

BUTTE COUNTY BEHAVIORAL HEALTH BOARD (BHB)
MINUTES
SEPTEMBER 16, 2004

PRESENT: JEFF ZELSDORF, MICHAEL SHUELL, KEVEN PARTRIDGE,
PENNY WOLFE, JENNIFER LEUBE

ABSENT: BOB BEELER, SHEILA HOBAN, MOHSIN JAWED

GUESTS: DEBRA HARRINGTON

STAFF: DR. BRADFORD LUZ, JANINE CUELLAR, MARY JOHNSON,
GEOFF DAVIS

1. **Meeting called to order by JEFF ZELSDORF at 3:12.** Roll call by Geoff Davis. Quorum present.
2. Correspondence
 - 2.1 Grand Rounds flyer for its September 28, 2004 meeting was Distributed to BHB members. The topic this month will be, "Tools for Emotion Regulation Part II Treatment."
3. Announcements
 - 3.1 **Jeff Zelsdorf** spoke about how he would like to pick a definite day to meet with the different committees and then be able to report the results of those meetings to the Board at the October 21 meeting. In light of Ed Diksa's July presentation, Jeff asked for feedback from Board members on the presentation.
 - 3.2 **Keven Partridge** reported that the presentation was, "not all that I was expecting." Keven saw Ed's vision for Behavioral Health Boards as holding public forums on community needs. Keven was looking more for BHB's own guidelines, responsibilities, and limitations and more insight into BHB's relationship to the Behavioral Health Department.
 - 3.3 **Michael Schuell** commented that Ed's presentation was very general. Michael stated that it is the Board's job to know what the services are and what the public wants. We need to know what is happening in and out of house.

3.4 **Janine Cuellar** saw it as the Board's function to acts as liaisons for the Behavioral Health Department and the community it serves.

3.5 **Dr. Brad Luz** reported that the QI plan was submitted, and that the BHB should review it and other such plans, noting there is a consumer component to QI review. Dr. Luz further outlined the following for the Board to consider:

- Trainings for Board members are important.
- BHBs can be very helpful in promoting initiatives such as the Prop. 63 Mental Health Initiative.
- Feedback from consumers and the community is key.
- Meetings between the Director and the Chair/Co-Chair two weeks prior to the meeting would help produce an agenda with vital, agreed upon topics.
- He would help in the recruitment of a law enforcement officer to become a Board member.

3.6 **Dr. Brad Luz** asked **Jeff Zelsdorf** what his interests/focus is to which he replied that youth access to services is a major area of concern for him as he sees the need for youth services continuing to increase. Another area that requires attention is the continued need for a youth drug detoxification facility in Butte County.

3.7 **Keven Partridge**, in response to Dr. Luz's question, found that services in Butte County are quite different from what is done elsewhere. Keven noted the following in his dialogue with Dr. Luz as to what he sees as areas requiring the attention of the Board and the Department:

- Consumer complaints are numerous at NAMI support groups regarding "appalling" BCBHD staff treatment of consumers. Keven encourages clients to attend BHB meetings to advocate for their concerns as well as to address complaints at the Patient's Rights office.
- A key difference that Keven noticed between BCBHD at the Verdugo treatment facility where he previously received treatment, is that BCBHD relies heavily on a medical model as opposed to a recovery model like that used at Verdugo.
- Keven made reference to a grievance that he filed against a BCBHD case manager as an example of what he sees as going wrong with BCBHD services. What Keven saw as the worst aspect of his experience was what he saw as a lack of concern for his needs on the part of his case manager; "To

know that you are on bad terms with the only people who are there to help is a terrible thing.”

- Keven made available to the Board an internet excerpt which does a comparison/contrast between the Medical model and the Recovery model of treatment.
- The Medical model, which Keven noted the BCBHD uses, tends to foster maintenance of a client’s condition, whereas the Recovery model produces growth on the part of the consumer’s ability to resolve issues and to develop self-reliance and basic self-concept.
- Psychotropic medicines are used to cure symptoms, but then therapy should be applied in identifying client strengths, and facilitate growth from there. More focus needs to be placed on the “human being factor.”

3.8 **Jeff Zelsdorf** noted that self esteem is key for both adult and youth clients. He noted self esteem issues first surface in the early stages of development.

4. REPORTS

4.1 **Director’s Report-Dr. Brad Luz**

- BCBHD is reviewing three software products, Anasazi, Raintree, and Creative Sociomedics to replace the current Insyst program. The function of the software is for consistent consumer diagnosis, treatment documentation, that also corresponds with billing requirements.
- **3632 update:** Under Senator Tim Burton’s leadership, SB 1895 was passed which says the schools have to carry out and pay for State-mandated Ch. 26.5 services. Ch. 26.5 children are those identified as needing special education and mental health services. Butte County currently serves about 300 of these children.

- **Proposition 63:**
 - If passed, will serve as a stopgap for two major mental health services funding sources: a) Realignment; b) Medi-Cal.
 - Prop. 63 would provide in its first year \$275 million statewide for mental health services, \$700 million its second year, and \$800 million by its third year.
 - The initiative contains safeguards that dedicate the money to mental health services.
 - Opposition to the measure is coming mostly from Scientologists and those who object to any form of taxation.
 - A survey conducted earlier in the year indicated that 68% of those who would be affected by the tax (those with a taxable income of \$1 million or more a year) were in favor of the initiative.
 - A key advantage of Prop. 63, if passed, will be that those moneys are not tied to any other State or Federal program monies.
 - In October, Dr. Luz will be seeking input from the community regarding its mental health services needs. The purpose of this will be to gain a better understanding of where the Prop. 63 money could be applied. BCBHD could receive between \$2-\$3 million dollars annually from Prop. 63. October's talks will be "what if" discussions.
 - If Prop. 63 passes, in March a planning process will begin on how to spend this money. Behavioral Health Board and NAMI, for example, would have input on this. BHB could play an active part in determining who the stakeholders will be in this deliberation process.

- California Mental Health Directors Association (CMHDA) held a conference last week called "Recipe for Success." The conference dealt with issues such as Prop. 63, AB 3632/SB 1895, and Medi-Cal benefits reform. Reform of prescription benefits will mean an increased share of cost for Medi-Cal consumers to purchase psychotropic prescriptions.

- The Rose Jenkins Conference, to be held October 25-27, is a combination of training and advocacy for youth services providers.
- Staff leaving will affect how the service model will be done differently, which is currently being overseen by interim Assistant Director-Adult Services, Lisa Cox.

5. MEMBERSHIP COMMITTEE

5.1 The process of approving Board members was discussed

6. UNFINISHED BUSINESS

6.1 Annual Report for 2003 is not available; the prior Board Chair is traveling out of state.

7. NEW BUSINESS

7.1 **Janine Cuellar** informed the Board that coming up in October, the first of four Cultural Competence Seminars will be held. The first, on October 14, 1-5, at the Chico Masonic Family Center, is entitled, "At the table with African Americans." Each seminar will focus on a different ethnic group. The presenters will bring different aspects to the forefront, such as a historical and spiritual perspective. Time will be allotted to allow for question and answer sessions. A "Save the Date" flyer is available.

7.2 **Penny Wolfe** reported on the success she and another volunteer, Kelly Steadman, are having at ACCESS and PHF. Penny shared that they give advice and encouragement to consumers.

8. PUBLIC COMMENTS

8.1 **Debra Harrington** noticed that there isn't much available for youth, and wants to see a 24 hour youth facility happen. She has heard about a mutual interest between BCBHD and Enloe to work together in providing services, but to date she has not seen any referrals to BCBHD by Enloe.

9. GUEST PRESENTERS

9.1 None at this meeting.

10. ADJOURNMENT

Motion to adjourn meeting by Jeff Zelsdorf. Second, Michael Schuell.
Motion carried. Meeting adjourned 5:05 p.m. Next meeting will be on
October 21, at 3:00.

Respectfully submitted by,

Geoffrey Davis, Secretary