodian and Laotian communities.

The A Street Clinic is a wonderful resource. Does SRCHC require a referral?

Yes.

Is there an appeal process if services are denied?

If services are denied, ask who the primary care doctor is, and call the site director with concerns. You should be connected to Behavioral Health.

Whom do you call to make an appointment with a psychiatrist?

Only patients of SRCHC can access SRCHC psychiatrists; the primary care provider can make the appointment or assist the patient to do so; those who are not patients of SRCHC can get information about SC Mental Health services by calling the Access Team at 565-6900.

ACTION ITEM None tonight

BOARD PLANNING – Add to March Executive Committee agenda: Finalize Retreat Date

REPORT OF MH DIRECTOR Mike Kennedy

Mike said there's State budget news every day. In Phase One of the Realignment adjustment, the Governor is proposing to divert \$870 million in MHSAs funds for one year (FY 11/12) to finance - 1) Managed Care, which for us means the Access Team and inpatient hospitalization; 2) AB 3632, which requires that children whose mental health challenges prevent them from fully benefiting from their education can receive free mental health services; and 3) EPSDT, which is essentially kids'

Medi-Cal – 60% is paid by Federal money, and 40% comes from the State’s General Fund; this is the portion that would be MHSA-funded .

In Phase 2, which covers FYs 12/15 through 15/16, the Governor proposes using funding authorized from the June 2011 ballot – the Vehicle License Fees and sales tax extensions he hopes voters will approve. After 15/16, the funding would end.

Meanwhile, Supervisor Valerie Brown is co-chair of a CSAC (CA State Assn. of Counties) committee that’s trying to determine how these proposals would actually work, as there are many questions impacting, Human Services, Health Services, Mental Health, Public Safety. The committee will be making recommendations to the Governor in the next weeks, and Supervisor Brown will keep the MHB informed.

With all the reductions and redesigning MH has done over the last few years, we’re within our means right now; and without the State budget mess we’d have been in good shape. As things stand, we need more information before recommending advocacy.

Right now it appears the governor is listening, and it looks like there will be reductions of staff at the State Department of Mental Health. Other states have reduced their Corrections budget, but California has not; that eats up a big percentage of General Fund dollars.

The CAPE (Crisis Assessment, Prevention, and Education) Team is up and running as part of the SRJC crisis team, where JC staff identify can youth who appear to be having mental health difficulties. MH funded a position at the college and can train parents to recognize a first break. CAPE is also working at El Molino and Analy high schools, and recently even linked a middle schooler with services. On February 23rd, the Board of Supervisors is expected to approve Santa Rosa High School’s inclusion in the schools visited by CAPE.

We’re still working on Innovation and WET RFPs, and we’re confident we can fund those services.

MH SYSTEMS TRANSFORMATION

Sonoma County’s Mental Health Services Act [MHSA] page is at www.sonoma-county.org/mhsa

The State’s MHSA page is at http://www.dmh.ca.gov/Prop_63/MHSA/default.asp

Denise Hunt RN, Section Manager for Forensic/Special Programs, said the Jail MH program is vulnerable to cuts in the face of a 25% reduction. Still, we’re hoping to maintain services.

Mike Kennedy is leading us through the integration of MH and Alcohol and Other Drugs (AOD) as we work to create services through one door. The Four Quadrant [Clinical Integration] system is the model, and we’re talking to partners to determine “who does what best?”

The Mobile Support Team is aiming for a July start, the CAPE team is in business, and the 911 brochure is being widely distributed with much positive feedback.

John Kolhoven EdD, Section Manager for Adult Services and Youth & Family Services said that while AB 3632 funding is in flux, it’s business as usual for Y&FS. We’ve built good relationships with Human Services and we’re keeping each other informed.

The WRAP program is a “phenomenal success.” Seneca and SAY have new contracts doubling the number of kids, and keeping them out of placement. Next week, Human Services is linking Day Treatment with residential placements. Sonoma County is number one in the State for kids in placement, even with WRAP. The Day Treatment and specialty mental health service providers soon will be meeting with Human Services and Mental Health to discuss expanding our service array.

On March 7th, Claude Rosenthal is retiring after 34 years with SCM; we’re losing a tremendous resource. [NOTE: Retirement date has since changed to May 2nd.]

A MHB member who works at a school said she sees WRAP services in action and repeated her remark from last month at the Sonoma meeting, that the program is “very impressive.” Also, she encouraged work on the brochures for children’s services.

Gary Bravo, Medical Director, continues to focus on health clinics in his role of Medical Director and senior manager over the CIP and the CMHCs, and he said working with SRCHC has been a great experience over the years. Petaluma Health Center just hired a full time psychiatrist for mental health clients. The CIP is still tirelessly visiting homeless shelters, Veterans services, etc. He said we sometimes might take Khraythong for granted, and suggested she one of our “unsung resources” to the East Asian community.

Someone asked how the process of combining mostly licensed Mental Health staff with unlicensed but experience Alcohol and Other Drugs staff is working. Mike said that AOD has no funding. DUI staff are still working, but other services are being provided by contractors. AOD is moving to an integrated model where services will be covered by Medi-Cal, over the next 3-4 years. MH and AOD will be more blended. New MHSA funding can pay for schooling in exchange for a

commitment to work in our programs. A specialty degree or focused masters program is a possibility. The best model includes licensed and unlicensed staff, and peer support workers. Criminal Justice has gotten all the funding in the past, but that's going away with the new State budget; and 90% of Jail inmates have substance abuse issues. In health care reform, there will be more funding going into integrated health care.

REPORT FROM THE CHAIR – Harry Martin

Harry said that while we have no control over the State budget, one thing we do have control over is our commitment to continue integration, collaboration, and communicating over cultural competency.

OTHER REPORTS None tonight

BOARD DISCUSSION / PUBLIC COMMENTS

Grace Harris from California Parenting Institute passed out a flyer for a Blue Ribbon Training to be held on Wednesday, April 27, 8:30-11 AM at the Mary Agatha Furth Center, 8400 Old Redwood Highway in Windsor. [For information and registration go to www.preventchildabuse.sonomacounty.org]

Erika Klohe, Buckelew's Family Services Coordinator, is holding free, drop-in Family Resource Clinics every Tuesday from 3:00-4:30 at 144 South E Street, Suite 200, in Santa Rosa.

Kathy Smith said there was a recent class in the West County supporting parents of children with mental health issues; the next class will be held in April. [Contact Virginia Meyer for information]

Meeting adjourned at 6:45 PM

Respectfully submitted,

Virginia Meyer, Mental Health Board Clerk

vmeyer@sonoma-county.org

Mental Health ACRONYMS

5150	Declared to be a danger to self and/or others
AB3632	Assembly Bill - State-mandated MH services for seriously emotionally disturbed youth
ACT	Assertive Community Treatment (run by Telecare)
ANSA	Adult Needs and Strengths Assessment
CANS	Child, Adolescent Needs and Strengths Assessment
CIP	Community Intervention Program
CIT	Crisis Intervention Training (for law enforcement)
CMHC	Community Mental Health Centers (SCMH)
ConREP	Conditional Release Program (State-funded)
CR	Crisis Residential (aka Progress Sonoma-temporary home for clients in crisis, run by Progress Foundation)
CS	Crisis Stabilization – within PES - see PES (up to 23 hours)
CSN	Community Support Network (contract Provider)
CSS	Community Services and Support (part of Mental Health Services Act-MHSA)
DAAC	Drug Abuse Alternatives Center
DHS	Department of Health Services (Sonoma County)
DMH	State Department of Mental Health in Sacramento
EPSDT	Early Periodic Screening, Diagnosis & Treatment
FACT	Forensic Assertive Community Treatment
FASST	Family Advocacy Stabilization, Support, and Treatment (kids 8-12)
FQHC	Federally Qualified Health Center
HSD	Human Services Department
IHT	Integrated Health Team (medical and MH services for adults)
IPU	Inpatient Psychiatric Unit
IRT	Integrated Recovery Team (for those with mental illness + substance abuse issues)
IMD	Institutes for Mental Disease (residential facilities for those unable to live on their own)
LG	Los Guilicos-Juvenile Hall
LGBQQTI	Lesbian/Gay/Bisexual/Queer/Questioning/Transgender/Intersexed
MADF	Main Adult Detention Facility (Jail) – as opposed to the N. County Detention Facility
MHB	Mental Health Board
MHD	Mental Health Division (Sonoma County)
MHSA	Mental Health Services Act
MIT	Mobile Intensive Team
NAMI	National Alliance on Mental Illness
PC1370	Penal Code 1370 (Incompetent to Stand Trial)
PES	Psychiatric Emergency Services
PEI	Prevention and Early Intervention (part of Mental Health Services Act-MHSA)
PPSC	Petaluma People Services Center
QI	Quality Improvement
QIP	Quality Improvement Policy (meeting)
QIS	Quality Improvement Steering (meeting)
QIC	Quality Improvement Committee (meeting)
RCC	Redwood Children’s Center
RCL	Rate Classification Level (12, 13, 14 - group home designations)
RFP	Request For Proposals (released when new programs are planned and contractors are solicited)
SCMH	Sonoma County Mental Health
SCOE	Sonoma County Office of Education
SELPA	Special Education Local Plan Area
SPMI	Serious Persistent Mental Illness (or Seriously Persistently Mentally Ill)
TAY	Transition Age Youth (18-25)
VOMCH	Valley of the Moon Children’s Home
WET	Workforce Education and Training (part of MHSA)
WRAP	Working to Recognize Alternative Possibilities
YS/Y&F	Youth Services/Youth & Family (Sonoma County Mental Health)