

TO: Mike McGowan, Chair
And Member of the Board of Supervisors

FROM: Marilyn Moyle, Yolo County Local Mental Health Board (LMHB) Chair,
Bob Schelen, Yolo County LMHB Vice-Chair,
And Members of the Yolo County LMHB

DATE: April 7, 2009

SUBJECT: Receive and File the Yolo County Local Mental Health Board 2008
Annual Report and membership roster. (No general fund fiscal impact)

RECOMMENDED ACTIONS

- A. Receive and file the 2008 Yolo County LMHB Annual Report
- B. Receive and file Yolo County Local Mental Health Board (LMHB) roster and contact information (Attachment A)

STRATEGIC PLAN GOAL

The LMHB's commitment to the provision of mental health services in Yolo County completely supports the strategic plan goal of promoting a safe and healthy community.

FISCAL IMPACT

There is no fiscal impact. All LMHB members are community volunteers, appointed by the Yolo County Supervisors in each district. This report has been prepared by the LMHB executive committee with administrative assistance from Yolo County Department of Alcohol, Drug and Mental Health (ADMH) staff.

REASON FOR RECOMMENDED ACTION

This report is intended to inform supervisors about the work of the Yolo County LMHB in 2008 and to inform the supervisors and the public about 2009 goals.

BACKGROUND

Mental health boards were created in 1957 when the State of California passed the Short-Doyle Act that made counties responsible for providing treatment and care for the mentally ill through a community based and community operated mental health system. These boards, mandated by law, remain the primary vehicle for citizens to have oversight of the administration and provision of the services funded by their tax dollars. Meetings, held on the fourth Monday of each month, are open to all interested citizens.

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During the past several years, the LMHB has witnessed the difficult challenges ADMH has faced. The new director, Kim Suderman, came to a department with low morale and severe budget problems. Staff turnovers, retirement of experienced clinicians, and recent layoffs have severely impacted this department.

The mission of the LMHB is to advocate for the best care for Yolo County mental health clients, providing effective treatments and services with proven outcomes that minimize harmful effects. To that end, we look to what the new year and new Director will bring to the table.

ATTACHMENTS

- A. LMHB Roster
- B. LMHB Recommended Priorities for ADMH – 2009
- C. Areas the LMHB Will Continue to Watch/Monitor

INTRODUCTORY COMMENTS

During 2008, the Yolo County Local Mental Health Board (LMHB) experienced, along with the CAO, the Board of Supervisors, and ADMH staff, the impact of drastic budget cuts and mental health staff layoffs. We appreciated the opportunity to be involved in this difficult process, and during the year had numerous meetings with County Administrator Sharon Jensen, budget director Pat Leary, special consultant Phil Batchelor, interim ADMH director Richard DeLiberty and special deputy administrator Ed Smith as they struggled to think "outside the box" in order to continue to provide adequate mental health services to Yolo County residents. The LMHB also participated in the interview process that resulted in the hiring of Kim Suderman, as the new ADMH Director.

The priority target populations for ADMH services are those county resident adults who live with serious mental illness (SMI) and children/youth with serious emotional disturbance (SED). Budgetary cuts from the County have strained services to residents of Yolo County in the target populations. Additionally, the State discontinued funding AB 2034, a program for homeless individuals who suffer from severe mental illness. Funds for forensic programs have also been lost. It appears that in the upcoming year, funds from the State will become even more limited.

The long term impact will be difficult to assess. We remain concerned that with reductions in mental health programs and experienced staff, the consequence may be an elimination of current cost savings as those with serious mental illness who are now stable may relapse and use high level services such as hospitals, IMDs, detention facilities, and jails. Suicides may also increase if clients have nowhere to turn for support.

In 2008, Yolo County mental health consumers survived the unsettling changes caused by changes in or loss of services, and widespread layoffs of newly hired mental health staff working in the new Mental Health Service Act (MHSA) programs. Many changes were due to staff moving from elsewhere in the Department. Some consumers have adjusted to and appreciate even the minimal services that are still available. However, many mentally ill homeless consumers being served by the Yolo Wayfarer Center, the Davis Cold Weather Shelter, Davis Community Meals, and other programs in the County that serve the homeless, have not been able to access needed mental health services.

Consumers in the forensics programs have also seen a loss of services. One example is the loss of the after-school program at juvenile hall that taught essential social skills to young people with mental health problems that gave them a better chance of success in the community after their release from detention. Without this special training and support many of these young people may end up back in juvenile hall or in mental institutions – services that may cost the county more and be less helpful to the young offenders.

LMHB ACTIVITIES IN 2008

During 2008, LMHB members met frequently with Ed Smith to discuss options and to set priorities. Three priorities were identified as major focuses: 1) diverting those with serious mental illness from the criminal justice system to the mental health system; 2) restructuring crisis intervention services in the County to decrease expensive emergency room services and divert individuals in crisis to community alternatives rather than hospitalization; and 3) participating in the stakeholders process to review the development, implementation, and modifications of the MHSA programs.

Mental Health Courts, CIT Training

At the beginning of 2008 the LMHB was working toward the establishment of a mental health court and jail diversion programs for mental health clients. Although remaining a priority for the LMHB, these programs are not likely to be established in the near future because of financial constraints.

However, that said the LMHB remains committed to the establishment of a mental health court and other jail diversion programs that, in numerous counties across California, have shown the ability to keep mental health consumers out of isolating and dangerous jails that were not intended to be de facto mental health institutions. The LMHB is committed to working with the Board of Supervisors, the CAO, California Medical Forensics Group (CFMG), the Sheriff, and other county agencies to establish and fund these programs.

Over the last several years the LMHB has worked to make Crisis Intervention Teams (CIT) available to the law enforcement agencies in Yolo County. This year, through the hard work of many people, including former police officer and former LMHB member Mike Summers, two CIT trainings were held – the first here in Woodland last September, and the second on March 3-6. Every police department in Yolo County, except the UC Davis police department, was involved in this recent training. NAMI–Yolo coordinated these two trainings and provided volunteers and food. The LMHB wants to thank NAMI–Yolo for this support as well as its financial support for the March training. Thanks also need to be given to Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA) for their financial support. Given the value of CIT's, the LMHB would like to see this training continue. Funding through the MHSa Prevention and Early Intervention program has been requested to continue CIT training in Yolo County.

Restructuring 24 Hour Crisis Intervention Services

A continuing issue for Yolo County residents is the lack of effective 24/7 crisis intervention and support for those with severe mental illness to divert them to the lowest level of care possible. Ed Smith, the Deputy County Administrator, is a veteran of more than thirty years of experience in Sutter/Yuba County. He also had good ideas about how ADMH crisis services should be restructured. But he was burdened by the difficult job of salvaging the budget by cutting more than 50 staff positions from ADMH. Under his leadership from March 2008 until September 2008, we explored alternate ways of providing crisis services, met with directors of Suicide Prevention, ADMH crisis services, and Safe Harbor Crisis House, to discuss alternatives such as establishing a 23-hour crisis intervention service to allow individuals to calm down, receive appropriate assessment, and avoid expensive and possibly avoidable in-patient hospitalization.

We were pleased to welcome Kim Suderman, who was appointed ADMH Director in October 2008. Faced with even harsher budget realities, she has realized that any expansion or change to crisis services will take creative strategies that do not cost more money. We hope that the STRIDES ACT team, the Wellness Center, Transitional Age Youth (TAY) support teams, and Safe Harbor crisis staff, with the help of ADMH crisis services staff will be able to support individuals in crisis and prevent more serious escalation and hospitalization. The assistance of CIT trained emergency personnel should also improve crisis outcomes.

MHSa (Prop.63)

Members of the LMHB have actively participated in the planning for and evaluation of MHSa programs that are funded by the State Department of Mental Health (DMH) after successful application. At least one of the LMHB members has been present at most of the MHSa stakeholder meetings that have been held to provide information and solicit input regarding the planning for the use of MHSa funds for ADMH programs. Board members have carefully reviewed and provided feedback for the Implementation Progress Reports of the Community Supports and Services programs that have been sent out for public review and comment. Additionally, LMHB members have attended open houses for the programs that have received funding and have solicited and reviewed the outcome data that have been available.

The first ADMH component to receive MHSAs funding was in 2006 for four Community Supports and Services (CSS) programs: the Children's Pilot program in Capay Valley, the Pathways to Independence program for the transitional age youth, the Wellness Alternatives program for adults and the expansion of the Outreach and Assessment program for older adult consumers. An application has been approved and sent to the State Department of Mental Health to fund Prevention and Early Intervention programs. A proposal for use of MHSAs funds for Workforce Education and Training is currently in the 30-day public review process.

The 2007 MHSAs-CSS Progress Report for the four funded programs was sent out in July 2008 for review. The LMHB provided feedback with recommendations that ADMH gather more data regarding effectiveness of the four programs and consider changes in strategies that do not appear to be accomplishing the goals. The LMHB recommended that ADMH develop strategies to address the identified challenges to the implementation of these programs. Similar feedback has been given regarding 2008-2009 update of the MHSAs-CSS plan.

The Yolo STRIDES ACT team is also funded with MHSAs money. The progress report from Yolo STRIDES, August 2007-March 2008 was carefully reviewed. The data report provided indicates that the 41 clients served during that time improved on six outcome indicators (hospitalization, ER visits, IMD/SNF, board and care, homelessness, incarcerations, and being conserved). In the year prior to entering the STRIDES program, the county paid \$3,040,620 for intensive services to these clients. The county paid \$155,000 for the same services after these individuals were enrolled in the STRIDES program. Currently there are 44 clients in the STRIDES program.

Through the MHSAs stakeholder planning process, we have become aware of the many community organizations in Yolo County who are concerned for the welfare of the indigent and working poor who live with mental health problems. We hope to find ways to continue to improve collaborative efforts with these organizations as well as other Yolo County Departments during 2009 to coordinate services, and increase referral and revenue options.

ADMHS COMPUTER SYSTEM

Understanding what services are provided and to whom has always been dependent on the quality of the data ADMH can provide. During 2008 it remained a mystery to the members of the LMHB exactly how many clients the county is serving, much less the outcomes of the services. It seems apparent to the LMHB that extracting accurate data about the numbers of clients being served in various IMDs and other expensive facilities, and the costs of community based services, is still difficult to get from the ADMH computer system. It does not appear that program outcome data are a part of the data base. The LMHB is hopeful that under the direction of Ms. Suderman accurate data will be available in 2009.

CONCLUSION

Members of the LMHB believe that the lack of consistent leadership of ADMH and high rates of staff turnover have added to the instability in mental health services in the county. Each interim ADMH Director in 2008 led staff in a different direction. Richard DeLiberty, interim Director at the beginning of last year, made progress in implementing the recommendations of the Program Restructuring Committee approved by the Board of Supervisors in 2004. Under his leadership the Yolo STRIDES ACT program was established.

The goal of assertive community treatment is to help people transition out of locked environments and live successfully in the community with 24/7 support if necessary. The LMHB believes this evidence-based approach saves both lives and money.

Ed Smith had the difficult task of balancing the budget, which resulted in staff layoffs and program cuts. Kim Suderman has inherited the instability, low staff morale, and insufficient resources to continue the standard of mental health service for which Yolo County has been known in the past. While we receive reports that staff morale in 2008 improved, the loss of some experienced clinical staff appears to continue. Initially, ADMH had difficulty in recruiting and retaining a Medical Director with experience in community based care as well as experienced mental health nurses and a nurse practitioner. However, the recent hire of Dr. Arturo Villamor on February 2, 2009 is exciting, and we look forward to the leadership and direction he will be able to add to the Department.

As we are all aware, the legislature and Governor have taken drastic measures to balance the State budget. A proposal that is of great concern is the diversion of \$460 million from Proposition 63 funds to the State General Fund for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. Proposition 1E will be placed on the May ballot. If passed by the voters, it will reallocate millions of dollars from MHSA during the next two years. We will be following budget hearings in the future and will advocate for the protection of State mental health funding.

We are living in an economically dismal environment. Even for those with nerves of steel and abundant optimism, life is stressful. Imagine being an individual who suffers from severe depression, delusions, or paranoia in this uncertain era. Imagine that you are a Yolo County mental health client who depends on medication to remain stable but because the county has run out of money, the medication is no longer available. The programs funded by MHSA dollars, especially those that provide 24/7 support to the most vulnerable individuals, are essential.

The LMHB thanks the CAO and the Board of Supervisors for its support of mental health services in 2008, and is committed to continuing to help find ways to help Yolo County citizens struggling with severe psychiatric disorders in 2009.

ATTACHMENT A

LMHB Members

LMHB members are a dedicated group of citizens. Marilyn Moyle has been a member of the LMHB since 2001, chair since August 2007. In 2003, she was an active participant in the program restructuring committee (PRSC) that was charged with finding a more effective way to deliver high quality services and achieve greater efficiencies that would result in cost savings and/or increase revenue. She is a former teacher of junior and senior high school English, active member of the Davis art community since 1973, NAMI-Yolo member since 1996. Several family members have suffered from serious mental illness and have inspired her to become an advocate for effective mental health programs.

The Reverend Hank Scherer is involved with faith-based community service throughout this region. Carolyn Reiff is the director of Ecumenical Ministries in Woodland and serves on the Juvenile Justice Board. Guille Libresco, one of the most dedicated mental health professionals in Yolo County, does the clinical consultation of the DCM staff, supervises their interns and provides supervision for one of the staff, collecting hours for her LCSW. In addition, her place on the LMHB makes her the liaison to California Medical Forensics Group's (CFMG) Quality Assurance Committee.

Bob Schelen and Martha Flammer work in Sacramento and are deeply involved in state and county budget issues as well as other community organizations. Marilyn Schwartz is actively involved in NAMI-Yolo and is committed to organizing volunteer work programs for mental health consumers in Woodland. She is also a Red Cross volunteer.

Robert Canning, chair of the LMHB Forensics Committee, is a senior psychologist with the California Department of Corrections & Rehabilitation where he directs statewide suicide prevention programs. He was instrumental in organizing a meeting with staff at the Monroe Detention Center and CFMG to improve suicide prevention at the Yolo County jail. He also has two sons who have been clients of the ADMH.

Millie Braunstein, chair of the LMHB Program Committee, is a retired psychiatric/mental health nurse and professor of nursing, and is an active member of NAMI-Yolo. She has spent many hours attending MHSAs stakeholder meetings and is a passionate advocate for evidenced based community mental health services such as assertive community treatment (ACT).

Irma Rodriguez, Peter Brixie, Annie Breault Darling, and Rhonda Hensley resigned from the board during 2008, but also added special experience and expertise to the meetings. We also have missed the voice of Joanne Welty, an active mental health consumer whose health has prevented her from attending most meetings in 2008 and she resigned in March of 2009.

Supervisor Helen Thomson is the liaison from the Board of Supervisors to the Mental Health Board. Since her move to Yolo County in 1965, Supervisor Thomson, a former psychiatric nurse, has been a strong advocate for quality mental health programs in Yolo County and California. In 2003, she was an active participant in developing the plan to restructure services in Yolo County to provide evidence-based services that would also move ADMH toward a balanced budget. She has educated and inspired members of the California State Legislature, the Yolo County Board of Supervisors and the Yolo County Mental Health Board.

We continue to recruit members for the Board who are family members or consumers of mental health services. It is difficult to emphasize how important their participation is to the Board; because they are the reason mental health services exist. Their personal experiences and struggles inform all of us about what does and does not work. The LMHB is pleased that family members Pat and Bill Williams

and mental health consumer Mercedes Livingstone were honored in September with rooms named after them in the Bauer Health Building in Woodland. The LMHB initiated this process, nominated these individuals, and as a result of this process, Caren Livingstone, the daughter of Mercedes, became a member of the LMHB this month. Caren participates in the Wellness Program in Woodland and regularly transports other mental health clients to this program.

LOCAL MENTAL HEALTH BOARD ROSTER

Member	Dist	BOS	Phone	Email	Address	Cat	Appoint.	Expires
Thomson, Helen	BOS		W – 530-666-8622	helen.thomson@yolocounty.org	625 Court St, # 204 Woodland 95695			
Flammer, Martha	1	McGowan	H – 916-374-0375 W – 916-444-7888 F – 916-455-1424 C – 916-233-7395	mflammer@counties.org	2988 Barberry Pl W Sacramento 95691	P	7-26-05	1-31-11
	1	McGowan						
	1	McGowan						
Braunstein, Millie	2	Thomson	H – 530-747-0380	milsharon70@comcast.net	1401 El Capital Davis 95616	F	12-13-05	1-31-09
Moyle, Marilyn	2	Thomson	H – 530-756-8475 C – 530-400-8625	marilynamoyle@sbcglobal.net	612 Eisenhower St Davis 95616	F	1-29-08	1-31-11
Canning, Robert	2	Thomson	H – 530-400-8965 W – 916-324-8050	robert.canning@cdcr.ca.gov	2534 Bombadil Davis 95616	P	11-7-06	1-31-09
Schwartz, Marilyn	3	Rexroad	H – 530-668-7981	schwartz_mann@yahoo.com	208 Cypress Woodland 95695	F	12-6-05	1-31-09
	3	Rexroad						
	3	Rexroad						
Schelen, Robert	4	Provenza	H – 530-756-4466 W – 916-319-3800 C – 916-849-2110	slobadbobs@aol.com	2713 Bidwell Ave #2 Davis 95616	F	12-6-05	1-31-09
Livingstone, Caren	4	Provenza	H – 530-753-3254 C – 410-507-7941		PO Box 4223 Davis 95617	C	2-24-09	1-31-12
	4	Provenza						
Libresco, Guille	5	Chamberlain	H – 530-756-6710	gaguille@hotmail.com	683 Bianco Ct Davis 95616	P	1-16-07	1-31-10
Reiff, Carolyn	5	Chamberlain	H – 530-662-3520 C – 530-400-1654	carolyn.reiff@sbcglobal.net	744 W El Dorado Woodland 95695	P	1-24-06	1-31-09
Scherer, Hank	5	Chamberlain	H – 530-662-1122 C – 530-662-1935	woodlandstpauls@sbcglobal.net	387 Quail Dr Woodland 95695	P	2-12-08	1-31-11

ATTACHMENT B: LMHB RECOMMENDED PRIORITIES FOR ADMH – 2009

- Develop system to collect and analyze consumer outcome data for quality improvement

- Continue to improve collaborative efforts with CBOs, other county Departments, UC Davis and non traditional agencies to develop partnerships and leverage resources to provide the priority services

- Continue use of or movement toward evidence based strategies to serve those living with severe mental illness
 - medical management
 - assertive community treatment
 - cognitive behavioral training (including illness management, coping with symptoms)
 - skills training
 - family interventions (education, support, problem solving, crisis intervention)
 - supported education/employment

- Restructure crisis intervention services to minimize use of 24 hour care

- Continue work to create jail diversion and a mental health court

- Strengthen the integration of treatment for dual diagnosis

- Minimize barriers/road blocks to creating and using volunteer options to support services to those living with SMI

ATTACHMENT C: AREAS THE LMHB WILL CONTINUE TO WATCH/MONITOR

- Impact of budget cuts on both fiscal and consumer outcomes
- Crisis calls, responses, and outcomes
- Recruitment and retention of experienced clinicians, nurses, psychiatrists
- Continued implementation of the full service partnership model (i.e. assertive community treatment - ACT team) for consumers with SMI, expanding outreach to those who are homeless and those involved in the criminal justice system
- Improvements in data management system(s)
- Articulation of goals and assessment of outcomes for all programs
- Breaking down system barriers to client service e.g. lack of transportation
- Increased collaboration and partnerships with non traditional agencies/groups