BEHAVORIAL HEALTH AND RECOVERY SERVICES

Behavioral Health Board Meeting
301 E. 13th Street
Merced, CA 95341
July 6, 2021

Minutes

Present: Bruce Metcalf, Chair; Sally Ragonut, Vice-Chair; Zachery Ramos, Secretary; Supervisor Josh Pedrozo; Mary Ellis; Vince Ramos; Micki Archuleta

Absent: Iris Mojica de Tatum, Keng Ger Cha; Vicki Humble; Supervisor Lloyd Pareira; Kim Carter; Paula Mason

Others Present: Genevieve Valentine; Sharon Mendonca; Dr. Jin Soofi; Sharon Jones; Chris Kraushar; Charles Bruce; Adam Cox, A/V; 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 4:15 p.m. and welcomed everyone to the meeting. Audible roll call was taken by Recorder, Amy Houghtaling. .

Mission Statement

The Mission Statement was read by Mary Ellis.

Approval of Minutes from June 1, 2021 (BOARD ACTION)

Discussion/Conclusion: There was no discussion.

Recommendation/Action: M/S/C (Ragonut / Z. Ramos) to approve the June 1, 2021 minutes. 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.

Pedrozo – Yes	Mojica de Tatum – Absent	Ellis – Yes
Ramos, V. – Yes	Cha – Absent	Ragonut – Yes
Metcalf – Yes	Ramos, Z. – Yes	Humble – Absent
Carter – Absent	Archuleta – Yes	Mason – Absent

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

Discussion/Conclusion: No public comments

Recommendation/Action: None

Director's Report

a. **Top 5 BHRS Priorities FY 2021-2022**
b. **CalAIM update**
c. **ACEs update**
d. **Update on delivery of services during COVID, and beyond**
e. **Cultural Humility Training**

Discussion/Conclusion: a. Genevieve shared the Top 5 Priorities for the BHRS department in the new fiscal year, being the items that they will really hone in on, along with others. The first is CalAIM.. The second is Trauma Informed Care and honing in our clinical practices that are directly connected to trauma. Covid has caused a great deal of trauma from a grief perspective and a social isolation perspective. We are training staff on that trauma informed model as well as a rehabilitative model. We are also really enhancing our use of Peer Services and using the Peer Model to help move rehabilitation forward. A large part of this is grounded in ACEs.. We are going to use ACEs as a screening tool for us to provide evidence based practices. Bruce asked what ACE stands for, to which Genevieve answered, Adverse Childhood Experiences. Genevieve explained that ACEs looks at how childhood impacts our long-term growth or how have we not processed childhood experiences that are still impacting us today. The third is enhancing and improving our school-based practices and partnerships. She will be meeting later this summer with school superintendents, giving them information on all of our resources and is hoping for more partnerships. We are doing a variety of different things in different schools and we are currently doing a pilot on ACEs with the Merced City schools and are working to be more embedded in the schools. We are looking at prioritizing our Substance Abuse programs with outreach and navigation. We have had a 76% increase in substance abuse services in the Emergency Rooms. Not necessarily here in our department itself. A great deal of individuals were going to Emergency Rooms seeking help for substance abuse as the primary. In fact, we just got awarded a pilot project with Sutter to do a substance abuse navigation project in the Los Banos area to see how it works over the next year. It's a 3 yr. grant opportunity. We hope eventually to bring it over to the Merced side as well. We realize there is a lot of self-medicating occurring and we need to spend the next year doing a lot of outreach and prevention. We also are part of a grant City of Merced was awarded and will be training city employees as well as doing work directly with their Recreation program for youths who have either gotten into trouble or are at risk of getting into trouble due to marijuana use in the parks in the community. We will be doing a variety of prevention work with our youth, working with them to establish healthy coping skills. Our last priority is expanding our partnerships in our North County area: Livingston, Winton, Atwater. We are still looking for a property in the No. County area and we are hopeful for a purchase in the next 60 days which will help with our presence in that area. **b.** Genevieve explained that CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing a broad delivery system, program and payment reform across the Medi-Cal program. It comes about from a holistic perspective which is to say that the health plans will contract with county mental health, county mental health will contract with the health plans, who both then contract with the State of CA to create a very integrative program over the next 5 years, from a large holistic mind set. We will have bi-directional referrals back and forth where the health plans will be integrated with the same referral forms and screening tools as us so we will be speaking the same language and be able to do a broad range of services. Behavioral Health is only one part of CalAIM. It is Medi-Cal revival as a whole. Mental Health services are only a very small sliver of the full range of services available through Medi-Cal. We do though have a large lift in CalAIM, and we now have to be more integrated with the health plans and so forth. Over the next year the big change is in infrastructure, which is interofferability. This is an interface where apps on phones will give clients access to their records, appts., and so forth. The next big parts directly impacting us are payment and documentation reform. Right now we bill the state on a cost-based rate and that will change to a fee based billing process. Instead of billing on time we document minute by minute, we will now bill on services blocked into a rate structure for time frames. There will also be a new way we get our money back from the State and an update of all billing codes to Medi-Cal. Also peer driven services will become billable with their own billing codes. Our current billing system is not ready for this and we just went into contract for technical services from Kings View, out of Fresno, to help us with our infrastructure for billing and electronic health records. We will spend the next year getting our infrastructure ready for the July 2022 rollout. We are literally changing the way we document so we are consistent whether it's us or the health plan speaking with the client. Referrals will be streamlined and consistent with same questions and script used. Progress notes will change as well. They are currently very narrative and the State wants to go to a medical model. The State wants documentation to be more like any other doctor's would be so a client has consistency in record format, standardizing all medical care. It used to be that if our notes were not of quality, per the auditor, we had to pay the State back monies. They are trying to standardize disallowances to be focused on fraud, waste or abuse or if someone is on a corrective action plan from a broader sense. This is a more Compliance based mindset instead of a "you are doing something wrong" mindset. They are clarifying what medical necessity is allowing us to provide services while trying to figure out the diagnosis. This gives us more flexibility to figure out what is going on. Sally asked what AIM stands for and said she remembers that we had wanted to go away from medical model to clinical model and now you are going back. Genevieve clarified that medical model is only for documentation. We are staying in a clinical model for recovery and rehabilitation. Service is still clinical but documentation will be more

straight forward and clean. Bruce noted that this model will be more succinct, which is good, while there is still a place for "telling the story". We get to have both while meeting billing and numbers people's desire for clear documentation. Amy shared with the board that the acronym CalAIM stands for **Cal**ifornia **A**dvancing and **I**nnovating **M**edi-Cal. The next item is the integration of Mental Health and Substance Abuse. We currently have two contracts with the State. One for mental health and one for substance abuse. By 2027, the plan is for every county to have just one contract where services are fully integrated with Substance Abuse being another one of our clinics and not a totally separate Medi-Cal entity. It's good because we can then more easily do dual diagnosis work. We hope that it will take away some of the restrictions we have on the two sides of the house due to HIPAA. We also hope it will mean legislative and institutional code changes. The next part is the DMC-ODS program renewal and policy improvements. Not all counties opted into this program. Some smaller ones did not opt into providing Medi-Cal Substance Abuse services. This renewal now makes all counties have to do it because it was so successful everywhere else. It allows us to continue Substance Abuse services billable under Medi-Cal and for regional contracting, which allows the smaller counties to contract with larger ones, like us. This means clients who live in one county can get services in another county. It also allows for policy and procedure updates in residential treatment and medication for dual diagnosis work. Bruce asked when a client moves from our county to another, do they then become a case for the new county or do they stay our responsibility? Genevieve explained that it is not that simple. Right now, California Medi-Cal goes from county to county to county. We may have a client that moved to Turlock and in that case we must transport them back and forth for care because we are still the holder of their Medi-Cal. The patient still has a right to say where they get services but it takes 30 days minimum to transfer Medi-Cal. That is a gap in continuity of care. Due to this, we have an agreement, amongst all counties, to continue care and medication refills. We then have to go retro to get reimbursed for services by Medi-Cal. We hope that CalAIM will improve communication and sharing between counties for good continuity of care which would be done with client permission through our Electronic Health Record systems. They are talking about putting the counties into a grouping format of 5 Regions. The next item is the SMI/SED/IMD Waiver. There are lots of waivers. We have a waiver to do Substance Abuse service. The IMD (Institutional Mental Disease) waiver says we cannot have more than 16 beds in a PHF/locked facility. On a date in June, State of CA DHCS submitted waiver updates that carve out the 16 bed limitation and we are waiting to see what the Federal government does in regards to revisions to the waiver. One example is related to our STRTPs, which are residential facilities for our foster and probation youth. We currently bill Medi-Cal for those home-based services. The State is now saying these are like our Marie Green locked facility. This means we will only be able to bill on a Day Rate, not a fee for service rate or deem it as a lockout. They therefore cannot receive any other service other than what is emergency driven while they are there which will completely change the way we do certain things. They are potentially locking in our STRTPs as part of the IMD facilities. They could get the 16 bed cap as well. When she knows more, Genevieve will bring it back to this meeting. Bruce asked about billing variations, like when a client is Medicare or Medicare/Medi-Cal, as he knows that if a client is Medicare, they do not qualify for services under some contracts. We don't have to worry about this particular area as it is handled by HSA eligibility. Genevieve explained that it is a first payor process, so we bill the first insurance, say Medi-Cal, and they deny it, then we can bill Medicare and they can pay it. Billing is a first right of refusal process. This means that sometimes we can provide a service for someone Medi/Medi, usually foster youth or older adults, and sometimes we do not. In this situation you have to have a Psychiatrist, who is Medicare approved and sign all treatment plans. If the doctor is not Medicare approved it can be convoluted, with most issues being billing. We are hoping that payment reform will help with these issues. Most of this will be on the HSA side, as they have a large part of CalAIM too, since they do all of the eligibility. Bruce asked this because, in relation to the contract for respite care, people coming out of the hospital for recovery on Medic-Cal can get services, but older clients on Medi/Medi cannot get help because of payment. Genevieve confirmed this and said that often times for foster youth and older adults, they want us to bill Medicare first …. Luckily, we have a great fiscal group who is involved in the monthly calls with the State on billing and payment reform and Sharon Mendonca has become one of the experts in the State on this subject. Bruce noted that so many things are interrelated. Genevieve agreed and said that she brought forward only the six direct system impacts but eligibility has an indirect effect on us as well. CalAIM is a multi-year process and only two of the parts are happening in this fiscal year. Bruce called out to the group to give opportunity for questions before continuing. Supervisor Pedrozo expressed that he is on the Alliance Board and is familiar with this subject matter, but really appreciates the detailed sharing of information. He is aware of the going to a 5 county region structure and knows the reimbursement rates are a frustration for doctors right now. Zachery is excited about all this and there have been questions in Gustine about what will be going on in our county. The information is uplifting. Micki said that she would like to see, especially with new leadership, more commitment to the LGBTQ population in our county, as they have

been traumatized their whole life. So coming at it from a trauma informed perspective, we should be coddling them. Other counties are providing centers for them, showing how committed they are to the health and wellbeing of that population. She would like to see more done in this area by this Board. Vince said that there was a company that put out a spreadsheet they wanted to make uniform for all counties that had client data that could be shared amongst counties and asked the status of that program. . There was an effort by multiple counties a while back to put together an infrastructure to share basic information on clients for when they were back and forth between counties. This infrastructure is there and CalAIM enhances all of that work. We are hoping for a harder watch on this in July 2022 as not all counties have the same technical infrastructure. However, we all had to start doing something in this area effective July 1, 2021. That's why we have started working with Kings View for technical assistance on sharing information with other technical platforms. Bruce thanked everyone for their input and reminded everyone to state their name when speaking to assist with accurate minutes. Genevieve said the last item impacting us is the long-term plan for foster youth. The hope is that a variety of additional expanded services will come about for those who are at risk of foster care, or in the foster care system like holistic planning and teaming that includes different community partners, like HSA or Probation. The long-term plan is to provide strong trauma work from a very targeted perspective for our foster youth and have the same data sets across the state that are connected to the CANS data that is going into the same state system to see who's programming is most efficient and effective. That way, if we see that another county is doing something great we can call them and ask questions and share methods. The health outcomes of our foster youth statewide is very concerning. The State is wanting to put a huge focus on the risk factors, from a health disparity perspective, on our foster youth with really targeted long-term planning. We have realized that a large portion of our foster youth who are aging out of the system want no part of the Behavioral Health system or the foster care system. They often times bounce from place to place and a large part of our current homeless population comes from our foster care system. Although the data is very soft on the impacts of poor transition out of the foster care system, youth are not educated on questions about where to get insurance or housing. The State, through CalAIM, is hoping to create a long-term infrastructure to help transition our youth out of the Foster Care system into step-down programs, which would be voluntary because they are adults, helping them feel educated before they age out at 21.. CalAIM started rolling out July 1 of this year and will complete full implementation in 2027. . **c.** Genevieve addressed that a Board member had asked that today's meeting contain an update on ACEs (Adverse Childhood Experiences), so she handed it over to Sharon Jones for that update. Sharon shared that we received a planning grant for ACEs in February of this year in the amount of $300,000 to develop an implementation plan for the ACEs screening that utilizes a questionnaire for Behavioral Health and Recovery Services, as well as providing clinical intervention after the screenings. Our primary partner is Merced City School District on our planning grant and we are the clinical partner on a grant that Merced County Office of Education received, which is also a planning grant. The grant has given us the ability to build on the tool kit for our staff and they gave approval for PracticeWise training which is helping individuals identify intervention needs. We are also developing an informational brochure and connecting with other community providers. Statistics show that at least 62% of all adults have at least one ACE and 16% have over four. Categories include Abuse; physical, mental, emotional, sexual and Neglect; physical and emotional. Also, household challenges like parent incarcerated, parent with mental illness, partner violence, substance use dependence, parent not present and more. We are working diligently and have already started screening in one of the schools. The goal is to get everyone screened. We want to break the cycle of toxic stress and trauma and get them the treatment needed for healing. We will screen and provide treatment for those that screen high. High is considered 3 or 4, anything higher is super high. It's about mitigating toxic stress and a change in trauma narratives so we can intervene where needed. Bruce asked if we are working with Dave Lockridge. Sharon said that we are, as he is part of the Merced City Office of Education planning grant and we do work together. BHRS' role is helping to create the clinical intervention protocol and our two grants work together. Zachery asked how we get the resources out to his district (Gustine, Los Banos areas) and is there interaction with their schools in those areas? Sharon said that we will continue to work to spread this to more areas and one way is through our Prevention and Early Intervention workers and although still in the early phase, we have the 12 workers in these areas using the ACE questionnaire. They already use linkage but this is further drill down work. Genevieve shared that BHRS is in negotiations with a private foundation to do some pilot work in Gustine and Hilmar that would be a direct correlation and enhancement to our ACEs. We are trying to think out of the box financially and do more partnerships. We are also having significant conversations about doing specific work with medical providers and behavioral health in Gustine and Hilmar areas. Sharon added that Merced City Office of Education (MCOE) has collaborative partners that are joining in to screen for ACEs in hospitals, other environments and programs as well. Genevieve will also be meeting with all school superintendents on August 11th about all of our resources, and the Strengthening Families project will be one of the

things we highlight. Bruce shared that Dave Lockridge has ACE Overcomers and has been working with ACEs for 12-13 years. He works nationally and oversees and works with schools and churches and other environments. He is a good resource and has a lot of background and experience. . Sharon explained that ACEs came out of a study in 1988 done by Kaiser Permanente and the CDC to address adverse childhood experiences and bring forth trauma informed care and intervention. **d.** Genevieve shared that we are 95% back to full operations, pre-COVID. The only thing not yet fully operational is the CUBE. It is still virtual due to Cal OSHA and CDC requirements for school or youth facilities. . CSU and Marie Green are back to normal operation but we are prepared with PPE and protocols if something changes. We are also still doing all preventative measures. DHCS has agreed to let us continue a large majority, not all, of our telehealth services through December 2022. Our staff is aware and we are moving forward. Staff members are back in the buildings, but we still have some flexible schedules. These meetings of the BHB will continue to be hybrid for August and September for sure, with a hope that we will be back to normal Brown Act attendance after September. Vince interjected to ask for an example of what we do find out if a client has been traumatized. Genevieve responded that we have a series of questions we can ask at assessment or screening without asking that question outright and we do a lot of outreach. Vince asked if we refer these clients out or treat here. Genevieve said it depends on scores. Most children will be treated here, but someone with a lower score would be referred to the health plan to be linked for services, or to the school counselors if from a school referral. Micki questioned if they have to be in crisis to be asked these questions or if there is a way to bring them to us, like advertising or something. Genevieve responded that we are still the Moderate to Severe client provider. Trauma itself does not mean the person is currently in that category. However, once they are in the MHP's system or our system, ACEs is required by the Surgeon General for the State of CA. We can use that information to work with their medical and psychiatric provider and our team. If they don't meet our criteria, their primary doctor is supposed to use the ACEs screening as well, at least for those under the age of 21. **e.** Sharon stated that she will share the necessity of Humbleness and Humility as it relates to our work in Behavioral Health Care. She reviwed a powerpoint with everyone. Sharon called for any questions. Vince shared that when utilizing the Wellness Center he never saw one mental health professional and asked where they all go after 5pm? He has gotten calls from clients as well. He said that clients need help outside the standard office hours and asked how the client is supposed to get help at those times. He said the staff are not going around to the neighborhoods and seeing when and how they are needed. What can be done to improve this? Sharon shared that we have many avenues for reaching assistance; the 24 hr. crisis line, triage workers, mobile crisis workers, her prevention workers work flexible varying schedules that go beyond 5pm, a 1-800 number, public service announcements on the radio and billboards. She thinks it is working but maybe at a Board meeting this subject of methods of outreach could be discussed in more depth. She thinks we need to keep it up and keeping talking about improvement and have board members continue bringing things to us and directing people to reach out to us. Vince expressed that he does not think we can know what is needed if we are not out there walking in the client's shoes and seeing what they are actually going through on a daily basis, so you can relate to that person. Sharon expressed that we all have lived experiences. If they are not exactly the same it does not mean we cannot identify and relate to work with our clients. Vince expressed that he believed it was not the same. Bruce closed questions and comments on this agenda item, thanking Sharon and Vince.

Recommendation/Action: Information only

Behavioral Health Through the Eyes of the Client

Discussion/Conclusion: Chris Kraushar reminded everyone that this project was started in September 2020. She used blue metal lock boxes to collect survey information. She did Marie Green for 3 months. There were only two surveys completed and she went through the questions noting that the majority of responses were positive from the clients who completed the survey. Six positive, two neutral and two negative. She explained that this gives us a snapshot of Marie Green, but noted it was closed at the time. In January she surveyed the Conservatees and received ten cards back. Again, the majority of answers were positive. Twenty-six positive, ten neutral, and four negative. Next she surveyed SUD and the responses came from eleven total respondents. There were several very positive comments and a total of thirty-seven positives out of forty-four responses. Chris noted that it is clear that whatever is being done in SUD, their clients are happy. This survey ended in June. She believes participation and responses were affected by COVID and that we should continue this project. Now that we are coming out of Covid, we should get more responses because we will have more clients in the service areas. Chris is not sure where we should focus next or what we should adjust going forward. If we decide

today, she can move the survey boxes. Bruce called for comments and Sally expressed that she loved the data and would like a copy of it as well as the CalAIM information. She recommended that the Wellness center would be a good next location, once open. Sally also asked how we can ask clients how they like the telehealth services that have been in place and still are to an extent. Genevieve shared that such an inquiry would actually be done through our Perception Survey. She continued by telling Chris that when the Executive Committee meets for agenda planning, they will figure out next steps and the three locations for the next three quarters. She would like to let her staff know ahead of the time before the boxes are installed. Sally added that they will try to get Chris a new action plan for the project. Micki asked how we are reaching unhappy clients that left unhappy and did not come back. Chris responded that we are not seeking those people with this survey. We are surveying current clients who are receiving ongoing services.

Recommendation/Action: Information only

Chair's Report

a. **Continued discussion on committee appointments**
b. **Approve remaining committee appointments**

Discussion/Conclusion: a. Bruce stated that we have some members on committees now and asked that everyone look at the current list. He asked Amy to email it out to the Board. Members need to determine whether they might be able to join one of the committees. Bruce stated that discussing now, with so little time remaining, would not be helpful today. **b.** Approvals are tabled until the August meeting..

Recommendation/Action: Information only

Vision Statement

- **Discussion/Conclusion: a.** Bruce stated that there were 3 vision statement options emailed to the Board prior to the meeting and that he would like to review those quickly. Mary read option 1." Bruce read option 2." Sally read option 3 aloud, ". Bruce asked Sally what she thought about option 3, to which she had expressed her preference. She shared that this statement will help our Supervisors bring in new members and the words in this option, like diverse community members, welcoming atmosphere, wellness and recovery, and acting in an advisory capacity to the Behavioral Health and Recovery Services to aid in continuing quality improvement, that she thought spoke to everything we want very clearly. Our vision statement is what we are looking to do in the future and she liked the wording in this particular option the best. Bruce shared that this option is the most encompassing and agreed that it is the best, and Mary nodded agreement as well. Supervisor Pedrozo brought up that being at the Alliance Board meeting, they talked a lot about equity in behavioral health being a focus. He would like to see the word equity added somewhere. Micki and Amy each read a proposed version with the term equitable added to option 3. The group liked Micki's proposed version and Bruce called for a motion on a decision. Micki motioned to approve option 3 as revised here to accept this vision statement, "To represent and advocate for all of our diverse community members, by educating about available behavioral health services and promoting a welcoming *and equitable* atmosphere of wellness and recovery, while acting in an advisory capacity to the BHRS to aid in continuing quality improvement..

Recommendation/Action: M/S/C (Archuleta / Ellis) to approve option three as the new vision statement. Bruce called for a roll call vote on the vision statement. The names of all present Board members were called and asked for their individual approvals.

Pedrozo – Yes	Mojica de Tatum – Absent	Ellis – Yes
Ramos, V. – Yes	Cha – Absent	Ragonut – Yes
Metcalf – Yes	Ramos, Z. – Yes	Humble – Absent
Carter – Absent	Archuleta – Yes	Mason – Absent

Committee Reports

a. **Substance Use Disorder (SUD)**
b. **Board Orientation and Development**
c. **Quality Improvement Committee (QIC)**
d. **Executive Committee – Agenda Preparation / Evaluation**
e. **Mental Health Services Act Ongoing Planning Council**
f. **Other Board Member Reports**

Discussion/Conclusion: a. No report. **b.** Bruce did not have anything to report. **c.** Mary did not have anything to report. **d.** Bruce reported that the Executive Committee continues to do their work. **e.** Sally had no report and neither did Micki. **f.** No other reports.

Recommendation/Action: Information only

Ad-Hoc Committee Reports

a. **Membership Committee**
b. **Annual Report**
c. **Nominating Committee**

Discussion/Conclusion: a. No report. **b.** Sally stated that the annual report for 2020-2021 is complete and Amy emailed it everyone on 7/2/21. She asked everyone to review all content, including their personal profiles, for edits and submit any to Amy. The plan is to approve the report on the August Board Meeting agenda. Bruce said that it is a wonderful report and encouraged all to review it. **c.** Bruce stated that this committee is not actively working on anything at this time.

Recommendation/Action: Information only

Announcements

Discussion/Conclusion: Genevieve said that Amy sent all Board members a flyer a few weeks ago about the Open House at the Breaking Barriers facility in Los Banos. It is 7/23/21 from 9am to 11am. It is our collaborative joint project with Probation and the County Healthnet Program. She encouraged everyone to go see the facility.

Recommendation/Action: Information only

Future Agenda Items / Possible Action Items

Discussion/Conclusion: Bruce asked if there were any requests for future agenda items. Sally expressed that the Membership Committee should meet with the Board of Supervisors now. Genevieve agreed, and now that the Board has a Vision ready to go, the Membership Committee will schedule time with the supervisors on what our vision is as a board. After they have met with them, she and Mary will report back to this BH Board. Bruce reminded the group that Micki had expressed, , a desire to receive board training from Sharon Jones on Equity, so he is now asking for that to be added to a future agenda. Supervisor Pedrozo welcomes a meeting to talk more and thanked the Board members. Bruce thanked him for his attendance today and his input and participation in today's discussions. Bruce reminded everyone that, although we will be hybrid at least through September, all members are encouraged to please consider attending in person as much as possible.

Recommendation/Action: Information only

Adjournment: Bruce called for a motion to adjourn, which was received from Mary and seconded by Supervisor Pedrozo**.** The meeting ended at 6:10 pm.

Submitted by: _____
Amy Houghtaling
Recording Secretary

Date: _____

Approved by: __***Signed as Approved on 8/5/21***____
Zachery Ramos, Secretary
Merced County Behavioral Health Board

Date: _____