**MHB General Meeting Minutes**
August 5, 2015

**Sacramento County Administration Building**
700 H Street
Sacramento, CA 95814
Hearing Room 1

**Meeting Attendees:** Tom Campbell – Chair; Len Marowitz – Vice Chair; Ann Arneill-Py Laura Bemis, Elizabeth Emken, Supervisor Patrick Kennedy and Anne Slakey

**Absent:** Brian Brereton, Michael Hansen, Courtney Hedges and Sarah Jain

**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**<br>**Welcome and Introductions** | Tom Campbell - Chair, called the meeting to order at 6:06 p.m.<br>The two new MHB members, Anne Slakey and Ann Arneill-Py, introduced themselves and shared some of their background.<br>**A. Approval of August 5, 2015 Agenda:**<br>Len Marowitz moved to approve the Agenda and Elizabeth Emken seconded: Ayes (7), Abstain (1), Motion Passed.<br>**B. Approval of June 3, 2015 General Meeting Minutes:**<br>Elizabeth Emken moved to approve the June 3, 2015 minutes as written, Laura Bemis seconded: Ayes, Unanimous, Motion Passed.<br>**C. Approval of July 1, 2015 General Meeting Minutes:**<br>Elizabeth Emken moved to approve the July 1, 2015 minutes as written, Laura Bemis seconded: Ayes (5), Abstain (2), Motion Passed.<br>**D. Comfort Agreement:**<br>Len Marowitz read the Comfort Agreement. |
| **II. Announcements and Advocacy Reports** (two minute reports) | **A. Youth, Adult, Older Adult and Consumer Advocacy Report**<br>Blia Cha, Adult Family Advocate<br>• The External Quality Review Organization |

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| | (EQRO) began their review yesterday and will finish tomorrow. The advocates were involved in finding consumers and consumer and family member employees to participate in the focus groups. The focus groups are not open to the public.<br>• The forum to obtain input from the community on an Urgent Care Clinic was announced (Attachment A). The forum is scheduled for August 10, 2015 from 10 a.m. to 2 p.m. A future forum will be held for providers.<br>**B. Advocacy and Peer Provider Programs**<br>Frank Topping announced a TV production, by WIND Youth Services, would air on Saturday, September 5, 2015 at 7pm on Channel 17. He recommended a WIND presentation be given to the MHB.<br>The MHB was reminded some MHB members made a site visit to WIND and WIND made a presentation to the MHB last spring.<br>**C. Association of Behavioral Health Contractors (ABHC) Report**<br>Dawniel Zawala, ABHC Secretary<br>• Their brochure has been updated with the Association's new name.<br>• ABHC is working in partnership with DBHS on capacity issues. The data being reviewed includes service types, number of referrals, number of client served in different services. This information will assist providers to tailor efforts in addressing capacity issues.<br>• ABHC met with Supervisor Kennedy on July 30, 2015. He shared his policy vision related to youth and juvenile justice issues. ABHC is looking forward to working with Supervisor Kennedy and providing subject matter experts on policy issues.<br>MHB requested ABHC to bring brochures to the next meeting. |

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| | C. **Law Enforcement Report**<br>Kim Mojica, Sheriff's Department<br>Over 2000 individuals have been trained in CIT in the past 18 months. Kim is currently teaching a 24-hour class to a cross-section of law enforcement from across the state.<br>The California Peace Officers Association taught its first 8-hour class in Redding. Five more classes are scheduling for August and September in the north valley.<br>The fiscal year began June 1, 2015 so funding is now available to pay the instructors.<br>Sgt. Kim Munoz had replaced Lt. Chad Lewis who covered the mental health area.<br>MHB comment: Senator John Cornyn from Texas supported funding of CIT. The bill has lots of support and may get to President's desk. |
| **III. MHB Announcements and Participation in Committees, Meetings, Conferences** | **A. MHB Announcements (5 minutes)**<br>• Tom Campbell announced the Executive Committee will meet on September 2, 2015, time to be determined.<br>• Laura Bemis announced the NAMI Convention in Newport Beach on August 21 and 22, 2015.<br>**B. Subcommittee Budget Meeting – Len Marowitz or Alternate (5 minutes)**<br>• The next Budget Subcommittee meeting is in September; Len Marowitz will communicate the meeting date.<br>• The Budget Subcommittee is a subcommittee to the MHB. Uma Zykofsky, DBHS budget staff, Len Marowitz, Brian Brereton and Elizabeth Emken attend this meeting.<br>The MHB will be reviewing the Committee Liaisons list in the near future.<br>**C. Mental Health Services Act (MHSA) Steering Committee – Brian Brereton or Alternate (5 minutes)** |

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| | • The Steering Committee discussed the SB 82 grant of $5.8 M for three crisis residential centers. A competitive selection process RFP will be issued.<br>• The Steering Committee discussed how MHSA funds are received and expended. For more information, contact Jane Ann LeBlanc.<br>**D. Quality Improvement Committee (QIC) – Len Marowitz (5 minutes)**<br>• The meeting was cancelled due to the sad passing of the chair, Kathy Aposhian.<br>**E. MHB Member Recruitment Updates (5 minutes)**<br>• Three individuals submitted applications for family member seats. This is welcome news.<br>• Tom Campbell spoke to Public Policy and Administration graduate group at CSUS; an individual is interested in applying to be on the MHB.<br>• Laura Bemis talked to folks at an event of another organization letting them know she is on the MHB. She distributed information on how to contact Board of Supervisors to apply for a seat.<br>• Tom Campbell identified the seats available: three (3) Family Member seats (Districts 3, 4 and 5), one (1) Public Interest seat (District 1), and one (1) Consumer seat (District 4).<br>**F. Other Member Participation Updates/Report Backs (concerning county mental health programs) (10 minutes)**<br>• Len Marowitz reported the Siting Committee is working on the sites for the three crisis residential programs. Each facility will be of a different type: 1) a 14-day rapid response turnaround, 2) an innovative co-occurring design for dually diagnosed, and 3) a focus on maintenance and linkages with family and community. These are 14-30 day, non-locked facilities that help individuals transition out of inpatient facility or prevent individuals from going |

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| | into the hospital. Locations must be acceptable to the Board of Supervisors and residence living near to site.<br>• Len Marowitz was invited by JoAnn Johnson to attend the Cultural Competence Committee. The Division is committed to increasing the cultural awareness of MH Staff. Len recommend there be a liaison to the Cultural Competence Committee.<br>• Len Marowitz also attended NAMI's Pathways to a Healthy Mind: an International Gathering meeting that celebrated minority mental health month. Speakers from different cultures talked about the issues unique to their culture in trying to deal with mental health issues, in taking action on the issues and in dealing with stigma.<br>• Laura Bemis announced NAMI's new program "Mental Health 101." This program will add to their existing complement of offerings. It is a cultural awareness program. |
| **IV. Division of Behavioral Health Services (DBHS), Mental Health Director's Report** | **A. Uma Zykofsky, Director, reported the following:**<br>• Acknowledged Division's loss of Kathy Aposhian, who passed away unexpectedly last month. She was the Quality Management Manager.<br>• The EQRO annual visit was this week. They are conducting focus groups of targeted populations. The EQRO Is assuring Counties that this year they will provide their report within 60-90 days of their visit.<br>• The Division is putting in planning and outreach work to get the Crisis Residential programs off the ground. The Round 2 Program grant is in final phases of contracting and siting.<br>• The Division is preparing responses to questions asked about mental health at the June budget hearings. There will be a report back to the Board of Supervisors.<br>• The MHSA planning process is going forward with Phase C. The Division is having discussions |

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| | with providers and other parties to develop programs that will address capacity issues.<br>• A workgroup for expansion of Katie A., foster care youth who need mental health services, is in development.<br>• The MHSA Steering Committee reviewed the budget pages of the MHSA Plan to become familiar with the budget.<br>• The Division is training the Adult System clinical staff on connection points between Mental Health and CPS to help them better understanding what they can do to make the people they serve and the family system safer, making the community stronger and safer as a result. In six months, 300 clinical staff members in the Adult System have been trained. Alcohol and Drug Services service delivery staff will be trained next. Finally, Child Welfare will be given the same flipside training.<br>• DHCS is training on inpatient and outpatient documentation. This is important because DHCS is being aggressive with the audits and the contractors. This training puts everyone on the same page and protects providers from risk in this area.<br>• ICB-10 training is beginning. There is an October 1, 2015 deadline, which requires providers to move all coding to ICB-10. The Division is hosting a webinar, doing outreach to all providers, and then matching claims data. The service providers cannot use codes until October 1, 2015 so training will be conducted as close as possible to that date.<br>• Sutter Memorial is closing Friday, August 7, 2015 at midnight. At the same time the Sutter system is moving to new electronic medical record and will have reduced access to psychiatric beds from August 7, 2015 to August 11, 2015 as they shut down to train in new system. This will result in a loss of 22 bed days. Plans have been developed informing our |

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| | system of the disruption. Mental Health Treatment Center staff are working closely with Sutter staff to ensure the least disruption possible.<br><br>**B. Questions and Response**<br><br>Is just the Psychiatric hospital being closed?<br><br>No, Sutter Center for Psychiatry will not close. Sutter Memorial is being closed. Sutter will be implementing their new electronic medical record at this same time resulting in a reduction of bed capacity for a few days. The Treatment Center is working to mitigate this impact.<br><br>Does the existing or the second crisis residential program have a specific focus?<br><br>No, the first two crisis residential programs are generic.<br><br>Is there a timeline for the Grand Jury response?<br><br>The response is being worked on and will be submitted to the Grand Jury by the required October deadline.<br><br>The County Executive will provide a response to the Board of Supervisors. The Division will provide the date when this will be heard at the the Board of Supervisors so the MHB can play a role.<br><br>How are the negotiations on rebalancing effort moving along?<br><br>The work with crisis residential programs is continuing. In addition, the Division and the Sheriff Department are in the early stages of developing an alternative location for serving the 1370 population (incompetent to stand trial). This component needs to be completed before direct admits to MHTC Crisis Unit can occur.<br><br>Dr. Heller clarified the purposes of the audits: The EQRO is concerned with whether or not access to care occurs quickly enough. Other audits are concerned with technical issues like correct coding of invoices and diagnosis codes matching with the |

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| | treatment provided. Audits are important but they create a dilemma for treatment providers. There is a lot of pressure on providers to document with detailed accuracy and this takes away from their direct service efforts. There needs to be sensitivity to this conflict. Consequently, the MHB may need to help the community interpret the audit findings.<br><br>Is this about Medi-Cal audits or other county audits as well?<br><br>This is about individuals getting services from County funded programs regardless of funding source (excluding private pay insurance). The technical audits come with federal Medi-Cal funding.<br><br>It is important to not lose sight of need of individuals getting the services they need from the professionals they need it from at the time they need it.<br><br>Who is included in the Medi-Cal audit?<br><br>EQRO is a quality review and uses paid claims data for Medi-Cal beneficiaries. But there are other kinds of audits depending on who the funder is. For example, SAMHSA conducts its audits and reviews. MHSA programs are reviewed based on that funding.<br><br>In order to have a good picture of the mental health system, one would have to look at many different reports.<br><br>Yes |
| **V. Presentation** (30 minutes) | **A. Sacramento County Office of Patients' Rights**<br><br>Meghan Stanton, Executive Director Consumer Self Help Center<br><br>The PowerPoint Presentation (Attachment B) included:<br><br>How to Contact an Advocate<br><br>The List of Patient's Rights<br><br>A Certification Review Hearings description |

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| | What do Patient's Rights advocates do?<br>They represent patients at hearings, where the six advocates spend most of their efforts representing the expressed wishes of the client.<br>They answer questions of the patient regarding the situation.<br>They conduct investigations of complaints regarding denial of rights, often negotiating a less restrictive plan starting with facility staff at lowest level and using a collaborative approach.<br>They monitor mental health facilities to ensure compliance by working with them to correct issue and raising issues to the licensing level when not corrected.<br>They provide training and education opportunities.<br>**B. Questions and Responses**<br>Does one call an advocate if they have a patient's rights issue or if they want to advocate for a patient.<br>May do either but only for issues related to mental health.<br>Is this for patients only or is it for family members, as well?<br>Advocates follow up on all calls, but they cannot act without the patient's permission.<br>What are the backgrounds of the Patient's Rights advocates?<br>Patient's Rights staff consists of peers and individuals with lived experience and some combination of education and experience around mental health provision and/or a legal background. They all attend an annual training from the State Office of Patient's Rights.<br>What percent of the time do the advocates spend monitoring? Do the facilities have to let the advocates in? |

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| | On the average, three (3) board and care facilities are monitored per month and the facility must let the advocates enter.<br>How long ago did advocacy begin?<br>Patient's Rights began in the 1970s.<br>How do patients find out about advocacy?<br>The facility is required to provide patient's rights information. They have posters on the walls and the advocates are in hospitals, in the units multiple times every week.<br>Patients have the right to obtain medical records. Is it the same seven-year standard? Do the facilities archive them?<br>Yes, the facility is obligated to keep the records for seven years.<br>What are the differences between public and private sector?<br>The public mental health system provides a richer array of services not provided by the private system, e.g. integrated service agency (ISA), a high intensity service, or Wraparound Services.<br>What is the consequence?<br>Patient with intense needs leave the private system and moves to the public system. They cancel their private insurance. For a child with significant mental health needs, one would need to recommend canceling private insurance; the needed services are not available in the private system.<br>Per Uma Zykofsky, the public system serves a higher acuity level; The private system typically does not serve the same acuity; people frequently end up moving to the public mental health system once they need that level of service.<br>MHB member comment: With ACA, private insurers are required to provide mental health services. Until the private system is made to follow the law and serve their members rather than offloading to the |

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| | public system, they will continue to do it. The MHB may want to address this issue.<br><br>The providers want to do the right thing, but the private system has not developed adequately.<br><br>Anthony Madariaga, Director of the Mental Health Treatment Center (MHTC) states they see Patient's Rights advocates as allies and part of the treatment team in resolving issues. In the past week, the Crisis Unit was recertified. One of the areas the reviewers looked at was the posting of member resolution, grievances brochures, and patient's rights information to ensure these documents are posted in the lobby.<br><br>The main reason psychiatric hospitals do not allow phones is most phones have cameras and pose breaches to privacy. Patients are allowed access to phones under specific parameters.<br><br>Patient's Rights statistics presented include:<br><br>• Represented 1675 in hearing in the last quarter<br>• Received 557 telephone complaints<br>• Monitored 10 Board and Care (B&C) facilities and 0 Room and Board (R&B) facilities<br>• Participated in hearings at 8 facilities 5 days a week<br><br>A coalition of R&B facilities, consumers and MH providers is being developed to see what can be standardized in exchange for referrals.<br><br>B&C facilities have decreased from 200 to 69. Many B&Cs are serving developmentally disabled clients due to a higher rate of pay.<br><br>Since 2009, there has been an increase in inpatient beds. The number of inpatient beds has increased from 345 to 420. An additional 50 beds are being created in the expansion at Sierra Vista, and there is rumor of a new hospital in the Cal Expo area. Most people do not like to be in the hospital.<br><br>There have been increased complaints from patients in emergency rooms (ER) about having to wait up to five days for a psychiatric bed. The ER |

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| | staff is good at evaluating and putting patients on holds but do not know what to do while they are waiting for an open psychiatric bed. It has not been a good experience for individuals trying to get mental health services.<br><br>The ERs are not licensed to hold patients, but are able to hold until placed which in these cases is longer than ever anticipated. This puts hospitals in gray area with licensing.<br><br>Besides additional funding or advocates, what is on the wish list for more robust services by Patient's Rights?<br><br>More community services and supports and prevention. The advocates' workload increased when people are in crisis and their rights denied.<br><br>Greater use of voluntary placement. About two-thirds of the clients agree with the provider's evaluation and patient plan, and they would stay voluntarily. Involuntary services should be reserve for those who need it. This would reduce the workload for both the hospitals and the Patient's Rights advocates.<br><br>More outpatient services and less inpatient services.<br><br>Are advocate positions paid or voluntary?<br><br>They are all paid positions. |
| **VI. Discussion/Action** | **A. Approval of 2015 Data Notebook submittal to Mental Health Planning Council (Action)**<br><br>The Data Notebook (Attachment C) is requested by California State Mental Health Planning Council. Most of the questions are objective and the ad hoc subcommittee worked with the Division to respond to those questions. Question 8 is subjective asking the MHB to list the top three priority projects, services or programs needed to meet the serious, urgent MH needs of the community. The responses proposed are:<br><br>• Reopening the Crisis Stabilization Unit to direct access, as operated by Sacramento |

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| | County prior to 2009. The Mental Health Board previously stated this priority in a March 13, 2015, letter to the Sacramento County Board of Supervisors.<br>• Additional crisis residential beds. The Mental Health Board previously stated this priority in a March 13, 2015, letter to the Sacramento County Board of Supervisors.<br>• Establishment of a mental health "urgent care" center. In stating this priority, the Mental Health Board echoes the sentiment of a March 24, 2015, letter by the Mental Health Improvement Coalition. This letter reports that the opening of a behavioral health urgent care center is an "area of agreement" in the ongoing effort to rebalance the Sacramento County behavioral health continuum.<br>Given this is a reporting vehicle rather than an opportunity to start a new program, the ad hoc subcommittee wanted to present ideas that were already vetted and where the work had already been done.<br>Question 7 asks to identify the unmet needs. The County's response identified crisis services as the unmet needs. They arrived independently at the same conclusion as the ad hoc subcommittee.<br>The Alcohol and Drug Advisory Board provided responses to the substance use disorder questions (9-14).<br>Is the data accurate? The MHB would not want to approve if data is incorrect.<br>The data comes from the county, and with the exception of Question 9, pertaining to substance abuse, the report does not ask for numbers.<br>The response to Question 7 includes exploited children. It is not addressed as one of the top priorities.<br>It will be addressed later but not in this document.<br>Commercially sexually exploited children is an |

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| | issue for this county and will be on the MHB agenda in November. The program is being developed aggressively and should be ready by November.<br><br>The Data Notebook has detailed information on aspects of County mental health and substance abuse programs. It should be kept as a reference.<br><br>Frank Topping asked if retention with African American males was looked at in this Data Notebook.<br><br>No, it was not.<br><br>Frank Topping commented that the United States is top in exploitation of children and Sacramento has one of highest rates in the United States. It should be moved up as a priority.<br><br>Elizabeth Emken moved to approve the Data Notebook as written, Ann Arneill-Py seconded: Ayes, Unanimous, Motion Passed.<br><br>Tom Campbell will e-mail the Data Notebook to Lisa Dickerson with cc to Billee Willson and Uma Zykofsky. |
| **VII. Public Comment** (two minutes per comment) | No public comment. |
| **VIII. Next Meeting/Adjournment** | **A. Next Meeting:** August 4, 2015<br><br>**B. Adjournment:** 8:16 pm |