



Minutes

Present: Sally Ragonut, Chair; Paula Mason, Vice-Chair; Bruce Metcalf, Secretary; Mary Ellis; Vicki Humble; Kim Carter; Keng Cha; Iris Mojica de Tatum; Zachery Ramos

Absent: Supervisor Lor; Vince Ramos; Micki Archuleta

Others Present: Genevieve Valentine; Sharon Mendonca; Chris Kraushar; Charles Bruce; Lupe Rubalcava; Yvonnia Brown; John Ceccoli; Alexandra Pierce; Michelle Roe; 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 announced that Emil Erreca has resigned from the Board.

Mission Statement

The Mission Statement was read by Kim Carter.

Approval of Minutes from December 1, 2020 (BOARD ACTION)

Discussion/Conclusion: There was no discussion.

Recommendation/Action: M/S/C (Ellis / Mason) to approve the December 1, 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 – absent	Mojica de Tatum – yes	Ellis – yes
Ramos, V. – absent	Cha – yes	Ragonut – yes
Metcalf – yes	Ramos, Z. – yes	Humble – yes
Carter – yes	Archuleta – absent	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. COVID-19 Update
- b. Navigation Center Update
 - 1) Navigation Center PowerPoint Presentation
- c. Board of Supervisors Appointment Update

Discussion/Conclusion: Genevieve stated she was changing the order of her report – a., c. then b. so that those giving the presentation on the Navigation Center can continue. a. On December 21, 2020 Public Health asked Behavioral Health to be part of the



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Merced, CA 95341

January 5, 2021

County-wide Surge Plan where we would start admitting patients and using the Crisis Stabilization Unit (CSU) as an entry place from the CSU to Marie Green just to confirm there are no COVID symptoms (even though they would have a negative COVID test before even going into the CSU). This has successfully been rolled out. Behavioral Health is fully staffed and are staffing the CSU as if it was a full-inpatient unit. In order to make that happen, they had to go skeleton crew in some of the outpatient programs as well as pulling staff from the Quality and Performance Management Team. The team is diligently working as hard as they can on an inpatient and outpatient perspective to meet the needs of the community. But, staff are getting tired. Staff are taking extra shifts and doing overtime. Behavioral Health is doing its very best to partner with Public Health and the local hospitals. Genevieve is very proud of the work her team is doing. From an outpatient perspective the lobbies are now at full hours – 8:00 – 5:00. There are still staggered appointment times, still offering telehealth appointments and offering in-person appointments. Lobbies are sanitized regularly; there is social distancing in all lobbies. Housekeeping is doing an amazing job making sure everything is clean and sanitized. Fiscal is working with downtown IT (Information Technology) to get different platforms to provide telehealth. Behavioral Health is trying hard to work alongside law enforcement and the DART Team (Disruptive Area Response Team) to meet the needs of the community from an outreach and engagement perspective. They are still doing the point-in-time participation that John Ceccoli and various other partners are working on to make sure we are doing the homeless point-in-time count. Lastly, Genevieve reported that one of the Department's contract doctors, Dr. Amin, passed away from COVID. He was a phenomenal human being and wonderful doctor. Her team is hurting over this loss. They are trying to find a way to respectfully come up with some type of memorial while still following all COVID related protocols. c. Behavioral Health has not yet been informed who will be the primary representative to this Board from the Board of Supervisors. She will know this information by the February meeting. Supervisor Pareira is still the alternate at this time. b. Genevieve then turned this over to Yvonna Brown, Human Services Agency (HSA) Director. Yvonna stated that prior to moving over to HSA, the Navigation Center and other homeless outreach programs were spearheaded by the Behavioral Health Director's seat. As she transitioned over to HSA, those roles and responsibilities moved over to HSA as well. She and her staff are here today to discuss how these projects are moving towards fruition and how other community outreach and housing collaboration has taken place at the collective and collaborative partnerships among various stakeholders in the community. This is just a piece of the puzzle, it is not the whole continuum – but part of the solution that the County has put together with other community partners to address the homeless in our community. Alexandra Pierce, Deputy County Executive Officer, along with John Ceccoli, Management Analyst, Lupe Rubalcava, HSA Program Manager then gave a presentation on Mental Health Services Act (MHSA) Homeless Supportive Services. Alexandra stated they will be doing a brief overview of the partnership efforts on addressing what the need is, discuss the purpose of the Navigation services and support including a Project Room Key update, provide information on New Direction Outreach and Engagement throughout Merced County as well as provide an update on the Navigation Center and support services. They will also give a brief review of the data collection reporting and goals for those programs. The last point-in-time count in 2019 identified 607 homeless individuals in Merced County. Of those 285 were unsheltered with approximately 46% identified as chronically homeless. In addition there was an identified need for increased prevention and early intervention support services and a transition to housing. With this information as well as COVID-19 and the need to address public spaces and ensure safety for those experiencing homelessness, they conducted a lot of community stakeholder feedback opportunities including the MHSA community stakeholder feedback to gather information including surveys, focus groups and key informant interviews. From those they were able to expand services within the unsheltered homeless communities, provide initial assessment and connection to services to address prevention and early intervention as well as linkage to available Behavioral Health services and transition to housing. Several different partnerships were established between Behavioral Health and the Human Services Agency. One was expanding the Innovative Strategist Network (ISN) (through MHSA Innovation Plan) and this was specifically related to COVID-19. The goal was to decrease barriers in mental health and physical health, to secure temporary housing, shelter and supplies for the homeless or those at risk of homelessness and to provide case management, care coordination and linkage to resources. In addition, the Program Update to the MHSA Annual Update for FY19/20 allowed an expanded partnership between BHRS and HSA for homeless outreach, engagement and navigation services specifically through the new Navigation Center that is being built in Merced as well as expanding overall County-wide outreach and engagement and also the mini-Navigation Centers which are houses distributed throughout the community for those individuals where it did not make sense for them to come to Merced Navigation Center to be able to provide them resources within their own community and linkage to services. John Ceccoli then discussed the purpose of navigation and support services – this is a culmination of several years of regional planning with stakeholders from various jurisdictions as well as the State Assembly member's office. The last several

years' homelessness has been a priority for most jurisdictions in California. Their intent was to figure out a County-wide approach to reduce and prevent homelessness and the need for increased access to shelter and housing. Early on the intent was to improve coordination of programs for individuals through New Direction Outreach and Engagement Center that could provide data that was actionable, identify some of the needs and prompt them to find solutions to comprehensively address homelessness throughout Merced County with all community stakeholders. Those stakeholders are from business interests, supportive service providers, jurisdictional representatives, law enforcement and the healthcare sector. They want to address the unique challenges and help people access shelter, but most importantly get them the supportive services they need in order to have stabilized housing and have better behavioral health and health in general. Lupe Rubalcava then discussed Project Room Key. The criteria for Project Room Key is 65 or older, underlying health conditions, COVID-19 positive or under investigation and have BHRS affiliation. Project Room Key conducted outreach for over 400 individuals in the encampments and on the streets. These individuals were provided food, hygiene supplies, education, personal protection equipment (PPE) and placards that they could put outside their shelter to identify if they needed help. Year-to-Date statistics as of December 11th are: 304 individuals placed; current census of 46 individuals in 41 rooms. The original placement types: Project Room Key – 177; 49 individuals were positive or under investigation with 3 active at the time; 77 placements to the DART Team (Disruptive Area Response Team) which is a collaboration between DART and New Direction; one placement to the Healthy Harvest Housing which is a program designed for those in the migrant community that work in food production. Program Outcomes: total individuals placed in transitional or permanent housing – 30; 17 at D Street Shelter; 64 in Bridge housing for a total of 111 individuals. Currently the team staffing consists of 2 admin staff, 2.5 client case managers and 3 Navigation Center staff that work part-time. John continued discussing the New Direction Outreach and Engagement Center. Their purpose is to engage, assess and refer individuals who are living in encampments and on the street with a County-wide approach to determine what solutions are needed. They used a standardized coordinated assessment to gather the data. They prioritize based on this assessment and refer to the coordinated entry system. They have over 40 participants from about 15 different organizations that get together weekly and staffing these clients and providing referrals. Through FY 19/20 the County-wide coordination and coverage resulted in 1948 unduplicated individuals being served. The majority were walk-in clients through the access point located at the BHRS site. An additional 783 were field contacts – going out into encampments across the County and engaging with people, conducting assessments and building relationships with those living in shelters. There were 349 unduplicated referrals made to BHRS; those broke down into 134 mental health services referrals and 288 housing services referrals. It is important to note that referrals coming back to New Direction from BHRS shows that this is a reciprocal relationship where both parties are benefitting from the services they provide and coordinating to improve the quality of life. Through New Direction and the community partnership they were able assess that what they really needed was expanded sheltering capacity but not traditional shelter where it's emergency shelter with limited hours. The existing model is really a navigation center – it is housing with the lowest barriers so people have access without too many pre-conditions, it is service enriched, there is case management involved where people are assessed and then provided some type of navigation center – maybe acquiring vital documents, reaching out to family members, connect with Behavioral Health services, connecting with housing supportive service providers throughout the county, payee programs – whatever the needs or barriers are. It will focus on moving people into permanent housing or Behavioral Health. Traditional health outcomes are going to be noticeably better, the impact on the community will improve and the outcomes for these individuals will improve. It is not a place where people will live for extended periods – it is really focused on identifying permanent housing in order to live more fully, enriched lives. Most important is case managers to connect individuals with a whole array of services such as income, public benefits, CalFresh benefits, health services, Medi-Cal, mental health services, substance use disorder services and still meet their basic needs of shelter, security and stability so they can start to address some of the underlying barriers that resulted in homelessness. The Navigation Center is located on the old juvenile hall site in Merced. There will be at least a 75 individual adult capacity (likely restricted to 66 with COVID). They are targeting the first quarter of this year to be open and operational. The Navigation Center has been designed to accommodate individuals' possessions, partners and pets while still providing for their basic needs. In coordination with the first Navigation Center project, they looked around the county and decided that a distributive housing model was needed for smaller towns like Livingston who are less impacted with the homeless. Distributive Housing is a utilization of single family residences as "mini-Navigation Centers". These mini-Navigation Centers are preferably a 4 or 5 bedroom home and are distributed throughout Merced County based on need. They are quickly implementable because there is minimal capital investment. The County contracted with Merced Rescue Mission last year in order to provide these houses as quickly as possible. Unfortunately, COVID limited this; they wanted 10 single-family homes

spread throughout but will likely end up with 8 housing units based on availability. The project implemented on March 11, 2020 and they have acquired five homes so far. They have provided a total of 4,563 total bed days – days that individuals who were formerly residing unsheltered in encampments, in public spaces, were actually living under a roof, getting basic needs met, and connected to long-term service providers. Through those connections they have permanently housed 24 individuals. This model has been well-received in many communities and it is county-wide and making a big impact on their public space management. Through the outreach center and access points that they have established as a community, they are well on the path of getting a system together where individuals experiencing homelessness will have a very brief duration and then they will quickly get them housed. John stated there are performance measures they are committed to provide to BHRS and the community. John then asked if there were any questions. Sally asked about the DART Team; John stated it is a component of the Merced Police Department. They work very closely with them identifying encampments; BHRS recently went into agreement with them to provide a Mental Health Worker to coordinate that outreach and help address some of the underlying barriers. Genevieve stated that BHRS has a Mental Health Worker four days a week specifically with the DART Team to do those outreach and also do real-time crisis evaluations. Iris questioned if distributive housing is the same as bridge housing; John stated those terms are being used interchangeably. Distributive housing is the model and bridge housing is the actual location. Recently they have started referring to them as mini-navigation centers. Sally asked where the case management will be coming from in the Navigation Center. Genevieve stated that BHRS will have one staff stationed at the Navigation Center in order to linkage to services as well as to work with longer-term housing. John stated that case management was written into the contract agreement with Merced Rescue Mission; they have what is called Service Coordinators. They are looking at a 25 to 1 ratio of Service Coordinators to participants. They are also really focused on community partnerships so the case management will be leveraged through these Service Coordinators with other housing providers. Chris asked how they are handling the pet situation. John stated this has been complex. They are likely going to limit the amount of pets. They have worked with Animal Control and Code Enforcement and have looked at a model from Buena Park. They will probably target about twenty pets to keep it manageable in a safe and secure environment. They are working on partnerships and collaboration with the Rescue Mission to identify veterinarian services. They want to make sure the pets coming in have vaccinations; they would also like to provide spay and neuter services. Iris commented on the bridge housing and hopes that they will be welcome in the neighborhoods so that there will not be stigma issues with those receiving services. Will there be some kind of oversight to make sure everyone is a good neighbor? John stating that there is a live-in house manager who is ensuring some of this. This model has been in this County for a long time through Merced Rescue Mission and they have already perfected this model. Bruce commented that the Rescue Mission has about twenty houses located throughout the County and there is a house manager in each. The Case Managers oversee every single individual's case. They have had very good rapport with neighbors.

Recommendation/Action: Information only

Report on Top Priority – Behavioral Health Through Eyes of Client

Discussion/Conclusion: Sally commented that one of the Board's goals this year was "Behavioral Health Through the Eyes of the Client/Consumer". The Board decided to work with Chris Kraushar, Patients' Rights Advocate. She has been gathering information for the last three months on how the clients are doing and what Behavioral Health is like through their eyes. Chris commented that if there is anything that demonstrates "what can go wrong, will go wrong" it has been this project. She started in October – the plan was doing three months at Marie Green. Marie Green has experienced two episodes of quarantine (for COVID-19) where they admitted nobody. The plan was that as clients were discharged, and had a fair view of the unit, they would fill out the questionnaire as part of their discharge paperwork. Nobody was admitted and nobody was discharged because of the quarantine. There has been nine conservatees on the unit, none of whom left. She had provided the unit with a comment card box and she is the only one with a key. When she picked up the box it was empty. The good news is that she has started the next phase which will be the conservatees. Chris has been working with Sabrina and they have made a plan. They will put a comment card box back on Marie Green and have the conservatees fill them out. Marie Green is now admitting people very slowly. The other comment card box will be taken out to the GLOM (God's Loving Outreach Ministries) site and have the clients fill out the cards. The boxes will then go to other sites – where

there is a cluster of conservatees or how they can reach conservatees more individually. They will be starting this tomorrow. This will be put back on the agenda in April. Genevieve thanked Chris for her diligence and the fact that she tried so hard to make this happen.

Recommendation/Action: Information only

Chair's Report

- a. Binders
- b. Ethics and Other Trainings
- c. Pursuant to Section 6 of By-Laws – Discussion on Retreat

Discussion/Conclusion: a. Sally reported that Carol has the binders and she is about half-way done updating them. She hopes the binders will be completed by February or March. Even though members don't have their binders, there is excellent training taking place during these monthly meetings. b. Almost everyone has turned in their Ethics Training certification; only one member still has to finish this. Other Trainings – Sally asked Kim to give a short report on the recent training she took. Kim reported the training was put on by NAMI California and they referred to it as a Town Hall Meeting. It was two hours long. The publication was done by Randall Hagar who is a legislative advocate for the Psychiatric Physician's Alliance of Calif. This presentation was on the Lanterman-Petris-Short Act (LPS Act) of 1967. This came about because people became aware of the barbaric practices used in the State Mental Health Institutions. People wanted to use community-based care. This can be found under the Welfare & Institutions Code (WIC) # 5,000 – 5,556. Mr. Hagar was trying to give a case for updating the LPS Act because it has not been updated since it first became law. The existing law says it applies to the involuntary commitment and treatment of a person who is a danger to him/herself or others or is gravely disabled. The existing law also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. Existing law, for the purpose of involuntary commitment and conservatorship, defines gravely disabled among other things as a condition in which a person, as a result of mental health disorder, is unable to provide for his/her basic personal need for food, clothing or shelter. The change they would like to make is the definition of gravely disabled. They want it to read, in part, "a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about or providing for his/her own basic personal needs for food, clothing, shelter or medical care". He also discussed Laura's Law, AB 1421 which was passed in 2002. It is court-ordered assistant outpatient treatment for people who meet criteria of needing that – either for many hospitalizations or have been in trouble with the law for various reasons. Nineteen counties in Calif. have adopted Laura's Law; Merced County has not. It takes an entire team of professional in order for them to commitment somebody and have a judge order that a person needs this done. There are groups out there that think this is against someone's civil rights as far as forcing someone to take treatment instead of doing it voluntarily. Kim thought a presentation on this would be good for a future Board meeting. c. Sally reported that pursuant to Section 6 of the By-Laws, the Board is required to have a yearly/annual retreat to plan their goals, to discuss the focus for next year and to assess how they have accomplished the goals they set in the year they are in now. A retreat was planned for last year but it was canceled due to COVID. If they get to May and are still COVID-intensive, they will have the retreat via Zoom. Sally gave dates for a possible retreat – either on a Tuesday during a regular Board meeting day (1:00 – 5:00) or on a Saturday morning (9:00-1:00). She is thinking either April or May. After discussion Sally tentatively decided on Tuesday, May 4th from 1:00-5:00. She will check with the Exec Team next week about this. Possible topics – cultural humility; Board 101 Training and possibly invite someone from the local Calif. Association of Local Behavioral Health Boards/Commissions (CALBHB/C) or National Institute on Mental Health; do some strategic planning; assess the past year and plan goals for the next year. Bruce thought they were all good ideas.

At this time the Chair, Sally, lost her connection to the meeting and Paula, Vice-Chair, took over for her.

Recommendation/Action: Information only

Committee Reports

- a. Substance Use Disorder (SUD)



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- b. Board Orientation and Development
 - Collaboration Efforts in Working With the Homeless
- c. Quality Improvement Committee (QIC)
- d. Executive Committee – Agenda Preparation / By-Laws Update
- e. Mental Health Services Act Ongoing Planning Council
- f. Other Board Member Reports

Discussion/Conclusion: a. Paula reported that SUD remains open and serving the community. They are using telephone services and face-to-face services. They are using the CDC guidelines for social distancing and mask requirements. They continue to host the County Regional Waiver meetings done bi-monthly with Merced, Tulare, Stanislaus and Fresno Counties operating substance use treatment services in the Central Valley and improving the care, coordination and collaboration. It also provides Counties participating in the Drug Medi-Cal Waiver an opportunity to share their insights, successes and challenges in the administration of the Waiver. The Prevention Team has been actively involved in the Strategic Planning Framework and the process has been moved into the planning phase. They also have the mentoring program for the school year and are working with the schools to begin again. The Prevention Team continues to work with the local school district to work on beginning the virtual mentoring program. They have completed their Treatment Perception Survey; it was done from December 9 – 13, 2020. They submitted the data and are waiting for the analysis to be sent back to them. They think it will be about three months before they receive the information back. The programs continue to work on their two Performance Improvement Projects (PIPs). The non-clinical PIP intervention has begun and they plan to connect with area schools to be a resource for the youth experiencing substance use issues. They have scheduled several meet and greets to introduce the team and explain how to refer the clients to the agency. The clinical PIP is in full swing and is a key piece of the project and involves the case management program. The team has been meeting with the case managers on a weekly basis. The meetings focus on training, troubleshooting and check-in about relationships that the case managers are building with the clients in residential treatment. The Sober Living Environment contract went to the Board of Supervisors today. Youth Residential contract negotiations are in progress. They have a Facebook page as well as Instagram. b. Bruce reported they have been having a lot of excellent trainings in different ways. Today he wanted to talk about some of the collaboration. Today's presentation by HSA discussed Project Room Key and basically in the Continuum of Care (CoC) it was stated there were about 607 individuals identified as being homeless in Merced County. Of those, a little under 300 were with no shelter, just outside; some homeless are inside with the D Street Shelter, for example. The Project Room Key program has wonderful collaboration taking place between HSA, Behavioral Health, City Police through the DART Team, Merced Rescue Mission and New Direction's outreach and engagement. They have all cooperated in numerous ways to reach out to people in the field and offer to bring them into a motel room. The Rescue Mission has been bringing prepared meals from the college and providing oversight at each facility with about one person for every 8 to 10 individuals. This was taking place in both Los Banos and Merced but right now it is only happening in Merced. The Rescue Mission has contracted with the County to operate the Navigation Center. There will be 19 employees from a Director, a kitchen manager, there are already 3 Case Managers that they call Service Coordinators, they have also hired 2 Peer Navigators which are people who help facilitate people getting to and from appointments. John talked about many services that will be provided – lodging that is pet friendly; 3 meals a day; classes on jobs and housing; getting people into housing is a primary effort; Golden Valley Health Centers will be providing an on-site clinic; Catholic Charities will be providing a payer/payee service; housing navigation to Service Coordinators and staff; as well as collaborating with agencies like Sierra Saving Grace; Mental Health will have someone on site; HSA will have someone on-site; someone coming from Dept. Motor Vehicles (DMH) probably once a month; Healthy House will be helping with the senior issues and language issues; the DART Team will be involved with outreach; New Direction will be working cooperatively with outreach and many other services. The Rescue Mission will be hiring all the people within the Navigation Center. Distributive/bridge housing has been running for about a year already. Currently they have six houses; five in Merced and one in Livingston. There is one in Los Banos and are expecting to open two more there soon. They are also working on getting two in Atwater. COVID has made this difficult because there have not been houses available for rent. These mini-navigation centers are offering the same services. Respite Care is also operated by the Rescue Mission and they collaborate with two houses in Merced for twenty people and one in Los Banos for nine people. They collaborate with Sutter Hospital in Los Banos and Dignity in Merced. They are presently building a new campus on Cone Ave. just south of the fairgrounds. There is a 32-bed respite care building being built that should open next January that will facilitate

