



Minutes

Present: Yvonnia Brown, Behavioral Health and Recovery Services (BHRS); Jacqui Coulter, BHRS; Betty Hoskins, BHRS; Chief Jeff Kettering, Probation; Supervisor Lee Lor, Board of Supervisors; Julianne Sims-Culot, Human Services Agency (HSA); Janinda Gunawardene, County Counsel; Donna Chin, Public Health; Laura DeCocker, HSA; Vince Andrade, Public Defender; Carol Hulsizer, Recorder

Call to Order / Introductions

Discussion: Betty called the meeting to order. Introductions were done.

Review Minutes from January 14, 2019 (All) (ACTION ITEM)

Discussion: No discussion

Recommendation/Action: M/S/C (Hoskins / Kettering) to approve minutes from January 14, 2019.

Opportunity for public input. At this time any person may comment on any item which is not on the agenda. Testimony is limited to three (3) minutes per person.

Discussion: No public present

Short-Term Residential Treatment Plan (STRTP) Update – Presumptive Transfer Cases

Discussion: Betty reported that most recently she received statistics from the Quality Improvement (QI) program. As of the week of April 1st, they have 35 current, active cases (incoming); in March they had 37. Creative Alternatives is not technically a STRTP yet because their license has not been approved yet from BHRS. Jeff questioned if you can only do a presumptive transfer if they are an STRTP. Betty replied, "no", presumptive transfer can be any youth moving into our county. Currently they have 295 individuals from other counties that reside in Merced County. Not all are getting services from County Behavioral Health. They reside in Atwater, Delhi, Dos Palos, Gustine, Hilmar, Livingston, Los Banos, Merced and Winton. The highest concentration is in Merced. Jeff questioned if they are on Presumptive Transfer, does that mean they are under some system, whether it's dependency or delinquency? Betty responded "yes", it would be either Probation or Foster Care. They are doing 100% assessments for any kid that is referred that is a presumptive transfer or foster youth. That determines whether they meet medical necessity or not. The State sends out a list of current STRTPs; they are waiting for the current list. They also get lists of homes that are on the low-confidence rate which means entities have applied to be an STRTP, but for some reason they have not passed either the certification or the licensing process. The high-confidence list has numerous homes on there that look like they are close to completing all their documentation and necessary components to complete the STRTP process. Yvonnia added that for Merced County the list includes Rainbow Valley (still pending application) and Creative Alternatives (BHRS just did certification for Medi-Cal billing - their corrective action plan should be ready by the end of this month). Laura commented that regarding the 295 kids coming into the County, keep in mind that we have probably have that amount going out of the County. Currently, between Probation and Child Welfare, it averages between 40-45 kids placed out of County in STRTPs or group homes that are trying to become STRTPs. Rainbow Valley is on the low-confidence list; however they (HSA) have talked with the State because they would like to work with them to see if they can bring that resource here. Rainbow Valley does girls; Creative Alternatives only does boys. There is also some clean-up legislation that is talking about making the presumptive transfer process more consistent over the counties in Calif. There is also some talk about STRTPs that they would not do



presumptive transfers – those kids are only supposed to be in placement for six months or less. Betty commented that part of the difficulties is that each county has been interpreting the legislation differently.

Recommendation/Action: Information only

New Placement Providers

➤ Monthly Numbers Coming Into Foster Care

Discussion: Julie stated that at the last meeting the entries/exits into foster care were discussed; she passed out copies of a chart showing this information from Jan 2018 to Feb 2019. Julie stated they typically always peak with entries in March and October. As of today, they have 583 kids in care. This also includes the non-relative, legal guardianship caseload; they are not your typical dependent caseload. They receive foster care payments; a guardianship is established and they just monitor those homes and help them if they need additional services. Yvonna asked how many non-relative cases they have; Laura stated right around 90. Julie continued that about 80 of their youth are non-minor dependents – they are in some sort of independent living, some remain in foster care – that caseload is monitored very much like the rest of their cases so it is a little bit more of a high-intensity caseload because they want to make sure the youth are getting the services they need (these are the AB12 youth). Betty stated that it is nice to have such a robust number for the AB12 because a lot of counties have a really small number either because they don't have a system that works efficiently for them or that the youth don't feel safe enough continuing accessing those after-care services. She likes how they partnered with the ILP (Independent Living Programs) programs and the one through Aspiranet (Transitional Housing Placement+).

Betty brought up the CANS tool (Child and Adolescent Needs and Strengths) – Julie stated they have sent 30 initial staff to the CANS training and now they are coordinating the certification process for their team. This is how they will integrate CANS into Katie A. and work with Behavioral Health in terms of the Katie A. process with the CANS and that exchange of information. They will get their system going with Behavioral Health in the next couple of months once their staff are certified. She does foresee some potential difficulty in how they will coordinate with other counties through the presumptive transfer process. When HSA sends a child out-of-county and they transfer their Medi-Cal, they are also transferring the Katie A. process with them. It is coordinating that initial Katie A. assessment and how they will coordinate the CANS will be tricky. There is no set way to do that from the State either on the Behavioral Health side or Child Welfare side.

Recommendation/Action: Information only

Representative Agency Updates / Announcements (All)

Discussion: Julie, HSA – CHAT is going to do another Self-Harm Group for teens. They've had a lot of success starting a new group every eight weeks for teens with self-harming behavior. They send this information to the schools and it is open to the community as well. Probation is welcome to refer youth as well. The ages are 12 to 18, boys and girls.

Lee, Board of Supervisors – nothing new to report.

Laura, HSA – Because they have so many relative placements and because they are trying to increase the number of permanency numbers and the number of kids exiting foster care, they are currently looking at the potential of starting a program that can support relatives pre- and post-permanency. This would be like on-going service support for both adoptive and pre-adoptive placements. It is probably nine months away.

Jeff, Probation – the kids that are in placement are spending a lot more time in Juvenile Hall than they have historically because there is nobody to accept them. Kids that have no need to be in their facility are being housed there because there is nowhere else to put them. They are constantly working and trying to get these kids out and get them in a group home or STRTPs. But the behaviors these



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kids have, they are just not being accepted. On the good side – he received an email last night that nationally juvenile delinquency cases from 2005 to 2016 are down 50%. He is seeing this locally.

Yvonnia, BHRS – no new updates other than welcoming Jacqui as the new Assistant Director.

Janinda, County Counsel – no new updates

Vince Andrade, Public Defender – no new updates

Donna, Public Health – they received three grants – one for the Road to Resiliency grant which allows them to work with their providers/partners to have community health workers that will go out and be able to get in the homes and help teach parents how to be good parents. The idea is to decrease child abuse. They are working with Golden Valley on this. The second grant is a mini-grant they received from First 5. With their Healthy Families America program, they try to teach parents to be parents and show them how important play is. The grant is for \$3,000 to buy educational toys and material for families. They have a quarterly parent gathering/social to show the parents how to do educational play with their children. The third grant is working with CalWORKs for the Home Visiting Initiative. They have one more Home Visitor; they want to get as many as they can into the homes. They also work with MCOE (Merced County Office of Education) with the parents as teachers; they go into the homes and teach parents. Donna is working with Merced City Schools to help support families; currently they are just in the talking stages. At the last meeting Donna talked about the CCS Program (Calif. Children's Services) and how they are trying to work with the parents with special-needs children. They did a Needs Assessment through the State and a representative from UCSF (University of Calif.-San Francisco) came down and talked with ten families and did an assessment on them. From that they were able to get with challenged parents and develop a great network so they are supporting these families even better. Lastly, she is proud of her foster care nursing team. They are working with HSA and this has been the best relationship she has seen. They are working together to get the children in for their well-child visits and this has gone up to the 90% in compliance. For dental visits, they are looking as to why it isn't as high; and they are working on the immunization status with these children. This team sees an issue and begins to tackle it and help support the foster youth. Donna was asked to identify the process of the families requiring the home visits. Donna stated it is usually via the Alliance families (Medi-Cal families) but it does not necessarily have to be. They offer free services; it is whoever is referred to them. Donna was asked if she could share the referral link to everyone; she was asked to send it to Carol who can then send out to everyone. Donna was asked if there is anything preventing adults on probation from being referred if they are having family issues; Donna stated it is for anyone.

Jacqui, BHRS – no new updates

Betty, BHRS – they are looking at the CANS tool. They are doing some restructuring for BHRS so there could be some position changes; she and Jeff have talked about the Title 15 changes and looking at the ways some of the funding is done and positions. The Juvenile Drug Court did go away but they have the Juvenile Behavioral Health Court and are looking at getting more referrals and making it a more robust program as well; Yvonnia stated they were actually consolidated.

Recommendation/Action: As noted above

Adjournment:

Discussion: The meeting was adjourned at 12:23 pm.