

MHB General Meeting Minutes

June 3, 2015

Sacramento County Administration Building

700 H Street

Sacramento, CA 95814

Hearing Room 1

Meeting Attendees: Tom Campbell – Chair, Len Marowitz – Vice Chair, Laura Bemis, Brian Brereton, Elizabeth Emken, Courtney Hedges and Don Nottoli

Absent: Michael Hansen, Sarah Jain and Supervisor Patrick Kennedy

Other attendees: Billee Willson, Staff, Division of Behavioral Health Services – Mental Health; John Reed, Deputy County Counsel

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| I. Call to Order Welcome and Introductions | <p>Tom Campbell, Chair, called the meeting to order at 6:03 pm.</p> <p>A. Approval of June 3, 2015 Agenda: Chair asked to include a recruitment item as III-F. Don Nottoli moved to approve the Agenda as amended and Brian Brereton seconded: Ayes, Unanimous, Motion Passed.</p> <p>B. Approval of May 6, 2014 General Meeting Minutes: Courtney Hedges moved to approve, Len Marowitz seconded: Ayes, Unanimous Motion Passed.</p> <p>C. Len Marowitz read the Comfort Agreement.</p> |
| II. Announcements and Advocacy Reports (two minute reports) | <p>A. Youth, Adult, Older Adult and Consumer Advocacy Report</p> <p>Andrea Crook presented:</p> <p>Expert Pool Town Hall Meeting will be June 5, 2015 at T-CORE (Attachment A). T-CORE will present and provide a tour of Clubhouse and the Well Space Clinic. Crossroads will present on their community support team and employment collaborative.</p> <p>On June 12, 2015, a Peer Support Facilitator Training is being provided for community members to provide ongoing support groups.</p> <p>Open Mic at the Mental Health Treatment Center (MHTC) campus will take place on June 13, 2015 (Attachment B). This is the last one until the construction is completed at the MHTC. This will be</p> |

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| | <p>an extra special celebration.</p> <p>The upcoming Consumer Speaks Conference will take place on June 26, 2015 (Attachment C). Culture and System Change for Building Peer Support are being highlighted. A panel of individuals living in recovery will speak. A resource table is reserved for the MHB.</p> <p>B. Advocacy and Peer Provider Programs</p> <p>This section is for any other program wanting to highlight their advocacy and peer provider programs.</p> <p>The Stop Stigma Sacramento sponsored art show, featuring the writers' stories portrayed by the artists is on July 12, 2013 3-6 p.m. The venue is the Fall's Event Center.</p> <p>July is Multi-Culture Mental Illness Month. An outreach event is scheduled for Saturday, July 18, 2015. Organizations will be invited to set up booths at the event. The venue is the site at 24th and Florin.</p> <p>C. Association of Behavioral Health Contractors (ABHC) Report</p> <p>No update, per Uma Zykofsky, who indicated that ABHC had let her know that they could not attend today.</p> <p>D. Law Enforcement Report</p> <p>Lt. Glen Falkner of the Sacramento Police Department supervises the Impact Team. The team has two components or populations served: 1) outreach and assistance provided to the homeless community and 2) the mental health mobile crisis team. The service area is between the Sacramento River and Business 80 and between Hwy 50 and the American River. The team, consisting of a clinician and an officer, provides outreach to those experiencing mental health difficulties. Patrol Officers encountering individuals with mental health difficulties can contact this team to identify options. The goal is to provide supports to individuals, which will reduce the number of negative contacts with law enforcement, repeated jail bookings or repeated hospitalizations. The Police Department identified</p> |

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| | <p>150 individuals citywide who could use these kinds of services.</p> <p>Question: Will there be a point in time when the MHB members can do a ride along?</p> <p><i>Yes, but sometime in the future.</i></p> <p>Uma Zykofsky explained this is one of the SB82 collaborations and requested the team be allowed a few months to work out the details before presenting on their experiences.</p> |
| <p>III. MHB Announcements and Participation in Committees, Meetings, Conferences</p> | <p>A. MHB Announcements (5 minutes)</p> <p>Tom Campbell announced:</p> <p>The Siting Committee, related to the ongoing redesign of the mental health system, has invited the MHB to be represented at the meetings.</p> <p>As requested by Elizabeth Emken the terms and conditions of the Siting Committee are as follows: This is a long-term committee led by Paul Lake. It meets every one to two weeks. The next meeting is Wednesday, June 6, 2015 at 1 p.m.</p> <p>The Chair designated Len Marowitz as the delegate to the Siting Committee.</p> <p>The California Mental Health Planning Council's Data Notebook Project consists of a series of questions to be answered by the MHB about county's performance. The Data Notebook is due in August. A MHB member is needed to work in conjunction with the county on compiling the data and writing the MHB response. The Chair will identify who will work on this. An e-mail sharing the e-mail from the state and last year's response will be distributed to the members.</p> <p>The Consumer Speaks Conference table needs to be staffed. This is an opportunity to do recruitment for MHB members. Interested members were encouraged to contact the Chair.</p> <p>Brian Brereton supports the idea of scheduling meetings/events on Saturdays to allow the non-retired to attend. Tom Campbell stated he will staff the table when not staffed by other members.</p> |

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| | <p>Laura Bemis reported the visit to TLCS went very well.</p> <p>E. Subcommittee Budget Meeting –Alternate Len Marowitz (5 minutes)</p> <p>The agenda item was moved to VI A.</p> <p>F. Mental Health Services Act (MHSA) Steering Committee – Brian Brereton (5 minutes)</p> <p>California Mental Health Services Authority does statewide prevention and early intervention programs including stigma reduction and suicide prevention in schools. The data shows Californians have increased awareness of ad campaigns. Some of the activities include school plays, electronic apps for suicide prevention, and play contests. A Sacramento county student won the state competition.</p> <p>The County received four years of statewide Prevention and Early Intervention (PEI) funding for suicide prevention, student mental health initiative, and stigma and discrimination reduction. When the four years ended, MHSA had to figure out how to sustain the programs. Last year MHSA made a 5% commitment, and this year committed to 4%. A commitment of \$350,000 to \$400,000 per year will sustain the programs.</p> <p>The Community Services and Supports (CSS) planning for Phase A and Phase B are completed. Phase C include the services for the Crisis Residential Program. MHSA is identifying other opportunities for the remaining funds. Some of the ideas include Katie A. and Collaborative Courts (mental health, domestic violence (DV), commercial sexually exploitation children (CSEC)). Suggestion should be e-mailed to MHB box.</p> <p>G. Recruitment Minute</p> <p>Laura Bemis will attend the Town Hall Expert Pool. She handed out the MHB brochure to individuals from assorted community events who expressed interest and suggested they attend a few meeting before applying.</p> <p>Elizabeth Emken inquired about recruitment activity</p> |

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| | <p>by the MHB members.</p> <p>The Nominee for District 1 Consumer seat stated she is pending appointment by the Board of Supervisors.</p> <p>Tom Campbell will work with the Chiefs of Staff to see who has been nominated.</p> <p>Tom Campbell spoke with Andrea Crook about how to best connect with families and consumers and will also contact NAMI leadership.</p> <p>H. Quality Improvement Committee (QIC) – Len Marowitz (5 minutes)</p> <p>QIC met on May 27, 2015.</p> <p>The Division plans to start sending bills to clients for a share of cost. Sending these bills is the first part of the actions needed by the county to claim other revenues that currently cannot be captured when there are outstanding payors. For example, MediCare cannot be claimed before these share of cost bills are sent. That is up to \$2m in revenues.</p> <p>MHSA and adult programs are expanding and are trying to hire from the same pool of clinicians; highlighting the shortage of qualified candidates or applicants.</p> <p>The issue of commercial sexual exploitation of children (CSEC) is a big problem in the US. There could be 100K children involved nationwide. In California, the numbers are estimated to be between 1300-1400.</p> <p>Per Kelli Weaver, work has started on a rapid response or afterhours mental health clinic project. The 24-hours clinic would allow for brief outpatient services to be provided.</p> <p>I. Other Member Participation Updates/Report Backs (concerning county mental health programs) (10 minutes)</p> <p><u>Monthly Tour</u></p> <p>This month’s visit was to Turning Point Community Programs (TPCP). Site visits included three of the programs operated by TPCP.</p> |

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| | <p>Abiding Hope Respite House is not a crisis respite house, it is a place where people who need a break can go for 7 to 14 days. The individuals must have a mental health diagnosis. (5 beds)</p> <p>Crisis Residential Program in Oak Park provides short-term treatment for adults who have become suicidal, critically depressed or otherwise psychiatrically incapacitated. Services include peer support, mutual trust, working together, and therapy. (12 beds)</p> <p>Integrated Services Agency (ISA) is a Full Service Partnership (FSP) and provides wraparound services to 150 individuals with a psychiatric disability who are transitioning from long-term hospitalization and jail.</p> <p>Laura Bemis expressed concern with the respite centers in that they each have criteria that must be met in order to get into the center. She would like to see a respite center that encompasses everything.</p> <p>Courtney Hedges stated there are good reasons there are limitations, but lent her support to an all-encompassing respite center.</p> <p>Next visits include the Wind Youth Services in June and Stanford Youth Solutions in July.</p> <p><u>Human Service Coordinating Council (HSCC)</u></p> <p>Regional Transit presented the preparation that goes into the planning of a new line. The research includes population, funding sources, maps demographic of ridership, low-income census track, minority census track, shelters, service quality, and English proficiency census track. Per the presenter, transportation equity is civil and a human rights priority.</p> <p><u>NAMI meeting</u></p> <p>Public Administrator/Conservator presented and the MHB may want to bring them to speak here.</p> <p><u>Alcohol and Drug Advisory Board</u></p> <p>Five committees meet and report back each month.</p> |

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| <p>IV. Division of Behavioral Health Services (DBHS), Mental Health Director's Report</p> | <p>A. Director's Report</p> <p>Uma Zykofsky, Director, reported the following:</p> <ol style="list-style-type: none"> 1. In response to an earlier discussion, respite programs will be asked to come and do a presentation to explain how they operate. 2. Preliminary information confirms the SB82 crisis residential program proposals have been received very positively. The grants will go before the CHFFA Board and approval is dependent on their process 3. In response to a question raised at prior meeting the MHB representative on the MHSA Steering Committee has to be a consumer or family voice, this includes the alternate. This maintains the 50% composition of Steering Committee. 4. A June 9, 2015 Renewal of Hospital Contracts Board Letters proposes a six-month renewal of approximately 8 million dollars. This is a step in the continued work of rebalancing the crisis continuum. The negotiation for a reduction in rates was not successful but there are new strategies in play including a commitment from Heritage Oaks Hospital to develop a Psychiatric Health Facility (PHF) by January 1, 2015. The Division has provided a letter of support. 5. Budget report back: The slides from Dr. Heller's presentation to the Board were distributed (Attachment D). The presentation included expanded funding needed for treatment services for the 15 bed Crisis Residential program; funding for 20 sub-acute beds to create capacity at the MHTC; Cost of Living adjustment of 2% for contractors; funding for the Public Guardian's Care Plus; and funding for others programs not directly affecting mental health concerns. 6. The Division is continuing work related to improving partnerships; i.e., Mental Health Court and mobile teams. 7. The Division is conducting CPS/MH training – since beginning, 179 staff in adult mental health programs have been trained. The training |

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| | <p>objectives of “In it Together: The Intersection Between Mental Health and Child Welfare” include</p> <ul style="list-style-type: none"> • Fostering deeper knowledge of the role mental health providers and child welfare workers play in keeping individuals, families and communities safe; • Increasing understanding of the link between Adult Behavioral Health Services and parental risk, protective capacity and child safety; and • Increasing understanding of the reporting mandates and other legal requirements related to child safety and family well-being. <p>Target Audience:</p> <ul style="list-style-type: none"> • All adult mental health county and contract provider staff will be trained throughout the upcoming months. Alcohol and drug service staff will follow. • CPS staff will be trained beginning October 2015. <p>B. Report</p> <p>Regarding the June 9th Board Letter, is this growth request already approved by the MHB? Should the MHB endorse the request?</p> <p>It is okay for the MHB to make comment at the Board.</p> <p>The Brown Act applies to emergency session of executive committee, so there is no time for an executive committee meeting to approve a letter of support. MHB members can make comment of support as individuals during public comment.</p> <p>Uma Zykofsky will send the board letter to Tom Campbell.</p> <p>A procedural question concerning having a MHB member attend all the Board of Supervisors meetings was raised. The pros and cons were discussed. The number and length of the meetings</p> |

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| | <p>and few board items with relevance to mental health made a continued presence of a MHB member questionable. The discussion will be placed on the agenda for a future general meeting.</p> <p>Question: Is the new funding for Care Plus in the growth request?</p> <p>Yes.</p> |
| <p>V. Presentation (30 minutes)</p> | <p>A. Sacramento County Homeless Strategic Plan</p> <p>Presentation made by Eduardo Ameneiro, Department of Human Assistance (DHA), Uma Zykofsky Division of Behavioral Health Services (DBHS), Emily Halcon City of Sacramento and Ryan Lootbourrow, Sacramento Steps Forward (Attachment E).</p> <ul style="list-style-type: none"> • DHA programs include Return to Residence Program, Motel Voucher Program, CalWORKs Temporary and Permanent Housing Assistance Programs, Housing Support Programs, Safety Net Programs and provides support for Sacramento Steps Forward programs. • DBHS uses Continuum of Care funding to finance housing units, leverage other housing programs and provide supportive services for those with serious mental illness. The delivery models include El Hogar Guesthouse, TLCS New Directions, and Turning Point Pathways. • The City of Sacramento provides funding for Detox/SIP, Winter Motel Vouchers for families, Salvation Army Emergency Shelter and supportive services in The Shasta. The City is also providing funding for the Common Cents initiative. • Sacramento Steps Forward is developing the Housing Crisis Intervention System and the Common Cents program. The Housing Crisis Intervention System is using a common assessment tool, coordinating outreach and access points, prioritizing need, providing housing navigation, case conferencing, and housing matching services. The Common Cents |

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| | <p>program provides these services to veterans and chronically homeless individuals.</p> <p>B. Questions and Responses</p> <ul style="list-style-type: none"> • Is homelessness going up or down? <i>The homeless numbers have been stable since 2007. The first Permanent Supportive Housing (PSH) programs were established in 2007.</i> • How long is the wait for services? <i>It depends on situation, veterans and families get services immediately.</i> • How do families get support if they do not live in the city? <i>They can connect with DHA.</i> • Is Permanent Supportive Housing going away because clients do not purposefully exit? <i>Homeless prevention and rapid re-housing have a high success rate. The transitional housing is important to the Substance Abuse subpopulation.</i> • Is there a reason the data does not add up to 2538? <i>The sub populations do not add up because individuals can be in more than one population.</i> • Is there a significant number that are chronically and intentionally homeless? <i>The chronically homeless represent a small number.</i> • Of the small number, what percentage has mental health issues? <i>This population is mostly those who are wary of the services being offered.</i> • A question was raised concerning services being offered to those with mental health issues, is it too restrictive? • For veterans, is there coordination with the military exit process? |

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| | <p><i>Homeless programs are in coordination with the state and county Veteran's Offices.</i></p> <ul style="list-style-type: none"> • When will the rapid response goal be achieved? <i>The goal is by 2021.</i> |
| <p>VI. Action Items</p> | <p>A. Approval of Budget Subcommittee Letter to the Board of Supervisors (Action)</p> <p>Len Marowitz explained the process of the development of the letter and the result (Attachment F).</p> <p>A few edits were made to the letter most significant was the change in the language from "reorganization" to "redesign and rebalancing."</p> <p>Laura Bemis moved the letter be approved as amended, Courtney Hedges seconded: Ayes, Unanimous, Motion Passed.</p> <p>B. Approval of 2014 Annual Report (Action)</p> <p>Chair opened discussion for content related concerns associated with the 2014 Annual Report (Attachment G).</p> <p>Len Marowitz requested an edit on page 7: MHB "Chair" met quarterly with the Board of Supervisors' chiefs of staff.</p> <p>Tom Campbell reviewed the Goals.</p> <p><i>Goal 6 concerns what the MHB should do with input from the public regarding clients in the mental health system. This discussion will be reopened at the July 2015 meeting.</i></p> <p>Elizabeth Emken made a motion to delegate the Chair to make grammatical and punctuation edits with no substantive changes without further MHB approval, Courtney Hedges seconded: Ayes, Unanimous, Motion Passed.</p> <p>C. Revise AOT research calendar (Action)</p> <p>It was on the calendar to have the AOT Ad-hoc Committee report out in July 2015. This will not occur. It is premature because the restructure is not completed.</p> |

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| | <p>Uma Zykofsky explained her involvement with AOT discussions at the state and with other counties. AOT has to offer voluntary service. The issue is to develop the voluntary side and it has to be in place for success of an AOT program.</p> <p>Laura Bemis asked when the MHB would be able to decide to implement AOT.</p> <p><i>The timeline is difficult to predict, the Division has to get the hospitalization and MHTC projects operational; many of these pieces will happen in the next year. The key pieces that need to be in place are the 45 Crisis Residential community beds. This project and how fast the rapid response program gets off the ground are critical to watch.</i></p> <p>It was suggested the MHB reopen the discussion when it is realistic to move forward with the action perhaps in June or July 2016 with a workgroup starting in January 2016.</p> <p>Len Marowitz commented the Division needs to get the redesign in place so it is in a steady state. Decision on beginning AOT planning should be data driven, including the number of therapies, beds available, people waiting for services, and timeline. When the redesign is in a steady state, then AOT can move forward. It may be useful to use the existing quarterly data to review the status of the redesign.</p> <p>Elizabeth Emken asked, what problem will AOT solve?</p> <p><i>It can be a tool in the toolbox to address different types of voluntary/involuntary dilemmas that clients and families face when seeking services.</i></p> <p>In a past meeting, the MHB set dates by which the AOT research should be presented. Per John Reed, County Counsel, the MHB must vacate the dates and dissolve the ad hoc committee.</p> <p>Len Marowitz moved to amend the AOT document (Attachment H) to eliminate the dates, to revisit it quarterly, to put on the October Agenda as an action item and to disregard dates assigned to this</p> |

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| | item. Brian Brereton seconded, Ayes 4, Noes 1, Motion passed. |
| VII. Public Comment (two minutes per comment) | No public comment |
| VIII. Next Meeting/Adjournment | <p>Next Meeting: General Meeting of the MHB July 1, 2015</p> <p>A. Adjournment: 8:57 pm</p> |

Prepared by Billee Willson, MBA, Program Planner