

Minutes

Present: Iris Mojica de Tatum, Chair; Paula Mason, Secretary; Mary Ellis; Kim Carter; Vince Ramos; Keng Cha; Micki Archuleta

Absent: Richard Hawthorne, Vice-Chair; Angelo Perez; Sally Ragonut; Supervisor Lee Lor; Darrell Hall; Bruce Metcalf

Others Present: Yvonnia Brown; Alice Liang; Sharon Mendonca; Liz Freitas, Christina Kraushar; Christopher Jensen; Ashley Cooper; Jennifer Jones; Cornelia Leyva; Tabatha Haywood; Carol Hulsizer, Recorder

Call to Order / Flag Salute / Roll Call

Chair Iris Mojica de Tatum called the meeting to order at 3:00 p.m. The flag salute was done. Roll call was taken.

Mission Statement

The Mission Statement was read by Iris Mojica de Tatum.

Approval of Minutes from December 5, 2017 (BOARD ACTION)

Recommendation/Action: The minutes could not be approved due to not having a quorum.

Opportunity for public input. At this time any person may comment on any item which is not on the agenda.

Discussion/Conclusion:

- Vince requested a copy of the ISN presentation. Iris stated he would be sent a copy.

Recommendation/Action: As noted above

Behavioral Health Program Updates

- a. Update on New SUD Prevention Plan – Christopher Jensen
- b. Update on Homeless Outreach Efforts – Cornelia Leyva & Jennifer Jones

Discussion/Conclusion: a. Christopher Jensen reported that every five years units that do substance use disorder prevention throughout California are required to update a Prevention Plan. It starts with an assessment and through that looking at factors in the community, looking at underserved or at-risk populations in the community. It is to be very localized, culturally competent and sustainable. Fiscal Year 2016/17 was the end of their current Prevention Plan. This past year they have been working on gathering data on the community. Because Merced County is a small community in relation to the larger counties in California so it is hard to get substantial data on substance use within the community. One of the most prevalent data sources used is the California Health Kids data survey. In Merced County it is hard to utilize that data alone because many of the school districts are just local. Some of the bigger cities like Atwater, Merced and Livingston do not include K through 12 in those reports. They looked at many different health factors – not just substance use. They found that no matter what the health risk behavior or chronic condition, the very high rates were prevalent among similar people. Research was done and they found some information on social determinants of health. These are things within society – structural, policy-driven decision making processes that are structured and unfortunately, often times, exclude

the benefit of certain cultures or social classes. These are things like economics, income, housing stability, social organization, and recreational features. They found out that some of our Administration was already partnering with Public Health who was simultaneously doing their County Risk Assessment. Public Health was finding the same information – that all the populations that were similar, were suffering the majority of the health consequences in our communities. Behavioral Health partnered with Public Health in data collection and analysis and found that specifically in our county there were three main health concerns – chronic disease, substance abuse and access to health care. These three detriments were being driven by two social determinants of health – income and education. The more income and/or education one has, the less likely they are to have a substance abuse issue, chronic disease or limited access to care. With that information they looked at how to partner with other Departments that work around education, income and poverty. They approached the State and stated they would like to broaden the approach and look at how substance can be addressed through focusing on the social determinants of health – increasing income, decreasing poverty, increasing recreational space and social associations in the community. The Stated commented that they have heard a lot about this nationally, but Merced could be the first county to take this on locally. The State did not know how to do this, but they would back them up. Christopher proceeded to share this approach to the Board. He began with the history of drug crisis in America. There has always been some substance of concern and Christopher went over the history of drug use from the 1600's to present. There has always been drug use and whether it was treated with a moral compass, laws, taxation, or scare tactics, all had some effect, but never really had an ultimate effect on the majority of people suffering substance use disorders. Regardless of the substance or prevention strategy, similar populations are suffering the majority of negative health outcomes. Those who live in poverty, have low educational attainment, etc., most of them score high on the ACE scores (Adverse Childhood Experiences). This was a popular study done by Kaiser Hospital and Center for Disease Control. They found that there was some type of trauma experienced in early childhood. ACEs cause a breakdown in neurodevelopment. It increases cortisol, the stress chemical in the brain; when that increases in the brain everything else shuts down. When this happens in early development, other areas of the brain do not develop as naturally as they should and the person ends up with high ACE scores. These people tend to have higher rates of cardiac arrest, higher rates of substance abuse, risk for suicide, depression, etc. Christopher explained the difference between a good community and one not so good and how they come to be so different. The answer to this dilemma is equality. The community that is in distress needs more resources. They have a 3-pronged approach that they will be working on over the next two years. They are doing a shortened prevention plan to build capacity and partnerships to work to address these social determinants of health through a long-term prevention plan set to take off in 2021. They have partnered with Public Health. Public Health has adopted their Community Health Improvement Plan which identifies equity and social determinants of health as strategies to be addressed. The 3-prong approach includes capacity building, core development and community mobilization. Christopher handed out a document comparing equality and equity and it will be posted in different departments within the County and other local businesses to raise awareness of equity and how inequity contributes to negative health outcomes in our County. b. Cornelia Leyva introduced herself and stated she works in the PATH Program. 90% of the program focuses on outreach. They go throughout the county and outreach to homeless individuals or those at risk of being homeless. Not everyone they outreach to has mental illness so they try to connect them with other agencies that can help them. 10% of PATH time focuses on housing with case management. Case management is connected with clients who are living one of the housing programs - Project Home Start or Parsons House. The help clients with birth certificates, identification cards, verification of homelessness (HUD likes individuals to have something that says they are actually homeless, not just living with family and need housing), transportation, and life skills. All statistics are entered into the PATH Database. In FY 16/17 they received \$87,460 in Federal PATH funds and \$31,856 in matching funds from State, local or other sources. Total funds dedicated this year was \$127,425. There was two staff supported by PATH and matching funds. This year the total number of persons contacted by PATH workers was 189. Instances of contract from first contact until the date of enrollments for all active clients who became enrolled were 1,567. Only five people who were contacted could not be enrolled because of ineligibility for PATH. The number of active, enrolled PATH clients receiving mental health services through any funding source at any point is 115. PATH workers collect data through the Homeless Management Information System (HMIS) / Coordinated Entry System. PATH directly connects residents to housing and/or reconnects them with family members; they also connect them with mental health services, food pantries, clothing assistance and job readiness programs. In this past year 14 clients were reunited with family; 6 clients were housed in Project Home Start; 6 clients were housed at Project Hope Westside (Los Banos); and several were placed in Gateway Housing. Outreach efforts include office hours and appointments made after the client's initial engagement; and going to homeless encampments. PATH works closely with Veteran's staff, H2H staff,

Rescue Mission, the Homeless Shelter, Golden Valley Health Centers, Turning Point Housing Specialist, the Housing Authority, and the Continuum of Care.

Recommendation/Action: Information only

Chair's Report – Iris Mojica de Tatum

- a. Strategic Planning Meeting (12/5/17) Overview
 - Restate and Discuss Board's Set Goals for 2018
- b. 2018 Committee Meeting Schedules
- c. Recap Brown Act for New Members
- d. Rosenberg's Rules of Order PowerPoint
- e. HIPAA Review – How to Staff on Point and in Compliance
- f. Considering Systems and County – Shifts in Community Needs

Discussion/Conclusion: a. Iris stated that a Strategic Planning meeting was held on December 5, 2017 and as a result, they were able to come up with some goals. These goals were included in the monthly packet and Iris briefly went over the goals. b. 2018 meeting dates for Cultural Competency, QIC, and Ongoing Planning Council meetings were included in this month's packet. Everyone is welcome to attend these meetings. c. Iris stated that the current Board members have all been through this. As new Board members come in, Iris volunteered to brief them on what it means to be on this Board. d. Iris had a PowerPoint presentation on Rosenberg's Rules of Order for the new members. Unfortunately the new Board members were not present today. Iris again volunteered to go over this with the new Board members. She asked that Carol send new Board members an invitation to brief them. e. This is something the Board has to constantly address. Board members have to have an oversight over each other and hold each other accountable. The Board is compelled to comply with HIPAA. Board members cannot talk about neighbors, relatives, etc., because they are entitled to privacy. There are consequences for HIPAA violations. Board members need to be vigilant, continue to stay on-point and in compliance. Yvonnia commented that when Board members have a concern about an issue, incident or client, please send either her or Alice Liang an email in order for them to follow-up on. f. Iris asked everyone to use data when addressing or getting information from other people when they are saying that something is happening. It could be an isolated case and there could be numbers to support it.

Recommendation/Action: As noted above

Supervisor's Report – Supervisor Lor

Discussion/Conclusion: Supervisor Lor was not present today.

Recommendation/Action: None

Director's Report – Yvonnia Brown

- a. Update on Housing and Homeless Initiatives (B Street Housing Project)

Discussion/Conclusion: a. Yvonnia commented that this will be a standard agenda item because it is a priority for the Department and the County. She stated that they are still moving forward with the collaboration effort with the City and County. They are still looking at the B Street property. Until a corporate agreement is finalized between the two entities, they will not be doing public focus groups on what the plan is. They are still meeting; the next meeting is to finalize the draft corporate agreement. Secondly, with the City and County, there is a housing outreach team being developed. The City and County are getting together with other Department heads to arrange a "first-responders to homeless situations" – in order for them to go out and engage the homeless and lead them to resources. There are some opportunities with Juvenile Hall Center to be used as a potential location for the "Navigation Center". This



BEHAVIORAL HEALTH AND RECOVERY SERVICES

Behavioral Health Board Meeting

1137 B Street

Merced, CA 95341

January 2, 2018

shelter concept will include employment and training opportunities, have supportive services on campus, and to be available 24-7. If everything works out there could be something in about 18 months. Mr. John Ceccoli has been hired to handle this housing project.

Recommendation/Action: Information only

Reports / Updates

- a. Executive Committee – Iris Mojica de Tatum
- b. QIC – Mary Ellis & Kim Carter

Discussion/Conclusion: a. The Executive Committee had nothing new to report. b. Kim handed out a copy of the minutes from the November 28, 2017 QIC meeting and then went over it. There was not a QIC meeting in December.

Recommendation/Action: Information only

Announcements

Discussion/Conclusion: Yvonnia announced that the EQRO is scheduled for January 16 & 17, 2018. If any Board members would like to attend the opening or exit conference, please let Carol know.

Recommendation/Action: Information only

Adjournment: The meeting ended at 4:36 pm.

Submitted by: Signed
Carol Hulsizer
Recording Secretary

Approved by: Signed
Paula Mason, Secretary
Merced County Behavioral Health Board

Date: 2/7/18

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