

Summary

Merced County Behavioral Health and Recovery Services Ongoing Planning Council

April 22, 2021
9:00am
Via Zoom

Present:

Fernando Granados, Sharon Jones, Monica Adrian, Zeus Baldevia, Joanna Castaneda, Alyssa Castro, Jose Chavez-Diaz, Cesar Garcia, Daniel Garibay, Immanuel Hargrave, Caitlin Haygood, Christopher Jensen, Bouasvanh Lor, Cindy Mattox, Rebecca McMullen, Sharon Mendonca, Marilyn Mochel, Julie Norton, Jenna Nunes, Jesse Ornelas, Maria Orozco, Sandra Sandoval, Anna Santos, Cari Urquiza, Bao Vang, Matthew Vang, Siaxouwyee Vue, Jennifer Xiong, Mai Ka Yang

Presentation and Discussion:

All Members

I. Call to Order / Roll Call

II. Approval of Minutes

The approval of minutes for March 25, 2021 was motioned/seconded (Jennifer Xiong /Immanuel Hargrave) and carried.

III. Update Planning Council Contact List

Fernando Granados, Chair, encouraged all attendees to sign in to maintain an updated contact list.

IV. Notice to the Public

No report.

V. Chair's Report

No report.

VI. BHRS Report

Sharon Jones reported that there are a lot of conversations going on about Cal-AIM which leads to a whole revamping of the medical system and the way they do things. This is going to be calling for evidence-based practices that will be linked to payments that are going to be made. In addition, planning is starting for the Cal-AIM. Also, ACEs screening for Adverse Childhood Experiences is going on and they are starting to integrate and open programs back up as a result of COVID; the department was doing more telephone, tele-therapy and just trying to meet the needs of individuals the best way they could to get them clinical care. That is ongoing to make sure services are delivered and individuals have access to services and care that they need. The main updates are regarding Cal-AIM, screening for ACEs, and the infrastructure. More will be covered in the MHSA Annual Update presentation.

Fernando Granados asked what the restructuring looks like or how that will impact contracted agencies. Sharon said that there is going to be a set of guidelines. The first thing is evidence-based practices – their services have to be coming from a place of either a promising practice evidence-based practice, or community defined practice. It is going to be linked to the outcomes and there will be a requirement. In order to bill, you will need to have the evidence of whatever interventions you are providing to be linked to evidence. There will also be major requirements for the electronic health record system. There has to be an infrastructure that can align with all the requirements. It will start with evidence based practices, having a strong enough enhanced infrastructure to meet the needs – these are state requirements. Every county in California will need to have an enhanced infrastructure. Sharon suggested a presentation on Cal- AIM in the next meeting to inform on some of the things the state will be requiring. Fernando agreed, as that would give them an idea of what it is that they're looking at and how they can prepare for that. He would imagine that it would first start within the department and then branch out to the contracted agencies. Sharon noted that the department is taking a look at it now and having discussions; there will be more information.

Fernando also asked how the organization was doing financially. Sharon Mendonca stated that financially right now they are doing great. They were allowed by the state to increase the rates last year. They have been able to reach out and really meet people where they are at using a lot of telehealth and other ways of providing services that were not done in the past. They are doing good and looking forward to next year and changing the rates. Like Sharon Jones brought up, Cal-AIM is a lot of changes so they are

really gearing up the system to accept the changes both therapeutically and electronically. There will be a change in the rate structure and a change in the way they document – there are quite a few changes but they continue to do good and to look at what the department needs to do to meet all the future state needs.

Fernando mentioned that months back it was said that the state was looking at possibly doing a 20% cut at the top of the MHSA funding and that would impact their contract. He asked if that was still the case, if there was no longer going to be a 20% cut, or if it is still too soon to know what's going to happen at the MHSA level with budgets. Sharon Mendonca said that at this point in time they backed off of that and they are not stating that there's going to be a 20% cut at this point in time; they have actually gone back and reviewed some of the numbers. More to come as we move through the year but right now that is not what they are looking at as far as coming down from the state.

Fernando asked Sharon Mendonca, when talking about the increase in rate, if she was she talking about medi-cal moneys. Sharon Mendonca explained that during COVID the state allowed them to increase their billable rate only because they did recognize that they would not be able to provide as many services as in the past because they have limited consumers that can come in to the facility. They did experience that, not being able to provide as many services as they had in the past. Being able to increase that rate has allowed them to continue to try and meet the needs of the consumers and also list some of the requirements as far as telehealth and how to reach our consumers. She hopes we will end this past year of dealing with COVID without a deficit.

Fernando knows that different counties are lowering to different tiers, more things are opening up and that we are currently operating under an emergency telecare delivery of services. He asked if there is talk to be able to continue that even post the pandemic or as things open up more, and would they still be able to provide telehealth not just under the emergency state that we're currently operating under but beyond that. He asked if there has there been talk within the department or within the state about being able to continue with that.

Sharon Mendonca thinks we have all learned during COVID that they do have a way in which they can reach consumers that in the past they have not been able to reach. They've had difficulties with some of the medication support, and always getting out there, and having the consumer come in and see them. In the future, they want the consumer to come in again and be able to see them. The county is still in the red, but BHRS is open to services; Wellness Centers are open as well. She said that they do want to see people, reach out and meet with them. They know that there is an importance and there is a way they can reach some people better than they were able to reach in the past through telehealth and telecommunication – the state has allowed that and will continue to allow that. She thinks we're better off now than in the past; they have been able to build up a structure that is able to reach out and meet people where they're at. She doesn't see that completely going away so they'll just have to try to bring everyone in that they can. There is still an option for those that we can't reach through telehealth. She does not see it going completely away at all.

Fernando said that if the department knows of any bills or amendment bills that are discussing telehealth and being able to continue it on, if that information can trickle down to these organizations he thinks it would be important because they could provide support to be able to continue that. Although they would like to see their clients in person, telehealth has been really helpful in reaching those who they would typically not be able to reach. If there's anything they can do to support to continue that, not just operating under an emergency status, but ongoing, he asked that they please be informed on how they can provide support to continue services.

Jennifer Xiong, Hlub Hmong Center, commented regarding what Sharon Jones discussed about how restructuring involves utilizing evidence-based research. Jennifer reminded everyone that sometimes evidence-based research is restrictive and often fails to include cultural variables. If they are able to allow for those cultural variables, she thinks that is an idea that they should really consider as well. She noted that in the Hmong community specifically, they lack a lot of data, especially in Merced.

Marylin Mochel, NAMI Merced, stated that many of the NAMI programs are evidence-based now but they do lack the cultural and language needs of the communities they serve, so it is important. She added that maybe more of them need to provide testimony to the MHSA accountability board, but it is a local consideration for them.

Sharon Jones thanked everyone and said that there will be more information. The state has certain mandates, and she reminded everyone to always be culturally responsive and make sure that it's transfer adaptive to meeting the needs of our culturally communities. These requirements are coming from the state and thinks whatever they are using will need to be approved and is sure they are accepting feedback. Sharon will find out best information that they have and will try to provide the best update when she presents next time.

Jennifer Xiong asked if Sharon Jones is providing that feedback or if she inviting them to provide it. Sharon will need to find out if they are taking feedback and explained that the Cal-AIM project has been going on for a long time; they have been talking about it, put on a hold, and then revisited. She is going to do is find out more information to present the best information to the group.

VII. Presentation: Hmong Culture Camp

Bouasvanh Lor, executive director of Hmong Culture Camp, introduced herself and the program. They prioritize spreading cultural awareness and acceptance throughout all institutions and especially art educational institutions. She introduced her youth team and noted that there is an up rise in anti-Asian hate crimes since the pandemic has started; they wanted to present a little bit about what has been going on and give the group an idea. She hopes that later on they can partner with Behavioral Health & Recovery Services to continue to work on an action plan on how to continue to be more culturally tailored and culturally accepting. Immanuel Hargrave and Matthew Vang presented a Power Point with information about the program's purpose, what they hope to uphold, points to emphasize including racism, culture, diversity, and awareness, the program's future goals, and their team contact information. Bouasvanh requested to connect with Sharon afterwards to provide a full on workshop that their youth has created so that they can go further into depth on what they want to convey, and how they can further work together.

Jennifer Xiong thanked Hmong Culture Camp for presenting. She let them know that Hlub Hmong Center would like to work with them on any projects and opportunities to really uphold their goals and purpose, and perhaps become problem solvers together and shed light to this issue. She added that they are really passionate for this as well and look forward to working with them.

Marilyn Mochel received a request if she knew of any Latin X organizations who in Spanish had messaging around anti-Asian hate. She explored nationally and broadly in the region and could not find any organization in Spanish supporting this anti-racist message about Asian hate crimes. She asked if anybody knows, or if as group they can develop something on how that can be used and shared with organizations that serve Spanish speakers to build that comradery and solidarity across different groups.

Bouasvanh thinks that upholding an ally ship with the Hispanic community is very key in this because of the fact that if it's not happening to the Asian community, it's going to be happening to the black or Hispanic community. That is why we did what they called "Unity Rally" rather than just anti-hate crimes. She said they are here today to create an ally ship and get the word out. They have spoken to her good friend Alejandro Carrillo about anti-Asian within the Hispanic community as well and just how they are trying to uphold anti-blackness in the Asian community. Bouasvanh thinks that working closer and partnering with different individuals in the community to create ally ships would help come up with a conclusion in Merced. If they can do it in Merced, they can use their model anywhere else, especially because it's been happening so close to Merced. She expressed that if we don't start unifying now, it will definitely spread like wildfire.

VIII. Update on MHSA Annual Update

Sharon Jones stated that the Mental Health Services Act annual update and the draft innovation plan were posted on April 1, 2021. She explained that the Innovative Plan has to be approved by the Mental Health Services Oversight and Accountability. As the plan is posted, currently Sharon is working with the Mental Health Services Oversight and Accountability to get the plan approved. She shared that they had a technical assistance call yesterday and they are still working on getting the draft to where the OAC wants it. Sharon presented a Power Point on the MHSA annual update. The presentation included information on Mental Health Services Act History, 5 Main Components, MHSA Annual update 2021-2022 currently posted, PEI Proposed Expenditure Plan and Estimated Cost Per Client for FY 2021-2022, Workforce, Education and Training, Capital Facilities, Technological Needs, Innovation proposed Expenditure Plan and Estimated Cost per client for FY 2021-2022, Prudent Reserve, and 2021-2022 Annual Update Changes.

Christopher Jensen asked if there was a particular reason why there is a clinician for the MAPS program in one community and Strengthening Families partner for the program in another community. Sharon Jones explained that the feedback came from law enforcement in the area and in the Livingston community it was determined that the clinician would better serve the Los Banos community due to risk factors and stressors. She noted that it doesn't mean we have the same risk factors in the Livingston community; it just seemed that there was more of an increase at this time in the Los Banos community. The clinician, if needed, will serve both communities – it depends on needs as well. For the sake of this annual update, it will be primarily for the Los Banos community. The Community Development partner will be in the Livingston community and if increased services are needed, the Community Development Partner will do the warm hand off to the clinician. Christopher also asked if the clinician in Los Banos is going to be placed in a school or out at a mental health office. Sharon responded that their services will be to provide services to the school – she is not sure where the location will be but it is to support the schools and any clinical interventions that are needed in that community. They may be at a clinic site but they may have a spot at the schools; sometimes the schools don't have a spot available and that is why they work out of the clinic. They will definitely be providing support in that community.

Monica Adrian asked, when the new Innovation plan begins, what is going to happen to the ISN program. Sharon responded that the ISN (Innovative Strategist Network) program is slated to end February 21, 2023 – at that time they will determine sustainability to move it forward and how to further integrate it into our service delivery system. At that time they have an evaluation report and also have to look at sustainability. Sharon explained that it can be placed under another funding and grants can be written as well. They will have to determine the fiscal sustainability prior to that time. Monica also asked if there will be 2 innovation projects going at the

same time. Sharon said no, 1 innovative project will end February 21, 2023 and it will have to be funded by another source but there is going to be an overlap if it gets approved – 1 will be almost finished and the other will be beginning.

Christopher Jensen asked, if they had some suggested changes for their program in the annual update, do they get a confirmation that those have been received or how do they go about giving that feedback. Sharon said that the plan is posted right now. If they have any feedback, that feedback would need to be placed on the public comment form. Those are collected and all feedback is included in the annual update. If the change is accepted by leadership or whoever approved, then when Sharon presents at the Behavioral Health Board public hearing, she will present all of those changes and any other changes that are pertinent and that are approved to be presented. Christopher asked if the MHSA Planning Council does not review the changes. Sharon said she is presenting the changes right now, which is why she is asking for feedback. Christopher noted that some of the changes that were requested were not in regards to addition or subtraction of funding; it was more program reports. He explained that it was the update on projected programs being implemented and the numbers served, etc. If some of that data was inaccurate and they asked that it be changed, he asked how they would do that. Sharon explained that if they feel that the data is not being represented, to send proof of what the data is and the back up and then they will change it. Sharon added that the plan is in draft form so comments are to be sent to the MHSA team and go from there. She noted that if a person says the data is not correct, they look for the backup for the best information. The draft was posted on April 1st; the updated version will be at the public hearing on May 4th.

Fernando Granados asked, for the 2 clinicians for the MAPS program and Caring Kids, are these going to be BHRS clinicians or are those entities going to be able to hire their own clinicians. Sharon responded that these would be housed by BHRS and be assigned to those programs. Fernando also asked, with the new innovative program, if that is going to be an RFP to see solicited vendors. Sharon said it is to be determined by the OAC – the department is working hand in hand with them. They have to be satisfied with it and approve it. Once they get it to where the OAC approves it, Sharon will let everyone know.

For any other questions please email Sharon Jones. A public comment form will be sent out for any other comments. Sharon noted that anything presented in terms of Mental Health Services Act, is subject the public records act, so today's Power Point presentation will be sent out after this meeting.

IX. Draft Innovation Plan

The draft Innovation Plan was presented by Sharon Jones along with the Annual Update.

X. Update on Behavioral Health Board Public Hearing

Sharon Jones informed that the public hearing is scheduled for May 4, 2021.

XI. MHSA Issue Resolution Process

Item tabled.

XII. Workforce, Education and Training

Item tabled.

XIII. Update and Next Steps on Adverse Childhood Experiences Screening Planning

Item tabled.

XIV. COVID-19 and Providing Services Update

Item tabled.

XV. Discussion and May is Mental Health Awareness Month

Item tabled.

XVI. Administrative Updates and Changes

Item tabled.

XVII. Possibilities and Success Stories

Item tabled.

XVIII. Next Steps

The next meeting is scheduled for Thursday, May 27, 2021.

XIX. Adjourned

Meeting adjourned at 10:04 am