



# Minutes

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**Present:** Sally Ragonut, Chair; Bruce Metcalf, Secretary; Supervisor Pareira; Kim Carter; Keng Cha; Iris Mojica de Tatum; Vicki Humble; Zachery Ramos

**Absent:** Paula Mason; Mary Ellis; Micki Archuleta; Vince Ramos;

**Others Present:** Genevieve Valentine; Sabrina Parker; Brian Sterkeson; Chris Kraushar; Charles Bruce; Priscilla Martin, 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 4:04 p.m. Roll call was taken. Sally welcomed everyone.

## Mission Statement

The Mission Statement was read by Bruce Metcalf.

## Approval of Minutes from March 2, 2021 (BOARD ACTION)

**Discussion/Conclusion:** Sally commented that she spoke with Zachary Ramos. He was having technical difficulties but was present at the meeting but was unable to respond. The minutes will be revised to show he was present at the meeting.

**Recommendation/Action:** M/S/C (Pareira / Metcalf) to approve the March 2, 2021 minutes. Due to this being a conference call, the names of all Board members were called and asked whether they themselves approved the minutes.

Pareira – yes	Mojica de Tatum – yes	Ellis – absent
Ramos, V. – absent	Cha – yes	Ragonut – yes
Metcalf – yes	Ramos, Z. – yes	Humble – yes
Carter – yes	Archuleta – absent	Mason – absent

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

**Discussion/Conclusion:** No comments

**Recommendation/Action:**

## Director's Report

- a. God's Love Outreach Ministries (GLOM) Update
- b. COVID Update
- c. BHRS Organization Charts

**Discussion/Conclusion:** a. Genevieve invited Sabrina Parker to speak about BHRS's Full Service Partnership (FSP) with GLOM. The partnership has been in effect for a year so far. GLOM's current census is 26 beds, and BHRS has 25 of those beds filled. They're doing great work. They have a day treatment center downtown, called GLOM U, they do groups, there is a computer lab for clients,



## BEHAVIORAL HEALTH AND RECOVERY SERVICES

### Behavioral Health Board Meeting

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

Merced, CA 95341

April 6, 2021

clients are encouraged to take classes and learn programs and computer skills. They've had a lot of success. Several conservatees have moved down from board and care to room and board. Several conservatorships have been terminated as a result because conservatees are moving through the program very well. They've done 1-1 treatment with clinicians, housing program, rehab, and coordinating with Sabrina's team. This is a full-service partnership. GLOM has taken the consumers on outings to Calaveras Big Trees, fishing trips, and Santa Cruz. GLOM is currently only treating BHRS conservatees because the FSP is a conservatee program. Their non-conserved consumers go to the Wellness Center. Iris asked if the consumers are all housed in the Merced area. Sabrina says that a majority of their conservatees are placed throughout the state. The idea was to bring them all back to Merced so that they could work with them more closely. So far they're having great success with them. Genevieve adds that they have 97 conservatees and unfortunately do not have enough board and care in Merced to house all of them at present, plus some of them are in IMDs. Of the 97, the goal is to have 40 of them at minimum in GLOM homes in Merced so that they can work directly with the conservatorship office. At some point they would love to expand from 40 to 60. They've also learned that sometimes local is triggering and being close to certain environments is not the healthiest. They want to be able to determine case by case what would be most effective and efficient for that client's needs. Chris asks that since BHRS has multiple socialization areas including the Wellness Centers and Turning Point, why not utilize one of those, how that works, do clients have an option of where they go, are there any interactions? Genevieve explains that oftentimes there is victimization amongst clients with each other. They're looking at the appropriate level of care and intensity. Genevieve explains that GLOM services would be the most intensive with full wraparound higher staffing ratios because they're the most gravely in need clients. Once they no longer need GLOM services, they would step down to general adult full service partnership through Turning Point which would then they would step down to the adult Wellness Center. They're trying to avoid recruiting and manipulation of their most vulnerable population. Kim asks where the funding comes from, Genevieve says that GLOM funding is part MHSa and part realignment. b. Genevieve is pleased to report that the Wellness Center is open and operating at 50% capacity. They are closing the Wellness Center at 4pm for deep cleaning before the next day's Wellness Center participants come in. They have a full and very active group schedule they were able to put together in both the Merced and Los Banos centers. They are keeping the CUBE closed right now until they can figure out some better mitigating practices. Because the CUBE staff is much smaller than the adult centers and it's hard to ensure social distancing with children. LB Wellness consumers are excited and happy to be back. They are at 50% capacity for all their groups, and other services as well as their lobby as of April 1. They are moving things forward. They have continued tele-work schedules for staff through the end of the fiscal year and staff are still doing staggered schedules. BHRS is doing well. MGPC and 24 Hour Psychiatric Services will be off the surge plan by mid-April, hopefully by April 26<sup>th</sup> they'll be back to normal. Public Health has given them the ability to provide vaccines to their consumers. They have provided vaccines to all their conserved clients (if they were interested in getting them) as well as all of their clients at Marie Green. Additionally, they're currently trying to work out a pop-up clinic with Public Health and Human Services Agency to vaccinate the homeless the weekend of April 21<sup>st</sup>. They've also been able to have more than half of their staff vaccinated. They're finishing up an agreement as an MOU with Merced City Schools in order to provide additional support now that schools are reopening based off of Covid. How to have clinicians and strengthening families staff actually go to MCSd and have staff go to schools and respond to need. Excited on the outreach. Genevieve brings up Chris's question about in person meetings. The BH Board's May retreat will be hybrid and the public hearing will also be hybrid. They will keep the June meeting hybrid as well. Their hope is that they will be able to have full in person meeting in July depending on what county counsel says. Chris asked for clarification, when she says 24 Hour won't be under the surge plan any more, does that mean the CSU will go back to 23 hours. Genevieve responds that because of state allowing that to still happen, they're going to continue that because they want to have appropriate isolation rooms. The biggest difference about the surge plan was they had to do a lot of case consults directly with the EDs in connection with the surge plan connected to Covid positive, and asymptomatic stuff, what they've done {dr. S, M. Garibaldi & Sutter} have put together what they call the SMART medical clearance form. They're going to roll that out with Dignity. When they deem someone medically cleared based off a variety of things, they will then be able to move them directly over to the unit. It's less nurse to nurse/ doc to doc stuff based on the surge plan. another thing with the surge plan was they were not allowed to have anyone come directly to the crisis and then the CSU, they had to be medically cleared first. As long as they are willing to do a rapid Covid test, and they can put eyes on, they won't have to direct them to an ED. Starting 4/26 all their staff except licensed clinicians will be on 12s. They will be doing three twelve-hour shifts and a short day. This allows them to have all the gaps filled and when there are gaps use EH staff to fill. This will allow them to have full staff ratios, cut back on staff overtime so they can rest and get back to a normal sleep routine. Another thing in connection with the surge plan was that Jacqui was working on

Saturdays to provide executive leadership on sight. Their hope is that she won't have to work every Saturday, maybe every other Saturday until they feel comfortable again. c. Genevieve explains to everyone that there was a request for the department's organizational charts as well as showing the board a visual representation of the new Justice and Community Integration division. Genevieve describes to the board that the organizational charts contain data as of January 2021, however they were prepared with March 2021 information. She then went on to speak a few words about a few of the department organizational charts which were shared on screen for everyone and asked if anyone had any questions. Sally asked why there weren't any doctors on the Marie Green chart. Genevieve explained that they had a lot of doctors who were contract, locum or telehealth and because they are not county employees they are not included on the chart. The only staff that show up by name on the charts are Merced County employees. Genevieve spoke briefly about the recent reorganization of leadership explaining it was because of strength based management. There was a question if Genevieve knew the total number of employees for the department. Genevieve believes is roughly at 358 give or take at the moment. Chris commented that the charts are helpful for her so that she knew who the correct people are to contact. She adds that she kept contacting Tony about ASOC services, and he informed her he was overseeing Los Banos now. Genevieve says one of the things they've been looking at is what their strength are and really putting them where their strengths are. She then provided an example in BHRS Program Manager Lila Eslinger who used to oversee the Los Banos clinic. When Genevieve discovered that Lila had a passion for youth, she thought it was a perfect opportunity to shift things around.

**Recommendation/Action:** As noted above

### **Report on Top Priority – Behavioral Health Through Eyes of Client**

**Discussion/Conclusion:** Chris spoke on her report and her experience with getting the information. She started the work in September. The idea was every quarter to pick a different site to gather comments from consumers who submitted a comment card with the questions they had developed previously. However, due to Covid during the first quarter there were no responses from Marie Green consumers because it was closed and there were no discharges which was the target population they were attempting to capture. Chris ordered more boxes and left one at Marie Green and gave the other two to Sabrina's team to place around the county for conservatees in different board and cares. Two were placed at GLOM wellness center, then Salvadore Lodge for two weeks, Los Palmas for three weeks, and Golden Years for the last three weeks. Of the 2 comments they received back from the inpatient unit, she would call them mixed. Chris shared her chart with the board which showed the questions that were on the survey with the board and the responses from the consumers. Chris repeated those questions to the board: If a friend wanted to come here for help, what would you tell them? What has helped you the most? One thing I wish staff would do is...? This program has \_\_\_?, and Anything else to say? The MG basically said it was helpful having a routine, sleep, time to ponder, obtained goals and reached a higher plain. Some of the negatives were, guard your belongings, give more attention to the menu, and the program has brought grief, stress loneliness and anger. One of the good things pointed out was, happy, healthy and safety. Chris then moved on to the conservatees in the board & cares. Six stated the program they were in was helpful, four stated not helpful. Some of the helpful things they noted were crafts, music, coping skills, made me grow, and staff treated them well. Negative: want to go outside, no patient rights, nothing helped. Chris does note that she believes the program managers were busy with Covid, and she wasn't there to promote the comment box. Chris has contacted Cara Rupp for SUD services and they're going to discuss how they're going to handle the three boxes for the next quarter. Chris does ask for feedback from the board regarding how to continue or change their methodology to get more participation would be helpful. Iris commented this was a great way to find out how the clients feel about the different services and so whatever they can do to continue this or expand it, because the responses they did get was genuine. Supervisor Pareira expressed his thanks to Chris and appreciates her efforts. Bruce agreed. Chris asked for some technical help in in compiling the comment cards into a summary or report for the board to see visually. Priscilla volunteered to process the cards for the board. Genevieve asked if a scale from 1-10 to gauge consumer impression of their lives before and after BHRS involvement could be added in order to gain some data would be possible. Chris said she could add that question to the next set of cards she has printed for SUD.

**Recommendation/Action:** As noted above

### **Chair's Report**

- a. New Officer Recruitment**
- b. Vision Statement**

**Discussion/Conclusion:** **a.** Sally says that Kim and Keng who are both on the nominating committee. Sally says they need to find their next chairperson, vice-chair, and secretary of the board. Please work together as you ask members to serve for one year on the executive committee. The board will formally vote at the June meeting. Sally requests at least one other member to join and help them. Kim and Keng both said they would work on this. Its an ad-hoc committee which means it starts and it stops. **b.** Sally received 8 personal visions, there are still 3 missing. She will email the compiled list to everyone after she's received all the statements from everyone. When they're sent out, please read them over and highlight the parts of the different statements that you feel would be really good for the board. She wants to plan to look at the statements at the May retreat.

**Recommendation/Action:** Information only

### **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.** Tabled. **b.** Bruce reports that today's meeting was educational. Sally says next month at the retreat they will form new committees. Sally adds that she and Kim attended a training recently on Psychiatric Advanced Directive. Kim expanded on what the training involved. The PADs are similar to medical advance directives where the client creates a plan should they find themselves in crisis. It's a determination based legal document and the clients make the decisions and lay out a plan for what is to happen if they're in crisis. There are four counties that are participating in this program and its paid for through MHSA innovation funds. Iris voiced concern that they're using innovation funds. She asked if they have attorneys or county counsel to review the forms. They want to have peers talk to the clients and set it up. Kim doesn't foresee how it would be a big expense if they're using peers. Chris adds that they did implement this in the county and she believes there is a policy for patient advanced directors. Every time a patient is admitted to MGPC, part of the admission paperwork is to ask if they have an advanced directive. Chris adds that they didn't really push it because a patient could revoke the document at any time, verbally. Sally and Kim liked the idea presented at the training to have a state-wide standardized form that all counties would use. The trainer also proposed their idea to have a database or one stop area where all clients PADs could be accessed. They want to have a universal state template that would be filled out. Genevieve says that BHRS has not discontinued any of the stuff that was occurring at MGPC when someone is not well. They also train staff on Wellness Recovery Action Plans (WRAP) which is evidence based and there is transitional age youth, family, adult wrap plans and they have staff in the wellness centers trained to do those. It is a more fluid document in terms of coping skills and supportive measures from a clinical perspective because it is evidence based. Genevieve says her concern going this way is until she knows what the data shows and how they are used, she doesn't want to throw money at something until she sees what the success rate. **c.** Table. **d.** Sally and Genevieve met on 3/15 and discussed filling out the evaluation of the BH Board. They chose 12 yes/no questions and two written answers. It will be sent out via Survey Monkey email. They will discuss the outcomes of the survey at the May retreat. After the retreat there will be a MHSA public hearing at 4pm (the retreat starts at 1pm). Sally asked if there were any questions about next month's meeting. There were no questions. **e.** Sally attended the most recent MHSA Ongoing Planning Council meeting and gave her report. There was a presentation report from Terri Platt from Merced College about PsychoSocial Rehabilitation Training Program. Sally said they had one person from their board who attended them. Vince Ramos attended maybe 6 years ago. Usually they have 35 people attend, but this past one they only had 9 because of Covid. They did have online courses, but most of the people didn't have access to Zoom. There were two consumers that attended the classes given in Fall 2020 (Module 1), 2 family members and 5 frontline workers



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attended. These are college classes that clients can take and get extra information on job access and social rehabilitation, etc. f. Iris will attend the BH Planning Council which will be 3 committee meetings and 1 session meeting next week and will summarize the legislation status results and send it out to everyone. Supervisor Pareira reports that the Merced County Navigation Center opened, located on 13<sup>th</sup> St and B Street, right around the corner from the Public Health Building. He's pretty excited. He shared some words about how he was feeling. They have 75 beds that are available. Its sixteen beds filled at the moment. It's a low barrier shelter so there are a few people with their dogs. It's a referral basis. There is a room that has a dog bath, shower, toilet, and units where their belongings can be placed and it will kill any bugs that might be in them. Bruce adds as of yesterday, there are 24 on site. There's also a laundry available. Bruce adds they have the ability to clean their pets at the facility. The Merced County Rescue Mission website has a virtual tour available if anyone wants to watch. Supervisor Pareira adds that starting tomorrow night and for the next five Wednesdays there will be virtual Town Hall Meetings for the county for each of the districts. You have to register in order to attend virtually through Zoom.

**Recommendation/Action:** Information only

**Ad-Hoc Committee Reports**

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

**Discussion/Conclusion:** a. Table. b. Friday Iris, Kim, Sally will meet to begin the annual report. They would like to take a group photo at the May Retreat if possible. c. This was already discussed during the new officer recruitment agenda item earlier.

**Recommendation/Action:** Information only

**Announcements**

**Discussion/Conclusion:** None

**Recommendation/Action:**

**Future Agenda Items / Possible Action Items**

**Discussion/Conclusion:**

**Recommendation/Action:** None

**Adjournment:** The meeting ended at 5:56 pm.

Submitted by: \_\_\_\_\_  
Priscilla Martin  
Recording Secretary

Approved by: Signed as Approved on 7/6/21 \_\_\_\_\_  
**Bruce Metcalf, Secretary**  
Merced County Behavioral Health Board

Date: \_\_\_\_\_

Date: \_\_\_\_\_