



Minutes

Present: Iris Mojica de Tatum, Chair; Richard Hawthorne, Vice-Chair; Mary Ellis; Kim Carter; Sally Ragonut; Keng Cha; Micki Archuleta ; Supervisor Lee Lor; Bruce Metcalf; Darrell Hall

Absent: Paula Mason, Secretary; Angelo Perez; Vince Ramos

Others Present: Yvonnia Brown; Alice Liang; Sharon Mendonca; Liz Freitas, Christina Kraushar; Tabatha Haywood; Betty Hoskins; Lidia Caza-Burdick; Michael Wilson; Janet Spangler; Lanetta Smyth; Olivia Lynch; Patricia Medina; Norma Cardona; Carol Hulsizer, Recorder

Call to Order / Flag Salute / Roll Call

Chair Iris Mojica de Tatum called the meeting to order at 3:01 p.m. The flag salute was done. Roll call was taken.

Mission Statement

The Mission Statement was read by Mary Ellis.

Approval of Minutes from December 5, 2017 (BOARD ACTION)

Recommendation/Action: M/S/C (Ragonut / Archuleta) to approve the minutes from December 5, 2017.

Approval of Minutes from January 2, 2018 (BOARD ACTION)

Recommendation/Action: M/S/C (Archuleta / Carter) to approve the minutes from January 2, 2018.

Welcome New Board Members – Bruce Metcalf

Recommendation/Action: Bruce is good being part of the group.

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

Discussion/Conclusion:

- Sharon Jones shared a map of the Mental Health Services Act (MHSA) by zip code for FY 16/17; she also shared a map of the MHSA Outreach and Engagement for FY 16/17. She asked that everyone be aware that due to stigma not all individuals are forthcoming with some information. Some information may not have been captured but it is a continuous process. Iris stated that she had previously asked for this information and it will be discussed at the next meeting.
- Olivia Lynch stated she is an Emergency Room nurse at the local Emergency Room. She has noticed they have a lot of mental health patients and two things in particular. One, they have become a holding cell – they get them medically cleared; they are evaluated by a Mental Health representative and their recommendation is sent to a psychiatrist who decides whether to keep them on a hold and are awaiting placement or they are free to go. In the interim while they are waiting, there are no interventions and

specifically for the pediatric population, while there is not a facility in Merced County, she has seen them be in the ER for many days having their 5150s resigned. In that time period sometimes they don't get a room, sometimes they do. They are getting worse because they are not getting medications, they are not getting interventions and she doesn't see anyone actively re-assessing them and trying to help them while being in the ER. The second thing she has noticed is for the gravely disabled. They are brought in 5150'd; Mental Health will evaluate them and release them. Sometimes in the same day, or the next day, they will get the same patient, over and over again. Is this an educational issue for the Police Department about when it is appropriate to bring them? Or is this an educational piece for Mental Health? Some people do need to be conserved. By releasing them, they may not be suicidal at this time, but they are not able to take care of themselves.

- Dr. Alice Liang, Assistant Director, introduced some new staff. Michael Wilson is the new Division Director for Community Access to Recovery Services (CARS) and they provide crisis services to the community. CARS also has a new Program Manager, Lanetta Smyth.
- Betty Hoskins, Division Director for Children's System of Care, introduced two new Managers – Kindle Wallace and Patricia Medina.
- Janet Spangler is a Clinical Social Worker in the ER at Dignity Health. She would like to see some follow-through with some of the recommendations made last year. They usually have between three to six children that are on a 5150 within the hospital. The beds are reserved who have a medical condition. The kids see many things in the ER. She would not want her children to be part of this. The kids that come in are at the highest risk, but they are receiving the least service. They are not provided interventions while there. If a clinician came in to de-escalate the situation, it would be better than having the child wait. There needs to be a paradigm shift from assessment or screening to intervention. That is not happening. The Triage workers do a great job; but their job is to screen, it is not to intervene. These young children are there for days – not in a bed, not receiving treatment; they are in a gown with a security guard. A clinician could turn this around. Lastly, Aspiranet does not come in to the ER. This is not a resource. A lot of Aspiranet's clinicians are very young and just out of school. They are treating the highest level of kids with the lowest level of resources. She recommends making the intervention at the hospital and have it a seasoned clinician. She would like this placed as an agenda item for follow-up.
- Chris Kraushar seconded having this placed as an agenda item. She has had parents call her whose children have been in the ER for many days and trying to figure out what to do. She has told the parents to contact the Mental Health Department. It is an ongoing problem.
- Yvonna Brown commented that this can be put back on the agenda in March. This does take a collaborative effort on both ends. There have been monthly communications; but, there are some constraints that she does need to update everyone on.
- Micki Archuleta commented that she was recently at the Wellness Center and they have some new classes with a different focus. It is not so "12-steppy" and not so "higher-power oriented" and seems more focused on emotions, behavior and socialization. She is very pleased with the program.
- Iris Mojica de Tatum commented on the recent shooting in Planada. Through MHSA there have been Community Partners in the community and trying to bring people together and work together. Immediately they were working and collaborating with each other. Tonight they are having a "Peace Meeting" group at 6:00pm in the park. Tomorrow there is another meeting with the District Supervisor. This is all happening because of the efforts made by those Community Partners – linking people together, letting them know what their resources are, how to get through things as a community. Sharon Jones commented that the two Community Partners are Alejandro Garcia and Erica Cabrera.

Recommendation/Action: As noted above

Behavioral Health Program Updates

- a. Substance Use Disorder (SUD) – Services for Youth in Recovery Assistance for Teens (RAFT) – Lidia Caza-Burdick
- b. Behavioral Health – Children's System of Care (CSOC) Update – Betty Hoskins

Discussion/Conclusion: a. Lidia Caza-Burdick is the Program Manager for the Substance Use Disorder Division. One of the programs she oversees is the Recovery Assistance for Teens (RAFT). It is non-residential adolescent treatment program as well as an

educational program. They serve youth from 12 to 18 years of age. They have served youth younger than 12; they make additional, special accommodations for their needs. Lidia went over the RAFT's program principles and the services provided. One program that is a little more intensive is the Juvenile Drug Court Program. Referrals for this program are mainly through the Courts. It is a longer program – it takes approximately 9 months to complete and could be longer depending on their progress. Lidia went over the services for this program. This program does require that the parents participate. Partnership for this program includes Merced County Probation, RAFT, Merced Office of Education and schools. Lidia discussed the admission criteria. She continued discussing the services provided in the RAFT Education Program and Prop 64 which is one of their newest programs. The Code of Conduct and Safety for consumers was discussed. Consumers can be involuntarily discharged from the programs and Lidia covered the grounds for this action. The fees and financial responsibilities were briefly discussed. Lidia covered the drug and alcohol trends in Merced County for 7th, 9th and 11th graders. The statistics indicate that alcohol use is prevalent in our community and makes it even more important making the correct referrals, getting the youth educated early, and having preventive services before they reach the high school age. Lidia mentioned that the Youth-to-Youth Conference is April 28th; this is a wonderful event for all middle school youth. b. Betty Hoskins is the Division Director for the Children's System of Care (CSOC). Betty gave the history of Katie A. Lawsuits were filed in 2002 involving five minor plaintiffs who all had multiple placements and hospitalizations, as well as multiple years in care. The problem is that they were not getting their mental health needs met. With Katie A. there was a paradigm shift. Typically when children were taken by CPS (Child Protective Services), they made all the decision. Now there are meetings and the youth lead it – who do they want at the table, who is their family, who is their support, what do they need to feel safe. Mental Health and Child Welfare are working together on this. Betty then discussed human trafficking with the Commercially Sexually Exploited Children (CSEC). Merced seems to be a "hot spot" because there is Amtrak and the bus line. There is law enforcement specifically assigned to Amtrak that goes up and down the state that works with trafficked youth. She explained who the youth are that are targeted. She explained the new CSEC laws that have come about. The entire country is looking at this so that children are viewed as victims rather than defendants. There are monthly meetings with Child Welfare Services, Probation, Mental Health, Merced County Office of Education, Public Health, Victim Witness/District Attorney and local law enforcement surrounding this. Betty explained the specialty services offered with CSOC. She explained how to access services. Betty then discussed the CUBE (Community United by Empowerment) and services offered for the youth from the ages of 16 to 25. Parent-Child Interaction Therapy (PCIT) was explained; it works with parents and children together to improve the quality of parent-child relationship. Continuum of Care (CoC), also known as AB 403, is a continuation of Katie A. and Betty explained what it is and how it affects us. Lastly, Betty went over the next steps for Behavioral Health/Children's System of Care.

Recommendation/Action: Information only

Chair's Report – Iris Mojica de Tatum

- a. Nominating Committee
- b. Board Strategic Planning Meeting – March (for 6 hours)
- c. Volunteers for Committees

Discussion/Conclusion: a. Iris stated it is time to have the Nominating Committee begin working on establishing who will be Chair, Vice-Chair and Secretary for the next term. She asked if there were three individuals who would be interested in being on the Nominating Committee. Sally Ragonut, Kim Carter and Mary Ellis all volunteered. b. Iris stated that the Board had a Strategic Planning meeting earlier this year. Now she would like to plan another Strategic Planning meeting and hopefully have better attendance than the last. Iris suggested meeting on a Saturday, for 4-6 hours, and have a facilitator come to the meeting. After discussion it was decided to have it from 9:00am to 3:00pm. Suggested dates were March 3rd or 24th. c. Iris stated that the Board has some new committees (Oversight & Accountability and Substance Use Disorder) that have not been implemented yet. She asked the Board members to look at these and what it entails. Micki and Darrell both volunteered to be on the Oversight & Accountability; they will begin working with Sharon Jones. If anyone is interested in SUD, please let Iris know.

Recommendation/Action: a. M/S/C (Archuleta / Hawthorne) to accept Sally, Kim and Mary as the next Nominating Committee. b. Carol will work on finalizing a date for the Strategic Planning Meeting.

Supervisor's Report – Supervisor Lor

Discussion/Conclusion: Supervisor Lor reported that on Friday, January 26th, she was in Woodland to attend the Adult Residential Facility Community Stakeholder meeting. There was a lot of information. There were many attendees throughout the State. It confirmed the need and importance of adult facilities in the counties. There were counties who did not have any; and some of the larger counties had one or two. The quality of care was a little lacking in the facilities that they talked and learned about. There was county staff in attendance as well as county supervisors. It helped her put into perspective what she, as a Supervisor, should be looking for.

Recommendation/Action: Information only

Director's Report – Yvonnia Brown

- a. Update on Housing and Homeless Initiatives (B Street Housing Project)
- b. Annual External Quality Review Organization (EQRO) – Preliminary Review Findings for Medi-Cal Performance Outcome Review Process
- c. Governor's Proposed FY 18/19 Budget Update

Discussion/Conclusion: a. Previously Yvonnia had mentioned a potential collaboration between the City and County for a permanent, supportive housing project for the homeless with the B Street location being a possible site. This is moving along. They are in the process of finalizing an agreement which may be done in the next two to three weeks. There is more to come. There will be a combination of housing – there will be affordable housing units and some will be carved out for permanent, supportive housing for the homeless. It has to be a family-blending, community setting versus isolating the homeless in their own little community. There will be a mixture of housing units so they can be part of the main-stream society. There will be supportive services offered by Behavioral Health or any other Department willing to come in and provide a wrap-around approach to service delivery for the chronically homeless. Yvonnia gave an update on No Place Like Home. This is the \$2 billion dollars off the top of MHSA funding to be diverted to the housing program. This is still in litigation and hopefully could be resolved by the Fall of 2018; in all likelihood it will be next year before anything is released. There is an RFP (Request for Proposal) for the consultant for the No Place Like Home grant (\$100,000) and this is to help develop the plan as it relates to identifying different areas in the community and not just Merced. When the funding is available, there will be option to have a plan already in place. This should be launched within the next few weeks. There are conversations about expanding shelter hours in trying to address the homeless issue. The County, CEO and other department heads are looking at developing a County community outreach and engagement team; this will be a collective effort to meet the needs of the encampments. b. Yvonnia passed out a document on the EQRO highlights; the review was January 16 and 17, 2018. This is an annual review looking at our operational performance indicators. There will be more details when the final report is received (in about 60-90 days). Some preliminary findings were very vague. The Department did a good job collecting data; but the EQRO would like to know how this data has changed the quality of life and improved the overall outcome of the clients being served. c. Yvonnia passed out copies of highlights from the Governor's FY 2018/19 proposed budget. The current budget is \$190 billion. Behavioral health revenues were discussed. The 1991 Realignment (\$1.12 billion) and \$10 million in growth will be redirected to Social Services for IHSS (In-Home Supportive Services); this will probably be for the next three years. The 2011 Realignment is estimated at \$1.44 billion and \$101 million in growth – the counties should get this but she doesn't know how much. The budget proposes \$2.5 million a year for two years from MHSA funds be given to the Oversight and Accountability Commission to look at developing an innovative plan to address "incompetent to stand trial". Drug Medi-Cal - \$20 million was added to last year's allocation for Drug Medi-Cal. Criminal Justice - \$454 million from State General Funds will go to the Division of Rehabilitation programs to expand some their mental health services. The Continuum of Care Reform (CCR) had an increase for additional costs for resource families, and family recruitment, retention and support; none was directed to Behavioral Health.

Recommendation/Action: Information only



BEHAVIORAL HEALTH AND RECOVERY SERVICES

Behavioral Health Board Meeting

1137 B Street

Merced, CA 95341

February 6, 2018

Reports / Updates

- a. Executive Committee – Iris Mojica de Tatum
 - Annual Report – Richard Hawthorne
- b. QIC – Mary Ellis & Kim Carter
- c. Nominating Committee – New Board Applications – Kim Carter
 - Cardona, Norma
 - Spangler, Audrey

Discussion/Conclusion: a. The Executive Committee had nothing new to report. Richard apologized for not completing the Annual Report yet. He has been sick since early December and was not able to work on it. His goal is to have it ready by the next meeting. Sally has offered to proofread the report. b. Mary Ellis went over the QIC report for January 23, 2018. c. Kim reported that the Nominating Committee met with Norma Cardona. Kim went over Norma's background and the Nominating Committee recommends Norma's appointment to District #2. The Nominating Committee also met with Audrey Spangler. Audrey has been on this Board before and is familiar with Behavioral Health issues. The Nominating Committee recommends Audrey's appointment to District #4.

Recommendation/Action: M/S/C (Metcalf / Ellis) to approve Norma Cardona's appointment to District #2. M/S/C (Ragonut / Ellis) to approve Audrey Spangler's appointment to District #4.

Announcements

Discussion/Conclusion: No announcements.

Recommendation/Action:

Adjournment: The meeting ended at 5:07 pm.

Submitted by: _____ *Signed* _____
Carol Hulsizer
Recording Secretary

Approved by: _____ *Signed* _____
Paula Mason, Secretary
Merced County Behavioral Health Board

Date: _____ *3/7/18* _____

Date: _____ *5/1/18* _____