

## **MHB General Meeting Minutes**

January 6, 2016

### **Sacramento County Administration Building**

700 H Street

Sacramento, CA 95814

Hearing Room 1

**Meeting Attendees:** Tom Campbell – Chair; John Puente – Vice Chair; Ann Arneill-Py – Secretary; Laura Bemis; Elizabeth Emken; Courtney Hedges; Sarah Jain; Kindra Montgomery-Block; Erin Platt; John Puente; and Anne Slakey

**Absent:** Leonard Marowitz; Collette Johnson-Schulke

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

<b>Topic</b>	<b>Minutes</b>
<b>I. Call to Order Welcome and Introductions</b>	<p>Mr. Puente – Vice-Chair, called the meeting to order at 6:03 p.m. (Mr. Campbell – Chair arrived as meeting was being called to order)</p> <p>A. Approval of January 6, 2016 Agenda</p> <p>Mr. Puente moved to approve the Agenda and Ms. Hedges seconded: Ayes, Unanimous, Motion Passed.</p> <p>B. Approval of October 7, 2015 General Meeting Minutes:</p> <p>Mr. Hansen requested a passage under the MHB Announcements be changed from “crisis services will not conduct a mental health assessment for 30 days when drug use is identified” to “if an individual tests positive for meth, the assessment is stopped and the individual is placed outside and receives no further assistance.” Ms. Hedges moved to approve the minutes as amended Mr. Hansen seconded: Ayes (9) Abstain (2 - Mr. Puente and Ms. Bemis), Motion Passed.</p> <p>C. Approval of November 4, 2015 General Meeting Minutes:</p> <p>Due to concern about timely receipt of minutes, the adoption of the November 4, 2015 minutes was postponed to the March 2016 meeting.</p> <p>D. Ms. Bemis read the Comfort Agreement.</p>
<b>II. Announcements and Advocacy Reports (two minute reports)</b>	<p><b>A. Youth, Adult, Older Adult and Consumer Advocacy Report</b></p> <p>Sandena Bader, Family Coordinator, NorCal MHA</p> <p>The Expert Pool flyer is in the meeting packet (Attachment A).</p>

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	<p>Consumer Speaks Conference will be held in May 2016.</p> <p>Nineteen (19) individuals graduated from WRAP 5-day training on November 16, 2015.</p> <p>The Chair requested Ms. Bader to speak more about the Expert Pool Town Hall meetings as the MHB, at its Retreat, will delegate someone to attend.</p> <p>Per Ms. Bader, consumers, family members, and community members share their resources and information and the host agency gives an overview of their programs.</p> <p>Ms. Arneill-Py stated she attends and finds it valuable.</p> <p>The Chair suggested new members might attend as an educational opportunity.</p> <p><b>B. Association of Behavioral Health Contractors (ABHC) Report</b></p> <p>Dawniel Zawala, incoming Vice-President and Associate Director and General Counsel at NorCal MHA.</p> <p>The Association is attempting to obtain census / capacity data related to both Adult and Children's programs which has been requested several times with no response from the Division. At their last meeting with the Director, they were informed the Adult system data was nearly ready, but the Children's system data was not. Comment made that it is unclear as to who is in charge or accountable particularly as it relates to Children's Programs.</p> <p>An invitation was extended to everyone to come to the Association meeting. The meetings are held at TCORE, located 3737 Marconi Ave., on the first Tuesday of each month at 3 pm.</p> <p>The Chair asked the purpose of data request.</p> <p>Ms. Zawala responded they want to know which providers are over capacity and which are under capacity, with concerns shared that some youth are perhaps not being served timely due to capacity issues. The Association has offered to brainstorm ways to even out the capacity, and identify potential barriers to overcome these issues.</p> <p>Anthony Madariaga offered to research the concern, adding that Division Manager interviews have concluded and announcements would be made soon related to the new leadership appointments</p>

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	<p><b>C. Law Enforcement Report</b> No report</p>
<b>III. MHB Announcements and Participation in Committees, Meetings, Conferences</b>	<p><b>A. MHB Announcements (5 minutes)</b> Mr. Campbell reminded members of the MHB the MHB Retreat is on January 23, 2016 from 9 am to 2 pm. The agenda will be finalized at the tonight's Executive meeting.</p> <p>Ms. Bemis reported there is an effort in Rocklin to build a hospital but they are having difficulty due to the proximity to schools. Since they do not have these services in Placer County, those in need of care are likely to obtain services in Sacramento County.</p> <p><b>B. Subcommittee Budget Meeting – Elizabeth Emken (5 minutes)</b> Ms. Arneill-Py, Mr. Hansen and Ms. Emken attended the Budget Subcommittee meeting. Ms. Emken provided a high-level view of the Division's budget for the past eight years and the significant double-digit growth in last two fiscal years, based on the FY09-FY16 Mental Health Historical Budget Summary (Attachment B). The Budget Summary explains how the double-digit growth was expended and includes increases for hospital bed contracts, Crisis Stabilization Unit expansion, etc. Ms. Emken emphasized the importance of knowing the services purchased with these large increases.</p> <p>Mr. Campbell asked if there was a discussion about a growth request for FY 2016-17. Per Supervisor Kennedy, the departments are developing their requests now, so it is too early.</p> <p>Ms. Emken asked if the Supervisors had received the Budget Summary. Supervisor Kennedy acknowledged their awareness and noted the Behavioral Health Services budget was the largest increase in the County Budget in Fiscal Year 2015-16.</p> <p><b>C. Mental Health Services Act (MHSA) Steering Committee – John Puente or Alternate (5 minutes)</b> The December 17, 2015 agenda included an MHSA update and the FY 2015-16 Annual Report. The Respite Care round three programs were discussed. Three (3) of the five (5) programs were recommended for sustainable funding.</p>

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	<p>Two (2) of the programs had been terminated from the Respite Collaborative so were not recommended for funding.</p> <p>The meetings are on third Thursday of each month from 6 pm to 8 pm.</p> <p><b>E. Other Member Participation Updates/Report Backs (concerning county mental health programs) (10 minutes)</b></p> <p>Ms. Montgomery is the MHB representative to the Cultural Competence Committee. The committee meets monthly on the fourth Tuesday of each month from 1:30 pm to 3 pm at the Grantland Johnson Center.</p> <p>Further liaison responsibility will be determined at the MHB Retreat.</p> <p>Ms. Bemis attended the Behavioral Health Services Christmas party. She reported speaking to an individual who was inspired to be open about his mental illness as a result of hearing her story.</p> <p>The monthly site visit was to River Oak Center for Children (ROCC). One of the highlights was Santa's Workshop where parents could shop for their children. Members were asked to let Mr. Marowitz know their availability so he could schedule the next visit.</p>
<b>IV. Director's Report</b>	<p>A. Director's Report</p> <p>Anthony Madariaga provided the Director's Report as Ms. Zykovsky is away. His presentation is captured in Milestones for Improving Crisis Mental Health System Status: January 4, 2016 (Attachment C)</p> <p>B. MHB Members' Questions Related to Director's Report</p> <p>Ms. Hedges commented on how impressed she is with the working law enforcement call-line.</p> <p>Mr. Madariaga explained that the consultation call line for is a 3 month pilot operating during day shift from Monday to Friday. City Police and the Sheriff Department are involved in pilot rollout with plan to eventually expand service to other law enforcement units.</p> <p>Ms. Emken asked where the RFPs are advertised.</p> <p>Mr. Madariaga explained they are advertised in the Sacramento Bee, announced at meetings, and posted</p>

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	<p>on several different websites.</p> <p>Ms. LeBlanc explained they are also advertised on Contract Bidding Opportunities webpage located at <a href="http://www.dhhs.saccounty.net/Pages/Contractor-Bidding-Opportunities.aspx">http://www.dhhs.saccounty.net/Pages/Contractor-Bidding-Opportunities.aspx</a>.</p> <p>Ms. Jain asked where positions are advertised.</p> <p>Mr. Madariaga identified the multiple venues including the County website, California State University, Sacramento, professional journals, craigslist, etc.</p> <p>Mr. Campbell expressed his appreciation for having a written record of the rebalancing efforts. He asked if the Division has seen a bend in the cost curve in inpatient contracts.</p> <p>Mr. Madariaga responded stating ACA has increased the number of individuals eligible for Medi-Cal, which has increased hospitalizations. The Division is not seeing hospital costs declining.</p> <p>Mr. Campbell asked if the Division has gone to the Board of Supervisors for additional funding.</p> <p>Mr. Madariaga stated the Department just went to the Board for funding through June 2016.</p> <p>Dr. Heller stated their recent action asked for funding for the final six months of the Fiscal Year. She stated the Division did not increase the budget over last year but it has not seen the costs shrink. The data is being examined and the need might still be growing. The causes for the growth are multiple: the Anti-stigma campaign is encouraging individuals to seek help; the Mobile Crisis Team is identifying others who may not have sought out services. The numbers of those seeking help are getting bigger, many are being diverted from hospitalization but there is still a lot of pressure on the inpatient budget.</p> <p>Mr. Campbell asked if there is a need for support from the MHB.</p> <p>Supervisor Kennedy stated the MHB should plan to provide support when it gets closer to budget time.</p> <p>Mr. Campbell asked if there has been any good press.</p> <p>Supervisor Kennedy stated the Bee did an article that was complementary.</p>

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	<p>The redesign is a more comprehensive approach providing appropriate and timely care to those who need it. The hope is it will alleviate the need for more beds. The emergency departments are seeing more people because we are sending more people for help; we need to get them to the right and more appropriate help. There have been so many factors; it will take time before we see the data to indicate the success of these initiatives.</p> <p>Ms. Jain asked if there has been a decrease in crime with regard to the mentally ill.</p> <p>Mr. Madariaga stated there are additional resources such as CIT, Mobile Crisis Teams and the mobile crisis line, but to answer this question, this topic will need to be researched.</p> <p>Mr. Campbell stated this might be a goal identified at the MHB Retreat as a performance indicator to track.</p> <p>Ms. Bemis' interest is in the initiatives. Her main question is about the urgent care clinic. Besides medication support and evaluations, she wonders what other kinds of resources will be available. She will hold her question for the presentation.</p> <p>Mr. Hansen asked about 1370 misdemeanors.</p> <p>Mr. Madariaga explained the MHTC's charge is the misdemeanors. The felonies have been the responsibility of Napa State Hospital, but for Sacramento county are now handled by Rio Consumnes Correctional Center (RCCC) who recently opened a competency restoration program housed at RCCC.</p> <p>Mr. Hansen is concerned about moving mentally ill out of treatment arena into a jail site.</p> <p>Mr. Madariaga stated the competency restoration program involves a specific curriculum and services fulfilling a legal requirement related to criminal proceedings. Ultimately either competency is restored and the individual returns to the jail for criminal proceedings, or if deemed not restorable, the individual may be conserved and ultimately placed in a secure treatment setting. It is anticipated beginning in April; clients charged with misdemeanors where there are doubts of competency will be admitted to the new jail</p>

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	<p>based competency restoration program housed at RCCC.</p> <p>Currently, upon receipt of the judge's orders individual's charged with misdemeanors are transferred to MHTC with a length of stay averaging about 40 days often limiting acute psychiatric admissions due to lack of capacity on the MHTC inpatient unit. A high percentage of clients are successfully restored.</p>
<b>V. MHSA Annual Report</b>	<p>Jane Ann LeBlanc, MHSA Program Manager presented the Draft MHSA 2015-16 Annual Report (Attachment D).</p> <p>Mr. Campbell explained the process for the Annual Report. The MHB will be making comments on the document at this meeting and hosting the Public Hearing next month. The Draft Plan will be sent to the Board of Supervisors for approval. The Innovation Project must be submitted to the Oversight and Accountability Commission for approval.</p> <p>Ms. LeBlanc introduced the Draft Annual Report and stated it was posted Monday, January 4, 2016.</p> <p>Tonight, she will present an overview to touch on highlights and ask the MHB to give collective comment.</p> <p>She reminded the MHB that all programs and funding represented in the plan have been through a community planning process. The process has included MHB members at both the MHSA Steering Committee and workgroups.</p> <p>The Annual Report PowerPoint presentation (Attachment E) was reviewed.</p> <p><b>Community Services and Supports Questions:</b></p> <p>Ms. Slakey asked how the percentages were arrived at for the Full Service Partnership (FSP) outcomes.</p> <p>Ms. LeBlanc explained the baseline is the twelve (12) month prior to entering the FSP program plus the program year. Hospitalizations and hospital days are based on Avatar data and the other outcomes are based on self-reports.</p> <p>Hospital data is accessible because it tracked within Avatar. Access to other system's data is not available because of confidentiality laws/rules.</p> <p>Ms. Bemis commented the increases are quite large.</p> <p>Mr. Kennedy asked if the population represented is small.</p>

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	<p>Ms. LeBlanc stated it is a small population and represents the 1692 individuals served in these programs. The FSPs are effective but due to the intensity of services are the more expensive. FSPs cannot serve the larger numbers because of the higher costs.</p> <p>Mr. Madariaga stated these programs have great outcomes, and are less expensive when compared to the costs of incarceration or hospitalization.</p> <p>Ms. Arneill stated these numbers are consistent with the numbers reported across the state.</p> <p>Ms. Emken asked if there were other cultural groups besides the Asian Pacific Island group receiving these types of cultural services.</p> <p>Ms. LeBlanc state the Transcultural Wellness Center is the only cultural specific service in CSS. There are others in PEI.</p> <p>Mr. Campbell asked if there are requirements about how data may be collected and reported.</p> <p>Ms. LeBlanc explained the FSPs have a specific expectation. Both the use of a key event tracking form and identifying what qualifies as a key event are specified. Some of the data is going to be self-report.</p> <p>Mr. Campbell asked if the methodology for data collection is explained in the Annual Report.</p> <p>Ms. LeBlanc stated the data collection methodology is explained in the 2005/06 to 2007/08 Three Year Report. All plans are posted on the webpage.</p> <p>Ms. Bemis asked if emancipated youth would fall into the TAY population.</p> <p>Ms. LeBlanc stated they could. MHSA defines TAY as ages 16 to 25.</p> <p>Ms. Bemis asked if there would be a food/clothes closet developed for this age group.</p> <p>Ms. LeBlanc responded there could be. When these programs are implemented the provider can develop the program in accordance with the needs identified. The Three Year Plan included the recommendation from the workgroup, which identifies possible services.</p> <p>Ms. Bemis asked when the program would begin.</p> <p>Ms. LeBlanc explained the competitive bid process and</p>

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	<p>stated she anticipates the program to begin midway of Fiscal Year 2016/17.</p> <p>Ms. Bemis asked the age group identified as older adults.</p> <p>Ms. LeBlanc stated the Sierra Elder Wellness program serves individuals 55 and older.</p> <p>Ms. Montgomery-Block asked the meaning of penetration rate.</p> <p>Ms. LeBlanc explained the penetration rate is determined by comparing the Medi-Cal population served in MHP to the total Medi-Cal population. It does not include the population served in PEI.</p> <p>Ms. Montgomery-Block asked whether the penetration rate is specific to FSP programs.</p> <p>Ms. LeBlanc confirmed it includes all programs in the MHP.</p> <p>Mr. Campbell explained the Medi-Cal information is all we have. We may not know if an individual received services through a MHSA funded program.</p> <p>Ms. LeBlanc explained, for treatment programs, the Division knows who is receiving services regardless of funding, but it is harder to track in prevention programs because it is difficult to get unduplicated counts.</p> <p>Mr. Madariaga advised group that in past years the Division initiated a Performance Improvement Project (PIP) targeting engagement and linkage specific to the Latino/Hispanic community. This group has historically been under represented with respect to the Sacramento County Medi-Cal population served. The PIP defined additional community outreach modes designed to improve Latino access and engagement in mental health services.</p> <p>Ms. Montgomery-Block stated culturally there are some connections to services that are not represented in the penetration rate, in particular, the only one represented in the FSPs was the Asian Pacific Island community but in the graphic, they are one of the lowest. This presents an opportunity to think about culturally connected FSPs not represented in the plan now.</p> <p>Ms. LeBlanc highlighted the issue where many of the cultures do not recognize mental health. The Division is currently making a concerted effort in the stigma reduction work and having a great success with the suicide prevention programming, which is tailored and designed for meeting the needs of cultural and ethnic communities. The</p>

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	<p>Division is mindful of this need but the programs need to be built in a way to be responsive to the community's needs.</p> <p><b>MHB Collective Comment</b></p> <p>The three areas of feedback comment should include 1) any positive reaction, 2) anything missing from the plan, and 3) anything that would help shape the format of the document to make it more user-friendly and more easily digestible. We are looking for clarification on the content of the document.</p> <p>Comments can be submitted anytime within the comment period.</p> <p>Mr. Hansen suggested the PowerPoint reflect the page in the Annual Report. He supported adding money for patient advocates.</p> <p>Ms. Bemis stated she felt the report was moving in the right direction.</p> <p>Mr. Campbell stated it is a good central reference for the public to see what is being done in the mental health arena. For the report, he suggested adding a Table of Contents, the Continuum of Care documents and a graphic representation of the various MHSA components. He also suggested references, as needed, back to the Three-Year Plan.</p> <p>Dr. Heller suggested making sure earlier comments be incorporated in the collective comment such as Ms. Bemis felt strongly about the urgent care center. If you feel strongly, it needs to be stated given it is the newest investment. If anyone else makes the case to use the money elsewhere, it will be the first to go.</p> <p>Ms. LeBlanc clarified the charge of this collective comment is to 1) any positive reaction to programming in the report, 2) any programming missing from the plan, and 3) anything that would help shape the format of the document.</p> <p>Ms. Bemis stated the three areas she is supportive of are the Urgent Care Center, the TAY programs and the older adults programs. For the future, she is concerned with what will happen to people who fall between Medi-Cal and private insurance, which is not touched on in this report.</p> <p>Dr. Heller pointed out another place of concern in the Annual Plan is the respite programs moving into continuing funding. If you have comments to make about this, it would be good to do so at this point.</p> <p>Mr. Campbell stated the report is well-vetted, comprehensive</p>

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	<p>approach to the problem of care that is more expensive and not effective. Keeping people out of the ERs is well stated in the document; including the Urgent Care Clinics.</p> <p>Ms. Bemis added Respite programs are also effective in keeping individuals out of the ERs.</p> <p>Mr. Puente underscored his support for respite and urgent care. He approved of the structure of report, it speaks well of the programs and the successes and results of the programs.</p> <p>Ms. Montgomery-Block stated she believes there is a need, supported by data, for culturally related FSP programs. There is an opportunity given the data to develop a program that meets the needs. This gap in the program needs to be explored.</p> <p>Ms. Jain stated involuntary treatment is not addressed in this document. The need for involuntary treatment needs to be addressed; both number of beds allocated and the issue.</p> <p>Ms. LeBlanc explained the reason it is not addressed is that MHSA will not support involuntary treatment. To change this, it requires legislative action. This is one of many funding streams. MHSA cannot fund inpatient and locked facilities.</p> <p>Ms. Platt supported the inclusion of different groups. She stated the layout is good and supports a Table of Contents.</p> <p>Ms. Emken raised the concern about preventing gun violence among the mentally ill. Is there anything in the plan that deals with behaviors becoming more severe, disabling and destructive?</p> <p>Ms. LeBlanc stated many of the prevention programs are true prevention programs and provide services prior to diagnosis, only a few provide services to those with a diagnosis. She stated new PEI regulations were issued in October 2015. Counties are digesting the changes and any required design changes. The counties will need to be in compliance in eighteen (18) months.</p> <p>Ms. Emken stated if there is programming that deals with intervening when individuals become more severe, disabled or destructive, she would let people know now. If it is in the Report, highlight it.</p> <p>In addition to culturally related entities, are there any provisions for faith-based entities? There can be barriers in the faith-based communities. Are there partnerships with the faith-</p>

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	<p>based community?</p> <p>Ms. LeBlanc explained that within the prevention programs many are working with the faith-based communities. The treatment programs recognize that spirituality of individuals is part of who they are.</p> <p>Partnerships with the faith-based community are at the Division level.</p> <p>Ms. Slakey expressed her thankfulness for the report. She found it clear and helpful. She liked the sidebars highlighting the successes. They are nice.</p> <p>Ms. LeBlanc asked if Ms. Bemis or Mr. Kennedy wanted the support for Mental Health Promotion Project captured as it was spoken of earlier.</p> <p>Ms. Bemis agreed it should be added in. Despite any controversy, based on lived experience, the Speakers Bureau and Stop Stigma campaign are worthwhile.</p> <p>Members were instructed to direct additional comments/questions to <a href="mailto:MHSA@saccounty.net">MHSA@saccounty.net</a></p> <p>Next month's meeting will be the MHB Public Hearing.</p>
<b>VI. Public Comment</b> (two minutes per comment)	<p>Wade Brynelson, professional educator, stated a concern that research articles suggest 40-50% of the people with severe mental illness of bipolar and schizophrenia illness, deny they have this condition. How does this plan or the entire division address this issue?</p> <p>Where does Laura's Law fit in?</p> <p>Dr. Heller directed to Mr. Brynelson to the AOT report requesting Mr. Madariaga assist in providing him this information.</p>
<b>VII. Next Meeting/Adjournment</b>	<ul style="list-style-type: none"> <li>A. January 23, 2016, 9:00 AM: MHB Annual Retreat, 300 University Ave, Ste. 100, Sacramento</li> <li>B. February 3, 2016, 6:00 PM: MHB Public Hearing on MHSA Annual Plan at the Grantland Johnson Center located at 7001A East Parkway, Sacramento</li> <li>C. March 2, 2016, 6:00 PM: Next MHB General Meeting Adjournment: 8:50 pm</li> </ul>

Approved at General Meeting March 2, 2016