# Sacramento County Mental Health Board
# Adult System of Care (ASOC) Meeting

## MINUTES – IN PERSON MEETING
## HYBRID PARTICIPATION OPTION
## Monday, May 6, 2024
## 6:00 PM – 7:30 PM

Members Present: Patricia Wentzel, Brad Lueth, Laura Bemis, Mallika Walsh, Melina Avey
Members Absent: None

**Agenda Item**

**I. Welcome and Introductions**

- Introductions
- Acknowledgement of Conduct Agreement
- Announcements by MHB ASOC Committee Members

Chair Wentzel commenced the meeting at 6:17pm, introductions were made and Conduct Agreement acknowledged.

No announcements were made.

**II. Public Comments Relating to the Sacramento County Behavioral Health Services Adult System of Care – Items Not on Agenda**

- Public Comment #1: Appreciate the website for Care Court that includes videos of meetings to watch and trainings for cohort. Not sure how the program is coming together. More information would be helpful.

**III. Presentation on FSP's followed by questions from committee members**

- Presentation by Allison Williams, BHS Health Program Manager, and Dawn Williams, BHS Health Program Manager. See attached presentation.
- Chair Wentzel referring to slide 8, asked to clarify about the number of hospitalizations decreased. Slide 8 is about housing data and placement. Housing placements are from key event tracking.
- Member Bemis asked about independent housing, which was 51%. Asked for a definition on independent housing or examples. Dawn described the various living arrangements from Slide 8. Independent living means living on their own. Member Bemis asked whether sober living is considered independent living. Sober living is not included in the key event tracking, but Room and Board is.
- Member Walsh asked whether there is a distinction between Board and Care and Room and Board. Dawn clarified Room and Board is under the Assisted Living category.
- Member Bemis asked about sober living, does that mean no one is discharged to sober living? Dawn clarified this isn't necessarily those that are discharged, this is anyone who received any service by the end of the year. Member Bemis asked are any of these including those in sober living? Dawn will double check.
- Member Walsh asked what was the average rate of homelessness of these people before they were placed? Dawn clarified this is just their status as of the last reporting period, but we can get the data.
- Chair Wentzel requested to have the presentation included in the minutes.
- Dawn shared that Prop 1 will force us to change the data collection and it hasn't been changed since 2009. Lots of things need to be updated.
- Member Bemis stated people are not getting the co-occurring care that they need. They're not able to avail themselves of sober living. Dawn said residential treatment is listed as a category but sober living is not.
- Chair Wentzel asked to clarify on Slide 10 that this doesn't refer to the length of time they were hospitalized, that this is reflecting whether they were hospitalized or not. Yes, this is an unduplicated number of people hospitalized.
- Chair Wentzel is interested in understanding the dynamic of a few very sick people that are hospitalized for a very long time that is distorting the data. Dawn will look at outliers and look at average length of stay for hospitalizations. We monitor to FSP length of stay and contractually they are

working on decreasing the length of stay during a hospitalization.

- Chair Wentzel understands one of the purposes of FSPs is to reduce the chances that someone needs to be conserved and yet these very long hospitalizations suggest that some people are candidates for people who may need to be conserved but aren't in fact getting conserved and perhaps that's the level of care that they need. Hospitalizations are more expensive than receiving services from an FSP. Those people that are having these long hospitalizations are costing the most, so we need to make a point of looking at these people and looking at what we can do to support their recovery in a timely fashion. We also have a lack of subacute beds in our County, and that may impact that population that may have gone to a subacute, but also they would need to be conserved in order to be placed in a subacute bed. This is something we should be looking at. Allison shared that the FSPs are supporting the treatment team at the hospital and helping to determine whether the individual is safe to discharge back to the community or assessing whether the individual requires a higher level of care.
- Chair Wentzel asked if there is a role in the County of FSP whose job it is to advocate for conservatorship while in the hospital? No, the Public Guardian's office will work with the inpatient hospital on those decisions. The FSP provider will provide information about their experience in working with the individual.
- Member Walsh asked about clients that are considered for conservatorship, are these clients only in FSPs? Who is using the LIST? The FSP providers implement the LIST to determine services that are needed. Who essentially takes care of individuals who has repeated emergency room visits but are not yet linked to an FSP? Who will make the decisions for the level of care for these individuals? Referrals can come from different sources, but we typically see a large number of referrals from inpatient hospitals and they will submit a LIST for individuals who meet the criteria in order to support the linkage to an FSP. When assessing for conservatorship
- Member Walsh asked about psychiatric hospitalizations over time. Are you talking about a cohort of people in the FSP? Dawn clarified the number referenced in the chart is the number of FSP clients total, regardless of hospitalizations. My experience with individuals who are linked in a FSP is that they continue to have repeated hospitalizations even if the length has increased over the years. Where can I find that information, how many of those individuals had repeated hospitalizations given the length of time in the FSP? Dawn can provide the information. Median length of stay of hospitalizations is 13 days. Only 14% of all hospitalizations are over 30 days. Is that an aspirational number or just what is happening? Dawn stated this is just what is happening. Overall, average hospitalizations per client is about 1.2% per year.
- Member Walsh stated we are trying to determine the efficacy of FSPs and one pertinent point is that we have a robust out in the community, but how is it helping really? The group number is nice, but how is it affecting an individual effectively? I'm very interested to see on an individual level, how many hospitalizations per year. Dawn stated it's a little over one hospitalization per individual in a year. Dawn will get longitudinal data.
- Chair Wentzel asked the reason for sharing the median length of stay of hospitalizations? Dawn stated there are outliers. The average length of stay of hospitalizations is 20 days, which is about a week longer on average.
- Chair Wentzel mentioned a survey that found FSPs are often full because they fail to discharge people from the FSPs. I have been told by Dr. Quist that we have some space in our FSPs. Allison shared we have some outliers where the newer Family FSP is over capacity but there is some space still in our other FSPs. I'm wondering if that global observation is true in Sacramento, are we needing to discharge more people from our FSPs if people are good candidates to discharge?
- Chair Wentzel asked if a person is hospitalized, that goes into the records that the County has? The FSP should be able to find them? If it's an out of county hospital, no, but for the most part, we are able to find them. We can find folks who were hospitalized in Woodland. Dawn mentioned we cannot get information from medical hospitals. We don't have better data sources for emergency room hospitals.
- Member Walsh asked what are the current services being provided by FSPs? What is the frequency of services? How many number of contracted programs? Services include skill building, independent living skills, individual and group therapy, housing supports, social groups, building up natural supports, medication support, furthering community connection, and employment. The frequency of services depends on the intensity of individual needs, which can be daily to 1x/month. There are 11 contracted FSP programs.
- Chair Wentzel would like to know more about the contracts, specifically how the contracts are structured, how much is being spent, and understanding the constraints to deliver services and meet expectations. We would like to see an ongoing tally every month of how many people are in the FSPs or broken down by FSP and look at trends that we should be aware of. Also interested in the intake process for FSP, my perception from anecdotal experience is that it is really hard to get into an FSP. The people who are acutely ill still don't qualify for FSP. The CORE locations have stated that people on their books who qualify for FSPs can't get into an FSP and I would like to know more about that. Would like to understand how that decision making happens when someone meets the criteria on the list but is deemed to not meet the FSP level of care. Would like to know how often that decision is revisited. Not sure if that kind of oversight is happening.
- Chair and members thanked Allison and Dawn for their presentation.

**IV. Closing remarks by Committee Chair and discussion**

None

**V. Adjournment**

- Next meeting will include a review of the preparations the County is making to implement SB43, the grave disability changes.
- Chair Wentzel adjourned the meeting at 7:25pm.

# Full Service Partnerships

## Behavioral Health Services
## Department of Health Services

**Presented by:**
**Allison Williams, LCSW - BHS Health Program Manager**
**Adult Outpatient Programs**
**Dawn Williams- BHS Health Program Manager**
**Data Analytics Team**

**May 6, 2024**

Funded by the Sacramento County Division of Behavioral Health Services though the voter-approved Proposition 63, Mental Health Services Act (MHSA).

# Agenda

- How is success defined? Goals of FSPs
- Tools that Support Least Restrictive Level of Care Decisions
- Clinical Approaches
- FY22-23 Jail/Incarceration Rates
- FY22-23 Housing Data and Placements
- FY22-23 Hospitalization Rates
- FY22-23 Discharge Definitions and Rates
- Additional Considerations
- Questions

# How is success defined?

## Goals of FSPs

- Promote recovery and optimize community functioning at the least restrictive level of care
- Provide client-driven, recovery-oriented, trauma informed and culturally responsive approaches
- Reduce unnecessary and avoidable emergency room and psychiatric hospitalization
- Prevent unnecessary and avoidable jail incarceration
- Reduce and prevent homelessness
- Provide timely and appropriate linkage and coordination with key services and benefits impacting clients' health and well-being
- Promote transition to lower level of service intensity and community integration

# Tools that Support Least Restrictive Level of Care Decisions

- All items require the client/individual's voice
  - Level of Intensity Screening Tool (LIST)
  - CalAim Assessment
  - Adults Need and Strengths Assessment (ANSA)
  - Care Plans

# Clinical Approaches

**Trauma Informed Care**

**Based of the model of Assertive Community Treatment (ACT)**

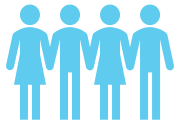
**Housing First**

**County Registered Evidenced Based Practices:**

Strengths Model

Dialectical Behavioral Therapy

Seeking Safety



**Community Based**

# 2022-2023 Jail/Incarceration Rates

- **Members incarcerations:**
  - Decreased by 35.1% and days decreased by nearly 50% (48.5%)

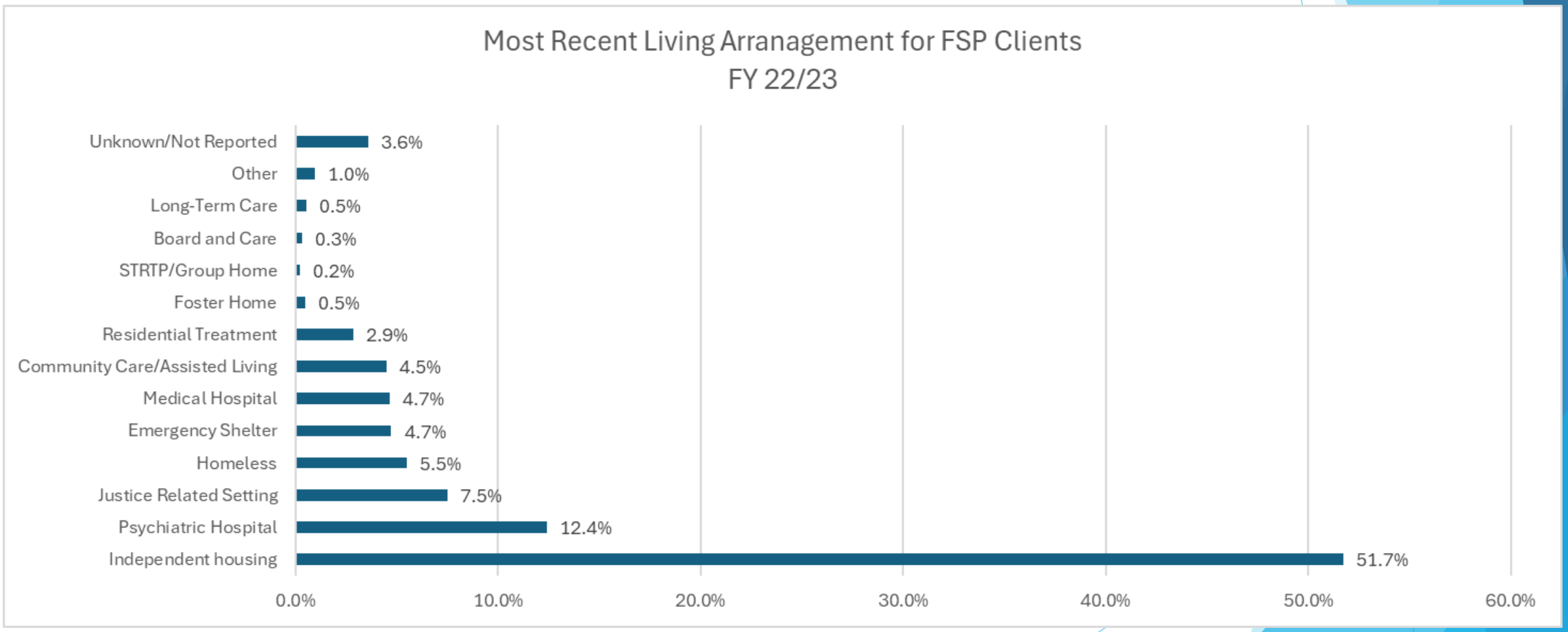
*Data extracted from Sacramento County's Electronic Health Record (EHR)-Avatar 12.07.2023, 08:00 and from the California State Behavioral Health Information System's (BHIS) Data Collection and Reporting application for Outcomes Over Time 11.27.2023, 16:00.

# 2022-2023 Housing Data and Placements

- **Members who reported being in unstable “Housing”:**
  - Decreased by nearly 65% (63.2%)
  - Homeless (unsheltered) days decreased by 82.6%.

*Data extracted from Sacramento County’s Electronic Health Record (EHR)-Avatar 12.07.2023, 08:00 and from the California State Behavioral Health Information System’s (BHIS) Data Collection and Reporting application for Outcomes Over Time 11.27.2023, 16:00.

# 2022-2023 Housing Data and Placements



# FY22-23 Hospitalization Rates

- **Members with psychiatric hospitalizations:**
  - Decreased by 52.3%.
- **Psychiatric hospitalization days:**
  - Decreased by nearly 15.7%.

*Data extracted from Sacramento County's Electronic Health Record (EHR)-Avatar 12.07.2023, 08:00 and from the California State Behavioral Health Information System's (BHIS) Data Collection and Reporting application for Outcomes Over Time 11.27.2023, 16:00.

# Clients Served FY 22/23
## Psychiatric Hospitalizations over Time

| | Length of Stay in FSP | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Time from FSP Admit to Hospitalization | Less than 1 Year (N=969) | 1 to 2 Years (N=369) | 2 to 3 Years (N=258) | 3 to 4 Years (N=181) | 4 to 5 Years (N=123) | 5 to 6 Years (N=76) | 6 to 7 Years (N=125) | 7 Years or more (N=444) |
| 0 to 1 year | 13.7% | 32.5% | 32.9% | 28.7% | 25.2% | 14.5% | 24.8% | 20.5% |
| 1 to 2 years | | 13.3% | 26.4% | 24.3% | 19.5% | 13.2% | 22.4% | 16.2% |
| 2 to 3 years | | | 16.7% | 23.2% | 17.9% | 13.2% | 18.4% | 15.8% |
| 3 to 4 years | | | | 18.8% | 17.1% | 7.9% | 17.6% | 11.7% |
| 4 to 5 years | | | | | 12.2% | 6.6% | 12.8% | 11.7% |
| 5 to 6 years | | | | | | 7.9% | 16.8% | 10.4% |
| 6 to 7 years | | | | | | | 9.6% | 9.7% |
| 7 to 8 years | | | | | | | | 8.8% |
| 8 to 9 years | | | | | | | | 7.7% |
| 9 to 10 years | | | | | | | | 4.3% |
| 10 years or more | | | | | | | | 7.2% |

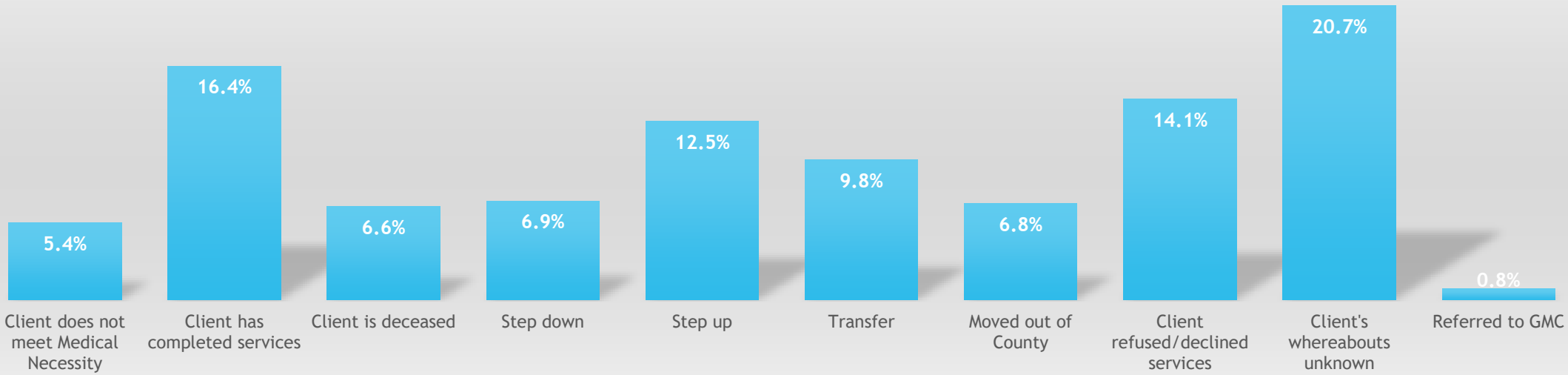
# Discharge Definitions

- **Client does not meet Medical Necessity** – Client does not display signs and symptoms that lead to the inclusion of a covered diagnosis and/or an established level of impairment for Mental Health.
- **Client has completed services** – Client has met treatment goals as defined in the Client Plan.
- **Client is deceased**
- **Client is receiving services elsewhere - step up** – Client requires mental health or substance use services that are at a higher level of intensity and/or frequency. Services can be provided by either a public or private entity.
- **Client is receiving services elsewhere - step down** – Client no longer requires an intensive level of mental health or substance use services and can be served in a lower service level. Services can be provided by either another County Mental Health or Substance Use Prevention or Treatment Plan provider or self-pay private provider. This does not include referral to Geographic Managed Care (GMC) or Primary Care Provider (PCP).
- **Client is receiving services elsewhere – transfer** – Client does not require a change in level of services but is receiving services from another Sacramento County Mental Health or Substance Use Prevention or Treatment Plan provider or self-pay private provider.

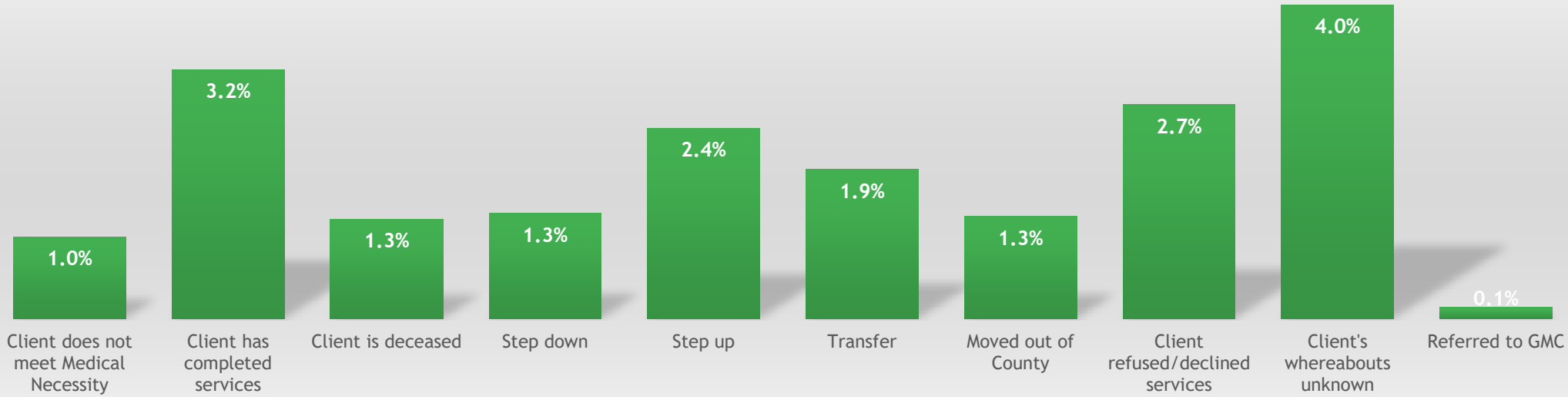
# Discharge Definitions Cont'd.

- **Client moved out of Sacramento County** – Client moved out of Sacramento County **and** is no longer receiving services through a Sacramento County Mental Health or Substance Use Plan provider.
- **Client refused/declined services** – After engaging in services client chose not to complete the treatment program, with or without specific advice to continue treatment.
- **Client's whereabouts unknown** – After engaging in services, client has not received treatment for 3 or more months attempts to contact client have been made but client has not responded and whereabouts are unknown.
- **Other** – Client left for some other specific reason that is not included in another category. Reason should be documented.
- **Reason Not Available** - Client was referred and opened to provider as a result of a service request but client never engaged in (showed up) services of any kind; Administrative Discharge
- **Referred to GMC –** Client is known to be linked to GMC and is being referred to GMC for their MH or SUPT services. This selection would include PCP (on-going medication support)

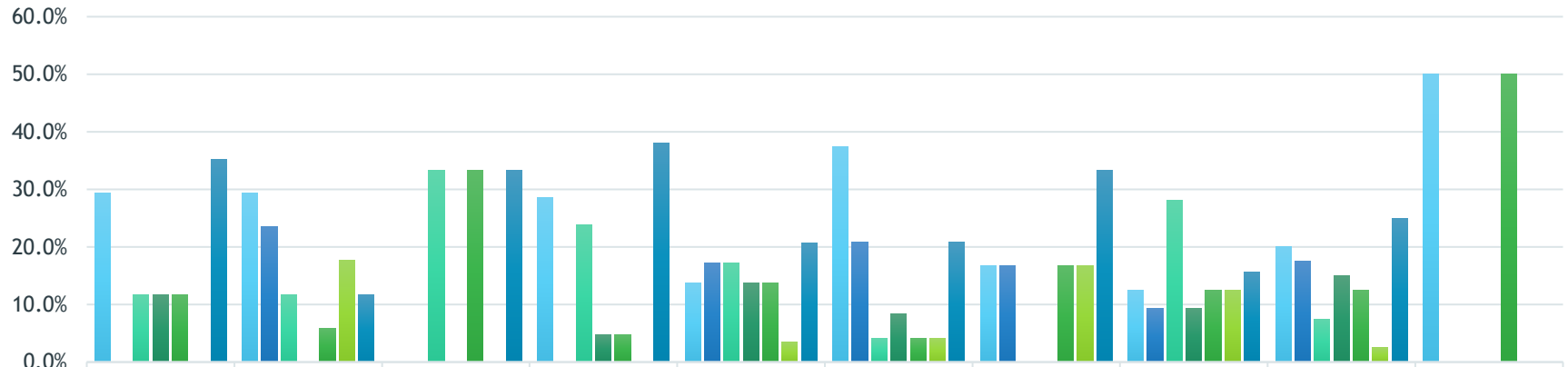
# FY 22/23 All Discharges by Discharge Reason



# FY 22/23 Percent of Discharges by Total Served

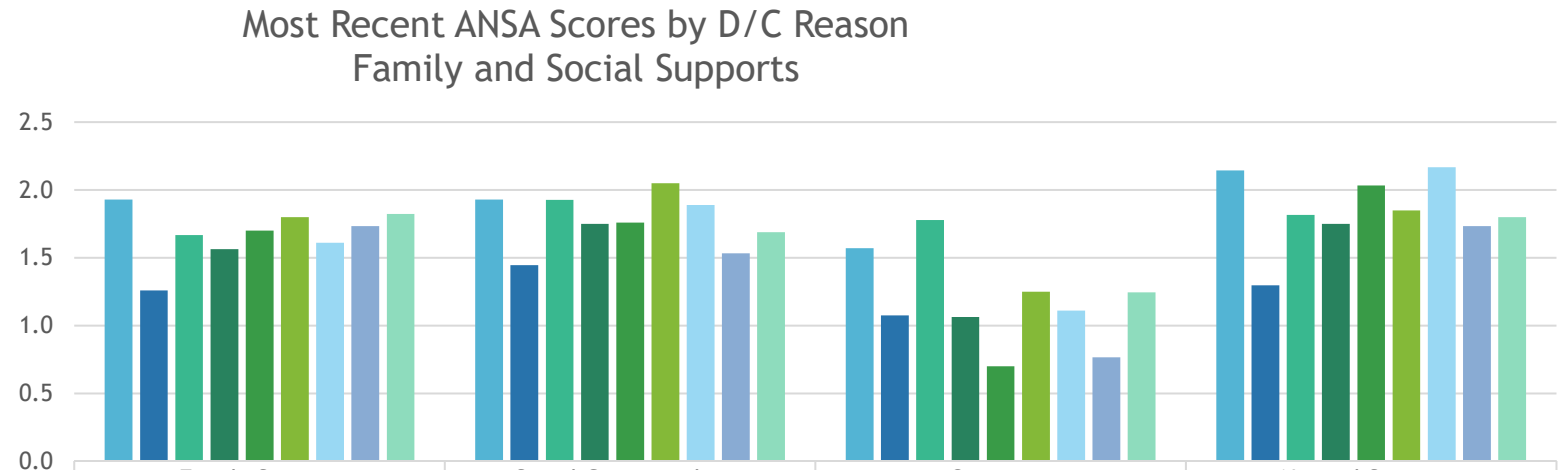


# Services Received within 90 Days of FSP Discharge by Discharge Type




| | Client does not meet Medical Necessity | Client has completed services | Client is deceased | Step Down | Step Up | Transfer | Moved out of County | Client refused/declined services | Client's whereabouts unknown | Referred to GMC |
|---|---|---|---|---|---|---|---|---|---|---|
| Crisis (N=43) | 29.4% | 29.4% | 0.0% | 28.6% | 13.8% | 37.5% | 16.7% | 12.5% | 20.0% | 50.0% |
| Forensic (N=25) | 0.0% | 23.5% | 0.0% | 0.0% | 17.2% | 20.8% | 16.7% | 9.4% | 17.5% | 0.0% |
| Lower Level (N=28) | 11.8% | 11.8% | 33.3% | 23.8% | 17.2% | 4.2% | 0.0% | 28.1% | 7.5% | 0.0% |
| New FSP (N=18) | 11.8% | 0.0% | 0.0% | 4.8% | 13.8% | 8.3% | 0.0% | 9.4% | 15.0% | 0.0% |
| Other (N=21) | 11.8% | 5.9% | 33.3% | 4.8% | 13.8% | 4.2% | 16.7% | 12.5% | 12.5% | 50.0% |
| SUPT (N=11) | 0.0% | 17.6% | 0.0% | 0.0% | 3.4% | 4.2% | 16.7% | 12.5% | 2.5% | 0.0% |
| Hospital/Sub-Acute (N=45) | 35.3% | 11.8% | 33.3% | 38.1% | 20.7% | 20.8% | 33.3% | 15.6% | 25.0% | 0.0% |

# Additional Considerations




| | Family Support | Social Connectedness | Optimism | Natural Supports |
|---|---|---|---|---|
| Client does not meet Medical Necessity | 1.9 | 1.9 | 1.6 | 2.1 |
| Client has completed services | 1.3 | 1.4 | 1.1 | 1.3 |
| Client is deceased | 1.7 | 1.9 | 1.8 | 1.8 |
| Step Down | 1.6 | 1.8 | 1.1 | 1.8 |
| Step Up | 1.7 | 1.8 | 0.7 | 2.0 |
| Transfer | 1.8 | 2.1 | 1.3 | 1.9 |
| Client moved out of Sacramento County | 1.6 | 1.9 | 1.1 | 2.2 |
| Client refused/declined services | 1.7 | 1.5 | 0.8 | 1.7 |
| Client's whereabouts unknown | 1.8 | 1.7 | 1.2 | 1.8 |

# QUESTIONS