

Summary

Merced County Behavioral Health and Recovery Services Ongoing Planning Council

July 16, 2020
9:00am
Teleconference

Present:

Fernando Granados, Sharon Jones, Monica Adrian, Wendy Campbell, Alyssa Castro, Jose Chavez-Diaz, Caitlin Haygood, See Her, Heydi Herrera, Christopher Jensen, Patti Kishi, Cindy Mattox, Rebecca McMullen, Ismael Munoz, Jenna Nunes, Sophia Ornelas, Maria Orozco, Nancy Reding, Steve Roussos, Ralph Silva Rodriguez, Anna Santos, Ye Thao, Genevieve Valentine, Griselda Vazquez, Tatiana Vizcaino, Iris N. Mojica de Tatum

Presentation and Discussion:

All Members

I. Call to Order / Roll Call

II. Approval of Minutes

The approval of minutes for June 18, 2020 was motioned/seconded (Wendy Campbell /Jenna Nunes) and carried.

III. Update Planning Council Contact List

Fernando Granados, Chair, encouraged all attendees to email Maria Orozco stating their names to track call participation.

IV. Notice to the Public

Tatiana Vizcaino, National Alliance on Mental Illness, announced that NAMI has an education and advocacy event online scheduled for July 25th from 9:00 am to 10:30 am, in Spanish for Spanish speakers. This will be in memory and honor of Bebe Moore Campbell, who was an activist for mental health rights and a writer, to celebrate July as mental health month for people of color and Latin X. Tatiana will be sending the flyer to the group this morning, and announcing it on their Facebook page and their website.

Jose Chavez-Diaz, Golden Valley Health Centers, reminded everyone that Golden Valley Health Centers continues to do COVID-19 testing in 2 locations: Merced (857 W. Childs Ave) and Los Banos, at the Community Center. Jose has a flyer to send to everyone, and noted that testing is free for non-insured and undocumented individuals.

Monica Adrian, Caring Kids, noticed that the agenda stated that the next scheduled Ongoing Planning Council meeting date is August 27th and noted that the 3rd Thursday of the month is actually August 20th. Sharon explained that a notification will be sent out to announce the new rescheduled date, August 27th.

V. Chair's Report

Fernando Granados asked that everyone please reach out to their key informants to help with the department and the development of the three-year plan; MHSA is looking for stakeholders as well as key informants.

VI. Director's Report

Genevieve greeted the council. In terms of her report, it was just to reiterate what she mentioned in the meeting last month on the importance of being able to let your voice be heard during the focus groups that are coming up and key informant interviews. She added that we are not going to be in the same fiscal situation for this three-year plan as we have in the past, so we really are going to need your voices in order to prioritize the needs of our community. Genevieve shared that they got word that MHSA will be cut up to 25 percent over the next three years in terms of our fiscal state. She said that we are looking at roughly a 20 percent within our own department in the hopes that it really will not hit that 25 percent. As we are going into the three-year plan, Genevieve wants it publicly known that 20% of our MHSA dollars will not be available to us for this next three-year plan so we will be really looking at who's performing in terms of their contracts, and who's really

coming at our MHSA planning from the key components of MHSA. She asked: Are they culturally humble? Are they trauma informed? Are they serving the inappropriate underserved populations? Are we really staying true to the MHSA storyline while being fiscally prudent? She added that it's very important that everybody in the community understands that we are not going to be fiscally as vibrant as we have been in the past. This three-year plan really is going to need to be based on essential needs of the community, while focusing on cultural humility, trauma informed, and serving our underserved inappropriately from an essential services mindset. Genevieve knows that Sharon has done a phenomenal job of already talking to the group about staying true to the core values of MHSA but we're really going to hone in on those for this next three year plan. Not because of anything more than that's what we should do, and always do, but also being prudently responsible in that. Genevieve is really looking forward to the analysis of the stakeholder meetings, the world café, and the key informants in order for them to really put together the right plan, the right voice, and being that lighthouse of hope through our MHSA planning for the community. Once again, Genevieve needs everyone to understand that fiscally we are not going to be in the same situation than we were when we did this three year plan three years ago. Financial prudence is going to be incredibly important. Genevieve asked if anyone had any questions at this point in time.

Christopher Jensen, Middle School Mentoring program, asked if there was any consensus around what layer of MHSA, if the 25 percent is going to be cut equally throughout the different types of MHSA services, such as PEI. Genevieve responded that they have not actually told them specifically within what buckets it's coming from, just overall 20%. She added that what they are hoping to do is come up with their own calculations and do a little bit of cut in PEI, innovation, and CSS. Within CSS are capital facilities, WET, our IS stuff and they will be cutting a little bit from all of them in order to make that 20 percent. The biggest hit from her understanding at this moment in time is CSS. PEI is going to be hit too. Genevieve said that they don't want us to stop being innovative so she doesn't think they will get a huge cut from Innovation. She added that most of it is going to be CSS and PEI when they send us those percentages, but we are going to prepare for across the board 20 percent, and go from there as we get more information.

Iris N. Mojica de Tatum, asked if the FSPs were priority on the CSS. She asked for clarification as she thought they were, but is not sure. Genevieve responded yes, in terms of CSS we need to have 51 percent of our funds in full service partnerships. In PEI, 51 percent has to be for children and youth services. Genevieve added that we will definitely be looking at what our current allotments are so when we get those amounts, we know for a fact 51 percent must be full service partnership in CSS, and 51 percent of PEI must go to children and youth services.

Genevieve thanked everyone for everything they are doing in our community. She expressed that we all need each other and that she greatly values the partners and stakeholders that we have.

VII. Program Presentation: Golden Valley Health Centers

Jose Chavez-Diaz and Heydi Herrera presented a PowerPoint on their Prevention and Early Intervention Cultural Broker Program and Integrated Behavioral Health. The presentation was emailed to all members prior to the teleconference. The first part of the presentation, presented by Jose, was regarding the Cultural Broker program and provided information on the program's description, contributions, values, current staff members, budget, target population, hours of operation, locations, age groups served, smart goals, success stories, and COVID-19 changes.

At the end of the first part of the presentation, Steve Roussos, Community Initiatives for Collective Impact, asked Jose if he could provide some good examples of success stories of improvement. Jose shared that they've had some stigma success stories in the past and is pretty sure they've had some from the community health workers. Jose thinks that when they do Behavioral Health presentations, they have a piece where they go through some of the stigma that our Latino population has. Many of those patients are accessing behavioral health because Golden Valley goes out there and informs about the stigma in the Latino population. Jose shared some examples of the stigma that is experienced in the Latino population. He explained that they inform the population that it is okay to come and seek behavioral health services. When working on this presentation and collecting information from community health workers, Jose noticed that they do have an increase in the number of patients coming in because of that.

The second part of the presentation, presented by Heydi, provided information on the program's scope, current staff, target population, referral process, age groups served, smart goals, COVID-19 changes and success stories.

At the end of the second presentation, Steve Roussos asked: for the people that are being served, are most of them more cognitive behavioral therapy or chronological for the work that balances the kind of needs people have during the services. Heydi responded that they utilize different types of therapeutic interventions; it just depends on what the patients will respond more to. Some patients will respond back to motivational interviewing, others to CBT, and others to mindfulness, etc. If they see that they are not making progress or if a patient requests services in combination of talk therapy, then they refer to psychiatry. They have 2 psychiatrists and about 4 tele-psychiatrists out of state. Patients can also talk to their primary care provider and if medical providers are able and willing to prescribe the medication, they will do that as well. The type of therapy will depend on what the patient prefers. Steve also asked if they were seeing any kind of trend with the patients that they serve now, as often times there are language barriers that might get in the way of some type of therapy. Heydi responded that she would not say trends, as she has to be careful around that. She explained that they do serve a large number of the community and a lot of them still have stigma and struggles with fears related to medication. When they feel that they need to seek medication services for their illness, it brings it to another level for them; coming to counseling and participating is already overcoming a barrier for them. Heydi stated that in order to provide that information they would have to look into all of their patient population, see which ones are participating, and medication within each one so that they can get percentages.

Fernando asked that any other questions be emailed and forwarded to Heydi.

VIII. COVID-19

Sharon wanted to see how everyone is doing and recognize that we are in a pandemic. Sharon asked for feedback on this agenda item.

IX. Updated Community Planning Process Policy

Sharon informed everyone about the updated Community Planning Process Policy. It will be sent out after this meeting for everyone to review. She noted that this was a requirement per our MHSA audit; It guides our community planning process.

X. Community Planning Process Timeline

Sharon discussed the timeline for accomplishing or submitting our three-year plan to the state. The goal is to have all the focus groups and key informant interviews completed by August 7th. The MHSA team is currently beginning to schedule focus groups. Sharon asked if once the focus groups are scheduled if they could please share it with others so that there could be a conversation about behavioral health care and the needs. Caitlin Haygood is currently working on that and will be sending out a notification with all the scheduled focus groups and invite everyone to participate.

XI. Update on Key Informant Interviews

Sharon reported that the contractor assisting with the community planning process, Jennifer Susskind, has already started key informant interviews with many people throughout Merced County. As of yesterday, she had interviewed two people. The plan is for her to interview a total of 15 people. If there's overflow of individuals who want to give their feedback, they will be encouraged to participate in the scheduled focus groups.

Monica Adrian asked Sharon if she had a list of the people who have been interviewed. Sharon explained that a list is being compiled. The first people who wanted to be key informants are the ones Jennifer is starting with, and then she will go on through. From the first two people she interviewed, one of them was from law enforcement; Sharon is not sure about the other individual.

The goal is to get the three-year plan to the state, Department of Health Care Services Mental Health Oversight and Accountability, by December. The plan is to have everything approved by the board of supervisors and sent to the state by December 14th. Sharon explained that the three-year plan is not only about making sure we have all of the different programs and the descriptions, funding amounts, the data, and the plan. It also includes making sure that the auditor controller signs it, the Behavioral Health director signs off, and primarily making sure that it's posted for 30 days for public comment and review; a lot goes into preparing for a three-year plan.

Patti Kishi, National Alliance on Mental Illness, asked if stakeholders can just sign up for a focus group or if there is

another process for participating. Sharon explained that there is the process for key informants. If you want to be a key informant you can participate in focus groups, in the world café where everyone can come together and talk, and you also can send an email to Sharon or anyone in regards to MHSA. Sharon noted that they could call our 1-866-626-6472 number. She added that there will be a survey; there are often public comments cards posted as well so that you can leave your comment. There are many ways to provide feedback. Patti was a bit confused. Sharon let her know that another email will be sent out regarding focus groups.

Sharon noted that the timeline is getting the plan to the state in December. Sharon will send out the updated Community Planning Process Policy.

XII. MHSA Capacity Needs Assessment

Per the plan of correction of the MHSA audit in September 2019, they recommended a capacity needs assessment to see what is the capability, how many people can we serve, so we're going to be having a resource development associate come in and support us with that for a needs assessment.

XIII. MHSA Policy Bills

Sharon stated that there are a few assembly bills that are brewing in terms of Mental Health. For assembly bill 2265, sponsored by Quark and Silva democrats and introduced on February 14, 2020, Mental Health Services Act used the funds for substance use disorder treatment. Sharon also mentioned mental health assembly bill 2579, sponsored by Jones and Solier, for mental health services for children and transitional age youth oversight. She noted that there's another senate bill for mental health services funds for county jails. Sharon suggested that the group stay up on the different bills and the conversation that is moving forward in terms of Mental Health Services Act and behavioral health care.

XIV. MHSA System Improvement Strategies

Sharon noted that the focus groups and key informant interviews will be key in terms of systems improvement strategies.

XV. Innovative Strategist Network Referral Pathways

Sharon informed that there is a current approved innovation plan. The name of that plan is Innovative Strategist Network. The ultimate goal is to reduce barriers, to open up pathways to care, and to allow for a customizable way for individuals to get the services they need. We have many pathways in which we receive referrals. Our most recent pathway that was open up was to support our homeless community through Human Services Agency. The next pathway that will be open up and has been approved is to support individuals living with mental health issues that interface with our legal system or our justice system. There will be more to come on that.

XVI. Administrative Updates and Changes

Sharon shared that there will probably be changes coming up. It will start with the key informant interviews, focus groups, and move from there. As information comes to her she will let everyone know right away to keep them informed.

XVII. Possibilities and Success Stories

No possibilities and success stories.

XVIII. Next Steps

The next Ongoing Planning Council meeting is scheduled for Thursday, August 27, 2020. The meeting date will be changed due to a scheduling conflict with the Police Advisory Committee Sharon Jones will be attending the same day.

XIX. Adjourned

Meeting adjourned at 9:52 am.