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

MINUTES – IN PERSON MEETING
HYBRID PARTICIPATION OPTION
Monday, August 5, 2024
6:00 PM – 7:30 PM

Members Present: Patricia Wentzel, Brad Lueth, Laura Bemis, Melinda Avey
Members Absent: Mallika Walsh

Agenda Item

I. Welcome and Introductions

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

Chair Wentzel commenced the meeting at 6:01pm, introductions were made and Conduct Agreement acknowledged.

Chair Wentzel announced that the September meeting will be held on 9/16/24 due to the holiday. October's meeting will resume on the first Monday of the month, 10/7/24.

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

- No public comments were made.

III. Presentation on the Intensive Placement Team (IPT) and Higher Levels of Care with Q&A for Committee Members

- Presentation by Heidi Allen (BHS) and Christina Irizarry (BHS) on the Intensive Placement Team (IPT). Presentation slides are included in the minutes.
- Overview of the IPT program and levels of care for high intensity service, tools for determination, and the subacute continuum, coordination of care, subacute continuum patch rates and subacute budget data.
- LIST: Level of Intensity Screening Tool - updated 3-22-23.pdf (saccounty.gov)
- LIST P&P: PP-BHS-MH-04-19-Level-of-Intensity-Screening-Tool (saccounty.gov)
- LOCUS P&P: PP-BHS-MH-04-08-Level-of-Care-Utilization-System.pdf (saccounty.gov)
- Subacute Placement P&P: Policy and Procedure BHS MH 04-03 Subacute Placement Referrals (saccounty.gov)

Member Comments/Questions:

- Chair Wentzel
  - I've provided the LIST to probation officers and they are not aware of it or thought it wasn't applicable. You may want to reach out to probation and offer information and training.
  - How many in the slots in the AB pool?
    - 445 clients, which is over census.
  - How do you manage the census?
    - There is a waitlist. Currently about 8 people over census. When we are monitoring the programs, we are determining whether clients can graduate to an FSP, which would free up space for other clients.
  - How many ARTP slots do we have?
    - About 16 or 17 slots, it's a much smaller program.
  - How many slots in subacute pool?
    - 150 slots, it's been increasing over the last few years.
  - Is there a process for hospitals or feedback loop to happen to provide support to people who have multiple hospitalizations and don't referred to these programs?
    - When Heidi gets referrals for higher levels of care, she validates that people are appropriate for that particular level of care. She cannot speak to the individual or family's experience of the process, but suspects that there are times when it is difficult to complete conservator

paperwork or the conservator's office will deny the application. There may be a variety of barriers and we try our best to coordinate services. We've also switched EHRs and do not have the capability to better track hospitalizations that occur outside of MHTC.
    - What happens to individuals when they are placed in a residential setting and later get incarcerated? Do they return to the same level of care?
        - Yes. Also, if we see that the client has walked away and they're constantly leaving and putting themselves at risk, the hospital or FSP may determine that a higher level of care will be appropriate.
    - Is the current policy for FSPs to keep clients for 30 days even if they disappear and they will return back to the FSP?
        - Allison Williams (BHS) shared that it is the FSP's responsibility to re-evaluate the client and determine whether the client would be discharge. Discharge is an individual process. If the client is unable to be located in 90 days, that is considered a reasonable justification for discharge. Contract monitors also review clients who have not received services in 30 or 60 days, which is being regularly reviewed with providers.
    - TAY FSP has been having a hard time placing youth so they are usually paying $2k for room and board. They exceeded their budget and are under census, they should consider placing in ABC. They also have a high proportion of transgender clients and trying to place in a private room rather than sharing a room. This is another area to explore.
    - How many of these clients are being served by FSP? Trying to compare cost of people being served in FSP and those being served in subacute. How much are we spending for these levels of care?
        - Contracted to provide FSP services with an annual capacity of 2,751 individuals. We are currently doing some amendments to expand employment support services. This number doesn't inlcude expanded amount. Budget is around $69.6mil, both children and adult FSPs. Programs run around $4.2mil to $7.3mil – variance based on capacity and population served.
    - For anyone that's been incarcerated, is there any way to get referred for higher levels of care?
        - Not a special route – just the same way we get everyone in.
    - Curious about the actual process from when IPT receives the referral to what happens with that referral and why does it take a long time to get process?
        - The can be various reasons and the delay could be for months. I have staff who process the referrals, I review the referrals and can get a meeting schedule within a week. Clients may be coming in and out of stability and they must be stable in order for us to assess. Paperwork is needed and if anything is missing that can hold up the process. It can be challenging trying to get parties together and information together and we don't want to make the decisions without all of the information.
    - Do you have enough staff to do the job?
        - Yes. We were able to add positions to support the needs of the clients and growing providers. I started with 3 staff and now have 8 staff that I supervise.
- Member Leuth
    - What gets the referral process for IPT?
        - Anyone can submit a referral, anyone who is needing care.
    - Referrals generated by people getting discharged from hospitals. What's the relationship between the county and hospitals when people are about to get discharged?
        - The hospitals make the decision. You can ask for a planning meeting to request for a higher level of care.
    - The form that LEAs fill out, what is the training involved for the Sheriff Dept and Sacramento PD regarding the form and access?
        - We have partnerships with LEAs, we have our MCST embedded into our LEAs, those clinicians can fill out that form. The form is easily accessible on our website and is user friendly so anyone can fill out the form. The intention of LIST is to not have clinical experience to complete the form.
    - On hospitalizations that result in discharge to CRP, do you guys oversee CRPs like that? Do they also make recommendations to IPT?
        - Yes, they can. It's easier if they're in CRP, it's just another access point by completing the LIST or making the referral to our MHP. Noted that CRPs are voluntary so individuals have the right to refuse the recommendations which can be a challenge. A lot of our CRPs are looking at how to retain clients so that they stay longer. They keep clients for longer than they're supposed to try and connect them to services and make sure they. There is a P&P related to CRPs and clients can be requested to have an extension if there is more time needed to stay in the CRP if it is medically necessary.
- Member Bemis
    - How much of this is contracted out?
        - All of our providers are contracted.
    - Is it easier to move someone down a level of care than move them up if they're found to need that?
        - Both take a bit of documentation but no, we carefully evaluate that and go through a process.

We're always trying to step people down as much as possible.
    - Synergy is ABC and ARTP, in one facility, can you have more than one level of care?
        - They're both licensed by CCL and Synergy offers ABC and also ARTP.
    - Some people are moved out of their home area because they do better when they're outside of their familiar area. Is that part of why people get moved out of the county?
        - Not the majority of the time. Sometimes we'll use an out of county facility for substance use. Most of the time it's because we can't get a bed in the county. However our biggest facilities we use here in Sacramento.
    - Getting on a conservatorship if difficulty. I ran into a lot of conservators who don't take care of their clients. How many conservators does Sacramento County have via their caseload of clients?
        - I would guess about 18. There are currently 3 supervisors with the Public Guardians offices. My educated guess is that there are over 300 clients. We can reach out to their office to get definitive numbers.
    - Who pays the costs? What fund does the money come out of?
        - For the residential portion, mental health services are paid out of MHSA funds. On the outpatient side, they draw down Medi-Cal. Personal care items come out of their disability so that they have a little bit of spending money. With all subacute programs, they get a base pay for room and board from their SSI, and we pay the patch rate for mental health services.
    - How do you know which facility to place someone at?
        - We know our facilities very well and know which facility would be a good fit. Some facilities do better with substance use or clients that are violent, or do well with clients who are difficult to engage. We try to choose a facility that clients would be a good fit for.
- Members thanked presenters for the information.

IV. Public Comments Regarding IPT Presentation

- No public comments.

V. Adjournment

- Next meeting will be on September 16, 2024 from 6:00pm-7:30pm
- Chair Wentzel adjourned the meeting at 7:32pm.

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INTENSIVE PLACEMENT TEAM (IPT)

Presented by:

Christina Irizarry, LMFT, *Health Program Manager*

Heidi Allen, LCSW, *Mental Health Program Coordinator*

THE IPT PROGRAM

- IPT acts as an **access point** for referrals for Full Service Partnership (FSP) programs, the Augmented Board and Care (ABC) program, the Adult Residential Treatment Program (ARTP), and all sub-acute residential placements.

- Comprised of a **clinical team** of Mental Health Counselors, Senior Mental Health Counselors, the Program Coordinator and several administrative support staff.

- Responsible for reviewing the Level of Intensity Screening Tool (LIST) and **determining service authorizations** for Full Service Partnerships (FSPs) and sub-acute residential placement.

- Monitors and ensures the **scope of services** for ABC, ARTP and all sub-acute programs are provided to fidelity, for individuals who have been authorized and admitted by IPT.

- **Monitors the care** of individuals receiving treatment in an authorized, secured, residential setting, to support clients in their recovery, with the goal of returning to the community (specific to individuals on LPS Conservatorship or Murphy's conservatorship who have been authorized and admitted to sub-acute placements).

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LEVELS OF CARE FOR HIGH INTENSITY SERVICE

Full Service Partnership (FSP)	Augmented Board and Care (ABC)	Adult Residential Treatment Program (ARTP)	Sub-acute Programs
• Out-patient clinics that provide in-home, community or office intensive, needs-driven, comprehensive treatment. Using a harm reduction "whatever it takes" approach to assist in maintaining stability in the community or in transitioning back to the community from a higher level of care. • **Supports include:** 24/7 crisis intervention, housing supports and services, independent living skill building, employment skill building, alternative healing practices, in-office groups and programming with evidence-based practices.	• Residential licensed board and care homes with extensive experience in working with the chronically mentally ill. Providing structure and in-home programming. Psychiatric supports and treatment are augmented by our FSP programs. • Sac County ABC staff conduct weekly visits and ensure and provide intensive coordination between the ABC operator, the FSP, the Conservator's Office, the client, and the client's natural support system.	• Semi-secured, delayed egress, or fully unlocked, structured, residential care facilities that provides onsite psychiatric supports as well as in-house treatment and programming. • IPT staff visit the care sites and attend monthly meetings to coordinate with the client, the client's natural support system, facility staff, and the conservator around client care and readiness to return to the community or a lower level of care.	• Fully secured, structured care facility that provides onsite psychiatric supports, treatment and intensive programming. • IPT staff visit the care sites and attend monthly meetings to coordinate with the client, the client's natural support system, facility staff, and the conservator around client care and readiness to return to the community or a lower level of care.

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COMMON MARKER'S FOR CONSIDERATION FOR MORE INTENSIVE CARE

FOR SACRAMENTO COUNTY'S SUB-ACUTE CONTINUUM

Full Service Partnership (FSP)	Augmented Board and Care (ABC)	Adult Residential Treatment Program (ARTP) And Transitional Residential Semi-secured Sub-acute Care	Fully Secured Sub-acute
• Likely to have had high risk or impulsive behaviors. • Likely to have multiple psychiatric hospitalizations within a 1 or 2 year period.	• Likely to have had high risk or impulsive behaviors. • Likely to have multiple psychiatric hospitalizations within a 1 or 2 year period.	• Likely to have had very high risk or impulsive behaviors. • Likely to have multiple psychiatric hospitalizations within a 1or 2 year period.	• Likely to have had very high risk or impulsive behaviors. • Likely to have a long history of multiple psychiatric hospitalizations within a 1 or 2 year period.
• Likely to have struggled with engaging fully with previous out-patient mental health providers and clinics.	• Likely to have struggled to work with their FSP.	• Likely to have poor insight, medication non-compliance, significant psychosis.	• Likely to have poor insight, medication non-compliance, significant psychosis.
• Voluntary participation in the program.	• Voluntary participation in the program.	• Likely to have already attempted community placement with the support of an FSP. • Almost exclusively on LPS conservatorship and found to be gravely disabled.	• On LPS conservatorship or Murphy's conservatorship and found to be gravely disabled.
	• Typical stay 6 months to 3 years.	• Typical stay 6 months to 2 years.	• Typical stay 6 months to 2 years or more.

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FSP VS SUB-ACUTE DETERMINATIONS

- Per the **Olmstead Act of 1999** mental health providers are tasked with the goal of providing support for clients to live in the community whenever possible. In other words, our goal is provide the least restrictive level of care for the clients we support. We take this very seriously, and for the **Intensive Placement Team**, we are constantly monitoring current client need and their ability to step down to lower levels of care.
- Sacramento County now uses **two tools** to determine level of care once a system partner has determined that a client could benefit from increased services.

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TOOLS FOR DETERMINATIONS

- **The LIST** (Level of Intensity Screening Tool) is used when a provider feels the client could **benefit high intensity services, specifically an FSP.**
  - Creates a score which can be used to recommend a particular level of care.
  - Scoring system evaluates four different areas of risk: clinical complexity, risk factors, life circumstances, and medical & substance use co-morbidity.
  - Can be filled out by anyone and does not require a clinical background to complete the tool.
  - Is processed by the IPT team and provided to the FSP Contract Monitor for approval.
- **The LOCUS** (Level Of Care Utilization System) request is completed by the hospital provider and sent to IPT when the client could **benefit from sub-acute services,** and the client is in crisis and in the hospital.
  - The LOCUS is completed by IPT Contract Monitor and evaluates six areas: risk of harm, functional status, medical, addictive & psychiatric co-morbidity, recovery environment, treatment & recovery history, and engagement & recovery status.
  - The IPT Contract Monitor, the treatment team, the conservator, and the natural support persons review the clinical and biopsychosocial history of the client. Then the clinical participants score the LOCUS together. The IPT Contract Monitor will authorize treatment in a sub-acute setting if deemed appropriate.
  - The client must be on conservatorship to be considered for this much more restrictive level of care.

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BASE CRITERIA FOR ABC, ARTP AND SUB-ACUTE PROGRAMS

Individuals must meet the following criteria to be eligible for the ABC Program:

- Sacramento County resident
- 18 years and older
- Medi-Cal beneficiary or Medi-Cal eligible
- Diagnosed with a Serious Mental Illness i.e. Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression, etc.
- Presents with severe functional impairment as a result of their mental health condition

and/or a

- Co-Occurring mental health & substance use disorder, or mental health & medical condition

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ABC CRITERIA

In addition to the previous base criteria, ABC clients must be :

- Enrolled in a Full Service Partnership (FSP).
- Have some complicating factor such as a history of medication non-compliance, difficulty engaging with mental health providers, substance abuse challenges, etc.

**Note that priority consideration is given to those individuals being discharged from inpatient acute care hospitals, step-downs from sub-acute facilities, and individuals being released from jail. These efforts are to reduce a client's time in a more restrictive environment.

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ARTP CRITERIA

- **In addition to the previous base criteria, ARTP must:**
- Have scored within level 5 range on the LOCUS and/or the hospital treatment team, the FSP and IPT teams recommend a higher level of care.
- Client deemed likely to be successful in a semi-secured or unsecured setting.
- Once clients are determined to need ART and sub-acute level of care, they are no longer considered to be living in the community and are closed out with their FSP. This is because the client will be transitioning to a new treatment team at the residential care facility, and will no longer be treated by the previous treatment team. All psychiatric care will happen on campus at their new facility.

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SUB-ACUTE CRITERIA

- **In addition to the previous base criteria, sub-acute clients must:**
- Be on LPS or Murphy's Conservatorship through the State of California.
- Have scored within level 6 range on the LOCUS and/or the hospital treatment team, the FSP and IPT teams are recommending a higher level of care.
- Client has been deemed likely to be unsuccessful in a semi-secured or unsecured setting.

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SUB-ACUTE TERMS DEFINED

- **Sub-acute:** A very general term referring to any residential program below acute psychiatric hospitalization, that treats clients with chronic mental illness.
- **IMD:** Institute of Mental Disease, an archaic, but also a general term for secured residential care facilities.
- **MHRC:** Mental Health Rehabilitation Centers, generally fully secured behavioral health facilities licensed by the Department of Health Care Services.
- **Augmented Board and Care:** Any residential care facility that has mental health programming or psychiatric care onsite, licensed by Community Care Licensing.

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COORDINATION OF CARE

- To help facilitate care coordination between system partners in the out-patient mental health system and our local psychiatric hospitals, our Sacramento Mental Health Treatment Center (SMHTC) serves as a call center to help connect clients who are hospitalized with their care providers. Provider inquiries for coordination of care can be made to **SMHTC at 916-875-1111** to find out if a client who is hospitalized has a current out-patient provider.

- BHS conducts a monthly **In-patient/Out-patient Coordination of Care** meeting so that providers in both realms can meet and problem solve around best practices for good coordination and communication.

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MISSING CLIENTS, INCARCERATION, AND RETURN TO SERVICES

- For **FSP clients and ABC clients** living in the community, if a client does not return to their home and is missing, the FSP or the B&C operator files a missing persons report within roughly a 4 hour time frame. Additionally, the FSP will go into the community to look for the client in areas they are known to spend time in.
- For clients who are in **sub-acute** care, the conservator and IPT is informed immediately if a client does not return. A missing persons report is filed immediately. The conservator may also go into the community to search for the client.
- When a client has dropped out of an FSP for any reason, including **incarceration,** they can always be considered again for a return to their FSP. If their FSP has an opening, then the preference is to return them to the FSP with whom they have developed rapport and trust. In some situations, an FSP may not have openings, or it's felt that clinically, the client would benefit from a different FSP, then another is chosen, and rapport development is started with the client.

****Unable to get full stats on success rates, lengths of stay and incarceration rates. Hope to provide this info later this month.**

SUB-ACUTE CONTINUUM PATCH RATES

- **ABC Board and Care Rates:** $65/day, per client.

- **ARTP Rates:** They vary from $143.61 - $289.00 per day, per client. ARTP providers also bill Medi-cal for psychiatric care via their out-patient clinics.

- **Sub-Acute Rates:** They vary from $29.00 - $960.00/day, per client. (Average Rate: $300)

*****The huge variation in sub-acute rates can be attributed to each facility's ability manage low or high-risk clients, as well as their ability to bill Medi-cal and Medi-care. Facilities that can bill both, have lower patch rates.**

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SUB-ACUTE BUDGET DATA

For FY 23/24 Budget:

ABC: $2,500,000

ARTP: $2,500,000 – we exceeded this amount, therefore, amended for additional $250,000 for a total of $2,750,000

Sub-acute FY 23/24 budget: $11,902,510 – we exceeded this amount, therefore, amended pool and $5M was added.

So the updated Sub-Acute budget after amendment: $16,902,510

For FY 24/25 Budget:

ABC: $2,500,000 **Current Client Count:** 101

ARTP: $2,500,000 **Current Client Count:** 17

Sub-acute: $16,902,510 **Current Client Count:** 150

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QUESTIONS AND ANSWERS!

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THANK YOU