YOLO COUNTY DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH

LOCAL MENTAL HEALTH BOARD

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MEETING MINUTES

Monday, April 28, 2014, 7:00 PM – 9:00 PM
600 A Street, Davis, CA, 95616
Conference Room

Members Present: Brad Anderson; Bret Bandley; Richard Bellows; Davis Campbell; Robert Canning, Vice-Chair; June Forbes; James Glica-Hernandez; Caren Livingstone; Supervisor Don Saylor; Robert Schelen, Chair; Tom Waltz; Janlee Wong; Tawny Yambrovich

Members Excused: Martha Guerrero; Michael Hebda; Nicki King

Staff Present: Mark Bryan, Assistant Director, Health Services Department
Karen Larsen, Mental Health Director and Alcohol and Drug Administrator, Alcohol, Drug and Mental Health Department
Makayle Neuvert, ADMH Administrative Assistant

Community Members: Patrick Odland; Jodi Nerell, CommuniCare Health Centers; Lindsey Westin

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1. **Call to Order and Introductions –** The April 28, 2014 meeting of the Local Mental Health Board (LMHB) was called to order at 7:08 PM. Introductions of the audience members only were made.
2. **Public Comment –** None
3. **Approval of Agenda – Motion:** Richard, **Second:** Davis, **Discussion:** None, **Vote:** Passes unanimously
4. **Approval of Minutes from March 24, 2014 – Motion:** Robert, **Second:** Richard, **Discussion:** The following amendments/corrections were requested:
   - Page 4, fourth bullet, change the word “sight” to “site”
   - Page 3, last paragraph, change “CIP offices” to “CIP officers”
   - With regard to the discussion on CIT certification by POST, a request was made to correct the 03/24/14 minutes to clarify that CIT is currently certified by POST and this fact was clarified for the Sheriff and guests during the CIT discussion on 03/24/14. A note will be added to the minutes.

   Vote: Passes unanimously with amendments
5. **Announcements and Correspondence –** None
6. **Board of Supervisors Report**
   - Supervisor Don Saylor announced that at tomorrow BOS meeting (04/29/14) a resolution will be presented proclaiming May is Mental Health Month in Yolo County. Several nominations for the Champions of Change recognition will be announced along with the award winners. LMHB members Caren Livingstone and Brad Anderson are among the nominees and congratulated as such.

7. Department Report

a. Introduction – Mark Bryan shared that Jill Cook was unexpectedly unable to attend the meeting so the introduction of Karen Larsen as the new mental Health director was deferred to the next meeting.

b. Mental Health Director's Report – Karen Larsen shared a list of updates with the Board members as an attachment to the agenda. Each update is listed below, prefaced by "MHD Report:" and followed by any additional discussion that occurred during the meeting.

- May is Mental Health Month

  MHD Report: *The department will be celebrating mental health month in a variety of ways (see calendar). Additionally, we will be honoring those nominated as Champions of Change in Mental Health in the Consumer category as well as the Community Partner category at the April 29th Board of Supervisor's meeting. Special thanks to Bob Schelen and Don Saylor for your assistance in the process.*

  Discussion: The May calendar of events was shared and all were invited to send addition.

- Community Based Crisis Response (CBCR) and Companion Grants

  MHD Report: *We received official notification that we have been awarded the companion grant for our SB82 proposal. This will allow us to purchase vehicles for the crisis response teams that will be modified to allow for confidential communication during mental health crisis calls. The RFP for Community Base Crisis Response has been issues and proposals are due May 6th. Special thanks to Nikki King and Tom Waltz for your willingness to participate on the review panel for these proposals.*

  Discussion: None

- MHSOAC Presentation

  MHD Report: *On March 27th, Mark Bryan, Karen Larsen and Roberta Chambers from RDA did a presentation for the Mental Health Services Oversight and Accountability Commission about our Community Based Crisis Response proposal. Nikki King was in attendance as well.*

  Discussion: None

- IGT Proposal

  MHD Report: *Our proposal for the use of IGT funds in Yolo County continues the RN position previously funded with a focus on transitioning individuals from the hospital back into the community and reducing re-admissions. Additionally, we are proposing a complete re-design of the department's Adult System of Care, to mirror patient centered health home standards, maximizing access, efficiencies, consumer voice and quality with a renewed emphasis on the interrelation of mental health and physical health conditions. Finally, as a new model of care emerges, nationally, statewide, and locally, that is focused on outcomes rather than fee for service, we are proposing two full time case managers assigned to high risk/high cost populations, specifically assisting individuals with mental health/substance use disorders transitioning back into society from incarceration, as well as providing outreach at local homeless shelters in an attempt to reach individuals struggling with mental health and/or substance use disorders and assist these individuals in accessing services, and again reduce hospitalizations and incarcerations. We feel*

this proposal is innovative and addresses many social determinants of health that drive up costs and lead to negative outcomes. We believe that these positions may very well be self-sustaining in the long run if we can prove the cost-benefit associated with their implementation.

Discussion: The long term sustainability of IGT funding is unknown. It may not be available in the future and normally only provides two years of project funding. Because of this instability the money is well suited for pilot projects. Our plan is to use this to support / redesign our adult system of care to cover gaps in our system. We are hopeful that our proposal will be accepted and funded. Once approval is received, more details will be shared. The information is being shared at this point to get general consensuses on the plan because of the short timeline. Future updates were requested by the Board including an anticipated time when the full proposal could be reviewed.

Concerns were raised surrounding discharge planning and utilization at local hospitals and facilities (Woodland Memorial Hospital, Sierra Vista, Heritage Oaks and IMDs.) Sierra Vista was commented on as having quality control issues. ADMH will follow-up on these concerns to be sure this facility is meeting all contractual requirements. It was clarified that usage of each facility is based on availability of beds and the acceptance of clients. It was clarified that ADMH is not currently using any Telecare facilities and Safe Harbor is used typically as part of the transition process. CBCR clinicians expect to have direct access to Safe Harbor beds. Karen offered to bring back to the board additional information on hospital utilization and trends. Members of the Board are interested in offering feedback on this and a committee was proposed.

- RFPs/Contracts:

  MHD Report: *All 16 RFPs have been issues with the last proposals due May 16th. Eight of the sixteen have been awarded and are at some point in the contracting process. This will allow the department to complete all contracts prior to the beginning of the fiscal year. Thank you to all of our LMHB Members who have been gracious enough to assist us in the review of proposals. The department has made a conscious effort to have LMHB and/or consumer representation on every panel.*

  Discussion: Currently, we have no new providers. For transparency, Karen added that she has not participated in any of the reviews including CommuniCare.

- Evidence Based Practices/Outcome Measures:

  MHD Report: *The department has been meeting monthly with our contract providers to discuss evidence based practices and outcome measures. At the last meeting on April 7th, providers were given a handout outlining evidence based practices and outcome measures for Substance Use Disorder treatment and Mental Health Treatment for youth and adults (see attached). We appreciated June Forbes' attendance and participation.*

  Discussion: The current outcomes committee is moving along slowly, so this initial list of outcome measures and evidence based practices is for 14/15 and a starting place in order to get something in place for the new contracts. Applicable measures and practices are being included in contracts for the coming year. Providers were encouraged to send in proposals for new outcome measures. Mark mentioned that County-wide, departments are looking at incorporation of outcome measures. Impacts may be seen as the HHS integration moves forward. Questions were raised about the relationship of these measure and practices to the LMHB Metrics

Committee and also surrounding the information that is collected with surveys. A copy of the Consumer Perception Survey or CPS (previously called the POQI) survey and the MORS survey will be sent to the Metric Committee for review. The CPS is required of all providers. Expansion on the details of the outcomes and practices was requested and Karen offered to provide this information.

- Psychiatrist Recruitment:

  MHD Report: *The department has had a full time Psychiatrist position posted for almost a year with no luck in recruitment. In March we met with Human Resources and decided to break the position up into two part time Consulting Specialist positions. This allowed us to offer a higher wage without benefits and fewer hours which is often more attractive to Psychiatrists. We have four Psychiatrist applicants already and are in the interview process.*

  Discussion: Karen added that the full time position will be kept open and there is flexibility in the consulting specialist positions. Ideally the department would like to have a full time employee in the position but will utilize multiple employees to get the hours needed and may potentially have specialty doctors. These positions are related to the existing position vacancy and are open to both MDs and Pas. A geriatric psychiatrist is specifically called for in the MHSA plan, but this recruitment would be down the road as part of the MHSA plans positions.

- Strategic Plan:

  MHD Report: *The department is actively working on developing our Strategic Plan for 14/15 fiscal year (see attached). The management team has reviewed and we will be asking for staff input next week. We would appreciate input from the LMHB should you see anything missing.*

  Discussion: This item was noted as still in progress. Feedback and input were invited once it is ready for review. The goals, objectives, and initiatives were included as part of the budget narrative shared with the group and these were discussed in the context that there are five major areas, consumer satisfaction, staff satisfaction, community partners, quality improvement, and financial sustainability.

- Crisis Intervention Training (CIT):

  MHD Report: *Joan Beesley met with the Law Enforcement Training Manager's Association (LETMA) group to ask for their input and guidance on ways that we could increase attendance at CIT. The group had a host of concerns and suggestions for improvement. Joan and I subsequently met with Mike Somers regarding the feedback. He will be doing a presentation with the LETMA group to dispel myths and let them know that he is open to their feedback and adjusting the training to increase participation.*

  Discussion: Per NAMI, southern California Highway Patrol officers are all undergoing CIT. The group discussed potential barriers to attending CIT as a substantial time commitment (32 hour class) and the need of CIT supportive leadership within the organization. The trainer being in law enforcement is a plus. There were several comments about the Sheriff's visit to the LMHB in March and potential reasons for the lack of Sheriff's Department participation in CIT. Bob Schelen shared that in a recent conversation with Sheriff Prieto, he seemed open to adding training variations for custodial officers versus first responders and even having CIT become part of the POST standards. Variation on the training time commitment and content may be offered. Minor variations are acceptable as long as they are based on the core principals; some changes to the content are needed to keep pace with the culture.

Significant deviations from the approved evidence based practice model (the length of the training for instance) could be problematic. Multiple advocacy type actions by the Board were considered, including writing an opinion editorial highlighting the police agencies that have gone through the CIT training, also finding even anecdotal outcomes and results, then adding a call to action for agencies with low participation. In the end, a motion was made.

A motion was made to write a letter to BOS to recommend all law enforcement agencies (County and City) achieve 100% CIT training in 5 years.

Motion: Janlee, **Second:** Tawny, **Discussion:** Each Supervisor has the ability to interact and influence their particular jurisdiction and community and could encourage training. Even without full compliance with the request, it would be beneficial to the goal to advocate in this way. Supervisor Saylor requested that any recommendation include subtext outlining who is attending CIT. Bob Schelen will write the letter and include the most recent attendance numbers. **Vote:** Passes unanimously.

- Housing Update

  MHD Report: *Joan Beesley and I had a technical assistance call with CalHFA, the agency administering our MHSA housing funds. The call was very helpful and we learned that the money is collecting interest. Jill Cook, Mark Bryan and myself subsequently met with Yolo Housing Authority and Mercy Housing to discuss the project. Unfortunately, we are still at the beginning of the timeline and don't expect any significant progress for another year at least while other funding is gathered and the site is prepared.*

  Discussion: The Board shared frustration at the slow progress and requested a timeline be prepared to show milestones; even as a draft plan with tentative details, it could offer a sense of forward momentum and a plan for the future. It was clarified that the planned 15 units which would be the result of this effort would provide long term housing for residents upwards of 20-30 years. Though the frustration is valid, Karen noted that this project is somewhat out of our control and we have a small piece of a larger project. The Board considered inviting Lisa Baker to an upcoming meeting.

- Excellence in Mental Health Act

  MHD Report: *On March 31st, Congress passed the Excellence in Mental Health Act which will increase Americans' access to community mental health and substance use treatment services while improving Medi-Cal reimbursement for these services. Initially, 8 states will be selected to participate in a 2 year pilot. California has an excellent chance in being chosen as Congresswoman Matsui was the author of the act.*

  Woodland Memorial Hospital (WMH) Meeting: This meeting occurred recently and was attended by several representatives from ADMH. Public Guardian, CFMG, and the Sheriff's Department, in addition to WMH staff. The group discussed openly many overarching issues and will delve into more specific issues during a follow-up meeting in June. There was recognition by all parties that each perspective has a set of rules, requirements, and liabilities and all desire to move forward for the best interest of the clients.

c. Budget Update – Mark Bryan shared a brief update on the current status of the budget. The budget is basically flat along all of the funding streams. The state budget has limited impact on ADMH because of Realignment and sales tax is the larger indicator. We are taking a cautious approach to MHSA funds because it can fluctuate. The Federal govt. activity related to Substance Abuse Prevention and Treatment block grants is being watched closely as ACA changes in California allow enhancements such as drug medical payment of residential treatment. Though the majority of Drug and Alcohol residential treatment providers are large and hit the IMD exclusion of over 16 beds and can't be reimbursed. Mild to moderate mental health care is being provided by Partnership Healthplan's contractor Beacon. Early and raw data looking at two same time periods (last year versus this year) has seen a 20% increase.

   The draft budget narrative with the group. This document reflects the ADMH requested budget with some edits from the CAO's office. It had not yet been BOS approved however the intention at this LMHB meeting is to offer the information to foster better understanding when the full budget presentation is shared at the next LMHB meeting during which the numbers will be broken down with additional detail. Ideally, by presenting in May the Board will have sufficient time to fully review and respond to the BOS. Feedback on the goals, objectives, and initiatives was invited and should be sent to Karen to fold into the budget narrative and the strategic plan.

d. Health & Human Services Integration Update – Mark shared that the monthly HHS manger meetings are continuing. The resource guide is receiving final edits and will be shared as soon as it is complete. Program mapping continues and smaller work groups have formed to take a close look at areas where integration can occur. Staff, consumer, and advisory board surveys are being developed. We will seek LMHB input on how the survey for advisory boards is developed.

8. Chair Report – The following items were reviewed by Chair, Bob Schelen:

a. Legislative Report: See attached information shared on behalf of Martha Flammer. Bob sent MIOCR letter of support and will send to BOS as well.

b. Homeless Report: More information is expected on this report in May and it was briefly discussed as part of the Department's housing update.

c. Metric Plan Report: A Board contact list has been shared electronically. More metric related information is expected next month.

d. Jail Construction Sub-committee: Bob is actively working on establishing this committee.

e. A list of LMHB committees will be drafted and participation solicited.

9. Plan Next Meeting Agenda Items

- ADMH Budget Presentation
- A revisit of the CIT discussion and actions

10. Adjournment – Motion: Robert, **Second:** Davis, the meeting was adjourned at 9:08 PM.

11. Next Meeting Date and Location – *Tuesday*, May 27, 2014, 7:00 – 9:00 PM in the River City Conference Room at 500 Jefferson Blvd., West Sacramento, CA 95605

AB 109 Funding and Related Services

2014-15 BUDGET FACT SHEET

Prepared by the California State Association of Counties

Purpose

To maintain AB 109 programmatic funding stability in 2014-15 and make targeted service investments to improve outcomes for the realigned criminal justice populations.

Background

The Governor's 2014-15 budget proposal makes a number of important funding commitments in support of the successful management of criminal justice system responsibilities transferred to counties in 2011. The budget recommends several key policy changes and, notably, contains a proposed $500 million in additional lease revenue bonds to expand counties' capacity to improve jail facilities and design vital programming and treatment space.

However, counties are facing a one-time, temporary drop in funding to support implementation of AB 109. When the state estimated workload associated with AB 109 implementation, it modeled the shift in criminal justice population to counties. The two largest components are (1) the offenders who now serve time for lower-level felonies in county jail and (2) those who are supervised on post-release community supervision (PRCS) by county probation departments following release from state prison. The latter cohort was expected to diminish in the fourth year of implementation (2014-15), and the state assumed a commensurate drop in funding. It now appears, however, that counties are seeing a flattening[1] – but not a significant drop – in the PRCS population. The table below details anticipated funding to be received by counties in this and next fiscal year.

AB 109 Funding (Actual/estimated cash received by fiscal year)

In millions	2013-14	2014-15	Difference
AB 109 programmatic funding	998.9	934.1	(64.8)
AB 109 growth	86.7 *	64.3 **	(22.4)
Total	$1,085.6	993.4	(87.2)

** Actual; ** Estimate*

Counties are at a critical stage in building long-term programming and supervision capacity at the local level. For a relatively small investment ($87 million), the state can smooth the temporary gap and sustain funding levels to ensure programmatic stability into next fiscal year. Without this one-time infusion of funds, counties will be forced to reduce budgets and make cuts to the core services and interventions needed to produce improved offender outcomes and community reintegration.

[1] http://www.cpoc.org/assets/Realignment/dashboard.swf: Most recent CPOC data show that PRCS releases remain higher than anticipated; monthly numbers for the last quarter available (Quarter 1, 2013-14) indicate the population being released from prison is running between 103% and 114% higher than estimates.

INVESTMENT IN SERVICES

Further, CSAC is advocating for an additional $100 million build upon early intervention and prevention efforts that directly link individuals, particularly those with mental health issues, at high risk for criminal justice involvement. Counties support funding for a flexible grant-based program that would allow counties to expand and/or create multi-disciplinary approaches to responding to mental health crises and minimize placements in hospitals and jails – which could include Mentally Ill Offender Crime Reduction (MIOCR) grant programs and expansion of the Mental Health Wellness Act of 2013 (SB 82, Chapter 34, Statutes of 2013) services.

The funding would be used to support individuals in avoiding further legal contact after a crisis and allowable uses would include housing supports, employment, and screening, assessment and referrals for behavioral health treatment services (including substance use disorder treatment). This investment would go a long way toward addressing what have been higher-than-expected behavioral health needs of the realigned population and could prevent future criminal justice system involvement by participants.

According to the National Alliance on Mental Illness, "approximately 20 percent of state prisoners and 21 percent of local jail prisoners have 'a recent history' of a mental health condition" (*Mental Illness Facts and Numbers*, March 2013). Currently, counties cannot use Medi-Cal funds or Mental Health Services Act funds to deliver behavioral health services to individuals when they are incarcerated.

Flexible state grant funding would allow counties to build upon existing successful models to combat recidivism while addressing local needs – whether the need is clinicians partnering with city police and county sheriffs, building or acquiring housing in the community to support offenders and persons with mental illness, subsidizing employment programs, or creating on-the-job-training and apprenticeship programs. AB 109 has provided a base for counties to create these types of programs. However, the need is greater than the funding available. Targeted state investments and accountability controls could assist the state and counties in reducing recidivism and achieving the state's prison population reduction goals.

PROPOSED SOLUTION

The state and counties mutually benefit from a stable, sustainable, and successful implementation of 2011 public safety realignment. The proposed 2014-15 solution contains two elements – first to provide one-time funding to avoid the temporary drop in AB 109 programmatic funding and secondly to supplement existing funding to bolster vital services in support of the locally managed criminal offender population. CSAC recommends $187 million in investments will permit expansion of local behavioral health services, housing assistance and employment services.

STAFF CONTACT

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Existing Funding Source	Description	Gaps/Prohibitions
Mental Health Services Act (MHSA)	Voter-approved initiative to expand mental health services to children, youth, adults and older adults who have severe mental illnesses or severe mental health disorders and who service needs are not being met through other funding sources. Services are established through a local stakeholder process.	MHSA funds are prohibited from being used in a jail or prison and from being spent on services to parolees.
Medi-Cal	California provided Medi-Cal "specialty" mental health services under a waiver that includes outpatient specialty mental health services and psychiatric inpatient hospital services. Individuals who qualify for these services have "severe and persistent" mental illness and specific diagnosis. Individuals with mild to moderate mental health issues can get services through their Medi-Cal managed care plan (counseling, psychiatry, medications).	Medi-Cal funds cannot be used within a locked institution – county jail or institutions for mental disease (IMD). The IMD exclusion is making creation of residential treatment for substance use disorder treatment difficult in California and will require a federal waiver.
Mental Health Wellness Act of 2013 (SB 82, Chapter 34, Statutes of 2013)	Provides: ▪ Crisis Residential Treatment beds - $125 million one-time GF to provide grants to expand existing capacity by at least 2,000 crisis residential treatment beds over two years. ▪ Mobile Crisis Teams. $2.5 million ($2 million GF and $500,000 state MHSA) to purchase vehicles to be used for mobile crisis teams and $6.8 million ongoing ($4 million state MHSA and $2.8 million federal funds) to support crisis team personnel. ▪ Crisis Stabilization Units. $15 million one-time GF to provide grants to increase the number of crisis stabilization units. ▪ Triage Personnel. $32 million state MHSA funds and $22 million federal funds to add 600 mental health triage personnel in select rural, urban and suburban regions. 47 grant applications were received and 22 counties were awarded grant funding.	$76.5 million of the $142.5 million available is being awarded, primarily for crisis stabilization and mobile crisis vehicles. There will likely be a second round of funding as soon as the first round is disbursed. After the first round of funding, there are no funds left for Los Angeles to receive any additional funds. Not all counties applying for grant awards received them. Many small counties were not awarded grants in the first round.
Mentally Ill Offender Crime Reduction (MIOCR) grant programs*	Originally established in 1998 via a collaborative effort between county mental health directors and elected county sheriffs (SB 1485, Chapter 501, Statutes of 1998), the MIOCR grant program was designed to assist counties in treating and supervising a burgeoning mentally ill offender population. The MIOCR grant program was developed to deliver targeted community mental health services to this population both in custody and/or after incarceration. To ensure effectiveness, participating counties were required to collect and report common data elements, including intake numbers, intervention strategies, and outcome data.	*More than 40 counties participated in the competitive grant program until funding was eliminated in the 2008-09 Budget Act due to the Great Recession.
AB 109	Counties receive AB 109 funding as a block grant; the implementation plan developed by the Community Corrections Partnership (CCP) and the budget appropriations subsequently made by the board of supervisors guide specific local investments.	The funding can be used very broadly to address housing, supervision, treatment, and other supportive services needs of the realigned population. Indeed, AB 109 funds can legitimately be used to develop systems and services in support of the entire **adult** criminal justice population at the local level.