

**Sacramento County  
Mental Health Services Act Steering Committee**

**Minutes  
January 7, 2010**

**Department of Behavioral Health Services  
7001A East Parkway, Sacramento, CA 95823  
Conference Room 1**

**Interested members of the public are invited to attend MHSA Steering Committee meetings and a period is set aside for public comment at each meeting. If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Mary Drain one week prior to each meeting at (916) 875-4639 or [DrainM@SacCounty.net](mailto:DrainM@SacCounty.net).**

**Members: Michael Beebe, Laurel Benhamida, Mary Ann Bennett, Edwina Browning Hayes, Caroline Caton, Lois Cunningham, Sandy Damiano, Rob Edmisten (alternate for Michael Shores), Jane Fowler, Suzanne Hammer, Stacy Hart, Marilyn Hillerman, Andrea Hillerman-Crook, Ben Jones (alternate for consumer), Al Lipson, Hiep Ma (alternate for Reina Kaslofski), Sherlie Magers (alternate for consumer), Troy Nunley, Stephanie Ramos, Sheila Self, Marguerite Story-Baker (alternate for Maria Morfin), Frank Topping, Joyce Wright (alternate for David Gordon)**

**Alternates: Laura Heintz, Dorian Kittrell**

	<b>TIME</b>	<b>TOPIC</b>
<b>1.</b>	<b>6:00 pm</b>	<b>Comfort Agreement</b> Marilyn Hillerman read the Comfort Agreement. No changes suggested.
<b>2.</b>	<b>6:05 pm</b>	<b>Approval of Prior Meeting Minutes</b> Minutes amended to correct spelling of names and add letter from Stacy Hiramoto.
<b>3.</b>	<b>6:10 pm</b>	<b>Agenda Review</b> Eileen Jacobowitz, Facilitator  Agenda reviewed. No changes suggested.
<b>4.</b>	<b>6:15 pm</b>	<b>Announcements</b> <ul style="list-style-type: none"><li>• Andrea Hillerman-Crook announced that this is her last meeting as a Steering Committee member due to her class schedule. She said that participating on the committee has been a great honor and learning opportunity and she will stay involved in MHSA efforts.</li><li>• Mary Ann Bennett announced that Bill Tubbs, Budget Officer for the Department, is retiring at the end of January. Jeff King will be his replacement and is starting later this month.</li><li>• Mary Ann Bennett announced that Tracy Herbert was promoted to Deputy Director of Finance for DHHS.</li><li>• Frank Topping issued a reminder that Martin Luther King Jr's birthday is coming up. It is a day of volunteering service as a commemoration.</li></ul>
<b>5.</b>	<b>6:20 pm</b>	<b>Technology Plan Review and Collective Comment</b> Tracy Herbert, Former REPO Program Manager  <u>Project Review</u> <ul style="list-style-type: none"><li>• MHSA Capital Facilities and Technology Component: Technological Needs Project Proposal (see CF&amp;TN Attachments and Exhibits) was distributed and a PowerPoint presentation reviewed. (see Attachment A: MHSA Technological Needs Component Overview).</li><li>• The Proposed Plan is posted on the MHSA website.</li><li>• The project name is Sacramento Health Information Exchange (SacHIE).</li></ul>

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	<ul style="list-style-type: none"> <li>• The current vendor contract incorporates Practice Management and web architecture to support future electronic health records. Federal and state standards are still being developed regarding electronic records. A 5-year Technological Needs Road Map was created that schedules the approach to achieve a fully Integrated Information Systems Infrastructure. Additional security will be added as the system develops. \$65,000 has been allocated for computers to be placed in the community for client use – specifics have not been determined.</li> <li>• Community input was gathered during 5 meetings from October 14<sup>th</sup> through November 18<sup>th</sup>. There will be continuing opportunities for input from the community as each phase moves toward implementation.</li> <li>• Entering contract negotiations with the vendor – dollar figures shown in the PowerPoint are likely to come down. A Memorandum of Understanding (MOU) with Alcohol and Drug Services (ADS) for their use of a portion of the system is generating some revenue. Ongoing funding requirements after the first 5 years are estimated to be \$1.6M.</li> <li>• The planning process for the Capital Facilities Project has not yet been done. This component revolves around buying or fixing up county-owned buildings. Approximately \$1.3M is available.</li> </ul> <p><u>Member Discussion</u></p> <ul style="list-style-type: none"> <li>• The software vendor is Netsmart Technologies and they participated in a competitive process in 2003. They met all qualifications, but did not rank first in the process. Originally chosen vendor experienced financial insolvency. An executive decision was made and Netsmart was awarded the contract by looking at their history, where they landed in the previous Request for Proposal (RFP) process, and other factors. Netsmart is in use in 28 counties in California and is a large, successful, national company. Current contract goes through April 2011. Will re-negotiate to a 5-year contract starting in July. The contract will not go out for re-bid since we are adding components to a base module and a new vendor would require starting over.</li> <li>• Of \$13M, \$9M is going to Netsmart, the balance is County costs. The contract will be milestone driven. Netsmart has promised to deliver a specified product within a specified time for a specified amount, which will be in their contract. Some of the SacHIE costs may go down over time. Sacramento County will also apply for American Recovery and Reinvestment Act (ARRA) funds available for development of information exchange. The funds are for the medical side, but it will be much easier to link into an existing system, rather than buy or build a new one. Compatibility with other systems will be reached during the last phase of development (see page 5 of PowerPoint).</li> <li>• Access to electronic health records by clients who are mono-lingual in a language other than English, or are illiterate, will be need to be addressed. Hopeful that 4 years down the road there will be capability in place. Need to include language planning in the system.</li> <li>• Road Map expectations will be included in provider contracts.</li> <li>• Changing the name from SacHIE can be taken under advisement.</li> <li>• Employment opportunities for clients/family members to do end user training can be considered, as well as user training in medical terminology. Current thought is to employ 1 full-time contract trainer for 1 year and utilize in-house staff and volunteers.</li> <li>• Point made that it is not expressed anywhere that the project is intended to partially help elderly people who are locked in isolation at home or institutionalized. It would allow them to reach their providers, families, online groups, and each other. There is \$500,000 allocated for Telemedicine, but elaboration of that component could be included as feedback.</li> <li>• Prudent Reserve cannot be used for over-runs. It can only be used for CSS, and after this year, PEI. Technology and WET are one-time funding.</li> </ul> <p><u>Collective comments</u></p> <ul style="list-style-type: none"> <li>• Need to provide clients training on system, including terminology</li> <li>• Include Road Map expectations in contracts with providers</li> <li>• Include language planning in system</li> </ul>

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		<ul style="list-style-type: none"> <li>• Opportunities for peer mentoring and/or consumer employment in training and implementation</li> <li>• Elaborate the Telemedicine component</li> </ul> <p><u>Public Comment</u></p> <ul style="list-style-type: none"> <li>• Patty Gainer – There was not adequate outreach and engagement of clients and family members for the technology project. Speaker knows many clients who desperately want to be able to use email. They don't have access to computers. A lot more funding is needed for hardware, internet access, software, and training for clients/family members in whatever they want in technology. Funding is for what the community wants; primarily clients and family members. Speaker heard a Steering Committee member say that he wanted the inclusion of employment for clients, but heard suggestions for volunteering or mentoring in the discussion. It isn't suggested like that for County employees. Thinks there should be priority for client/family member employment and a floor level of employment for clients/family members in every program and project.</li> </ul> <p><u>Action</u></p> <ul style="list-style-type: none"> <li>• Eileen Jacobowitz re-read the collective comments. No corrections or additions were offered.</li> <li>• Additional comments can be submitted via email to <a href="mailto:MHSA@SacCounty.net">MHSA@SacCounty.net</a>; verbally at the Public Hearing on January 28th; or in writing on index cards, placing them in the purple collection box.</li> </ul>
6.	7:20 pm	<p><b>MHSA Steering Committee Charter &amp; Process Ad Hoc Committee Formation</b> Eileen Jacobowitz, Facilitator</p> <ul style="list-style-type: none"> <li>• The Steering Committee was re-established October 2007, at which time the Charter was established. Would now like to have an Ad Hoc Committee review the Charter, mission, and other materials and make recommendations for changes. It would require 3 to 4 daytime meetings. First three Fridays of the month were suggested.</li> <li>• Committee volunteers; Mary Ann Bennett, Caroline Caton, Sherlie Magers, Dave Schroeder, Frank Topping, Troy Nunley and Joyce Wright. Members of the public can contact these members with suggestions or feedback.</li> <li>• Mary Ann Bennett had issued an invitation for participation by Stacy Hiramoto on this Ad Hoc Committee during the review of prior meeting minutes.</li> <li>• Current Charter is on the website.</li> </ul>
7.	7:40 pm	<p><b>Budget Update</b> Mary Ann Bennett, Mental Health Director</p> <ul style="list-style-type: none"> <li>• Realignment revision numbers were received yesterday. The Department of Behavioral Health Services (DBHS) must reduce by \$626,454 by June 30<sup>th</sup>; expected it to be much more. Looking at how that can be accomplished. Governor made his State of the Union address yesterday; details coming out tomorrow and will be reviewed for impact. The County Executive's Office expects a reduction plan by the end of January. The state budget can be picked up at the governor's office and is online at the state website. State-wide cuts may be listed, but it is hard to figure out the individual county impact. Information will be disseminated as available.</li> <li>• The 10/11 budgets are due by February 26<sup>th</sup>. At this point in time, the DBHS allocation remains what it is currently, there is no initial reduction. Must absorb any unavoidable cost increases, i.e. COLAs or if furloughs are not maintained. State impact still unknown.</li> <li>• Department has developed 5 year revenue projections. MHSA dollars will be reducing during that time. The reductions for CSS are significant; down \$3.7M from 09/10 to 10/11, and will drop even further in 11/12. This affects treatment programs. PEI also will have a dramatic decline. Very challenging to build new programs and sustain them as long as</li> </ul>

	<b>TIME</b>	<b>TOPIC</b>
		<p>possible. A sustainability/anti-reversion plan has been developed, but there are a lot of challenges ahead. Will need to focus on building sustainability with other funding sources. Will come back to this committee to strategize on how to best work with the community to help meet the needs. Mental Health Funding 101 will be presented to Steering Committee.</p> <ul style="list-style-type: none"> <li>• Grant opportunities are a consideration. Government cannot apply, but can be a partner. DBHS is going through a process to determine what is mandated, what is needed, map out gaps, and how to strategically use funding as we go through next few years.</li> <li>• State Department of Mental Health says they will be triggering use of Prudent Reserve for 10/11. Once we make our PEI deposit, we are close to the 50% requirement. Already looking at when we will need to utilize it.</li> <li>• Request for Applicant (RFA) for the Juvenile Justice Diversion Treatment Program (JJDTTP) was pulled back. There were issues with the RFA; it will be re-released this month.</li> <li>• Efforts to mitigate the effects of closing the Crisis Stabilization Unit are ongoing. Census reports are received daily from the Treatment Center. Clients are prioritized by clinical need and acuity. Clients that cannot be seen there are being seen in the Emergency Rooms (ERs), with whom we continue to partner. Will increase bed capacity as quickly as possible once funding has been found.</li> <li>• Psychiatric Health Facilities (PHFs) are a County priority, but no one has come forward to partner. PHFs are smaller facilities (up to 15 beds) that can draw down Medi-Cal. Internal planning is being done and the Division hopes to have a plan in the near future.</li> <li>• Any effects from health care reform that can be determined will be included in the Funding 101 presentation to the Steering Committee.</li> <li>• There is an interest in learning more about Telemedicine. Per Dorian Kittrell, a demonstration is the best learning method, but requires a direct communication link. The Internet cannot be used due to HIPAA requirements. The Treatment Center is now set up. Steering Committee members can contact Dorian and set up an appointment to see a demonstration. Dorian can also give verbal presentation to Committee, if desired.</li> <li>• Congratulations to Tracy Herbert for a fantastic job and best wishes in her new endeavor.</li> </ul>
<b>8.</b>	<b>7:50 pm</b>	<p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>• PEI Plan Amendment Review and Collective Comment at the January 21<sup>st</sup> meeting.</li> <li>• The Plan Amendment is currently posted on the MSHA website. Please review prior to the next meeting.</li> </ul>
<b>9.</b>	<b>7:55 pm</b>	<p><b>Upcoming Meetings</b> (meetings are held the 1<sup>st</sup> and 3<sup>rd</sup> Thursday of each month, from 6:00 – 8:00 pm*)</p> <ul style="list-style-type: none"> <li>• January 21, 2010</li> <li>• February 4, 2010</li> </ul> <p>2010 Steering Committee Meeting Schedule distributed (posted on MSHA website). *NOTE - New meeting time in 2010!</p>
<b>10.</b>	<b>8:00 pm</b>	<b>Adjourn</b>