



Minutes

Present: Sally Ragonut, Chair; Paula Mason, Vice-Chair; Bruce Metcalf, Secretary; Supervisor Lor; Mary Ellis; Vince Ramos; Keng Ger Cha; Iris Mojica de Tatum; Vicki Humble; Kim Carter; Micki Archuleta;

Absent: Zachery Ramos

Others Present: Genevieve Valentine; Sharon Mendonca; Trechann Barber-Jacinto; Sharon Jones; Chris Kraushar; Renee Smyth; Priscilla Martin, Recorder

Call to Order / Roll Call

Due to COVID-19 today's meeting was held via conference call. Chair Sally Ragonut called the meeting to order at 4:01 p.m. Roll call was taken.

Mission Statement

The Mission Statement was read by Iris.

Approval of Minutes from May 5, 2020 (BOARD ACTION)

Recommendation/Action: M/S/C (Mojica de Tatum / Ellis) to approve the June 2, 2020 minutes. Due to this being a conference call, the names of all Board members were called and asked whether they themselves approved the minutes.

Lor – yes	Mojica de Tatum – yes	Ellis – yes	
Ramos, V. – yes	Cha – Yes	Ragonut – yes	
Metcalf – yes	Ramos, Z. – absent	Humble – yes	
Erreca – yes	Carter – yes	Archuleta – yes	Mason –yes

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

Discussion/Conclusion: No public input

Recommendation/Action: None

FY 2020/2021 Meeting Schedule

Discussion/Conclusion: Sally informed everyone that there was no approval needed for the schedule, but wanted to share it with everyone. She asked if there were any questions; there were not. Sally thanked Carol for preparing the schedule.

Recommendation/Action: None

Enhancing Board Involvement

- a. Agenda Planning

Discussion/Conclusion: Sally stated she wanted to start the year off with as much involvement as possible and wants to brainstorm with everyone about what types of things they want to pursue and focus on. Sally asks them to think about why they joined the board, and think about things they would like to learn about this year. What do they want to be involved in and what topics to include on the agenda for the coming year. Sally stated that Carol would send out a list of priorities that the Board could choose which priorities would be most important for the upcoming year. Some ideas include learning more about 5150, the court system both Drug Court and MH Court. Iris would like a presentation from a consumer or family member regarding their experiences with POE, intake and BH services. She understands about confidentiality and HIPAA, so this would be someone who would voluntarily share their experience. She wants to see BH services through the lenses of the client or family member. Xxx mentioned they would like a presentation on the Livingston clinic, how they work with Merced, their processes in order to get help, and what their experiences are, what are some things the board could do to help them get from Point A to Point B. Paula would like a presentation from law enforcement on their procedures and how they handle issues with the homeless and people with mental health. Emil would like a presentation from BH regarding inpatient treatment facility and what type of innovative strategies they might be looking at for AOD treatment services at Hobie House and Tranquility. He would like to know what their plans for the future are going to be. Micki would like a presentation on LGBTQ issues in the county. She knows that in Stockton, behavioral health funds the community. Supervisor Lor has a request for Genevieve. She would like to see some of the areas that BHRS are shining in as well as what needs support. Additionally, she would like to know what are her plans and goals going forward? She would like the board to consider in addition to learning the technical parts of BH, she would like the board to think about their goals that they would like to reach within specific target areas that they focus on during the year, and at the end of the year they can look at the status of each of their goals. She would like the board to consider creating their own standards that they can grade themselves on their progress at the end of the year. Kim commented that W&I §5604.2 was recently updated and the wording has expanded. She would like to know what their options are to evaluation the different programs. Genevieve says that with the revision of the W&I code it would be a good opportunity to have a presentation from county counsel to update the board on how this change in the code will affect the board. Supervisor Lor added that an overview of their duties would be beneficial. Bruce Charles agreed to provide that presentation at the next meeting in August.

Recommendation/Action: Bruce Charles to provide county counsel presentation at August meeting

b. Strategic Plan

Discussion/Conclusion: Sally reviewed the timeline with the group and is really proud of everyone and believes they all did a really good job.

c. Activities

Discussion/Conclusion: n/a

d. Committees

Discussion/Conclusion: SUD Standing Committee Paula Chair, Emil, Vicki, and Maria Azevedo to act as department representative. Exec/By-Law/Planning same Sally, Paula, Bruce and Iris are automatically on that committee because they are also on the Executive team; Membership Committee: Mary and Paula; Board Development Bruce, Chair, Sally and Supervisor Lor. Ad-Hoc Committees: Annual Report: Sally, Iris, and Kim; Nominating Committee: Iris and Kim; Liaison QIC: Mary and Micki; Rep to CA BH Boards: not needed as the board is no longer attending these meetings. Sally continues that if anyone else would like to sign up to please contact Sally; you can email or call. Genevieve asked the board to consider a new Ad-Hoc committee for MHSA Ongoing Planning Council and suggested someone might like to participate in the meetings which takes place on the 3rd Thursday of every month from 9-10am. Micki volunteered and will serve as liaison to MHSA. Kris will provide a quarterly report every 3rd month in connection with her role as Patients' Rights Advocate. Sally added that she and Kris completed the Patients Right survey. Supervisor Lor requested that the BH Board webpage be updated with the different board committees together with a brief description. Genevieve informed the group that Renee Smyth was recently requested to join the group to provide IT support during teleconferences and will update the webpage with the requested information. Sally provided a brief review of a recent training and has asked that someone from the board to regularly attend the Supervisor's meeting. Supervisor Lor said the

meetings are currently on video and working on opening it up to public comment via email and phone. Currently comments and questions can only be provided by those who attend in person.

Committee / Ad-Hoc Reports

- a. Substance Use Disorder (SUD)
- b. Board Orientation and Development
- c. Membership Committee
- d. Quality Improvement Committee (QIC)
- e. Annual Report
- f. Executive Committee
- g. Board Member Reports

Discussion/Conclusion: a. Paula reviewed her report with the board. SUD is continuing to provide services. Telephone services are up and running, they're continuing to schedule intakes to connect with the community members of clients. They're working with integrating with local county authorities as the directors finalize their plans. They've suggested visiting the department Facebook page and Instagram for information regarding services & Covid-19. Because of Covid-19, they've had to cancel some of their meetings in order to practice social distancing and have started to utilize teleconference tools. The RAFT outreach event with Probation on 6/18/2020, in form them about the available SUD programs for youth and how to access those services and also how to provide a brief training on motivational interviewing. They're continuing to host the Regional Waiver bi-monthly meeting with Merced, Tulare, Stanislaus and Fresno counties. The mentoring program for the school year has come to an end because of school closures due to Covid-19. The Prevention team is working on providing gift cards as alternatives for youth for participating in the program for the year. The SUD continues to work on the PIPs, they have both a clinical and a non-clinical PIP. The non-clinical is not active, but they've met with EQRO representatives to seek guidance. Paula will connect with Emil to update him and she will forward the information to him and Micki as well. b. Bruce had nothing new, however Sally and Kim would like to add that they attended a 4 hour training on 6/25/2020 about assessment and evaluation which was right along the lines of Supervisor Lor's suggestion. They need to set their goals and do an assessment at end of year. They have a lot of material that they can look at to accomplish this. They viewed a presentation on How the Behavioral Health commission exercise its authority, which is all about the duties of the board. Kim commented that DHCS onboard for new employee orientation will be out soon, suggestion of doing an assessment of the board which is a two-page evaluation made up of 35 questions. This is something the board has done in the past but hasn't done every year. Kim would like to see if its something worth doing every year to see if they're fulfilling their obligations. They do have copies of a template for action plan in order to follow through on goals and objectives. The trainer suggested putting the Action Plan on the back of their agenda of every meeting so the board can reference it every month. c. Mary had no report today. d. Mary referred to the written report provided to the board and reviewed it with the board. There was no consumer report at this time. Looking at the CUBE report there was a lot of success stories. Point of Entry Timelines she tried to put in some information that referred to the charts, however please ask questions as they are always welcome. POE timelines for SUD charts. Required by EQRO timeline standards in number 6, psychiatric readmission rates within 30 days and believes this will be cleared up in the historical trends chart. If you have any questions regarding number six, Trechann is present to answer any of those questions. Recommendations on the last page of the report, recidivism with a goal of 10% 7 days and 15% 30 days. Cultural Competency Committee report was also attached. Sally asks if there are any questions. There were no additional questions. Sally wants to mention that the SUD timelines at 100%, and also on timelines for offered appointments were at 92%. This is excellent. Bruce would like to say thank you to Mary for thoroughness of her report. e. on 6/26/2020 the board was emailed with the final draft of the annual report and Sally asks if everyone had an opportunity to review it. Supervisor Lor says it looks great. Supervisor Lor says the board should reserve a few minutes at the BOS meeting to review the numbers as well as any questions from the public. Sally informs everyone that the plan is after everyone has had a chance to read the final draft is to bring it before the board to take action at the August meeting and then send it to the Board of Supervisors for their meeting in August. Supervisor Lor will have it added to BOS agenda. Sally says last year they brought it to the Board of Supervisors personally last year, but with the restrictions in place currently, how that would work now? If BH board members are uncomfortable to attend the Board of Supervisor meeting in person, they can either review in person or find some other way to review the report with the BOS. Iris brought

up a concern regarding the pictures not being aligned. Sally commented that they look fine on her tablet. Supervisor Lor said as long as the picture isn't covering any text it should be fine. They can then convert the report to PDF so that the pictures and text don't move. There were some last-minute changes to the report because Kim Carter was added to the board. After final approval, they will focus on final formatting issues. Comment made to have the pictures formatted like The Brady Bunch. f. The Executive Committee plans the agenda and they have a lot of material to consider. g. No reports.

Recommendation/Action: As noted above

Chair's Report

a. Basic Roles & Responsibilities for all Board Members

Discussion/Conclusion: a. Sally says Kim kind of started this topic off earlier with new duties of the board and reads as, "Item number 1: Review and evaluate the community's mental health needs, services, facilities special problem in any facility within the county or jurisdiction where mental health evaluations or services are being provided including but not limited to schools, emergency departments, and psychiatric facilities." Sally says that this is one of their most important jobs is to make sure the client is getting the correct services. One of the things about being a board member that she finds really important is to attend all the meetings, reading through the minutes and any documents provided during the meetings.

Recommendation/Action:

b. Hybrid Meetings (Continue with Video Conferencing) (Board Action)

Discussion/Conclusion: Genevieve says because the board is proposing to make this meeting a hybrid, there has to be board vote to continue with the hybrid meeting. She asks Charles if they are required to vote or what kind of vote is required. Charles Bruce commented that due to the pandemic circumstances it's not necessary to vote right now so long as the meetings continue to be available to the public. He believes that with the meetings still open to the public, they're complying with the Brown Act. Genevieve asks a follow-up question, if in the future should things go back something resembling normal and they choose to continue with hybrid meetings, would a vote then be necessary? Charles says that if they wanted to add having the video capability in the future, then yes they would want to take board action on that. The board will vote to have the meetings hybrid after the pandemic. Iris would like to continue with the hybrid meetings because of the difficulties some members have attending the board meeting in person. She wants to make it more accessible to everyone. Chris questions how the public accesses the board meetings and if it's still being published somewhere and adds that she's had patients and parents who have wanted to access the board and believes the process is cumbersome for them. Genevieve has more information regarding that in her report. Supervisor Lor says they can hold hybrid meetings after Covid-19 and is doable, the challenge is to have county space open on the Westside and that location has to be posted on the agenda and they would need county staff to be present in the event of IT issues or security access issues. She recommends they revisit this at the end of Covid-19. Genevieve is on board with this and when this occurs says that they will make it happen.

Recommendation/Action:

Director's Report

- a. Follow-up on Publicizing New Board Meeting Times
- b. Follow-up on Hospital Discharge (from QI Meeting)
- c. Update on FY 2020/2021 Budget
- d. Additional Information on County Mental Health Needs Assessment



BEHAVIORAL HEALTH AND RECOVERY SERVICES

Behavioral Health Board Meeting

301 E. 13th Street

Merced, CA 95341

July 7, 2020

Discussion/Conclusion: b. Trechann spoke to the board about hospital discharge as a follow-up from last meeting. Trechann provided follow-up regarding timeliness and reviewed printouts of slides with the group that were also provided at the QIC meeting. The first slide is Point of Entry Timeliness Hospital Discharges. The data is a year to date from July 1, 2019 through June 2020. She does say the data was pulled as of 6/18/2020 so part of June's numbers show zeroes. Trechann continued to speak on the February and March numbers, the percentages have been resolved and numbers have improved. Iris questioned the 42% that weren't engaged. Genevieve will look at internal processes because currently those numbers aren't required for EQRO, but she will look at engagement rates. Iris wants to know who might not be engaging. Emil is interested in the AOD side and asks if there are any interventions or help for those hospital discharges who might be on drugs because there is no inpatient facility in the county. Trechann says all their crisis services have been trained to perform ASAM screenings to determine the severity of drug use, urine drug tox, and the counselor is also talking about SUD services at BHRS, and starting treatment or meeting the client where they're at, but they still provide resources and information about local services and what is available. Emil suggests utilizing PI which is a subcommittee through H&I, which may be a good outlet to reach out to for addict to addict connection. Chris has a concern is people get hospitalized out of county and in some instances the hospital will make an appointment for the consumer with BHRS, which shows an appointment on the books, but BHRS data does not show whether the consumer showed or didn't. she believes the missing link is how to connect the clinical information with the knowledge of out of county hospitalizations. Trechann says this is a continuing issue with their department and is working with Cesar Velasquez and the ISN-SIT team how to address the gap together with Rachelle Garcia and the Crisis Services team. The ISN team and clinician are notified, then the ISN manager and clinician to review the notification and to begin discharge and coordination with the hospitalized consumer and the hospital discharge social worker. Then after 30 days of care with the ISN-SIT team will automatically do a transfer to ASOC so another intake appointment isn't necessary. When they catch repeats the QPM nurse identifies those high frequency utilizer consumers with multiple hospitalizations (3 or more hospitalizations within a six-month span) then notifies assistant clinical director, director and quality improvement and a division director about those consumers. Genevieve said they expect an increase in crisis contacts and inpatient stays based off of Covid-19. Trechann continued and reviewed the next slide with the board which is for individuals that are connecting to psychiatry and medication support services. They are working on various things to improve the numbers, including expanding contracts to secure and bring in psychiatrists and nurse practitioners into the team. The new medical director starts in October and is already coming up with ideas and how to improve the numbers. The department is looking at restructuring and there are plans coming to improve the numbers. Trechann then reviewed the Clinical Services slide with the board. The goal is at 75%, and for foster youth they've exceeded that goal. a. Genevieve stated that the board meeting information is posted on the county website, on the mental health website, it's also posted on FB, ad in the newspaper, all the BHRS facility doors, downtown, LB and Livingston. The teleconference phone number is posted with this as well. The video link is available, all someone has to do is contact Carol and she will provide that to them. Chris asked to be emailed the call-in/log-in information and a copy of the signs posted on the doors. c. Genevieve would like to preface her 20/21 Fiscal Year update with some information about Covid-19 prior to the budget piece. They've had to change the way they operate in making sure to keep clients and staff safe. They've reduced lobby hours from 10-3 but doors are still open and services are available at other hours. BHRS does have their normal 24-hour crisis line, they've launched their 24-hour youth warm-line, and they did get permission from Public Health to start integrating back into service their SUD groups as long as there are only 4 people per group, as long as the meetings are not more than one hour, social distancing and appropriate PPE. They've launched phase 2 of telework for staff because they had 4 positive cases of Covid-19, not connected to consumers. Staff are telecommuting and they have also implemented staggered schedules. All of this will impact revenue. A decrease in available staff also decreased the amount of services provided. Back in May the governor discussed in his May revised some significant reductions in the general fund as well as some significant cuts in MHSA & realignment. Genevieve is in contact on a daily basis with fiscal and the state. BHRS is not funded by Merced county's general fund but through other funding sources; directly from realignment dollars, MHSA dollars, grants, and various other funding sources and Medi-Cal reimbursable dollars. They're preparing for is some significant budget reduction in terms of realignment which is the 1991 and 2001 realignment. They've been told to prepare for a 16% decrease in funds they are getting over the next 3 years and anticipate a 20% reduction in MHSA funds. They're looking at how to expand current services and where to bill in other places. Genevieve wants to look at how much they can generate before they have to reduce anything. Additionally, the state is behind in paying BHRS, for fiscal year 2021. The recent budget submitted to the BOS is based on dollars the state already owes. The hits will be for the 21/22 fiscal year. They will be looking at their contacts and who is performing and who isn't. Based on the numbers that they've been running, over the next three years, if they are status quo, they need

to generate 8.8 million new Medi-cal dollars, with 4.7 of that needing to be generated within the first year. They are going to focus on looking at what is most important aspects of MHSA, what are the most important parts of realignment. Genevieve has already spoken to her teams about service standards and everyone needing to work at a service standard than what some of them have historically looked at. One of the biggest changes they're hoping to make is within their Wellness centers. They want to make their Wellness centers Medi-Cal billable. They still want to keep it available as a drop in center, but want to bill Medi-Cal for groups, do some crisis intervention from there and for the last three years they have not billed any dollars out of their Wellness Centers. They've had some missed opportunities. They can do some discharge planning through their innovation project and following DHCS regulations some of that is billable. One of the other creative things which was submitted in the budget is converting 7 mental health clinicians to mental health workers. Those mental health workers will be able to provide additional rehab support, some groups, they want to expand group services in adults, they want to expand case management and rehab and linkage to services. Genevieve says they need to prepare for CalAim and prepared for a variety of other things that allow mental health workers to do a lot of those services as long as they're supervised by a licensed clinician. They're also allowing their mental health workers to start doing treatment plans. They are also looking at additional contracts on how to bring some of their conserved consumers back into the county. They're currently discussion a contract with adult residential treatment center, similar to a board and care, and trying to convince them to come to Merced and open 5 homes. Those 5 homes would be able to serve up to 40 consumers, locally here in Merced. Those out of county consumers could come back and this would allow to generate money. This will also save staff time and travel. This would allow community support for those clients. Her hope this contract will go before the board at the end of July. The hope is this will save money and generate some billable services for the future. They'll look at cutting the fat or unnecessary items including unnecessary travel and cutting long standing vacant positions. They will look at having someone look at grants to get money for laptops and telehealth equipment. Iris asks about the planning council's prudent reserve and the deadline for the 3-year plan will be moved, will BHRS still be able to stay on target for the plan. With regards to the prudent reserve they've looked at it, but Genevieve wants to generate income rather than pull from the reserve and wants to generate what they require. With regards to the extension for the MHSA planning, they have extended that until 6/30/2021, however what she would like to have is the 3-year plan done by 12/31; which will allow them to make revisions or addendums if necessary afterwards. Do we have any reversion dollars to safeguard? Genevieve says there is some, but she has plans to spend them before 6/31/2021. She has some ideas to present for example, she's hoping to open a pathways into behavioral health through criminal justice system, and start partnering with the sheriff's department, probation, the district attorney's office so that they can be at the forefront of any reform and social justice reform that needs to be put into play and use those PEI and innovation dollars to actually support our community from a justice perspective. How much of the MHSA funds are being impacted by loss of money from millionaires or any changes because the state is directing them elsewhere? MHSA money is because of millionaires and they aren't spending money right now or building infrastructure and because of the tax extensions this will all impact funding. They've been told to expect a 15% cut in the 1st year, 1% the next, and 7% the following which equals 23% total. The realignment funds connected to sales tax and transfer taxes aren't going to be like they used to because of the pandemic so they're anticipating a 16% cut in their sales tax reimbursement amounts. d. Sharon Jones begins by saying that the needs assessment is part of the MHSA audit findings. They're doing this because they need to know what the capacity is for serving the community, they need to evaluate current programs. Even though MHSA is funding the assessment, it's for the entire BHRS service system and looking at the impact of services and outcomes. The needs assessment will give them a snapshot of what the needs are. This will help identify priority population, types of services that are needed, where the gaps are, how they can service collaboration to help do the work. This contract will be with Government Associates, which is already here working as the evaluator ISN. As they open pathways for ISN these pathways fall under the evaluation plan. This needs assessment will help them provide better clinical services, help organize delivery system and help them meet the diverse needs of the community. Sharon continues if anyone has any questions, please feel free to email or call her. Iris asked they are getting something new on the needs assessment or will the assessment just provide the current data that they already know (similar to something that had happened in the past)? Sharon says these individuals have already submitted an evaluation on ISN to the BH Board and they didn't get the data from BHRS. They had focus groups with the consumers, they looked at trends, and narrowed down to indicators they were looking for. They supply BHRS with whatever data or documentation they produce as justification. Sharon says they have to produce before an invoice is paid.

Recommendation/Action: Information only



BEHAVIORAL HEALTH AND RECOVERY SERVICES

Behavioral Health Board Meeting

301 E. 13th Street

Merced, CA 95341

July 7, 2020

Announcements

Discussion/Conclusion: n/a

Recommendation/Action:

Future Agenda Items / Possible Action Items

Discussion/Conclusion: This topic was previously covered under agenda item number 6.

Recommendation/Action: None

Adjournment: The meeting ended at 6:30 pm.

Submitted by: *Signed*
Priscilla Martin
Recording Secretary

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

Date: 8/10/20

Date: 8/13/20