## **MHB General Meeting Minutes**

November 4, 2015

## **Sacramento County Administration Building**

700 H Street Sacramento, CA 95814 Hearing Room 1

**Meeting Attendees:** Tom Campbell – Chair; Len Marowitz – Vice Chair; Ann Arniell-Py Laura Bemis, Brian Brereton, , Michael Hansen, Courtney Hedges, Sarah Jain, Collette Johnson-Schulke, Kindra Montgomery-Block, John Puente and Anne Slakey,

Absent: Elizabeth Emken and Erin Platt

Other attendees: Billee Willson, Staff, Division of Behavioral Health Services – Mental

Health; John Reed, Deputy County Counsel

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I. Call to Order Welcome and Introductions	Tom Campbell - Chair, called the meeting to order at 6:03 p.m.
	A. Approval of November 4, 2015 Agenda: Mr. Marowitz moved to approve the agenda as amended to exclude approval of October 7, 2015 General Meeting minutes and Ms. Hedges seconded: Ayes, Unanimous, Motion Passed.
	B. Ms. Hedges read the Comfort Agreement.
II. Announcements and Advocacy Reports (two minute reports)	A. Youth, Adult, Older Adult and Consumer Advocacy Report
	Andrea Crook, Consumer Liaison
	MHB members were invited to participate in the quarterly 2016 Town Halls meetings.
	The 2015 Thanksgiving Assistance Programs flyer from 211 were distributed (Attachment A).
	The Department of Health Care Services (DHCS) Behavioral Health Care Forum is open to consumers and family members, MHB members may want to attend (Attachment B).
	Ms. Zykofsky explained the quarterly forums are conducted to inform stakeholders about DHCS activities with regard to behavioral health services.
	Ms. Johnson-Schulke and Ms. Bemis volunteered to attend.
	Nor Cal Mental Health America (NorCal MHA) is

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	partnering with the county to provide the WRAP facilitator training. The training builds capacity in the community to provide this evidence based practice.
	B. Association of Behavioral Health Contractors (ABHC) Report
	Laura Heintz, Association President and CEO of Stanford Youth Solutions
	The Association members are continuing to work with Division on capacity. The goal is to have the full continuum of care fully utilized. They are identifying the areas not being fully utilized and the over utilized areas.
	She also reported a new quarterly report format is being used.
	Ms. Heintz asked, what would be helpful for the MHB to know about the Association.
	Ms. Bemis asked for statistics on capacity, discharges, timeframes, etc.
	Ms. Arneill-Py asked about utilization and how all services are maximized. She stated it would be important to understand the access process.
	Mr. Hansen asked for a snapshot of the full array of services and information about their patients rights protocols.
	Ms. Johnson-Schulke asked for information on how long individuals stay and what happens in the facilities.
	Ms. Bemis asked to know how many return to services and how long they stay.
	Mr. Campbell asked how the MHB can get information. Can a liaison be appointed to the Association?
	Association meetings the 1 <sup>st</sup> Tuesday of the month 3:30. They can focus on these kinds requests.
	Ms. Zykofsky reminded the MHB that not all contractors are members of the Association.
	Mr. Marowitz would like the MHB to obtain

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•	aggregate data from Avatar. He also wanted to know if there are providers the MHB members should be visiting.
	Ms. Zykofsky stated the Division is putting together a report of aggergate data on adult and children programs for the different types of programs.
	Mr. Campbell asked about the genesis of this report.
	Ms. Zykofsky explained the Division would like to do this type of report annually or semi-annually. She also reminded the MHB the Full Service Partnership data will be available.
	C. Law Enforcement Report
	No report
III. MHB Announcements	A. MHB Announcements (5 minutes)
and Participation in Committees, Meetings, Conferences	Mr. Puente and Ms. Arneill-Py are attending the 35 <sup>th</sup> Annual Aging conference tomorrow.
Comercinos	Mr. Marowitz met informally with Andrea Crook about the work she does.
	Mr. Hansen supported linking an individual to services in Sacramento County. He will give an update on the results later in the agenda.
	Mr. Campbell reminded the members of the Form 700 training they must either attend or complete online.
	B. Subcommittee Budget Meeting – Len Marowitz or Alternate (5 minutes)
	The Budget Subcommittee will meet on November 16, 2015 from 10 a.m. to 12 p.m. at the Grantland Johnson Center.
	<ul> <li>C. Mental Health Services Act (MHSA) Steering</li> <li>Committee – Brian Brereton or Alternate (5 minutes)</li> </ul>
	Mr. Brereton deferred to the Director's report.
	D. Recruitment Minute
	New positions will open as Mr. Hansen and Mr. Brereton are vacating their MHB seats.
	A new member, Erin Platt, has been appointed; she

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	will join us at our next meeting.
	E. Quality Improvement Committee (QIC) – Len Marowitz (5 minutes)
	Several committees report about their activities at the QIC meeting. A list of these committees will be sent to the MHB.
	The Child and Adult Access Teams are now working as a integrated unit. Cross training is occurring.
	The Navigator programs will be implemented in the hospitals early in November. The Loaves and Fishes Navigators are already having success.
	A program to serve Commercially Sexually Exploited Children (CSEC) is being funded through MHSA funds in Phase B to expand service capacity.
	Liaison Responsibilities
	Ms. Johnson-Schulke asked when the meetings occur and suggested compiling a list of committees along with when and where they meet.
	Mr. Hansen suggested putting the list on the website.
	Mr. Campbell stated the lists would be updated and discussed at the MHB Retreat.
	Ms. Bemis will attend the MHSA Steering Committee to determine whether she wants to be the MHB member representative.
	Mr. Hansen reminded the members about the CIMH training for board members.
	Ms. Zykofsky suggested members identify their interest area and remember that not all committees need MHB members to participate.
	Mr. Marowitz suggested representation at the Cultural Competence Committee.
	F. Other Member Participation Updates/Report Backs (concerning county mental health programs) (10 minutes)
	Ms. Arneill-Py, Mr. Puente and Mr. Marowitz participated in the site visit to Turning Point's

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	children programs – Flexible Integrated Treatment (FIT) (Attachment C) and Therapeutic Behavioral Services (TBS), a short-term program. Ms. Arneill-Py spoke of the dedicated staff and effective services. Mr. Puente was impressed with physical space for individual therapist.
	The November site visit will be to the Sacramento Children's Home. Members were asked to express interest by tomorrow.
	Mr. Hansen gave a brief history of TBS.
	Mr. Marowitz asked when TBS started. Ms. Zykofsky responded in 2003 or 2004.
	Ms. Bemis asked what ages were considered children.
	Mr. Marowitz responded the FIT program serves children 0-21.
	Ms. Bemis reported statistics that 50% of chronic mental illness begins by 14 and 75% by age of 24. It shows how important these programs are.
	Ms. Bemis reported NAMI is training CHP officers. She gave an example of an exercise that creates a scenario of what an individual experiencing psychosis or hearing voices might be like. The intent is to help the officers become more compassionate.
	Mr. Hansen reported an interaction with County Mental Health. He called the Access Team, reached out to the County, and got a response by noon from the Community Support Team (CST). The individual he was working with was linked to services through Telecare SOAR. The County did excellent job with services they have in place.
IV. Division of Behavioral	A. Directors Report
Health Services (DBHS), Mental Health Director's Report (52 min)	Uma Zykofsky, Director, reported the following:
	The MHSA Steering Committee heard two proposals. They discussed the recommendation to expand services to the Katie A. population providing greater levels of appropriate services to children involved in Child Protective Services (CPS) who need mental health services to avoid

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	higher level of placement and out of home placement and to a subset of this population, the Commercially Sexually Exploited Children (CSEC). The Juvenile Court judge has a special court dedicated to hearings for this population. The goal is to change the trajectory of their lives by providing intensive wraparound services. The Steering Committee approved a recommendation to expand services to the Katie A. children with a focus on the CSEC population. The Division will collaborate with CPS, Probation and the Courts and deliver mental health services to this population.
	The second proposal was to open an urgent care clinic. The clinic will provide services in the late hours and the afterhours. The focus groups informing this process included psychiatrists, consumer and family members, providers and the Cultural Competence Committee. The proposal was approved and the urgent care clinic is ready to move forward. The Division is refining the plan and working with the Oversight and Accountability Commission (OAC). A change in the OAC process requires the Division to wait until the Annual Plan update is complete before submitting the urgent care plan. The Division will continue work on a parallel path.
	The Division's Annual Plan will come to the MHB in January 2016. The MHB will hold a Public Hearing in February 2016. After the hearing, the Annual Plan will be updated and submitted to the Board of Supervisors.
	On November 10, 2015, the Inpatient Rates Board Letter will be presented at the Board of Supervisors. The Division's contracts with the psychiatric hospitals end on December 31, 2015, so the Division is going back to the Board for authorization and approval for six months of funding to complete the fiscal year.
	Board of Supervisor workshops includes CSEC and IV-E waiver on November 10, 2015 and Alcohol and Drug on November 18, 2015.
	Last week there was a story in the Bee about the

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	passing of Jenny, an elderly homeless woman on streets of Sacramento. In the article, a reference was made to the Care Plus program. The Care Plus program is an intensive outpatient wraparound model of care joined with a conservatorship. This is for individuals who are gravely disabled. The program began a year and a half ago. The data shows there is a lot of success helping this population live in the community.(Attachment D)
	The priority has been given to creating capacity at the MHTC and opening the crisis unit.
	The following information was presented to the Mental Health Improvement Coalition. The handout shows what is happening with all of the proposals (Attachment E).
	1) The Round Three three (3) crisis residential programs (CRP) request for proposals (RFP) is expected to be out on November 6, 2015. The Division is working to get the Round Two Rio Linda CRP operational. This will create more capacity in the community, which will increase exit options and allow the MHTC crisis unit to be open for direct admission.
	<ol> <li>Heritage Oaks committed to building a         Psychiatric Health Facility (PHF). It is a new facility and the construction is behind schedule.         A second PHF is planned but not as far along as this one.     </li> </ol>
	3) Sub-acute beds are in a residential locked facility. The plan is to expand the existing provider's contract by twenty (20) beds. Five (5) beds are expected to be available in December 2015. The provider is finding beds closer to home for the out-of-county individuals to make beds available in Sacramento for Sacramento County residents. In this type of facility, the funding cannot be converted to Medi-Cal so there is not a regulatory limit to the number of beds.
	When the beds in these locations are available, those in administrative status at the MHTC can

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	be moved to them.
	4) The Division is working with the hospitals to develop capacity at the hospitals to avoid exceeding the 23-hour rule at the crisis unit. Nothing has been developed yet, but the work is continuing.
	5) Sacramento County Mental Health Medical Director, Dr. Robert Hales, the Medical Society, and ER doctors are working on developing a common medical clearance protocol to be used by all of the hospital systems. A common language goes a long way toward coordination of care. The protocol is being navigated through the various counsels. If Sacramento County can create this tool, the other counties want to use it in their communities.
	6) The Division is working with Sheriff Department concerning Penal Code 1370, which covers those in jail who have competency issues and have to be restored to competency. Currently, this service is being provided at the MHTC. It uses up beds and reduces capacity for the outpatient system. A Memorandum of Understanding (MOU) with Sheriff Department will go to the Board of Supervisors in January 2016 with the plan to have restoring to competency occur at the Rio Consumnes Corrections Center (RCCC). This plan could be challenged by the public defender, but it is doing the evaluation in the appropriate facility. Other counties are also watching this. It is difficult mixing population at the MHTC.
	Mr. Marowitz reiterated his concern about the need for the County to separate the jail population from the MHTC.
	7) The MHTC is not ready for law enforcement to drop off individuals to the crisis unit, but a law enforcement consultation line will be piloted in December 2015. With this new line, when law enforcement calls and the individual can be brought to the MHTC instead of the ER. Any reduction in ER use makes a difference.

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	Mr. Marowitz asked who does the medical clearance at the crisis unit.
	Mr. Madariaga stated a nurse does it, they do a limited evaluation, if there is something compelling, the individual will go to the ER for a full medical clearance.
	8) The Mobile Teams and Navigators are in different stages of becoming operational. The services at Sutter, UCD, Loaves and Fishes and the Main Jail are operational. The hospital emergency departments each have different needs; the Division is working on meeting those needs.
	9) Regarding the MHSA initiatives, additional capacity has already implemented at the Full Service Partnership (FSP). Adult FSPs are getting additional spaces. As homeless programs, Pathways and New Directions are moving toward getting additional rental assistance and expanding capacity. The Guest House is increasing ability to do assessments. The Guest House was not developed to be a large program. They need another location or additional space for this clinic.
	10)The MHTC is increasing staff to get right client to staff ratios.
	Ms. Bemis expressed her support for the urgent care clinic and asked if there are going to be one or two locations.
	Ms. Zykofsky explained the proposal is for one but if an opportunity presents itself there could be two.
	Ms. Bemis asked where the urgent care would be located.
	Ms. Zykofsky indicated that specific level of information is not available to be shared at this time. However, the plan is to have it be accessible in a central location. There has to be consideration of the transportation issue. The proposal that was presented is for a single location. The urgent care clinic is being

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	developed as an innovation project, if it is successful, then it would become a part of the regular array of services. Even one clinic will make a difference.
	Mr. Brereton stated there are staffing challenges when a facility is open around the clock and there is more than one facility. It is most desirable to do one quality clinic and expand from there.
	Ms. Johnson-Schulke expressed her congratulations on getting the Navigators in place and asked what happens when someone comes in at non-staff time.
	Ms. Zykofsky explained the regular ER staff will manage crisis during non-staff time. The hours chosen for staff time are the peak hours identified by the hospital for the greatest benefit.
	B. MHB Members' Questions Related to Director's Report
	Ms. Arneill-Py asked if the county had completed their response to EQRO report.
	Ms. Zykofsky stated it is due on Friday at 5 p.m. and a copy will be provided to the MHB when it is complete.
	Ms. Slakey asked about the care available to individuals in need of long term skilled nursing and psychiatric care at same time.
	Ms. Zykofsky stated it is an area needed but not part of the mental health program. Once individuals are living in a care facility, their funding is managed by a different mechanism.
	Ms. Bemis asked if an individual can call CST if they are not eligible for services.
	Ms. Zykofsky stated any member of the community can use the CST. The individual will be connected to the appropriate services inside or outside of the mental health plan.
	Ms. Bemis asked can someone else call on behalf of the individual.
	Ms. Zykofsky stated anyone can call on behalf of

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	another and CST will go out and try to engage the individual. The individual must call when asking for a formal service, as it is important for the clinicians to assess what the issues are directly from the individual seeking services wherever possible.
	Mr. Madariaga stated the CST follows those coming out of a psychiatric hospital while the individual makes the connection to the outpatient system.
	Ms. Zykofsky stated it can be difficult when the CST goes out cannot engage the individual and the individual does not meet the standard for grave disability.
	Mr. Hansen shared that sometimes it takes numerous contacts because when the team comes to do assessment, the individual may seem fine.
	Mr. Campbell asked how the Division is making use of the Public Information Officer (PIO). The Division is solving clearly identified problems with clearly identified solutions that are time driven, funded and achievable. When might the business community or the newspapers know about this?
	Laura McCasland, PIO, stated she shares quite a bit with the Bee. Additionally, Her office writes stories for the News Center on the Sacramento County website to tell the whole story. The News Center has 100K subscribers who are notified when stories are on-line. The benefit of the News Center is the Department can put its own news out to be picked up by news agencies.
	Dr. Heller stated the Department has tried to get news coverage of the plans by making the information available, this does not always happen. In the view of the businesses and the newspaper nothing is happening, no changes have occurred in the ERs or for the homeless population; there are only plans. The Department will need to implement and demonstrate with data that a difference is being made before the media is not going to cover it.

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	Now that the Navigators and Mobile Crisis have started, a story should be written so it can be covered.
	Mr. Marowitz, met with the Board of Supervisor's chiefs of staff, one topic was how to increase attendance at the MHB meetings. In his experience, the questions asked by the public are answered at this meeting. A suggestion was to have the PIO publicize this meeting and make it known many of the questions can be answered here.
	Laura McCasland, talking about writing a story about the Mental Health Board to see if it can be picked up or if it can be put on the News Center.
	Mr. Hansen agreed it is too soon to be getting coverage. There is a difference between providing a crisis intervention and a long-term outcome.
	Ms. Bemis stated the smaller papers tend to be more positive. Larger papers focus on the negative things that happen. She applauded Ms. McCasland for making positive news available.
	Ms. Montgomery-Block expressed appreciation to Ms. Zykofsky for the list of projects.
V. Mental Health Board Action Items	A. Designation of Ad Hoc Committee to Further Review Assisted Outpatient Treatment in Sacramento County (Action)
	The purpose of the discussion is to decide whether and how to research a recommendation to the county to reject or adopt Assisted Outpatient Treatment (Laura's Law). Four months ago, this discussion was deferred until the rebalance effort had an opportunity to be operationalized and we could know what the continuum of care would look like after the rebalance. Is this a good time to make a decision?
	The Chair suggests letting the Director make a recommendation on this point before discussing.
	Mr. Hansen reminded the MHB in the past the county was not interested. If they are not interested, why go through the exercise?

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	Ms. Arneill-Py supports the Chair's approach.
	Ms. Zykofsky stated the Director's report presented earlier at this meeting goes directly to building out capacity at the levels the community needs. The plan is finished and the Division is trying to implement it. Without the necessary array of services, having an AOT does not get the community to the desired goal. What the community needs is a full array of services. As the County come out of the recession, problems are being rectified with the crisis continuum and relationships are being built with law enforcement and the hospital systems. Each community has their reason for moving down a particular path. Our community is working on a very organized effort right now and should stick with it. The MHB support, the outreach, the siting discussion, the public discussion are all efforts to create a full array of services.
	Ms. Zykofsky also stated that the Murphy Bill is being debated in Washington, D.C. this week. This and other bills provide a lot to study. The Murphy Bill removes some of the support for the IMD exclusion. Without the IMD exclusion being lifted, counties have the responsibility to do AOT without adequate funding support.
	Ms. Zykovsky suggested that learning about the issue and understanding AOT is is a good thing for the MHB to do, but moving toward a recommendation when the services are not situated it is not a good use of resources.
	Mr. Campbell reminded members, this is not a discussion of the merits of AOT, it is a discussion of whether to devote MHB resources to research and develop a recommendation.
	Ms. Bemis stated many members did not get to go to Nevada City to hear their presentation on Laura's Law and others have not been educated on the concept. There may not be enough informed members to make up a committee.
	Mr. Hansen stated this is not a time to put out a proposal. The county needs to put the least

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	restrictive things in place before beginning AOT.
	Supervisor Kennedy referred to the Bee writer who wrote, "whatever you call it, it is the outcomes we are looking for." What we have in Sacramento County is Care Plus. We are trying to scale it up. We should give what we have a chance before spending our resources looking at something else.
	Ms. Arneill-Py supports Mr. Hansen's idea to focus on least restrictive services and understands from Ms. Zykofsky's statements that the resources involved in researching AOT are intensive. We should table any extensive research project and let the plans already in place be completed. The Care Plus program fills the need for now.
	Ms. Jain strongly supports Laura's Law. She thinks enough time has been spent doing the preliminary steps to enact Laura's Law. She would like the MHB to do the work necessary to support of enacting Laura's Law.
	Ms. Slakey did not see the harm in studying the question as research projects take a long time and Laura's Law might be different from what is in place.
	Mr. Brereton explained the proposal worked on in the ad hoc committee in 2012 included Laura's Law and the gaps in the system and resulted in nine (9) recommendations. For Laura's Law to be enacted, the first eight (8) recommendations must be completed first. Members can inform themselves by reading the document created in the ad hoc committee. Once all the things are in place, they can be the springboard for AOT. AOT is just one component; we would not want to see it compete with other good things going on. He recommended tabling the discussion until February 2016 meeting.
	Mr. Campbell clarified the continuum of options for researching and making a recommendation: 1) waiting to start research, 2) start research now, or 3) make a recommendation now.
	Mr. Hansen moved to table the AOT discussion until March 2016 MHB General Meeting, Ms. Arneill-Py seconded.

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	In favor of motion: Ayes: Unanimous
	B. Election of Officers and Executive Committee At- Large Members for 2016 (Action)
	Mr. Campbell reviewed the duties of the officers and the Executive Committee. The Executive Committee includes the officers, the immediate past chair, and members at large. Current terms expire December 31, 2015.
	Mr. Marowitz nominated Mr. Campbell for Chair:
	Mr. Campbell's current appointment ends on December 31, 2015. He has applied for continued appointment. Can he be re-elected?
	Counsel's interpretation is an individual who is eligible for reappointment can stand for election today, if reappointment does not occur, a new election can occur.
	In favor of Mr. Campbell for Chair: Ayes, Unanimous.
	Mr. Campbell nominated Mr. Puente for Vice Chair:
	In favor or Mr. Puente for Vice Chair: Ayes, Unanimous
	Ms. Hedges nominated Ms. Arneill-Py. for Public Information Secretary:
	In favor or Ms. Arneill-Py for Public Information Secretary: Ayes, Unanimous
	Ms. Arneill-Py nominated Ms. Bemis for an At Large Member and Ms. Hedges volunteered to continue as an At Large Member.
	In favor of slate: Ayes, Unanimous
	The name tents were handed off to Mr. Puente, as they are the responsibility of Vice Chair.
	C. Presentation of Certificates Honoring Retiring MHB Members (Action)
	Mr. Michael Hansen has six years of service with the Sacramento County MHB and three in Napa County. Mr. Hansen was commended for his relentless focus on Patient Rights. The MHB can

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	count on him for continued support.
	A concern was raised about date appointment ends. Ms. Willson will confirm the appointment timeframe.
	Mr. Brian Brereton has served on the Sacramento County MHB for four and a half years. He will try to get back on to the MHSA Steering Committee. He was commended for his service on the AOT Ad hoc committee and for being a calming voice.
VI. Public Comment (two minutes per comment)	A community member, who works with foster and former foster youth, is starting community collaboration on November 12, 2015. She wants a therapist from within the County Mental Health Network who serves AB 12 youth to be a part of the collaboration. She provided a brochure of the program (Attachment F).  Ms. Zykofsky offered to provide a contact.
VII. Next Meeting/Adjournment	A. Next Meeting: January 6, 2015
	<b>B.</b> MHB members are invited on December 2, 2015 at 6:00 pm. to Mr. Campbell's home. Cannot conduct business but can have fun.
	C. Adjournment: 8:25pm