

# Summary

## Merced County Behavioral Health and Recovery Services Ongoing Planning Council

August 24, 2023

9:00 am – 10:00 am

Behavioral Health & Recovery Services Department

Conference Center Room C219

### Present:

Sharon Jones, Cindy Mattox, Bacilia Mendez, Fernando Granados, Alma Avila, Chang Vong, Kit Chang, PIA Moua, Ye Thao, May-Ci Xiong, Jaz Chima, Monique Barajas, See Her, Stefani Rosas Soto, Eve Clinton, Tanya Riley, Maria Colomer, Jessica Herrington, Lisa Chang, Chandra Vang, Mercedes Rodriguez, Lizbeth Bravo, Daniel Garibay, Iohana Tapia, Kimberlee Bledsoe

### Presentation and Discussion:

*All Members*

#### I. Call to Order / Roll Call

#### II. Approval of Minutes

Vong Chang made a motion to approve the minutes from July 27, 2023, and Kit Chang seconded. The motion was approved.

#### III. Update Planning Council Contact List

Sign in with your full name and the agency you are representing, so that we can keep a record of your attendance at this meeting.

#### IV. Notice to the Public

**Sharon** - We will be holding a Suicide Prevention Month event on September 20<sup>th</sup>. The event will be held at 301. E 13<sup>th</sup> Street on the 15<sup>th</sup> street side. There will be multiple vendors so if anyone is interested in hosting a table, we encourage everyone to reach out to MHSA or Nicole Duarte.

**Iohana** - There will be a SUD Recovery Month BBQ to celebrate sobriety with law enforcement and the community. This will be held on September 22<sup>nd</sup> at 301 E. 13<sup>th</sup> Street.

**May-Ci** - ACES Inc. is having an event on October 14<sup>th</sup>. They are looking for exhibitors, volunteers, and entertainment. It will be held on a Saturday so if anyone is interested, I can send out the information.

#### V. Chair's Report

Fernando encourages everyone to become familiar with CalAIM.

#### VI. BHRS Report

Sharon stated that there are currently initiatives with CalAIM, payment reform, and sorting out our electronic health record. A huge part is also the MHSA Modernization that Sharon will present shortly. As always continued staffing. We currently have a director and two Assistant Directors.

#### VII. Kick Off for Fiscal Year 2024-2025 MHSA Annual Update

Sharon Jones, MHSA Coordinator, presented the MHSA Annual Update and Innovation Plan FY 2024-2025. Passed in 2004, the Mental Health Services Act (MHSA) is not increasing funding for the old mental system but a complete transformation to a new system. The MHSA is a 1% tax on personal incomes over \$1M to expand mental health services.

Counties must develop Three-Year Program and Expenditure Plans and Annual Updates that include the following components: Prevention and Early Intervention (PEI), Innovative Programs (INN), Community Services and Supports (CSS), Full-Service Partnerships (FSPs), General System Development (GSD), Project-Based Housing (PBH), Outreach and Engagement (O&E), Capital Facilities and Technology (CFTN), Workforce Education and Training (WET), Prudent Reserve (PR), Annual Planning/Community Program Planning (CCP) Process. The current allocations are 19% for Prevention and Early Intervention, 5% for Innovative Programs, and 76% for Community Services and Supports

County MHS funding allocations shall include funding for annual planning costs. The total of these costs shall not exceed 5% of the county's total annual MHSA revenues. Planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process. MHSA funds may only be used to pay for the program and expenditures listed in counties' MHSA Three-Year Plans and Annual Updates; all MHSA expenditures must be consistent with counties' currently approved Plan or Update. The Community Program Planning Process will have stakeholders that reflect the diversity of the demographics of the county and have representatives of unserved and/or underserved populations.

SB 326: Reform – This bill would modernize and reform the Mental Health Services Act (MHSA), which was passed as Proposition 63 by voters in 2004. This bill would change the name to Behavioral Health Services Act (BHSA), reduce BHSA revenues allocated to counties from 95% to 92%, and allow BHSA funds to be used for standalone SUD services. Also, SB 326 removes the PEI funding category. In place creates a new "Population-Based Prevention" funding category that may not be used to provide services to individuals. SB 326 lumps funding for Early Intervention services, Innovative programs, and other expenditures (CFN+WET+PR) into one (smaller) funding category of Behavioral Health Services and Supports. Lastly, SB 326 requires programs/services to maximize Medi-Cal reimbursement and other matching funds to the greatest extent possible.

MHSA has an Issues Resolution Process. If anyone has any questions Sharon can be reached at [Sharon.Jones@countyofmerced.com](mailto:Sharon.Jones@countyofmerced.com) or (209) 381-6800 ext. 3611.

#### **VIII. Transformational Equity Restart Program Presentation**

Kit Chang, Division Director, presented the Transformational Equity Restart Program (Restart). Restart services people 18 years and older, people of color, refugees, LGBTQ+ and underserved/unserved communities cycling through the jail system and interfacing with law enforcement. The goal is to build a community program with culturally specific interventions. This included improving care coordination and integration across multiple systems, reducing overall justice involvement, improve the client and family experience when in achieving/maintaining recovery, and improve access to services.

Services provided include the following: weekly art therapy group, weekly co-occurring rehab groups, individual therapy. Individual rehab, case management, and peer support services. Restart creates multiple access points for the justice-involved population from jails to treatment.

In FY 2022-2023 there were 246 total referrals. 186 individuals were enrolled. 80% of clients were contacted within 1 week and 69% of clients were contacted within two weeks of referral. 59% of referrals came from criminal justice partners and 30% of referrals came from BHRS. 89% of enrollees are ages 26-59. 69% identified as male. 51% were non-white or more than one race. 87% stated English was their primary language. 62% are on probation and 45% are unemployed.

#### **IX. Scheduling of Focus Groups**

Nicole has sent out information regarding the scheduling of focus groups for innovative plans and annual update. The focus groups are safe. We enjoy collecting feedback on what is needed, what is missing, what do we currently have.

#### **X. Administrative Update and Changes**

Top leadership is now in place here at BHRS. Kimiko Vang is the Director. Julianne Sims and Alexandra Pierce are the Assistant Directors. Veronica Gallacher is no longer with us so we need a Division Director for Children's System of Care as well as 24-hour services.

#### **XI. Announcements**

**Iohana-** We are also planning a perinatal fair on October 13<sup>th</sup>. This will be the first one in Merced County. Program assistant Lonny Solorio will be sending out the invite soon and information for those wishing to hold a table. The perinatal program in SUD is designed to help mothers who are pregnant or have small children that have a substance use disorder diagnosis. This event will bring the community together and raise awareness of this program.

#### **XII. Possibilities and Success Stories**

Sharon-There has been an increase in funding to the Planada community as a response to the flooding.

**XIII. Next Steps**

Next meeting is scheduled for September 28<sup>th</sup>.

**XIV. Adjournment**

10:03 AM