



SOLANO COUNTY MENTAL HEALTH ADVISORY BOARD
Minutes for Meeting of
April 18, 2017 - 4:30PM-6:00PM
2101 Courage Drive, Fairfield CA 94533

General Meeting

I. CALL TO ORDER

John Mackenzie called the regular meeting of the Solano County Mental Health Advisory Board (MHAB) to order at 4:37pm. Roll call confirmed a quorum.

MEMBERS PRESENT: Melanie Norris, Michael Wright, John Mackenzie, Joyce Papetti-Thompson, Tiffany Banks, and Monica Brown.

MEMBERS ABSENT: Heather Theaux-Venezio, Lis dela Torre, Esmeralda Liberato, and Mark Headrick

II. OPPORTUNITY FOR PUBLIC COMMENT ON A MATTER LISTED ON THE AGENDA:

The Board received comments from Theresa Comstock, Napa Mental Health Board Chair, in regards to a Mental Health Board Training on April 22, 2017, 9:30am – 4:00pm.

III. CONSENT CALENDAR

On motion of Monica Brown, seconded by Melanie Norris, the MHAB approved the March 21, 2017 meeting minutes. Minutes approved by unanimous vote. Joyce Papetti-Thompson arrived late and was not present for the vote.

On motion of Monica Brown, seconded by Melanie Norris, the MHAB approved the April 18, 2017, MHAB meeting agenda with the following additions:

VI. New Business

2) d. Vote to reinstate Denice Coleman to the Board

Agenda approved by unanimous vote. Joyce Papetti-Thompson arrived late and was not present for the vote.

IV. PROGRAM PRESENTATIONS:

Tracy Lacey, Solano County Mental Health Services Manager, presented the Mental Health System at a Glance.

Questions and comments from the Board include:

1. Will you send the System of Care map out electronically? *Yes, we will send it out to you.*
2. For the fiscal year 2017/2018 \$86 million is requested. What was requested for fiscal year 2016/2017? *I think it was \$77million. I'm not sure why it is so much more for 2017/2018, but I think it has to do with grant funding that comes in and goes out and intergovernmental transfers.*
3. Did we participate in any matching, where we need to put money in to get matching funds? *That's really how all Medi-Cal dollars work for mental health. For every dollar you bill you're getting \$.50 from the federal government and the other \$.50 has to come from you. That is*

what's referred to as realignment funds. If you get private grants you can use those to draw down federal dollars. If you get federal grants you can't use those to draw down federal dollars. Sometimes what limits us is that we don't have the local money to draw down federal dollars.

4. *There are certain requirements that I (Monica Brown) have to deal with which is IHSS as well as the fact that the retirement has increased. So, when I see almost \$10million extra asked for I will have to do my research and find out why. I think largely the increase is due to increased revenue from federal grants. We have whole person care this year and we have several grants that we got in that look like we are requesting new money.
Ms. Sinz pulled up this year's budget verses last year's budget and the increase was largely due to Mental Health Services Act programs being initiated and planned. The good thing about MHSA dollars is that those dollars are just given to us and we don't have to use matching dollars to draw them down, but we can use MHSA dollars as the match to draw down federal dollars. Mobile crisis is a big MHSA program that we are implementing this year.*
5. *Are we using peers for the County Hospital Liaison Team and do you think that using peers has the potential to either reduce the length of the hospital stay or help avoid the hospital stay? We did pilot that at the same time that we piloted using a peers in the long term locked facilities. We saw more impact in the long term facilities, but not for acute care facilities. People were a little too psychotic to benefit from the peer interaction. But, we found that when we sent someone into an IMD, a long term locked care facility, and talked to them about their recovery and their goals people were much more able to participate and benefit. We have had several clients step down from locked facilities primarily triggered by peer support. We do use it in the BACS after care program.*
6. *One of the targeted groups is the LGBTQ community. Is that encompassed in the ARCH program? No, if you look at the At a Glance map that you've been provided, you will see the Solano Pride Rainbow Center on both the adult system and the children's system. They provide support groups and activities for that community. They also have a therapist intern that provides some free therapy and counseling and triages and routes people to a higher level of care if they need that. In the next few years they are going to be looking more closely at the schools and try to work with the LBGTQ students. They will probably target the high schools first and then maybe the middle schools. It will really depend on if the school districts are open to them coming in and providing that service.*
7. *It sounded to me like when someone's incarcerated the funds come from a different place than when they're out of jail. To me it sounds like it's an incentive for you or for mental health to keep people in jail so you can save money by not treating them? I can see where is would feel like that maybe, but we are all one big organization and it costs a lot to have somebody in jail too. It's much more cost effective to have somebody out in the community. So, really it's around whether they are able to be released and a judge or court makes that decision. Then, we are there with the adult forensics program to provide FSP services if that's what is needed or any number of other services. The County contracts all of the health care to the jail with a contractor. We go in and evaluate the 5150 because they can't do that. The Mentally Ill Offenders Crime Reduction Act (MIOCRA) grant and many of our staff sit on that committee and we are working in tandem with them. I know they just got a grant to do a pseudo mental health court. We are really trying to come to the table and work with the jail and help folks come out.*
8. *It just has to do with the funding and how it was set up. It's not that we're trying to keep people in jail. It just has to do with the funding source. You can always talk with Jim Frazier and Bill Dodd and see if there's a way to change the funding source. It is cheaper to keep people out of jail.*

V. DIRECTOR/COMMITTEE/LIAISON REPORTS

- 1) Behavioral Health Program:
 - a. Quality Improvement-Sandra Sinz
 - i. Psychiatric Recruitment Bonus – The Solano County Board of Supervisors approved a \$30,000 signing bonus. We were hoping that would help us land some psychiatrist employees. Unfortunately, just as we got the \$30,000 dollars

approved, \$15,000 today and \$15,000 after a year of service, Yolo County now offers a \$50,000 signing bonus. We are going to try to bring it back to the Board. When HR brought it to the Board they didn't specifically say that we meant to include nurse practitioners and physician's assistants too. It fell off the radar. We have to potential NPPAs that are in the process of interviewing. We intended to offer them 2/3rds of what we would offer a physician. We are working with UCSF's nurse practitioner program to try to develop a post graduate fellowship for them. Something where they come out of school, like a residency, and they get paid. They also would not have a full caseload, so they would have time to do more grooming and consulting. So we're trying to work out a deal with them. There's a number of different universities that our medical director has been talking with. We are trying to do a psychiatry physician residency with Tuoro University, but it's a lot to try to get something like that off the ground. We are tackling the psychiatry issue from every which way.

- ii. Sandra Sinz will deliver to the Board the Quality Improvement Committee meeting PowerPoint quarterly.
- iii. We had a decrease in our state hospital utilization last year almost a million dollars over prior years. Most of that got rerouted into IMD facilities. The good news is that when somebody goes into an IMD they're much more likely to be discharge within a certain period of time. When you go into a state hospital you're looking at a very long length of stay, so avoiding state hospital admission as much as possible is always going to help our budget.
- iv. The Federal Government came out with a managed care final rule. That's going to change some of the ways we do business in terms of the requirements of what they're expecting from managed care entities and it's a lot more obligation than what we currently have in terms of what we have to do around Access and Patient rights. There are more rules now. The State is going to be revising the mental health plan contract to include all the new requirements around the final rule. Part of that also includes an assurance of parity in the mental health programs. Parity was signed into law several years ago, but never really hit specialty mental health. Now we have to look at all of our services and examine whether there are any restrictions that are greater than the restrictions that would be applied in the medical setting. We will use state guidance around that because the State is actually going to do the Parity analysis. They will be looking at generally what mental health does and then looking at generally what fiscal health does and then determine what we need to do at a minimum to be as a whole in parity with the medical.

Questions and comments from the Board include:

1. When that happens can we put it on the MHAB agenda so we know what's happening with that? *Yes, some of this is supposed to be implemented in July. The State thinks that they will have our mental health plan contract updated by June.*
- b. Mental Health Services Act (MHSA)-Tracy Lacey
 - i. Community wide suicide prevention planning - We are holding community planning meetings. We have done one in Dixon, Fairfield, Vallejo today. We are going to be scheduling one in Vacaville, Rio Vista and Benicia. We, also, plan to do some focus groups with certain entities, health care, law enforcement, and some of those community partners that we work closely with. The idea is to do a county wide county adopted by the Board of Supervisors suicide prevention plan just to get emerging ideas about what we should do as a community to try to prevent this from happening in our community.
 - ii. We will be releasing the RFP for the LGBTQ program that we have that's MHSA funded.
 - iii. We are finalizing the RFP for Mobile Crisis. That will be released as soon as we are finished fine tuning it.

- 2) Executive Committee Report-John Mackenzie for Heather Theaux-Venezio
As we discussed in our last meeting the members need to fully understand what the purview is of the Board and ensure that everything that we're doing is focused on that. In June we will evaluate the community's mental health needs services facilities and special problems. Sandra has delivered the Annual report to the Board. Please review it. Basically it's a retrospective review of what the Board has done. Moving forward we are going to discuss what we are looking at accomplishing directly within our purview. A lot of them are related to the different committees that we have set up or that have been set up over the years.
- 3) Outreach Committee Report – No report
- 4) Membership Committee Report – Tiffany Banks
Ms. Banks would like to interview Scott Washington after the next MHAB meeting. Sandra Sinz will work it into the Board Item for the Annual Report that she is sending since that document already has a place on the Board.
- 5) Suicide Prevention Committee Liaison Report – No Report
- 6) Alcohol & Drug Advisory Board Liaison Report – No Report
- 7) May is Mental Health Month 2017 – Ad Hoc Committee
May 2, 2017 is the resolution. The framing party is April 28, 2017, 12-5pm in the multipurpose room. On May 1, 2017, general services will help hang the paintings in the foyer of the Board of Supervisors Chambers. The reception is on May 5, 2017, 12:00-2:00pm. Dr. Saeger will his documentary on May 22, 2017, 5:30-7pm in the Board of Supervisors Chambers. Monica Brown's office will send this information to all the local newspapers and they will see what they can do to get it on the local television stations. Ms. Brown's office will be providing the refreshments on May 5, 2017. The artwork will be on display for the month of May.

VI. SCHEDULED CALENDAR (Action Items)

- 1) Old Business
Melanie Norris motioned to receive, review, and return the 2016 Annual Report by April 26, 2017, seconded by Monica Brown. Motion passed unanimously.
- 2) New Business
 - a. New Mental Health Crisis Ad Hoc Committee – John Mackenzie
Last month we created a new Mental Health Crisis Ad Hoc committee. There is already a process that exists within Solano County Mental Health to address the issues that we have as a Board. So, we could change the name of this committee to an MOU committee in which I would still take ownership of and would volunteer to participate in the County's currently run LPS/PEP process as authorized by Ms. Sinz and I would report back to the Board. So, instead of creating a new committee we will create a smaller group and committee to participate in Solano County's process. The charge is to fully understand the crisis intervention and 5150 process. Melanie Norris motioned to change the name of the MHAB Mental Health Crisis Ad Hoc Committee to the Crisis MOU Committee and send John Mackenzie to the LPS/PES Committee meetings, seconded by Monica Brown. Motion passed unanimously.
 - b. Vice Chair nominations
Tiffany Banks announced that she is seeking nominations for the vacant MHAB Vice Chair position. The Board will vote at the next scheduled Board meeting. John Mackenzie has been nominated. You have a month to make nominations to this position.
 - c. Review the statutory obligation of the Board
There are several committees that we have that are not part of our mandate. There was some discussion last month about identifying what our actual mandate is and then making a motion to eliminate committees that are not part of our mandate. The mandatory MHAB committees are the Executive Committee, Outreach Committee, Education Committee, and Membership Committee. We have a couple of liaison committees that we established, the Suicide Prevention Committee and the Alcohol & Drug Advisory Committee that are not part of our mandate. Melanie Norris moved to eliminate the Suicide Prevention and Alcohol & Drug Advisory Committees and they will

be added to the agenda as needed. We will be keeping the committees, Executive, Outreach, and Membership and will develop an Education Committee, as discussed, seconded by Monica Brown. Motion passed unanimously.

d. Vote to reinstate Denice Coleman to the Board

Sandra Sinz review the W&I code and it has a specific exception that would allow for Board members who are also mental health consumers to be on the Board despite a potential financial conflict of interest as long as they recuse themselves from voting on anything that can financially impact where they work.

WIC 5604.(a)(2) A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which he or she does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning his or her employer that may come before the board.

(e) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

John Mackenzie motioned to reinstate Denice Coleman to the MHAB, seconded by Monica Brown, the motion passed unanimously.

VII. OPPORTUNITY FOR PUBLIC COMMENT:

The Board received comments from Theresa Comstock, Napa Mental Health Board Chair.

VIII. BOARD COMMENTS:

- 1) Michael Wright – John Mackenzie and I when to NAMI meeting last month. Officer Joe from the city of Fairfield was there. It was very interesting to hear what his views are on the cultures of the police department.
- 2) Monica Brown – I think everything will go well in May. On May 2, 2017, 9am, please come, we will do pictures and will make sure you get to talk and identify who you are. I have been enjoying meeting everyone and learning from you. This is very near and dear to my heart. I want to make sure everyone is treated fair and equitably.
- 3) John Mackenzie – I met with the California Highway Patrol and there is one person that is the mental health liaison for the whole state of California. He is stationed at the Capital in Sacramento. I will be working with him to try to do some training. He was excited to hear that we have some law enforcement representation here. Ideally, if every county reaches out and has a CHP member as part of their board or a close associate of their board then they can spread their training, their policy and procedures, and their full state view of what's going on.
- 4) Michael Wright – Nice job on the presentation, Tracy.

IX. ADJOURNMENT : 6:27