

MHB General Meeting Minutes

March 4, 2015

Sacramento County Administration Building

700 H Street

Sacramento, CA 95814

Hearing Room 1

Meeting Attendees: Tom Campbell – Chair; Len Marowitz – Vice Chair; Sarah Jain; Laura Bemis; Courtney Hedges; Brian Brereton

Absent: Michael Hansen, Supervisor Patrick Kennedy, Elizabeth Emken

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	Tom Campbell, Chair, called the meeting to order at 6:02 p.m. A. Approval of March 4, 2015 Agenda: Len Marowitz moved to approve the Agenda and Brian Brereton seconded: Ayes, Unanimous, Motion Passed. B. Approval of February 4, 2015 General Meeting Minutes: Len Marowitz moved to approve, Sarah Jain seconded: Ayes, (4) Abstain, (1), Motion Passed. C. Tom Campbell 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 reported <ul style="list-style-type: none">• Expert Pool Town Hall Meeting The last meeting was at TLCS. The discussion centered on benefits – highlighting Pass Plan, the “Plan to Achieve Self Support.” The next meeting is on April 10, 2015 at Asian Pacific Community Counseling (APCC). (Attachment A)• The Consumer Speaks Conference will be on June 26, 2015. Matthew Federici, the Executive Director of Copeland Center will present on the Impact of Peer Support. (Attachment B)• Mathew Federici will return in the fall to offer a WRAP Certification Training• Ongoing WRAP Groups are open to the community

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	<p>– 8 week groups (Attachment C and D)</p> <p>Question and Responses</p> <p>Sarah Jain asked if there are Training/Education Modules available on nutrition, etc.</p> <p>Andrea is a Whole Health Action Management (WHAM) certified trainer. WHAM is about overall wellness, including physical needs. Dates for the training offered to the community will be available at the next meeting.</p> <p>Len Marowitz asked how many people NorCal MHA in Sacramento County serves.</p> <p>NorCal MHA will provide numbers at next meeting</p> <p>The Division can provide the information from the contract showing the number and the range of things NorCal MHA does.</p> <p>B. Association of Mental Health Contractors (AMHC) Report</p> <p>Laura Heintz, President</p> <ul style="list-style-type: none"> • The association is waiting for the next step of MHSA implementation, and the 2% increase for maintenance of service request, the first increase for infrastructure in 15 years. • At state level, there is talk about additional dollars coming to the county through MHSA, Affordable Care Act (increased Medi-Cal) and County Realignment. The association is hopeful dollars will be used to improve timeliness to services. <p>C. Law Enforcement Report</p> <p>No announcements</p>
<p>III. MHB Announcements and Participation in Committees, Meetings, Conferences</p>	<p>A. MHB Announcements (5 minutes)</p> <p>Tom Campbell announced:</p> <ul style="list-style-type: none"> • Leoma Lee, public interest representative, resigned and she will be missed. • Secretary and Budget Subcommittee positions need to be filled. <p>At the advice of John Reed, County Counsel, the Secretary position needs to be placed on</p>

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	<p>agenda for next meeting.</p> <p>The MHB referred to bylaws to refresh on the role of the Secretary. It is an opportunity for MHB to think about the functions of this position. When the Bylaws changes are adopted, there will be five member Executive Committee; including the Secretary.</p> <ul style="list-style-type: none"> • Budget Subcommittee – Len Marowitz-alternate offered to be the liaison to the committee. Chair may appoint this position. • MHB members were asked to provide their contribution to the Annual Report so it can be completed, and then approved at the April meeting. <p>Laura Bemis shared:</p> <ul style="list-style-type: none"> • She attended the 7th Annual International Stop the Stigma Conference in San Francisco. • She is doing Wrap training now. • Transitional Age Youth (TAY) are going to be a featured group for the Mental Health Month event. She encouraged the MHB to attend for youth perspective. <p>Len Marowitz arranged visits to programs which is one of the 2015 Goals</p> <ul style="list-style-type: none"> • March 16, 2015 11:00 am at Dignity’s Rancho Cordova Children Program; 2:00 pm at CAPS • El Hogar Guest House possible dates are March 12, 2015 at 1:00 pm or March 13, 2015 at 2:00 pm <p>B. Subcommittee Budget Meeting –Alternate Len Marowitz (5 minutes)</p> <p>The next MHB Budget Subcommittee Meeting is scheduled for March 17, 2015. Len Marowitz will chair the meeting in Leoma Lee’s absence.</p> <p>C. Mental Health Services Act (MHSA) Steering Committee – Brian Brereton (5 minutes)</p> <ul style="list-style-type: none"> • Brian provided a 2009 handout explaining the difference between CSS and PEI • The Respite Partnership via Sierra Health

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	<p>Foundation programs were presented. Brian presented the services, funding received and purpose of each program.</p> <ul style="list-style-type: none"> • The recommendations of the MHB are being addressed with the new programs. • Brian recommended <ul style="list-style-type: none"> ○ the MHB solicit identification of gaps, there are still gaps like law enforcement ○ the MHB hear input on the services received by the respite programs <p>D. Quality Improvement Committee (QIC) – Len Marowitz (5 minutes)</p> <ul style="list-style-type: none"> • Cultural Competence foundational training utilizing the California Brief Multicultural Competence Scale (CBMCS) continues to be implemented. • Medication Monitoring Committee approved new criteria for medication monitoring. • Mobile Crisis Teams is expected in spring. • Navigators scheduled to roll out on July 1, 2015. • TLCS Crisis Respite Center diverted about 300 people from ERs in the past year. They served 1400-unduplicated clients. • Children’s area: there are 6-7 high-level manager vacancies with positions slowly being filled. <p>E. Other Member Participation Updates/Report Backs (concerning county mental health programs) (10 minutes)</p> <p>Laura Bemis went to the NAMI meeting, Sarah Jain will attend the next 3 months.</p> <p>Laura spoke with a police officer who is willing to give a Police report at the MHB meetings. She has earned trust with the consumer population and is the officer assigned to the Mobile Crisis Team.</p>
<p>IV. Presentation (30 minutes)</p>	<p>A. Crisis Service Continuum</p> <p>Paul Lake, Deputy County Executive</p> <p>Paul expressed a firm commitment to work on the issue of rebalancing the mental health system</p>

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	<p>between inpatient and outpatient. In this work, the County met with hospital systems, emergency responders, and other system partners to develop recommendations. They will take the recommendations to BOS on March 24th at 10:30.</p> <p>Uma Zykofsky, Deputy Director presented the Framework to Rebalance the Mental Health System: Report to the Mental Health Board (Attachment E). John Boyd, Hospital Systems, supported the presentation.</p> <p>John Boyd</p> <p>These recommendation look for ways to improve care for those most in need. When people use the ER, they are over-hospitalized, are on unnecessary 5150s; and stay on 5150s longer. 1500-1700 clients per month are showing up in ERs and new Psych Hospitals are being built to accommodate the over hospitalization.</p> <p><u>Clarification of earlier comments</u></p> <p>The 3-year Respite Partnership programs are part of an Innovation Project. If the projects are successful and add value to the system, the Division will try to find a way to include and fold them into prevention or other MHSA service components. The idea is to use the new program designs to make the rest of the system better. This will be discussed at the next MHSA Steering Committee meeting.</p> <p>Questions and Responses</p> <p>Len Marowitz</p> <p>Is the level of treatment for people dependent on diagnosis? What is the breakdown of diagnosis? Can they move to level of treatment based on diagnosis? Can they be put in lower level treatment settings?</p> <p>The diagnosis is not at question, but the presentation in crisis (functional impairment) is more of a driver for the level of care needed. Literature shows psychiatric hospitals and crisis residential programs are both equally effective as far as successful treatment. It is the acute moment that needs to dealt with in the acute setting.</p> <p>Do they need to be in a locked setting or in a controlled setting?</p>

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	<p>This plan is trying to create more levels of controlled community based settings that are closer to a homelike setting and offer opportunities to build coping skills.</p> <p>Different diagnosis speak to different illnesses, there are many diagnoses with different presentations, during acute crisis, how do these people present? What are you dealing with?</p> <p>When people are being considered for 5150, they are having frequent psychosis; they are often removed from reality. Many can be stabilized in 2 or 3 days but there is not a discharge route to get them to an appropriate level of care, so they stay in the hospital longer. The plan being designed is trying to create these discharge routes.</p> <p>Courtney Hedges clarified the idea of baby steps back home so they do not use high levels of care if they do not need it, but have the right level of care.</p> <p>John Boyd stated the physical design of the ER increases the crisis, and ER treated patients spend more time in hospital. The recommendations would allow clients to be in a place where there is a peer supported, recovery model focused on meeting the needs of the individual. In a care setting, treatment begins immediately, an ERs can take 24 to 48 hours before treatment begins; these are important essential hours to these individuals.</p> <p>How long does it take to get a person out of acute crisis into a stable level? What is the range?</p> <p>The time to stabilize is very individualized; it depends on what caused the crisis. Some may have serious mental illness and respond well to medication, or have good support system that gets them out sooner, or they have drugs in their system, which takes longer. The lack of a good detox program in our community impacts this.</p> <p>1500-1700 people per month coming to ERs, can it be broken down to the acuteness of condition?</p> <p>All EDs are impacted. 25%-45% of persons presenting in an ER are stabilized in 24 hour. A well-designed care system can stabilize 50-75% of the people in first 24 hours and get the person back into supportive setting. 75% of people stay on holds</p>

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	<p>longer in ER because they do not get treatment or they are waiting for bed to be available.</p> <p>A psych hospital is being built in South Natomas. Is this going to happen? Is it going to be part of this?</p> <p>The Division cannot speak to this. What is being presented here is independent of any new psychiatric hospital.</p> <p>Regarding urgent care rapid response funding of \$5.7m, would the county be purchasing facilities/buildings with this money?</p> <p>SB82 funds can be used to purchase, renovate, lease by the county or a county contracted agency. The urgent care project is not part of SB82. The Division will return at future date with an update on the urgent care project.</p> <p>What is the dollar amount for the Urgent Care and where will it come from?</p> <p>The Division will go to the MHSA Steering Committee with a Concept Paper to request approval to plan and size the urgent care project in March.</p> <p>It would be good to have several crisis response that teams can go out and clients can come in with the flexibility to do both, and be able to prescribe medication.</p> <p>There does need to be a place to get medications. The Division will invite the MHB to meetings once they are scheduled.</p> <p>Brian Brereton</p> <p>Brian commended the MHSA Steering Committee because they understood the need. Even if they did not approve immediately, there was a unanimous agreement to create the Concept Paper.</p> <p>He gave an account of his experience of the ER as a first responder and a family member – not an environment where [people with mental health issues] should be.</p> <p>Brian stated he is supportive of this proposal and think that the MHB needs to support it.</p> <p>Nav Gill recommended the MHB pick one person to speak at the March 24, 2015 10:30 hearing or</p>

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	<p>provide a letter of support or both.</p> <p>Tom Campbell</p> <p>What involvement is envisioned for the MHB beyond March 24th?</p> <p>First, maintain involvement with the MHSA Steering Committee, continue utilizing that forum.</p> <p>Second, the Division</p> <ul style="list-style-type: none"> • will bring back status of the project • will be utilizing the members, to have a voice at the table or bounce ideas to for the MHB to deliberate • will share Board Letter when available <p>Third, Nav Gill and Paul Lake will come back to this meeting, as they are needed, to provide updates.</p> <p>What is the most helpful to the effort?</p> <p>Nav Gill stated the MHB’s feedback read into record is helpful. The Board of Supervisors wants to know, “is this system going to work?”</p> <p>Counsel advised,</p> <p>The MHB must conduct an Executive or Emergency meeting to approve letter or outline for speaker to the Board of Supervisors.</p> <p>Members can speak as an individual but must identify themselves as such.</p> <p>It is consistent with Welfare and Institutions Code (WIC), that the MHB provides advisement to the Board of Supervisors.</p> <p>Tom Campbell, Chair, called an Emergency Meeting of the MHB next Wednesday, March 11, 2015, for purpose of reviewing and approving a letter of support. Tom Campbell will draft and disseminated prior to meeting.</p>
<p>V. 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> <ol style="list-style-type: none"> 1) The first pilot training for Adult MH Providers, “The Intersection Between Mental Health and Child Welfare” was last Friday. The training will roll out to entire adult system next month and take place on a monthly schedule.

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	<p>2) 3-year MHSA plan is going to BOS for approval on April 7th. Once approved, the Division can roll out contracts. The RST expansion should be executed by July 1 and the FSP expansions related to the crisis continuum will be executed first, then the others.</p> <p>3) Mobile Teams and Navigator Project are moving along. Timelines will be presented next month. Work is going on with Law Enforcement partners</p> <p>4) Child Welfare IVE waiver – The Davison is working with Child Welfare and Probation.</p> <p>5) UCD Center for Health Care Excellence received a \$6 million grant to do research on evidence-based practices that work for MH clients. County contractors have received requests to see if our programs are working or not. The Division will benefit from seeing research for our own programs.</p> <p>6) UCD is interested in collaborating with the Division on urgent care/rapid response; they will contribute the evaluation component.</p> <p>7) No report yet from EQRO or the other Medi-Cal audit – The Division will share findings as soon as received.</p> <p>B. MHB Member’s Questions Related to Director’s Report</p> <p>A statewide organization put out paper advocating for Peer Certification in California. If able to give input to state level as a county, should support it. If this changes, the Division will not be dependent on the provider to give them their peers.</p> <p style="padding-left: 40px;">There is a bill in legislature to promote peer certification; it is about the type of service providers allowed to work in Medi-Cal programs and the other programs.</p> <p>Mobile Crisis Team – Will there be peer components supporting the team.</p> <p style="padding-left: 40px;">Yes, peers support them. The Division will come back later to do a refresh on the design. Kelli Weaver explained the current design.</p>

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<p>VI. Action Items</p>	<p>A. 2015 Goals:</p> <p>Tom Campbell, Chair, presented the 2015 Goals created at the Annual Meeting. (Attachment F)</p> <p>Courtney Hedges moved to approve goals as written, Laura Bemis seconded, Ayes: Unanimous, Approved.</p> <p>2015 Goals will be included in 2014 Annual Report.</p> <p>B. Human Services Coordinating Council:</p> <p>There will be room for a third member in the near future. It will be discussed at a future meeting.</p> <p>In order to serve on the Human Service Coordinating Council (HSCC), a vote of the MHB is required. The Board must vote for Len Marowitz and Tom Campbell to continue on the Council. Laura Bemis moved to continue Len Marowitz and Tom Campbell as delegates to the HSCC, Courtney Hedges seconded. Ayes: Unanimous, Approved.</p>
<p>VII. Public Comment (two minutes per comment)</p>	<p>Do we have brochures to distribute potential members of the MHB? Billee Willson will give brochures to Laura Bemis.</p> <p>An appeal was made to the audience to apply to become MHB members.</p>
<p>VIII. Next Meeting/Adjournment</p>	<p>A. Next Meeting: Emergency Meeting of the MHB March 11, 2015 6:00 pm</p> <p>B. Adjournment: 8:07 pm</p>

Approved at MHB General Meeting 04/01/15