MHB General Meeting Minutes
September 2, 2015

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

Meeting Attendees: Tom Campbell – Chair; Len Marowitz – Vice Chair; Ann Arniell-Py Laura Bemis, Brian Brereton, Elizabeth Emken, Michael Hansen, Sarah Jain, Collette Johnson-Schulke, Supervisor Patrick Kennedy, Kindra Montgomery-Block, John Puente, Anne Slakey,

Absent: Courtney Hedges

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 **Welcome and Introductions**	Tom Campbell - Chair, called the meeting to order at 6:02 p.m. New Members, Collette Johnson-Schulke, John Puente and Kindra Montgomery-Block introduced themselves. A. Approval of September 2, 2015 Agenda: Ann Arneill-Py moved to approve the agenda and Michael Hansen seconded: Ayes, Unanimous, Motion Passed. B. Approval of August 5, 2015 General Meeting Minutes: Ann Arneill-Py moved to approve the minutes and Len Marowitz seconded: Ayes (5) Abstains (5) Motion Passed. C. Len Marowitz read the Comfort Agreement.
II. Announcements and Advocacy Reports (two minute reports)	**A. Youth, Adult, Older Adult and Consumer Advocacy Report** Sandena Bader, Family and Youth Liaison, NorCal MHA • LaFamilia Latino Behavior Health Week (Attachment A) • Wellness Recovery Action Plan (WRAP) facilitator's trainings (2- and 5-day training) (Attachment B) • Additional Handouts – Mental Health Loan Assumption Program (Attachment C); INN Project : Proposed Mental Health Urgent

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	Care Clinic (Attachment D) B. **Association of Behavioral Health Contractors (ABHC) Report** Laura Heintz, President and Stanford Youth Solutions Executive Director The brochures requested are a work in process. A list of current behavioral health contractors was distributed (Attachment E). Appreciation for MHB coming out to see Stanford Youth Solutions was expressed. Providers participatied in the Urgent Care Clinic input session. Providers are in the midst of training on ICD-10; the electronic change over is scheduled for 10-1-15. Expressed need for transistional housing support for adult consumers because after crisis care often there is no place for consumers to go. Expressed gatitude for MHB support of the 2% increase for providers. C. **Law Enforcement Report** No report
III. MHB Announcements and Participation in Committees, Meetings, Conferences	**A. MHB Announcements (5 minutes)** Tom Campbell: <u>MHB's response to County's response to Grand Jury</u> At advice of County Counsel this issue will be treated as ongoing litigation. The MHB will reserve comments until issues have been settled. <u>Liaison responsibilities</u> The existing assignment list was distributed (Attachment F). The MHB will finalize assignments at the January 2016 Retreat. Len Marowitz provided a one-page update of his liaison responsibilities (Attachment G). Members were asked to provide this kind of report for their liaison responsibilities. The reports will be posted with the minutes on the webpage. Members may elect to highlight items on the report at MHB General Meetings.

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	Executive Meeting An Executive Meeting will be conducted after the October General Meeting. Brian Brereton: Mental Health Matters The program will be broadcast on Channel 17 on September 5, 2015 at 7 pm. **B. Subcommittee Budget Meeting – Len Marowitz or Alternate (5 minutes)** The Budget Committee meets four times per year. The next meeting is scheduled for September 15, 2015 from 11 to 1 at 7001 A East Parkway in Conference Room 2. Michael Hansen and Elizabeth Emken are on the committee; others may attend. **C. Mental Health Services Act (MHSA) Steering Committee – Brian Brereton or Alternate (5 minutes)** Selection of Alternate Steering Committee member The MHB needs to select an alternate to be appointed to the MHSA Steering Committee, as Brian Brereton's appointment to the MHB will expire in December 2015. The alternate needs to occupy a MHB seat as a consumer or family member. Innovation funded programs In three rounds of funding; the Innovation (INN) component funded eleven programs. When the funding cycle ends, INN funding stops. Programs can only continue under MHSA if they meet the Community Services and Support (CSS) and Prevention and Early Intervention (PEI) criteria. Of the six programs ending their funding cycle, three could transition into PEI and three to CSS with a few modifications to the programs. County staff met with the affected programs to determine if they were willing to make the required modifications. All of the contractors agreed. The approval for contracts for these programs will go to Board of Supervisors at end of the month. The five newer project's contracts funding cycle will end next year.

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	Len Marowitz recommended all new members attend the MHSA Steering Committee for education purposes. **D. Recruitment Minute:** MHB Vacancies Only two vacancies remain on the board. MHB Application and Brochure are attached to back of packets (Attachment H and I). **E. Quality Improvement Committee (QIC) – Len Marowitz (5 minutes)** The Drug Medi-Cal waiver section of Len Marowitz's Liaison Report is of particular interest. The waiver means, in Sacramento, Medi-Cal beneficiaries with substance use disorders will have access to a broader range of services including residential care, medical treatments, case management and recovery support services. **F. Other Member Participation Updates/Report Backs (concerning county mental health programs) (10 minutes)** Human Services Coordinating Council (HSCC) The presentation by the Transient Enforcement Unit indicated only 10% of transients are people who are in Sacramento for a short time. Mental Health Partners Facilities Siting Committee The county received SB82 funding for close to $6 million for three Crisis Residential Programs. Each program will have 15 beds. A competitive bid will be conducted. This is a sensitive issue. Mental health facilities are being built in neighborhoods so it must be acceptable to the community and to the Supervisor of the District. Program site visits Stanford Youth Solutions' tour was guided by Laura Heintz. The services are mostly provided in the home. Ann Arneill-Py was impressed by how family driven the services are. Michael Hansen was impressed by the lack of staff in the building - they were out with the children and the family. Next month MHB members will visit TLCS. New

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	members were encouraged to attend. NAMI Conference 2015 Laura Bemis attended the conference. The highlights are in the handout (Attachment J). She participated in the CIT and Criminal Justice track. Sacramento County now handles co-occurring disorders at the Mental Health Court. She also participated in a session on schizophrenia. She was interested to learn low dopamine levels result in Parkinson's, where as high dopamine results in schizophrenia. She did not know they were so closely related and yet individuals with the diseases are treated so differently by our society. Changing words does not eliminate stigma. The best way to eliminate stigma is personal contact or a personal story. Laura encouraged everyone to tell his or her own story or his or her friend's story.
IV. Division of Behavioral Health Services (DBHS), Mental Health Director's Report	**A. Uma Zykofsky, Director, reported the following:** The Division received Crisis Residential Program grants in two rounds (Round 2 and Round 3). Round 2 is the Crisis Residential Program in Rio Linda and Round 3 is the three Crisis Residential Programs. 1) For the Rio Linda Crisis Residential Program the Division met with the Community Planning Advisory Council (CPAC) in a community meeting to explain the program. The community asked good questions and CPAC agreed to support the siting of this Crisis Residential Program in Rio Linda. The presentation was very important in engaging the community and extending the anti-stigma efforts into all the work the Division does. i) Community members referenced the anti-stigma billboards and the positive experiences with the Community Support Team. These provided support to the Crisis Residential Program. ii) Neighbors of the South Sacramento site gave testimony stating the Crisis Residential Program is a good neighbor.

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	2) The crisis continuum effort will be a several month process. The Division is working with Hospitals and MHSA Steering Committee to increase the availability of beds and to create paths away from Emergency Rooms. i) Heritage Oaks continues to work on moving forward with the 16-bed Psychiatric Health Facility for Sacramento residents. ii) The Division is working with the hospitals to ensure each Emergency Room has a navigator present. The navigators will come next month to discuss further. 3) The Grand Jury report is scheduled for September 15, 2015. 4) The Board of Supervisor's Final Budget is September 10, 2015 at 9:30. There are no changes from June budget for Mental Health. 5) The Division continues to work with the state on the cost settlement audit and is appealing 2007-08 audit issues. The Division has to set aside resources for the audits pending the outcome of the appeal. What are the sources of conflict for audits? An example of a conflict is the way time studies are conducted. The Division does them quarterly and the state auditors were requiring them for every pay period. Our appeal is based on what is federally required as a standard. Does the Division provide a response to the EQRO report? The EQRO conducts an annual review and provides recommendations and actions. The County responds the following year and the EQRO responds back. When the 14/15 EQRO response is received, it will be in the Director's Report. 6) The Division is conducting Focus Groups/ Input Sessions for MHSA Phase C (Urgent Care and Katie A.) to develop recommendations for the MHSA Steering Committee.

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	7) The Division is amending contracts for the 2% increase. What is Katie A.? Katie A. is a class action lawsuit requiring counties to deliver an intensive array of specialty mental health services to foster children. Criteria is specifically spelled out as follows: <u>Class Eligibility</u> • In foster care or at imminent risk of foster care placement • Have a mental illness or condition that has been documented • Needs individualized mental health services to treat or ameliorate their illness or condition. <u>Sub-class Eligibility</u> • Full-scope Medi-Cal eligible • Meet medical necessity for specialty mental health services • Open child welfare services case AND • Currently in or being considered for: Wraparound, therapeutic foster care or other intensive services, therapeutic behavioral services, specialized care rate due to behavioral health needs or crisis stabilization/intervention OR • Currently in or being considered for a group home (RCL 10 or above), a psychiatric hospital or 24 hour mental health treatment facility, or has experienced three or more placements within 24 months due to behavioral health needs. **B. MHSA Expenditure Plan Funding Summary** Jane Ann LeBlanc presented the MHSA

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	Expenditure Plan Funding Summary (Attachment K and L) to explain the reasons balances exist in the various funding components. 1) In looking at the Community Services and Supports (CSS) component, which provides ongoing funding for mental health treatment services and supports, you will note that estimated expenditures exceed the revenue projections each year. Unspent CSS funding is combined with incoming revenue to sustain CSS programming, as well as sustaining critical activities in the time-limited Workforce Education and Training (WET) and Capital Facilities and Technological Needs (CF/TN) components, sustaining successful and applicable Innovation(INN) project activities and refinancing of MHSA Housing Program investments. 2) Prevention and Early Intervention (PEI) has unspent funding that the MHSA Steering Committee will be looking at to expand PEI programs, including sustainability for three of the INN project respite programs. 3) The respite programs are funded through the INN component. These are time-limited projects, when the project ends, these projects will be sustained through CSS or PEI funding. The Division is also in the community planning stage of developing a new INN project. 4) Each year, by statute, 5 % of the MHSA revenue goes to INN and of the remaining 95%, 80% goes to CSS and 20% goes to PEI. This means for each $1.00 of MHSA funding received, $0.05 is dedicated to INN projects, $0.76 is CSS and $0.19 is PEI. 5) Based on current projections, WET funding may be exhausted as early as June 2017. Critical WET activities would then need to be sustained with CSS funds. 6) The CF/TN component is time-limited funding. The Capital Facilities funding is being used to renovate the Stockton Blvd complex in order to consolidate the Adult Psychiatric Support

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	Services Clinics. The Technological Needs project is funding our commitment to move to an Electronic Health Record and Personal Health Record. CF/TN activities must be sustained with CSS funding. 7) The Prudent Reserve is mandated. These funds can only be accessed when the Division is at a point where programming will be cut due to MHSA revenues dropping below recent averages. The intent is to maintain core CSS funded treatment services and PEI programming. The existing reserve will not cover the cost of programming for a year. What are the future contingencies? With current projections, the Division may need to access the Prudent Reserve within the next eight to ten years. Is APSS moving to the MHTC? One of the APSS clinics is currently located next to the MHTC on Stockton Blvd. The second clinic is located at Bowling Drive. Once renovations are complete the entire program, including Peer Partners component will be located at the Stockton Complex. The San Diego Tribune article focused on the held funds of San Diego County. This presentation helps to see why these funds are being held. Each year the MHSA plan is developed. During the public comment period, Jane Ann LeBlanc comes to the MHB to gather collective comment and by statute; the MHB conducts a public hearing at the close of the public comment period.
V. Presentation (30 minutes)	**A. Presentation – Triennial Review Report Overview by Lisa Sabillo, Division Manager** PowerPoint presentation (Attachment M) This is a draft report there may be adjustments in one portion of the report. The purpose of the Triennial Review is to review the Mental Health Plan (MHP) program and fiscal operation, and to verify the MHP is providing medically

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	necessary service in compliance with state and federal regulations and with the contract the MHP has with the Department of Health Care Services (DHCS). The two components of the review are a system review and a chart review. Both are being reviewed for compliance. The MHP can appeal items identified as being out-of-compliance. Pending the appeal decision the MHP submits a plan of correction. For the system review, the auditors interview staff of the MHP, and review policies and procedure, quality improvement processes, data (how it is used), cultural competence practices and the 24-7 Access Line. For the chart review, the auditors choose three months of data for the charts to be reviewed. In this process, the use of the electronic health record (EHR) became a challenge for the auditors and some of the out-of-compliance issues resulted from their inexperience with an EHR; these will be appealed. The summary of the system review includes all the sections with the number of items reviewed and the number out-of-compliance items. The MHP had seven (7) out-of-compliance items, which is a 95% compliance rate. Six (6) of the out-of-compliance items concerned the 24-7 Access Line. The test calls are technical in nature concerning things like the availability of language and provision of grievance information. The MHP is most concerned with whether the urgency of the call is considered and whether the call is addressed appropriately. The MHP has work to do on the 24-7 Access Line. The other out-of-compliance issue was concerning the Authorization system for a Day Treatment Intensive program. A mechanism is not in place to ensure treatment is not provided prior to authorization of at Day Rehabilitation and Day Treatment Intensive programs. The MHP is appealing. The chart review concerns compliance with state and federal regulations, compliance with the DHCS contract and consistency with the MHP's documentation

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	guidelines. Twenty (20) charts were reviewed (ten (10) adult and ten (10) children and youth. Among these twenty charts, 539 claims were reviewed and 269 were found to be out-of-compliance. Some out-of-compliance items can be recouped. In this review, $21,000 was disallowed and will be recouped. Seventy percent (70%) of the recoupment and sixty-three percent (63%) of out-of-compliance items were due to Day Treatment. Day Treatment programs are frequently out of county placements, the MHP has less ability to monitor and control these programs. The same issues are being experienced across the state because counties use the same providers. A few providers are accounting for this high number. Seventy-five percent (75%) of the out-of-compliance items will be appealed. Next steps: The appeal was due 15 days from the receipt of the draft report. The draft plan of correction is ready and will be held until the appeal results are received. **Questions and Responses** Concerning the language calls, does the 24-7 Access Line use the ATT language line and do a three way call? The MHP uses a language interpreter service. Is there a monetary consequence when out of compliance? Currently there is no consequence, but fines and penalties are being developed. The state is developing progressive actions when there are compliance issues as they are accountable for system items. Is the $21,000 the amount that has to be paid back? If the auditors find a compliance issue with a provider, the MHP is expected to audit the provider further in this area. This is why it is important to appeal the findings. Providers due to these audit risks are closing the Day Treatment programs.

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	Oversight is important, without it, some might take advantage of the Medi-Cal system. The MHP is giving feedback to DHCS on the importance of having auditors who are better able to navigate electronic medical records. This is critical to ensure they can do their reviews in accordance with the current standards of practice. Is the problem they cannot use the computer or that they cannot navigate through the software? The issues are a bit of both. Sometimes it is levels of competence with the particular medical record system and sometimes it is unfamiliarity and pressure of time. It is the job of the auditor to bring back money. Focus should be on the treatment. Is this something the MH Directors are working on at the state? Yes, the Directors are trying to get this changed. Does each county have the same software? No, there are four different electronic medical systems in different counties but they are comparable. How should the MHB use this document? Where does it fit into the county MHP performance - high or low value? It informs the MHB of the performance of the MHP. At the end of the year when the Triennial Review is completed in each county, the state will provide comparative data for each county. It will show Sacramento County compares to the other counties. The Full Service Partnership (FSP) reports will also be of interest to the MHB. It provides data points such as do the FSPs keep people out of jail. Do the findings from this report match what we know? Is it our experience? Does it match what the client experience is? It does, we know we have an area of improvement around the 24/7 Access line. The MHP has to be

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	able to do a better job in this community. Conversely, there are areas where the MHP does a really good job and these are validated in this report. Positive findings are important too. The MHP gathers data on the county grievance form. What are the issues raised? The annual Grievance Report is due October 1, 2015 to the state and a Satisfaction Report is done twice per year. Thinking from a client experience perspective the Satisfaction Report and the Grievance Report will be good for the MHB to review. Dr. Heller reminded the MHB of its advisory responsibility to Board of Supervisors. The MHB could let the Board of Supervisors know the MHP will appeal all legitimate appeals to fight for all the services. The MHB could also let them know the providers are doing terrific work but they made errors on some of their claims and will be held accountable and will participate a corrective action plan. This will help the Board of Supervisors to maintain balance. It was suggested the MHB get a copy of this report and the plan of corrections.
VI. Public Comment (two minutes per comment)	Dr. Heller announced the building at 7001A East Parkway is now the Grantland E. Johnson Center for Health and Human Services (The Johnson Center) and encouraged the MHB to changing the language away from East Parkway or the Admin building to the Johnson Center.
VII. Next Meeting/Adjournment	**A. Next Meeting:** October 7, 2015 **B. Adjournment:** 8:21 pm