

**Alameda County Mental Health Board Minutes**  
**Sept. 14, 2009 ♦ 12:00pm-2:00pm**  
**First 5 Office Suite 130**  
**1100 San Leandro Boulevard**  
**San Leandro, CA 94578**

Meeting called to order @ 12:15 by Chair Rochelle Elias

**HOUSEKEEPING**

Roll Call/Introduction of Guests

**Mental Health Board Members:**

**Present:** Rochelle Elias, Luvenia Jones, Sup. Gail Steele, Patricia Sweetwine, Lisa Gifford, Ravi Sodhi, Sheldon Koiles, Pat Buchanan, Maxine Oliver-Benson, Dorothy King, and Laura Mason

**Excused:** Alane Friedrich and Stephen Post

**Absent:** Kelly O'Lague- Dulka

**BHCS Staff:** Barry Hall, Gary Spicer, Barbara Majak, Agnes Catolos

**Public:** Dennis Romano (ACCMHA), Steve Bischoff (MHAAC), Sam Greyson, Francesca Tenenbaum (Patients' Rights Advocate), Hazel King (Patients' Rights Advocate), Beverly Bergman (Family Caregiver Advocate) and Michael Diehl (BMHC)

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>Public Comment</b>	<p>Mr. Rose provided info re: The "Lives Affected by Mental Illness" event that will be take place on Tuesday, October 6, 2009 at 7:00pm in Pathway Community Church (formally Thornton Avenue Baptist Church in recognition of Mental Illness Awareness Week October 4-10, 2009.</p> <p>Mr. Bischoff made an announcement of the Family Education Resource Center Open House on Wednesday, Sept. 23<sup>rd</sup> from 2pm-6pm</p>	
<b>Approval of June, July and August 2009 MHB minutes</b>	No corrections were made to the June, July and August 2009 MHB minutes.	M/S/C Pat Buchanan/ Lisa Gifford All favored

ITEM	DISCUSSION	ACTION
<p><b>Presentation:</b>  <b>John George Psychiatric Pavilion (JGPP)</b>  <b>Presentation Part II</b>  presented by JGPP  Administrator, Patients Rights Advocates (PRA) and Family Caregiver Advocate</p>	<p><i>JGPP Presentation: Bill Manns (Chief Operating Officer of Alameda County Medical Center) provided the following info:</i></p> <ul style="list-style-type: none"> <li>▪ <i>Objectives:</i> <ul style="list-style-type: none"> <li>▫ <i>to improve the operational and clinical efficiency at JGPP</i></li> <li>▫ <i>to improve the quality and satisfaction of employees, patients and providers</i></li> <li>▫ <i>to improve the fiscal viability of the system</i></li> <li>▫ <i>to expand continuum of care</i></li> </ul> </li> <li>▪ <i>List of membership who are engage in developing a vision or strategy to improve JGPP that consist of about 23 membership which include Bill Manns, Gino Correa, Jim Sondecker as regular members.</i></li> <li>▪ <i>Market Trends: e.g.</i> <ul style="list-style-type: none"> <li>▫ <i>Based on discharges, JGPP lost 5.5 of market share between 00-07 but recovered most of its loss in 2008, down only 1.8% from 2000.</i></li> <li>▫ <i>JG went from 29.2 % to 23.7% of all discharges from 2000 to 2007</i></li> </ul> </li> <li>▪ <i>PES Volume Trend: FY 09- 10,000 patients total visits</i></li> <li>▪ <i>Financial Analysis:</i> <ul style="list-style-type: none"> <li>▫ <i>2007 aggregate loss \$15mil</i></li> <li>▫ <i>2008 aggregate loss \$13mil</i></li> <li>▫ <i>Operating Margin: FY 07:-8.45%; FY 08:-3.05%</i></li> </ul> </li> <li>▪ <i>Administrative Days</i> <ul style="list-style-type: none"> <li>▫ <i>Administrative days are reimbursed at a rate of \$382 per patient day vs \$880 per acute days</i></li> <li>▫ <i>Administrative day percentages have improved in 2009, dropping from 50% of all days to 30 %</i></li> </ul> </li> <li>▪ <i>JGPP Statistics:</i> <ul style="list-style-type: none"> <li>▫ <i>Inpatient: Staffed beds: FY 07-69; FY 08-69</i>  <i>Average Daily Census: FY 07-63.48; FY 08-66.71; FY 09-66.29</i>  <i>Patient Days: FY 07-23,171; FY 08-24,417</i>  <i>YTD FY09: 18,088</i></li> <li>▫ <i>PES: Staffed beds: FY07-11; FY 08-11</i>  <i>Average Daily Census: FY 07-25.44; FY08-26.35; FY 09-27.63</i>  <i>Visits: FY 07-9,285; FY 08-9,645; FY 09-10,115</i></li> <li>▫ <i>Occupancy Rate: FY 08-96.69%; FY 09-96.08%</i></li> <li>▫ <i>Average Length of Stay: FY 08-9.28 days; FY 09-7.9 days</i></li> <li>▫ <i>FTE's: FY 07-264.79; FY 08-255.11; FY 09-242.24</i></li> </ul> </li> </ul> <p><i>Mr. Manns stated that they are still working with the unions about redistributing and rebalancing staff schedules to have good staffing especially on the weekends</i></p>	

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<p><i>JGPP Presentation (Cont.)</i></p>	<p><i>and evenings.</i></p> <ul style="list-style-type: none"> <li>▪ <i>Filling Gaps in the Continuum:</i> <ul style="list-style-type: none"> <li>▫ <i>Sub-acute program</i></li> <li>▫ <i>Partial Hospitalization</i></li> <li>▫ <i>Ambulatory psych services/medication clinic</i></li> </ul> </li> <li>▪ <i>Ambulatory Psych Services</i></li> <li>▪ <i>We are moving toward...Providing more steps in the continuum of care ourselves, thereby:</i> <ul style="list-style-type: none"> <li>▫ <i>Controlling flow of patients between levels of care;</i></li> <li>▫ <i>Improving financial viability and payor mix at JGPP</i></li> <li>▫ <i>Offering more choices to patients</i></li> </ul> </li> <li>▪ <i>Next Steps:</i> <ul style="list-style-type: none"> <li>▫ <i>Fix outstanding “broken windows”</i></li> <li>▫ <i>Staffing-to hire replacement for Jim Sondecker and to balance schedule</i></li> <li>▫ <i>Listen to customers and community e.g. Doing patient satisfaction survey; Additional Visiting Hours from 1:30pm-3:30pm.</i></li> </ul> </li> </ul> <p><i>Questions and Answers such as:</i></p> <ul style="list-style-type: none"> <li>▪ <i>Ms. Jones asked what would JGPP do if a person has a shorter stay and still constantly going back and forth.</i></li> </ul> <p><i>Mr. Manns responded that they are planning to do at JGPP what they did at Highland, they will focus on those people who are “frequent flyers” and try to get different resources and try to find right environment for them.</i></p> <ul style="list-style-type: none"> <li>▪ <i>Ms. Elias asked how does the travelling nurses impact the continuum of care at JGPP.</i></li> </ul> <p><i>Ms. Tenenbaum felt that the travelling nurses have been very positive influence for JGPP by bringing innovative methods in clinical treatment and very helpful in the efforts that PRA are trying to make.</i></p> <p><i>Ms. Majak felt that the challenge with having travelling nurses is to get a stable workforce.</i></p> <ul style="list-style-type: none"> <li>▪ <i>Ms. Elias asked if the issue of employee burnout has been addressed.</i></li> </ul> <p><i>Mr. Manns responded that they are looking at what trigger employee burnout and stated that he is looking for the report on the amount of staff overtime especially</i></p>	

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<i>JGPP Presentation (Cont.)</i>	<p><i>nurses.</i></p> <ul style="list-style-type: none"> <li>▪ <i>Sup. Steele asked if the weekend staff discharge when a patient comes on a Friday or Saturday or do they wait for regular staff.</i></li> </ul> <p><i>Mr. Manns responded that weekend staff can discharge.</i></p> <p><i>Sup. Steele felt that the weekend staff should make sure that there is a discharge plan for person who is chronically mentally ill or if a person is homeless and she felt that staff should know where they are going or know what happen to them. She related that when people who are homeless cause a little disturbance they end up in Santa Rita Jail because they don't have any place to stay and she felt that nobody come up with a plan when the person's back out again to the streets.</i></p> <p><i>Ms. Majak believed that Dr. Thomas and Mr. Manns are beginning conversations to take a closer look at the intervention for individuals that are cycling in and out of emergency or who may have been hospitalized for several days and also to look at other issues including exit resources.</i></p> <p><i>Sup. Steele would like to know if there's a possibility to have the intervention/crisis team come instead of having the sheriff come whenever there is an incident that involves individual who has issues and becomes disruptive and she would like the crisis team to build a relationship and work with the sheriff or police.</i></p> <p><i>Ms. Majak responded that they can certainly talk about having the crisis team work with the sheriff.</i></p> <p><i>PRA services at JGPP: Ms. Tenenbaum provided the following info:</i></p> <ul style="list-style-type: none"> <li>▪ <i>PRA are working very closely with JGPP's Admin. to be able to give feedback on changes that need to be made to improve services at JGPP.</i></li> <li>▪ <i>In addition to representing patients at hearing, they also spend a lot of time on the units talking to patients, family members and staff.</i></li> <li>▪ <i>They provide education and consultation re: rules and regulations and patients rights.</i></li> <li>▪ <i>They are involve with the wellness and recovery movement at JGPP by participating in meetings and trainings.</i></li> <li>▪ <i>They developed some questionnaires...asking patients questions e.g. if patients have</i></li> </ul>	

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<i>JGPP Presentation (Cont.)</i>	<p><i>with some solutions and she stated that there is a lot of proposed solutions e.g. Sup. Steele has suggested to establish a blue ribbon committee that will include members from MHB, MHA, trustees of the hospital, etc. to improve communication between BHCS and hospital that connects directly to patients.</i></p> <p><i>Ms. Tenenbaum felt that the blue ribbon committee could be very helpful and she would like the committee to be able to provide support to sustain the positive change that the PRA are trying to make. She addressed the need to improve the perception and reputation of JGPP.</i></p> <p><i>Ms. Majak stated that they have a contractual relationship with ACMC for JGPP services and she pointed out the importance of collaboration with them to reinforce the quality improvement efforts and initiatives.</i></p> <p><i>Ms. Warder addressed that the family support group at JGPP as well as at Herrick has not been in existence any longer.</i></p> <p><i>Ms. Tenenbaum believed that JGPP is working on the family support group to continue.</i></p> <p><i>Ms. King asked who PRA work for and where do they draw the line in providing services.</i></p> <p><i>Ms. Tenenbaum responded that PRA work for the Mental Health Association of Alameda County and they have a contract with BHCS. PRA are state mandated programs that every county has to provide, they follow the law, they assist the facility in providing quality care while maintaining compliance with codes and regulations to protect the civil rights of everyone. She acknowledged that there are times that the law interfere with the clinical system to ensure the best interest of patients.</i></p>	
<b>Director's Report</b>	<p><i>Mr. Spicer provided the following info:</i></p> <ul style="list-style-type: none"> <li>▪ <i>Budget update-county budget is not finalized yet and the BHCS' operating budget for next year is not finalized as well but the Dept. is hoping that the budget will be concluded within a month.</i></li> <li>▪ <i>Info on CA waiver which refers to the conditions that are documented in the contract between the State of CA and federal government re: the implementation of Medi-cal. Mr. Spicer stated that they are concern with this because it appears that the State of CA is interested in renegotiating certain conditions with the feds e.g. expanding the definition Medi-cal coverage.</i></li> </ul>	

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<i>Director's Report (Cont.)</i>	<ul style="list-style-type: none"> <li>▪ <i>PEI Programs Implementation-the Dept. is moving forward with the implementation of PEI Programs such as: Request For Proposals (RFP) for 1<sup>st</sup> Onset Program was reissued with new closing dates; in the process of releasing RFP for the underserved ethnic language populations and the school based consultation health program for early childhood and elementary.</i></li> </ul>	
<b>MHB Chair Report</b>	<p><i>Ms. Elias stated that several MHB members are requesting to consider doing community forums at various supervisorial districts to bring about community awareness of services that are available to consumers and family members. She would like to put this topic on the next month's MHB agenda and further discuss it with the full board and BHCS Admin. She added that the MHB will be meeting in Oct. to finalize and prioritize goals for the year and to create committees to pursue those goals.</i></p>	
<b>Committee Chairs Reports</b> <i>Public Awareness Committee (PAC)</i>	<p><i>Ms. Elias provided the following info:</i></p> <ul style="list-style-type: none"> <li>▪ <i>PAC has an established partnership with Kaiser Permanente in doing public awareness projects with the Mental Health Matters TV program and in producing newspaper articles around mental health education.</i></li> <li>▪ <i>Mental Health Matters is working on its 22<sup>nd</sup> program. PAC will be working on with the Mental Health Matters group to develop holiday season shows re: coping with the holidays.</i></li> </ul>	

*Meeting was adjourned @ 2:20PM*