

**Sutter-Yuba Behavioral Health  
Behavioral Health Advisory Board**

**Minutes of the Regular Meeting**  
Thursday, February 9, 2023  
5:00 p.m.

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1. **Call to Order**

Chair Clarkson called the meeting to order at 5:02 p.m. and welcomed everyone to the meeting.

2. **Roll Call**

The following members were in attendance: Chair Lesley Clarkson, Mary Page, Supervisor Don Blaser, Supervisor Mike Ziegenmeyer, Jay Kaze, Heather Esemann, Tom McWhorter, Renick House (via ZOOM) and Maggie Walker.

The following members were excused: Manny Cardoza

The following members were absent: Megan Andersen

Also, in attendance: Rick Bingham, HHS Assistant Director and Behavioral Health Director; Betsy Gowan, Adult Services Branch Director; Phillip Hernandez, Program Manager SUDS, Sarah Eberhardt-Rios, HHS Director; Steve Dilley (via ZOOM) and Sue Hopper, Executive Secretary.

3. **Public Comment:** Mr. Dilley spoke about the Veteran's Art Project and arts useability as a tool to support wellness and recovery throughout the community. Mr. Dilley is also seeking information on the Sutter-Yuba Community Planning Process so that Veteran's may participate in the next planning process. Ms. Gowan will forward this information as soon as it is available.

4. **SYBH MHSA FY 22/23 Annual Update Summary** – Ms. Gowan explained that MHSA learned they needed to include PEI plans for previous years in with the MHSA Annual Update. This plan was originally reviewed at the January 2023 BHAB meeting. One suggestion was that the document be reviewed for spelling errors and formatting before it is submitted to the State.

5. **Action Items:**

- a. **Approve the SYBH MHSA FY 22/23 Annual Update to add Appendix Item L (PEI Plans for FY 18/19, 19/20 and 20/21).** Member Esemann moved to approve the SYBH MHSA FY 22/23 Annual Update to add Appendix Item L (PEI Plans for FY 18/19, 19/20 and 20/21). Member Walker seconded the motion.

Aye votes: Board Members Clarkson, Page, Blaser, Ziegenmeyer, Kaze, Esemann, McWhorter  
Nay votes: None  
Abstentions: None

- b. **Approve November 10, 2022, Meeting Minutes**. Member Kaze moved to approve the November 10, 2022; meeting minutes as submitted. Member McWhorter seconded the motion.

Aye votes: Board Members Clarkson, Page, Blaser, Kaze, Esemann, McWhorter

Nay votes: None

Abstentions: Board Member Ziegenmeyer

- c. **Approve January 12, 2023, Meeting Minutes**. Member Esemann moved to approve the January 12, 2023, meeting minutes, with the revision of removing the word “agenda” at the top of the page. Member McWhorter seconded the motion.

Aye votes: Board Members Clarkson, Blaser, Esemann, McWhorter

Nay votes: None

Abstentions: Board Members Ziegenmeyer, Kaze and Page

- d. **Review and Approve Site Visit Form**

- Suggestion was to add page numbers
- Suggestion was to add a section for accomplishments/goals – will remove the section for “grievances”
- Suggestion was to “lock” the form and add “fillable” fields
- SYBH Grievance Policy will be distributed to the BHAB

Member Kaze moved to approve the Site Visit Form with the above changes. Member Esemann seconded the motion.

Aye votes: Board Members Clarkson, Page, Blaser, Ziegenmeyer, Kaze, Esemann, McWhorter

Nay votes: None

Abstentions: None



- e. **Approve to enact Emergency Allowances during the COVID-19 Pandemic to allow the Sutter-Yuba Behavioral Health Advisory Board to meet via Video or Teleconference**. After discussion it was decided that Ms. Donna Johnston, Sutter County Clerk Recorder, would be invited to present the updated meeting rules to the Behavioral Health Advisory Board. This matter will be discussed, if needed, at a later date.

- f. MHSAs Steering Committee Attendees – Committee meets monthly on the third Tuesday from 3:00 p.m. – 4:00 p.m. Virtual or in-person. Informational only.

6. **Program Presentation** – Ms. Eberhardt-Rios, HHS Director and Mr. Bingham, HHS Asst. Director and Local Mental Health Director provided an overview of the Sutter-Yuba Behavioral Health budget. See attached PowerPoint.

7. **SUDS Program Update** – Phillip Hernandez, Program Manager. Mr. Hernandez reported on the following:
  - SUDS programs continue to meet the needs of the community. All programs have room to admit participants.
8. **Behavioral Health Director’s Report** – Rick Bingham, Assistant Director/BH Director. Mr. Bingham reported on the following:
  - Mr. Bingham will provide updates at the next meeting.
9. **New Business** – none addressed.
10. **Old Business**
  - Site Visit Schedule Discussion
    - Ms. Esemann requested that site visits be scheduled
    - Adult Urgent Services will be the first scheduled. Mr. Kaze, Ms. Page and Mr. McWhorter will conduct this site visit.
11. **Other Announcements/Correspondence**
  - a. California Behavioral Health Planning Council – Recommendation for Statewide Peer Programs Letter – Informational Only
12. **Adjournment** - There being no further business brought forward Chair Clarkson thanked everyone for their participation and adjourned the meeting at 6:37 p.m.

**SUTTER-YUBA**  
**BELIEVES**

 **Empowering Healthy Communities** 

A presentation about Sutter-Yuba Behavioral Health

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**Agenda**

- ▶ History of Public Behavioral Health in California
- ▶ 2022-23 SYBH Budget Overview

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## Why the History Lesson?

- ▶ It is important to know where we have come from to know where we are going
- ▶ Institutionalization through asylums and mental hospitals developed in the 1700s and peaked in the 1950s
  - ▶ California had close to 37,000 patients hospitalized in 14 mental hospitals in the late 1950s
  - ▶ Expensive and susceptible to underfunding
  - ▶ Facilities quickly became overcrowded
  - ▶ Isolation from employment, social support, civic life
  - ▶ Under development of patients' rights
  - ▶ Controlling patient's behavior often became the goal, not therapy, rehabilitation, recovery, and wellness

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## Development of Community Mental Health Services

- ▶ As early as the 1920s, more progressive funding and legislation at the state and federal levels begin to establish mental health resources and services in communities (such as treatment at local hospitals)
- ▶ 1957, Short-Doyle Act (California) provided state matching funding for cities and counties that established and provided community-based mental health services
  - ▶ 1963, Short-Doyle funding was enhanced and service scope expanded
  - ▶ Service scope = ADDITIONAL BENEFITS
  - ▶ 1971, many Short-Doyle services become eligible under Medi-Cal
- ▶ 1963, Community Mental Health Act (Federal, signed by John F. Kennedy) provided federal support for the development of community-based mental health care and treatment facilities

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## Development of Community Mental Health Services

- ▶ 1965, Medicare and Medicaid were created as amendments to the Social Security Act
- ▶ 1966, California established Medi-Cal
- ▶ Specialty mental health services (or benefits) such as psychiatric inpatient hospitalization (in local hospitals, NOT state mental hospitals/asylums), nursing facility care, and treatment under psychiatrists and psychologists were eligible for reimbursement through Medi-Cal
- ▶ STATE PLAN AND WAIVER BACKGROUND
  - ▶ Assumed that medication and other medical treatments used to control patients in mental hospitals would translate to outpatient, community-based care

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## Development of Community Mental Health Services and Accompanying Legislation

- ▶ 1967, California Mental Health Act
  - ▶ Increased State funding for community-based services
  - ▶ This was money presumably saved by having fewer patients in state mental hospitals
- ▶ 1968, Lanterman-Petris-Short (LPS) Act
  - ▶ Part of the California Mental Health Act of 1967
  - ▶ Significantly tightened standards for involuntary psychiatric hospitalization by limiting length of a hold to 72 hours
  - ▶ Prompt evaluation and treatment should be provided in the community
  - ▶ Increased demand for services, which is why state funding for local services was increased

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## Development of Community Behavioral Health Services

- ▶ Through the work of the State of California and the counties, coverage of specialty mental health services would continuously grow into the system that exists today.
  - ▶ 1969-1971, state mental hospitals began to close
  - ▶ 1971, CA counties receive matching funds for Short-Doyle services
  - ▶ 1974, CA counties are required to have mental health programs, which are later organized into Mental Health Plans (MHP)
    - ▶ Any County Behavioral Health is a MHP
  - ▶ DHCS begins **Drug Medi-Cal Services in 1978** and in 1980 enters into an Interagency agreement with the Department of Alcohol and Drug Programs (DADP)

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## California Examines Gaps in Mental Health Services

- ▶ 1985, Brozan-Mojonnier Act
  - ▶ Identifies service shortages that have resulted in criminalization, homelessness, vocational challenges, and which leave severely emotionally disturbed children vulnerable
- ▶ 1988, McCorquodale-Bronzan Mental Health Act
  - ▶ Defines the mission of the State's mental health system to provide services "tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive settings available"
  - ▶ Tests community-based integrated service systems of care

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## Counties Gain More Responsibilities for Services

- ▶ Realignments: responsibility (and funding) shifts from the State government to counties
  - ▶ 1991, Bronzan and McCorquodale Act shifts much of the remaining mental health responsibilities from the State to counties, paid for by an increase in state sales tax and the annual state vehicle license fee
  - ▶ 2011, dedicated sales tax revenues are distributed to counties for mental health, substance abuse, and criminal justice services
- ▶ Additional funding flows to counties for mental health services
  - ▶ 2004, Mental Health Services Act (Prop 63) provides income tax revenues to expand innovation, technology and training, and prevention/early intervention services

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## California Reorganizes Behavioral Health Services

- ▶ 1995, Medi-Cal Psychiatric Inpatient Hospital Services Consolidation created the mental health managed care model that characterizes the county carve out today
- ▶ 1997, Medi-Cal SMHS Consolidation made county MHPs the responsible agent for outpatient specialty mental health services
- ▶ This is part of a larger transition from the dominance of fee-for-service payments to managed care (prepaid inpatient and capitation) in the 1980-90s for County MHPs, commercial Managed Care Organizations (MCOs) and Managed Behavioral Health Care Organizations (MBHOs)
- ▶ In 2012, the Drug Medi-Cal Treatment Program is transferred from DADP to DHCS
- ▶ In 2014, DHCS worked with Medical Managed Care Plans to add Mild to Moderate Behavioral Health Services
- ▶ In 2015, DHCS includes a plan for an Organized Delivery System for Drug Medi-Cal in the 1115 Bridge to Reform Waiver
- ▶ In 2021, DHCS introduces California Advancing and Innovating Medi-Cal (CalAIM), a multi-year transformation

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## Overview

- ▶ Sutter-Yuba Behavioral Health (SYBH) is under Sutter County Health and Human Services. Sutter and Yuba counties have a Joint Powers Agreement (JPA) whereby Yuba County mental health funds from the state are sent to Sutter County to operate a joint mental health plan for both counties.
- ▶ SYBH provides mental health and substance abuse treatment as well as prevention, outreach and engagement.
- ▶ Patients Served (FY 2021-22):4,529
- ▶ Total Budget: \$58,087,123

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## Behavioral Health Funding

- ▶ **Realignment:** Funding for services that are not reimbursed by Medi-Cal, including inpatient, outpatient, crisis stabilization and limited substance use treatment.
- ▶ **Mental Health Services Act (MHSA):** Funding for programs that are not traditionally funded through Medi-Cal reimbursement. Provides greater latitude in the type of services provided, such as prevention, early intervention and outreach.
- ▶ **Medi-Cal reimbursement:** Certain services are reimbursable by Medi-Cal. Realignment can be used for percentage of service not reimbursed by Medi-Cal.
- ▶ **Grants and allocations:** Federal grants administered by the State include the Mental Health Block Grant and the Substance Abuse Block Grant.
- ▶ **Fees and other sources:** Client fees, insurance fees, provider administration fees, county fees for service, interest, and donations

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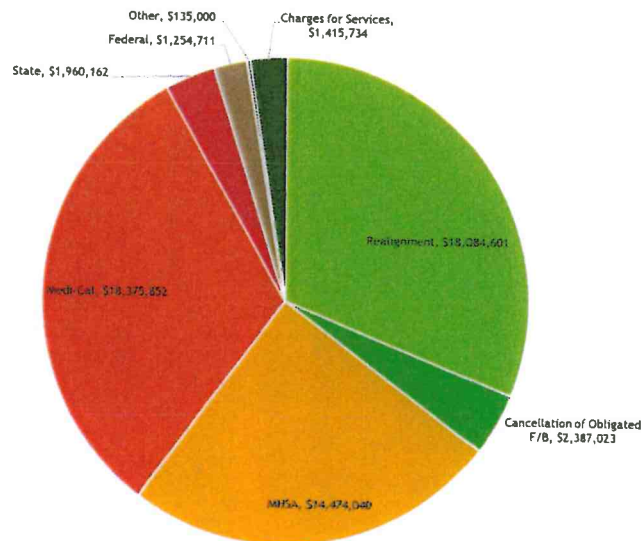
## Budget Discussion

- ▶ Beginning in Fiscal Year 2018-19 Health and Human Services integrated the operating budgets of the traditional mental health services account (4-102) and the Mental Health Services Act (4-104) budget units. The department has decided to go back to separated operating budgets to track 4-104 and 4-102 in 2022-23
- ▶ Realignment funding is used as a match to draw down the Federal share of Medi-Cal revenue.
- ▶ SYBH continues to participate in untimely and inconsistent cost report reviews conducted by the Department of Health Care Services. Cost settlements can be four to five years in arrears. This often makes budgeting difficult as costs are not settled until these cost reviews occur. May result in claw backs of funding by the State.

	4102	4104	Total
SALARIES AND EMPLOYEE BENEFITS	21,458,164.00	7,019,054.00	28,477,218.00
SERVICES AND SUPPLIES	8,590,045.00	8,624,313.00	17,214,358.00
OTHER CHARGES	8,678,845.00	2,931,022.00	11,609,867.00
CAPITAL ASSETS	-	-	-
INCREASE IN RESERVES	-	513,573.00	513,573.00
OTHER FINANCING USES	242,234.00	29,873.00	272,107.00
TOTAL EXPENDITURES	38,969,288.00	19,117,835.00	58,087,123.00

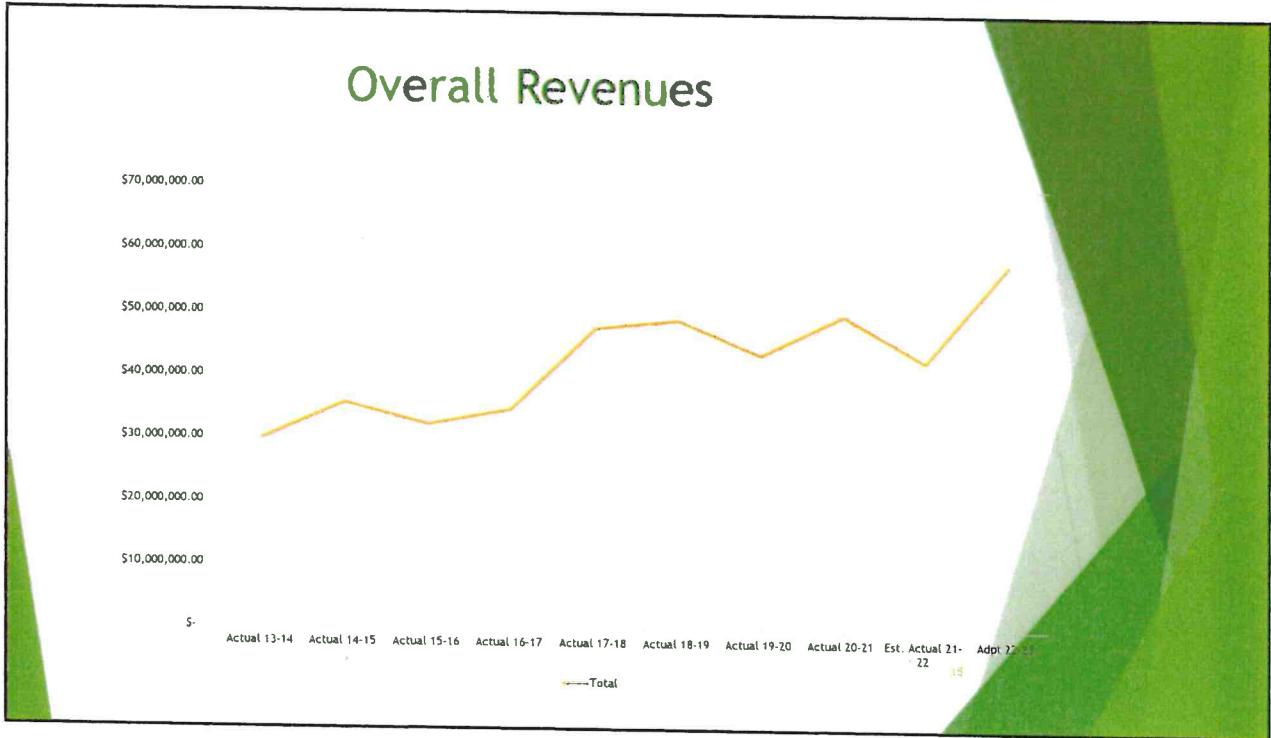
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## Budgeted Funding Sources

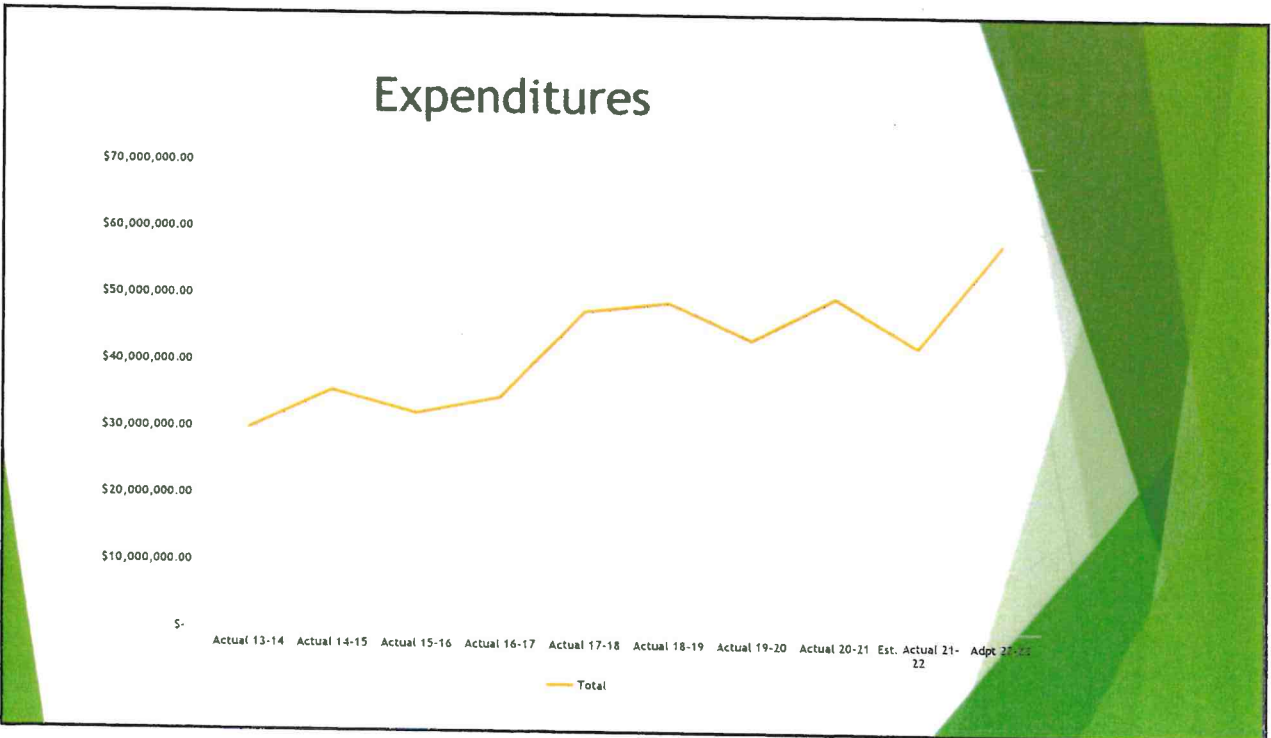


No County General Fund

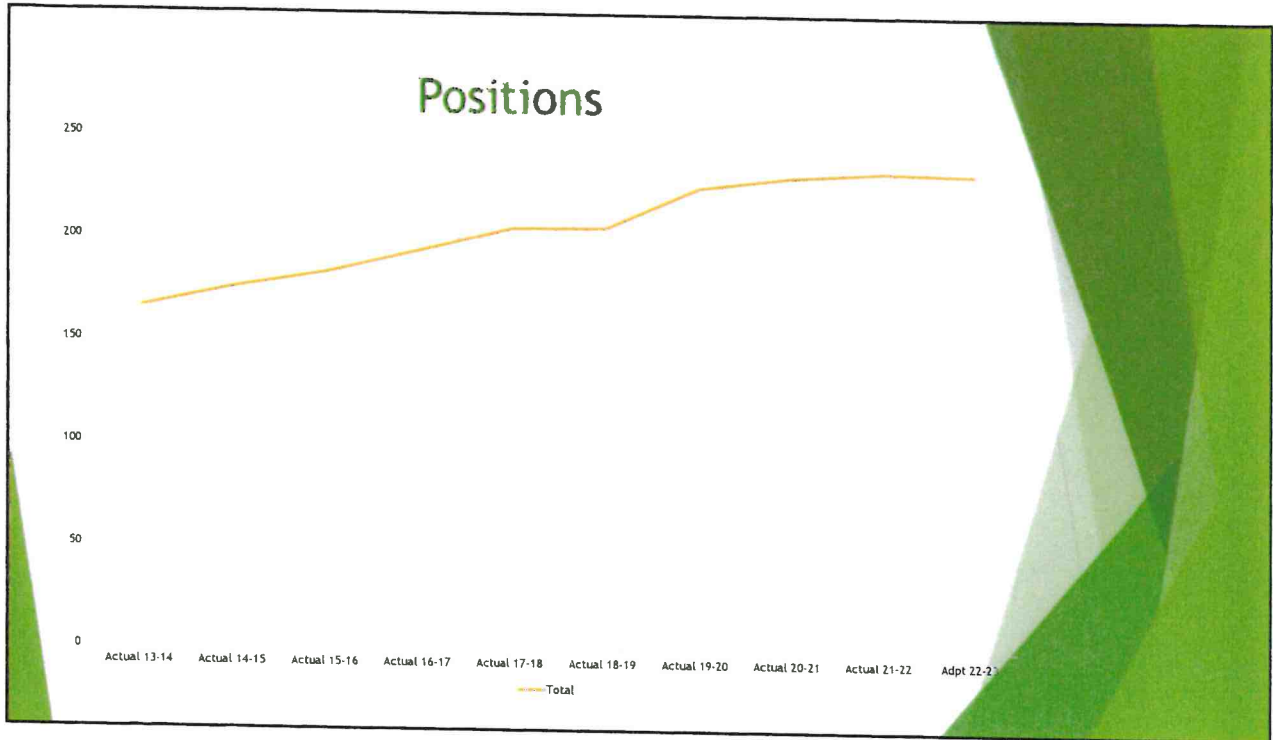
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### Behavioral Health Rates

- ▶ Sutter Yuba Behavioral Health's rates are required by federal law to be based on actual costs. Medi-Cal is billed using interim rates and these rates are then reconciled to actual costs at the end of each fiscal year through a mandated cost report process. Reflected in our estimated revenues are the FY 2022-23 rates. SYBH will charge \$2,095.44 per day (inclusive of professional fees) on the Inpatient Unit. Other services are charged by the minute: \$14.78 per minute for Medication Support, \$6.12 per minute for Case Management/Brokerage, \$7.91 per minute for Mental Health Services, and \$11.76 per minute for Crisis Intervention. These interim rates are set by the California Department of Health Care Services (DHCS) based on cost and the amounts are subject to change upon approval by DHCS.

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## SUD Rates

**Non Perinatal DMC**

Description	Unit of Service (UOS)	PY 2021-22 Rates	COVID-19 Rate Adjustment
NTP - Methadone	Daily	\$14.65	
NTP - Individual Counseling	One 10-minute increment	\$17.18	
NTP - Group Counseling	One 10-minute increment	\$4.06	
Naltrexone	Face-to-Face Visit	\$19.06	\$38.12
Intensive Outpatient Treatment	Face-to-Face Visit	\$78.88	\$157.76
Residential - for EPSDT Beneficiaries	Daily	\$109.77	\$219.54
ODF - Individual Counseling	Face-to-Face Visit (Per Person)	\$85.96	\$171.91
ODF - Group Counseling	Face-to-Face Visit (Per Person)	\$36.52	\$73.05

**Perinatal DMC**

Description	Unit of Service (UOS)	PY 2021-22 Rates	COVID-19 Rate Adjustment
NTP - Methadone	Daily	\$15.78	
NTP - Individual Counseling <sup>1</sup>	One 10-minute increment	\$24.60	
NTP - Group Counseling <sup>1</sup>	One 10-minute increment	\$8.22	
Intensive Outpatient Treatment	Face-to-Face Visit	\$94.17	\$188.74
Residential	Daily	\$109.77	\$219.54
ODF - Individual Counseling	Face-to-Face Visit (Per Person)	\$123.04	\$246.07
ODF - Group Counseling	Face-to-Face Visit (Per Person)	\$73.98	\$147.96

- ▶ Non-Medical beneficiaries are charged for these and for other substance use disorder treatment services on a sliding fee schedule based on ability to pay.

## Questions?

