

Minutes

Present: Sally Ragonut, Chair; Paula Mason, Vice-Chair; Bruce Metcalf, Secretary; Supervisor Lor; Vince Ramos; Mary Ellis; Iris Mojica de Tatum; Keng Cha; Mickie Archuleta; Vicki Humble

Absent: Virginia Vega; Darrell Hall

Others Present: Yvonnia Brown; Lanetta Smyth; Jacqui Coulter; Tisha Freitas; Brian Pena; Jerad Benedict; Tabatha Haywood; Lidia Caza-Burdick; Sharon Jones; Emil Erreca; Rigo Robles; Barbara Richey; Sharon Mendonca; Chris Kraushar; Carol Hulsizer, Recorder

Call to Order / Flag Salute / Roll Call

Chair Sally Ragonut called the meeting to order at 3:02 p.m. Flag salute was done. Roll call was taken.

Mission Statement

The Mission Statement was read by Paula Mason.

Approval of Minutes from August 6, 2019 (BOARD ACTION)

Recommendation/Action: M/S/C (Mojica de Tatum / Ellis) to approve the August 6, 2019 minutes. Supervisor Lor abstained.

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

Discussion/Conclusion: A member of the public was present to discuss a family member; the family was also present last month. The family wants to know what Behavioral Health is going to do to help their family member.

Recommendation/Action: None

Getting to Know You

Discussion/Conclusion: Sally explained to the Board that she would like the Board members to begin knowing each other. She asked each Board member to take 15-30 seconds and tell something about themselves. Each Board member then spoke briefly about themselves.

Recommendation/Action: Information only

Trauma Informed Care Training

Discussion/Conclusion: Sharon Jones, Mental Health Services Act Coordinator, was present to give a brief training on Trauma Informed Care. She first explained how trauma can happen from an event, series of events, or experiences that cause physical or emotional harm. These circumstances adversely affect one's mental functioning, physical functioning, social/emotional functioning or spiritual well-being. No one is immune to trauma. Trauma not only affects the individual, but it also impacts the families and communities. Trauma disrupts healthy development, adversely affects relationships, and contributes to mental health issues including

substance abuse, domestic violence and child abuse. Everyone pays the price when a community produces multi-generations of people with untreated trauma such as an increase in crime, loss of wages, and threat to stability of the family. Understanding the impact of trauma is an important first step in becoming a compassionate and supportive community. A program, organization, or system that is trauma-informed realized the widespread impact and understand potential paths for recovery. They recognize the signs and symptoms in clients, families, staff and others involved. They respond by full integrating knowledge about trauma into policies, procedures, and practices, and seek to actively resist re-traumatization. Sharon then continued by explaining the approach for trauma-informed care. The four elements of a trauma-informed approach includes realizing the prevalence of trauma, recognizing how it affects all individuals involved, responding by putting this knowledge into practice, and resisting re-traumatization. The six principles of a trauma-informed approach include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and last, cultural, historical and gender issues. Sharon concluded that the plan is to have more trauma-informed trainings in the Department. Sharon was asked what the difference is between PTSD (post-traumatic stress disorder) and this trauma. She replied that in order for someone to receive a diagnosis of PTSD, after an incident happens and they keep reliving and re-experiencing the event for a month afterwards, they can be diagnosed with post-traumatic stress disorder. Sharon was then asked if there are trauma-informed certifications for businesses and organizations. Sharon stated that many organizations are moving towards becoming trauma-informed; she is not sure if there are certifications, but there are definitely trainings that are appropriate. Sharon was asked if there is a team that goes and deals with events that happen in the community. Sharon replied that members of the clinical team go out to support the community if an adverse event happens.

Recommendation/Action: Information only

Substance Use Disorder (SUD) Training

Discussion/Conclusion: Tabatha Haywood, Division Director for SUD, was present to give a training. This will be her last Board meeting because she will be moving soon. Prior to January 1, 2019, SUD services in Calif. were very limited. The only services they were allowed to provide was an intake group, crisis, collateral, treatment planning and discharge. For at least ten years they have been pushing for parity to have the same amount of services that mental health has. Five years ago Calif. opted into the Organized Drug Delivery System (ODS). Counties went live in different phases; Merced went live on January 1, 2019. This means they have expanded their benefit plan under Medi-Cal services and have different levels of care. Tabatha explained the different levels of care: 1) American Society of Addiction Medicine (ASAM) 1.0 is an outpatient program – services can be delivered up to 9 hours per week for adults and up to 6 hours per week for youth. Services can be individual, case management or group. They offer about 42 groups a week. 2) ASAM 2.1 is their intensive outpatient – 9 hours or more for adults and more than 6 hours a week for youth. 3) ASAM 3.1 Residential 3.1 – prior to January 1st, residential was only afforded to those who were pregnant or post-partum. The County did use a side grant under the Grant Block dollars that paid about \$100,000.00/year for residential treatment for men and women, but it did not meet the full needs of the community. Under the Waiver now, all men and all women get services covered under the ODS plan. 4) Narcotic Treatment – NTPs, methadone maintenance, detox and medication assisted treatment (MAT)– has now expanded so there is MAT services available through Golden Valley, Family Health Care and Livingston Medical Group. Last, 5) ASAM Withdrawal Management Level 1 which is a short-term brief withdrawal management program they do here on site and can be with or without medication. With expanded services they can now offer individual counseling, case management, recovery services, recovery residences and telehealth/community based vs clinic based. These benefits allow a full continuum of care; it is more client centered; no matter what county someone lives in, everyone will be brought into the system with the same process, use the same level of care and provide minimum based services; increase access to residential services for men and women; and making sure clients are at the right level of care at the right times, based on the client's needs. As of now, they have served 99 people in residential treatment from Jan 1st to Jun 30th (31 men and 68 women); in FY 17/18 (entire year) they served 101 and in FY 18/19 they served 57. They have completed a total of 549 intakes from Jan 1st to Jun 30th which is a 23% increase in people accessing services. These are unduplicated counts.

Recommendation/Action: Information only

Committee / Ad-Hoc Reports

- a. Substance Use Disorder (SUD) – No Report Needed This Month
- b. Board Development (Roles and Responsibilities)
- c. Membership Committee – No Report Needed This Month
- d. Quality Improvement Committee (QIC)
- e. Annual Report
- f. Executive Committee
 - 1) Agenda / Possible Action Items for Next Board Meeting

Discussion/Conclusion: a. No report. b. Bruce was pleased that Sharon Jones was able to meet with them on August 22nd and gave an hours training on the Mental Health Services Act. It was very productive. c. No report. d. Copies of the August 27th QIC minutes were passed out and Mary went over them. Iris suggested a Cultural Competency Training under Board Development. e. Copies of the final draft had been emailed out to all Board members. No comments were made. Sally mentioned that the Advisory Board binders have been updated and passed out at today's meeting. The Board will be doing trainings from these binders; Sally asked that Board members bring this binder every month. f.(1) Sally asked for any future agenda topics. She stated that in November there will be a MHSA Public Hearing with Sharon Jones and at next month's meeting they will need to determine the time for the Public Hearing. Chris Kraushar questioned the outcome from last month's meeting regarding no internet services at the Wellness Center. Yvonna stated that this has been addressed with the Wellness Center and Sharon Mendonca is working on it. Vince asked about helping the member of the public that was present at today's meeting. Iris questioned if the Innovative Strategist Network (ISN) could be considered as a future topic for the Board; and how, or if, the ISN would work for the member of the public present today concerned about their relative. Yvonna explained that due to confidentiality, this topic cannot be discussed further. But, there can be a presentation on the ISN program and the scope of what they can do.

Recommendation/Action: e. M/S/C (Mojica de Tatum / Metcalf) to approve the final draft of the Annual Report.

Chair's Report

- a. Strategic Planning Timeline

Discussion/Conclusion: a. Sally has filled in some new dates on this timeline and will give to Carol. She has asked Paula and Bruce to do the same. She is not sure what dates will be used for the Data Notebook; she will talk to Yvonna about that. Sally also has dates for the By-laws. Carol will then update the timeline.

Recommendation/Action: Carol will email a copy of the timeline to all Board members.

Supervisor's Report

Discussion/Conclusion: Supervisor Lor thanked all the committee members that worked on the Annual Report. They did a great job in consolidating the report.

Recommendation/Action: None

Director's Report

- a. Network Adequacy Certification Tool (NACT) Update
- b. Recruiting / Staff (continued)



BEHAVIORAL HEALTH AND RECOVERY SERVICES

Behavioral Health Board Meeting

301 E. 13th Street

Merced, CA 95341

September 3, 2019

Discussion/Conclusion: a. Yvonnia had previously reported that the County was under a sanction for not meeting the capacity of having over 26 providers. She announced that based on the re-submission the Department is no longer subject to any type of penalties. She then passed around copies of a letter from Dept. of Health Care Services stating that Merced County is no longer subject to any type of penalties. No fundings were recouped. Yvonnia explained how the NACT works and if the Department is not able to meet client demands, the expectation is that there is a network of health care providers that have been contracted with to help provide services to our clients. The subject of transportation to these appointments came up. Yvonnia stated that transportation would have to be worked out. Tabatha stated that the Alliance could also be contacted for transportation; this is available to all Medi-Cal beneficiaries. It takes at least a weeks' notice to get it set up; once it is set up, they start doing re-occurring appointments. Yvonnia was then asked if there will be list published on who these providers are and can patients self-refer themselves. Yvonnia stated this would have to be worked out between the client and the clinician; there still has to be a link and referral. The provider network should be on the website. b. This is a follow-up from last month; due to time constraints last month, questions could not be asked. Yvonnia asked if anyone now had questions. Sally asked about the salary savings that Sharon Mendonca had discussed previously but not having the staffing to fill the vacant positions. Yvonnia responded that previously there were 10 clinical positions vacant and within the last 30 days, at least 4 of these positions have been filled. The problem is that there are a lot of opportunities for clinicians out there besides Behavioral Health. Prior to 2014, Behavioral Health was the only mental health provider for mild and seriously mentally ill. Behavioral Health only deals with those seriously mentally ill; 97% of the clients are mild to moderate. The hospitals, schools and FOHCs pay a lot more than Behavioral Health. The Department is not getting the applications like before because of the other opportunities out there. Telehealth is being provided to offset the shortfalls.

Recommendation/Action: Tabatha will give Carol the Alliance information and she will email out to the Board members.

Announcements

Discussion/Conclusion: Sharon Jones announced that September is Suicide Prevention month. On May 16, 2018 they started a Suicide Safer Initiative to build a community of alert helpers and hopefully have a turnaround in saving lives. Next week a banner will be placed over G Street about a Suicide Safer community. On Sept. 19 there will be an event collaborating with the Suicide Prevention Hotline (Kingsview) out of Fresno. From 3:00-7:00pm they will have a program on suicide prevention; it is open to the public.

Sally announced that the NAMI trainings start this week; she went over different dates of trainings. New members should consider attending. Sally then mentioned the CALBHB/C training on Saturday, Oct 19th in Stockton from 9:00-4:30 for all Behavioral Health Board members. Part will be Board Training 101 which will help new members. It is free. Members could car pool.

Tabatha announced that September is Recovery Happens month. Dates to remember: Sober Fest happens Sept. 14th at the Court House Park; SUD Recovery Happens is Sept. 20th and there will be a BBQ for all at BHRS; the Red Ribbon Celebration will be Oct. 26th in Applegate Park from 1:00-4:00.

Recommendation/Action:

Adjournment: The meeting ended at 4:50 pm.

Submitted by: Signed
Carol Hulsizer
Recording Secretary

Approved by: Signed
Bruce Metcalf, Secretary
Merced County Behavioral Health Board

Date: 10/2/19

Date: 10/1/19