

SEP 15 2015

By 
Clerk of the Board

For the Agenda of:
September 15, 2015
Timed: 3:00 p.m.

To: Board of Supervisors

From: County Executive

Subject: Response To The 2014-15 Grand Jury Final Report

Supervisorial
District(s): All

Contact: Navdeep S. Gill, Assistant County Executive, 874-5510
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Overview

This is the response to the investigation findings and recommendations contained in the 2014-15 Grand Jury Final Report issued June 18, 2015. County responses were requested for two reports. Staff from the Department of Health and Human Services, the Department of Personnel Services, the Clerk of the Board, County Counsel and the County Executive Cabinet contributed to this report.

Recommendation

1. Adopt this report as Sacramento County's response to findings and recommendations contained in the 2014-15 Grand Jury Final Report.
2. Direct the Clerk of the Board to forward a copy of this report to the Presiding Judge of the Superior Court no later than September 16, 2015.

Measures/Evaluation

Not applicable.

Fiscal Impact

Departments contributing to this report absorbed incurred costs within their respective budgets.

BACKGROUND

Each year the Sacramento County Grand Jury concludes its work and releases its Final Report, typically the last week in June. The report, which can address a variety of activities, functions, and responsibilities of government, typically contains findings and recommendations with a response specifically directed to the Presiding Judge of the Superior Court.

The form of the County's responses as required by Penal Code section 933.05 is as follows:

As to each Grand Jury finding, the responding person or entity shall indicate one of the following:

1. The respondent agrees with the finding.
2. The respondent disagrees wholly or partially with the finding in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons.

As to each Grand Jury recommendation, the responding person or entity shall report one of the following actions:

1. The recommendation has been implemented, with a summary regarding the implemented action.
2. The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.
3. The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of the publication of the Grand Jury report.
4. The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation.

If a finding or recommendation of the grand jury addresses budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or department head and the board of supervisors shall respond if requested by the grand jury, but the response of the board of supervisors shall address only those budgetary or personnel matters over which it has some decision making authority. The response of the elected agency or department head shall address all aspects of the findings or recommendations affecting his or her agency or department.

County Counsel was consulted regarding the response requirements and confirmed that there are no additional requirements beyond those specified above. The level of detail to include in the responses is at the discretion of the Board.

DISCUSSION

The 2014-15 Grand Jury Final Report contained two reports on issues pertaining directly to the County. The reports, "Mental Health Crisis Intervention Services. . . Sacramento County's Shameful Legacy of Neglect" and "The Ralph M. Brown Act. . . Not to be Taken Lightly" required county responses from the Director of the Department of Health and Human Services and the Board of Supervisors. While the Grand Jury only asked the County to respond to specific findings and recommendations related to the two reports, we are following the penal code requirements and responding to all.

1. Mental Health Crisis Intervention Services. . . Sacramento County's Shameful Legacy of Neglect

Finding 1: Sacramento County has abdicated the provision of crisis services for the mentally ill. The current mental health crisis services in Sacramento County are inadequate, anti-therapeutic, costly and dangerous.

Board of Supervisors Response:

Sacramento County disagrees partially with this finding. Sacramento County disagrees with the Grand Jury's finding that the County "has abdicated the provision of crises services for the mentally ill." The 2011 and 2014 Mental Health Plan Triennial program reviews for specialty mental health services conducted by the California Department of Mental Health and the California Department of Health Care Services, respectively, found Sacramento County to be meeting its responsibilities for crisis and hospitalization services.

The County disagrees that current mental health crisis services are anti-therapeutic and dangerous. Crisis services, whether accessed by residents at hospital emergency rooms (ERs), inpatient hospitals or other community service settings, are not dangerous or anti-therapeutic and are staffed by appropriately certified professional staff in appropriately licensed and certified healthcare settings. Medical clearance requirements and screening for specific mental health crisis services depend on level of acuity.

The County agrees that inpatient psychiatric services are costly and that there is an inadequate array of alternatives to this expensive service in our community. Recognizing these gaps, Sacramento County has taken numerous steps to improve its system. In September 2012, the Mental Health Treatment Center (MHTC) redesigned and reopened an Intake Stabilization Unit. This unit coordinates care for all hospitals' referrals, directing individuals to available psychiatric hospital beds as well as admitting them to the 23-hour crisis stabilization service when appropriate.

Going forward, based on extensive collaborative work with the Mental Health Improvement Coalition as well as the Mental Health Board and the Mental Health Services Act (MHSA) Steering Committee, the County has committed to make improvements to its crisis and hospital service options:

- Development of four Crisis Residential Programs to expand capacity by 60 residential treatment beds outside a hospital setting;
- Two mobile crisis teams in operation starting April 15, 2015;
- Mental health navigator program to be implemented third quarter 2015;
- Planned increase of at least one psychiatric health facility (15 Medi-Cal-reimbursable inpatient hospital beds) within the current fiscal year;
- Expansion of outpatient service capacity, serving 150 additional persons with highest-intensity service, including housing support as needed;
- Step-by-step increase in use of MHTC Intake and Stabilization Unit for direct admission from the community, including direct access by the mobile treatment teams, already begun. Budgeted staff increases will support additional expedited access by navigators, and then law enforcement, to be implemented stepwise as the new residential beds

become operational, so that exit capacity from the crisis unit is sufficient to ensure that the 23-hour regulatory time limit is not violated for this facility.

Finding 2: Sacramento County's decision to close the Crisis Stabilization Unit to adult patients and to eliminate 50 beds from the Sacramento County Mental Health Treatment Center, as well as subsequent program decisions, has had widespread negative fiscal impacts.

Board of Supervisors Response:

Sacramento County disagrees with this finding to the extent that the fiscal impacts listed in the Grand Jury report are a result of many factors and not just the 2009 reduction in access to the Crisis Stabilization Unit and the conversion of 50 beds at the Treatment Center to outpatient beds. Many subsequent program decisions that built outpatient capacity in this community have redirected the trajectory of mental illness for thousands of residents.

The high cost of inpatient hospital beds, including existing Federal exclusions for reimbursement for care in facilities with more than 16 beds, has for many years prevented the County from redirecting funding and investing in outpatient and residential treatment options that are much more therapeutically appropriate in many cases. The absence of sufficient appropriate treatment options in the community is the key factor in the high cost of providing crisis services in Sacramento.

In response, many of the County's program decisions have grown the community-based prevention and outpatient system of care through the Mental Health Services Act, resulting in a variety of intensive programmatic alternatives to inpatient care for adults with mental illness. The responses to Recommendations 3, 4, 6, 7 provide a few of many examples of program decisions that demonstrate the County's commitment to services in the least restrictive environment.

It is also important to acknowledge the very real consequences to patients of the over-crowding that led to the County's loss of certification (2000-2003) when its crisis unit failed to comply with the regulation that limits stays to less than 24 hours in the crisis unit. The old way of providing access to crisis services did not provide prompt access to appropriate treatment, and it proved to be unsustainable.

In fact, the County's commitment to operationalize four residential crisis programs, serving 60 additional individuals at any time, plus an additional 16-bed inpatient psychiatric facility, will have a substantial impact on many of the concerns raised in this report, including emergency rooms, law enforcement, and prompt access for patients to appropriate care. By providing increased discharge alternatives, it will enable the County's crisis stabilization unit to provide increased access to more clients without jeopardizing its certification. The County believes that this is the financially and programmatically sound solution, and all of the stakeholders who have been participating in the planning of this approach are united in supporting it.

Finding 3: Sacramento County's shift of responsibility for crisis services has overwhelmed community hospital emergency rooms.

Board of Supervisors Response:

Sacramento County disagrees partially with this finding. The County acknowledges that decisions about the use of the MHTC crisis stabilization unit presented emergency departments with significant challenges. As detailed in our response to Finding 1, the County has made significant commitments and investments to provide material relief by getting individuals needing mental health treatment to appropriate treatment more promptly than is the current practice in the community.

The County disagrees that its decisions are the sole contributing factor to the increased use of emergency rooms by people in mental health crisis. The Grand Jury's finding does not address other relevant pressures on emergency departments, such as the impact of staffing decisions at emergency rooms or the increasing numbers of uninsured individuals presenting at emergency rooms for basic primary healthcare.

Finding 4: Sacramento County's use of inpatient hospitals is dysfunctional and currently too expensive.

Board of Supervisors Response:

Sacramento County disagrees partially with this finding. In many cases, inpatient hospitalization is needed and effective for many patients, when clinically appropriate. However, the County also acknowledges that the absence of sufficient alternative community-based treatment options results in some over-utilization of inpatient care. It is certainly absorbing a disproportionate share of the resources that might otherwise be invested in building out such alternatives.

While it is correct that inpatient hospital bed care is expensive, there are numerous factors that account for this cost, such as the Federal payment exclusion for hospitals over 16 beds (IMD Exclusion). Our response to Recommendation 10 explains in more detail the cost structures that affect the rates that the County is paying for inpatient hospitalization.

Sacramento County has made significant efforts in the last four years to reduce dependence on psychiatric hospitals with more than 16 beds and has increased its programming with local MediCal-reimbursable Psychiatric Health Facilities (PHFs). Two have been in operation since 2010 and 2012 and another is planned for Fiscal Year 2015-16.

The County agrees that inpatient hospitalization currently absorbs an unnecessary and disproportionate portion of the mental health services budget. Prior to the Affordable Care Act (ACA), care provided in these psychiatric facilities was considered "charity care" by the psychiatric hospitals. An unintended consequence of individuals becoming MediCal eligible under ACA was a dramatic increase in psychiatric hospitalization costs to the County. Ideally, the County would be making these investments in intensive outpatient treatment, residential treatment, supportive housing, and other therapeutic multi-level alternatives to psychiatric hospitalization.

Finding 5: Sacramento County's shift of responsibility for crisis services has adversely impacted area law enforcement agencies.

Board of Supervisors Response:

Sacramento County disagrees partially with this finding. The County disagrees that it has shifted its responsibility for crisis services. The 2011 and 2014 Mental Health Plan Triennial program reviews for specialty mental health services conducted by the California Department of Mental Health and the California Department of Health Care Services, respectively, found Sacramento County to be meeting its responsibilities for crisis and hospitalization services.

Based on collaboration and frequent communication with law enforcement officials, the County agrees that law enforcement officers are spending considerable time in hospital emergency rooms while emergency department personnel and staff at the County's crisis stabilization unit consult in an effort to access appropriate treatment options for patients. However, there are many factors that may contribute to this beyond reduced direct access to the MHTC. The County cannot address the hospital and non-county law enforcement policies that require them to wait in that setting. The current practice of Sheriff personnel, when transporting an individual who meets the criteria for a 5150 involuntary hold to a hospital, is to fill out the paperwork and then leave the individual in the hospital triage process. If the individual is non-compliant, the practice is to stay until the person is accepted by the hospital. The time commitment becomes more complex if the originally compliant individual walks away or becomes non-compliant. The Sheriff Department supports County plans to facilitate more prompt access to appropriate treatment, including the use of mobile crisis teams, navigators at the jail and at hospital emergency departments, and establishment of a law enforcement hotline to the County's crisis stabilization unit, all of which will reduce the need for long wait times in emergency departments. The County also notes that prison/correctional realignment has brought more pressures on law enforcement and correctional systems. Factors such as this contribute to the challenges facing law enforcement.

The County is committed to improving mental health services and has invested in numerous program initiatives that we expect will significantly reduce time spent waiting in emergency departments while medical personnel seek appropriate treatment for persons coping with mental health crises. The County has already implemented direct access to the MHTC crisis stabilization unit for patients served by joint clinician/law enforcement mobile crisis teams. Planning is underway for expedited access to the MHTC crisis stabilization unit, implemented in a stepwise fashion as residential treatment beds become operational, so that the crisis unit has sufficient discharge alternatives to meet regulatory requirements limiting stays to less than 24 hours. The County's plan for prompt access to appropriate treatment will have a significant impact on time that officers currently spend in emergency rooms, providing more options for expedited access to treatment than were available to clients in the past, even when the crisis stabilization unit was open for walk-ins and drop-offs.

Finding 6: Sacramento County's relationship with hospital providers and law enforcement is strained or conflictual.

Board of Supervisors Response:

Sacramento County disagrees partially with this finding. The County acknowledges that changes to the mental health crisis system have placed pressures on all sectors of the system and that disagreement over priorities and decisions from all sectors has challenged relationships. However, the Grand Jury finding does not take into account the outstanding work devoted to system wide problem-solving among County staff, the hospitals, emergency responders, law enforcement, and consumers that has taken place in the past year.

County officials have been committed participants in several collaborative forums, including the Mental Health Improvement Coalition led by hospital providers and work groups with law enforcement officials on services and policies to serve homeless populations, training, and mobile crisis team initiatives with law enforcement.

The energy and creativity brought to these efforts by County officials has been recognized by community partners. For example, at the County's Recommended Budget hearings on June 16, 2015, a hospital official representing the Mental Health Improvement Coalition commended the County's mental health services rebalancing plan and expressed support for the work of County officials and program personnel, calling them "incredible partners" and commending their "leadership, creativity, brave decision-making" that led to "stellar results" that would take "Sacramento County from a place of opportunity to being one of the best-practice counties throughout the State."

It is important to note that community relationships include not only those with hospital officials and law enforcement, but also advocacy organizations, consumers, and families who are critical stakeholders in our policies and programs. The County has also strengthened its relationships with these community constituents, as evidenced by multiple years of regular meetings of the Mental Health Board and the Mental Health Services Act Steering Committee and subcommittees, ensuring that all parts of the community participate in program planning decisions.

Finding 7: Sacramento County's use of long-term, non-acute 24-hour care utilization is inadequate, costly and fails to utilize more appropriate alternatives.

Board of Supervisors Response:

Sacramento County disagrees partially with this finding. The County disagrees that it fails to utilize more appropriate alternatives. Since the inception of the Mental Health Services Act (MHSA), Sacramento County has been a leader in the creation of Full Service Partnerships (FSPs) for adults with serious mental illness to create intensive-outpatient alternatives for their care. These are excellent alternatives to long-term, non-acute 24-hour services. In FY 2014-15, 1,474 individuals with serious mental illness received services in these intensive outpatient programs. Each individual in an FSP has benefitted from this intensive, individualized, community-based approach, which includes housing supports, as needed. In FY 15-16, the County is expanding these FSPs to immediately serve an additional 150 individuals, with plans for additional capacity.

Sacramento County agrees that the availability of long-term, non-acute 24-hour care is inadequate in Sacramento, though it should be noted that this situation is not unique to Sacramento County. The conversion of many private operators long-term, non-acute 24 hour care programs to other types of care that have better reimbursement structures has reduced capacity over the last ten years in Sacramento County and elsewhere. Sacramento has the additional challenge that existing local facilities are utilized heavily by other counties.

Recommendation 1: Provide documentation that they are meeting all requirements for the provision of crisis and hospital services for the seriously mentally ill.

Board of Supervisors Response:

The recommendation has been implemented in that the referenced documentation currently exists. The 2011 and 2014 Mental Health Plan Triennial Audits conducted by the California Department of Mental Health and the California Department of Health Care Services, respectively, found Sacramento County to be in compliance for crisis and hospital services for individuals with serious mental illness.

Crisis services in 2011 and 2014 were delivered through three pathways: (1) Emergency Rooms in all hospitals are the first point of entry for services. (2) After medical clearance, individuals are either referred to inpatient psychiatric hospitalization at local hospitals, the Mental Health Treatment Center (MHTC) or one of the two Crestwood Psychiatric Health Facilities (PHF) for stabilization services. (3) Post stabilization individuals are served either through the outpatient system or through other providers in the community. All providers, county operated and contracted mental health providers, deliver community based crisis intervention as necessary. The 2014 Triennial audit also found the County to be in compliance in this area. (Attachment 1).

Sacramento County meets the requirement for provision of hospital services through either its own MHTC 50 bed facility, through the two contracted PHFs, or through its contracts with private psychiatric hospitals in the County. The three local psychiatric hospitals are Sutter Center for Psychiatry, Sierra Vista Hospital and Heritage Oaks Hospitals. In Fiscal Year (FY) 2014-15, the bed rate for these services was \$950 and the County allocated and spent \$16 million to pay for contracted inpatient hospital beds to meet this requirement.

Recommendation 2: Establish a fully functional and available 23-hour intake and evaluation crisis unit (Crisis Stabilization Unit) or similar urgent care model.

Board of Supervisors Response:

The County agrees with the recommendation and is in the process of implementing it, as demonstrated by steps taken since 2012 to increase and restore access to its crisis stabilization unit. In September, 2012 the County expanded 23 hour crisis stabilization services allowing for an increase of admissions compared to what was in place from 2009 to 2012. The service is referred to as the Intake Stabilization Unit (ISU). A merger and cross training of children's and adult clinicians formed an integrated crisis stabilization service team allowing for round the clock 24/7 telephone screening and processing of 5150 referrals. In FY 2013-14, 1,804 adults were transferred to the Mental Health Treatment Center (MHTC) from local emergency rooms allowing for a comprehensive mental health assessment, crisis stabilization services, aftercare

hospitalization, and/or other services. Additionally, another 744 individuals were either directly admitted to the MHTC inpatient unit or directly diverted for services to one of the contracted PHF beds managed by the ISU. Example includes forensic clients treated at the MHTC.

In April 2015, the County funded and implemented two operational mobile crisis teams that have direct access to the crisis unit, so that persons in crisis evaluated by these mobile teams do not go to the local ER unless a medical condition requires such action.

In June 2015, the Board of Supervisors approved 18 positions for the MHTC to continue the process to restore access to the Crisis Stabilization Unit (CSU) to the 2009 level: direct admission by law enforcement, other system partners, and adults seeking crisis services. This will further reduce the number of persons in crisis using emergency rooms.

The County is also working to develop other programming that is essential for sustaining a fully functioning CSU. This includes an expansion of its Full Service Partnership (FSP) intensive community based outpatient programs, where 24/7 crisis response is part of the treatment model; development of Crisis Residential Program beds; the addition of Psychiatric Health Facility (PHF) beds; and, purchase of sub-acute and forensic treatment beds.

Recommendation 3: Develop, expand and support outpatient programs that respond to and mitigate mental health crises before they escalate.

Board of Supervisors Response:

The County agrees with the recommendation and is in the process of implementing it, as demonstrated by the County's investment in programs over the past several years. Some examples below illustrate the County's effort in this area:

- Since 2009, the County's Department of Health and Human Services (DHHS) has funded seven Full Service Partnerships (FSPs); a service model that provides a comprehensive array of services and supports to address the needs of clients with complex, intensive service needs to prevent escalation to crisis service levels. These community based outpatient programs provide intensive services including 24/7 crisis response. There are plans to open an eighth FSP in FY 2015-16 that focuses on Transition Age Youth.
- From 2007-2010, DHHS implemented several programs that contribute to mitigating mental health crises before they escalate. Two Wellness and Recovery Centers were opened, one in 2007 and another in 2009, for individuals to access a variety of resources, groups, and supports. The Transitional Community Opportunities for Recovery and Engagement (TCORE) Program opened in 2007. TCORE provides flexible, responsive outpatient services to difficult-to-engage clients and/or clients with noted barriers to services. A Peer Partner program was added to the County-operated clinic to also expand available types of services and supports.
- Between 2009 and 2011, DHHS implemented Prevention and Early Intervention (PEI) and Innovation projects funded by Mental Health Service Act (MHSA) component funding. These projects respond to crises before they escalate and provide a variety of referrals and supports, as well as proactive response to community need in this area.

- In FY 2009-10, DHHS provided funding to WellSpace Health to provide a 24-hour suicide prevention and crisis line for callers of all ages at risk of suicide. A variety of warm lines and other cultural specific interventions have been created as part of prevention programs.
- In FY 2010-11, DHHS funded nine community-based programs through PEI-Suicide Prevention resources. This project, known as “Supporting Community Connections“ (SCC), includes a network of eight community-based agencies working collaboratively to provide support services to mitigate against mental health crises of people in targeted underserved high risk communities.
- In FY 2011-12, DHHS created a Community Support Team (CST) to work with Crossroads Vocational Services to provide flexible, field-based services to community members experiencing a crisis. Services include assessment, support and linkage to on-going services and support.
- In 2011, DHHS implemented the five-year Respite Partnership Collaborative Project, funded by Mental Health Services Act (MHSA) Innovation Component funding. The project has funded eleven mental health respite programs for individuals at risk of or experiencing a mental health crisis. The MHSA Steering Committee has expressed support for sustainable MHSA funding for respite programs demonstrating success and impact.
- In 2015, Community Care Teams, funded through MHSA, were implemented at the Regional Support Teams as components to existing programs to create additional service capacity and flexibility of response.

Recommendation 4: Expand mobile crisis programs.

Board of Supervisors Response:

The County agrees with the recommendation and is in the process of implementing it, as demonstrated by steps already taken to fund and implement programs. Using a 2013 Investment in Mental Health Wellness Act (SB82) grant and Mental Health Services Act (MHSA) funding, two Mobile Crisis Support Teams (MCSTs) were implemented in April 2015. The MCSTs provide timely crisis intervention and assessment when an individual experiencing a mental health crisis comes to the attention of law enforcement. The crisis response, support, and linkage to services continue until the client is stabilized and appropriate community resource linkages are established. These teams collaborate with other mental health programs, providers, and partners to utilize a full array of resources to coordinate services. The MCSTs are included in “roll call” where law enforcement officers meet for daily briefings and announcements.

Recommendation 5: Assure continuation of CIT (Crisis Intervention Training) opportunities for law enforcement by exploring all available funding options.

Board of Supervisors Response:

The County agrees with this recommendation and is in the process of implementing it, as evidenced by the production of a mental health training education program provided to Sacramento City Police Department (SPD) and Citrus Heights Police officers and supervisors. Individuals with lived experience of mental illness shared their interactions with Law

Enforcement to demonstrate both what was helpful and what could be done differently. In 2012, partners updated the training so that it now meets the Police Officer Standards and Training (POST) certification requirements. In 2011 Sacramento County Sheriff's Department requested that the training be part of their 2012-13 and 2013-2014 Advanced Officer Training (APT) schedule. Over 114 training sessions were provided to all deputies and Sheriff Office staff (18 for Sacramento Police Department, 3 for Citrus Heights, 92 for Sacramento Sheriff's Department).

There is a Sacramento County Regional Crisis Intervention Team (CIT) that currently provides additional 8 hour and 24 hour training in partnership with several law enforcement agencies. Funded by a Homeland Security grant, this program is in place through May 2016. The Division of Behavioral Health Services (DBHS) participates in the development of the curriculum. As partners in this project, DBHS is committed to its success and sustainability and will explore all possible funding options.

Recommendation 6: Expand crisis residential services, both acute and non-acute.

Board of Supervisors Response:

The County agrees with this recommendation and is in the process of implementing it. In this regard, the County has actively pursued every opportunity for competitive capital funding grants through the 2013 Investment in Mental Health Wellness Act (SB82). To date, Sacramento County has secured \$6.9 million (\$1.2 million in Round 2 and \$5.7 million in Round 3) in capital facility funding administered by the California Health Facilities Financing Authority (CHFFA) to implement four crisis residential programs totaling 60 short-term residential treatment beds. This capital funding is being matched with treatment services funded through behavioral health realignment and Mental Health Services Act (MHSA) funding.

Crisis Residential Program beds are eligible for Medi-Cal Federal reimbursement and help clients develop coping skills to overcome crises and live in the community. This program is in contrast to inpatient hospital beds that provide only inpatient stabilization care and are not eligible for Medi-Cal reimbursement due to size of facility.

While one crisis residential program will be generic – no specific program focus – three will have specific programmatic focus responding to identified gaps in the behavioral health crisis response continuum with a goal of improving client flow from crisis to outpatient services.

- One Rapid Turnaround Step-Down Crisis Residential Program focused on individuals with a crisis presenting at emergency departments (EDs). This program will provide short-term services and supports to mitigate the immediate mental health crisis in a supportive environment with a primary focus on clients already engaged with outpatient treatment providers.
- One Co-Occurring Disorders Crisis Residential Program focused on diversion from EDs with an emphasis on individuals with a co-occurring substance use disorder who are experiencing an immediate mental health crisis. There will also be some capacity for community provider referrals to prevent inappropriate and unnecessary psychiatric hospitalizations or ED visits.

- One Family/Community Focused Crisis Residential Program focused on individuals referred from community providers as well as EDs. This program will also provide access for step-up from community providers to address a crisis before requiring presentation at an ED.

Recommendation 7: Maximize reimbursable services utilizing funding sources including Prop 63 (MHSA), S.B. 82 (Mental Health Wellness Act), and Medi-Cal.

Board of Supervisors Response:

The County agrees with the recommendation and has taken the following actions to implement it:

- Sacramento County has invested \$16 million in housing for homeless people living with severe mental illness. These local funds have leveraged over \$130 million of Federal, State and local housing dollars to finance hundreds of apartments, of which 161 are currently dedicated to MHSA tenants. As a result of efforts to date, approximately 660 households (about 760 homeless persons living with mental illness) are housed with over \$9 million in treatment services attached to these Permanent Supported Housing programs.
- In Sacramento, there are seven fully operational MHSA-funded Full Services Partnership (FSP) programs serving over 1,600 clients annually. Each of these FSPs leverages Medi-Cal funding for associated treatment.
- Wellness and Recovery Centers, Transitional Community Opportunities for Recovery and Engagement (TCORE) Program, and Adult Psychiatric Support Services (APSS) Clinics maximize Medi-Cal, Prop 63, and community resources in different ways with private and public partners.
- Through the MHSA Innovation Component, the County has funded 11 new mental health respite programs in the Sacramento community for individuals at-risk of or experiencing a mental health crisis. Prevention programs include a variety of suicide prevention projects. Early Intervention is also included at the UCD EDAPT (Early Diagnosis and Preventative Treatment). This program is a nationally recognized service model, receiving National Institute of Mental Health grant support as well as funding from the Substance Abuse Mental Health Services Administration (SAMHSA). These federal resources complement the local Medi-Cal and MHSA investment.
- Using SB 82 grant awards, the County is adding 60 crisis residential beds, two Mobile Crisis Support Teams, and twenty-one triage navigators to the Sacramento system of care. These grant awards will be leveraged with MHSA, Realignment, SAMHSA, and Medi-Cal.

Recommendation 8: Clearly articulate the County's budget for crisis and hospital services for non-Medi-Cal patients.

Board of Supervisors Response:

This recommendation will not be implemented because it is not warranted. Sacramento County does not maintain a separate mental health budget for crisis and hospital services for non-Medi-Cal patients. In fact, as a result of California's major expansion of Medi-Cal eligibility, the vast majority of the clients the County serves with mental health treatment services are now Medi-Cal clients.

Recommendation 9: Involve the community in developing strategies regarding hospital bed availability, utilization and funding for patients requiring psychiatric inpatient care.

Board of Supervisors Response:

The County agrees with this recommendation and has historically implemented it as exemplified by a rich history of strong community involvement in this issue.

- Consumers with lived mental health experience, their family members, and other public interest stakeholders comprise 50 percent of The *Mental Health Board (MHB)*. In 2011, the MHAB issued a "Feasibility Study of Alternatives for Individuals with Chronic Untreated Mental Illness in Sacramento". It collected its information through a broad cross-section of views in the community. This type of effort remains a prominent part of its work as the Board conducts regular site visits, hears from the community at large, and plays an important advisory role to County staff and the Board of Supervisors. The Board has received, reviewed, and provided comment and recommendations on access to psychiatric beds and alternatives to bed capacity in our community and maintains an active involvement through its monthly meetings as well as participation in other related workgroups.
- Consumers of mental health services, family members, and County and community partners comprise 50 percent of The *Mental Health Services Act (MHSA) Steering Committee*, which advises Sacramento County regarding the implementation of the MHSA. The MHSA Steering Committee brings broad cross-system and cross-community perspective to development of alternatives to inpatient psychiatric beds emphasizing the principle that more robust recovery-oriented outpatient services are an indispensable complement to any successful or stable inpatient service model.
- Since September 2014, County staff has been meeting with representatives of the four hospital systems in Sacramento County (Dignity, Kaiser, Sutter, and UC Davis) to discuss viable strategies to address the impact of providing mental health crisis care in local area emergency rooms. This hospital-led group has expanded to create a "Mental Health Improvement Coalition" (MHIC) with the addition of the Sierra Health Foundation, Emergency Medical Services, the Sierra Sacramento Valley Medical Society, and Valley Vision. The MHIC discussions have contributed to a detailed plan to form a step-wise, multi-level, multi-tiered approach to improving crisis mental health services. On March 24, 2015, the Board of Supervisors endorsed a plan that includes an increase in crisis residential

beds, more outpatient capacity, and other strategies to create the environment in which a crisis stabilization unit with direct admission would be successful in this community.

Recommendation 10: Cease the ongoing renovation project to convert the closed 50 beds at SCMHTC and conduct an independent evaluation of cost-effective and highest use for this facility.

Board of Supervisors Response:

This recommendation will not be implemented because it is not warranted. In 2009, Mental Health Services Act (MHSA) Capital Facilities funding provided an opportunity to renovate the empty space and redesign the SMHTC campus into a recovery oriented outpatient/inpatient service center. The County completed a thorough, facilitated stakeholder process which included consumers, family members, and the larger community, resulting in a plan for the campus. That outpatient renovation was started in 2012 and is now in its final stages. By October, 2015, the SMHTC will have a campus which includes an outpatient component with a multidisciplinary team including clinicians, peers with lived experience, family members and a medical team alongside the existing 50 bed facility and the Intake Stabilization Unit (ISU). Once construction is complete, there will be opportunities to utilize this space for training, teaching, consumer/family member and community events. Proximity to the UCD campus and Department of Psychiatry is an asset to this plan.

This plan is based on a thorough fiscal and service-needs assessment. Clients served in the inpatient MHTC beds are not eligible for Federal funding. The Institute for Mental Diseases (IMD) Exclusion prohibits Federal reimbursement to inpatient psychiatric facilities with over 16 beds. While a three-year demonstration project in 2010 permitted Federal reimbursement for private free standing hospitals, such reimbursement for public institutions such as the MHTC was excluded. Therefore, all inpatient costs for patients at the MHTC are local costs. Given both programmatic and funding barriers inherent in a 100-bed MHTC facility, the County remains committed to its plan to renovate the MHTC campus with a variety of programming that supports inpatient and outpatient mental health services.

The County also notes that the Grand Jury cost calculations are incorrect.

- The Grand Jury cites a \$1,325 per bed-day cost for an inpatient bed at the MHTC. The County calculates a rate of \$1,066. Psychiatric hospitals charge the County a rate of \$950. Irrespective of the differences noted in the calculation, none of these costs are reimbursable from Federal funding due to the IMD Exclusion. The 50 MHTC beds that were reduced in 2009 were not and are not eligible for any Federal funding.
- The Grand Jury cites a dated rate of \$653 per bed-day cost for an inpatient bed at a Psychiatric Health Facility (PHF). The County calculates this PHF rate as \$750. Rates are negotiated and change annually over the cited five-year period. Irrespective of the differences noted in the calculation, 50% of the PHF rate is reimbursable by Federal funding for Medi-Cal eligible clients. Thus, the two under 16-bed PHFs the County has operationalized in 2011 and 2012 receive Federal reimbursement. Plans are underway to add one or more PHFs to continue this model of expansion.

The County's rebalancing plan includes an increase of 60 residential treatment beds and at least 15 additional inpatient psychiatric health facility beds. The County's plan makes fiscal and programmatic sense, providing more options for people who need a safe, stable place to be for short-term treatment, whether hospital care is really needed or a stable treatment environment is needed that helps individuals cope with daily living challenges in the community without requiring intensive inpatient hospitalization.

Recommendation 11: Use existing SCMHTC hospital beds for acute stays rather than for non-acute or administrative stays.

Board of Supervisors Response:

The County agrees with this recommendation and will implement it to the extent that it is reasonable considering the totality of circumstances. Administrative stays reduce the MHTC's bed capacity for assisting persons in a mental health crisis. The County has initiated several strategies for finding alternative placements for these patients to alleviate this capacity issue. The County's FY 2015-16 budget includes the purchase of 20 additional sub-acute beds at a Mental Health Rehabilitation Center. The County is also looking at alternative placements for restoring competency for individuals redirected from the jail on either misdemeanors or felony charges and expects to implement plans by the end of the calendar year.

The Grand Jury notes an increase in the number of reported inmates with a diagnosis for mental disorders placed at the MHTC, and attributes this to the budget reductions of 2009. The Grand Jury does not fully take into consideration the complexity of issues underlying administrative or non-acute care for the different kinds of patients served at the SMHTC. Administrative stays are a result of several, interconnected local, regional and cross-system factors: a shortage of local and regional sub-acute beds; defendants mandated to receive competency restoration treatment under Penal Code 1370 (Incompetent to Stand Trial); correctional realignment (AB109) discharges of low level offenders to the community that has changed the dynamics of local jail capacity and population; and uninsured clients or clients pending Medi-Cal/SSI/disability benefits pending placement in other facilities.

Recommendation 12: Consider additional 16-bed Psychiatric Health Facilities contingent on the analysis of an overall mental health crisis response plan.

Board of Supervisors Response:

The County agrees with this recommendation and has already taken steps to increase Psychiatric Health Facilities (PHF) capacity by 48-64 beds.

- A 12-bed PHF was opened in 2010.
- A 16 bed PHF was opened in 2012 and the existing 12 bed PHF was expanded to 16 beds
- The County has secured the commitment of Heritage Oaks Hospital to open a new 16 bed PHF dedicated to Sacramento County client by January 2016.
- Negotiations and efforts continue for increasing this PHF capacity with community partners, with a strong possibility for a second facility providing 16 beds in 2016.

Recommendation 13: Address the damaged relationship with community hospitals, law enforcement, and the mental health community at large.

Director, Department of Health and Human Services Response:

The County agrees with this recommendation and fully recognizes the importance of relationships with its partners and the larger mental health community, and has acknowledged the impact of service reductions necessitated by the fiscal impacts of the recession on the system. This impact has not been exclusive to Sacramento County, but has been felt nationwide. In 2011, the National Alliance on Mental Illness released a report called “State Mental Health Cuts: A National Crisis”, which noted that:

“the worst recession in the U.S. since the Great Depression has dramatically impacted an already inadequate public mental health system...States have cut vital services for tens of thousands of youth and adults living with the most serious mental illness. These services include community and hospital based psychiatric care, housing and access to medications.”

The County recognizes the impact of these reductions on our partners in law enforcement, hospitals, outpatient treatment providers, and most importantly on consumers and their families. During this difficult period, the County has worked with its partners and the community to address mental health needs in our community. Without this partnership between dedicated County staff and committed community providers and advocates, the County would not have been able to implement the crisis respite programs, the suicide prevention programs, the warm lines, the homeless supportive housing programming, the wellness and recovery programs, and kept the stretched outpatient sector in operation.

More recently, the County has devoted considerable energy and creativity to developing many of the initiatives laid out elsewhere in this response. This commitment and follow-through have been recognized by community partners. For example, at the County’s Recommended Budget hearings on June 16, 2015, a representative of the Mental Health Improvement Coalition has commended the County’s mental health services rebalancing plan and expressed support for the work of County officials and program personnel, calling them “incredible partners” and commending the “leadership, creativity, brave decision making” that led to “stellar results” that would take “Sacramento County from a place of opportunity to being one of the best-practice counties throughout the State.” Upon adoption of the County’s FY 2015-16 mental health budget that funds the rebalancing initiative and its many additional beds and services, hospital officials wrote to “celebrate that collaborative and collective accomplishment” noting that they were “already hearing wonderful reactions from many, many community partners about the hearing yesterday, [the] presentation, the Board’s reception, and the work that has and is being done by the County and all, collectively.”

The County has worked intensively with hospital systems and other partners to develop strategies and solutions that improve local mental health service delivery. Since January, 2015, County representatives and all four local hospital systems have worked together to develop new ways to address areas for short-term, medium term and long term change. Intensive bi-weekly meetings started in January 2015 and over a six month period resulted in major programmatic and budgetary commitments. These meetings with more partners and touching multiple other areas of service need to continue. The four hospital system representatives along with County

staff and other community partners toured three other counties' crisis programming in February, 2015 and engaged in intensive discussions to create new alternatives for the crisis continuum of care locally. Out of these efforts, with unanimous hospital system support, the County successfully submitted grant applications for three new crisis residential programs. Two mobile teams in partnership with law enforcement started in April 2015. A mental health navigator program with presence in key entry points to service (such as ERs), and collaboration with each hospital system is scheduled to be in operation in September 2015, and several other initiatives to rebalance the mental health system are planned for late Fall 2015. All these initiatives are a result of the collaboration among hospitals, County mental health and a community based provider system.

In short, the County acknowledges the impact the recession and subsequent State and Federal policy changes have had on community partners, and has already made significant improvements to working relationships with key partners.

Board of Supervisors Response:

The Board of Supervisors concurs with the response provided by the Director of the Department of Health and Human Services.

Recommendation 14: Provide alternative long-term 24-hour non-acute capacity that is less expensive than acute hospitalization.

Board of Supervisors Response:

The County agrees with this recommendation, as demonstrated by steps already taken to create such alternatives. Sacramento County utilizes contracted sub-acute beds in a variety of locked residential programs throughout the State of California. These facilities are classified as Mental Health Rehabilitation Centers (MHRC). Individuals placed in these settings are typically under LPS conservatorship and are deemed gravely disabled due to a mental health condition. An MHRC placement is less expensive than a private hospital acute stay and more such placements will increase relief to local ERs. The 2015-16 budget recently approved by the Board of Supervisors includes an augmentation of funding for an additional 20 MHRC beds. The ability to get access to those local beds will be dependent on other counties' demand as well as local provider capacity.

Other efforts to expand non-acute capacity are described in responses to other recommendations in the report, including funding for four residential crisis programs bringing sixty more beds to the system. County efforts are focused on developing multiple types of 24-hour alternatives as client needs for treatment vary greatly. The County is also looking at alternative placements for restoring competence for individuals redirected from the jail on either misdemeanors or felony charges and expects to implement plans by the end of the calendar year.

Recommendation 15: Develop and implement programs for difficult to place patients.

Board of Supervisors Response:

The County agrees with this recommendation, as demonstrated by steps already taken to create such programs. With correctional realignment, the return of lower level offenders to the community (frequently without benefits in place), and the lack of capacity at State hospitals, counties have been the recipients of more difficult to place patients. The State responsibility for Incompetent to Stand Trial (1370-Felony) has fallen on local jails holding these patients. Individuals who are not restored to competency (Murphy's Conservatorships) are also returning to County Mental Health responsibility at shorter time frames than ever before from State Hospital settings. All these factors have historically played out in creating more administrative bed stays at the Mental Health Treatment Center. Irrespective of the challenges in developing new programs, Sacramento County highlights the following programs already in place to address this recommendation.

- In February 2014, Community Alternatives for Recovery and Engagement Plus (CARE+) was developed. This program is an innovative project that joins intensive outpatient mental health services with closely coordinated activities by the LPS conservator. This program unifies the programmatic strengths offered by intensive treatment and case management, with conservatorship to help clients live as independently as possible within our community. It was designed to support clients on their path to recovery and do whatever it takes to help them succeed. To date, this program has seen 20 individuals and outcomes have been impressive. For this group of high recidivist clients, psychiatric hospitalizations have decreased by 61%; ER visits have decreased by 49%; incarcerations have decreased by 94%.
- The FY 2015-16 budget has made some important commitments to create new programming and capacity in this area. (1) Additional funding (\$257,000) has been allocated to hire two more conservators to increase CARE+ capacity by 30 to this program. (2) Allocation has been made to purchase 20 more sub-acute residential beds in Sacramento County. (3) A plan is being explored with the Sheriff's Department to find an alternative to the MHTC for competency evaluations for 1,370 misdemeanants. (4) Implementation is underway to add capacity to intensive Full Service Partnerships that serve individuals with high hospital and incarceration rates by adding 150 spaces in existing programs. All these efforts supplement the County's Intensive Placement Team (IPT) effort to oversee and continuously monitor the care delivered to individuals in existing high level placements. IPT seeks to ensure that the individuals are placed at the right level of care and for the appropriate amount of time before they are brought back to community living.

2. The Ralph M. Brown Act . . . Not to be Taken Lightly

Finding 1: Larger Boards such as the Board of Supervisors and city councils, which can afford consistent legal guidance at their meetings, usually follow Brown Act procedures.

Board of Supervisors Response:

We agree with this finding.

Finding 2: There may be Brown Act violations that go unnoticed by staff, board members, and the public, especially in smaller jurisdictions.

Board of Supervisors Response:

We do not agree with this finding because we are not aware of any evidence to support it.

Finding 3: Awareness of such violations is often triggered by a controversial decision, and can cause great embarrassment. Rectifying violations can be very expensive and result in unplanned costs.

Board of Supervisors Response:

We do not agree with this finding because we are not aware of any evidence to support it.

Finding 4: There are numerous opportunities to get professional Brown Act training. New Board members and key employees appear to all receive training. It is unclear whether that training is reinforced every two years as required in Government Code 53235.1(c)(2)(b).

Board of Supervisors Response:

We agree with the first part of this finding regarding the opportunities available for training. We disagree with the finding that it is unclear whether training is reinforced every two years for those entities under the County's jurisdiction. The County regularly notifies and offers training to those required to take such training.

Finding 5: Since the general public has limited exposure to the Brown Act, strict adherence reduces the potential for procedural controversy.

Board of Supervisors Response:

We do not agree with this finding because we are not aware of any evidence to support it.

Recommendation 1: Jurisdictions must always follow Brown Act procedures.

Board of Supervisors Response:

We can only respond for ourselves and the boards, commissions, committees and special districts under our jurisdiction. The County has no jurisdiction over independent special districts, cities or their affiliated commissions, committees and special districts and recommends the Grand Jury solicit a separate response from the individual independent districts and cities located within the County's boundaries.

The recommendation has been implemented. Meetings supported by the Clerk of the Board of Supervisors are conducted in accordance with Brown Act procedures.

Board, commission, committee and district members are required to take ethics training every two years, as required by Government Code 53235.1(c)(2)(b), which includes training in Brown Act procedures.

Recommendation 2: All jurisdictions should keep a log to ensure that board members and key staff receive training every two years, as required by Government Code 53235.1(c)(2)(b).

Board of Supervisors Response:

We can only respond for ourselves and the boards, commissions, committees and special districts under our jurisdiction. The County has no jurisdiction over independent special districts, cities or their affiliated commissions, committees and special districts and recommends the Grand Jury solicit a separate response from the individual independent districts and cities located within the County's boundaries.

The recommendation has not yet been implemented, but will be implemented in the future. In January 2016, all County Conflict of Interest form (Form 700) filers will be submitting their information using an electronic filing system, endorsed by the Fair Political Practices Commission, that will be tracking all board, committee, commission and special district filers for which the County is the filing official. The system will also allow for tracking of Government Code 53235.1(c)(2)(b) ethics training for those filers appointed by the County Board of Supervisors.

Recommendation 3: Board members and staff should personally ensure that their training is adequate and current.

Board of Supervisors Response:

We can only respond for ourselves and the boards, commissions, committees and special districts under our jurisdiction. The County has no jurisdiction over independent special districts, cities or their affiliated commissions, committees and special districts and recommends the Grand Jury solicit a separate response from the individual independent districts and cities located within the County's boundaries.

The recommendation will not be implemented because it is not reasonable. The County issues training reminders and will be tracking training to ensure compliance, however cannot ensure personal responsibility.

Recommendation 4: Jurisdictions should periodically schedule Brown Act training on a meeting agenda and invite members of the public to attend.

Board of Supervisors Response:

We can only respond for ourselves and the boards, commissions, committees and special districts under our jurisdiction. The County has no jurisdiction over independent special districts, cities or their affiliated commissions, committees and special districts and recommends the Grand Jury solicit a separate response from the individual independent districts and cities located within the County's boundaries.

The recommendation will not be implemented because it is not reasonable. Training is available 24/7 on-line and free of charge to board, commission and committee members enabling them to remain in compliance with training requirements. It would be difficult to track all boards, committees and commissions to ensure they periodically place Brown Act training on their agenda. In addition, this recommendation would require that a trainer be made available for the various meetings which could be problematic.

Recommendation 5: To ensure full transparency, jurisdictions should regularly review their meeting and posting procedures for compliance with the Brown Act. Further, jurisdictions can also consider reviewing all their public practices, including seeking a "District Transparency Certificate of Excellence", which is offered by the Special District Leadership Foundation.

Board of Supervisors Response:

We can only respond for ourselves and the boards, commissions, committees and special districts under our jurisdiction. The County has no jurisdiction over independent special districts, cities or their affiliated commissions, committees and special districts and recommends the Grand Jury solicit a separate response from the individual independent districts and cities located within the County's boundaries.

The recommendation has not yet been fully implemented, but will be in the future.

Agendas for hearing bodies supported by the Clerk of the Board of Supervisors, along with all available associated material, are posted to the County of Sacramento website a minimum of 72 hours in advance of the meetings. Notification is also provided to parties who have signed up to be alerted when new meeting agendas are available. Access to agendas is also available on the public kiosks located in the County Administration Center and hard copies are provided at the meetings.

During 2015, the Clerk of the Board will implement a process requiring those entities under the County's jurisdiction, whose meetings are clerked by someone other than the Clerk of the Board, to file periodic reports with the Board of Supervisors providing information on dates meetings

were held and indicating how they ensure compliance with Brown Act meeting and posting requirements.

Recommendation 6: The Sacramento County Board of Supervisors and all cities within the County should ensure that their commissions, committees, boards and other bodies subject to the Brown Act, maintain records on their ethics and Brown Act training compliance.

Board of Supervisors Response:

We can only respond for ourselves and the boards, commissions, committees and special districts under our jurisdiction. The County has no jurisdiction over independent special districts, cities or their affiliated commissions, committees and special districts and recommends the Grand Jury solicit a separate response from the individual independent districts and cities located within the County's boundaries.

The recommendation has not yet been implemented, but will be implemented in the future within the County government.

On September 23, 2014, the Board approved the purchase of an electronic filing system, endorsed by the Fair Political Practices Commission, which will provide more efficient management of the Statement of Economic Interest (Form 700) filing process.

On August 11, 2015 the Board approved resolutions updating the County's Conflict of Interest Code and requiring any member appointed to a Board, Committee, Commission or Council that is required to file a Form 700 to complete State mandated local ethics training under the provision of Government Code 53235.1(c)(2)(b). The Board action also added language to the existing policy specifically addressing failure of completing the mandated training as "good cause" for removal.

The new filing process will be implemented by January 2016 and will allow for the tracking and maintenance of records pertaining to required Government Code 53235.1(c)(2)(b) ethics training.

FINANCIAL ANALYSIS

Staff from the Department of Health and Human Services, the Department of Personnel Services, the Clerk of the Board, County Counsel and the County Executive Cabinet contributed to this report. Costs incurred were absorbed within each department's budget.

Respectfully submitted,

APPROVED:
BRADLEY J. HUDSON
County Executive

NAVDEEP S. GILL
Assistant County Executive

Attachment:

- Attachment 1 – Audit Report
- Attachment 2 – 2014-15 Grand Jury Report

COUNTY OF SACRAMENTO

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CLERK OF THE BOARD
CYNDI LEE

September 15, 2015

The Honorable Robert Hight, Presiding Judge
Sacramento County Superior Court
720 9th Street, Department 47
Sacramento, CA 95814

RE: Sacramento County Grand Jury Consolidated Final Report 2014-15

Dear Judge Hight:

Enclosed is a copy of the Sacramento County response to the 2015 recommendations contained in the 2014-15 Grand Jury Final Report. The Board of Supervisors at their meeting on September 15, 2015 approved this report as submitted with the following recommendations as highlighted on the enclosed Board letter.

If you have any questions, please contact my office at 874-5451.

Respectfully,

Cyndi Lee, Clerk
Board of Supervisors

Cc: Becky Castaneda, Grand Jury Coordinator