

Summary

Merced County Behavioral Health and Recovery Services Ongoing Planning Council

February 24, 2022

9:00am – 10:00am

Behavioral Health & Recovery Services Department
Teleconference via Zoom

Present:

Sharon Jones, Fernando Granados, Monica Adrian, Misty Rose Bautista, Derric Brown, Alyssa Castro, Jose Chavez-Diaz, Jennyfer Estrada, Glenn Galman, Cesar Garcia, Vanessa Garcia, Daniel Garibay, Heydi Herrera, Sam Hill, Melyssa Hintz, Patti Kishi, Adam Lane, Conor Maloney, Cindy Mattox, Rebecca McMullen, Jenna Nunes, Maria Ocegueda, Jesse Ornelas, Maria Orozco, Rocio Ortega, Nancy Reding, Sandra Sandoval, Emma Schifsky, Michell Smith, Lanetta Smyth, Brian Sterkeson, Daisy Torres, Luke Tosti, Cari Urquiza, Bao Vang, Griselda Vasquez, Matt Wooding, Kayla Zoliniak

Presentation and Discussion:

All Members

I. Call to Order / Roll Call

II. Approval of Minutes

The approval of minutes for January 27, 2022 was motioned /seconded (Nancy Reding /Jenna Nunes) and carried.

III. Update Planning Council Contact List

Fernando Granados, Chair, encouraged all attendees to confirm their attendance via chat or by emailing Maria Orozco.

IV. Notice to the Public

No notices.

V. Chair's Report

No report.

VI. BHRS Report

Sharon Jones reported that here at Behavioral Health & Recovery Services we are still practicing caution with the COVID-19 guidelines. We are still having services – some of our services are face to face, through telephone, and telehealth. BHRS is also moving forward to getting things in alignment for all the new initiatives, such as the Cal-AIMs initiative as well as upgrading our electronic health record with Credible electronic health record. We are continuing business as usual, including outreach and engagement to provide as much support as possible to our families. We are also making sure that our in order to meet the needs and demands.

VII. Presentation: RDA Merced ISN FY 20-21 Evaluation

Emma Schifsky and Vanessa Garcia with Resource Development Associates, presented regarding the Merced County Behavioral Health & Recovery Services (BHRS) Innovative Strategist Network (ISN) Evaluation Findings Year 3 from July 2020 – June 2021. Some of the guiding questions of the evaluation include: to understand how BHRS is implementing the ISN and who the ISN is serving, and to what extent the ISN is improving access to an engagement in services, and how the ISN is improving consumers' experiences of care. The PowerPoint presentation provided a brief introduction on the background, and information on the ISN teams, impact of COVID-19, ISN consumers and referrals, ISN consumer barriers, ISN services, ISN program outcomes, service linkages for ISN-Y and ISN-Adult, behavioral health outcomes for ISN-Adult, and consumer experiences; contact information was also provided.

Sharon Jones asked Lanetta Smyth, who oversees the program, what is the experience for staff utilizing a model such as this? Lanetta thinks that they are really fortunate to have the staff that they have join this program. She was directly supervising ISN for 2 years and now she's the Division Director. She shared that staff are really hardworking and they embody the idea of meeting people where they're at. Lanetta thinks they are very appreciative of having the opportunity to actually serve clients in that manner

– they have that freedom of movement to be able to go out into the field and to literally and figuratively meet people where they're at. She mentioned that when you work in an office, you have clients who come to you. From personal experience working in the field and in the office, she noted that there is that feeling of being stuck and not being able to go get them to help with those other pieces that are impacting them. When people are not getting their needs met, they can't focus on their mental health. We have a lot of expectations for people to jump a lot of hoops to access services; not just mental health services but a lot of public services. She thinks staff are really appreciative about being able to get out there and do the work – it's definitely hard work as there is a lot of processing that goes on, but they also have each other for support and support for management. Lanetta expressed that they are really lucky to have this program and thinks the staff feel the same way. They have people who have stuck with the program since the very beginning and have seen it evolve. Then they had people who wanted to come on to the team because of the nature of the work. She thinks that says something for itself.

Sharon noted that innovation is about testing new things and new learning. She asked Lanetta if she feels that we are testing out in terms of building infrastructure to help eliminate barriers, does she think that we have been successful in doing that?

Lanetta does think so. The way that we set up our measures, sometimes the statistics don't always give the full picture. Case studies are case studies and some people can say they're anecdotal. When you put the studies together, with the qualitative data from the client and the numbers, the results are phenomenal but we don't get those type of results.

This information may include crisis contacts and hospitalizations. She noted that 100% of those people did not go back into the hospital – that is a really big deal. Even though it's a small number compared to how many people we see, those folks are our highest frequency users. This means that they are in and out of hospitals, and in and out of crisis constantly. This ends up costing many agencies a lot of money, and they are also not getting what they need and they have been able to catch those folks and help them when they have just been in a cycle. Those are some of our most vulnerable people. Lanetta thinks we have met more than the objectives intended. Of course, we want to eliminate crisis contacts or reduce them for stabilization, but she thinks some of those numbers around crisis and hospitalization are better than we expected. Lanetta used to oversee crisis so she knows what a big deal that is – you see the same people over and over, and it's so difficult because you can't always follow through, but ISN can follow through. If they are not getting the whole person addressed, they can't then start to get their needs met. She said that when you don't have the ability to have folks that can bang down the door, and help them get what they need, some people don't have anything such as an ID, social security, birth certificates; they have nothing. Some people have said that they don't feel like they're a real or identified person. The staff has been able to help people feel humanized, to make them feel seen, and give them the opportunity to then start moving along with the other things such as their medical needs, financial needs, and getting them some sustainability by helping them with housing, and then they can stretch a focus on how to take care of their mental health to get them to a point of wellness. Lanetta expressed that she thinks they have met the objective and eliminated some of the barriers that they needed to.

Sharon Jones mentioned that another part of this program is utilizing the concept or the philosophy of appreciative inquiry. Sharon asked the ISN-Y program, how has that worked out over the years.

Jenna Nunes, Sierra Vista, explained that they use the appreciative inquiry model and they implemented the assessments when they are meeting with the youth. They utilize the 4-D approach which is Dream, Discovery, Destiny and Design. This is designed to really let youth be in control of their own treatment and of their own needs. When meeting with them, they are asked what is something they would like to work on, what is going well, and if they could dream, what would be the ultimate dream for themselves. It has really helped, especially the adolescent aged youth to really feel in control of the services that they're getting – with the innovative program they are able to meet them anywhere, such as Carl's Jr, at their school, etc. This really helps them be in control of their services and destigmatize what mental health is and what mental health services can look like. They have seen a lot of success utilizing the model, especially with the adolescent age, and it has helped the parents as well because they parents are learning a lot about their children that they didn't know, goals that they want to achieve, some interests that they have that they may not have known otherwise. It helps increase that bond as well and so they provide a lot of parenting support in addition to the individual service and case management services – she really thinks it strengthens the family unit utilizing this model.

Fernando Granados noted that there were a couple questions posted in the chat. One of them was asking about demographics. He explained that in our emails there was an attachment with the full report where they will find some of the demographics. While not all areas of demographics were collected, that is something that is going to be worked on. There were specific questions about youth and foster care, as well as within the LGBTQ community that was not collected and was identified as one of the things that perhaps needed to be collected in future demographics.

There was also a comment by Derric Brown, talking about how difficult it is sometimes to meet the whole person in inpatient setting, especially when the individual does not follow up with outpatient care that they will continue to return to that inpatient if they don't get the services that the patient left. Fernando added that the full report is 58 pages and this was just a snapshot of that report. The group was encouraged to read it if they have time. Fernando thanked Emma for the presentation.

VIII. Update on Community Planning Process

Sharon Jones shared that we are still in our community planning process and moving toward our draft annual update to our three-year plan. She informed that we are still open to feedback, and to focus groups. After hearing this report, that is only two programs, ISN-Y and ISN-Adults, that is already so much viable feedback; we want more feedback and we also want to let you know that once the draft is in draft form, it will be posted on our official website and notifications will be sent out to everyone to further comment on the draft. Once the draft has been posted for 30 days, we will have a Behavioral Health Board public hearing as part of our community planning process. From the Behavioral Health Board, it will go to our county Board of Supervisors for final approval.

IX. Administrative Updates and Changes

Sharon reported that they have added a few more administrative positions such as a coordinator in our Quality Performance area. We continue, just like a lot of our other programs, to have openings for mental health clinicians. If individuals need jobs and meet the scope requirements, Sharon asked to please have them go to our official Merced County website to apply because we do need to build up our clinical workforce and keep it moving so that we can do the great service that was just spoken about in our Innovative Strategist Network program. Sharon noted that the reason for all her questions is because the ISN program is a passion of hers, because she wrote the program along with the voices of our stakeholders in Merced County. Sharon is always looking for excellence and success, and she thinks she heard that. Sharon wanted to let Lanetta and Jenna speak because she thinks they are doing great work.

Fernando noted that Derric Brown is asked about the process for a focus group. Sharon

Sharon explained that the process is to contact her or Maria Orozco, set it up either on Zoom or in person, and invite people on so that we could hear your voices and hear what your needs are. After it is set up, the Zoom link is sent out to everyone, and then we have certain questions that we ask and just listen to your voices. It can be the possibilities and success stories – the things that we need to do better. We want to collect that feedback.

X. Announcements

Jenna Nunes announced that they are starting to schedule stigma reduction campaigns at the high schools. They have a couple scheduled in March and some in April. If there are any agencies that would like to be a part of it, please reach out to Jenna. They already contacted a lot of the individuals that are usually at the events but as always, if there are agencies that we have not thought of or you think can provide information regarding stigma to the youth, please contact Jenna. Her contact information was provided in the chat.

XI. Possibilities and Success Stories

Sharon Jones thinks one possibility is to work more collaboratively with each other, to continue breaking down the silos, and to really join together and unify in a manner to help families. In some families there may be a veteran, a young child in need, or someone who needs connection to resources – really utilizing this group to support families and help them with whatever resources we have available. We operate separately with separate budgets but if a family needs something, working together to strengthen that family and help them to thrive.

Luke Tosti shared via chat: Here are the dates and locations for the upcoming Stigma events for those interested. Merced High 3/23, Delhi High 3/2, Delhi High 3/24.

XII. Next Steps

The next meeting is scheduled for Thursday, March 24, 2022.

XIII. Adjourned

The meeting adjourned at 9:51 AM