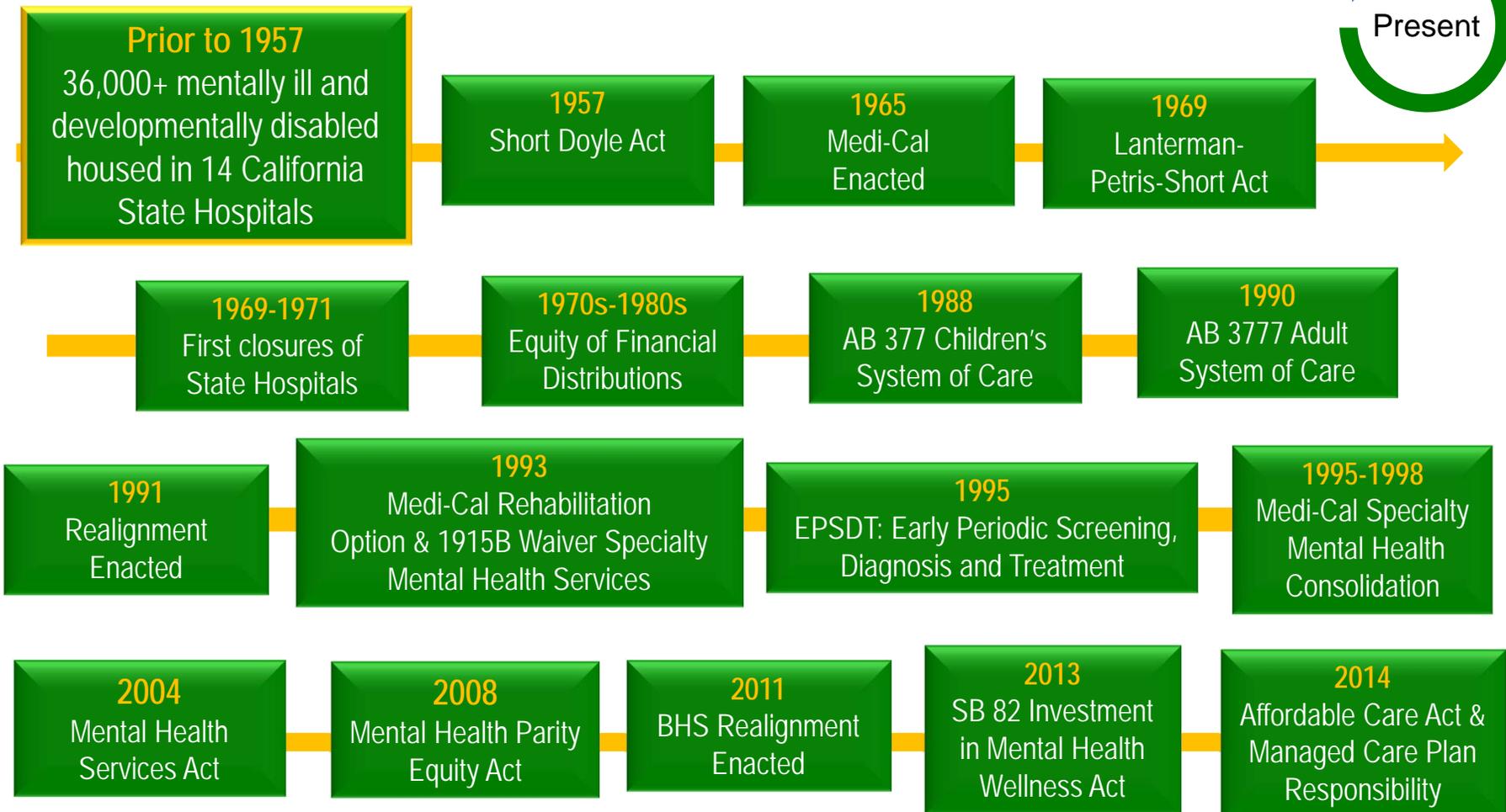
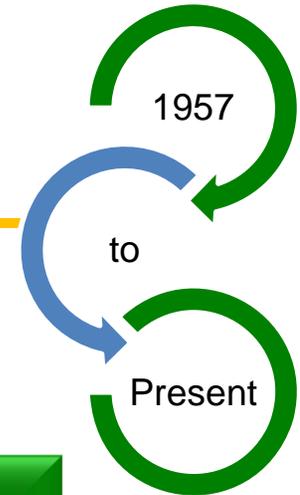


Mental Health Board Member Orientation & Training

See Tab 1

Mental Health Timeline

Sources: *California Legislative Analyst Office & California Department of Health Care Services*





Public Mental Health System

Mission: To enable all individuals eligible for publicly funded mental health services, including adults and older adults with serious mental illnesses and their families and children with serious emotional disturbances and their families, to access services from a seamless system of care.

- In a manner tailored to each individual;
- To achieve their personal goals and optimal recovery;
- To develop skills that support living the most constructive and satisfying lives possible in the least restrictive environment;
- The mental health system shall help children achieve optimal development.

Source: *California Master Mental Health Plan*, California Department of Health Care Services



Role of State Government

The State is responsible for ensuring that local public mental health programs and their contract providers comply with State and federal laws and regulations for Medi-Cal programs by Mental Health Plan contract between Department of Health Care Services and Sacramento County.

Areas of oversight include:

- Conduct triennial outpatient Mental Health Plan (MHP) consolidated specialty mental health services system and chart reviews
- Conduct on-site certification of county-owned and operated Short-Doyle/Medi-Cal (SDMC) funded programs (clinic sites)
- Conduct inpatient SDMC chart reviews
- Issue and monitor Mental Health Professional Licensing Waivers
- Research Questionable Medi-Cal Billings
- Review Unusual Occurrences

Source: California Department of Health Care Services



Mental Health Plan Contract



- Contract required pursuant to state and federal law.
- Delineates the responsibilities of the Mental Health Plan (MHP) and the California Department of Health Care Services in the provision and administration of Specialty Mental Health Services.
- Conforms with federal requirements for Prepaid Inpatient Health Plans (PIHPs). MHPs are considered PIHPs and must comply with federal managed care requirements (Title 42: CFR, Part 438)
- Current MHP contract term: May 1, 2013 – June 30, 2018.



Mental Health Plan

VISION

Committed to providing beneficiaries the necessary services and support to attain and maintain the most dignified life existence possible.

MISSION

- Assist adults with mental illness and children/youth with serious emotional disturbance by providing services and supports to maximize their quality of life in the community.
- Sustain and enhance a public mental health system that supports recovery of adults with mental illness and children/youth with emotional disturbance.
- Eliminate mental health disparities for all cultural, ethnic, and racial groups.



Mental Health Plan

OUTPATIENT

- Mental Health Services
 - Assessments
 - Plan development
 - Therapy
 - Rehabilitation
 - Collateral
- Medication Support Services
- Day Treatment Intensive
- Day Rehabilitation
- Crisis Intervention
- Crisis Stabilization
- Targeted Case Management

INPATIENT

- Acute psychiatric inpatient hospital services
- Psychiatric Health Facility Services
- Psychiatric Inpatient Hospital Professional Services if the beneficiary is in fee-for-service hospital
- Crisis Residential
- Adult Crisis Residential
- Targeted case management
 - For discharge planning
 - Follow up service coordination
 - Coordination of post stabilization care referrals
 - Follow-up during the 30 calendar days immediately prior to the day of discharge

Target Population

- Individuals insured by Medi-Cal: Children, youth, adults, and older adult
- Uninsured indigent status individuals served as Realignment revenues permit
- **Target population under state law includes** adults experiencing a serious mental health disorder and children and youth experiencing a serious emotional disturbance
- To qualify for services, beneficiaries must meet specialty mental health services medical necessity criteria including having received a covered diagnosis, demonstrating specified impairments, and meeting specific intervention criteria.
- Medical necessity criteria differ depending on whether the determination is for:
 - Inpatient services;
 - Outpatient services; or
 - Outpatient services for beneficiaries under the age of 21.

See Tab 10 for DHCS Letter 13-021

Role of Staff

- Plans, develops, implements, and monitors County-operated and contracted services programs
- Budget Development and Oversight
- Quality Improvement and Utilization Review
- Client Problem Resolution, Grievances, Appeals
- Oversight of delivered services, documentation, and claiming according to requirements of Medi-Cal/DHCS
- Submits claims and certifies public expenditures for services are consistent with federal and state Certified Public Expenditure requirements upon submission of each claim for reimbursement.



ollaboration with System Partners

Sacramento County's Mental Health Plan is an interdependent network of providers of mental health, community partners, and related service providers that work together to provide comprehensive and collaborative services:

- Contracted Mental Health Providers
- Department of Human Assistance
- Probation Department
- Child Protective Services
- Senior and Adult Services
- Primary Care Systems
- Public Health Providers
- Alcohol and Drug Services
- Sacramento Sheriff's Department
- Sacramento Police Department
- Consumer & Family Advocates
- Peer Partners
- Hospital Systems
- Managed Care Plan Providers

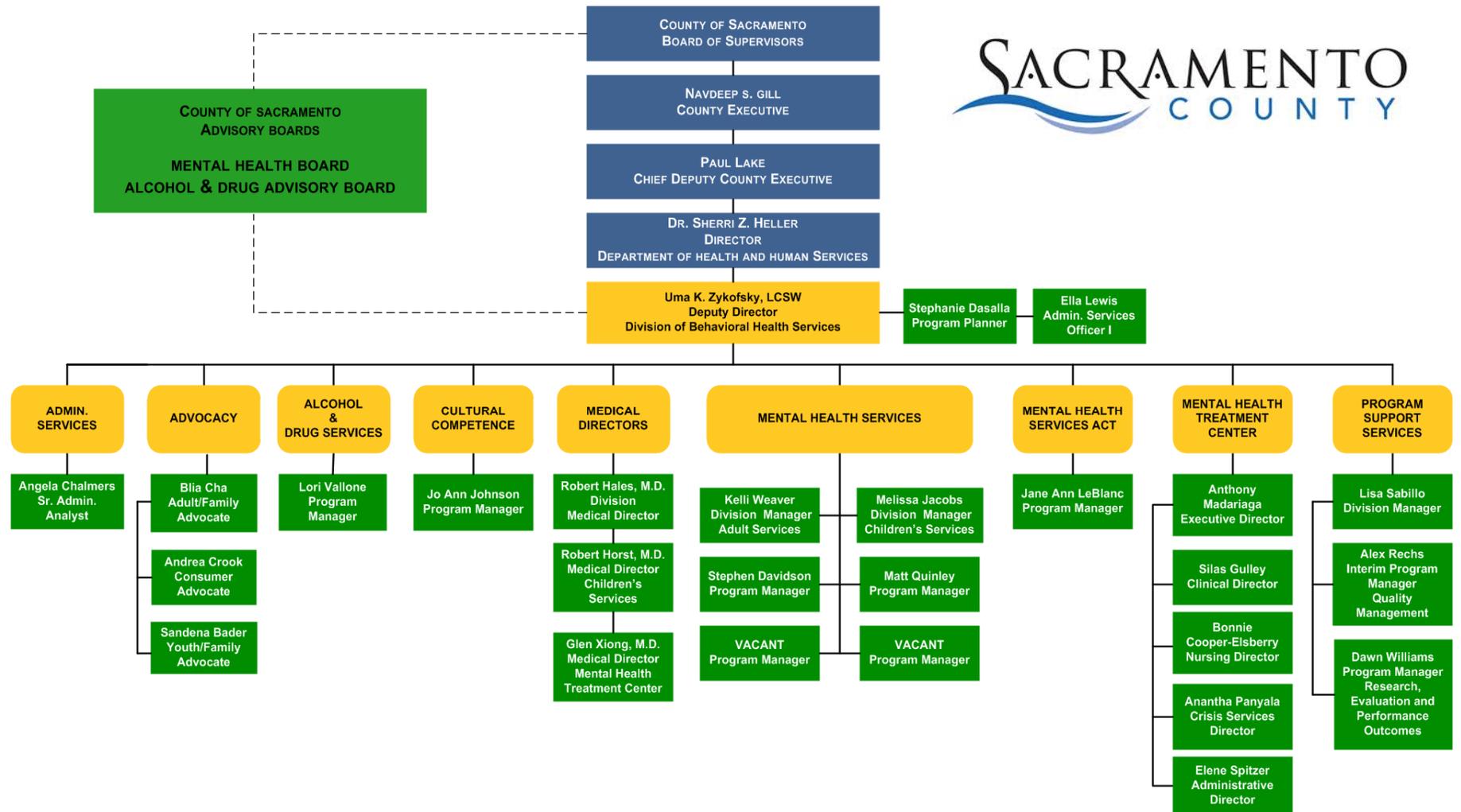
Managed Care Plans

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Outpatient laboratory, medications, supplies, and supplements
- Psychiatric consultation



Division of Behavioral Health Services

See Tab 8





Safety Net Services

- Emergency Shelters Operations
- Mental Health Services
- Homeless Outreach and Navigation
- Public Health Nursing
- Senior Financial Abuse Investigation & Prevention
- Public Safety Services



Service Delivery

- Services provided across vast geographic region; 79 organizational providers
 - 90% contracted service providers
 - 10% County-operated service providers
- In-home, field, community-based, and clinic-based services
- Culturally and linguistically competent services; interpreter services provided at no cost to clients.

Age Categories	Number	Percentage
0-15 years	5,557	19.3%
16-25 years	4,670	16.3%
26-59 years	13,571	47.2%
60+ years	4,933	17.2%
Unknown	5	0.0%
Total Served	28,734	100%

**Unduplicated Numbers Served
Fiscal Year 2014-15**

Service Entry Points



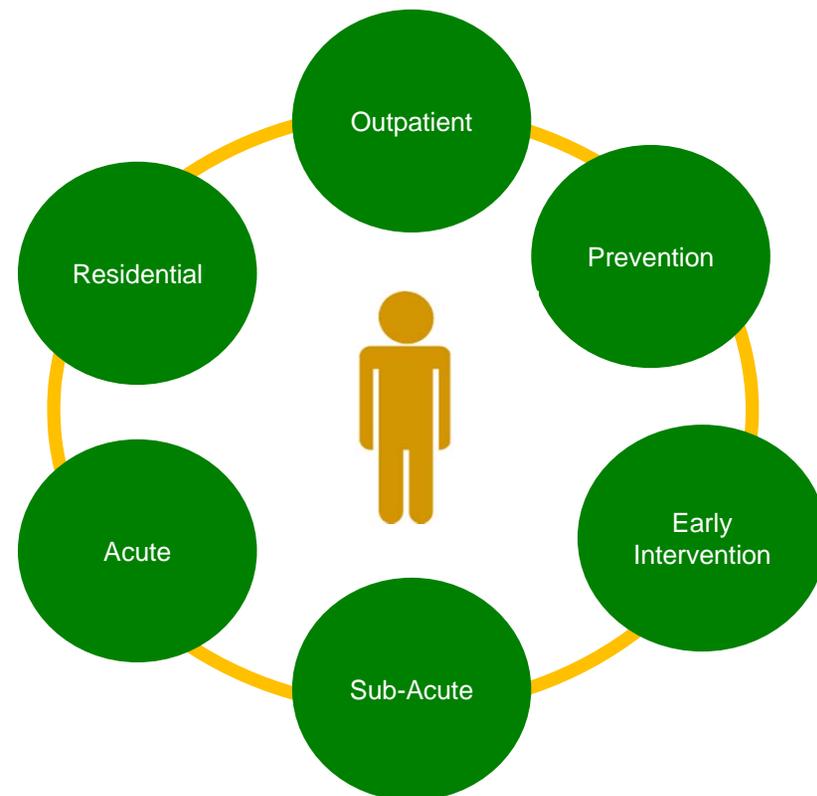
- Mental Health Access Team
- Mobile Crisis Support Teams
- Mental Health Navigators
- Community Support Team
- Guest House
- Intake Stabilization Unit
- Intensive Placement Team
- Assisted Access
- SAFE (Sacramento Advocacy for Empowerment)
- IMAC (Interagency Management and Authorization Committee)
- Emergency Rooms
- Other Community Entry Points



See Tab 10

Mental Health Services *Continuum of Care*

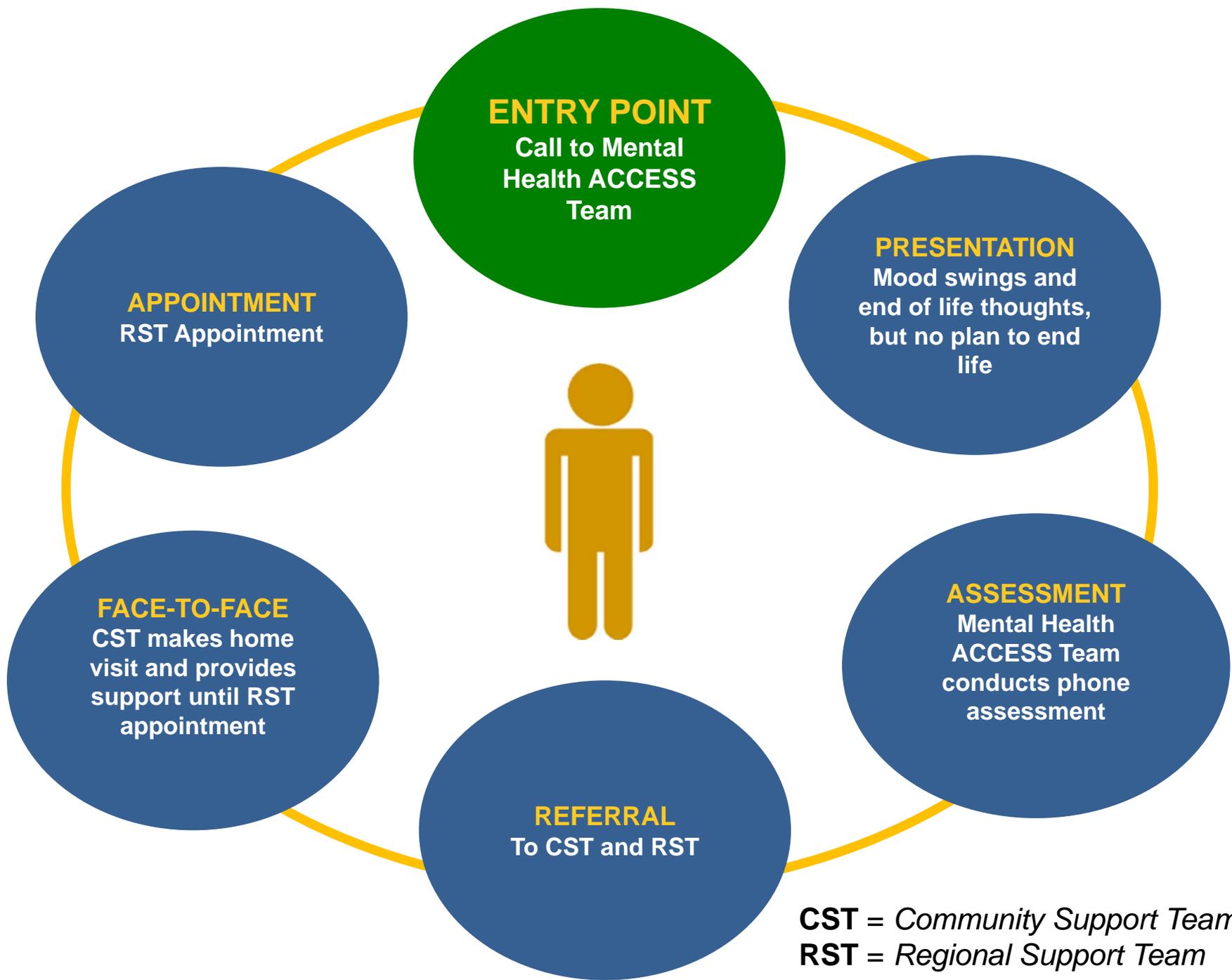
- Prevention & Early Intervention Services
- Outpatient Services
- Residential Services
- Acute Services
- Sub-Acute Services



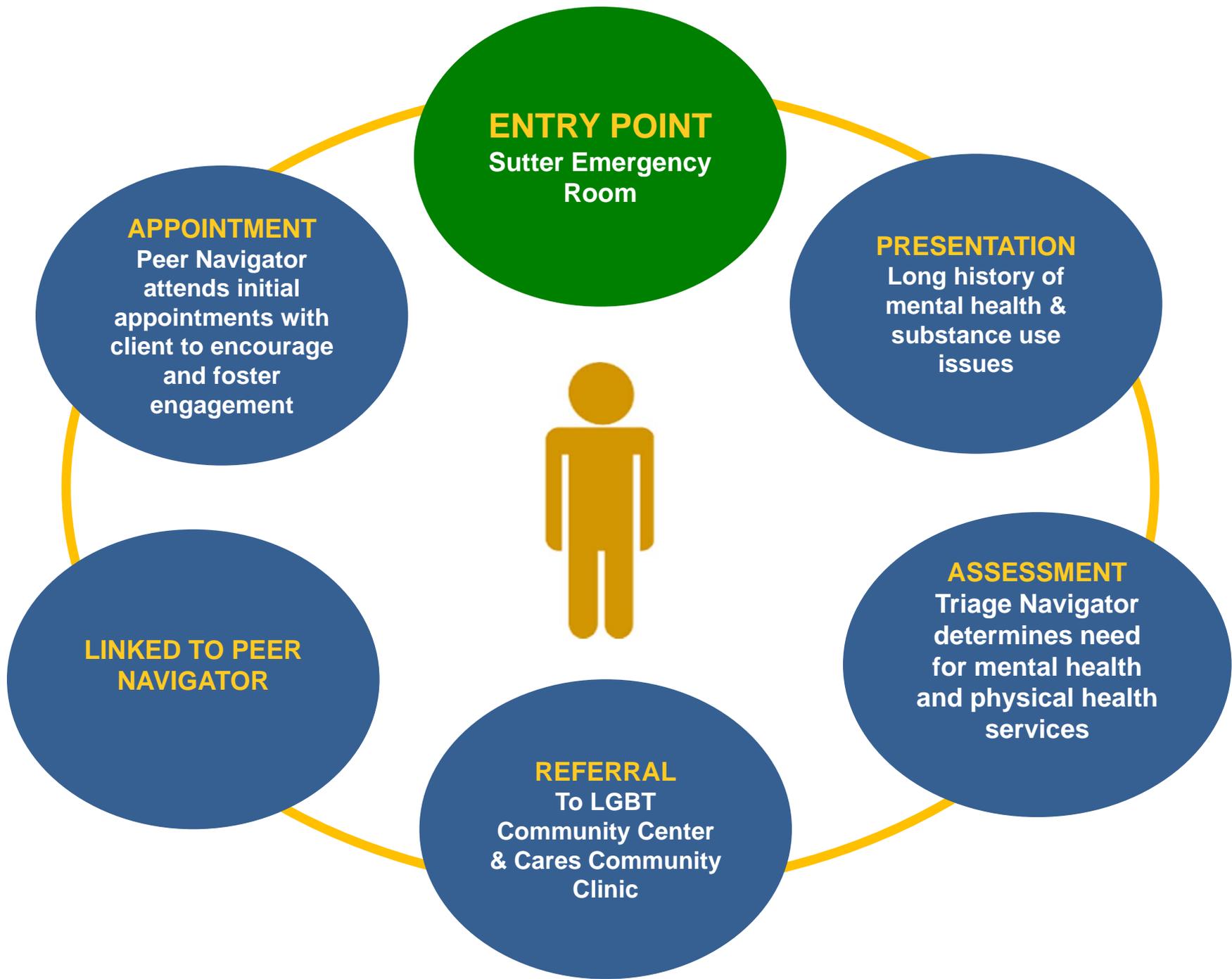
Example Service Scenarios

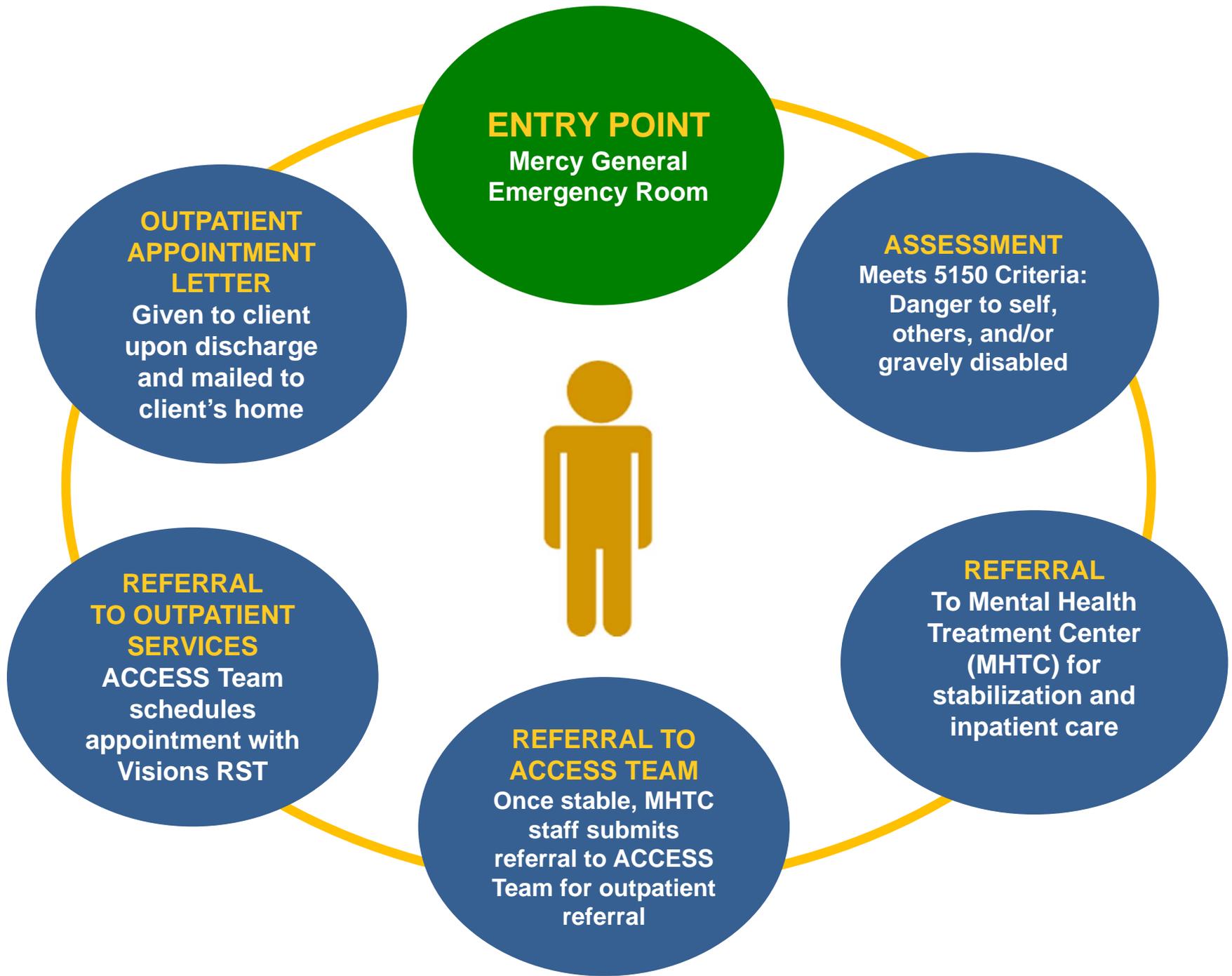


Mental Health Plan



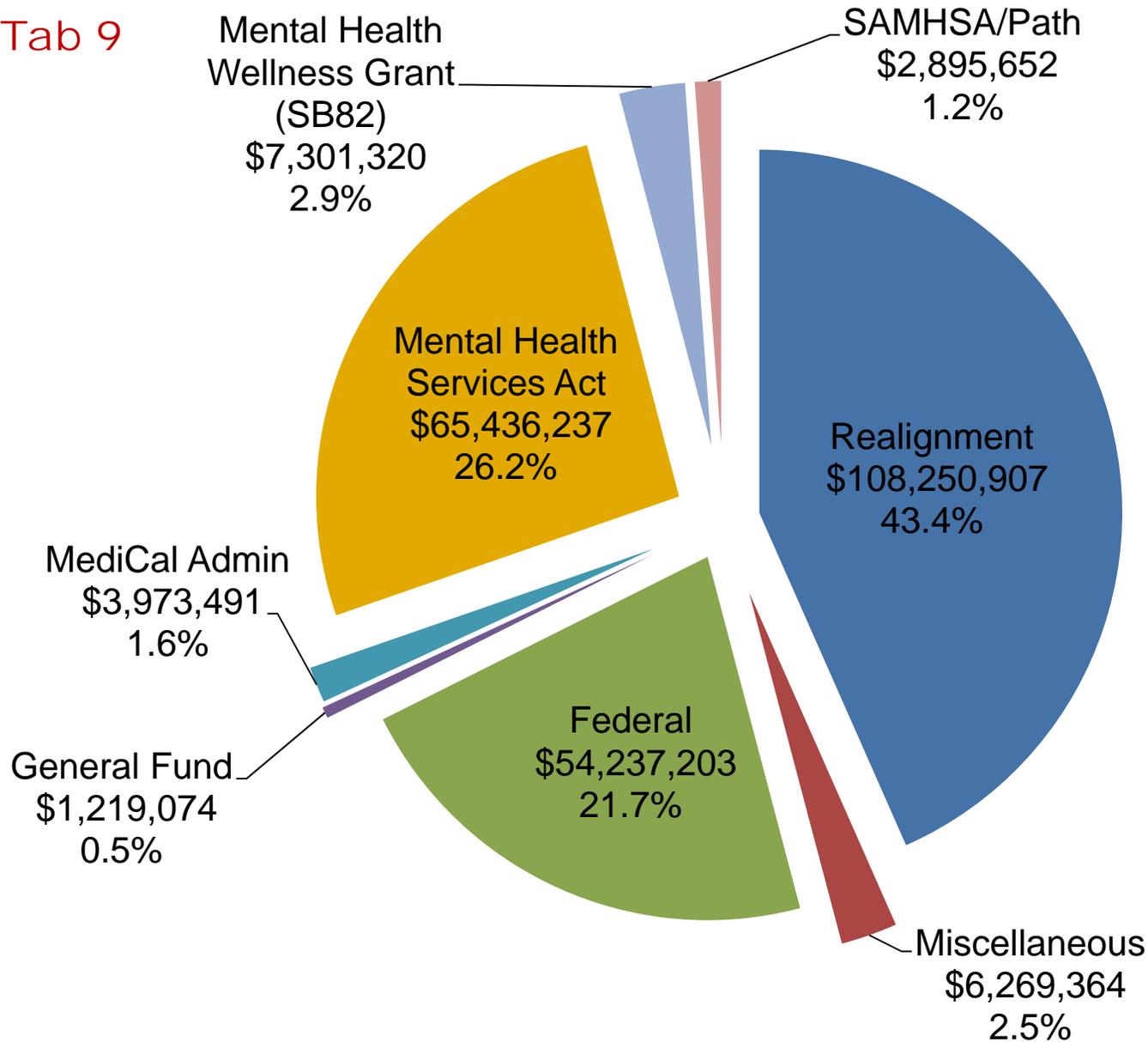
CST = *Community Support Team*
RST = *Regional Support Team*





Mental Health Budget Fiscal Year 2015-16

See Tab 9





Specialty Mental Health

- County Mental Health Plans (MHP) are reimbursed a percentage of their actual expenditures (Certified Public Expenditures-CPE) based on the Federal Medical Assistance Percentage (FMAP)
- County MHPs are reimbursed an interim amount throughout the fiscal year based on approved Medi-Cal services and interim billing rates
- County MHPs and DHCS reconcile the interim amounts to actual expenditures through the year-end cost report settlement process
- DHCS audits the cost reports to determine final Medi-Cal entitlement

1991 Realignment

- Refers to the realigning of the funding and responsibility for mental health services, social services, and public health services
- It represented a major shift of authority from state to counties for mental health programs
- Three revenue sources funded 1991 Realignment
 - *1/2 Cent of State Sales Tax*
 - *State Vehicle License Fees*
 - *State Vehicle License Fee Collections*

2011 Realignment

- Refers to additional realignment that occurred as part of Fiscal Year 2011-12 California State Budget
- Dedicated specific revenue to fund realigned services
 - *1.0625% of Sales Tax*
 - *Motor Vehicle License Fee Transfer to fund law enforcement program*
 - *Realigned services previously funded with State General Fund monies*
 - *Behavioral Health Subaccount used to fund EPSDT, Medi-Cal Specialty Mental Health Managed Care, and Substance Use Disorder services*

How are Funds Allocated?

- State of California distributes Realignment allocation to County of Sacramento
- County Executive's Office works with County departments to evaluate current and future service programs to determine allocation for each department.

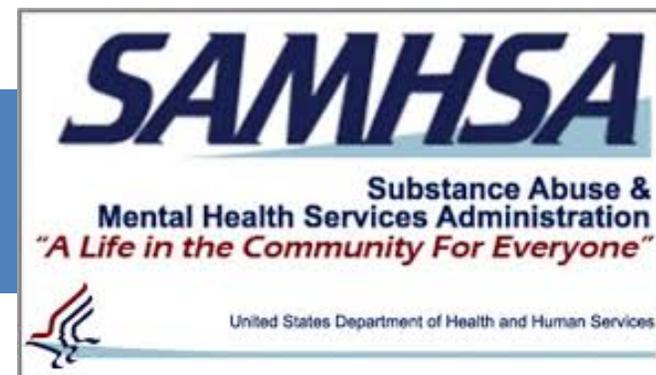
Mental Health Service Categories Funded by Realignment

- Mental Health Administration
- Contracted Beds
- Mental Health Treatment Center
- Children's Mental Health
- Adult Mental Health
- Juvenile Mental Health Medical Services
- Adult Mental Health Correctional Health

SAMHSA PATH Grant

Substance Abuse and Mental Health Administration Projects for Assistance in Transition from Homelessness

Grant provides funding for services to individuals with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or are at imminent risk of becoming homeless.



Mental Health Services Act (MHSA)

- Tax-based revenue and is therefore greatly impacted by the economy.

Five funding components:

1. Community Services and Supports (CSS)
 2. Prevention & Early Intervention (PEI)
 3. Innovation (INN)
 4. Workforce Education & Training (WET)
 5. Capital Facilities & Technological Needs (CF/TN)
- Sacramento County receives approximately 3.16% of State MHSA income tax revenues collected.

MHSA Budget Development

MHSA budget development must consider and is based on the following:

- Sacramento County relies on State MHSA revenue projections to inform our budget preparation and planning. These published projections may be overestimated by \$150-200M annually.
- Programming and activities that have been developed and approved through MHSA community planning processes
- Five MHSA component funding regulations
- Considerations captured in the *FY 2014-15 Through FY 2016-17 Three-Year MHSA Expenditure Plan Funding Summary (see pages 80-81 of the MHSA Fiscal Year 2015-16 Annual Update – TAB 9)*
- Sustaining MHSA approved programs
 - Community Support and Services programming & activities
 - Critical activities in the **time-limited** Workforce Education and Training
 - Critical activities in the **time-limited** Capital Facilities/Technological Needs
 - Sustaining successful and applicable Innovation projects
 - MHSA Housing Program investments
- MHSA funding is also used to leverage other key funding streams, such as Medical and grant funds, to support the entire Sacramento County Behavioral Health Services system.

Senate Bill 82: Investment in Mental Health Wellness Act

Competitive grant program to disburse funds to California counties or to their nonprofit or public agency designates for the purpose of developing mental health crisis support programs.

Specifically, funds will

- Increase capacity for client assistance and crisis intervention;
- Crisis stabilization;
- Crisis residential treatment;
- Rehabilitative mental health services; and,
- Mobile crisis support teams.

Other Funding Sources

■ County General Fund

- Mental Health Treatment Center
- Maintenance of Effort

■ System Partners

- Private Insurance
- Probation Department
- Child Protective Services
- Child Action

■ CalWORKS

- Department of Human Assistance

■ Medi-Cal Administration

- Division Administration
- Fiscal Services
- Avatar
- Contracts Unit
- Mental Health ACCESS Team
- Cultural Competence and Ethnic Services
- Quality Management
- Research, Development, and Performance Outcomes

MHB Members' Annual Obligations

- Members must complete and submit Form 700 on an annual basis
- Members must take AB 1234 Ethics Training; 2 hours of training every two years
- Members are expected to attend all General MHB meetings
 - A member who is absent, whether it be excused or unexcused, from **five** Board meetings in any **12-month period** shall be deemed to have automatically resigned from the MHB
- Members are expected to participate on at least **one** MHB sub-committee, Executive Committee, special committee, or a Division of Behavioral Health Services task force
- The MHB must prepare and submit an Annual Report to the Board of Supervisors.



CALIFORNIA LAW

See Tab 3

CALIFORNIA WELFARE & INSTITUTIONS CODE 5604.2

- Review and evaluate the community's mental health needs, services, facilities, and special problems.
- Review any county agreements entered into pursuant to Section 5650.
- Advise the governing body and the local mental health director as to any aspect of the local mental health program.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Submit an annual report to the governing body on the needs and performance of the county's mental health system.
- Review and make recommendations on applicants for the appointment of a local director of mental health services. The MHB shall be included in the selection process prior to the vote of the governing body.
- Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
- Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.
- It is the intent of the Legislature that, as part of its duties pursuant to subdivision the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.



CALIFORNIA LAW

See Tab 3

CALIFORNIA WELFARE & INSTITUTIONS CODE 5604.5

The Mental Health Board shall develop bylaws to be approved by the governing body which shall:

- a) Establish the specific number of members on the mental health board, consistent with subdivision (a) of Section 5604.
- b) Ensure that the composition of the mental health board represents the demographics of the county as a whole, to the extent feasible.
- c) Establish that a quorum be one person more than one-half of the appointed members.
- d) Establish that the chairperson of the mental health board be in consultation with the local mental health director.
- e) Establish that there may be an executive committee of the mental health board.

See Tab 4 for Bylaws

Conducting MHB Meetings



- MHB Meetings are subject to the Brown Act:
 - It is the intent of the law that actions be taken openly and that deliberations be conducted openly
 - Agenda must be posted at least 72 hours prior to meeting
 - Public may comment on agenda items before or during the meeting
 - Time must be set aside for public to comment on any other matters
- *California Behavioral Health Directors' Association* and the *Local Mental Health Boards and Commissions* highly recommend using Robert's Rules of Orders to conduct Mental Health Board meetings
- Members should abide by the Mental Health Board adopted *Comfort Agreement* (*see inside cover of binder*)

What the MHB Can and Cannot Do

- The MHB serves in an advisory capacity to the Board of Supervisors and the Mental Health Director.
- The MHB can advise on policy and procedures. It cannot determine or implement policy.
- Consistent with its advisory role, the MHB can and should research and investigate the County's mental health needs, services, facilities and problems.
- The MHB does not have the authority to enforce any of its recommendations or findings, other than to make recommendations to the Mental Health Director or the Board of Supervisors.

The Relationship Among the MHB, Board of Supervisors, County Staff, and Others

- The law defines the relationship between the MHB and the Board of Supervisors and the MHB and the Mental Health Director as an advisory role.
- The law does not provide the MHB with any authority over County staff or others beyond its role as an advisory body to the Board of Supervisors and the Mental Health Director.

