



# Minutes

---

**Present:** Sally Ragonut, Chair; Paula Mason, Vice-Chair; Bruce Metcalf, Secretary; Supervisor Lor; Mary Ellis; Iris Mojica de Tatum; Vicki Humble; Micki Archuleta; Zachery Ramos; Emil Erreca; Kim Carter; Keng Cha; Lloyd Pareira

**Absent:** Vince Ramos

**Others Present:** Genevieve Valentine; Sharon Jones; Sharon Mendonca; Chris Kraushar; Renee Smyth; Carol Hulsizer, 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. Sally informed the Board that there has been a change to the agenda. The Director's Report was being moved up to item #5 directly after Public Input.

## **Mission Statement**

The Mission Statement was read by Sally Ragonut.

## **Approval of Minutes from August 4, 2020 (BOARD ACTION)**

**Discussion/Conclusion:** There was no discussion.

**Recommendation/Action:** M/S/C (Metcalf / Ellis) to approve the August 4, 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. – absent	Cha – yes	Ragonut – yes
Metcalf – yes	Ramos, Z. – yes	Humble – no response
Erreca – abstain	Carter – no response	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

## **Director's Report**

- a. FY 20/21 Goals & Priorities for Behavioral Health
- b. COVID-19 Update
- c. Mental Health Services Act Planning Update
- d. Discussion on Possible Public Hearing – October 20, 2020

**Discussion/Conclusion:** a. Genevieve commented that it is important to know the Department is very mindful of the safety for clients and staff. As we move through this next year, safety is incredibly important in order to maintain mitigation of the virus. The Department is taking all cautionary measures. The number one priority right now is being fiscally responsible. The pandemic has hit the Department financially. Behavioral Health is a department that is funded by sales tax and the Mental Health Services Act (MHSA). When millionaires are not spending money or people are not purchasing vehicles, the actual budget line in revenue decreases. They are looking how to not waste dollars by any means. She is constantly asking her team to make sure they are looking at every line item as clearly as possible. In addition, she wants to be client centered and this means being culturally humble as well as trauma informed. Through Sharon Jones' help they are moving an initiative throughout BHRS on being culturally humble and trauma informed. They have come up with a plan on how to have additional trainings available for staff, the Behavioral Health Board and Community Based Organizations (CBO) in the community on how to be culturally humble and trauma informed. They have already launched virtual modules where staff have already gone through some trauma informed assist type trainings because of suicide ideation. September is Suicide Prevention month. They are looking at how to provide the most appropriate clinical services but from a culturally humble and trauma-informed mindset. Genevieve wanted to highlight the value and important of social justice and the collaborative work BHRS is doing with their criminal justice partners. They have had many conversations with Probation, Sheriff's Department, and Merced Police Department. If everything goes as planned, the Board of Supervisors (BOS) agenda for September 29<sup>th</sup> will have a Memo of Understanding (MOU) in which there will be a joint effort between Probation, Merced Police and the Sheriff's Dept. on how BHRS can work alongside their criminal justice partners and be collaborative in nature in order to meet the needs of the community at the front end instead of the back end. BHRS wants to step in before someone is even booked for a crime. BHRS is also doing an analysis on services as a whole. Genevieve is excited about Chris Kraushar helping this Advisory Board on being able to analyze the systems of care and programming in order to be able to have a streamline of services and look at what the needs are from a client's perspective. Her goal is to be collaborative with staff, the Advisory Board, the Patients' Rights Advocate (PRA), the criminal justice programs as well as community providers. In summary, her goal is to be fiscally responsible, to be client-centered through a culturally humble and trauma-informed lens, to be at the forefront of social justice and criminal justice reform and collaboration, and be a beacon of hope in order to link all the great minds in the community together in order to serve the community. b. BHRS is taking COVID-19 very seriously by maintaining social distancing and doing a variety of measures to make sure staff and clients are safe. They are still doing telehealth and telework. For staff, they did extend a telework agreement through the end of 2020. Originally telework was going to end on Labor Day. There are staff telecommuting one to three days out of the week depending on their classification, the needs of the clinic and the needs of the clients. This also includes staggered schedules – some staff coming in at 6:30am and some leaving at 7:00pm at night. She is happy to report that as of this morning Marie Green is no longer on outbreak protocol. Marie Green had been on lockdown since July 7<sup>th</sup>. On the flipside, the Crisis Stabilization Unit (CSU) is now on outbreak protocol and cannot take clients. They will still be able to do services through telehealth; they just cannot go out into the field. Chris clarified that with the CSU closed, people will be directed to go directly to the Emergency Room (ER) and then BHRS staff will see them via telehealth from the ER; Genevieve stated this is exactly what will happen. c.&d. The Department is working on the 3-Year Mental Health Services Act (MHSA) plan. A variety of groups, stakeholder calls and interviews have taken place. A full report is ready to go. Genevieve appreciates Praxis, a consulting firm that is working with BHRS to do an evaluation as well as Sharon Jones and the MHSA team. They have been told by the State that there could be up to a 25% reduction in MHSA dollars over the next three years. Thus, they are looking at some reductions in MHSA funds. They are prioritizing the things they are required to have based off MHSA regulations. They have to have 51% of the Community Services & Support (CSS) dollars for full service partnerships and 51% of the Prevention and Early Intervention (PEI) must be for youth services (under the age of 21). At this time, they are not planning on cutting anything in terms of programming. Sharon J. stated that the goal is to avoid as many reductions as possible but to still keep services for individuals with severe mental illness, youth with severe emotional disturbances and also the unserved and underserved communities. Sharon has facilitated about 11 or 12 focus groups and Jennifer Susskind (Praxis) has facilitated about 20 to 28 key informant interviews. This has given them a rich voice of the community. Most of what has been said is more integration, more streamline of services and more impactful services – services that will produce positive outcomes. If anyone has any questions or comments, please contact Sharon. Genevieve continued that this leads to the need of a Public Hearing. They are hoping to have a draft of the 3-Year MHSA Plan within the next two or three weeks. They are considering October 20<sup>th</sup> as a possible Public Hearing for the MHSA 3-Year Plan. Genevieve questioned whether the Board would like to have two meetings in October (Oct 6 and Oct 20) and cancel the November meeting or have three meetings (not

cancelling the November meeting). Both Genevieve and Sally liked the idea of having the October 6<sup>th</sup> and 20<sup>th</sup> meetings and cancelling the November meeting. Sally stated this would be further discussed at the Executive Team meeting next week; this can officially be voted on at the October 6<sup>th</sup> meeting.

**Recommendation/Action:** Sally commented that Board members should try to join in on the BOS meeting on September 29<sup>th</sup>.

### **Trauma Symptoms and Coping Skills Connected to COVID-19**

**Discussion/Conclusion:** Sharon Jones was present today to give a presentation on this. BHRS will be launching a complete trauma informed philosophy. Sharon began that even before COVID-19 trauma has affected many. COVID-19 brought even more increased uncertainty and stress. When stressful times come in, people feel threatened, fear for their safety, feel powerless and feel like they are losing a sense of control. The trauma-informed approach can help reduce and prevent a trauma response. Trauma impacts parts of our brains. When under acute stress people are operating from the survival part of the brain. You cannot apply logic and often the information being received does not register. Thinking becomes more of all or nothing – there is no middle ground. Trauma not only affects the brain, it also impacts the body, mind, emotions and behavior. A person may start having headaches, fatigue or restlessness. Thinking may become jumbled up which makes it hard to make decisions; people may become indecisive, be irritable, or feel more depressed. Some may become more accident prone, start drinking alcohol more, not be able to sleep at night, or smoke more. Traumatic events also bring negative thoughts/feelings. Some thoughts may not even be related to the trauma. It changes how people see the world and how they respond. They may blame others or blame themselves. Along with the isolation comes disconnection from their environment and other people. It is difficult to feel anything positive. Memory is impacted. Hyperarousal is reactivity or a feeling of being “on edge”; this may begin or worsen after experiencing a trauma. With hyperarousal comes irritability, quick to anger, aggression, a heightened startle reaction, difficulty concentrating, frequently scanning the environment or watching for trauma reminders, difficulty sleeping, feelings of anxiety, racing heart, upset stomach, headaches and risky of impulsive behaviors. Hyperarousal impacts one’s ability to solve problems, learn from mistakes or form relationships. With trauma a person’s attention is narrowly focused – focused on survival – focused on the here and now. It is difficult to plan or think ahead because the person is focused on protecting themselves. Trauma-informed care helps staff work with the clients; it helps integrate within the service delivery system and train staff on practices such as breathing, mindfulness, grounding exercises that help them to relax, learn how to be calm and feel safe. Within a trauma-informed approach a safe environment is very important. If someone feels safe in their environment, they are grounded and will have a tendency to become calmer and have less stress. A safe environment also ensures that rational thinking, judgment and attentional control can occur. Safety, as it relates to physical space, is very important when providing services for clients. Trauma can be re-experienced in an environment if the person feels there is a perceived threat or don’t feel safe. Trauma can be fear, anger and uncontrollable emotions. This can lead to using more drugs or alcohol. To avoid trauma reminders you have to suppress your thoughts, avoid activities related to the trauma and avoid people, places or things related to the trauma. The basics of trauma informed care is to reduce distress and build emotional support to let them know they are not alone. Another important part of trauma informed care is inclusion of the family. The family is a resource. If it’s not just the traditional, biological family, often individuals create a family of healing for themselves. Sharon concluded her presentation then asked if there were any questions. Emil questioned what resources are available to the public. He knows there are resources out there, but are they compiled somewhere in one place for the public to find links to these services. Sharon stated that anyone can reach out the MHSA team, there is a 24-hour access line for youth, there is the children’s crisis number, there is suicide prevention text line – 741741, and there is also NAMI (National Alliance on Mental Illness) that can provide support and resources. Behavioral Health Clinicians also provide support. It is just a matter of finding out what the individual is going through and making the connection/linkage. Beacon Health also has resources. Behavioral Health also has a Substance Abuse Division where support is also provided. Sally asked if more trauma is being seen in the clients since COVID-19 started. Sharon responded that what she hears most is isolation. The very nature of mental illness is where someone wants to isolate if they are depressed. She encourages individuals to reach out and keep a connection with people. Chris asked how this focus is being conveyed to the treatment staff. Sharon responded that are starting virtual training on trauma and then they will be rolling out an initiative with more presentations with the understanding of the philosophy and education around trauma-informed care. Then they will be integrating this into the different programs with the hope it will improve service delivery and client care. Supervisor

Pareira questioned if Sharon was familiar with Dave Lockridge in Merced with ACE Overcomers. He has a program that is worldly renowned and speaks to some of the same traumas and situations that Sharon was discussing. Sharon stated she knows Dave and he has been at Behavioral Health for different trainings and does great work. She continued that California's first-ever Surgeon General, Dr. Nadine Burke, who has a huge initiative from the State level on adverse childhood experiences and if it is not readily transformed it is transferred generation to generation. She is looking at breaking those generational types of experiences.

**Recommendation/Action:** Information only

### **Chair's Report**

- a. **Patients' Rights Advocacy (PRA) Report Out**
- b. **Evaluation of Top Priorities for Patients' Rights Advocate**
- c. **Framework of evaluation with Patients' Rights Advocate**

**Discussion/Conclusion:** a.-c. Sally reported that last week she, Genevieve, Iris and Chris had a conference call and began discussion on the top priority goal – Behavioral Health through the eyes of the client or consumer, their experience with point of entry to Behavioral Health intake and services. Sally clarified that the reason they asked Chris to help with this is because the Board members cannot go to the clients and ask questions about the services they've received. They do not have a plan yet; they are still in discussion and trying to formulate what they actually want to do. They do have a goal. They have come up with possible questions to ask the clients. They've also come up with possible ways for Chris to meet with the clients. At the end of their planning, Chris would come back to this Board and report on this about every three months and how she is doing with talking to clients/consumers and asking them questions as to how they believe the services are doing. It would not just be reporting on point of entry and intake, but all the services. One thought Chris had was whether they will ask about services prior to COVID-19 or services since COVID-19. Sally thinks that this goal will take the entire year for the Board to even begin scratching the surface. It is hoped that Behavioral Health will be open again in January. Chris would then be able to meet with the clients in a better way. Some of the questions they came up with are: How is the client doing? Is Behavioral Health meeting their needs? They want to use the same type of question for every client. They want to see where the gaps in services. They want to involve the Program Managers as well. They want to gather with the clients in a safe manner to talk about the services. They will ask if the services are culturally appropriate. Did the client feel they were hurt emotionally during services; did the family feel hurt or feel supported. Ask them how they felt when they transitioned from crisis services to outpatient services. Sally will try to do an Action Plan and get this out to the Board members. Iris commented that when this was being discussed she thought that the clients should be asked what other services they feel would help them or how they could be better served. Chris thinks the first thing that should be done is to give a presentation to this Board on what she actually does. The second thing is that she thinks at least half the BHRS staff do not know who she is; she thinks the staff need the same introduction. Chris thought that handing out her PRA brochure with a note inside stating that she is interested in helping them. She also thinks that you do not ask clients directly how their services were because they are afraid of retaliation. Instead you ask them what advice they would give a friend about going to Mental Health. Chris is looking forward to working on this project. Supervisor Lor suggested that the question about the client's experiences with BHRS be broadened and ask what other kinds of services or support does their family need, i.e., housing, cash assistance, etc. Kim questioned if this was an Ad-Hoc Committee that is doing the Action Plan for this goal. After some discussion it was decided that even though Genevieve, Sally, Iris and Chris originally met on this topic, it could be opened to all Board members who want to discuss this. Sally did not see this as an Ad-Hoc Committee; it is just a Behavioral Health Board goal for the year and is open to the whole Board. This can also be put on next month's agenda – putting Chris on the agenda as to what she does.

**Recommendation/Action:** As noted above

**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
- h. MHSA Ongoing Planning Council

**Discussion/Conclusion:** a. Paula reported they are continuing to provide services to the community and are having to tweak things because of COVID-19. They are working with the schools as well as the clients within the programs. They are looking to do things a little different with Red Ribbon Week this year. *At this time communication was lost.* b. Bruce reported that putting Chris on the agenda next month would be a tremendous Board development. c. Mary had nothing new to report. d. Micki reported that two years ago the change of provider requests had a 40% denial and now they are down to 11% and they would like to get to 5%. e. Sally stated that the Annual Reports had been mailed to everyone. The Board of Supervisors (BOS) received their copies last week. Sally has been asked to do a PowerPoint presentation for the BOS meeting on September 15<sup>th</sup> and she will be attending via Skype. She briefly explained what she was putting in the presentation. Bruce thought he could be present at the BOS meeting. Sally invited all Board members to attend, if they have the chance. f. Sally reported that at the Executive Committee they do agenda preparation. They also discuss things like the goals for the Board. Supervisor Lor has requested that the website be worked on; Sally believes that BHRS staff are doing this. Sally continued that she is working on updating the Board binders. Supervisor Lor would like the binder available in electronic format. All Board members will have to turn their binders into Carol. Sally then asked the Chairs of all the committees to please have a summary of what each committee does for the website. g. None. h. Micki reported she had problems joining the MHSA Ongoing Planning Council meeting. Iris suggested that all Board members be sent the email invitation to the monthly Ongoing Planning Council meeting.

**Recommendation/Action:** As noted above

**Announcements**

**Discussion/Conclusion:** Sally announced that there is going to be a virtual grand opening celebration for the opening of the new Youth Crisis Stabilization Unit (CSU) tomorrow at 3:00pm. She received an invitation today and will forward to the other Board members. There are about five people who will be doing a video presentation for the event; Sally will be one of them.

Chris announced that NAMI California Annual Conference is being held virtually this year and it is free this year. Usually it is around \$300 to attend. Anybody can log on and join the conference. It will be held on October 12 and 13. There will be workshops on advocacy, consumer and families, criminal justice, early intervention and prevention and engaging diverse communities. She will send this information to Carol for her to forward to Board members.

**Recommendation/Action:** As noted above

**Future Agenda Items / Possible Action Items**

**Discussion/Conclusion:** As previously mentioned in today's meeting, Sally will include having Chris Kraushar give a presentation on her spectrum of activities within the community next month.

**Recommendation/Action:** Information only



**BEHAVIORAL HEALTH AND RECOVERY SERVICES**

**Behavioral Health Board Meeting**

**301 E. 13<sup>th</sup> Street**

**Merced, CA 95341**

**September 1, 2020**

**Adjournment:** The meeting ended at 5:45 pm.

Submitted by:     *Signed*    

Carol Hulsizer  
Recording Secretary

Approved by:     *Signed*    

Bruce Metcalf, Secretary  
Merced County Behavioral Health Board

Date:     10/7/20    

Date:     10/7/20