

MHB General Meeting Minutes

March 2, 2016

Sacramento County Administration Building

700 H Street

Sacramento, CA 95814

Hearing Room 1

Meeting Attendees: Tom Campbell – Chair; John Puente – Vice Chair; Ann Arneill
Laura Bemis, Elizabeth Emkin, Courtney Hedges, Sarah Jain, Supervisor Patrick
Kennedy, Len Marowitz, Collette Johnson-Schulke, Kindra Montgomery-Block, Erin
Platt, and Anne Slakey

Absent: Michael Hansen

Other attendees: Billee Willson, 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 6:01 p.m.</p> <p>Mr. Campbell read statement concerning new agreed upon meeting protocol.</p> <p>A. Approval of January 6, 2016 Agenda: Mr. Campbell suggested removing Section III, B & E as meetings did not occur. Mr. Puente moved to approve the agenda as amended; Supervisor Kennedy seconded: Ayes, Unanimous, Motion Passed.</p> <p>B. Approval of November 4, 2015 General Meeting Minutes: Ms. Montgomery-Block moved to approve the minutes; Ms. Johnson-Schulke seconded: Ayes (7); Abstains (2 Platt, Emken); Motion Passed.</p> <p>C. Approval of January 6, 2016 General Meeting Minutes: Ms. Arneill moved to approve the minutes; Mr. Puente seconded: Ayes (8); Abstain (1 Johnson-Schulke); Motion Passed.</p> <p>D. Approval of MHB Retreat Minutes: Ms. Bemis moved to approve minutes; Ms. Johnson-Schulke seconded: Ayes (10), Abstain (1 Emken) Motion Passed.</p> <p>E. Ms. Bemis read the Comfort Agreement.</p>

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<p>II. Announcements and Advocacy Reports (two minute reports)</p>	<p>A. Youth, Adult, Older Adult and Consumer Advocacy Report</p> <p>Andrea Crook, Consumer Liaison, directed attention to the announcements in the packet. They included information on The CAMHPRO's Annual Consumer Conference, Consumer Speaks Info table, Expert Pool Townhall, NAMI Walk, Nationally Certified Peer Specialist, and the Opioid Taskforce (Attachments A-F).</p> <p>Ms. Bemis asked if one had to attend the first Opioid Taskforce meeting to go to the second?</p> <p>Ms. Zykofsky welcomed members to attend the second meeting even if they did not go to the first.</p> <p>B. Advocacy and Peer Provider Programs</p> <p>No report</p> <p>C. Association of Behavioral Health Contractors (ABHC) Report</p> <p>Laurie Clothier, Treasurer of the Association and Executive Director of River Oak Center for Children</p> <p>Leadership of the Association has changed. Roy Alexander, Sacramento Children's Home, will be the the new president</p> <p>The Association met with Dr.Heller and Ms. Zykofsky. The meetings are scheduled to continue twice a year. The Association's executive team meets monthly with the BHS Director.</p> <p>C. 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>Mr. Campbell announced a vacancy for the 1st 5 Advisory Board. Ms. Platt stated she would be interested.</p> <p>Ms. Bemis stated she had spoken with Michelle Lisar from Sacramento Police Department. She is willing to come to the MHB meetings to give updates.</p> <p>Ms. Bemis also stated the NAMI Walk is the number</p>

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	<p>one fundraiser for NAMI.</p> <p>She also attended the Expert Pool at Paratransit. There was an overview of Paratransit, and Jen Reiman from the Division provided a presentation on the programs she manages which included the Community Support Teams. They also announce a cost increase for Paratransit riders.</p> <p>Ms Arneill announced the site visits will begin again in April 2016.</p> <p>B. Budget Subcommittee</p> <p>No report. Meeting did not occur.</p> <p>C. Mental Health Services Act (MHSA) Steering Committee – John Puente or Alternate (5 minutes)</p> <p>Mr. Puente provided a handout of the January and February meeting summary. See handout (Attachment G)</p> <p>D. Human Services Coordinating Council</p> <p>No report. Meeting did not occur.</p> <p>E. Other Member Participation Updates/Report Backs (concerning county mental health programs) (10 minutes)</p> <p>Mr. Campbell stated he had resigned from the Human Service Coordinating Council. Ms. Johnson-Schulke expressed her interest and was instructed to apply with Board of Supervisors.</p> <p>F. Unscheduled/Urgent Matters:</p> <p>Ms. Johnson-Schulke asked for a place in the agenda to ask questions. This will be addressed off line.</p>
<p>IV. Director’s Report</p>	<p>A. Director’s Report</p> <p>The information shared in this sections is in the Director’s Report to Mental Health Board – March 2, 2016 (Attachment H).</p> <p>For a future meeting, Ms. Zykofsky asked to create an agenda item on Foster Care children. It is a big topic, so it will need to be a focused presentation.</p>

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	<p>The Opioid Taskforce has several subgroups. The initiative is co-led by Public Health and has a different stakeholders than usually seen in mental health. The goal is to identify strategies on how to approach meth issues in Sacramento. Ms. Zykofsky suggested having a representative from this taskforce at the next meeting.</p> <p>B. MHB Members' Questions Related to Director's Report</p> <p>Ms. Bemis asked what EQRO stands for.</p> <p>Ms. Zykofsky responded, External Quality Review Organization, a federal contractor that looks at programs each year.</p> <p>In case there is opposition, Supervisor Kennedy gave advanced notice of need for MHB support regarding the siting of crisis residential programs. He is looking to the MHB to state the value of these programs in the community.</p> <p>Ms. Emken asked for the MHB to be notified if a public event occurs.</p> <p>Ms. Zykofsky stated when good neighbor issues are raised the Division is working with the provider to ensure they are providing a timely response so future siting are less difficult.</p> <p>Ms. Clothier offered Association support.</p> <p>Ms. Emken stated this is a way for the MHB to be involved.</p> <p>Mr. Campbell stated there are news reports of WIND services losing funding for their homeless shelter. Has this come to the attention of the Division?</p> <p>Ms. Zykofsky stated none of WIND's homeless programs are funded by the Division.</p> <p>Ms. Johnson-Schulke asked if anyone from Mental Health went on the trip to Seattle to tour the homelessness programs.</p> <p>Dr. Heller stated two members of the Board of Supervisors and two members of City Council went on trip. The trip was lead by a City Council sub-committee. Health issues will be addressed at their</p>

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	<p>next meeting. Additionally, the City's workplan contains mental health.</p> <p>Mr Campbell asked if there is a place for the MHB at these meetings.</p> <p>Dr. Heller will keep the request in mind.</p> <p>Mr. Cambell asked the MHB be proposed to participate due to the intersection of mental health and homelessness.</p>
<p>V. BHS Mobile Teams Outcome Report</p>	<p>DBHS Mobile Teams Report</p> <p>John Puente sponsored the presentation on Mobile Teams. Ms. Zykofsy presented the Outcome Report. (Attachment I).</p> <p>MHB Members Questions:</p> <p>Supervisor Kennedy asked the meaning of "admitted".</p> <p>Ms. Zykofsky stated individuals are admitted into the program when the team is dispatched, but not all contacts are admitted. An example is when the team responds to a wave-down, they may obtain information but might not admit into program.</p> <p>Ms. Montgomery-Block asked what the mobile crisis teams look like.</p> <p>Ms. Zykofsy described them as being in an unmarked police vehicle or riding along with the Sheriff deputy. They also have county vehicles to do follow-ups.</p> <p>In a ride-along, is law enforcement stopping more or less often?</p> <p>Ms. Zykofsky stated they are stopping for the same situations, the difference is now they have support along. With the clinician along, they can do more when responding to a call; they can have a focused intervention. Also when the individual is found to be connected to a provider, the team can re-connect them. Many situations are resolved without a 5150 hold; these are taken to the MHTC. They are taken to an emergency room only when medical clearance is needed.</p> <p>They use a quick field-based assessment, which was developed by the Medical Clearance</p>

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	<p>Workgroup. Other counties are using these tools.</p> <p>Ms. Arneill asked for a safety plan to be defined?</p> <p>The safety plan is developed with the consumer to assist with crisis situations. It include natural supports such as family members, neighbors and other community connections.</p> <p>Ms. Bemis asked if there are situations when it is not beneficial to have a clinican along?</p> <p>Ms. Zykofsky explained the city police always work in pairs so are used to having a second person. The Sheriff opted for having clinicians ride with different officers, as needed. Additionally, law enforcement personnel are being trained in CIT. These things are coming together to create a flexible response to mental health situations.</p> <p>Ms. Slakey asked how dispatch works?</p> <p>The CAD system is used to get as much info as possible, and then officers respond. Clincians are gaining skills at reading the calls. They do both mental health and welfare check calls and are learning how to respond to dispatch.</p> <p>Ms. Jain asked if there is a flood of calls.</p> <p>The teams are sent on calls recognized as having a mental health component which may or may not meet 5150 criteria. They want to provide the least intrusive response possible.</p> <p>Ms. Slakey explained her congregation has the culture of not calling law enforcement in these situation. What we are learning here indicates we may want change the culture.</p> <p>Ms. Bemis, in reference to the data, asked if the low numbers for the Asian-Pacific Islander community is due to their belief systems.</p> <p>Ms. Zykofsky stated the Division has too small of a sample to make a conclusion or an analysis.</p> <p>Ms. Bemis asked if the clinicans going on the calls reflect the diversity of the community?</p> <p>Ms. Zykofsky stated the peer support program follow-up teams are very diverse and individuals</p>

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	<p>have culturally relevant safety plans.</p> <p>Ms. Zykofsky explained the MHTC crisis unit has a “no wrong door” policy; this includes individuals from out of county and those with other health care coverage. These individuals are harder to place and consequently it takes longer to move them from the crisis unit into services outside, but staff are committed to making the system work for everyone.</p> <p>Mr. Madariaga stated two doctors rode along with law enforcement; it was eye-opening for them.</p>
<p>VI. Mental Health Board Action Items</p>	<p>Establish direction and timeline for drafting 2015 MHB annual report (Action)</p> <p>There is a mandate for the MHB to provide an Annual Report.</p> <p>One suggestion was to form an ad hoc committee and incorporate performance measures from the reports presented to the MHB (the EQRO, the Triennial MediCal, and the MH Quality Improvement plan) and evaluate with our own perspectives. The MHB is restricted to the reports we have and may decide upon other indicators in the future. The adhoc committee could be set up in April and report in May.</p> <p>Dr Heller encouraged the MHB to look at the language of the statute broadly. The report addresses needs and performance of programs. The MHB can use the insights from site visits and share what was learned with Board of Supervisors. She cautioned the MHB not to interpret too narrowly.</p> <p>A discussion concerning the merits of qualitative vs. quantitative reports ensued. It was felt both are necessary. Another suggestion was to tie the report into the budget changes.</p> <p>It was concluded that as the Annual Report is a mandate the MHB must take time to prepare it.</p> <p>Ms. Arneill moved to create an ad hoc committee that would report back on a methodology for the Annual Report at the April 2016 meeting. The purpose of the report is to identify needs and performance; specifying it would be both qualitative and quantitative of needs and performance. The report will be completed by June</p>

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	<p>2016. Ms. Johnson-Schulke seconded: Ayes (12); Abstains (1 Marowitz); Motion Passed.</p> <p>Mr. Campbell appointed Ms. Slakey, Ms. Arneill, Ms. Montgomery-Block and himself to the ad hoc committee.</p> <p>Approve 2016 MHB Goals (Action)</p> <p>The draft goals (Attachment J) were developed via an ad hoc committee established at the MHB Retreat. For each goal the direction should be to either keep, eliminate, or send back to the ad hoc committee for rewording.</p> <p>Ms. Arneill moved to approve the goals as amended. and defer goal 4 and 5, Ms. Hedges seconded: Ayes (11); Abstains (2 Marowitz, Bemis); Motion Passed.</p>
<p>VII. Public Comment (two minutes per comment)</p>	<p>Melinda Avey welcomed the MHB members to the next Alcohol and Drug Advisory Board meeting next Wednesday at 2700 Fulton Avenue. The Public Defender will present.</p> <p>A representative from Young Minds Adocacy explained how the State now recognizes Intensive Care Coordination (ICC) and In Home Based Services (IHBS) for all Medi-Cal eligible children in Specialty Mental Health. A much broader population is eligible for these services. If done effectively, there is more than enough money for the expanded services. She provided a handout (Attachment K).</p>
<p>VIII. Next Meeting / Adjournment</p>	<p>A. April 6, 2016 6:00 PM: Next MHB General Meeting B. Adjournment: 8:30pm</p>