BEHAVORIAL HEALTH AND RECOVERY SERVICES
Behavioral Health Board Meeting and MHSA Public Hearing
301 E. 13th Street
Merced, CA 95341
February 4, 2020

Minutes

Present: Sally Ragonut, Chair; Paula Mason, Vice-Chair; Bruce Metcalf, Secretary; Iris Mojica de Tatum; Keng Cha; Virginia Vega
Absent: Mary Ellis; Supervisor Lee Lor; Vince Ramos; Vicki Humble; Brian Pena; Emil Erreca; Micki Archuleta

Others Present: Yvonnia Brown; Sharon Jones; Zachery Ramos; Kira Gunther; Chris Kraushar; Cesar Velasquez; Lanetta Smyth; Carol Hulsizer, Recorder

Call to Order / Flag Salute / Roll Call

Chair Sally Ragonut called the meeting to order at 3:04 p.m. Flag salute was done. Roll call was taken.

Mission Statement

The Mission Statement was read by Iris Mojica de Tatum.

Approval of Minutes from January 7, 2020 (BOARD ACTION)

Recommendation/Action: A quorum was not present in order to vote on the January 7, 2020 minutes.

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

Discussion/Conclusion: No one wished to speak.

Recommendation/Action: None

Resource Development Association Report on the Innovative Strategist Network

Discussion/Conclusion: Kira Gunther with Resource Development Association (RDA) was present today. Cesar Velasquez reported on the Innovative Strategist Network (ISN) several months ago. Kira will be going into a little more detail regarding the first year evaluation findings. The ISN was developed as part of the Mental Health Services Act (MHSA) Community Planning Process with MHSA funding; there are a number of different funding sources, one being Innovation funding. Behavioral Health developed the ISN as part of the Innovation plan. There are two teams – one for adults and one for children/youth. The ISN for adults is run by Behavioral Health and the youth is contracted out to Sierra Vista. The project was approved in February 2017 and implementation began for the adult plan in October 2018; for children/youth it began in May 2019. RDA was contracted to be the evaluators.

The first year of evaluation is from October 2018 to June 2019. The ISN is a short-term service coordination program that was designed to be 30 days of intensive service coordination where there is an interdisciplinary group of strategists (involving peer support, case managers, clinicians and a nurse) who will work together to identify an individual's needs, what their goals are and what their barriers are to accessing services. They are provided consumer-focused treatment that is barrier free to help them quickly address their needs and facilitate linkages reconnecting them back to services. When the County developed this project, they had a number of learning goals. RDA worked with the ISN team and took those goals and translated them into research questions that they could then track as part of the evaluation. Two key areas were increasing access to services and increasing coordination. The RDA wanted to

know who the ISN was serving; to what extent the ISN is approving access to and engagement services; how is the ISN improving consumers; experience of care; and how is the ISN improving care coordination/communication among interagency partners.

In the first year the ISN team did everything they needed to finalize the program materials. They created referral forms, developed all their assessments – anything to get the program up and running. The team had to create data infrastructure. A big component in the ISN program is to be able to have non-billable services so changes needed to be made to Anasazi (electronic health record). A referral log was created to track everyone coming into the program – how quickly they were being referred or assessed for services. ISN is a program that largely happens individually face-to-face and many of the services are in the community. For the ISN child/youth, Sierra Vista was contracted to run the program. They also went through a similar process of finalizing all the materials, trainings and referral processes. They launched on May 1, 2019 and received their first referral by June; as of today, they have 40 referrals. Because they just got started, most of the information will be for the adult side of ISN. Next year she will report out more on the child/youth ISN.

There were almost 100 referrals the first year. This is impressive for a new program. 89% of the referrals were accepted (85 referrals) and of those, 25 consumers were still getting services at the end of the year and 60 were closed. About 40 consumers graduated the program. With the referrals, they started a little slow because they had to get the word out. By December they were receiving a steady stream of 9 to 13 referrals every month. This happened because there was a lot of outreach. Most referrals came from inpatient programs, crisis teams and adult outpatient – 29% from Marie Green, 19% from adult outpatient, 17% from the crisis team and 13% from intake and point of entry. There were not many referrals coming from outside satellite clinics; this will be a focus of expanding the referral paths and republicizing the program in the second year. RDA did some focus groups and interviews with both staff and managers. They also did focus groups with consumers as well as looking at all the data. From Behavioral Health staff they heard that the ISN was incredibly responsive; they responded to 63% of referrals within one day.

The ISN provided a number of different services. One key part is that they don't just provide billable services; they provide whatever services a consumer needs to reconnect them to care. About 2/3 of the services they provided in the first year were non-billable. Nearly all consumers received some sort of outreach, linkage or case management services. About 25% of consumers were homeless so that was a key part of some of the services that group received. The vast majority of services were face-to-face. Over half the services were out in the community. ISN was providing on average 4 hours of service each week to people. The average enrollment length was 40 days. One thing the ISN team learned was that a strict 30-day cutoff is not as possible as they initially hoped; but most people can still get services pretty quickly. Two-thirds (67%) met their objectives, graduated, and were linked to longer-term Behavioral Health services. Overall, consumers who participated in the survey and focus group were very satisfied with ISN services. With today's handouts were three success stories that Kira encouraged everyone to read. Kira continued that people spoke quite highly of their experience working with the ISN. From what they heard in talking with people as well as the satisfaction survey, people were very happy with the program. Kira asked if there were any questions.

Kira was asked if this is for seriously, mentally ill (SMI) or mild to moderate as well. Cesar responded that the adult program is primarily for the SMI population. The initial focus of the intervention was for the clients who may have fallen through the cracks (for one reason or another) with services; ISN can re-engage them and reconnect them with services with their providers at Behavioral Health. The other large target population were the clients that were hospitalized (5150s) either at Marie Green or outside the county. If they were not open to the Behavioral Health system, then ISN stepped in to facilitate that return to Behavioral Health by re-engaging with appointments. Within the 30 days they do a full assessment and transition them to regular team. Kira responded that the child/youth ISN is intended for more mild to moderate focus. Cesar continued that if the adult is mild to moderate, they are referred and linked to appropriate resources in the community.

Kira was asked about those who were not accepted into the program and what would be the barrier. Cesar replied that one of the primary requirements of ISN was to assure that the Department avoided any level of supplantation because of the funding they have. They did not have many denials, but when they did, it usually had to do with what types of resources the client had in place already. There was another comment that this type of information should be included in the report next time.

Recommendation/Action: Information only

Discussion on Paying Dues for the Calif. Association of Local Behavioral Health Boards & Commissions (CALBHB/C)

Discussion/Conclusion: Sally stated that because this is a "Board Action" item it will have to be moved to the March agenda due to not having a quorum today.

Recommendation/Action: Item will be placed on March agenda.

Committee / Ad-Hoc Reports

a. Substance Use Disorder (SUD) – No Report Out
b. Board Orientation and Development
    1) Review and Discuss Board Orientation and Development Plan
c. Membership Committee
d. Quality Improvement Committee (QIC)
e. Annual Report – No Report Out
f. Executive Committee
    1) Strategic Planning Retreat Discussion
        a) Select / Identify Agenda Items
        b) Set Date and Time for Retreat
g. Board Member Reports

Discussion/Conclusion: a. Paula gave a detailed report last month. No report this month. b. Bruce reported that they have passed out materials on Board orientation and asking for input if there are areas where members feel they would like to see included. They will also be getting things ready for the upcoming retreat. Any input would be appreciated. They are working on training the new Board members. c. Sally stated that Mary is not present today to give a report. d. Mary was not present today, but she did turn in her monthly Quality Improvement report and all members had copies to read. e. Sally reported that they have not yet started on the Annual Report; they will start in April. f. Sally wanted to discuss the upcoming retreat; she had passed out a document she put together for planning the retreat. She had a list of possible items and wanted to know if anyone else had any ideas. Yvonnia commented that the Strategic Planning should be a process for how this Board wants to operate over the next year – what objectives the Board wants to accomplish. She suggested looking at what they did two years ago at the Strategic Planning meeting and see if there is anything there that they would want to revisit, take out or add. She suggested that there are some State initiatives they should look into such as CalAIMs (Calif. Advancing and Innovating Medi-Cal). Iris agreed that there is a lot happening at the State level – the waiver, adult residential facilities, CalAIM, change in language for gravely disabled, and the MHSA reform/rewrite which will impact our communities and family members directly. Theresa Comstock (from CALBHB/C) recently attended a meeting that Iris was in and Theresa stated that 90% of their Board is training and 10% is advocacy now. Yvonnia continued that by 2024/26 Behavioral Health will not look the same; it could become one Managed Care agency and they can choose to contract back with the county system or not. MHSA will be rewritten probably within the next year and the Board needs to know what that rewrite will look like and the impact it will have. This item required Board Action; because there was not a quorum, this topic will be placed on the next agenda. Sally asked everyone to think about when the members would like to hold the next retreat; she suggested having it at the April Board meeting or possibly on a Saturday in April. There was discussion among the present Board members; Sally and Bruce will call the absent Board members to get their availability. Yvonnia suggested that they consider having the Strategic Planning meeting in May instead. g. Because many Board members were not present, Iris stated she would table her report until a later time.

Recommendation/Action: As noted above

Chair's Report

a. CALBHB/C Conference Call Report – Reference Board & Care Facilities

Discussion/Conclusion: a. Sally found the tele-conference on January 11th very interesting. The three key points were critical need, key components and advocacy. She learned there are many ways to discuss Adult Residential Facilities (ARFs). There is a critical need for them right now in California. Most Board & Cares have 45 or more beds paid by the county at $64-$120/day; out-of-county placement is common. Thousands of beds have been lost over the past few years. Three reasons that ARFs are closing are: financial (operating and capital expenses, property taxes); poor staffing and salaries are low; lastly is the stigma (not in my backyard). Solutions – they need funding to increase the number of ARFs; long-term financial; capital facilities; staff support; local population needs to understand. Sally passed out a document for everyone to read additional information on this.

Recommendation/Action: Information only

Director's Report

a. Behavioral Health Director's Recruitment Update
b. Governor Newsom's Proposed State Budget FY 20/21 Update

Discussion/Conclusion: a. The first round of interviews for this position have taken place. b. Yvonnia passed out a document detailing Governor Newsom's proposed budget for FY 20/21. She highlighted a few areas. CalAIM – there is limited funding and Yvonnia explained that Managed Care will receive significantly more money that Behavioral Health. MHSA – there is no money but his priority is the re-write of MHSA. Yvonnia is part of CSAC's (California State Association of Counties) MHSA Workgroup and they will be writing a recommendation to the Governor on how they think MHSA should be rewritten. The Drug Medi-Cal Organized Delivery System (DMC-ODS) would also receive MHSA funding with the Governor's proposal. Also in his budget was $750M for California Access to Housing and Services – this will be a competitive process, not related to BHRS. There has to be a regional plan which has to consist of partnering with other counties. All the money being put into the State is one-time funding – there is no ongoing resources; cities, counties and the communities are expected to come up with a plan to provide ongoing funding for housing. All this is proposed, nothing is finalized until May budget. There is a lot of funding coming with the new law that was just passed that people can be housed on Caltrans highways – basically, the homeless can stay there until there is the capacity of housing all of them, not just one or two or three – all at once, or none at all.

Recommendation/Action: Information only

Announcements

Discussion/Conclusion: Sharon Jones announced that the MHSA Bootcamp is in May and they have asked Merced County to present on their community planning process because during the MHSA audit they found Merced County to be one of the stellar ones in the State. Sharon will send the flyer to everyone regarding the MSHA Bootcamp. Also, the Spirituality Conference is coming up (June or July) and a save-the-date will be coming out soon. May is Mental Health Awareness month and they will have their recovery event at that time.

Recommendation/Action: As noted above

Future Agenda Items / Possible Action Items

Discussion/Conclusion: Sally stated that the Executive Team will be meeting with Yvonnia next week and they will discuss the Retreat and get more ideas from her on what they need to cover. She continued that the Board will have to have an emergency

meeting to approve the FY 19/20 MHSA Annual Update. There was discussion on what day and time would work for the Board members.

Recommendation/Action: Sally and Bruce will call Board members and come up with a date and time that will work for the majority of the Board members regarding the emergency Board meeting needed in order to approve the MHSA Annual Update.

4:15 p.m. – OPEN PUBLIC HEARING: FY 19/20 Mental Health Services Act (MHSA) Annual Update

a. Close Public Hearing
   (1) Approve FY 19/20 Mental Health Services Act (MHSA) Annual Update

Discussion/Conclusion: Sally informed Sharon Jones that there was not a quorum present today to approve this document. She spoke with Yvonnia and feel that they will have to call an emergency meeting in order to approve this document.

Sharon Jones then went over the proposed changes that were connected to the Annual Update for FY 19/20.

- Community Services and Supports (CSS) they added a new Case Management Team to provide community-wide Care Coordination and Recovery Management for about $500K. This would possibly be contracted out to one of the contract providers in the community. The Adult Mental Health Court is being changed to Adult Behavioral Health Court-no cost. Adding to Juvenile Behavioral Health Court by expanding it with aftercare services and engagement services for that population-no cost. CSS in Schools and Communities – they would move one full-time clinician from CSS in Schools/Communities to COPE (Community Outreach Program Education and Engagement) Central Intake; this is where they do all the evaluations-no cost.

- Prevention and Early Intervention (PEI) – update funding amount that supports the LGBTQ+ from $20K to $30K.

- Workforce Education & Training (WET) – increase number of user seats for e-learning to 350 so more individuals can go online and receive training and CEUs (continuing education units)-$4,014.

- Capital Facilities: 1) Livingston project – propose new building project to relocate the Livingston Clinic-$2,481,570; 2) paint and revitalize the CUBE TAY Wellness Center (Community United by Empowerment – Transitional Age Youth)-$100K; 3) Update technological needs to reflect upgrades to Cerner software and increased costs per year for electronic health records-$65,750.

- Innovative Strategist Network (ISN) – rename the ISN program for adults to Innovative Strategist Network-Service Integration Team (ISN-SIT)-no cost; ISN – utilize any unspent funds to add more Peer Support Specialists; they are finding that people with "lived experience" and walked in similar shoes, are very powerful in helping other people-no cost.

Future developments at State level – 1) Sale of MHSA property (1137 B Street, Merced) – will report on progress when more information available; 2) Early Psychosis – looking to leverage MHSA dollars to meet needs of individuals when they are just becoming unwell with a mental health concern; 3) Legislative changes – monitor all changes which may require a shift in programming.

Yvonnia noted that Case Management is desperately needed out in the community. Beginning July 2020 the non-medical transports will no longer be done by EMS (Emergency Medical Services). BHRS will have to find ways to get clients from one place to another; they will have to find funding for these services. Sharon commented that transportation is the number one barrier for clients to receive services. Yvonnia continued the Department receives over 400 transportation requests per month and this will have to be mapped out. Yvonnia continued that the Board of Supervisors gave approval to purchase property in Livingston. Originally it was for land behind Popeyes; but in December she was notified of other property which is right in front of the Livingston Health Center. The County is now in negotiations for this new site.

Sharon was asked about the money from the sale of the B Street property and can it be accessed for future building projects. Sharon responded that the money will go back to CSS. Within the regulations you can transfer 20% from CSS to the prudent reserve, capital facilities, or technological needs. They will execute that particular write out of the statute in order to get the Livingston Clinic and to keep the electronic health records going.

Recommendation/Action:

Submitted by: *Signed*
Carol Hulsizer
Recording Secretary

Date: 3/4/20

Approved by: *Signed*
Bruce Metcalf, Secretary
Merced County Behavioral Health Board

Date: 3/3/20