



**SONOMA COUNTY MENTAL HEALTH BOARD**  
**Minutes of March 20, 2018**



**This Meeting:**  
**Norton Mental Health Center,**  
**West Wing Conference Room, Santa Rosa**

Minutes are posted in draft form and after approval at [www.sonoma-county.org/mhboard](http://www.sonoma-county.org/mhboard)  
Email: [dhs-mhb@sonoma-county.org](mailto:dhs-mhb@sonoma-county.org)

**Please Note: A list of commonly used abbreviations and acronyms is attached**

**CALL TO ORDER**

Meeting called to order at 5:05 PM by Chair, Asghar Ehsan

**ROLL CALL**

**Present:** Asghar Ehsan, Matthew Jensen, Mary Ann Swanson, Shellie Hadley, Kathy Smith, Dick Kirk, Sherry Weyers, Fran Adams, John Suazo, Bob Cobb, Patricia Gray

**Excused:** Diana Nelson, Lyndal-Marie Armstrong

**Absent:** None

**PEERS Coalition Representative:** Kayla Dias (present)

**Board of Supervisors Liaison to the MHB:** Shirlee Zane (Absent)

**Sonoma County DHS, Behavioral Health Division:** Barbie Robinson (DHS Director); Rod Stroud (DHS Assistant Director); Dr. Michael Kozart (BH Interim Director/Medical Director); Randy Royston (Adult and Older Adult Services Section Manager); Sid McColley, (Acute & Forensic Services Section Manager); Christina Amarant (Youth & Family Services Section Manager); David Sheaves (BH Administrative Services Officer); Mary Killian (Access Team Program Manager); Lisa Nosal (CMHCs Clinical Specialist); Lara Duran (Youth & Family Services Clinician); and several other SCBH staff.

**Community Members:** Lana Zientek (GIRE); Laurie Petta (GIRE); Susan Keller (Community Network); Donnell Holmes (Buckelew); Grace Harris (CPI); Julie Waters (SOS Counseling); Susan Hertel (DAAC); Jamie Burke (Buckelew); Debby Pitkin (Sonoma County Main Adult Detention Facility); Sean Kelson (GIRE); Sean Bolan (GIRE); Reese Clark (TLC); Mary-Frances Walsh (NAMI); Marian Pena (West County Health Centers); Kaitlin Sousa (Aurora Santa Rosa Hospital); and over 40 more community members.

**ANNOUNCEMENTS /PUBLIC INTRODUCTIONS & COMMENTS**

- 1) You may submit agenda items for consideration prior to the Executive Committee meeting, normally held on the first Wednesday of each month, 10:30 AM to Noon. Email or call MHB clerk Rhonda Darrow (565-4850), [Rhonda.Darrow@sonoma-county.org](mailto:Rhonda.Darrow@sonoma-county.org) to verify the next meeting date.
- 2) Please direct all your questions to the Chair.

**APPROVAL OF MINUTES**

Minutes from February 20, 2018 meeting were put over to the next meeting for approval.

**PATIENTS' RIGHTS ADVOCATE REPORT** – Tamara Winer, PRA ([Tamara.Winer@sonoma-county.org](mailto:Tamara.Winer@sonoma-county.org)) and Lauren Petersen, PRA Assistant (707) 565-4978

No report.

**CONSUMER AFFAIRS REPORT** – Kate Roberge, Consumer Education Coordinator of the Consumer Relations Program of Goodwill Industries ([kroberge@gire.org](mailto:kroberge@gire.org)), Amy Breckenridge, Consumer Affairs Coordinator of the Consumer Relations Program of Goodwill Industries ([abreckenridge@gire.org](mailto:abreckenridge@gire.org)) and/or Guests

Kate Roberge read:

We know that it is most likely that cuts to valuable services are coming. It is to be hoped that these cuts will be done, in the words of Sonoma County Supervisor Lynda Hopkins, “with a chisel instead of a hammer.”

It has been implied that peer services are less consequential than other mental health services. I do not believe that to be true.

As more budget cuts loom, I want to say a little bit about peer support and the peer-run programs that we have here in Sonoma County. These programs are not extraneous. They are a vital and essential element of the continuum of care in our county. There are no alternatives or substitutes for what peer support provides.

Peer support promotes wellness, alleviates crisis, and mitigates despair. People who are frightened by the mental health system feel safe to stop isolating and seek services from their peers. People literally “come in from the cold” to access peer support.

The services the peer programs provide take pressure off of the rest of the mental health delivery system. People whose case managers and other mental health service providers are stretched thin have a place to go to get support before their distress gets out of hand and they end up at the Crisis Stabilization Unit or are hospitalized.

It is not uncommon to hear center members say that they would be dead or in jail if not for the peer support they receive at the peer-run centers.

One Wellness and Advocacy Center member recently told staff, “The Wellness Center helped me to get sober, move towards employment and a life I wanted. It helped me to survive.” This member further stated that he was close to ending his life when he came to the peer-run center.

The Substance Abuse and Mental Health Service Agency’s National Registry lists peer support as an evidence-based practice.

Peer support is highly cost-effective. In Alameda County, a 2014 study showed that, in an 18-month-pilot program that brought peer providers into the system of care, there was a 72 percent reduction in hospitalizations, with a savings of over a million dollars. (Peers Engaging and Empowering in Recovery Services and Alameda County Behavioral Health).

Peer programs are not primarily about gardening, or art, or computer labs, although those are wonderful components that enrich lives. They are first and foremost the places where those with mental health challenges go to be heard and supported. They are places where wellness is cultivated and crisis is averted. They decrease the isolation and hopelessness that can so often result in crisis. Peer support saves lives, and saves money in crisis care and hospitalizations.

Over the years, the peer-run centers and the warm line have served thousands, helping keep those with mental health challenges from falling through the cracks in the system. As those cracks become wider and more pervasive, peer services will be needed more than ever.

## **BOARD COMMENTS:**

Dick Kirk asked how was the MHB to review programs and contract providers if they do not receive updates about the budget. He is requesting that both MHB members and DHS Administration be more proactive in keeping everyone updated with fiscal matters.

Shellie Hadley was shocked to learn of the budget deficits. She sees her one of her MHB member roles as helping to protect behavioral health services. She requested more transparency so the MHB members could do a better job. She said she was not assertive enough to take control and analyze the fiscal matters earlier. She agrees to take an active role in finding solutions. She said that the MHB needs to know the truth so then can be further help and advocacy. Shellie said that the press is powerful and is concerned how SCBH clients will respond to these articles in the newspaper. She recommended that DHS/BH use the press in positive ways to draw out conversations with the public. A suggestion was made to invite the press to the MHB meetings.

John Suazo said that whenever he asked questions about the division's budget he was never really given answers—only that everything was fine. He is asking for answers and for DHS to be more accountable. He said the problem is that they need more honest answers—wants data and numbers to make assessments. John said he “feels like he was lied to.” John requested that MHB hold DHS/BH accountable by requesting an outside County auditor who should be the oversight for all fiscal matters. MHB needs to be able to look at the data and budget amounts from the BH Director.

Bob Cobb asked that the MHB membership take this opportunity to step with greater awareness and action. Bob asked to be part of the conversation when discussing mandates. He also requested that the MHB members be able to ask the new interim BH director questions and discuss their concerns.

Kathy Smith said that she was disappointed to learn of the budget cuts by reading an article in the newspaper. She voiced frustration from being in a meeting when everyone else in the meeting knew about the budget cuts except for the MHB members. She asked if stakeholder meetings be scheduled way ahead of time to allow more discussions about reduction in services.

Sherry Weyers hopes that MHB members can be kept in the loop and be part of stakeholder meetings. She hopes that everyone can get back to that place. She has concerns that government monies for behavioral health services will not be there when the greater community needs their help. Sherry said that the Federal and State systems are a big part of the fiscal problems, i.e., Social Security, Medicaid/Medicare, etc.

Patricia Gray asked do the MHB membership remain intact when they are never asked their opinions. The DHS administration, MHB members and the contractors all need to be held accountable. How are programs and contracts assessed if no opinions are sought—need more subcommittees. Patricia said that MHB members need to take more responsibility to move forward. Patricia made a recommendation to have a MHB liaison to the DHS/BH planning process and nominated Asghar Ehsan as the MHB representative.

Asghar Ehsan said that the MHB members need to be part of the hiring process of BH Interim Director.

Matthew Jensen reminded everyone that the MHB is an advisory board, not a governance board. Matthew requested the public to send letters to the MHB members so they can take the public's concerns to their Board of Supervisor representative.

**SPECIAL PRESENTATION:** *Overview of Sonoma County Department of Health Services, Behavioral Health Division's Budgetary Challenges [Presenters: Barbie Robison (DHS Director) and Rod Stroud (DHS Assistant Director)]*

*(Please see the attached PowerPoint slides of the 2018-19 Budget Policy Workshop presented to the Sonoma County Board of Supervisors on March 20, 2018, and the DHS CAO Budget Workshop PowerPoint slides that Barbie Robinson, DHS Director, and Rod Stroud, DHS Assistant Director, said they would share after the meeting)*

Barbie Robinson acknowledged and thanked the MHB members for their passion, role and responsibility. She apologized that the missteps in getting the information out about the budget deficits in a timely manner. She said that she would be more transparent and equal partners with the MHB with budgetary challenges. She said that she would work with the MHB when hiring the next BH interim director. Dr. Michael Kozart, BH Medical Director, is also assisting as the current interim director until the next interim director is hired.

Highlights:

- Contributors to FY17-18 SCBH Deficit:
  - Increasing cost of services
  - Erroneous over projection of future revenues; to be remedied by only using real monies in determining the budget—use of projections will not be used in future determinations.
  - Operational challenges: CSU is losing \$700,000 per month as a result of only being able to claim for the first 20 hours; each client is in the CSU for the average of 2.6 days and only being reimbursed for one-third of the claims. The CSU is for the most acute community members, as there are not enough beds in the community.
  - Care Treatment Plans needed for Medi-Cal billing have not had correct dates to be allowed to submit for payment; progress notes and diagnostic coding done in timely and correct manner. SCBH staff need supports, trainings and tools to be able to put a corrective plan in place to made this correction.
  - DHS/BH does not have proper compliance to bill for Medicare—losing \$1 million a year
- DHS/BH Administration is looking to open a 16-bed psychiatric facility so CSU clients can be placed in an appropriate treatment facility.
- DHS Administration has hired a fiscal consultant to make an assessment of fiscal operations—how to keep fiscal matters sustainable and to have reserves (currently have no reserves); analyzing how to have enough reserves to weather the storm in the future.
- Today, Board of Supervisors elected to use funds to mitigate FY17-18 budget reductions of the contract providers.
- Currently, the ratio of manager to staff is 1 to 7; in process to analyze to find right balance to support staff's work.
- Barbie said that we all will be going through a culture change together.
- Dr. Kozart said that in normal times it would take years to work on restructuring of departments/divisions, i.e., having all stakeholders involved; but he underscored that these are not normal times—problems with cost of living, housing economic and medical concerns—there is not enough time to keep all informed in the timeframe of the urgency in closing in on a balanced budget; the logistics are a nightmare; the need for fully executed Electronic Health Records (EHR) is being worked on to help staff keep up with their documentation issues, but there are lots of complexities to be able to sustain this tool.
- DHS/BH fiscal updates will be done in the BH Director's agenda item at every Mental Health Board meeting.

**REPORT OF BEHAVIORAL HEALTH DIVISION INTERIM DIRECTOR** *Michael Kozart, M.D.*

No report.

**MH SYSTEMS TRANSFORMATION** *Section Managers*

*Sonoma County's Mental Health Services Act [MHSA] page is at [www.sonoma-county.org/mhsa](http://www.sonoma-county.org/mhsa)*

*The State's MHSA page is at [http://www.dmh.ca.gov/Prop\\_63/MHSA/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/default.asp)*

*MHSA newsletter is available at the link <http://www.sonoma-county.org/health/about/pdf/mhsa/>*

No report.

## **PEERS (PEOPLE EMPOWERING EACH OTHER TO REALIZE SUCCESS) COALITION INTERN REPORT –**

This is the link to SRJC's webpage about current health events around the campus:

<https://events.santarosa.edu/calendar-events>

Kayla reported that there will be a free moving screening of *SCREENAGERS*. Join the PEERS and Student Success coaches for an open discussion about screen use and how it impacts our lives.

*Thursday, March 29<sup>th</sup>, 4:00-6:00 PM, at the Bertolini Student Activities Center*

Kayla reported that due to the uncertainty of the SCBH budget and MHSA funds, the PEERS program is not moving forward with securing new volunteers.

## **CALBHBC Report** – Sherry Weyers/Lyndal-Marie Armstrong

This is the link to California Association of Local Behavioral Health Boards and Commissions website:

<http://calbhbc.weebly.com/>

*CALBHB/C Regional Training for the Bay Area Region in Redwood City, April 20-21, 2018*

No report.

## **MHB CHAIR'S REPORT/BOARD PLANNING:** – Asghar Ehsan

The MHB Working Retreat is scheduled for Saturday, April 28, 2018.

## **OTHER REPORTS:**

No reports.

## **BOARD/PUBLIC COMMENTS:**

Tom Bieri of Community Support Network (CSN) said that the program has been in existence for 47 years. He made a recommendation to move ten (10) residents from IMDs to Hope House which would save over \$3 million a year. He asked that DHS not make the \$3 million cut from CSN which would impact the 72 clients in their current residential treatment programs (including Opportunity House).

A community member asked Barbie about the development of a new psychiatric hospital. She said that they have a contractor to run the program and is in conversation with Kaiser, St. Joseph's and Sutter to all go in together on this needed level of treatment.

Barbie was asked how needed services in DHS/BH were prioritized. She said that mandates are being looked at first. Budgets are divided between salaries and contractors. Barbie said there is no risk of CSU closing. DHS/BH Administration's priority is developing the new psychiatric hospital. Barbie said there will be reductions made throughout the Department of Health Services, including Administration units.

Lana Zientek of Petaluma Peer Recovery Center voiced how peer support is invaluable.

A community member asked if private foundations are being looked at as different funding streams.

A community member asked after receiving the Substance Abuse Prevention Treatment (SAPT) grant for SUDS services, what will happen going forward? Where there be funding for SUDS in next fiscal year? Community member asked about what sustainable money will be needed in the long term. The member also commented on the need for infrastructure being in place.

Julie Waters of SOS Counseling mentioned the idea of forming a research and advocacy committee on the MHB to look at State policy and Federal billing oversight/restrictions, and to advocate for better systems and best practices.

John Challis, Centerpoint-DAAC, offered thanks for the clarification about the budget issues. His program took a 7 percent cut at the beginning of the year. All non-profits need to be held accountable. Some contractors have not used all of their funding because they did not use them in past years. There are the concerns about the opiate crisis, as Sonoma County is one of the epicenters of loss of lives.

Meeting adjourned at 7:00 p.m.

Respectfully submitted, Rhonda Darrow, Mental Health Board Clerk

## ABBREVIATIONS & ACRONYMS

5150	Declared to be a danger to self and/or others
AB3632	Assembly Bill - State-mandated MH services for seriously emotionally disturbed youth - discontinued by State
ACA	Affordable Care Act
ACT	Assertive Community Treatment (program run by Telecare)
ANSA	Adult Needs and Strengths Assessment – a “tool” for determining which services are needed by each particular adult client
AODS	Alcohol and Other Drugs Services – now a part of the Mental Health Division and called SUDS
BHD	Behavioral Health Division (Sonoma County)
CADPAAC	County Alcohol and Drug Program Administrators’ Association of California
CALMHB/C	California Association of Local Mental Health Boards & Commissions - comprised of representatives from many MHBs in the State
CANS	Child, Adolescent Needs and Strengths (Assessment) – helps determine which services are needed by each child client
CAPE	Crisis Assessment, Prevention, and Education Team; goes into the schools when called to intervene in student mental health matters
CAPSC	Community Action Partnership-Sonoma County
CCAN	Corinne Camp Advocacy Network - Peers involved in mental health advocacy
CDC	Sonoma County Community Development Commission
CHD	California Human Development
CIP	Community Intervention Program
CIT	Crisis Intervention Training (4-day training for law enforcement, to help them identify and respond to mental health crisis situations)
CMHC	Community Mental Health Centers, Located in Petaluma, Guerneville, Sonoma, and Cloverdale (part of SCBH)
CMHDA	California Mental Health Directors Association
CMHL	SCBH’s Community Mental Health Lecture series - open to the public - usually takes place monthly
CMSF	County Medical Services Program - for uninsured, low-income residents of the 35 counties participating in the State program
ConREP	Conditional Release Program (State-funded, SCBH-run, but will be turned over to the State 6/30/14)
CRU	Crisis Residential Unit (aka Progress Sonoma-temporary home for clients in crisis, run by Progress Foundation)
CSU	Crisis Stabilization Unit (Sonoma County Behavioral Health’s psychiatric emergency services at 2225 Challenge Way, Santa Rosa, CA 95407)
CSAC	California State Association of Counties
CSN	Community Support Network (contract Provider)
CSS	Community Services and Support (part of Mental Health Services Act-MHSA)
DAAC	Drug Abuse Alternatives Center
DHCS	(State) Department of Health Care Services (replaced DMH July 1, 2011)
DHS	Department of Health Services (Sonoma County)
EPSDT	Early Periodic Screening, Diagnosis & Treatment (Children’s Full Scope Medi-Cal to age 21)
EQRO	External Quality Review Organization (annual review of our programs by the State)
FACT	Forensic Assertive Community Treatment
FASST	Family Advocacy Stabilization, Support, and Treatment (kids 8-12)
FQHC	Federally Qualified Health Center
HIPPA	Health Insurance Portability and Accountability Act
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 use issues)
IMDs	Institutes for Mental Disease (residential facilities for those unable to live on their own)
INN	Innovation (part of MHSA)
JCAHO	Joint Commission on Accreditation of Healthcare Organizations - accredits hospitals & other organizations
LG	Los Guilicos-Juvenile Hall
LGBQQT	Lesbian/Gay/Bisexual/Queer/Questioning/Transgender/Intersexed (also LGBT)
MADF	Main Adult Detention Facility (Jail)
MHB	Mental Health Board
MHSA	Mental Health Services Act
MST	Mobile Support Team - gets called by law enforcement to scenes of mental health crises
NAMI	National Alliance on Mental Illness
NBSPP	North Bay Suicide Prevention Project

NOA	Notice of Action
OSHPD	Office of Statewide Health Planning and Development - the building department for hospitals and skilled nursing facilities in state
PC1370	Penal Code 1370 (Incompetent to Stand Trial, by virtue of mental illness)
PCP	Primary Care Provider (medical doctor)
PES	Psychiatric Emergency Services – open 24/7 for psychiatric crises - 3322 Chanate Road
PEI	Prevention and Early Intervention (part of Mental Health Services Act-MHSA)
PHP	Parker Hill Place - Telecare’s transitional residential program in Santa Rosa
PHP	Partnership Health Plan
PPP	Triple P - Positive Parenting Program
PPSC	Petaluma People Services Center
QI/QA	Quality Improvement/Quality Assurance - Wendy Sanders and Joanne Bender/Cheryl Tamblyn
QIP	Quality Improvement Policy (meeting)
QIS	Quality Improvement Steering (meeting)
QIC	Quality Improvement Committee (meeting)
RCC	Redwood Children’s Center
RFP	Request For Proposals (released when new programs are planned and contractors are solicited)
RRC	Russian River Counselors
SCBH	Sonoma County Behavioral Health
SCOE	Sonoma County Office of Education
SELPA	Special Education Local Plan Area
SNF (Sniff )	Skilled Nursing Facility
SPMI	Serious Persistent Mental Illness (or Seriously Persistently Mentally Ill)
SUDS	Substance Use Disorders Services (formerly AODS)
SWITS	Sonoma Web Infrastructure for Treatment Services
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
Wraparound	Community-based intervention services that emphasize the strengths of the child and family
YS/Y&F	Youth Services/Youth & Family (Sonoma County Behavioral Health)