

MHB General Meeting Minutes

July 1, 2015

Sacramento County Administration Building

700 H Street

Sacramento, CA 95814

Hearing Room 1

Meeting Attendees: Tom Campbell – Chair; Laura Bemis; Brian Brereton; Elizabeth Emken; Michael Hansen and Sarah Jain

Absent: Courtney Hedges; Patrick Kennedy and Len Marowitz

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

Topic	Minutes
I. Call to Order Welcome and Introductions	<p>Tom Campbell, Chair, called the meeting to order at 6:00 p.m.</p> <p>A. Approval of July 1, 2015 Agenda: Chair asked to include the Recruitment Minute in Section III between D and E. Laura Bemis moved to approve the Agenda as amended and Michael Hansen seconded: Ayes, Unanimous, Motion Passed.</p> <p>B. Approval of June 3, 2015 General Meeting Minutes: Correction made to record of attendance. Brian Brereton moved to approve Minutes as amended, Laura Bemis seconded: Ayes, (3) Abstain (2) Motion Passed.</p> <p>C. Laura Bemis 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>Division of Behavioral Health Services (DBHS) Consumer and Family Liaison Andrea Crook reported on the events held in June.</p> <ul style="list-style-type: none">• The Expert Pool Town Hall meeting was held at TCORE with guest speakers from TCORE, TLCS and Crossroads, plus a tour of the facility, the Clubhouse and the on-site Well Space Clinic• Facilitator Training for Peer Support Groups had a dozen participants• Second Saturday Open Mic event was held at MHTC campus; over 200 attended

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	<ul style="list-style-type: none"> • The Consumer Speaks Conference was well attended. About 30 community providers had resource tables. <p>Upcoming in July:</p> <ul style="list-style-type: none"> • The 8-week WRAP series is starting up (Attachment A) • NAMI is hosting a special event on July 18 for National Minority Mental Health Month (Attachment B). • Self-Help Resource Directory shared with MHB members <p>140 Get Well Cards were filled out at the Conference for the “Do Send a Card” campaign. The cards will be given to MHTC patients.</p> <p>Question and Responses</p> <p>A board member noted that some phone numbers may not be accurate</p> <p style="padding-left: 40px;">This was acknowledged as a problem of timing though the team that put this directory together checked all the numbers before publication. If inaccuracies are found or if there are missing resources, members can contact the consumer and family liaisons.</p> <p>B. Advocates and Peer Providers</p> <p>Frank Topping, MHSA Steering Committee, Human Services Coordinating Council, and Disability Advisory Commission attended the Sacramento Steps Forward 2016 Homeless Action Count last week. The group came up with an ambitious but a doable goal: 76 veterans being housed in the month of July. The group would like to recruit elected officials to post something about this on their bulletin boards. The group is in discussion with Mental Health Matters to do a video production in support of this effort for Veterans Day.</p> <p>C. Association of Behavioral Health Contractors (ABHC) Report</p> <p>Laura Heintz, President</p>

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	<p>She would like to express appreciation to the MHB, the Board of Supervisors and the mental health partners at the County for their support of the provider increase in the Budget.</p> <p>D. The Association is focusing on understanding capacity issues in both child and adult systems and will be working with the County in this area. The Association sees this as a partnership with the County and finding solutions in these areas.</p> <p>E. Law Enforcement Report</p> <p>No report</p>
<p>III. MHB Announcements and Participation in Committees, Meetings, Conferences</p>	<p>A. MHB Announcements (5 minutes)</p> <p>Tom Campbell met with the County Supervisors' Chiefs of Staff where he provided updates on MHB activities. They discussed how to handle requests for public inquiries and requests for help. There is a role for Chiefs of Staff as the Constituent Affairs representatives. More work is needed on the written policy so it is not ready for this evening's meeting. Tom Campbell will write up a draft policy to reflect this understanding and what role MHB would have to present to the MHB for approval.</p> <p>Laura Bemis announced the Journey of Hope Art Show. She asked for support to spread the word. (Attachment C).</p> <p>Michael Hansen suggested putting together a committee to hear public questions where members could respond based on their own expertise and as individuals not as MHB members. This suggestion was noted and will be further considered at future meeting.</p> <p>B. Subcommittee Budget Meeting –Alternate Len Marowitz (5 minutes)</p> <p>No update</p> <p>C. Mental Health Services Act (MHSA) Steering Committee – Brian Brereton (5 minutes)</p> <p>The Community Services and Supports (CSS) expansion process was explained. Phase A and B have been completed. For Phase C, part of the</p>

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	<p>funds was allocated for the new Crisis Residential Program leaving \$1.6m for other Phase C projects. Discussions in May included services to Katie A., Mental Health Court, and the CSEC population. At the June meeting, it was decided to have the Katie A Steering Committee vet ideas for how to utilize \$800,000 for Katie A. services and to allow the Division to explore with service providers how to best utilize the remaining \$800,000.</p> <p>Julie Leung presented the youth stigma reduction and suicide prevention PSA videos. A Franklin High School student won first place honors statewide.</p> <p>Local project videos can be viewed at www.stopstigmasacramento.org.</p> <p>Statewide project videos can be viewed at www.directingchange.org</p> <p>D. Quality Improvement Committee (QIC) – Len Marowitz (5 minutes)</p> <p>No update.</p> <p>E. The Recruitment Minute</p> <p>Tom Campbell, Len Marowitz and Laura Bemis attended the Consumer Speaks Conference, staffed the MHB table, and handed out flyers.</p> <p>Tom Campbell contacted NAMI and spoke to David Bain. He will send an email blast to the NAMI newsletter distribution list letting them know the MHB is recruiting members.</p> <p>Laura Bemis attended the Town Hall Expert Pool meeting and the Open Mic night. She spoke to individuals about the MHB opening. She suggested each member have a supply of flyers for recruitment and education.</p> <p>Michael Hansen suggested reaching out to people being discharged from psychiatric health facilities.</p> <p>Elizabeth Emken. Asked questions regarding why Sacramento has two boards – the Mental Health Board and the Alcohol and Drug Board that operated separately. She noted that some other counties have one board and if we had one Board</p>

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	<p>we might align with other counties as well increase board membership. Her view was that it may be better organizationally to have one Board for the purpose of reports and other projects.</p> <p>John Reed, Counsel, stated the MHB could have a Drug and Alcohol sub-committee.</p> <p>Combining the Boards would require the Board of Supervisors approval. The question was raised about a parallel statute for the Alcohol and Drug Board.</p> <p>Melinda Avey, an Alcohol and Drug Advisory Board member invited the MHB members to attend the Alcohol and Drug Advisory Board meetings.</p> <p>Uma Zykofsky explained the Alcohol and Drug Advisory Board has a long-standing role in the community. The culture and the work they do is different from the MHB, which is defined more clearly in statute regarding its role and work.</p> <p>The MHB asked Counsel's interpretation of statutory implications. Counsel will research and report to MHB.</p> <p>The Chair will appoint a liaison to Alcohol and Drug Advisory Board.</p> <p>Michael Hansen expressed his support for a liaison as many mental health consumers have drug and alcohol issues.</p> <p>Dialogue will continue at a future meeting.</p> <p>F. Other Member Participation Updates/Report Backs (concerning county mental health programs) (10 minutes)</p> <p>Tom Campbell attended the Human Services Coordinating Counsel. The presentation was about the opening of a casino in the Galt area and its impacts on services, including mental health.</p>
<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> <p>The recommended budget of \$13.4M was approved</p>

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	<p>including the growth requested for rebalancing of adult mental health crisis continuum; the COLA for contracted providers was part of the growth request part of this. The allocation to Public Guardian to expand Care Plus program was also approved.</p> <p>Last week CHFFA heard the Division's proposal for three crisis residential programs (45 beds total). Each program has a different focus, 1) co-occurring program (mental health and alcohol and drug issues), 2) rapid turn-around services (14-day model), 3) broader focus around community and other services. The Division was awarded the full \$5.7m award. CHFFA indicated the proposal was the best they have seen Statewide. The treatment dollars for Crisis Residential were embedded in approved Mental Health Budget.</p> <p>Len Marowitz is part of the Siting Committee. Maps were created of the community to understand where the client population lives and where to distribute services and programs geographically. The project is nearly complete.</p> <p>An additional 60 crisis residential beds will be available within the next year. This makes a major difference in rebalancing of mental health services. It provides a place to go for those coming out of the hospital and for those with lower needs who would otherwise go into the hospital.</p> <p>The Division is addressing issues raised at the Budget Hearings.</p> <p>Representative Matsui met with County providers and other stakeholders this week to discuss a demonstration project for Certified Community Behavioral Health Centers (CCBHC), This demonstration project is an effort to develop an integrated models of care including physical health, mental health and substance use care for people with serious mental illness The states will apply for planning grants that will start in October. Twenty-two (22) grants will be issued nationally for \$2m each. August 4, 2015 is the deadline to submit grant proposals. The County sees this as an important grant, our providers are also interested and we will</p>

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	<p>continue to participate in its development and viability for our County. MHB will be updated on the progress of this grant.</p> <p>The MHB requested background information around demonstration projects. The Division has participated in demonstration projects; the most recent is the IMD demonstration project, which ended on June 30, 2015. There is a Federal evaluation of the demonstration project and Division will provide this report to the MHB once it is public.. The challenge with demonstration projects is that they are one time funding and need to be sustained when funding ends for a demonstration. The ending of the IMD demonstration project is a big loss. While Sacramento advocated strongly to keep it going, this is a complicated federal law exclusion.</p> <p>B. MHB Member's Questions Related to Director's Report</p> <p>Since the demonstration project has ended, where will the funds come from to cover the project costs?</p> <p style="padding-left: 40px;">The costs are being paid with Mental Health Realignment funds.</p> <p>Elizabeth Emken expressed support for demonstration projects.</p> <p>Can the map of who is being served be shared with the MHB?</p> <p style="padding-left: 40px;">The mapping will be presented at a future MHB meeting once it is ready to be shared publicly</p> <p>Will the MHB be given an opportunity for input into the mapping?</p> <p style="padding-left: 40px;">Len Marowitz is the representative from the MHB on the siting committee. In addition to Len, there are other members of the committee representing a variety of stakeholders. The mapping uses both MHP and Hospital data to show both where clients live and the service gaps.</p> <p>A concern was expressed about people who do not access services; they will not be included in the mapping.</p>

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	<p>The MHB was reminded this is not the decisive way for siting. It is one way to inform. The map represents those who received services. It is not representative of those who need services.</p> <p>Dr. Heller explained the purpose of this mapping exercise is for the Division to be prepared to respond to any the community with appropriate information when questions are asked regarding the new programs.</p> <p>Michael Hansen stated it makes sense to put people near their family supports.</p> <p>The Grand Jury report came out last Thursday. The Board of Supervisors will send a response to Grand Jury in October 2015.</p> <p>The Division has no comment at this time regarding the report.</p> <p>John Reed, Counsel, pointed out if the County is working with County Counsel on an official response to the Grand Jury report, the MHB should not receive comment on this at this time.</p> <p>Dr. Heller pointed out the County did not receive media coverage for an important decision by the Board of Supervisors. The Board just approved \$25M in in mental health investments, which more than restores the 2009 cuts (\$14M).</p> <p>Can the genesis of the report be discussed?</p> <p>Counsel explained Grand Juries are often confidential, if there is a response pending that will encroach on litigation, he recommends not discussing until the response is completed and delivered to the Grand Jury.</p> <p>It was suggested that since the Grand Jury Report came out in an email, a hard copy should have been in the MHB packets.</p> <p>The Chair asked that the packet protocol be discussed off line.</p> <p>Will federal dollars be drawn down for the Crisis Residential programs?</p> <p>All of the Crisis Residential beds are Medicaid</p>

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	eligible and are reimbursable.
<p>V. Presentation (30 minutes)</p>	<p>A. 2014 External Quality Review Organization (EQRO) Report</p> <p>Lisa Sabillo, Division Manager, oversees QM, REPO and Avatar, provided a summary of the External Quality Review Organization (EQRO) Report (Attachment D).</p> <p>FY 13-14 EQRO Review is done for all programs that use Medi-Cal funding. EQRO focuses on quality, timeliness, and access to mental health services.</p> <ul style="list-style-type: none"> • Prior year review findings, FY2012/13 included five recommendations. Four of the five were addressed. The one not addressed has to do with system integration where all non-Avatar system can communicate with Avatar. • Performance Measurement focus on seven data points which include counts and costs of beneficiaries and hospitalization numbers. <p>The charts in the PowerPoint presentation were reviewed with the MHB.</p> <ul style="list-style-type: none"> • Performance Improvement Projects (PIP) <p>The two types of PIPs were explained. The clinical PIP uses clinical strategies to improve client outcomes and the non-clinical PIP improves processes to improve client outcomes.</p> <p>The two PIPs are 1) changing the culture of mental health to increase coordination with primary care and 2) increasing collaboration between Mental Health and Child Protective Services.</p> <ul style="list-style-type: none"> • Consumer and Family Member Focus Groups <p>Two focus groups were conducted. The questions covered timely access to services, recovery, peer support, cultural competence, improved outcomes and consumer/family member involvement.</p> <ul style="list-style-type: none"> • Information Systems Review

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	<p>The electronic service request largely eliminated faxing and paper referrals from providers to the Access team and has the potential to improve timeliness by eliminating delays associated with paper referrals.</p> <p>The implementation of CWS at the MHTC provides more report production capabilities.</p> <ul style="list-style-type: none"> • EQRO reported there were no barriers to conducting the review. • Conclusions: The EQRO provided a list of recommendations that will be addressed at next review. <p>Questions and Responses</p> <p>What is a deferred diagnosis?</p> <p>When clinician or psychiatrist cannot make a diagnosis, they defer the diagnosis to To a subsequent appointment or to collect more information. Sacramento County reassess clients on a frequent basis and within three months a diagnosis is entered. This is very important for children because the diagnosis evolves and changes over time and more sources of information are needed to clarify a clinical presentation.</p> <p>High cost individuals receive many kinds of services. Are all of the services included in determining the cost?</p> <p>Yes, all services received are included.</p> <p>The MHB requested printed copies of the EQRO report in its packet. The Division will make sure that is completed.</p> <p>What is the difference between the Clinical and Non-Clinical PIPs?</p> <p>The clinical PIP uses clinical strategies to improve client outcomes and the non-clinical PIP improves processes to improve client outcomes</p> <p>Is the next review next month? Will the PIPs to be up and going by then?</p> <p>Yes, the review is next month. The Division</p>

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	<p>received a preliminary report and was able to focus on the issues. Staff is working to meet this timeline.</p> <p>Is the Division developing a metric to track the data elements identified or is it something already being planned?</p> <p>The Division measures all the other benchmark except the children's first psychiatric services. The Division stopped measuring this because in children's mental health, there are many children who do not receive medication in our system. This is different than the adult system. Nevertheless we are going to capture this information into the future. In the meantime, the State is developing standardized metrics. Timeliness is measured and due to capacity issues, it is always a struggle to ensure all timeliness measures are met. For the no-show rates, the providers are being educated to use the no-show codes. It is part of the PIP. The FY 2013-14 annual Hospital Recidivism Report was in draft when EQRO was here. This report has been being produced since FY 2009-10.</p> <p>EQRO is a federal requirement why is so onerous? Is the MHP a subset of the Managed Care Programs?</p> <p>The County MHP is separate from the other Managed Care Plans. It is a carve-out for specialty mental health.</p> <p>Are the other Manage Care Programs subject to the EQRO?</p> <p>Yes, they all are subject to EQRO for health care services. This EQRO function is done different with health plans and with specialty mental health.</p> <p>Is Alcohol and Drug subject to EQRO?</p> <p>Alcohol and Drug is not a Medi-Cal managed care program so they are not subject to EQRO. We do not know how the new Drug and Alcohol waiver will address this piece. For now, there is no EQRO for alcohol and drug services.</p> <p>The Chair thanked the presenter and reminded the</p>

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	<p>MHB of W&I Code 5604.2 subsection 5, which states, “The MHB shall submit an annual report to the governing body on the needs and the performance of the County’s mental health system.” He then asked the Director what comes next with this report and what she envisions as the MHB’s role in presenting and using this report.</p> <p>The Director identified the purpose and uses of the EQRO report. The report comes every year as an annual response from the Division. The State uses it as part of its response to the Federal Government monitoring of the State Medicaid Plan. The data points are used by both State and Federal Government to see the performance of California’s Medi-Cal mental health program.</p> <p>She recommended using this tool to inform the MHB comments and recommendations and to use it as a point of reference when reviewing and comparing other published reports.</p> <p>The Chair asked if this is an occasion to write a letter to the BOS letting them know the MHB has reviewed the EQRO report.</p> <p>The MHB can, if they like but there is another Triennial Compliance Review coming out soon. The MHB may want to wait until it reviews more reports and summarize what was reviewed to provide insight in a letter to the Board of Supervisors. The MHB could combine this report, the Triennial Report, the Data Notebook and the site visits in a report to the Board of Supervisors.</p>
<p>VI. Action Items</p>	<p>A. Approve Submission for 2015 Data Notebook Project (Action)</p> <p>The Mental Health Planning Council’s 2015 Data Notebook Project (Attachment E) has 15 questions, Question 8 is “If you could ask for any specific resource, program or facility to meet serious, urgent mental health needs in your community what would be your top three priorities?” Most of the other questions are specific and can be answered by the Division. Question 8 needs to be addressed by the MHB. The Ad hoc Committee decided to pull from</p>

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	<p>other documents addressing MHB priorities to answer this question and are proposing the following as the top three:</p> <ul style="list-style-type: none"> • Reopening the Crisis Stabilization Unit to direct access, as operated by Sacramento County prior to 2009. The Mental Health Board previously stated this priority in a March 13, 2015, letter to the Sacramento County Board of Supervisors. • Additional crisis residential beds. The Mental Health Board previously stated this priority in a March 13, 2015, letter to the Sacramento County Board of Supervisors. • Establishment of a mental health “urgent care” center. In stating this priority, the Mental Health Board echoes the sentiment of a March 24, 2015, letter by the Mental Health Improvement Coalition. This letter reports that the opening of a behavioral health urgent care center is an “area of agreement” in the ongoing effort to rebalance the Sacramento County behavioral health continuum. <p>The MHB discussed adding Patient’s Rights/ Advocacy as one of the top three. Valuable points were made in favor of this action and counter points in favor of keeping the three proposed.</p> <p>A question arose about where the data goes; in response, the Chair indicated the California Mental Health Board gathers this data from all counties.</p> <p>It was suggested the MHB have more time to review and deliberate before voting. Another member stated the Ad hoc Committee’s task was to vet this so a vote should be held.</p> <p>Counsel recommended the action to be postponed to next meeting for the following reasons 1) the need to amend the final recommendation and 2) the final recommendation was not posted 72 hours prior to the meeting which violates the Brown Act.</p> <p>A concern was raised about the wording in the</p>

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	<p>agenda being too vague, as it does not give the public specifics on what is being decided. Counsel did not see an issue with the wording only the timeframe.</p> <p>It was expressed the Data Notebook has little value to the Division and to the MHB. It will be compiled with the other counties and be given as an executive summary to another committee. No feedback is given to either the Division or the MHB.</p> <p>There was a request to revisit the patients' rights issues at another time.</p> <p>Action: The Chair delegated the Ad hoc Committee to amend the priorities as discussed this evening and to post 72 hours prior to the next meeting.</p> <p>A special meeting was discussed, but Council seeing no firm deadline and no emergent situation stated there is no need for a special meeting. .</p>
<p>VII. Public Comment (two minutes per comment)</p>	<p>Frank Topping:</p> <p>Frank would like to call to the attention to the lack of representation of the African American community on the advisory boards. He suggests outreach to this population.</p> <p>Melinda Avey, Alcohol and Drug Advisory Board:</p> <p>Melinda invited the MHB to attend the Alcohol and Drug Advisory Board meeting on Wednesday, July 8, 2015. The location of the meeting will be moving in September. Recovery Happens will be on the front steps of the Capitol on September 2, 2015.</p>
<p>VIII. Next Meeting/ Adjournment</p>	<p>A. Next Meeting: General Meeting of the MHB August 5, 2015</p> <p>B. Adjournment: 9:02 p.m.</p>