



Minutes

Present: Micki Archuleta, Chair; Darrel Hall, Vice-Chair; Mary Ellis, Secretary; Supervisor Lee Lor; Keng Cha; Vince Ramos; Audrey Spangler; Paula Mason; Kim Carter; Iris Mojica de Tatum

Absent: Angelo Perez; Bruce Metcalf; Sally Ragonut; Norma Cardona

Others Present: Yvonnia Brown; Lanetta Smyth; Sharon Jones; Chris Kraushar; Supervisor Pareira; Liz Freitas; Sharon Mendonca; Vicki Humble; Carol Hulsizer, Recorder

Call to Order / Flag Salute / Roll Call

Chair Micki Archuleta called the meeting to order at 3:00 p.m. Roll call was taken.

Mission Statement

The Mission Statement was read by Micki Archuleta.

Approval of Minutes from June 5, 2018 (BOARD ACTION)

Recommendation/Action: M/S/C (Mojica de Tatum / Ellis) to approve the minutes from June 5, 2018.

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

- Vince had passed out copies of his comments on the MHSa 3-Year Plan.
- Vince stated that he attended the recent meeting in Los Angeles. He learned some new things; it was a very good meeting.

Recommendation/Action: Information only

Behavioral Health Program Updates

a. Care Coordination – Update on Children’s Services in Emergency Department – Lanetta Smyth/Yvonnia Brown

Discussion/Conclusion: Yvonnia began by stating this is a brief update from the conversation in March regarding children and youth in the Emergency Department (ED) at the hospital. They were asked to continue to engage with the hospital in Merced to better coordinate services. Lanetta continued; she is the Program Manager for Mobile Crisis, Crisis Stabilization Unit and the Triage Team. They have made many steps in the last three to six months in regards to engaging with the ED. They have increased contact with the Interim Director with ED, Beatrice Ramirez. Lanetta has made it a point to provide open-door access to herself. They have pretty open communication and it has helped address issues as they come up. They have increased the meetings between Management. They have created and continued with specialized meetings between Mercy Dignity Hospital, Riggs and Behavioral Health. It is a monthly meeting. There is also a Capstone meeting where they discuss improving the timing in the ED and that affects all the people coming through including mental health clients and also improves the youth wait-time. Then there is the Interdisciplinary Team (IDT) meeting between Dignity, Behavioral Health and Aspiranet which is the contract agency that works with the youth. Aspiranet does a CSP – Crisis Stabilization Program. They meet to discuss ways to better communicate, look at interventions that are being done. Cases can also be discussed that need attention (clients that frequently come through) or youth that they are having difficulty with because of placement. They also discuss roles and definitions. In the last six weeks the IDT team has had one in-person meeting, one



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conference call and another meeting set up that was unfortunately canceled because of scheduling conflicts; another meeting will be scheduled. They will continue to meet and work as a team. They have also increased and improved collaboration with hospital Social Workers. Currently Lanetta is working on setting up a workgroup with the Nurse Case Manager in the ED so that staff can get together and discuss the processes that happen as they are on the floor and what that looks like, what interventions they are using, what problems and barriers they are seeing on both sides. This is not just for youth – but overall for everyone. Lanetta has also started attending the monthly Emergency Department staffing meeting which takes place at 6:30am on the first Thursday of the month. This is to help increase visibility so they know they have access to Behavioral Health as well. Lastly, she has been working very closely with the Triage, Mobile Crisis and Crisis Stabilization Unit staff to prioritize the youth when it comes to assessing and making sure they are assessed before the adults, looking at the acuity, looking at the youngest children first and emphasizing continual check-ins with the youth as well as working with the Crisis Stabilization Unit (CSU). The CSU helps with placement and they are the ones sending out the packets to place for hospitals. There are no psychiatric hospitals in this county that take children; there are not many places in the State that take children. These are the increased efforts they have made in the last three to six months.

Liz Freitas stated that when the problem was first addressed, one issue was hospital staff saying that nobody comes in there and BH staff saying that they do go in there. What kind of tool is being used to measure this? A sign-in sheet could be used that the Social Worker signs in with date/time and what is done; initials could be used for confidentiality. Lanetta responded that this is part of what the IDT meeting is intended to do – come to an agreement on how Aspiranet is going to check in and out of the ED because there is not a Memo of Understanding (MOU) with the hospital. All the entities have to agree on what the check-in process will be. Yvonnia commented that when these discussions first started it was noted that there was a disconnect between the hospital entities – the nursing department needed to integrate with the social work discussion – they were not talking among themselves. Yvonnia asked Lanetta to include the nurses into these conversations. There is a plan in place to make sure that the lines of communication are kept open and that every department is communicating.

Vicki Humble asked if Mobile Crisis extends to District 4 - Hilmar, Stevinson or Delhi. Lanetta stated that Mobile Crisis is dispatched by law enforcement. They don't have MOUs with those other police departments. However, it still happens. Sometimes the Sheriff, in an unincorporated area, or Police Department request Mobile Crisis services in those areas. Yvonnia stated the Department is looking at expanding Mobile Crisis Response Team services throughout Merced. They are revamping the program and have another grant. The Triage/Mobile Crisis Team will have more flexibility in responding. She doesn't know when yet, but it is on her radar.

Vince Ramos asked if another building could be used in order for the children in the ED to be served sooner. Yvonnia stated the Department is looking at having a children's CSU in the future, but currently the default is the hospital. She asked the hospital if there was any other place in the hospital outside the ED. The hospital is at capacity and would love to accommodate, but they do not have the space either. The ED sees approximately 250 people daily and Behavioral Health clients are less than 1% of that population.

Chris Kraushar stated she appreciates the communication taking place with all parties. She asked if Lanetta had any idea how long kids are waiting. She also knows that giving therapy needs dedicated space, but the initial picture was kids waiting for hours with security guards watching over them and nobody comforting the children. Comfort and therapy are two different things and comfort doesn't take an office. Is anything being looked at for children that do remain in the ED? Lanetta responded that she doesn't have raw data on the reduction in time in the ED for youth or adults. There is a variance in wait times because sometimes are busier than others, but she can try to figure this out. As for the second question, Lanetta thinks that the picture that was painted was not completely accurate and that could be part of the communication issue. Aspiranet goes in and works with the children and families on coping skills, looking at different things they can do while there, in addition to making plans for when the consumer is not in the ED anymore. But, the parents have to agree. If the parents do not agree to the services, then they will not be seeing Aspiranet; and this does happen. Lanetta has also been working with her staff on increasing the check-ins they do with the youth.

Recommendation/Action: Information only



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FY 18/19 Meeting Schedule (Board Action)

Discussion/Conclusion: Iris commented that there had been previous discussion on having a meeting on the Northside and Westside. Micki stated that the Executive Committee would discuss this. Supervisor recommended approving the meeting schedule as presented in order to have a date for the August meeting.

Recommendation/Action: M/S/C (Lor / Mojica de Tatum) to approve the FY 18/19 Meeting Schedule

Chair's Report – Micki Archuleta

Discussion/Conclusion: Micki shared a story regarding an acquaintance who suffers from mental illness. The individual went off their meds and was taken to the Crisis Center; but they were only given some medication for a few days and was set-up with an appointment. By the time the appointment came, the individual refused to go because they thought they would be killed. Micki called and tried to explain what was happening but staff refused to talk with her because permission had not been given. She feels that the way things are being run is not quite right because people are out there needing help. There are people out there, like her, that want to help but cannot get the right assistance. Micki wants everyone to think on how to better the situation over the next year; she would like to correct this. Chris Kraushar responded by saying that there is a W&I Code which specifically states that anybody can call in and give information to the Mental Health Department. The Mental Health Department will probably not respond back but if the call is prefaced with "wanting to give information about somebody", they are required to listen to this information.

Recommendation/Action: Information only

Supervisor's Report – Supervisor Lor

Discussion/Conclusion: Today at the Board of Supervisors meeting, they reappointed Iris. She thanked Iris for returning because she is valuable to this Board. She mentioned that she, Vince and Keng recently attended the Calif. Association of Local Mental Health Boards and Commissions (CALMHBC) in Los Angeles. They went over the Brown Act, Robert's Rules and Rosenberg Rules. They also talked about some resources and evaluation in terms of facilities. She has some resources she can share when members are appointed. As soon as she has that, she will share. There was some discussion on attending the Regional CALMHBC meetings and who covers the costs. Keng stated that the CALMHBC will only cover one person, from each Board, to attend the annual meeting; the quarterly meetings are not covered. Yvonnia asked for clarification on the meetings and are we sending members to the quarterly meetings or just the annual meeting. Lee stated that it is just the annual meetings. Keng stated that we can send someone to all the meetings – but the quarterly meetings would have to be covered by the County; the CALMHBC will only pay for one person to attend the annual meeting.

Recommendation/Action: Information only

Director's Report – Yvonnia Brown

- a. Update on Housing and Homeless Initiatives (B Street Housing Project)
- b. Outreach and Engagement Center

Discussion/Conclusion: a. The City and County are working on the B Street location to collaborate in building a 120-unit affordable, permanent supportive housing. At this point the Board of Supervisors (BOS) has policy direction to go into a lease agreement with the City for them to seek funding. All this is contingent upon their ability to get funding to build this housing unit. Upon their success of obtaining funding, they will then purchase the property at \$1,080,000. That money will be deposited into CSS. There is no money allocated from Behavioral Health funds. b. As there is transition with the B Street location, there is conversation about using the facility for an Outreach and Engagement Center for the homeless. There are two years before anything will happen on that property, and



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BHRS wants to make sure there is at least a pilot project of having an Outreach and Engagement Center where multiple agencies will provide service to the homeless community and be co-located in one area. They could be there full-time or on a rotation basis. This would be the center for all things homeless – from care coordination to linking them to housing to outreach and engagement. There is a lot of work taking place in the community around homelessness but there is not a lot of communication and collaboration; this is an attempt to reduce duplication and help with the coordination. Hopefully, she should be able to co-locate staff within the next sixty days. A grant for \$2.5M (Senate Bill 2) came to the County for this Navigation/Shelter component. This is one of many phases.

Liz Freitas commented that she is concerned that this money that was meant for a Navigation Center, and the components that go into it, and will end up being an Outreach and Engagement Center instead. She thinks that County agencies, and other agencies, could do an IDT meeting once a month and do the same thing without having to use this money for that purpose. Yvonnia responded that the Outreach and Engagement Center is just the first phase. The funding will have flexibility to do all those things that it was designed to do. First would be the Outreach and Engagement Center, then building another facility, then moving to the transitional, permanent, supportive housing. But there has to be a phased approach. In August there will be a presentation on All Things Housing.

Recommendation/Action: Information only

Reports / Updates

- a. Executive Committee – Micki Archuleta
- b. QIC – Mary Ellis
- c. Nominating Committee – New Board Application (Board Action)

Discussion/Conclusion: a. Micki stated that the July agenda was put together by email; she prefers in-person meetings. b. Kim handed out copies of notes taken from the June 26, 2018 Quality Improvement Committee. Kim then read through her report. Kim asked for feedback on the best way to present this information. Yvonnia stated Kim did an excellent report putting this together, if Carol received this early enough, it could be included in the monthly packet. The Board members could then read it over and ask questions at the meeting. All the categories are great and Yvonnia will help them get this down to a more palpable document. Yvonnia will give them examples of templates which could be used for this report and all other committee reports. c. Kim reported that she met with Vicki Humble from District 4. She was on the Alcohol and Other Drug Board for a period of time. She is active with NAMI in Turlock and she does have family with mental illness. Vicki is involved and started many different programs in Hilmar that are important to the community. She seems passionate about advocating for mental illness. Kim thinks she would be a good Board member.

Recommendation/Action: M/S/C (Carter / Ellis) to accept the appointment of Vicki Humble.

Announcements

Discussion/Conclusion: Sharon Jones invited everyone to the Spiritual Wellness and Recovery Conference this Saturday, July 14th, from 9:00-3:00 at the Italo Lodge in Merced.

Keng updated on the CALMHBC. The Association has reduced from five representatives to three in each region; there will now be a total of fifteen instead of twenty-five. Keng is one that was reduced – this means that we are a member, but cannot vote. It is felt that the Association is moving towards being a profitable organization. He asked Carol to hold off on paying the dues and see which way the Association is going to go. The dues will now be calculated on the population in the County; Keng thinks that Merced's dues will go up to \$1,000. The CALMHBC is looking at grants. They just hired an Executive Director and this person will be deciding which way they will go. The dues are used to cover trainings, the annual conference and administrative costs of the Director. Yvonnia thought the Board might want to discuss this further and decide if they want to pay the dues. Sharon Jones stated that there is food for the Board members prior to the Public Hearing beginning.



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Adjournment: The meeting took a break starting at 4:40pm.

5:30 p.m. – OPEN PUBLIC HEARING: Program Update to FY 2017-2020 MHSa 3-Year Plan

a. Close Public Hearing

(1) Approve Program Update to FY 2017-2020 MHSa 3-Year Plan

Discussion/Conclusion: Sharon Jones gave her presentation on the Mental Health Services Act AB 114 Spending Plan. This is an addendum to the already approved Three-Year Program and Expenditure Plan which was approved in December 2017 by the BOS. Unless noted in this program update, all the other details of the 3-Year Plan remain in effect. This is not taking anything away from the plan, but it is updating it. In FY 2016-17 Prevention and Early Intervention (PEI) funds were transferred into the Prudent Reserve in anticipation of the State's determination on Reversion and Reallocation of MHSa funds. These funds, plus the interest accrued, will be transferred back into the PEI component in FY 2018/19 and 2019/20. On December 18, 2017 an Information Notice came out giving the guidelines for Assembly Bill 114. AB 114 requires that counties develop a spending plan for funds that are reverted/reallocated by July 1, 2020. Merced has a draft plan – the draft plan was posted on May 21st and a link to that plan was sent to the Mental Health Services Oversight and Accountability. This expenditure plan will account for the reallocated funds. These funds have to be expended on MHSa components for which the money originally came in. This is money already in our coffers – it is not additional money. The State is giving us permission to use this money. The County must report expenditures of reallocated funds, by component, on its Annual MHSa Revenue and Expenditure Report. The funds can be used for an already approved program or project or to expand a program. The reverted reallocated amounts were for PEI, Workforce Education and Training (WET), and Innovation. Sharon went over the fifteen PEI programs previously approved. Sharon then went over the proposed MHSa spending plan changes.

-A Board Member questioned the \$831,224 for expansion – she sees this as one-time dollars and makes the money not sustainable. She was concerned about the expansion. Sharon stated she would explain that most of this money would be a Mental Health Worker and a Mental Health Clinician. The goal for sustainability would be to leverage Medi-Cal dollars.

-A Board Member questioned why this money wasn't spent in the first place. Sharon stated there are many reasons why money stays in the coffers. One reason is the Community Planning Process; and also there is a local County government approval that happens. Yvonnia stated that they went back as far as FY05/06 and there were areas within those budget years where BHRS didn't spend as much – first come, first served. Sharon emphasized that if the money is not spent this time, it will revert back. The State is just giving an opportunity to spend the money BHRS already had.

Sharon continued going over the spending plans for the different programs. The area that will be expanded the most is the Training, Capacity Building and Support for Program Evaluation. This was an area that was funded at about \$74,650 and they will add reverted funds in the amount of \$415,612 in one year and \$315,612 the next year. To build capacity they are increasing funding for training, for education – they are going to do a robust outreach and engagement effort and education for the diverse community. Sometimes this is referred to as the unserved and underserved community. It will ramp up Early Intervention Services with a specific emphasis on outlying geographic locations in Merced such as Delhi and Stevinson. They know that those areas don't have a lot and they want to build capacity in the community. A key focus is identification and linkage of individuals who are suffering from mental health issues to focus on access to mental health care. Hopefully, this expansion will provide more support for parents, caregivers, families and also first responders. Another focus of Early Intervention Services will provide treatment services and interventions, looking at relapse prevention, and address and promote recovery. Some of the key target areas will be suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, removal of children from their homes and reduction of hospitalizations and inpatient psychiatric care.



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-A Board Member questioned why they cannot start another PEI that would take these funds and hire more than one clinician, one social worker, and a couple of case workers which are mobile that can offset the staff and still be a new project under PEI. Sharon responded that they are one system and it is a collaborative effort. Yvonnia continued that this is one-time funding and it is not sustainable. BHRS already has the Triage Program, Mobile Crisis and Innovative Strategist Network – there is an array of community-based programs. This is just another resource that will be looking at the vulnerable population and engaging those out in the community who may be homeless and tackle this with a holistic approach. There are programs and expectations from the State and Federal level that makes Behavioral Health the go-to support service person providing these services. These expectations are coming to the counties with no operating costs. This is a strategy for this one-time funding to pull this off and leverage Medi-Cal, which BHRS has not done before. They know this money coming to the counties will eventually shrink so sustainability is important. The Director's job is to make sure the programs that are running can still maintain, and those that are not leveraging certain potential resources, to figure out how to get them to be sustainable.

-Public – she asked if the Department has any grant writers. The Director responded that staff have been doing this; this is how the Department got the new 16-bed Crisis Residential Unit, expanding the Crisis Stabilization Unit to eight beds, and building a children's Crisis Stabilization Unit – all were done with grant money.

Sharon continued with her presentation – discussing WET funds for Psycho-social Rehabilitation classes at Merced College, stipends for CSU Stanislaus social worker students and staff development (providing clinical trainings for clinical staff). She ended her presentation with discussion on the Innovative Strategist Network (ISN) and the funds going towards the already approved ISN.

-A Board Member questioned the expansion programs getting another \$1M on top of the \$1,342,604M. Sharon explained how much the approved funded amount is each year for ISN and for the year 2018 and 2019, they will utilize part of the reverted money. She explained again – the money is already in the coffers, additional money is not being sent. The Board Member asked how much of the \$2.5M is going towards this. Sharon responded that all the money that was reallocated/reverted for Innovation will go towards the only current, approved project – the Innovative Strategist Network. The Board Member questioned how you can ask for money if the program is not running and how do they know they will need the money. Sharon responded that this starts with FY2018/19 and 2019/20. The program is under implementation and staff are currently being hired. The infrastructure is being built right now. Two Mental Health Workers have already been hired, there is a Program Manager and a clinician is in the works. You have to build the infrastructure before the program can run. This has been fully vetted with the State. This is money the Department has had – first in, first out. They have to develop a plan with the State to let them know how it will be carried out; this is letting them know how the Department will do it. If the Department had not already had an approved Innovation plan, they would not have been able to use this money for that. The Board Member thought the money was sitting in the Reserved Account. Yvonnia explained that when the Department gets money, even if it is a Reserved Account, they only have a certain amount of time to spend it.

Yvonnia wanted to clarify a point and asked Sharon to go back to the Outreach and Engagement slide. One thing the Department is looking at is a mobile van. The Department has about \$100K to build a customized van to go out in the community – places like Delhi, Hilmar and Stevinson. It will take about a year to build. One-time funding money will be used and she would like to have something that is tangible. Merced County is rich in resources for a medium-sized county. Merced County does not receive any County funds. Some of our surrounding Counties do receive County funds and they have more restrictions on what they can do. Because Merced County is subvented and does not rely on the County general fund, we have more flexibility. That is why BHRS can build all these different programs. Long-term implications would be that if there is a down-turn, we cannot ask the County to help.

Recommendation/Action: M/S/C (Spangler / Mojica de Tatum) to close the Public Hearing at 6:25pm with one member abstaining, Vince Ramos. The Chair asked if there was any discussion. Vince stated he would like to see a new project that could intertwine with the existing programs in case the funding lessens but using more case workers and conditions to offset the places that are needed for extra help. That is why some of the money should be diverted to the staffing and not all managers because Lanetta said there are more managers than case workers and clinicians; and transparency – what is the quota of people being reached with the extra money.

