



Minutes

Present: Yvonnia Brown, Behavioral Health and Recovery Services (BHRS); Betty Hoskins, Behavioral Health; Chief Jeff Kettering, Probation; Supervisor Lee Lor; Julianne Sims-Culot, Human Services Agency (HSA); Janinda Gunawardene, County Counsel; Donna Chin, Public Health; Susan Coston, Merced County Office of Education (MCOE); Laura DeCocker, HSA; Patti Kishi; Carol Hulsizer, Recorder

Call to Order / Introductions

Discussion: Yvonnia called the meeting to order. Introductions were done.

Review Minutes from July 9, 2018 (All) (ACTION ITEM)

Discussion: No discussion

Recommendation/Action: M/S/C (Kettering / DeCocker) to approve minutes from July 9, 2018.

Review Minutes from October 9, 2018 (All) (ACTION ITEM)

Discussion: No discussion

Recommendation/Action: M/S/C (Kettering / DeCocker) to approve minutes from October 9, 2018.

Opportunity for public input. At this time any person may comment on any item which is not on the agenda. Testimony is limited to three (3) minutes per person.

Discussion: No public comments

2019 Meeting Schedule (Action Item)

Discussion: Yvonnia suggested making the meeting time from 11:30 to 12:30, not 1:00.

Recommendation/Action: M/S/C (Hoskins / DeCocker) to approve the 2019 meeting schedule with the modification of the ending time being 12:30 instead of 1:00.

STRTP Update

Discussion: Betty reported that the State sent out a list of the Short-Term Residential Treatment Program (STRTP) facilities that are currently licensed in the State. There are a total of 36 providers which equals 107 facilities; one provider can have multiple sites. This gives us a capacity of 1,852 beds. Within Merced County there is Creative Alternatives which is getting licensed as an STRTP; it is waiting for the Medi-Cal certification component. They have 16 beds that have been lined up for Merced, but they have the potential of 44 beds. This is a resource used in trying to place kids locally, if possible. She realizes that Probation does not like place in the county of residence especially if the child has a history of running. Rainbow Valley is a group home for females that is also attempting to get an STRTP process. Julie commented that all group homes that were going to roll into STRTP to get certified had to have their



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applications in by December 31st. They have seen a significant increase in the closing of group homes the past month. They have had to move several children due to the Calif. Dept. of Social Services (CDSS) no longer licensing these group homes for placement. Yvonnia questioned how many group homes have closed since December 31st and how many kids were impacted locally. Betty commented that for the whole fiscal year they lost a lot at the beginning that had no intent of even the process and they just began to close. Julie commented that there is a list on the CDSS website about how many closed and how many did not intend to roll over but she didn't know the current number. They can get the information though. Yvonnia asked if they could email this information out and also bring those updates (copies) for the next meeting. Susan commented that at the State level all of the counties are talking about the fact that many more are closing and California-wide they will not have capacity for all of the youth that have those special needs. It is the reason why the group home extension happened for another six months rather than ending December 31st in order to look at these issues from a State-wide perspective. They will continue to serve those kids with high-risk behaviors. Jeff commented that Probation kids end up spending longer times in a correctional facility which is the completely opposite intent of Continuum of Care Reform (CCR). Laura commented that they will be watching this closely. One thing they have to do is that there will be an individual list of all youth in group homes and they will have to justify why they want to keep those kids where they are for longer; she believes that the Mental Health Director also has to sign off on the plan – this is something new that just came out. Susan stated that this also impacts them because many of these kids are on Individualized Educational Plans (IEPs) and they are struggling to meet their behavioral and social/emotional needs. They may be able to help; they have a committee that is focused on this work and has been meeting at the State level to make sure they are aware of students on IEPs and their particular needs. Donna commented that there is concern about the children being delayed from discharged from Valley Children's because they need certain education – such as diabetic education – because that can be done here. She is looking into training one of her foster care nurses to be able to train the resource families' diabetic care. Last January there were 588 foster children in the County. This January there are 643. Laura thought there should be some discussion because she is showing less than 500 youth in foster care.

Recommendation/Action: As noted above

New Placement Providers

Discussion: Betty stated they are not seeing much other than what the State has sent out. As for Resource Families, Julie stated that they have had a boost in the recruitment of their unmatched (not related) sources; but, their focus has been on relatives because they see better outcomes. They have seen a significant increase in placement with relatives; about 40% of youth are placed with relatives. Yvonnia asked how many youth are coming into foster care on a monthly average. Laura stated she doesn't have that information but she can get it; sometimes it is two and sometimes it's twenty. They would be happy to bring those numbers to the next meeting.

Recommendation/Action: As noted above

Presumptive Transfer Report / Update

Discussion: Betty stated the presumptive transfer is where youth from other counties come to reside in our county and the county of origin decides to adjust their Medi-Cal so that it changes to the county of residency. Now they become Merced County residents and Merced County Medi-Cal, but they are still under the jurisdiction of the county they came from. They have about 295 kids placed in Merced County from other counties. It does not mean that all 295 are accessing services. They have about 60 that are from zero to four years of age; about 45 from five to eight years of age. They come from numerous counties. Merced has the highest concentration with 172 and the second being Los Banos with 51. Thirty-three are Assembly Bill (AB) 12 (18-21 year olds). They may not all impact County Behavioral Health; they also go to Golden Valley and Castle. Yvonnia stated that there are about 35 presumptive transfer cases that are being managed locally. Of the 295, 35 have gone through the assessment process and are part of the new system. Betty continued that for Merced County sending youth out, the presumptive transfers are in the low 20's. Yvonnia asked that Betty send this to Carol to send out to everyone.



Recommendation/Action: As noted above

CCR Update – Statistics

Discussion: Betty stated they are meeting as a group (HSA, Probation, BHRS) every two to four weeks. They continue to work on high-level youth – trying to get youth from a STRTP level or group home status down to, if possible, even living on their own if they are an AB 12 youth. They do still have those high-risk individuals that they struggle to place; there are only two facilities in the State that have a locked component to their facility. Susan added that they have a County Board - Placement Council - and they come together for high-needs youth and try to develop a plan for the youth and not in a group home. There are a lot of wrap-around services available both through HSA and Mental Health that can help wrap services around the family so the youth can stay in the home. Betty continued that they do look “outside the box” for any other access to resources like Turning Point referrals in addition to other case management services that they can provide as well. Yvonnia questioned how many Child Family Teams (CFTs) there are per month; Julie stated they average about 20/month; they are supposed to do them for all kids who enter care within 60 days of detention so it does depend on how many kids enter care that month. Betty stated they are beginning to do CFTs for youth that are not in foster care and Probation. They are seeing about 5 to 10 non-CFTs/month. Supervisor Lor requested to see this data by district; she would like to see how many youth there are in each district.

Betty continued with discussion on Senate Bill (SB) 1291 – this is tracking youth that receive either anti-psychotic or psychotropic medication. With the recent External Quality Review Organization (EQRO) audit, the State was asking for more of a breakdown such as looking at the follow-ups so that if they are getting meds – how often are the lab follow-ups and what is seen in percentages. Merced County is fairly low across the State in looking at youth getting medication or get medication services. CSOC has three part-time youth psychiatrists and they do have good follow-up. Laura stated that the courts monitor very closely when youth are given psychotropic meds. HSA has to go to court and get a court order and they are on schedules. If there is any new medication they have to have labs run within 30 days. They do have two public health nurses and an LVN stationed at HSA that work directly with the social workers and the courts to review medication and making sure youth are getting their labs. Medi-Cal provides them with a printout of all youth that have access to Medi-Cal to get their psychotropic medications; if a foster parent takes the child to a doctor and prescribes something they are not aware of, the Medi-Cal report picks it up and they can then compare data bases.

Recommendation/Action: As noted above

Representative Agency Updates / Announcements (All)

Discussion: Donna, Public Health – Donna gave an update on California Children Services (CCS)/Whole Child Model. They have already passed Phase I (working relationships, transition into the Alliance) and have developed a Family Advisory Group and now meeting. The Alliance has developed a Secure File Transfer Portal (SFTP) which is a secure portal; this has not been approved yet. The reason for this is to let the Alliance and Public Health share the same data and work on case management together. The only thing holding them back is three counties – Santa Cruz, Monterey and Merced. Risk Management has looked at the portal and they say it is secure and it is okay to go forward. For special needs children – a Statewide California Children Services (CCS) needs assessment – this is a 5-year needs assessment – they are working with the Family Health Outcome Program out of the University of San Francisco and are contracted with the State of Calif. to conduct this statewide assessment. They want to develop family focus groups to be able to give the pros and cons of the services they receive here in the county. They have about 10 CCS families that have agreed to be part of this focus group. They are also working with the Challenge Family Resource Center (CFRC) on this whole family focus group. Donna continued with discussion on a grant called Road to Resiliency. The grant is to help decrease maltreatment of children. They are working with HSA, MCOE and Golden Valley to help increase home visitation and parental teaching skills. This is for the low-risk families.

Janinda, County Counsel – nothing new to report.



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Susan, MCOE – Susan asked that Donna come speak to the school nurses about Public Health's new program; Donna stated she would do this but they are waiting for the funding. MCOE is currently doing weekly home visits to 270 infants on Individual Service Plans for special needs. CCS – the twenty districts in Merced County are responsible for providing a medical therapy unit for that orthopedic side of services. She has also been working with Karen Schoettler on evaluating the current facility. She is also working with the Alliance to apply for a capital improvement grant to help them remodel the building and parking lot. The MCOE Special Ed Dept. is now vendorized with Beacon to do more of the in-home autism behavioral services. Their current challenge is to find qualified people. MCOE is also involved with the Help Me Grow – the special ed, infant, preschool and early ed. There is a big movement on full inclusion for preschool; there is a new grant out that they will be working with other counties to prevent from segregating physically impaired students, or significantly delayed students at the preschool (actually zero to five). There are a lot of in-home providers that are uncomfortable providing in-home to children with significant disabilities or behavior challenges. It is a county-office provided grant so it is only a matter of time filling the proper paperwork. Yvonnia asked Susan to mail any brochures they may have on this to Carol so she can distribute.

Jeff, Probation – he mentioned earlier that they may potentially have to change the way they do things recruiting resource families and doing all their CFTs. One benefit they had from the position that was funded (but not in the budget) is that they have expanded the families they were doing the team meetings with. Their goal is do them with all kids who are in custody, not just kids going into group homes. This will go away if this position isn't kept. They would probably have to do some contracting to recruit Resource Family Applications (RFAs) if this position goes away. Their numbers continue to stay fairly low as compared to their adult clients. They are trying to figure out staffing levels in both the juvenile facility and juvenile services because the numbers are not there. They are about 40 to 50% lower than they were seven or eight years ago. The numbers of juveniles in the criminal justice system both locally, statewide and nationally have continued to decrease over the past ten years. Like the other agencies they are having a hard time finding staff.

Patti, Public Attendee – she is curious what happens in terms of parenting when one of the adults has a mental illness and what is being offered to the family. Betty stated that with Probation, when youth are in placement, they also have parent group meetings and BHRS attends providing support and education on what they can provide. For youth that come into the BHRS system, they try to look at the family as a whole.

Supervisor Lor – nothing new to report

Laura, HSA – tomorrow she is meeting with the Blue Ribbon Commission. They try to figure out how they can best serve foster youth. One goal they have been talking about taking on is those youth that are 10 to 18 and need placement. They often do not have families coming forward and request to have a teenager. Some other counties are trying to pair the youth with mentors. Laura is going to ask the Commission to take this on as a goal. This is National Prevention of Human Trafficking month. In Child Welfare they deal a lot with the youth but they also have a partnership with Valley Crisis. If an adult comes, they will help them also. Laura will forward Carol some flyers about the human trafficking seminars coming out. They are also sending something to the Board of Supervisors asking to proclaim it locally as the National Prevention of Human Trafficking month. Laura continued that they are having a hard time recruiting staff. They have had some success in partnering with the local universities. Fresno Pacific has come out with a social work program at the Bachelor's level and they asked if they could present to HSA staff. They are having a job fair for social workers graduating from CSU Stanislaus and have invited HSA to have a booth; Laura would like BHRS to attend with them. She will send the date/time to Yvonnia. Lastly, HSA is trying to increase services to those youth that are from 18 to 21; currently they have approximately 90 youth in foster care in this age range. The County Welfare Director's Association (CWDA) is going to be asking for additional funding for that particular population.

Julie, HSA – two CCR updates- they have been doing a mini-pilot on how they will coordinate CANS (Child & Adolescent Needs and Strengths) assessment tool that is required. They are working closely with Betty's team and May-Ci to help coordinate who does what.



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Also, because they have a fairly large population of kids who do not meet medical necessity for specialty mental health services, they have started their own internal out-patient program for dependents who meet criteria for mild to moderate. These are kids who just need a little counseling or some family counseling. So far it has been very successful. They serve about 20-25 kids per month. Laura continued that this program is an extension of the CHAT (Child Abuse Treatment) program with Mental Health.

Betty, Behavioral Health – With the recent move at BHRS, the youth Juvenile Drug Court was disbanded and they are blending it more with Behavioral Health Court so they will be having some meetings on what the blending of these two programs will look like. They are a little short-staffed. They are working on getting their caseloads maintained and accurate in order to get better data. They are also looking at getting more trauma training.

Yvonnia, Behavioral Health – Crisis Residential Unit (CRU) update – this is an adult facility, 16-bed, 6-county collaborative. The vendor is doing interviews today with the goal of opening around late February, beginning of March. The goal is to prevent people from going into crisis or a step-down and transition them from Marie Green and get them back into the community. Someone can from 30 to 90 days. BHRS is also working on expanding the Crisis Stabilization Unit (CSU) for adults. Currently it is a 4-bed unit and will expand to 8 beds. This will be located next to Marie Green. They will also be creating a new children's CSU with 4 beds. Both projects will be completed by May 2019. The children's CSU will be run by a vendor. They are also looking at a new facility for the Livingston Clinic; hopefully in two years that will be completed. The children's CSU will help get kids out of the hospital. Betty continued that they can now do assessments out in the field more and this also eliminates some of the impact going to the Emergency Room. Yvonnia stated that originally the Mobile Crisis was designed to respond to the Sheriff's Dept. and Police Dept. Now it is more of a community-based type response team. The Triage Mobile Response Team – under the old grant they were co-located at the hospital; under the new grant they can no longer be co-located, they have to be dispatched to the hospitals to do assessments for anyone under a 5150 evaluation. This is a three-year grant.

Recommendation/Action: As noted above

Adjournment:

Discussion: The meeting was adjourned at 12:47 pm.