

MHB General Meeting Minutes

October 7, 2015

Sacramento County Administration Building

700 H Street

Sacramento, CA 95814

Hearing Room 1

Meeting Attendees: Tom Campbell – Chair; Len Marowitz – Vice Chair; Brian Brereton, Elizabeth Emken, Michael Hansen, Courtney Hedges, Sarah Jain, John Puento (left at 7:00 pm), Kindra Montgomery-Block, and Ann Arneill-Py

Absent: Laura Bemis, Collette Johnson-Schulke, Supervisor Patrick Kennedy, and Anne Slakey

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 6:01 p.m. A. Approval of October 7, 2015 Agenda Michael Hansen moved to approve the agenda and Courtney Hedges seconded: Ayes, Unanimous, Motion Passed. B. Approval of September 2, 2015 General Meeting Minutes: Elizabeth Emken moved to approve the minutes Michael Hansen seconded: Ayes Unanimous Motion Passed. C. Courtney Hedges read the Comfort Agreement.
II. Announcements and Advocacy Reports (two minute reports)	1) Youth, Adult, Older Adult and Consumer Advocacy Report Blia Cha, Adult Family Advocate Ms. Cha provided an article by Darrell Steinberg with his ideas for MHSA future priorities. (Attachment A). The Mental Health Loan Assumption Program (MHLAP) application period has been extended to November 2, 2015. The 2-day Wellness Recovery Action Plan (WRAP) Facilitator Training workshop was completed. The 5-day training will occur the week of November 16, 2015. The final 2015 Town Hall Expert Pool was

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	<p>hosted by La Familia at the Maple Neighborhood Center. The presentations were by CalWORKs, Alcohol and Drug Services and the Sacramento Sheriff Department.</p> <p>2) Association of Behavioral Health Contractors (ABHC) Report</p> <p>Gordon Richardson, Executive Director EMQ Families First</p> <p>The Association sent a thank you letter regarding the 2% increase to the Board of Supervisors.</p> <p>The Association provided written feedback to Grand Jury Report.</p> <p>The Association is participating in MHSAs workgroups and subcommittees. The common initiative is to increase capacity.</p> <p>Board members asked what the content of the ABHC comments on Grand Jury Report were.</p> <p>The Association supports the recommendations of the Grand Jury. They are in support of the 23-hour intake unit being opened for direct admission, expanding outpatient programs, expanding Crisis Residential Programs and developing a longer-term (over 24 hour) crisis program.</p> <p>As requested, a copy of the letter will be forwarded to the MHB via the MHB mailbox directly by ABHC.</p> <p>C. Law Enforcement Report</p> <p>Kim Mojica, Sheriff Department</p> <p>The 2016 calendar includes two 8-hour classes per month. There will be a 24-hour class in November. The Navigators were invited to participate.</p> <p>So far, about 2600 individuals have been trained in CIT. The California Highway Patrol (CHP), who have their own CIT program, are coming these trainings.</p> <p>Ms. Zykovsky explained the CHP are also conducting their own statewide training but also</p>

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	<p>want to participate at the local level.</p> <p>Board asked if there has been feedback/results from the trainings?</p> <p>Officer Mojica shared an example of the clinician using CIT to de-escalate a situation in the presence of one of the ranking officers. Upon witnessing the event, he became a believer in CIT.</p> <p>The officers are calling on 24-hour CIT trained officers to go to mental health related calls.</p> <p>Will the funding run out before the end of 2016?</p> <p>The funding is on federal fiscal year so the grant ends May 2016, but the Sheriff Department is invested in training all officers so training will continue.</p>
<p>III. MHB Announcements and Participation in Committees, Meetings, Conferences</p>	<p>A. MHB Announcements (5 minutes)</p> <p>Mr. Campbell announced:</p> <ol style="list-style-type: none"> 1) The 2016 MHB officers (chair, vice-chair and secretary) will be elected at the November 2015 meeting. 2) He will be contacting members concerning liaison responsibility this month. The liaison chart will be finalized at the January 2016 Retreat. 3) The Executive Committee meeting will begin at the conclusion of this meeting. <p>Mr. Marowitz announced:</p> <ol style="list-style-type: none"> 1) Shasta County is the 13th county to adopt Assisted Outpatient Treatment (AOT). 2) NPR story – threat assessment teams. The article is in Mother Jones – “Inside the race to stop the next mass shooter” http://m.motherjones.com/politics/2015/09/mass-shootings-threat-assessment-shooter-fbi-columbine <p>There was discussion on the relationship of guns to this topic and it was decided that further discussion and interest on the topic would be explored directly.</p>

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	<p>Mr. Hansen reported an apparent change of policy in Napa County that could affect Sacramento County if it is Napa County's intent to redirect mentally ill clients to other counties. According to Mr. Hansen, if an individual tests positive for meth, the assessment is stopped and the individual is placed outside and receives no further assistance.</p> <p>Mr. Brereton shared the schedule of the MHSA Steering Committee. The MHSA Steering Committee meets on the third Thursday of each month at 6 pm at the Grantland Johnson Administration Center. He encouraged board members, a consumer or family member, to become the liaison representing the MHB.</p> <p>Ms. Emken reported Strive for Free conducts educational presentations at local high schools on identifying individuals who are victims of trafficking. One of the identified needs of the victims is mental health services. She found the presentation very valuable.</p> <p>B. Subcommittee Budget Meeting – Len Marowitz or Alternate (5 minutes)</p> <p>The scheduling of the next meeting was discussed, but a meeting time was not scheduled.</p> <p>C. Mental Health Services Act (MHSA) Steering Committee – Brian Brereton or Alternate (5 minutes)</p> <p>MHSA provides a stipend for participation in MHSA Steering Committee for consumer representatives. The meeting is valuable in understanding funding of programs in Sacramento County. For example: Innovation funds are for trying a program out, but once the funding cycle has ended, the program ends unless there is another funding source. Both the first and second round programs funding cycles within the first Innovation project (Respite Program Collaborative) have ended and each of the programs with some adjustments will receiving funding from either CSS or PEI. The representatives from the programs shared about</p>

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	<p>their programs and their success stories.</p> <p>As mentioned earlier, an alternate is needed for the MHSA Steering Committee.</p> <p>Recruitment Report:</p> <p>When Mr. Marowitz spoke with Board of Supervisor chiefs, he told them of the vacancies and asked for help to fill them.</p> <p>D. Quality Improvement Committee (QIC) – Len Marowitz (5 minutes)</p> <p>No report</p> <p>E. Other Member Participation Updates/Report Backs (concerning county mental health programs) (10 minutes)</p> <p>Mr. Puente participated in the Katie A. workgroup, which met twice(Attachment B). The group developed a recommendation for providing services to the Katie A. subclass. The recommendation will be presented to the MHSA Steering Committee.</p> <p>Mr. Marowitz participated in the Urgent Care Clinic Workgroup. One workgroup member visited San Diego and San Bernardino to see their models. The knowledge gained informed the model selected. A recommendation will be presented to MHSA Steering Committee.</p> <p>Mr. Marowitz met with the Board of Supervisor’s chiefs of staff. The issues discussed included: the mental health system rebalance, the mental health urgent care clinics, the performance review, new MHB appointments, the two MHB vacancies, and the site visits. He raised the issue of public attendance at MHB meetings. One solution offered is to have the public information officer publicize the meetings.</p> <p><i>Site Visits</i></p> <p>Elizabeth Emken, Kindra Montgomery-Block and John Puente attended the site visit to TLCS. They visited: 1) New Directions - a wraparound program, 2) The Crisis Respite Center a 23 hour program, and 3) Palmer House – a short-term interim housing</p>

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	<p>and employment services.</p> <p>Those attending shared their impressions, which included the diversity of program opportunities in this county, the dedication of the staff, the outstanding respite services, and the restrictiveness of the definition of homelessness - a less restrictive definition might prevent the escalation of mental health issues.</p> <p>Ms. Montgomery-Block provided the Respite Partnership Collaborative (RPC) pocket guides (Attachment C & D).</p> <p>Ms. Zykofsky explained how Sacramento County has utilized a housing consultant from the beginning of MHSA programs, which has allowed Sacramento to be more successfully than many other counties in bringing in housing funds through use of matching funds. She recommended having the housing consultant present at a future MHB meeting.</p> <p>Mr. Hansen shared about an apartment complex in another County originally built for low income – the complex aged out of the housing requirement and many individuals became homeless that day and county was not aware. If new low-income housing is not being replaced then this can happen.</p> <p>Ms. Emken stated housing offered should not be just housing, but be supportive housing.</p>
<p>IV. Division of Behavioral Health Services (DBHS), Mental Health Director’s Report</p>	<p>A. Uma Zykofsky, Director, reported the following:</p> <p>1) Ms. Zykofsky made a few comments on already presented information.</p> <p>WRAP Facilitation Training for staff development is funded through MHSA Workforce Employment and Training (WET) dollars.</p> <p>Six of the eleven Respite Partnership Collaborative Innovation projects have been matched up with sustainable funds through CSS or PEI. They are:</p> <ul style="list-style-type: none"> • TLCS, Inc. – Crisis Respite Center • TPCP – Abiding Hope Respite House • Saint John’s – Wellness & Recovery Respite

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	<ul style="list-style-type: none"> • Lu-Mien Community Services – Healthy Village Respite • Del Oro Caregiver Resource Center – Caregiver Crisis Intervention Respite • Capital Adoptive Families Alliance – Respite Program <p>The remaining five respite programs have funding through the RPC until March 2016.</p> <p>At the next MHSA Steering Committee meeting, Katie A. and Urgent Care recommendations will be presented. The intent is to get funds out as soon as possible to expand capacity and timeliness to services.</p> <p>2) Laura Bemis received the Heroes of Human Service Award during Mental Health Awareness Week. The Board of Supervisors members were wearing the ribbon to bring attention to mental health.</p> <p>3) Latino Behavioral Health Week 2015— Connecting to Our Community—was attended by approximately 300 community members. La Familia Counseling Center hosted the event at their new site, the former Maple Elementary School. The collaborative effort included Sacramento County Behavioral Health System-wide Community Outreach and Engagement Committee members, county and contract provider behavioral health agencies, and community-based agencies. They joined together to provide health and wellness information and activities.</p> <p>4) Numerous outreach and engagement events are planned for September and October. They include events at schools, neighborhoods and community parks focusing on diverse communities that are unserved and underserved to provide information about mental health services and stigma reduction.</p> <p>5) The Budget passed in June and now the Division has to do the hard work while keeping the Board of Supervisors informed. There are</p>

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	<p>five different initiatives.</p> <ul style="list-style-type: none"> • <u>The three crisis residential programs</u> are planned to have an RFP released at the end of October 2015. The intent is to have an aggressive implementation strategy to get these programs running as fast as possible. Issues around siting and securing and rehabilitating a facility play a big part of this timeline. • <u>The purchase of eight beds at Rio Consumnes Correctional Center (RCCC) for 1370 Misdemeanors - incompetent to stand trial.</u> The Division is moving forward with Sheriff Department to put an MOU in place. This will release MHTC responsibility and create exit strategies to create flow in the mental health system. • <u>Hiring Crisis Unit staff</u> in preparation for direct admissions. The MHTC is working to recruit and hire these staff. • <u>The twenty sub-acute residential beds at Crestwood</u> are needed to move patients from the MHTC. The Board letter to expand the existing contract is planned for October 27, 2015. • <u>Heritage Oaks is working on opening a 16-bed Psychiatric Health Facility (PHF) for Sacramento County residents.</u> <p>All of these initiatives are critical path initiatives aimed at addressing the \$950 inpatient bed-rate issue.</p> <p>6) The Division is preparing to go to Board for funding for the remaining six months for psychiatric hospital bed use. The Division is currently in negotiations with the hospitals.</p> <p>The initiatives will not be implemented quickly enough to bend the cost curve so the County will continue to use higher cost hospital beds until other beds are available in the community.</p> <p>7) The Urgent Care Clinic is an exciting project. Currently the system has entry doors like the</p>

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	<p>emergency departments, the MHTC, the community and the service providers. The Urgent Care Clinics will create another entry door. The Division wants to get the proposal to the Oversight and Accountability Commission (OAC) for approval by the end of the year. The Urgent Care Clinic gives individuals experiencing a mental health crisis options, which may relieve the pressure off the emergency rooms.</p> <p>The response to the Grand Jury Report, explains it is not the County intent not to have crisis services, the intent is to have successful crisis services. Success is contingent on having these other components in place.</p> <p>8) Concerning complaints received by the MHB and sent to the Director, Ms. Zykofsky will let the MHB know she received the complaint and it was adequately addressed. For the complaint received this past month, action has been taken, but no details can be provided under confidentiality rules.</p> <p>Mr. Hansen suggested having the release of information waiver signed to enabled sharing of information with the MHB was made. Mr. Campbell announced this topic will be on the agenda of the Executive Meeting tonight with the intent to set a plan to develop a policy that includes the Board of Supervisor chiefs.</p> <p>9) The Grand Jury Report response was presented to the Board of Supervisors on September 15, 2015 and was submitted to the Grand Jury with the Board's approval.</p> <p>B. Questions and Response</p> <p>Ms. Montgomery-Block requested clarification of how the recent county initiatives to rebalance the Mental Health system are connected to the Grand Jury report. Can it be put in bullet points?</p> <p>Ms. Willson will put the detail in the minutes. Additionally, Ms. Zykofsky offered to cross reference the recent county initiatives to</p>

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	<p>rebalance the Mental Health system with the Grand Jury Report if that is helpful.</p> <p>Ms. Emken asked if there was MHB involvement in the rate negotiations.</p> <p>The Department does the negotiation with each hospital without MHB involvement.</p> <p>Is there adequate support going into these negotiations?</p> <p>The biggest support would be to open these other doors. It is an issue of supply and demand; until the supply changes, it is difficult to see changes in these areas.</p> <p>Ms. Emken asked about the work of the Siting Committee.</p> <p>A full analysis was completed with representation from providers and the contractor association. Each Board of Supervisors member was briefed and shown the maps. The process is being handled with care and a fair process like at the Rio Linda Community Planning Advisory Council (CPAC) is desired so community engagement and education is fully conducted.</p> <p>Crisis Residential Programs(CRP) are treatment programs with 24-hour oversight and are often confused with room and board, sober living, and board and care homes. To avoid this confusion outreach and education in the community is necessary.</p> <p>Ms. Zykofsky will be speaking at several community meetings to provide this and other information.</p> <p>Ms. Emken suggested MHB members might want to offer support in this area.</p> <p>Ms. Zykofsky welcomed the assistance and support of MHB members at the community meetings.</p> <p>Mr. Brereton asked about meeting with the OAC. Are they quick to respond?</p>

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	<p>Ms. Zykofsky and her team are in contact with OAC staff and meeting with them on the project. The OAC are in Sacramento and are very aware of the local issues. As soon as a date is scheduled, she will provide it to the MHB.</p> <p>Mr. Brereton also asked if the Urgent Care Clinic gets approved, will the Division have the leverage needed for negotiating for the inpatient beds?</p> <p>Ms. Zykofsky explained half of the cost for a bed in a Psychiatric Health Facility (PHF) is reimbursed by Medi-Cal. By adding these beds to the existing inpatient beds, the overall cost of inpatient beds is reduced. An urgent care clinic will provide an outpatient option for responding to different types of needs. Both beds and creative outpatient programs are needed. Finding a balance will ensure inpatient costs come down and perhaps that is the way we are able to leverage our resources to deliver more appropriate services.</p> <p>Mr. Campbell asked if going back to the Board of Supervisors for a pooled contract amount at the higher rate would receive an unfavorable response; does the MHB need to comment?</p> <p>Ms. Zykofsky will keep the MHB informed. The planned Board date is November 10, 2015. This topic always brings about robust discussion as stakeholders want to see more services and reduced inpatient costs.</p> <p>The Navigator presentation will enlighten the MHB about the rate of implementation and where it is slows down. A lot of intensive work has been done so far in the implementation of these initiatives.</p> <p>Mr. Hansen asked about the process now that the response to the Grand Jury Report has been completed.</p> <p>The Chair deferred this question to action item.</p> <p>Mr. Marowitz stated he was glad to hear RCCC is in negotiations for 8 beds. One strategy would be to separate the non-criminal from the criminal justice</p>

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	<p>system and have criminal justice share in the expense.</p> <p style="padding-left: 40px;">In California, the county pays for misdemeanors and the felonies are paid by state. The County still pays for the RCCC bed but it will give more bed capacity in the MHTC.</p> <p>Ms. Jain asked for a comparison between the drug and alcohol criminal versus the non-drug and alcohol criminal. Do drug and alcohol criminals cost more?</p> <p style="padding-left: 40px;">Ms. Zykofsky stated she would have to think about that and come back with an answer. With Proposition 47, those with drug and alcohol issues get out sooner.</p>
<p>V. Presentation (30 minutes)</p>	<p>A. Navigators Presentation</p> <p>Ms. Zykofsky introduced Kelli Weaver, Health Program Manager and Mindi Edwards, Program Director, Transitional Living and Community Supports (TLCS). TLCS is the contractor implementing the Mental Health Navigator program based on the SB82 award that Sacramento County received. Ms. Weaver is the County Manager overseeing this program. Ms. Zykofsky indicated that this program is very important to the community and the County. We want to create a “bridge” between ERs and other points of entry for the community and services and improve the individual experience in seeking and receiving these services.</p> <p>The Navigator presentation information is on the PowerPoint (Attachment E). Information not included in the PowerPoint includes:</p> <ul style="list-style-type: none"> • Mercy San Juan and Methodist currently have another vendor providing navigation service. These are the high volume emergency departments. • Internal discussions are occurring with Kaiser. • Navigators in the hospitals are available Tuesday to Saturday from 9 am to 6 pm. • Peer Navigators at the jail will coordinate and support the individual to the first appointment.

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	<ul style="list-style-type: none"> • In review of the preliminary data, the need at the Loaves and Fishes site is greater than two Navigators can serve. • Referrals received for housing or alcohol and drug issues are beyond what the service supports this team can provide. They would do referrals. • Those individuals previously linked to a provider were reconnected and supported through the process. • Only two individuals were directed to an emergency room, the rest were stabilized. • Many referrals are made to many different kinds of services. • Each site is like its own program. This makes the process to implement the mental health navigator program longer than anticipated. • There are multiple systems and multiple partners in each system such as the social workers, the psychiatry department and the emergency department. • The goal is to improve experience for individuals having a mental health crisis. <p>Questions and Response</p> <p>Mr. Marowitz stated this was not what he expected--with the intercept, direct and navigate model that he had in mind. How will only 20 people meet the need?</p> <p>Ms. Zykofsky stated the Navigators are responding to different populations. The ED Navigators are functionally different from the Loaves and Fishes Navigators and the Jail Navigators. They can identify those in care and bring them back into care or direct to the health plan if appropriate. They have direct access to the MHTC and the rest of the mental health provider continuum.</p> <p>Ms. Montgomery-Block: Why have the crossover youth not been part of the focus group?</p> <p>Ms. Zykofsky responded that the County Division of Behavioral Health Services responded to SB82 grant as written. It is a targeted grant and is</p>

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	<p>awarded with specific requirements.</p> <p>Ms. Emken asked if a referral to private plan is included in the referral data.</p> <p>Every encounter will be included in the data. Where individuals are referred to will be reflected in the disposition field. This includes private plans.</p> <p>Ms. Arneill-Py asked about the time-period of the grant.</p> <p>It is a three-year grant and runs to 2017.</p> <p>Mr. Campbell asked if this would address the issue of those released from jail late at night with no place to go.</p> <p>Upon investigation, it was found the jail allows individuals to stay until morning. Often times they are not opting to stay. The staff coverage is designed to ensure staffing during peak discharge hours and the early hours; there is only a four-hour span not covered.</p> <p>Ms. Jain stated individuals with mental illness have difficulty working full time. Will any of the positions be part-time?</p> <p>The Division will look at the flexibility to split a full time position. But it is difficult to operationalize in a program like this. They want individuals with lived experience in this program; it is a huge value to this program.</p> <p>Mr. Brereton asked if the training is going to be the same for the Triage Navigators and the Peer Navigators. Will volunteers be utilized?</p> <p>For Peers the requirements are lived experience, or family of an individual with lived experience, and experience working in mental health gaining crisis intervention and engagement skills.</p> <p>Triage Navigators have an educational requirement of an AA with six years experience with the years of experience mitigated by greater levels of education.</p> <p>All Navigators have the same training.</p> <p>How much do the Navigators earn?</p> <p>Triage Navigator earn \$15.90 and Peer Navigator</p>

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	<p>earn \$14.42.</p> <p>Mr. Hansen asked if the MHTC still has everybody in the hospitals on their census board. If they do, then the navigator work to determine if someone is linked seems duplicative.</p> <p>Individuals are placed on the census board only if the ER has contacted the MHTC. ERs call when they are looking for an inpatient bed.</p> <p>Triage Navigators are at the front end before there is a need for the MHTC involvement. Sometimes they are able to identify a different path or resource avoiding the need for a bed.</p> <p>The hospitals are concerned about risk management in their model of care and about their staff. This program does not want to interrupt their work; the goal is for the experience of an individual in a mental health crisis to be different. The navigator wants to intercept them and link them to an appropriate service provider.</p> <p>Mr. Hansen commented; if the Navigators case manage for sixty days, there would be a lot of time spent looking for the client. As far as the ER staff is concerned, the navigators will become an ally to them in time.</p> <p>Ms. Flores (public member) – referring to the pie chart of different ethnicities. How were the ethnicities chosen?</p> <p>This chart comes from the County’s electronic medical record system which captures required information. The information provided here is based on who was served.</p>
<p>VI. Action Item</p>	<p>A. Grand Jury Report Response</p> <p>Concerning a MHB response to BOS response, should the MHB respond, how will the MHB respond, what is the process for responding?</p> <p>Now that the matter is closed and the County has responded to the Grand Jury Report (Attachment F & G), it is now the time for outside parties to respond to the County’s response. The question before the MHB is whether to respond, how to</p>

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	<p>respond and in what format?</p> <p>Mr. Campbell stated the report dovetails with performance evaluation of county mental health system that the MHB is mandated to complete. The performance evaluation will be discussed at the Executive Committee meeting. The comments we might make are a form of performance evaluation given the types of things discussed in the response.</p> <p>Ms. Montgomery-Block asked about the timeline is for the performance evaluation.</p> <p style="padding-left: 40px;">The Chair responded, the performance evaluation has not typically been done.</p> <p>Ms. Montgomery-Block also asked if Mr. Campbell's chairmanship end at the end of the year. She would want to respond immediately under the leadership of the current Chair.</p> <p>Ms. Emken would have liked to know the desire of the Board of Supervisors.</p> <p style="padding-left: 40px;">The Chair responded a call can be made to Supervisor Kennedy to see if there is a difference of opinion.</p> <p>Ms. Arneill-Py stated we should write a letter, but asked to whom do we write it?</p> <p style="padding-left: 40px;">The Chair responded, our job is to advise the Board of Supervisors so the letter should be written to the Board of Supervisors. It should contain the MHB's opinion of where they did well and where they did not.</p> <p>Mr. Hansen asked who wrote the response, the Department or the Board of Supervisors?</p> <p style="padding-left: 40px;">Ms. Zykofsky stated, it is the response of the Board of Supervisors.</p> <p style="padding-left: 40px;">The Chair clarified, the MHB has not given input on this document. Our charge now is to comment on what the County has already done. The MHB can and should comment because this is a policy statement on how to handle mental health issues.</p> <p style="padding-left: 40px;">The MHB is mentioned in the report as a proxy</p>

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	<p>for community and public interest on the mental health system. Did the MHB feel adequately represented in the process?</p> <p>Mr. Hansen stated the report was scathing to the county and the response was mild. The MHB should respond after having time to read and develop ideas.</p> <p>Mr. Brereton stated the county response was good. A response from the MHB seems premature, should see how the Grand Jury responds if they do.</p> <p>County Counsel was asked for clarification: Is there likely to be a further response?</p> <p>Per County Counsel, the Grand Jury Report gets lodged with the presiding judge of the Superior Court. The Grand Jury does not have enforcement authority. They gather information and make information public. Their process is over. There is now public information out there and attorneys can pursue actions. An accusation can be brought to the District Attorney.</p> <p>Additionally, the County responses are treated in a certain way. An investigation is completed and the Board of Supervisors may already have all the advice they need. Any response from the MHB is likely to be information they already have.</p> <p>Ms. Emken does not believe a response is appropriate or necessary. The report should be used in the performance evaluation as a point of reference.</p> <p>Mr. Campbell stated there is nothing in the response we did not already know. This is all information Ms. Zykofsky provided at the MHB's monthly meetings. There may be nothing we can add that the Board of Supervisors does not already know. On the other hand, is there something to be said for the politics of it as far as the MHBs standing in the community? If the MHB responds or does not respond to the Board of Supervisor's response, how might we be perceived?</p> <p>Ms. Zykofsky asked to make a suggestion. The</p>

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	<p>Grand Jury Report was about a place in time, the 2015 MHB should be about the present. Each finding should be read carefully and considered as it relates to the present, how it relates to the present. Then use as a source document that in the program evaluation also could write to the Board of Supervisors stating the read carefully about the issues and the present is what you are focused on.</p> <p>Ms. Flores, public member, stated it is important to see what has happened past, current and future. Recommends writing to the Board of Supervisors concerning the communication piece on page 21. This should be addressed.</p> <p>Mr. Marowitz stated the report is out of date as much as four years. It is a flawed report and by addressing it too much gives it credibility.</p> <p>Ms. Montgomery-Block suggested the MHB write a letter and acknowledge we have read and understand both the report and the response and look forward to providing our own evaluation with current updates.</p> <p>Mr. Marowitz asked if the MHB response could be postponed.</p> <p>Ms. Arneill-Py moved the MHB take no action on the Grand Jury report, Mr. Brereton seconded.</p> <p>John Reed advised against telling the Board of Supervisors the report would be used in the assessment because then the MHB would have to do the assessment. He recommended treating the assessment as an entirely different issue.</p> <p>The Chair asked Counsel if a letter from the Chair to the Board of Supervisors explaining the MHB's course of action would be appropriate.</p> <p>John Reed recommended the decision be communicated to the Board of Supervisors indicating the issue could be revisited later.</p> <p>Ms. Arneill-Py called for the question, Ayes 8 (Campbell, Marowitz, Brereton, Emken, Hansen, Hedges, Jain, Arneill-Py), Nays 1 (Montgomery-Block), Motion Passed.</p>

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VII. Public Comment	<p>Ms. Flores asked if the Sacramento County Ombudsmen knows the Mental Health Board exist. When constituents bring issues concerning mental health or stigma to the Board of Supervisors, are they advising the public this board exists? Are they promoting public involvement?</p> <p>Ms. Flores agrees with the Grand Jury Report.</p> <p>At the Chair's discretion members of the Board would not be recognized in Public Comment at this time.</p>
VIII. Next Meeting/Adjournment	<p>B. Next Meeting: November 2, 2015</p> <p>C. Adjournment: 9:13pm</p>