

Summary

Merced County Behavioral Health and Recovery Services Ongoing Planning Council

May 26, 2022
9:00am – 10:00am

Behavioral Health & Recovery Services Department
Teleconference via Zoom

Present:

Sharon Jones, Fernando Granados, Monica Adrian, Ruby Awesome, Misty Rose Bautista, Alyssa Castro, Vong Chang, Jose Chavez-Diaz, Maria Colomer, Dee Espinoza, Heydi Herrera, Melyssa Hintz, Ayesha Hunter, Patti Kishi, Monica Mata, Cindy Mattox, Sharon Mendonca, Jenna Nunes, Jesse Ornelas, Brian Sterkeson, Ye Thao

Presentation and Discussion:

All Members

I. Call to Order / Roll Call

II. Approval of Minutes

The approval of minutes for April 28, 2022 was motioned /seconded (Monica Adrian, 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 Melyssa Hintz.

IV. Notice to the Public

None.

V. Chair's Report

No report.

VI. BHRS Report

Sharon Mendonca reported that one exciting thing is that they are moving their services from Livingston. BHRS has purchased a site in Winton that will eventually be a full scope service area for mental health, SUD, children's services, and medical services; for right now they are only moving the current system of outpatient and medication services that they had in Livingston. There will still be some outreach services they are providing in Livingston. BHRS will still be trying to provide some services to the community but their behavioral health staff that are currently out in the Livingston site will be at the Winton site as of June 6th. They hope to have the CUBE opened up again really soon for transitional aged youth. There are also a lot of building processes that are happening at the children's campus trying to make sure they are ADA compliant. For those in the children's campus, hopefully soon they will see some contractors and things like that going on as they bring that to be more ADA compliant and restructure building 1. There are some housing projects that they are working on. Hopefully B Street and Childs will be available for the end of the fiscal year; there is a lot going on.

Patti Kishi, NAMI Merced County, asked for the location in Winton. Sharon Mendonca said it is on California Ave. She explained that they purchased Old Mennonite Church and will be using a portion of it until the construction is done. The address will be shared via chat.

Misty Rose, Transition to Independence Program (TIP), asked about the services that will be provided in Winton. Sharon Mendonca said that it will be the same services provided at the Livingston site – they have an Alcohol and Drug outpatient counselor, mental health counselors, nurses, and doctors there. Because it's a small area that they're going to be taking over, they are going to be open 5 days a week, as opposed to the 3 days they were in Livingston just so they can stagger the staff a little bit and make sure that everyone has a confidential area to do their work. Sharon noted that it is very nice out there and they hope to at least continue all those services. A few years back they did a survey on where their consumers were, and the survey very clearly told them that Winton was an area in which they needed to reach out to. The numbers of consumers in Winton versus the number of consumers in Livingston was just astronomical; there are many more that they need to serve from Winton. When they were having difficulty finding a new location for their Livingston services, this opened up and seemed to make a lot of sense. Sharon Mendonca confirmed that the official open day will be June 6th. That is the plan and they are working with AT&T and a

few other things to make sure it all goes smoothly. Sharon Mendonca shared the Winton location address: 7099 California, Winton.

VII. Presentation: US Dept of Veterans Affairs – Preventing Veteran Suicide

Presentation postponed.

VIII. COVID-19

Sharon Jones asked Sharon Mendonca if she could speak a little bit about COVID. Sharon Jones informed that they still have a protocol of wearing masks within BHRS and providing services. Sharon Mendonca stated that they have to continue to test staff weekly for anyone who has not had the boosters, and are continuing to wear masks. Even though Merced may not be in a state of an emergency, California still is. California is giving them guidance that as a health care provider, they are still mandated to wear masks. Any time they are outside of their offices or working within the building, they must wear a mask. They will continue to test and to try and keep everyone as safe as possible until the state has released it. The state will give them 90 days prior notice prior to the releasing of the emergency requirements that they have not heard of yet.

Sharon Jones noted that someone asked via chat about the days of operation for the Winton location. Sharon Mendonca repeated the address and said that right now they are looking at 5 days a week but she can't say what will be offered on which day. The reason being is because they are trying to work that out their selves right now. They will be offering SUD services, outpatient, and nursing services, but they only have 2 office spaces and the rest are in cubicles. They can't see a client without office space so they will be staggering what services are on which day. The schedule of those services is being worked out now.

IX. MHSA Annual Update 2022 /2023

Sharon Jones stated that there was a public hearing on May 3, 2022 with the Behavioral Health board. The Behavioral Health Board had an action at their meeting and they decided to send the annual update to the Board of Supervisors. There was a consensus to move the annual update 2022 /2023 to the Board of Supervisors to discuss for final approval.

X. Merced County Board of Supervisors Approval June 7, 2022

Sharon Jones informed that the Board of Supervisors meeting is on June 7, 2022. That is the time for more feedback and time for the board to take a look at our annual update and hopefully they will approve it so that we can meet our deadline of June 30th with the state. Sharon wanted to let everyone know in case they want to attend. She knows they are having face-to-face board meetings so this is just to inform our committee that this is what is happening.

XI. MHSA Issue Resolution Process

Sharon Jones reminded everyone about the Mental Health Services Act Issue Resolution Process. That process is part of our regulation. If someone feels that they are not implementing things the way that they are, then there is an Issue Resolution Process. The form is under the Mental Health Services Act tab on the website. Sharon noted that there needs to be a slight change to the fax number because the numbers have changed. Other than that, it will be sent out again because that is the process if there is an issue.

XII. CalAIM Transformation

Sharon Jones noted that she is not an expert in CalAIM, but she feels that the state has enough information and would like to share some of the information that she was able to get out of the Department of Health Care Services. Just to talk about it briefly, Sharon thinks that in our life in public mental health there have been huge things. One of them was the Mental Health Service Act when it came forward. Then there was the enact network adequacy and there have been many other major changes. CalAIM is another huge one. Sharon said she wanted to share some information on CalAIM. She knows Jennifer Mockus talked about it from the managed Medi-Cal perspective last time, but Sharon wanted to add a little bit more information on that because it was huge. Some of the information that they found out about CalAIM was that it is about meeting the needs of the whole person. CalAIM is focused on the whole person. Also, within the CalAIM is engaging health care providers who are trusted and relatable – that's a huge part of it as well. Again, expanding community supports, and proactive upstream services. They are looking more at preventative care and meeting people early on as opposed to more costly treatment and services. CalAIM is also promoting community engagement, and many of those in the meeting now also do community engagement. Another huge part of Cal-AIM that they have included is making the best use of partners and resources. Sharon noted that there are many resources - sometimes they're scattered, sometimes they're disjointed, but she suggested making the best use of the partners as well as the resources. It also goes into population health. Sharon also shared that 1 in 3 Californian's are enrolled in medi-cal and that there's more than 65% of enrollees that identify as people of color – all of this is coming from the Department of Health Care Services. Sharon thinks people should know a little bit more about CalAIM and the why. In terms of children and youth, Medi-Cal covers up to 50% of all births in California. About 2/3 of children enrolled in Medi-Cal identifying as Black or Latino/Latinx. When looking

at complex needs, or unmet needs for care, more than 2 in 3 patient days in the California long-term care facility are covered by Medi-Cal. This whole Medi-Cal system is very important. Also, when looking at justice involved individuals, 80% of justice involved individuals are eligible for Medi-Cal. This whole CalAIM thing is about innovation and transformation. This time it's about transforming the Medi-Cal system. Some of the key messages are meeting people where they are in life, addressing social drivers of health, and breaking down the walls of health care. Just with those 3 bullets, that is a huge endeavor. CalAIM is moving Medi-Cal towards what we call a population health approach that prioritizes prevention and whole person care. It takes it a step further to even extending supports and services beyond hospitals and health care settings directly to our communities. Sharon noted that it kind of mimics things we do at MHSA, but now they're focusing on transforming and innovating the Medi-Cal system. For Medi-Cal enrollees, they will be coordinating what we call equitable access to services – not only addressing the physical, but behavioral, developmental, dental, and long-term care needs. This is throughout their lives from birth through a dignified end of life. Sharon doesn't know how many people on here actually understand it; it's a huge endeavor, a huge movement innovating and transforming the Medi-Cal system. Those are some key take aways that Sharon found on the Department of Health Care Services website. Sharon reviewed the 3 primary goals of CalAIM: 1. To identify and manage member risk and need through whole person care approaches, and to address the social determinants of health. 2. To make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility. 3. To improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform. Sharon added that they are looking at social determinants of health and whole person care approaches. Sharon reviewed and shared about other things she has learned about CalAIM. This will affect most of our systems because most of our systems accept Medi-Cal payment. The last time Sharon checked, Merced County has over 120,000 Medi-Cal recipients, over half of the population. Sharon encouraged everyone to go to the Department of Health Care Services website to read up on it.

XIII. The Benefit of Peer Support Specialist

Sharon stated that in the state of California most recently, it was approved for peer support certification. A couple years ago they were moving towards it and was cancelled out, but now it's back. Peer support as a viable option in our programs providing services and charting in the Medi-Cal chart. At Behavioral Health they have peer support specialists that are hired throughout the department in various programs. Sharon noted that this information is coming from the website of the Department of Health Care Services, which is the state entity. Peer support specialists are people in the recovery process who are helping others that may be experiencing similar situations – they may have been in services before or may still be in services, but they are helping individuals who may find themselves in similar situations that they have gone through. Peer support specialists have this shared understanding and this respect for mutual empowerment. A huge part of peer support is helping individuals stay engaged in the recovery process to reduce the likelihood of relapse. Peer support is very important. The senate bill that brought in peer support was Senate Bill 803. That particular senate bill authorized Department of Health Care Services to add peer support specialists as part of a Medi-Cal benefit. It became effective July 1, 2022. Peer support services will be an optional behavioral health Medi-Cal benefit in California. There may be peer support programs under other funding sources and SB 803 does not impact that, but in terms of Medi-Cal, peer support now is a benefit. Peer support may be funded in different ways but now the certification is coming through Medi-Cal. Some of the things that are going on with this certification, include setting up standards for peer support, and certifying agencies and counties. CalMHSA is leading the charge with certifying peer support and counties can opt in to their process if they choose to; if not, they will have to come up with another way so that they're certifying their peer support specialists. Peer support services will be available to Medi-Cal beneficiaries. This is working with an approved state agency to certify them in peer support. A further description of peer support services is: culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. Structured activities such as group, and individual coaching to set recovery goals and identify steps to reach their goals – peer support are helping individuals stay on their recovery goal or within their recovery plan. The services of peer support are to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about conditions and the process of recovery, as well as helping them navigate the system. Peer support may provide support in a clinical setting or non-clinical setting. Even though they're being certified to work with Medi-Cal beneficiaries. Also, a huge part of peer support is collateral contact with family members and involving family members in this whole recovery process. Other things are educational skills building, group engagement therapeutic activities that peer support can provide. Again, the services are billable for peer-support; they are part of our team helping to bring recovery and wellness forward. They have identified 2 peer support codes for claiming and that's H0025, which is behavioral health prevention education service, and H0038 for peer services. These codes can be used for drug Medi-Cal as well as Medi-Cal organized delivery system and specialty mental health. Sharon shared that she started her career in a program where peers were very valued so she knows the potency and power of peer support specialists. Now, that benefit is billable to our Medi-Cal beneficiaries.

Patti Kishi asked if this was going to begin July 1st. Sharon explained that yes, it was approved July 1, 2022. Patti asked if we have things in place in this county. Sharon responded that they are working on it and it starts with the certification. To Sharon's understanding, Behavioral Health and Recovery Services is opting into CalMHSA because they are going to be providing the certification training. Sharon Mendonca added that they already have quite a few peer support specialists that are working for them. What they are working on right now is having them get this certification and this training. They will be able to bill for their services in the future, but peer support specialists have always been a really important part of the services that they provide. Now they will be able to use them for a lot more than what they were able to use them in the past, so it's really encouraging. Hopefully those that they currently have will get the training and be the first of the line to get it done. Their names have been submitted to CalMHSA for this free training; it's free right now but eventually it will not be free. Peer support is such a great wonderful key support for their system. They definitely want to grow that. Patti Kishi also asked if it will be all internal or contracting outside of the agency. Sharon Mendonca said it is a good question but she doesn't know the answer to that at this point. Sharon Jones added that it will be a huge conversation. It looks through the peer support specialists their trying to build it out to the community as well. Sharon Jones knows there has been some talks about peer support and other areas. More to come on that but it is also a huge important part of Mental Health Services Act as well; that is actually where their first peer support specialist started to evolve from their wellness centers and now they are being integrated to the other programs in the department. That is something that Sharon Jones can consult with leadership on and bring it back to this committee as it starts to progress.

Sharon Jones asked the group if anyone had peer supports within their programs already. Misty Rose, with Transition to Independence Program (TIP) shared that they have peer support in their program. Vong Chang, with Turning Point also shared that they have peer support in their program. They have been utilizing them for quite some time now. Patti Kishi mentioned that NAMI has peer support groups. Merced Lao shared via chat that they have peer support as well. Sharon commented that you can see the value of peer support – individuals that have walked through some of these systems and have found a way to work a recovery plan where they're able to thrive. Now it's recognized in the state. Across the United States peer support has been pretty strong on the east coast. California last time shut it down but now it's back and it's moving forward. Sharon feels that these changes are for the better and they could be used in a very beneficial and positive way to help people and move services forward.

Jose Chavez-Diaz, with Golden Valley Health Centers, mentioned that they are always thinking and planning ahead regarding liabilities and certifications. They always implement a "don't go over your scope" in the community health and outreach team, as well as in cultural brokers. He asked if there is a certification or something these peer support groups need if they wanted to have peer supports at Golden Valley Health Centers. Sharon said that right now, from the behavioral health perspective, CalMHSA is providing the trainings and so Sharon would have to get more information on that, on how counties are working with their contract providers to also ensure they have peer support and have them certified. Sharon thinks the certification is a wonderful thing. She has seen a little bit of the training through her emails with CalMHSA and thinks it's just what we need to clearly identify the scope for peer support specialists because often times it brings up the fear that they're not licensed. This is saying that whatever peer support bring to the table is credible – it's like a clinician, different scope but very much credible. Sometimes as clinicians or other practitioners they have a hard time accepting that peer support can play a vital role. Sharon expressed that it's a wonderful thing for her, but just like everything there's stigma within the stigma. Even though they have gone through the system and have lived experience, sometimes people might still think they're not credible. This is saying that there's a benefit now where if you're a Medi-Cal beneficiary, you can receive the care of a peer support.

XIV. Administrative Updates and Changes

Sharon Jones noted that Sharon Mendonca provided an overview of the administrative updates. Sharon Jones announced about the annual update going to the Board of Supervisors on June 7th. In terms of administrative, Sharon Jones informed that they have positions available for mental health clinicians, as well as other positions. The council was invited to check out the county website. She said that those become the professionals that do all of the work and move it forward. In terms of secretaries, there is a new secretary III, Christina Reyes. Sharon Mendonca clarified that Christina Reyes is a secretary II and as a secretary she will be support her as well as Tina Machado who is over HR. Audrey Rodarte will be supporting Jackie Coulter as well as Dr. Soofi. For those who may have known Priscilla Martin, Sharon Jones said that was the position she was in.

XV. Announcements

Sharon Jones announced that director, Genevieve Valentine, is out for several weeks as well. Sharon Mendonca and Jacqui Coulter, assistant directors, are supporting BHRS.

XVI. Possibilities and Success Stories

Sharon Jones said that they had a wonderful collaborative May is Mental Health Awareness event in the back parking lot of 301 E. 13th Street. She thought it was a wonderful event; not only of collaboration but of diversity. Even though the wind was high,

they had a good time. There was a lot of great information shared – it was a time that they could come together with their collaborative partners. Sharon is hoping that as COVID kind of disappears, they will have more wonderful events like that.

Sharon Jones also shared that a weekend ago she was invited to the Multicultural Arts Center where they had the play “The Brilliant Idea.” It was a wonderful play about Suicide, but it was in a non-traditional way that it was resilient and she was really encouraged about that. Sharon plans to have a talk with BHRS about possibly having them come for September and share that play because it was interactive and nice. The director of the play was from here in the Central Valley and lives in Turlock. The main person in the monologue play was from Stockton – it was quite a wonderful and enlightening play on suicide prevention.

Patti Kishi, with NAMI Merced County, mentioned that they do have peer-to-peer and connections going on. The NAMI Merced County website provides more information. Sharon asked Patti if she could speak more about connections. Patti explained that it is for those with symptoms that are learning the ability to learn more and it’s done by peers as well. She noted that they also do them in Spanish. Those 2 programs have been the most sought after. Sharon said that it sounds like a wonderful resource, especially with the linguistic capability.

Griselda Vasquez, with Livingston Community Health, shared that for the month of May they have campaigned on helping reduce the stigma and mental illness in the health center within the organization. They have engaged with staff and had huge participation. They did adult coloring, all symbolically signed the green ribbon to say they are stigma free, and handed out little ribbons. This has been a collaboration with the culture club that they have. She shared that they highlighted EOP services as they may have a staff member or family member who find themselves struggling. As a commencement tomorrow, they are going to wear their bright green shirts. Griselda said that luckily for her, she was able to reach out to BHRS, partnered with them and gave shirts to hand out to staff. They did a raffle and were able to give them all out, so everybody is encouraged to wear those shirts along with any bright green they have. If she gets any pictures she will be happy to send them to BHRS. Griselda said it is really nice that they do this out in the community, but it’s really important to do it within our own organization because we spend so much time with our peers here at work. Griselda highlighted that it’s something that affects us all, not just the people we serve – it’s the people we work with. She said it’s really nice to be able to share what she does out in the community with the people at work and maybe help spread more awareness, and helping break that stigma. Griselda had a lot of real positive feedback from staff there, as well as shared in private about how that touches them, why it’s important to them, that they feel supported now that they’re not alone, and that they’re doing something to bring light to it. It’s been really positive and she hopes to do something similar in September, and again partner with BHRS and see how they can bring more awareness and reduce suicide rates. Especially right now, given the recent tragedy in Texas, the local schools here are also trying to be more proactive. As a parent, community member, and somebody who works with the community on this subject, Griselda thinks it is heartbreaking and it just means that we have to do more to help support those who feel they don’t have someone to understand and support them. Griselda spoke briefly yesterday with someone at the district of Livingston. Mr. Zamora, the superintendent sent out an email to all parents in the community to highlight the collaboration with the Sheriff Department, the Police Department, the board approved policy in place because this could affect any community at any time. It is scary but it is nice to be proactive and engaged. Griselda encouraged everybody to engage with those partners in the community and find ways to reach out and support them if possible, especially in this month of May. Right now, it’s really boots on the ground, what can we do, how can we show support. Griselda thanked Cindy and Melyssa for helping to provide the t-shirts. She said they weren’t able to give one to everyone, but it was nice to give out the ones they had in the raffle.

Sharon Jones noted that Griselda brought up a very important point – mental health is a part of all of our lives. Our jobs focus on the services we are doing, but we have to be aware and alert in terms of safety for to realize that anyone might be in need of care or help. We build out into the community within the systems that we work also, making sure that the information is available and ready. Sharon knows most have the EAP, but just having information visible in case someone needs information.

XVII. Next Steps

The next Ongoing Planning Council meeting is scheduled for Thursday, June 23, 2022.

XVIII. Adjourn

The meeting adjourned at 9:49 AM