

Sacramento County Public Health Advisory Board

Meeting Minutes

March 7, 2018 (12:07 PM - 1:25 PM)

Meeting Location

Primary Care Center
4600 Broadway
Sacramento, CA 95820
Conference Room 2020

Moderator:

Dr. Steven Orkand

Scribe:

Theresa Vinson

Board Attendees:

Felicia Bhe, Jofil Borja, Paula Green, Steve Heath, Olivia Kasirye, Farla Kaufman, Barbara Law, Steve Orkand, Emmanuel Petrisor, Jeffrey Rabinovitz, Cristina Slee, Kimberly Sloan, Phillip Summers, Kathleen Wright, Jack Zwald

Board Members Excused:

Martha Moon

Board Members Absent:

Guest Speakers:

Uma Zykofsky, Director, Division of Behavioral Health Services
Organized Delivery System Waiver (ODS), Sacramento County

Jane Ann Zakhary, MHSA Program Manager, Division of Behavioral Health Services
Mental Health Services Act (MHSA), Sacramento County

Guests:

Sherri Chambers, Pamela Harris, Lori Miller, Stacey Volcy.

Meeting Opened at 12:03 PM

Welcome and Introductions

Dr. Orkand welcomed PHAB members and guests.

Minutes Review

Minutes from the February meeting were approved.

PHAB Vacancies and Appointments

PHAB is completely staffed at this time.

Public Health Division

Due to the lengthy Agenda, Public Health deferred the monthly update.

Dr. K will provide the latest report from Kaiser regarding the flu epidemic before next meeting.

Primary Health Services Division

Due to the lengthy Agenda, Primary Health Services deferred the monthly update.

Presentation A

Uma Zykofsky, Deputy Director, Behavioral Health Services

Organized Deliver System (ODS) Medi-Cal Drug Waiver, Sacramento County

Many advisory boards have expressed interest in this waiver. Substance abuse touches many parts of our communities, homeless continuum, Public Health, Primary Care and Mental Health. There are many initiatives such as the opioid task force and others that bring us together. The ODS waiver is very important, and it is a public health related matter.

Sacramento County has a meth workgroup focused around the homeless, and others with socio economic challenges, as well. There is the Children Strategic Prevention Plan and many other programs that are interrelated to this waiver. The support of the advisory boards is necessary, and very much appreciated.

California has a Medicaid plan at the State level which has many different waivers that do different things within its hospital waiver, which ODS is part of. The goal is to put something into the waiver to provide better services, reduce costs, and hopefully produces positive outcomes with clients; this is the framework for California going into this waiver. Waivers are about the experience of the client, the quality of service provided, and amending/reducing the costs. Many systems already in place will be positively affected by the ODS Waiver because the waiver having positive outcomes. Approximately 8 states have opted into the ODS waiver, in addition to California. California was the first to be approved but there are another 10 states currently reviewing the waivers.

Waiver Authority

The DMC-ODS Pilot Program is authorized and financed under the authority of the state's 1115 Bridge to Reform Waiver.

The purpose of 1115 waivers is to demonstrate and evaluate policy approaches that improve care, increase efficiency, and reduce costs.

Demonstrations must be "budget neutral," which means that during the course of the project federal Medicaid expenditures will not be more than Federal spending without the waiver.

The DMC-ODS Pilot Program will be elective for 5 years.

***5-Year State-Wide Demonstration Project**

2015-2020

53 Counties Expressed Interest

- Phase I Bay Area (in progress)
- Phase II Southern California
- **Phase III Central Valley (Sacramento County)**
- Phase IV Northern California
- Phase V Tribal Delivery System

The continuum of care for Substance Use Disorder (SUD) services is modeled after levels identified in the American Society for Addiction Medicine (ASAM) criteria

Critical Elements of the DMC-ODS Pilot Program include:

- Continuum of care modeled after ASAM
- Increased local control and accountability

- Greater administrative oversight
- Utilization tools to improve care and manage resources
- Evidence-based practices
- Coordination with other systems of care
- Special considerations for the criminal justice population
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Youth and adults are covered in this waiver. This waiver allows all levels of care with reimbursable benefit.

Benefits of Waiver

The continuum of care for SUD services is modeled after levels identified in the ASAM criteria
 Counties are responsible for most levels; however, a few of them are overseen / funded by other sources
 Counties may implement a regional model with other counties
 Counties may contract with providers in other counties in order to provide the required services

Current Standard Benefits

- Existing Statewide Medi-Cal SUD Treatment Services Include:
 - ❖ Outpatient Drug Free Treatment
 - ❖ Intensive Outpatient Treatment
 - ❖ Naltrexone Treatment (with TAR)
 - ❖ Narcotic Treatment Program
 - ❖ Perinatal Residential SUD Services (limited by Institutions for Mental Disease (IMD) exclusion)
 - ❖ Detoxification in a Hospital (with TAR)
- These benefits will remain available to all Medi-Cal beneficiaries, including those in non-pilot counties
- Residential Services – Today
- CA's state plan **currently limits** residential SUD services to perinatal beneficiaries
- Federal matching funds are only available for services provided in facilities not considered IMDs (i.e. 16 bed max)
- No coverage of residential SUD services for non-perinatal beneficiaries (by Drug Medi-Cal)

Drug Medi-Cal Waiver Services & Requirements (Opt-in Model)

BOLD = New Services

Early Intervention

Outpatient Services

Residential Treatment

Medication-Assisted Treatment (MAT)

Withdrawal Management

Additional Medication-Assisted Treatment (MAT)

Recovery Services

Case Management

Physician Consultation

Coordination with Criminal Justice and Hospitals

Increased Quality Assurance

An implementation plan and a fiscal plan has to be developed for the State to review and approve the ODS Waiver. Sacramento County has completed them in preparation to be sure we are ready for the Board of Supervisors (BOS) to make a decision. The fiscal plan includes; rates the State support and agree with the County for different levels of care. Historically, Sacramento County has had lower reimbursement rates than surrounding counties. This is a onetime opportunity to look at the fiscal plan viability, along *with* the State to see how Sacramento compares with other counties, and what it takes to deliver services based on actual cost reports, etc. Both plans go to the State then to the Federal government; no services are delivered until the Federal government has approved.

1. County Implementation Plan approval by DHCS and CMS
2. Waiting on County Fiscal Plan approval by DHCS and CMS
3. Waiting for DHCS to approve County rates (Sacramento County is currently at this step (3)).

Next Steps:

1. Provider Readiness Review scheduled April 2018
2. Development of State/County contract
3. Proposed DMC ODS Waiver Status Report to Board of Supervisors, April 2018
4. County Annual Budget Hearings, June 2018

Note: There are elements in the waiver that would help support homeless population. Current Medi-Cal data indicate we serve about 30 percent, however, we expect a better level of care for homeless with this waiver. Currently, we fund no case management services, no after care or help with housing, treatment only. This waiver will make federal funding for case management services associated with addiction treatment available. Also, we have a waiting list as there is no residential treatment.

Presentation B

Jane Ann Zakhary, MHSA Program Manager
Mental Health Services Act Overview, Sacramento County

The Mental Health Services Act originated as Prop 63, and passed in California in 2004, and is now known as MHSA. It authorizes a 1% per tax on personal income over \$1 million. The goal of MHSA is to reduce long-term negative impact resulting from untreated mental illness. The budget for 2017-18 is over \$75 million, and is about 25-30 percent of the overall Behavioral Health Plan.

Program activities are divided by five Essential Elements:

Wellness, Recovery and Resilience

Cultural Competence

Client and Family Drive Mental Health System

Integrated Service Experience

Community Collaboration

There are five MHSA Components:

Community Services and Supports

Prevention and Early Intervention

Workforce Education and Training
Innovation
Capital Facilities and Technological Needs

The CSS Component provides funding for MH treatment for all ages
In FY 2015-16, our full service partner programs saw 1,792 unduplicated clients

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CSS Full Service Partnership FY2015-16 Program Outcomes

- Hospitalizations decreased by 51%
- Hospital days decreased by 85%
- Arrests decreased by 65%
- Incarcerations decreased by 72%
- Incarceration days decreased by 55%
- Homeless occurrences decreased by 63%
- Homeless days decreased by 83%
- Employment rate increased by 11%
- Partners with Primary Care Physicians increased by 23%

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MHSA Housing Program Accomplishments

- Housing for homeless individuals living with mental illness
- Local investment of \$16 million in MHSA funds
- Leveraged over \$130 million of federal, state and local funds resulting in hundreds of units
- 161 units are dedicated to MHSA tenants
- At any given time, 660 households with a total of about 760 homeless persons with mental illness are housed thanks to MHSA funding in Sacramento
 - Expansion effort underway to increase the number of households housed in 2018

Prevention and Early Intervention (PEI) Component

- Provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling
- In Fiscal Year 2015-16:
 - Approximately 7,200 individuals served across PEI programs
 - More than 139,000 individuals received universal screenings
 - More than 17,000 callers accessed the Suicide Crisis Line

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Workforce Education and Training (WET) Component

- Time limited funding with a goal to recruit, train and retain diverse culturally and linguistically competent staff for the public mental health system
- Activities are sustained with CSS funding
- Consists of eight previously approved Actions
 - Highlights include ongoing participation in law enforcement training; two high schools implementing behavioral health curriculum; Mental Health First Aid (MHFA) training for community and system partners and Youth MHFA training; Mental Health Interpreter Training; and Wellness Recovery Action Plan (WRAP) Facilitator Training

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Innovation (INN) Component

- Provides funding to test new and/or improved mental health practices or approaches with the goal of increasing access, increasing the quality of services, or promoting interagency collaboration
 - Projects are limited to five-year term or less
 - Successful projects may be sustained with CSS and/or PEI funding, as appropriate based on funding requirements and system needs

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INN Component (continued)

- INN Project 2: Mental Health Crisis/Urgent Care Clinic
 - Adapts urgent care clinic/medical model to provide crisis response/care for individuals experiencing a mental health crisis
 - Adaptations will focus on: Crisis Program Designation; Direct Access; Ages Served; and Medical Clearance Screening Pilot
 - Clinic opened in November 2017

INN Component (continued)

- Proposed INN Project 3: Behavioral Health Crisis Services Collaborative
 - Project was developed as a result of local community planning
 - Public/private partnership with Dignity Health and Placer County with the intent to establish integrated adult crisis stabilization services on a hospital emergency department campus in northeastern Sacramento County

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Capital Facilities and Technological Needs (CF/TN) Component

- Capital Facilities Project – Approved in July 2012 and completed in late 2015
 - Renovated the three building at the Stockton Blvd complex that house the APSS Clinic, Peer Partner Program and INN Project 2: Mental Health Crisis/Urgent Care Clinic
 - Renovations allowed for an expansion of service capacity with space for additional consumer and family-run wellness activities and social events

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CF/TN Component (continued)

- Technological Needs Project – Began in Fiscal Year 2010-11
 - Furthers the County's efforts in achieving the federal objectives of meaningful use of electronic health records to improve client care
 - Currently in Phase 4 of Sacramento Health Information Exchange (SacHIE) Project

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MHSA Three-Year Program and Expenditure Plan

- Plan spans Fiscal Years 2017-18, 2018-19, 2019-20
- February 5, 2018 – March 7, 2018: Draft Plan posted for 30-day public review and comment
- March 7, 2018: Mental Health Board conducts Public Hearing at the close of the public comment period
- March 8 – 16, 2018: Staff reviews and responds to public comment and input received and makes any necessary changes
- March 2018: Final MHSA Three-Year Plan is submitted to the Board of Supervisors for approval

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(Please refer to the handout for a complete list of the MHSA Components or the website at <http://www.dhs.saccounty.net/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/BC-MHSA-Steering-Committee.aspx>)

There will be two updates to this plan over the next two years, following there will be another three year plan presented to the Board of Supervisors.

Announcements

1. HIV Planning Council - Gloria Gaytan (candidacy) was accepted without opposition. Dr. Orkand will provide notification to the program planner.

2. A motion was made, and passed to prepare a letter of support from PHAB to the BOS in support of the ODS Waiver.

Adjourn

The meeting was adjourned at 1:30 PM.

Submitted by Theresa Vinson, Scribe and Dr. Steven Orkand, Chair

Next Meeting of PHAB:

May 2, 2018, 12:00 PM - 1:30 PM

Primary Care Center, Conference Room 2020

4600 Broadway

Sacramento, CA 95820