



Minutes

Present: Bruce Metcalf, Chair; Sally Ragonut, Vice-Chair; Zachery Ramos, Secretary; Supervisor Lloyd Pareira; Mary Ellis; Iris Mojica de Tatum; Keng Ger Cha; Vicki Humble; Linda Deol; Ted Werner; Manvinder Kaur; Genevieve Valentine

Absent: Vince Ramos

Others Present: Chris Kraushar, Sharon Mendonca; Lanetta Smyth, Emma Schifsky, Vanessa Garcia, 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. Chair, Bruce Metcalf, called the meeting to order at 4:06 p.m. and welcomed everyone to the meeting. Audible roll call was taken by Recorder, Amy Houghtaling.

Review Teleconferencing Status

Discussion/Conclusion: Chair, Bruce Metcalf, explained that the Board must review whether teleconference is still necessary for these Board meetings in the next thirty days. Bruce asked BHRS Director, Genevieve Valentine, for an update on the state of emergency status. Director Valentine shared that the State mandate has not yet expired and still has us in a declared State of Emergency. Bruce 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. Bruce then called for a motion to vote on these findings.

Recommendation/Action: M/S/C (Pareira/Ragonut) to approve using teleconferencing for the next meeting. Bruce 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 by a unanimous vote of members in attendance.

Pareira – Aye
Ramos, V. – Absent
Metcalf – Aye

Mojica de Tatum – Aye
Cha – Aye
Ramos, Z. – Aye

Ellis – Aye
Ragonut – Aye
Humble – Aye

Deol – Aye
Kaur – Aye
Werner - Aye

Mission Statement

The Mission Statement was read by new Board member Ted Werner.

Approval of Minutes from February 1, 2022 (BOARD ACTION)

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

Recommendation/Action: M/S/C (Ramos, Z./Ragonut) to approve the February 1, 2022 minutes as written. Bruce 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 by a unanimous vote of members in attendance.

Pareira – Aye
Ramos, V. – Absent
Metcalf – Aye

Mojica de Tatum – Aye
Cha – Aye
Ramos, Z. – Aye

Ellis – Aye
Ragonut – Aye
Humble – Aye

Deol – Aye
Kaur - Aye
Werner - Aye



BEHAVIORAL HEALTH AND RECOVERY SERVICES

Behavioral Health Advisory Board Meeting

301 E. 13th Street

Merced, CA 95341

March 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

Chair's Report

A. Welcome to new members

Discussion/Conclusion: A. Bruce reported that new board members, Manvinder Kaur and Ted Werner, have completed their oaths and are now full voting members of this board. Bruce and the board members gave them a warm welcome. Bruce said that onboarding will now take place for the newest members of this board. Amy confirmed that she is working with these members to coordinate a group onboarding session.

Recommendation/Action: Information only.

Training/Presentation – RDA presentation of Merced ISN FY20-21 results

Discussion/Conclusion: RDA Consultant, Emma Schifsky, presented a summary overview of the year three evaluation findings from RDA's assessment on fiscal year two thousand twenty to twenty-one on the Innovative Strategist Network (ISN) Program. The program was implemented in the year two thousand and eighteen as a five-year program in the Mental Health Services Act Innovation Plan. The ISN is a short-term (approximately thirty days) service coordination program wherein interdisciplinary teams of strategists work with consumers to; navigate barriers to accessing care, identify individual needs and recovery goals, and facilitate linkages to Behavioral Health and Recovery Services (BHRS) partners and community resources. There is an adults team of seven strategists who work with serious behavioral health needs, and a youths team of four strategists that work with mild-to-moderate needs. COVID-19 had an impact on the program in that the adult services were able to continue, but with safety protocols. Youth services were offered via telehealth, with in-person options offered as restrictions eased. There were difficulties engaging with clients and connecting them to longer-term services due to reduced operations and closures. This affected the program by reducing program completions and prolonging enrollment length. In the fiscal year two thousand twenty/twenty-one a total of one hundred sixty-seven consumers were served in the adult services and one hundred fifty-seven in the youth. Referrals were primarily from other Behavioral Health teams for the adults and mostly from health care centers and schools for the youth. Most referrals were responded to within three days, however the ISN team noted the need for more timely and detailed referrals. Top barriers identified in each program group were; for adult, housing issues, substance abuse, limited functional skills and family or social support. Most experienced more than one barrier. For the youth it was inadequate previous service, health insurance barriers, service navigation support and family or social support. Other mild to moderate service providers were affected by COVID, limiting the ability to refer and match clients to preferred providers. Program partners praised the program for its multi-disciplinary makeup and the consumer-centered highly collaborative nature of the BHRS team, which paid a key role the ability to provide timely services and referrals. As options began to be offered in schools or in-office, it did help with goal engagement and completion. Staff provided therapy and services until other services were available, which sometimes took months. Although many consumers discontinued program engagement, the program still connected participants to other services even if they did not graduate. In the fiscal year reviewed, forty-four percent of adult program consumers met their objectives and twenty-one percent of the youth program consumers met their objectives. COVID continued to show its effect in the twenty-eight percent of youth who discontinued services and the twenty-six percent that declined further services after multiple outreach attempts. The most common reasons were because the youth's behavior had improved or the family preferred in-person services which were unavailable due to COVID. In the youth program, it took the majority of families longer than thirty days to connect to other services, staying in the ISN program for an average of seventy days. The most common services youth consumers of this program were linked to are: counseling services, family therapy, school-based IEP, mild-to-moderate behavioral health providers, community-based organizations and primary

care medical providers. In the adult program, their average enrollment length was also seventy days and thirty-five percent met their ISN objectives. It was noted that over half of adult program consumers have histories of being high-frequency users of crisis and hospitalization services, but the intensive case management of ISN had a significant effect on consumers, even if they did not graduate the ISN program, showing ISN's effectiveness in removing barriers and reducing crisis episodes. Data showed a decrease in the number of crisis episodes and an increase in behavioral health service engagement, and consumers spoke of the high level of trust they had in ISN team members. The top resource linkages for the adult program were: basic needs, Human Service Agency, homeless/housing services, and insurance providers. Emma summarized the findings and asked if the Board had any questions. Bruce thanked her for the detailed and informative report. Iris asked for the Board to receive a copy of the full sixty-page RDA report after today's meeting. It was approved that copies will be sent to Board members. Lanetta Smyth, the Adult System of Care Director, was present and shared that she personally thinks it is a great program and we are fortunate to have it at BHRS. Sally commented that, as a family member, she appreciates such programs that go out to the consumer who cannot get to us on their own. She also likes that the program flexed during COVID and had program participants for over a year due to COVID related stumbling blocks. Sally noted that this is year three and asked if the program ends at year five. Genevieve clarified that it will end as an innovation project, but we are trying to find ways to continue the project through other funding streams within our MHSA program. Iris expressed that the savings in funds is significant as well when you keep high frequency users out of hospitals and crisis services. Genevieve shared that the program also has a psychiatric nurse on the team who goes out into the field, which is a contributing factor to the success. Sally asked if others counties are doing such programs. Genevieve shared that we are the only county that is doing it this way. Lloyd asked the approximate cost of the program, per year. Sharon Jones shared that it is about eight hundred thousand dollars a year. The overall project approval amount was six point eight million dollars. Lanetta noted that, up until this year, not all their staff could bill. Now the Peer Support Specialists can bill Medi-Cal, which will help. Lloyd asked if Central California Alliance might be interested in funding this program. Genevieve shared that with CalAIM, there is a part called an "in lieu of service" for the mild to moderate, which is a whole person care enhanced care management code. So, BHRS has had conversations with the Alliance about billing directly to them as a separate contractor. That service or benefit should roll out in this county in July of this year, so we have had conversations about the potential of this as it would allow us to draw down actual revenue for the positions. Sharon shared that it is about eight hundred and fifty dollars a day, or thirty thousand dollars a month, for an adult to be in a facility like California Psychiatric Transition, so you can see the financial impact of a successful program like the Innovative Strategist Network. Lloyd commented that maybe our two county hospitals might be interested as part of the diversion program, noting that if we can bill, then the extra money may not be that great. Bruce thanked everyone for their comments.

Recommendation/Action: Information only

Director's Report

- A. Student Resiliency Center - upcoming**
- B. General Data Review**

Discussion/Conclusion: **A.** Genevieve shared that BHRS applied for a joint grant with MCOE for a Student Resiliency Center. It would be a prevention driven center that is ACEs heavy and trauma focused. They were awarded an over four million dollar grant and will be going before the Board of Supervisors in late March for them to approve the receiving of funds. The facility would be for all youth and BHRS would be co-located with MCOE there. They are looking for a building location now. They will also utilize other community partners to meet the needs of their clients, by making it also a resource center for ACEs Aware and other community partners to help meet the needs of the students from a larger perspective. Genevieve said they see it as a way to expand all the ACE initiatives county wide as a completely internal multi-agency program. It is a four-year grant. **B.** Genevieve stated that there was a request in the last meeting for an overview of some services data, so she will give a couple of data points today. She will keep it brief in order to try to not overload on data today with the RDA report and the Data Notebook both being presented. She shared that Iris had specifically asked about Suicide numbers. Genevieve shared that we have a Youth Warm Line and a Suicide Prevention Line. We are actually doing really well as a county in regards to our suicide rate. The State has rankings and, of the fifty-eight counties, we are at position fifty-four. That means we have a long list of counties above us with higher suicide rates. Our phone lines, and collaborations with other counties, is working. Statewide the suicide rate is ten point eight per one hundred thousand residents. In Merced County, at the end of the fiscal

year, we were eight point four. She realizes this still sounds like a lot, and it is a lot. They will continue things like radio ads, billboards, and do a PSA for Spanish radio and television. They are also looking at getting some additional certification for suicide prevention and intervention work and would like to get out to the schools to provide this training to them as well. She knows we do have a lot of work to do, but she is happy with the efforts her team is making. Genevieve expressed that the other question was about how many clients we served during COVID. They actually served five hundred plus new clients in the fiscal years two thousand twenty and two thousand twenty-one. These could represent anything from a single contact to more than that in services. They are projecting an increase in this fiscal year. When the final budget goes through they will probably be asking for additional staff because the numbers are not decreasing, but increasing as we move forward. We need to build a stronger infrastructure on all levels of care moving forward. In addition, COVID decreased our referrals to Public Guardian by fifty percent. However, they made up all of that, plus some this fiscal year. They have made up all of that and are about thirty-five percent higher in terms of referrals to our Public Guardian/Public Conservator program. That is a drastic increase. We are also now a one-stop shop for representative payee services and engaging more with our clients, who are only utilizing representative payee services, by sending Peer Support Specialists out to do outreach and engagement. They are anticipating a big uptick in this service, as outreach is expected to show that a great majority of consumers out there not previously needing our services will need our services. Genevieve asked for any questions from the Board. Iris thanked Genevieve for the information and asked if Kings View gives us numbers on how many calls come in from Merced County on the suicide prevention line. Sharon Jones responded that they do, and they also sometimes have to orchestrate rescues. Sharon offered to send the last report from them to give a picture of the work they are doing. Iris said that she would like that report as it would give a bird's eye view of the demand for that service in our county. Iris said she looks forward to seeing if the ads Genevieve mentioned will have an impact on these reported numbers. Sharon will send it to Amy for distribution to the Board members. Sharon explained that we have a multi-tiered approach of training staff and members of the community on suicide prevention and we have our community partners on the ground and in outlying communities all working to help people and save lives, which includes linkage to needed services and care. Genevieve added that the Kings View report is just one piece because we also have our ACCESS line, where consumers call directly into that line for services. Genevieve mentioned that it is important to note that they did add positions this last fiscal year. The majority of them were on their Justice and Community Integration Division team. That is a new division started in October of two thousand and nineteen with very few staff. A big push of our two thousand twenty to twenty-one fiscal year was to build up that division, which works directly with Juvenile Hall, the Jail, Probation and so forth. Genevieve said that they are doing a better job determining where additional services are needed now that they have a division that is solely connected to those that are reintegrating into services post Jail, incarceration or Juvenile Hall. So, now that they have that division, they are doing better at determining where people are needed and where services need to increase. Bruce thanked Genevieve and those who asked questions, and called for any additional questions. Vicki shared that she is pleased that we are going to be doing more outreach in Spanish, as she is aware of incidences when it was a stumbling block. Bruce closed this discussion and called upon Sharon Jones to now present the Data Notebook 2021.

Recommendation/Action: Information only

Training/Presentation – Report on Data Notebook 2021

Discussion/Conclusion: Sharon Jones shared that BHRS is mandated by the California Behavioral Health Planning Council to do a Data Notebook annually. This council advocates for those with severe mental illness and children with severe emotional disturbance. They are statutorily required to provide advisement to legislature on behavioral health issues, policy, and the priorities in California. They are advocating to hold systems accountable and responsive, to be strength based, family member driven, and recovery oriented, as well as culturally and linguistically responsible. Focus areas for the Data Notebook this year were adult residential care, homelessness, child welfare services, racial/ethnic inequalities or inequities in behavioral health. The data is submitted through a survey/questionnaire. Sharon gave an overview of our responses to this annual questionnaire, resulting in the Data Notebook.

Adult Residential Care

- Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF? Answer: not applicable, as all individuals in need at the time were placed

- Does your county have any "Institutions for Mental Disease" (IMDs)? Answer: Yes, two. Merced Behavioral and California Psychiatric Transitions
- For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year? Answer: in-county was twenty-four and out-of-county was ten clients
- What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period? Answer: seven thousand one hundred and nineteen days

Homelessness

- During the most recent fiscal year (2020-2021), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? Answer: Emergency Shelter, Housing/Motel Vouchers, Supportive Housing, Navigation Center, Project Room Key

Child Welfare Services: Foster Children in Certain Types of Congregate Care

- Do you think your county is doing enough to serve the children/youth in group care? Answer: Yes
- Has your county received any children needing "group home" level of care from another county? Answer: Yes. Merced County has received presumptive transfer youth needing group home level of care. In the current fiscal year, Merced has received seventy presumptively transferred children and youth to date. In the previous fiscal year, Merced received two hundred and thirteen presumptively transferred children and youth. At this time, we do not have the number of presumptive transfer youth received by Merced County who required group home level of care. However, currently, Creative Alternatives has twenty-four presumptively transferred children/youth housed at their facility. Additionally, on average, they have housed twenty-five out of county presumptively transferred youth over the third quarter of the calendar year.
- Has your county placed any children needing "group home" level of care into another county? Answer: Yes. Merced County has presumptively transferred youth out of Merced County needing group home level of care. Per data from HSA, Merced has presumptively transferred twenty-four youth out of Merced County in the current fiscal year that requires group home level of care to date. Per data from HSA, in the previous fiscal year, Merced presumptively transferred forty-two youth out of Merced County requiring group home level of care. In addition, Merced has presumptively transferred a total of forty-three presumptively transferred children and youth to date in the current fiscal year, making ninety-eight percent of presumptively transferred youth needing group home level of care. In the previous fiscal year, Merced presumptively transferred one hundred thirty-two children and youth out of Merced County.

Racial/Ethnic Inequities in Behavioral Health

- Based on the data provided for your county, please rate the access, engagement, and median time to stepdown services for each of the following racial/ethnic groups in your county.
 - Access (at least one mental health services visit in a single fiscal year)
 - Asian or Pacific Islander - Good
 - Engagement (five or more mental health services visits in a single fiscal year)
 - Asian or Pacific Islander – Good
- Which outreach, community engagement, and/or education methods are being used to reach and serve the following racial/ethnic groups in your county?
 -
- Which of the following groups are represented on your mental health board/commission?
 - Answer: Alaskan Native/American Indian, Asian or Pacific Islander, Black, Hispanic, White, Other race/ethnicity, Older adults (65+years), Transition-age youth (16-24 years)
- Which of the following steps have been taken to develop a culturally diverse behavioral health work force in your county? Answer: Tailoring recruitment efforts (re: professional outreach and job ads) to applicants who are representative of the racial/ethnic populations in your county
- Which of the following steps have been taken to develop a culturally diverse behavioral health work force in your county? Answer: Utilizing behavioral health workforce pipeline programs that value cultural/linguistic diversity among applicants; Actively cultivating a culturally inclusive workplace environment in which racial/ethnic minority staff are engaged; conducting listening sessions or other methods for staff to provide feedback on workplace environment and hiring/promoting practices;

providing professional development opportunities such as mentorship or continued education and training for behavioral health staff and providers.

- Does your county provide cultural proficiency training for behavioral health staff and providers? Answer: Yes. Trainings: Implicit bias, multi-cultural, inclusion and diversity, culturally specific trainings: Latinx, African American Spirit
- Which of the following does your county have difficulty with in regard to providing culturally responsive and accessible mental health services? Answer: Employing culturally diverse staff and providers, retaining culturally diverse staff and providers, translating written materials, providing live/virtual interpretation services, providing cultural proficiency training for staff and providers.
- What barriers to accessing mental health services do individuals from underserved communities face in your county? Answer: distrust of mental health services, community stigma, difficulty securing transportation to or from services, difficulty accessing telehealth services.
- Do you feel that the COVID-19 pandemic has increased behavioral health disparities for any of the following groups? Answer: Hispanic, Older Adults (65+)
- Which providers or services have been employed, utilized, or collaborated with to serve the following racial/ethnic populations in your county? Answer: Outreach at local community venues and events, house visits to underserved individuals/communities, telehealth services to increase access and engagement, community stakeholder meetings/events, written materials translated into multiple languages, live or virtual (real-time) interpretation services, educational classes, workshops, or videos, providing food/drink at meetings and events, providing reimbursement or stipends for involvement, providing transportation to and from services.
- Do you have suggestions for improving outreach to and/or programs for underserved groups? Answer: Merced County continues to develop and implement upstream strategies to improve outreach and programs for our underserved communities. BHRS has established collaborations with the schools and other community providers to help build buffering resources for families to ensure health, wellness, equity and access. There are many suggestions that include: BHRS has developed programming that provides outreach, engagement, community activities, events, presentations on suicide prevention, stigma and discrimination, builds upon cultural wisdom and continuous support and linkage to resources; identify and use culturally appropriate stakeholder and data analysis tools that recognize and utilize communities' cultural assets and knowledge; continue to build strong and sustainable relationships and partnerships; create effective community input processes and forums with opportunities for communities to fully participate; enhance Relationships & Engagement; strengthening connections with communities through knowledge gathering

Bruce thanked Sharon for her report and called for any comments or questions from the Board. Sally asked what Upstream Strategies means. Sharon explained these are preventative strategies. Like when you know something is off or wrong, you do something to help that situation and try to prevent it from getting worse rather than let it continue or spiral out. Genevieve shared that we want to start people early with preventative strategies and tools while they are still learning and developing. We would rather see them early on than get them as clients when they have been allowed to progress and escalate, coming to us at a much higher level of service needs; This term is used in the mental health field for universal outreach and prevention. Genevieve shared that focusing on preventative outreach and programs helps the entire system with cost savings related to higher levels of care, such as high cost residential.

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**



BEHAVIORAL HEALTH AND RECOVERY SERVICES

Behavioral Health Advisory Board Meeting

301 E. 13th Street

Merced, CA 95341

March 1, 2022

Discussion/Conclusion: **A.** Vicki shared that, in Hilmar, they had an “Every 15 Minutes” mock event that had a strong impact on the community. Interested parties can apply every October first and be considered on a first-come first-served basis for this high school focused program. **B.** Bruce shared that Amy recently emailed Board members a list of opportunities to attend BHRS subject matter training with new employees during the New Employee Orientation sessions. No other report. **C.** Mary welcomed our two new members that are now at full voting status. Sally pointed out that District 5 is still in need of BHAB member representatives. Genevieve shared that she has had conversations with Supervisor Silveira about this and has also spoken about the possibility of looking at a representative from the Los Banos Police department. She asked that the Board please forward any names of recommendations for District Five to Supervisor Silveira or the Board of Supervisors Clerk’s Office. Genevieve has confirmed with County Counsel, that once we have representation in that area, we can set up a remote location in Los Banos so some Board members, and any interested community members, could join BHAB meetings without having to drive here to Merced. Bruce suggested contacting Steve Hammond, a pastor who is on the CoC Board, and Police Chief Breezy of Los Banos, regarding suggestions of potential new BHAB members. They are good resources for recommendations. Sally asked if the Wellness Center is open in Los Banos and Genevieve stated that it is not open at this time. Sally expressed that BHRS staff in the Los Banos clinic may also have some suggestions. Sally and Lloyd suggested reaching out to a previous board member who owns a flower shop in Los Banos, once we have a remote location. **D.** Bruce reported that Amy is working on scheduling a new member onboarding session, hopefully in the next month. Sally reiterated that the topics on the new BHRS employee orientation list are great and since they are recurring, you can watch for a date that works for you on the subjects that are of interest. Genevieve shared that BHRS is launching a quarterly Children’s System of Care meeting, so at some point this Board could potentially add a representative to that meeting on their Committee Reports. It will give them child and youth focused information. **E.** Mary explained that there will be no report until the next quarterly meeting, which is next month. **F.** No report, position vacant. **G.** Bruce called for any other reports.

Recommendation/Action: Information only

Ad-Hoc Committee Reports

A. Annual Report

B. Nominating Committee

Discussion/Conclusion: **A.** Sally confirmed that she would start working on the annual report next month and asked members to review their headshots and biographies for any updates needed. Updates can be emailed to Sally or Amy. **B.** No report on this annual process, but it will start approximately in April in order to complete the nomination and appointment processes by the new fiscal year.

Recommendation/Action: Information only

Announcements

Discussion/Conclusion: Bruce announced that the Grand Opening of Merced Mission’s new campus, Village of Hope, will be held Friday, April twenty-second at ten in the morning. They are also working on a Sobering Room and Genevieve has been assisting them through this process. Lloyd shared that the Rescue Mission site will have thirty-two beds for those coming from hospitals and fourteen spaces for sobering, in family spaces there will be four beds each. Lloyd also talked about the Home Keep program, which is a ninety-eight-room facility of apartments. Hopefully, in a bout a year, will have almost three hundred new beds for the homeless. Genevieve said that another separate apartment complex in Merced will have about thirty units that will be permanent supportive housing.

Recommendation/Action: Information only



BEHAVIORAL HEALTH AND RECOVERY SERVICES
Behavioral Health Advisory Board Meeting
301 E. 13th Street
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Future Agenda Items / Possible Action Items

Discussion/Conclusion: None.

Recommendation/Action: Information only

Adjournment: Bruce adjourned the meeting at 5:53 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: _____