

Summary

Merced County Behavioral Health and Recovery Services Ongoing Planning Council

April 28, 2022
9:00am – 10:00am

Behavioral Health & Recovery Services Department
Teleconference via Zoom

Present:

Sharon Jones, Fernando Granados, Monica Adrian, Alyssa Castro, Jose Chavez-Diaz, Bryndahl Childers, Maria Colmer, Dee Espinoza, Cesar Garcia, Daniel Garibay, Fernando Granados, Heydi Herrera, Melyssa Hintz, Ayesha Hunter, Adam Lane, Cindy Mattox, Rebecca McMullen, Jennifer McQueen, Sharon Mendonca, Marilyn Mochel, Jennifer Mockus, Jenna Nunes, Maria Ocegueda, Maria Orozco, Nancy Reding, Brian Sterkeson, Cari Urquiza, Bao Vang, Pangcha Vang,

Presentation and Discussion:

All Members

I. Call to Order / Roll Call

II. Approval of Minutes

Sharon Jones noted that it was not clear on the recording who approved the minutes last time. Fernando Granados thinks it was Monica Adrian and Jenna Nunes motioned/seconded the minutes from February 24, 2022.

The approval of minutes for March 24, 2022 was motioned /seconded (Jenna Nunes, Marilyn Mochel) 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

Pangcha Vang (they/them) stated that often times programs serve medi-cal families of low income and they are often working during the day. It's important that our meetings are not at 9:00 AM during work day, but at 6:00 PM during the work day so that people can attend and give us feedback on how our programs are impacting medi-cal families. Pangcha is also requesting that it is required for MHSA and BHRs to require all county mental health programs, including non-profits, to hire a peer advocate and a family advocate, stationed at the physical location of the mental health programs. Also, the peer advocates and family advocates should be required to attend the Behavioral Health Board meetings and the MHSA Ongoing Planning Council meetings. Actually, 80% of the people who attend should be peer advocates and family advocates at the Behavioral Health Board and the MHSA Ongoing Planning Council. They should be given a stipend for their time for coming to the board meetings. Often times, our mental health workers and therapists at non-profits work very hard in the community and the work that they do is valuable. They are essential workers during COVID-19 – we call them heroes and yet many times they were paid without hazard pay. In 2012, Pangcha noticed that the pay for non-profit therapists was \$20 - \$30 per hour. Pangcha went to a budget meeting. For therapy, it is \$1.50 per minute that the county reimburses to the non-profit. For case management services, it was \$1 per minute that the non-profit is reimbursed from MHSA. Pangcha knows that therapists are paid from \$20 to \$30 but the non-profit will take the rest of the income of their labor, but that was in 2012. Today, 10 years later in 2022, Pangcha has noticed that the rate has gone up, food prices has gone up, gas prices has gone up; but Pangcha doesn't notice the pay of non-profit social workers pay going up. Pangcha is concerned because they know that non-profit workers and therapist workers are valuable and they deserve and honorable wage; they deserve to have a union. We must take care of our workers – they are the front-line workers. We are a village and we must take care of our social workers. If our workers are not taken care of, then the mental health services for our clients will decline.

V. Chair's Report

No report.

VI. BHRs Report

Sharon Jones reported that at Behavioral Health & Recovery Services they are working on a lot of things - a lot of different projects. Sharon will be speaking about 3 projects that they are working on such as CalAIM. The whole state

is working on CalAIM and there will be a presentation shortly on CalAIM – the whole restructure of their system. As a result of that, BHRS is needing improvements to their electronic health record so they are working on enhancing it. Also, they are working on a north county mental health facility. As most know, BHRS has a clinic in Livingston. They are moving to relocating that clinic to the Winton. In making a decision to relocate, they are looking at demographics and unserved areas; Winton is a very unserved area as far as many other areas in Merced County. BHRS is still open, providing services with telehealth, face to face, as well as out in the community trying to meet the needs.

VII. Presentation: CalAIM EMC Services

Jennifer Mockus, Community Care Coordination Director at Central California Alliance for Health presented a Power Point to the council in regards to CalAIM Enhanced Care Management (ECM) Services. These services will be going live in Merced County in July so they wanted to bring forward this information for all for two purposes. One, to identify community-based organization interested in providing those community-based benefits and services, and contracting with the Alliance to serve our members. Two, so that they would all be aware of these services should you be working with Alliance members who could benefit. Jennifer shared that she has worked for Central California Alliance for Health since the care plan came to Merced County in 2009. Up until 2020, she was the operations director for Merced County, and then beginning in May 2020 Jennifer transitioned to a new position after getting her master's degree in nursing. She is now the Community Care Coordination Director. The presentation provided information on CalAIM ECM and Community Supports background, DHCS guidance on ECM program, ECM populations of focus timeline, ECM core service components, community supports overview, community supports offered, next steps, additional resources, and DHCS CalAIM Incentive Payment Program.

During the presentation, Monica Adrian asked Jennifer who she thinks would be a good partner to participate in this. Jennifer responded that they have had some successful relationships with county public health community-based organizations. There is an organization in Monterey called Dorothy's – a place that helps to serve members who are experiencing homelessness and they have taken on Enhance Care Management. Some clinic sites have decided to expand their service delivery system and do more work out in the field. Home visiting organizations may want to contemplate this as a potential funding resource as well, hospitals, and other non-profits. Monica said that they do parents to teachers home visiting and do not have clinical staff. She is not sure if Jennifer is looking for teams who have clinical staff also. Jennifer explained that it's not a requirement to have that kind of clinical perspective, but it is a requirement for ECM providers to be coordinating those clinical aspects with the member's primary care provider and other tertiary centers where the members receive care.

VIII. Annual Update

Sharon provided an overview of the Annual Update 2022-2023. The presentation included information on MHPA background, funding, mission, and vision. Information was also presented on service needs and effectiveness for children (Ages 0-15) transition age youth (ages 16-25), adults (26-59), older adults (ages 60+), Community Service and Support (CSS) programs, Prevention and Early Intervention programs, Innovation projects, prudent reserve. In addition, was included on the 2022-2023 Annual Update Changes in Adult BH Court, CSS in Schools and Communities, Merced Lao Family SEACAP, new Justice and Community Integration Housing Program, MCOE Caring Kids, MHPA community based mental health for Livingston and Hilmar, cancel the MAPS program, PEI Strengthening Families, Mobile Triage Crisis Unit, new youth and family grief and trauma program, Merced Lao Family CB & IPC Programs, new project for capital facilities to expand main campus, workforce, education and training, and a new electronic health record.

Monica Adrian stated that it is a little bit surprising that this is the first place that she is learning about the funds being shifted from Caring Kids to the Resiliency Center. Monica asked Sharon if she could give her a little background on how and who made that decision. Sharon Jones explained that all decisions are made by the leadership team and these are proposed at this point. The Caring Kids program would have access to the Resiliency Center and the clinician but the clinician would be placed at the Resiliency Center. The clinician will be available to serve their families, it just won't be specific to the Caring Kids program; it will be a part of this new MCOE Resiliency Center. Monica asked if in the future something like that is going to be proposed, that maybe they could've given her a heads up rather than just learning about it in a Power Point. Sharon let her know that her point is well taken. Sharon encouraged everyone to attend the Behavioral Health Board, if anyone has any comments. There is going to be another presentation at the Behavioral Health Board and at that time there will be public comment where you can speak out about the process or anything at that particular meeting.

Pangcha wanted to make sure that they heard Sharon right about the police at Livingston schools - everything is going to stay the same, they are still going to be a contracted, still going to be paid, and be part of the mental health program; however, they are just changing the name. Sharon Jones explained that the MAPS program name was initially Mental Health and Police in

Schools. Sharon said they are trying to cast a wider net to serve the community; the resource officer will still be a part of the program but they will be under the MHSA community mental health team. Pangcha replied that it's a shame. Pangcha also asked if we are no longer using Anasazi with the new electronic health record. Sharon explained that they are in the process of accessing another electronic health record referred to as Credible through the support of Kingsview. Anasazi will no longer be the electronic health record. Pangcha asked if the software is compatible with keeping track of our clients' pronouns and real names, because medi-cal usually doesn't allow them to do that. Sharon is not sure but she will take that down. Sharon is just learning that herself about Credible and they are getting ready to get trained. It is planned to be launched in January and that is something Sharon can research for Pangcha and try to find out in terms of pro-noun, inclusion, and things of that nature.

Nancy Reding suggested to follow up and see capability of pronouns and inclusiveness. Kingsview is a very conservative run program with religious based.

Sharon Mendonca explained that the Credible system is a system that is not California based. They are using Kingsview to help them bring up the system. It is not something that they have the power of. Sharon knows they have had difficulty with the pronouns, especially with the Cerner/Anasazi system. They do have difficulties as well with Department of Health Care Services at the state level as to being able to accept our billings with the different pronouns. Even if they capture them in their own system, it may not be billed in that way. They don't really have a whole lot of power. They are trying to make sure that it will be pronoun specific, and that they can at least capture the data, whether they can bill under that information or not. They are looking at it but the Credible system is an electronic health records system that they can't always choose what is allowable and what is not – they can at least capture that on a demographic type of form. It is not something that Kingsview has ever had any direction over. She knows that they are a religious based program and have been there for many years. This is not something they are having any control over, nor have they even suggested such.

Sharon Jones added, that as a part of cultural responsiveness, she will try to research all the information that she can and what the possibilities are. Seeing the chat, it is so very important to honor pronouns. Sharon really hears what everyone is saying. Sharon Mendonca completely agreed. She noted that the one thing they are having problems with right now is if somebody does identify as transgender, they still have to bill the state with a specific either male or female – those are the only options that they have. When they are billing the state, the state won't reimburse them if they don't use the same information that they have when they signed up for medi-cal. They are really trying to see what they can do to make that change, but their hands are a little bit bound by what the state is actually allowing.

Pangcha asked Sharon to speak out in regards to the full-service partnership. Sharon asked if she was referring to their full-service partnership such as Turning Point and the ones Sharon mentioned in the Power Point. Sharon briefly explained that they still have Turning Point for adults and Aspiranet WeCan for children, as well the Wellness and Recovery FSP operated by GLOM. Pangcha stated that we need a full-service partnership for LGBTQ and undocumented.

Sharon thanked everyone for their comments and questions. She knows at these meetings you have to be courageous, even she has to be courageous in presenting about this – a millionaire's tax. Please email Sharon Jones for any other comments or questions.

IX. Public Hearing

Sharon Jones invited everyone to the public hearing. She thinks that it may be a hybrid where it will be on Zoom and also there will be a room where people will be as well. MHSA has grown to so many different programs. As the MHSA Coordinator, really trying to meet the needs of the community and really trying to be culturally responsive. Personally, Sharon Jones knows that cultural responsiveness leads to great care, wellness, and recovery. It reduces stressors for families and individuals. She invited everyone to bring their questions forward and speak up like they are speaking now.

X. Mental Health Awareness Month

Agenda item tabled.

XI. Administrative Updates and Changes

Agenda item tabled.

XII. Announcements

Agenda item tabled.

XIII. Possibilities and Success Stories

None.

XIV. Next Steps

The next Ongoing Planning Council meeting is scheduled for Thursday, May 26, 2022.

XV. Adjourned

The meeting adjourned at 10.05am