



# Minutes

**Present:** Sally Ragonut, Vice-Chair; Zachery Ramos, Secretary; Supervisor Lloyd Pareira; Mary Ellis; Iris Mojica de Tatum; Keng Ger Cha; Ted Werner; Genevieve Valentine

**Absent:** Bruce Metcalf, Chair; Vicki Humble; Linda Deol; Vince Ramos; Manvinder Kaur

**Others Present:** Charles Bruce; Chris Kraushar, Jacqui Coulter, Georgia Jeffrey (A/V Support); Amy Houghtaling (Recorder)

## Call to Order / Roll Call

Due to COVID-19, today's meeting was held in a hybrid format, in-person and via video conference. Vice-Chair, Sally Ragonut, called the meeting to order at 4:04 p.m. and welcomed everyone to the meeting. Audible roll call was taken by Recorder, Amy Houghtaling.

## Review Teleconferencing Status

**Discussion/Conclusion:** Vice-Chair, Sally Ragonut, explained that the Board must review whether teleconference is still necessary for these Board meetings in the next thirty days. Sally asked BHRS Director, Genevieve Valentine, for an update on the state of emergency status. Director Valentine shared that the State still has us in a declared State of Emergency. Sally then stated that the Board finds that a state of emergency continues to exist and secondly, that there is agreement that the state of emergency impacts the BHAB's ability for the members, BHRS staff and the public to meet safely in person. Sally then called for a motion to vote on these findings.

**Recommendation/Action:** M/S/C (Pareira/Ellis) to approve using teleconferencing for the next meeting. Sally called for a roll call vote. The names of all present Board members were called and asked for their individual approvals. Use of teleconferencing at the next scheduled meeting was approved with a majority for members in attendance.

Pareira – Aye	Mojica de Tatum – Aye	Ellis – Aye	Deol – Absent
Ramos, V. – Absent	Cha – Aye	Ragonut – Aye	
Metcalf – Absent	Ramos, Z. – Aye	Humble – Absent	

## Mission Statement

The Mission Statement was read by Mary Ellis.

## Approval of Minutes from December 7, 2021 and January 4, 2022 (BOARD ACTION)

**Discussion/Conclusion:** No edits were proposed to the minutes.

**Recommendation/Action:** M/S/C (Mojica de Tatum/Pareira) to approve the December 7, 2021 and January 4, 2022 minutes as written. Sally called for a roll call vote on the minutes. The names of all present Board members were called and asked for their individual approvals. Minutes were approved with a majority for members in attendance.

Pareira – Aye	Mojica de Tatum – Aye	Ellis – Aye	Deol – Absent
Ramos, V. – Absent	Cha – Aye	Ragonut – Aye	
Metcalf – Absent	Ramos, Z. – Aye	Humble – Absent	



## BEHAVIORAL HEALTH AND RECOVERY SERVICES

### Behavioral Health Advisory Board Meeting

301 E. 13<sup>th</sup> Street

Merced, CA 95341

February 1, 2022

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

**Discussion/Conclusion:** No public comment was given.

**Recommendation/Action:** None

#### **Director's Report**

- A. Budget Process**
- B. BHRS Department Goals**

**Discussion/Conclusion:** Genevieve welcomed Ted Werner, who was approved to this Board by the Board of Supervisors, at their January 25, 2022 meeting. Manvinder Kaur was also approved to this Board on that date. **A.** Genevieve shared that BHRS is currently in the annual budget planning process. It is due for submission to the CEO office later in February. During this process, they are also carefully reviewing the Governor's January budget highlights. After the Governor gives his January highlights, BHRS later receives from him a May Revise version, which gives the counties more direction for their own budgets. He has to have his budget done at the end of June for a July 1 fiscal year start date. The Governor put things in his budget draft like continued one-time funding for infrastructures and grant opportunities, as well as Workforce grant opportunities for the counties. There is also a large section on those incompetent to stand trial and how that may impact local communities and become the responsibility of local jurisdictions, including mental health services. They are looking at what that would mean and if there are specific budget allocations for that subject. This could affect BHRS programming in the Justice and Community Integration division. There are also specific parts of the budget that talk about mental health housing and how to potentially do collaborative partnerships with their HSA partners who oversee homeless and housing. No specific guidelines on how to do that, but they are watching for more information. When looking at programming, BHRS will not apply for grants if the programs cannot be sustained long-term. Genevieve asked for any questions on the budget process. None were presented. **B.** Genevieve then spoke about the BHRS department's five goals for 2022. One: To create a collaborative mindset, three-pronged approach, to insure the department is in-compliance for all deadlines and implementation, and regulations connected to CalAIM. Clinical, Quality Improvement and Automation, and Fiscal are the three prongs referred to and these three areas of the department all must work together and be "plugged in" to be successful, Two: Make BHRS a training institution, having BHRS staff share and articulate what they know to train up staff and transfer knowledge to each other, creating a legacy plan and really good strong leaders, in many different classifications throughout the organization, modeling all of this to our Board, the BOS and to the community. Three: To create and maintain fiscal databases and measurable tools to make sure we have longevity, figuring out ways to maintain fiscal responsibility for long-term projects and programs. Four: To establish communication and efficiency that decreases silos, working smarter not harder. Making sure that thier three prongs are all communicating with each other to be the most efficient agency possible, breaking down walls and internal silos. Five: To continue to develop and create new community-based partnerships that are client-centered, and good community services to the underserved. Summary: be ready for CalAIM, be a training institution, maintain long-term fiscal health, break down silos and have better communication as a department, and expand on collaborative partnerships with a design of client-centered approaches. Genevieve asked for questions. Iris asked if community partners would include active volunteers in the community and Genevieve confirmed that yes, definitely they would be included. Genevieve added that BHRS is specifically honing in on partnerships with schools and law enforcement, but not only. Sally asked if collaboration addresses interdepartmental issues as well, such as one division or service communicating or documenting to another team or service in the department. Genevieve said that this is a part of the goal and they are not only getting a new electronic health record program that will help with that, but also have Performance Improvement Projects (PIP) where they are honing in on crisis services, Marie Green services and outpatient regarding sharing information and linking clients in a multidisciplinary approach as a one-stop shop.

**Recommendation/Action:** Information only



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#### Training/Presentation – Overview of 5150

**Discussion/Conclusion:** Jacqui Coulter, Assistant Director – BHRS, presented an overview of 5150, focusing on the basics of who is responsible for which part of the entire process. She addressed only the category of adults at this time. This same information has been shared with several community departments as education. A 5150, as stated in the California Welfare and Institutions Code, allows a peace officer, or professional persons designated by the county, upon probable cause, to take an adult into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement in a facility designated by the county for evaluation and treatment, as a result of a mental health disorder, who is a danger to others, self, or gravely disabled. We are restricted to this and this alone. The key here is the “as a result of mental disorder”. This is very restrictive and the area of confusion for most people. The definition of danger to self is not provided by the Welfare and Institution Code. The definition that is used is: danger to self can be manifested by threats, ideations, or actions indicating the intent to commit suicide or inflict serious bodily harm on oneself, or actions which place the person in serious physical jeopardy, if these actions are due to a mental health disorder. Jacqui further detailed the types of danger and evidence needed. She also shared that a new criterion that they *must* take into consideration under the danger category is “with historical evidence”. Question and answers took place on what this new criterion means and it was noted that documenting is very helpful for a person to do about the individual. Danger to others is based on words or actions that indicate the person in question either intends to cause harm to a particular individual or intends to engage in dangerous acts with gross disregard for the safety of others due to a mental health disorder. Jacqui described the types of danger and evidence required. Gravely disabled is defined as a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing or shelter to the extent that failure to do so results in danger or harm to themselves. Genevieve noted that it cannot be due to a substance use disorder. It must specifically be a mental health disorder. Evaluators have to determine where the cause lies for the person’s current episode. Jacqui explained that there is another code, 1799, that allows non-Lanterman-Petris-Short (LPS) designated facilities, which are the acute care hospitals, to arrange for appropriate discharge and referral of a person, who they would otherwise admit, pursuant to 5150 criteria if the hospital were LPS designated. Those facilities are where law enforcement transports 5150 holds to for medical evaluation. Once left at the hospital emergency department, the 5150 hold is broken and it becomes a medical evaluation for a potential 1799 hold. The hospital then does a medical clearance and determines whether to refer to BHRS for evaluation for 5150. Once BHRS evaluates, they may determine to transfer to a LPS designated facility, which would be the Marie Green Psychiatric Center (MGPC) or the Crisis Stabilization Unit (CSU). BHRS can do this at the hospital or through telehealth. Transportation from the hospital to the facility is the responsibility of the hospital and The Alliance.

**Recommendation/Action:** Information only

#### Training/Presentation – Through the Eyes of the Client – CSOC Data

**Discussion/Conclusion:** Chris Kraushar, Patient Rights Advocate, shared that this project began in October of 2020. Every three months the location is changed and the last three months of data was collected from the Children’s System of Care (CSOC). A total of sixty-eight respondents participated and the feedback was overwhelmingly positive. The ages served in CSOC are ages five to twenty-one. There were many feedback suggestions offered in general on things the division could do for their clients, which was very good to see. A dozen feedback comments asked for The CUBE to be reopened for the youth, which has been closed due to COVID and is only virtual at this time. Sally asked if the specific comments would be shared with the CSOC staff. Genevieve said that the overall data is shared with the Division Director and Program Managers. Chris indicated that she has been building a summary of the data from all locations and will share the summary on what has been collected in her next presentation.

**Recommendation/Action:** Information only



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#### Chair's Report

##### A. Training Calendar Update

**Discussion/Conclusion:** A. Sally shared that the Executive Committee reviewed Board training opportunities and they now have subjects scheduled for the rest of the year. April will be on ACEs, May on accessing services, and June on the Peer Support role.

**Recommendation/Action:** Information only.

#### Committee Reports

- A. Substance Use Disorder (SUD)
- B. Executive/By-Laws/Planning
- C. Membership Committee
- D. Board Development (New Membership Orientation and Onboarding)
- E. Liaison to the Quality Improvement Committee (QIC)
- F. Liaison to the Mental Health Services Act (MHSA) Ongoing Planning Council
- G. Other Board Member Reports

**Discussion/Conclusion:** A. Vicki absent. No report. B. No report. C. Mary stated that two new members were approved to this Board by the Board of Supervisors at their January twenty-fifth meeting. They are Manvinder Kaur and Ted Werner and Mary gave them a warm welcome. Once they complete their oaths, they will be full voting members. D. No report. E. Mary shared a brief summary of the quarterly report from the Quality Improvement Committee. She shared that they have a lot going on and things are very positive. The full report, with Mary's comment notes, was emailed to the Board members prior to the meeting. Sally commented that she is very interested in the penetration variables in the report. Quoting that the valley has 6.5% in specialty mental health. Genevieve noted that that is San Joaquin to Fresno and represents the number of clients served. There is a lack of health care providers as a whole in the valley, which is affecting the population because of not being able to receive services in general. And we have more rural areas, where people can get easily lost. Iris commented about a lack of providers for children and asked about BHRS accepting children without insurance. Genevieve shared that through the early prevention and intervention projects, they do not ask about insurance. BHRS does not charge at all for prevention services specifically and are working to do a lot more of this with the schools. Once someone goes to early intervention, needing multiple treatments, they are linked to the appropriate resources and services. Sally asked if the Mobile Crisis van is in operation. Genevieve responded that it is, with Strengthening Families using the big van for outreach. That mobile clinic van will soon be used two days a week specifically in the Hilmar schools and also Gustine. It will operate as a mobile clinic, with a Nurse Practitioner, a Clinician and an Alcohol and Other Drug Counselor (AOD). Iris asked if BHRS was activated for the recent incident in Le Grand. Genevieve responded that BHRS was activated and we now have two clinicians embedded in the Le Grand school district for the youth, and community and we will continue for the next few months. Sally commented that if anyone is interested in working with Mary on the quarterly QIC report they are welcome. F. No report. G. Sally called for any other reports. None.

**Recommendation/Action:** Information only

#### Ad-Hoc Committee Reports

- A. Annual Report
- B. Nominating Committee

**Discussion/Conclusion:** A. Sally said she would start working on the annual report in April. B. No report on this annual process, but it will start approximately in April.

**Recommendation/Action:** Information only



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**Announcements**

**Discussion/Conclusion:** Genevieve shared that the RAFT facility has been renovated and is having a grand re-opening event. The flyer, and date revision, was emailed to the Board members prior to this meeting.

**Recommendation/Action:** Information only

**Future Agenda Items / Possible Action Items**

- A. RDA presenting final report at March meeting
- B. Data Notebook presentation at March meeting

**Discussion/Conclusion:** **A.** Genevieve shared that this will be RDA's final report on the Innovation Project **B.** The Data Notebook is scheduled to be presented by Sharon Jones at the March meeting. Iris asked if the Board could receive a presentation on data related to clients served. Something showing overall served, separated by divisions, by services, telehealth and other parameters. Genevieve said she would add that information to her next Director's Report.

**Recommendation/Action:** Information only

**Adjournment:** Sally adjourned the meeting at 5:59 pm.

Submitted by: \_\_\_\_\_  
Amy Houghtaling  
Recording Secretary

Approved by: **Signed as Approved, 4/5/22** \_\_\_\_\_  
Zachery Ramos, Secretary  
Merced County Behavioral Health Board

Date: \_\_\_\_\_

Date: \_\_\_\_\_