



# Minutes

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

**Absent:** Vicki Humble; Micki Archuleta

**Others Present:** Genevieve Valentine; Tina Machado; Brian Sterkeson; Jamie Dorsey; Lanetta Smyth; Sharon Jones; Cesar Velasquez; Sharon Mendonca; Chris Kraushar; Charles Bruce; 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 4:02 p.m. Roll call was taken. Sally welcomed everyone.

## **Mission Statement**

The Mission Statement was read by Bruce Metcalf.

## **Approval of Minutes from January 5, 2021 (BOARD ACTION)**

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

**Recommendation/Action:** M/S/C (Metcalf / Mojica de Tatum) to approve the January 5, 2021 minutes. Sally commented that when reading the minutes she is reminded of things that were talked about at the meeting and can bring up questions concerning items that were discussed. She asked that everyone read the minutes because they are informative. Due to this being a conference call, the names of all Board members were called and asked whether they themselves approved the minutes.

Pereira – yes

Ramos, V. – yes

Metcalf – yes

Carter – yes

Mojica de Tatum – yes

Cha – yes

Ramos, Z. – yes

Archuleta – absent

Ellis – absent

Ragonut – yes

Humble – 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:** Patty with NAMI (National Alliance on Mental Illness) Merced announced that their chapter is offering some virtual connections recovery support groups. The English speaking group begins this Thursday from 5:30-7:00pm and the Spanish speaking group begins Saturday morning 9:00-10:30am. The information is on their website. Interested people can get the Zoom link by sending an email to: [NAMIMerced2@gmail.com](mailto:NAMIMerced2@gmail.com) or by calling (209) 789-NAMI.

**Recommendation/Action:** Information only

## **Director's Report**

- a. COVID-19 Vaccination Distribution
- b. Governor's Budget Summary

**Discussion/Conclusion:** a. Genevieve announced that Supervisor Lloyd Pareira is now this Board's representative with Supervisor Josh Pedrozo being the alternate. a. Genevieve reported that a majority of staff who wanted the vaccine have been given the vaccine. There are a few staff waiting for the second dosage which should be coming this week. There are others who want the vaccine but there are no additional allotments for a 1<sup>st</sup> and 2<sup>nd</sup> dose at this time. They have also trained four nursing staff to administer the vaccine not only for Behavioral Health and Recovery Services (BHRS) staff and consultants, but also when Public Health is able to open their vaccination clinic again, these four nurses will be able to assist there. There will also be four staff that will be available to do linkage and support at those vaccination clinics. Genevieve is also hopeful that at some point they will be able to have in-person meetings again. The Department is status quo in making sure that they are maintaining all the previous practices that went into effect before the surge in December. They are planning on staying status quo through March 31<sup>st</sup>. b. In mid-January the Governor did a budget proposal for FY21/22 which is heavily focused on behavioral health. They were surprised at how much of the budget spoke about the silent pandemic and the impacts on children, older adults and mentally ill and these are very underserved populations that still have a great deal of stigma and taboos connected to housing and access to service. He highlighted many efforts to give money where it is needed based on the pandemic; mental health had a large part of that. There is \$750M of one-time funding that is designed based off grants – grant opportunities to get additional funding for services connected to schools. At this time they do not know if the funding actually has to be applied for by the school districts or the schools themselves and work in correlation with County Behavioral Health. BHRS is already in conversations with Merced County Office of Education (MCOE) and some of the larger school districts on what they are going to do together once these applications come out. There is also another \$750M one-time funding that will be connected to grants connected to housing supports and Board & Cares. BHRS is already trying to figure out what this will entail. Nothing has been released at this time. Many of the release dates for this funding will not be until September 2021. Another large part of the budget was connected to a report that came out on the aging population and how the baby boomers are causing a much larger group of need in terms of services based off housing and behavioral health supportive needs. Part of the larger plan is how will the counties and State work together specifically coming up with a plan for the older adult population and increase of conservatorships that may be coming due to this older population and how to use some of those one-time housing funds specifically for this population. The Governor did talk briefly about Mental Health Service Act (MHSA) funding and Realignment funds. With Realignment funds the Governor said there will be a reduction of 2-3% which is better than had been anticipated for this coming fiscal year. BHRS is preparing for this. MHSA funding can now be used for Substance Use Disorder (SUD) services if it is dual diagnosed or to access service. They are not planning on any reductions for MHSA for FY21/22; however, they are planning for a 20% reduction for FY 22/23. BHRS has gone to service-based contracts – the service has to be provided and then it will be reimbursed. MHSA has already done a 20% reduction starting FY 21/22 and are hoping that they will be able to have a status quo for the next three years. As part of the budget for FY 20/21 a few additional positions were hired because their leadership will help guide the Department over the next few years. Positions that were added include Tina Machado, Director of Administrative Services, who was present today for this meeting. She oversees the internal personnel and the Compliance Unit. They also hired a Division Director for the Justice and Community Integration Team, Jeff Sabean. Jeff will be working with law enforcement, the court system and Juvenile Hall. Tina introduced herself to the Board.

**Recommendation/Action:** Information only

### **Innovative Strategist Network (ISN) FY 19/20 Evaluation Findings**

**Discussion/Conclusion:** Sharon Jones introduced Jamie Dorsey with the Resource Development Association. Jamie stated that her co-worker Emma Schifsky was also present and they have been working with Merced for the last two years to evaluate the Innovative Strategist Network Program. The ISN was created as part of the MHSA Innovation Plan. It is a five year project that was approved in 2018 with services starting in October 2018. It was developed out of the community planning process. The communities identified needs of reducing barriers to accessing services, increase the timely entry to services and improve system coordination of both within BHRS and their partners. ISN is a short-term program with an interdisciplinary team of providers or strategists that work with the consumers to help them identify what is creating barriers for them accessing care and then identifying their individual needs and helping them address those barriers in order to be connected to longer-term services through BHRS or other community-based resources. There are two ISN Teams – Adult and Youth. The Adult Team has 7 strategists and work with adults consumers 18 years

and older with serious behavioral health needs; these services began in October 2018. The Youth Team is contracted through Sierra Vista and has 3 strategists that work with youth from 0-17 years and their families with mild-to-moderate behavioral health needs; these services began in May 2019. Jamie then gave an overview of the ISN process flow. Referrals can come from the BHRS Adult or Youth Teams, as well as self-referrals from families, through the community as well as program partners. After a referral the first step is to make sure the person meets criteria. The main reason someone may not meet criteria is that they are already engaged in services. The team tries to get back to the referring party within a day and then reach out to the individual to explain the program and see if they are interested. The team works with the individual and their family to develop a short-term care plan to help them get connected to longer-term services. They try to understand their unique needs and develop a care plan that is responsive to their unique barriers. This is the 2<sup>nd</sup> year evaluation report for July 2019 to June 2020. The main guiding questions asked were a way to understand how the ISN is being implemented, who is it serving, what is working well, what are the challenges, how is the ISN actually connecting people to services and helping to improve this access, is the ISN changing consumer's experience of care and is the ISN improving care coordination within BHRS and external partners. COVID-19 affected the last three to four months of FY 19/20. Both ISN Teams had to transition to virtual services including the phone and Zoom meetings rather than conducting in-person services. One of the innovative things about the ISN is actually going out into the field and meet consumers where they are. This was a challenge for both teams. The remote services seemed to be a little more effective with youth and families. There was more struggle with the adult population; many have serious mental illness, are homeless, may have unreliable access to phones – thus, engaging them proved more challenging and not being able to go out in the field to locate individuals and build a face-to-face rapport. In March and April there was an initial decrease in referrals as things began to shut down or agencies were working in a more limited capacity. By May and June those referrals starting to pick back up and remained steady. Both teams focused on providing case management and clinical services beyond the 30-day window to take care of the clients. The Adult Team served a total of 136 consumers and the Youth Team served 68 consumers. The Adult Team received about an average of 11 referrals per month, the Youth Team received about an average of 6 referrals per month. Both Teams are very responsive and responded to referrals within 1 to 3 days. One thing RDA heard consistently from program partners, consumers and providers was that they felt the ISN team was very responsive during this process; it would be helpful for some to understand more about the ISN program, to have more communication during the referral process and understanding if someone is connected to the ISN. They also heard there needs to be an increased awareness of ISN programs particularly for those with mild to moderate needs. In regards to barriers most that were accepted into the ISN programs were experiencing more than one type of service barrier. Barriers reported for adults: medication support/non-compliance; poor mental health functioning/insight; family/social support needs; and homeless/housing. Barriers for youth: insurance barriers; service navigation challenges; and mental health stigma. The ISN provides a variety of services tailored to each consumer and family's unique needs. Key Strengths of the ISN programs was their flexibility and their ability to serve consumers quickly after referral. The majority of adult and youth referrals were able to receive services within the first week of referral. The ISN teams also have a high-level of service intensity despite shelter-in-place restrictions. They provided an average of 1-2 services per week lasting between 45 minutes to an hour in comparison to other programs providing 1-2 services per month. Program outcomes: there were challenges with COVID-19 and shelter-in-place making it more challenging to engage and connect to services. Despite these difficulties both teams were able to connect about half of the consumers to ongoing services to BHRS or other private providers or community resources. There was a smaller percentage that both teams were not able to contact initially due to difficulty in locating consumers and there were also people who refused services and some were just non-compliant. About half the consumers met their ISN objectives and were connected to longer term care. The average enrollment length was 64 days for the adults. One-third of the consumers were connected to other community services such as primary care services, medical, human services or benefits, Medi-Cal, CalFresh, parenting programs, DMV, insurance services, employment and education services. For the youth about half were connected to longer-term services such as counseling and family therapy, private providers connecting them to insurance, human resource centers and parenting groups. The average enrollment period was about 2 months. As part of the evaluation, they talked with the consumers and their families to understand their experience. The adults they talked with felt supported and trusting of the ISN team. Many felt this team was one of the first groups that didn't judge them and felt that this team actually cared for them. They felt the teams were responsive to their needs, met them where they were when they could, took them to appointments, took them food shopping and help with paperwork in addition to the clinical support. The consumers really appreciated this high-level of wrap-around support. The youth also felt the team was extremely responsive and supportive. Many of the families that did have the more mild-to-moderate needs were frustrated in

trying to navigate the system and find appropriate services. These families felt the ISN team didn't just say "no", they really worked with them to try and figure out what they could do and what services were appropriate for them. Jamie had two consumer stories (one for adults and one for children) which she shared showing how the ISN Team gave high-level, intensive support.

**Recommendation/Action:** Information only

### **Fiscal Report and Funding Presentation**

- a. Current Challenges
- b. Budget 101

**Discussion/Conclusion:** a. Sharon Mendonca went over the spreadsheet for FY 20/21 discussing budget amounts, money coming into the Department and expenditures for Mental Health and Substance Use Disorder (SUD). Genevieve commented that it is important to remember that COVID-19 has significantly impaired those who would normally come to services. There has been a decrease in services provided because of people wanting to stay at home and not come in to services. BHRS recently received a grant to help with telehealth and different technological advances which would expand the Department's ability to provide telehealth and phone-based appointments. Sharon continued that some changes were made in how they billed Medi-Cal. The State allowed for an increase with the Medi-Cal rate – BHRS was able to double the Medi-Cal rate for billable services. That has allowed the Department to bring in more Medi-Cal; in the future they may have to pay a portion of that back. b. Sharon went through a PowerPoint on Merced County demographics and the population that BHRS needs to serve. Merced County has a population of 267,390 persons with the largest ethnicity groups being 58% Hispanic or Latino, 28% white non-Hispanic and 7% Asian. Median household income was \$57,745. About 50% of the County's population receives some form of subsidized public assistance. The population that BHRS needs to serve is the Medi-Cal population with almost 48% of County residents being on Medi-Cal. Nearly 22% of Merced County residents are living below the Federal poverty line. Approximately 7.5% of Merced County residents are without health insurance of any kind. Sharon then talked about the funds coming into the Department, the cost of County services and future planning. BHRS is funded by sales tax and vehicle licensing tax, MHSA, Federal program support, grants, Medi-Cal and other insurance, patient fee and contracts. Some funds, as they come in, are put right into the budget line items to be used. Other dollars, such as sales tax and Realignment dollars, are put into trust funds. They only pull those dollars in as they are needed to offset costs. The 1991 Realignment dollars are from the State sales tax and vehicle license fee. The 2011 Realignment allowed them to use funds for SUD programs, if the need is there, along with Mental Health. Another big funding source is Mental Health Service Act (MHSA); this money is used to expand, not supplant services. Occasionally they will get client fees – there are times that a client has insurance and their insurance can be billed. The cost to provide services to Merced County residents for FY 19/20 totaled \$63,817,883. Of this, \$7,788,287 was used to cover Administration; that includes 44 staff or 12% overall staff. Programs spent \$56,029,596 and this includes 286 staff members equaling 88% of the overall staff. The County spent \$12,719,169.26 in covering contracted outpatient services; this is 20% of the total amount spent by BHRS. The County spent \$8,033,3212.00 in out-of-county inpatient contracts which is approximately 13% of the total amount spent by BHRS. This means 33% of the total amount spent providing services in FY 19/20 were for contracted services not directly provided by Merced BHRS. Program planning: they are anticipating a reduction of up to 2M in 1991 Realignment for FY 21/22; a 15%-20% reduction in MHSA for FY 22/23; they will pull on the expertise of leadership to increase billings and reduce spending; they will review areas of concern such as hospitalizations, transportation, State updates and changes to how services are provided; and this past year they eliminated some vacant positions, reclassified other positions and reduced travel and training costs.

**Recommendation/Action:** Information only

### **Chair's Report**

- a. Binders
- b. May 4, 2021 Retreat – 1:00-5:00 pm
  - 1) Set Goals
  - 2) Evaluation of Past Year



**BEHAVIORAL HEALTH AND RECOVERY SERVICES**

**Behavioral Health Board Meeting**

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

**Merced, CA 95341**

**February 2, 2021**

**3) Cultural Humility**

**Discussion/Conclusion:** a. Sally stated that 3 members have picked up their updated binders. Those who still need to pick up their binder need to contact Carol. b. Sally reported that the next Retreat is scheduled for May 4<sup>th</sup> from 1:00-5:00pm.

**Recommendation/Action:** b. M/S/C (Metcalf / Mojica de Tatum) to approve the Retreat on May 4<sup>th</sup> from 1:00-5:00pm with the three main agenda items being: 1. Set goals; 2. Evaluate past year; 3. Cultural Humility. Due to this being a conference call, the names of all Board members were called and asked whether they themselves approved this action. Genevieve clarified that this Retreat will count as the May meeting; Sally agreed.

Pareira – yes  
Ramos, V. – yes  
Metcalf – yes  
Carter – yes

Mojica de Tatum – yes  
Cha – yes  
Ramos, Z. – absent  
Archuleta – absent

Ellis – absent  
Ragonut – yes  
Humble – absent  
Mason – yes

**Committee Reports**

- a. Substance Use Disorder (SUD)
- b. Board Orientation and Development
- 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 did not have a report today. b. Bruce did not have a report. He did state that the reports done today were both orientation and development for many of the Board members. Each month there are items on the agenda that are educational. Sally commented that once everyone picks up their binder, they can resume having small group meetings to do trainings from the binder; Bruce agreed. c. No report - Mary's computer was down and she was not able to attend the meeting. d. Sally commented that membership was discussed. The Membership Committee is Mary Ellis and Paula Mason. The Membership Committee would like to meet with the Board of Supervisors regarding their recommendations of representatives for this Board. Currently District 1 has one representative; District 2 has two representatives; District 3 has two representatives; District 4 is full; District 5 has no representatives; and Members-at-Large is full. e. Sally was not able to attend this meeting but she did ask Zach to attend. Unfortunately, Zach had to leave the meeting early and was not able to give his report. f. Supervisor Pareira gave a shout-out to the team at BHRS and Probation. On today's BOS agenda there was an item for two extra-help Peer Support Specialists in Los Banos with the Breaking Barriers Program. The second Memo of Understanding (MOU) was for juvenile youth to provide a licensed clinician at Iris Garrett Juvenile Justice Corrections Complex. There is also a program with Merced City to provide (through Probation) people to clean the parks. Genevieve added that this was a collaboration with the City and Probation and is something BHRS is hoping to jump in on later on connected to a grant that the three (BHRS, Probation, Merced City) will be applying for together in February. Those that are cleaning the parks and realize they need substance abuse treatment will be directly linked to the Prevention Team in order to have a three-prong approach to keeping the parks clean and making sure we are maintaining a recovery model for those connected to Probation Team. Iris reported that the California Planning Council met on January 21<sup>st</sup>. She didn't have time to go into details but the Legislation Committee talked about the budget. The deadline to introduce all the bills is February 19<sup>th</sup>. At that time they will have numbers and the Council will state their position for each bill. She will get back with more information. The Housing Homeless Committee went over what they want to emphasize on this year. One of their biggest items is Adult Residential Facilities (ARFs) and changing some of the regulations. They did support the telehealth bill – AB32. SB21 is tabled along with AB77.

**Recommendation/Action:** Information only



**BEHAVIORAL HEALTH AND RECOVERY SERVICES**

**Behavioral Health Board Meeting**

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

**Merced, CA 95341**

**February 2, 2021**

**Ad-Hoc Committee Reports**

- a. Membership Committee
- b. Annual Report
- c. Nominating Committee

**Discussion/Conclusion:** a. Paula stated they haven't met yet. Iris commented that one of the barriers for getting representatives from the Los Banos area is the travel distance. It would be helpful if Zoom could continue to be used for those in Los Banos. Genevieve commented that they will have to make sure they can do this with the Brown Act when the pandemic is over. In terms of a work-around they have discussed having a staff on site here and a staff on site in Los Banos; then those two are linked together via a Zoom platform. They have been working with County Counsel on how to do this connected to the Brown Act. b. Sally stated that she and Iris are already working on this and will formally start in April. c. Sally stated Kim and Keng are the Nominating Committee. By June they will need a new Chair, Vice-Chair and Secretary. They have several months to find new candidates.

**Recommendation/Action:** Information only

**Announcements**

**Discussion/Conclusion:** Sally reported that there was an article in the Merced County Times regarding Zach. The article was entitled, "Gustine Resident Named to Global 30 Under-30 List". Zachery Ramos, the President and Founder of the Gustine Traveling Library, is one of 30 literary leaders named to the International Literacy Associations 2021 30 Under-30 List. It takes about Zach, a 21-year old Gustine resident, being recognized for his hard work and dedication to the youth of California.

**Recommendation/Action:** Information only

**Future Agenda Items / Possible Action Items**

**Discussion/Conclusion:** Sally is still hoping someone from the Police or Sheriff's will talk at a Board meeting. They also still want to see the Behavioral Health website. Supervisor Pareira suggested that the Board member's names be listed on the agenda so that when people in the community see the agenda, they would see who is already on the Board and could reach out to them. Genevieve wants to confirm with County Counsel first on this.

**Recommendation/Action:** Information only

**Adjournment:** The meeting ended at 6:05 pm.

Submitted by:     Signed      
 Carol Hulsizer  
 Recording Secretary

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

Date:     3/3/21    

Date:     3/3/21