



Merced County Behavioral Health Board Meeting

February 7, 2017

3:00 pm – 5:00 pm

1137 B Street, Merced, CA

Present:

Iris Mojica de Tatum, Chair; Richard Hawthorne, Vice-Chair; Paula Mason, Secretary; Mary Ellis; Kim Carter; Mary Hofmann; Sally Ragonut; Keng Cha; Micki Archuleta; Supervisor Lee Lor

Absent:

Roger Moua; Vince Ramos; Angelo Perez

Others Present:

Yvonna Brown; Alice Liang; Sharon Mendonca; Jennifer Jones; Chris Kraushar; Trechann Barber-Jacinto; Sharon Jones; Carol Hulsizer, Recorder

MINUTES

1. Call to Order / Flag Salute / Roll Call

Chair Iris Mojica de Tatum called the meeting to order at 3:00 p.m. The flag salute was done. Roll call was taken.

2. Mission Statement

Iris read the Mission Statement.

3. Approval of Minutes from January 3, 2017 (BOARD ACTION)

Action/Recommendation: M/S/C (Ragonut / Ellis) to approve the minutes from January 3, 2017.

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

Discussion/Conclusion: Sally commented that the Board has not had an Annual Report in a couple of years. It is under the Roles and Responsibilities to submit an annual report to the governing body. She did speak to Iris about this and Iris told her she would start working on this.

Sharon J. reported that the Innovative Plan is moving forward. On February 23rd she will present the plan to the State (MHSOAC). They want senior leadership to be present when the plan is presented. She will have more information soon. She is putting a PowerPoint presentation together.

Recommendation/Action: Information only

5. Introduce New Board of Supervisor's Representative – Lee Lor

Discussion/Conclusion: Iris introduced Supervisor Lee Lor and briefly spoke on her background.

Recommendation/Action: Information only

6. Chair's Report

Discussion/Conclusion: Iris stated they had discussion about having a group meet and discuss education and training for new board members. She asked if there was any input. Kim responded that they have a list of topics they want to cover but they wanted to wait until they got back their updated Board notebooks to see what is covered there. They will meet again; they have a lot of material to go through. Once that is done, they will contact the new Board members. Sally commented that they were not sure where they would be meeting to hold this training. Iris commented that if anyone else has any input, please contact Kim, Sally or Mary.

Recommendation/Action: Information only

7. Supervisor's Report

Discussion/Conclusion: Supervisor Lor had nothing to report at this time. She is looking forward to learning from everyone.

Recommendation/Action: None

8. Director's Report

- a. B Street Update / Next Steps
- b. Discussion re: Service Delivery Concern – Staff Presentation
- c. Leadership / Management Vacancies
- d. Follow-up re: Courteousness of Staff at Marie Green (from Dec 2016 minutes)
- e. Community Enrichment Director

Discussion/Conclusion: a. No update at this time. b. This item was a follow-up on previous Board discussion. She appreciates the opportunity to bring this matter to the forefront to discuss the good things that the Department is doing and the collaboration we have with the Emergency Rooms and hospitals. Today's presentation the Board will hear what the Department is doing to address the concerns that have been brought up as well as the ongoing efforts that have been initiated throughout the whole implementation of the Triage. Alice continued that there were potential concerns about whether the Department was providing services to patients who are waiting at the local ERs. One of the primary reasons an individual would be waiting at the ER is to be medically cleared by the medical staff at the hospital; this is not something in our control. Once they are medically cleared it allows BH to do a proper assessment to determine the person's current mental status. If the determination is made to not 5150 them, BH would give them referrals linking them to appropriate resources out in the community. Then the person would essentially be discharged from the hospital. If they meet the qualifications of being 5150'd, then BH would try to secure placement. This is where there could be a time delay in terms of them getting out of the ER. Marie Green is sometimes at full capacity; when this happens, they have to search for placement. There can be barriers there as well – there may be capacity issues at other facilities. When it comes to youth, this is even more difficult because there are such limited resources throughout the State. The issue then came up on providing treatment at the ER; she and Trechann worked out what they can do in terms of providing treatment to the people at the ER. Behavioral Health has Triage staff stationed at the hospital (24/7) where they conduct the assessments. Trechann continued with how the Triage was initially established in 2015. Trechann agreed that there are wait times. She has been in discussion with Phillip Brown, ER Supervisor, he explained that when a patient arrives at the ER, that is when they clock begins ticking. There is no differentiation of time that has lapsed waiting for medical clearance to when BHRS are notified for an evaluation. The local ER sees approximately 220 cases every day. Trauma cases take precedence over routine lab work. The medical clearance could take anywhere from five to ten hours. BHRS staff look for three things in a crisis assessment – danger to self, danger to others or grave disability. Trechann continued that for children they have a contract provider, Aspiranet, and they have CSP services (Crisis Stabilization Program). This is an intensive, 30-day case management service that can be provided to a youth and this can be launched at any hour of the day with Aspiranet. Alice continued that since the commencement of the program, data shows that they have been able to address or respond to an increasing number of patients. In 2015 there was a patient load of about 221. In the first quarter of 2016/17 they have provided services to 307 patients. Data also shows that in terms of response time to people in crisis, about 71% are seen within 1 to 2 hours; 44% are seen within 1 hour. There are some dynamics that may prevent them from seeing them right away – and that could be the wait time in the ER and the medical clearance. In terms of linking patients up with services – they have linked them with full-service partnerships (Aspiranet, Turning Point, other mental health providers in the community). They could also be linked to BHRS outpatient services or the CSU. In order to provide services in the ER, while waiting for placement, they have been looking at assigning the Mobile Crisis Response Unit to assist the Triage staff. BHRS has proposed a meeting with Mercy administration to collaborate on this issue. Mercy just recently implemented their Social Work Dept. into the ER. BHRS wants to collaborate with their Social Work Dept. to secure placement together and talk about how to work together in terms of providing services needed for the individual. The question came up about providing some kind of clinical treatment for a youth waiting for hours in the ER. Yvonnia responded that space has been an issue and in December she was in contact with the Manager of Care Coordination at Mercy and they were able to identify a place where some kind of interaction/counseling for these individuals could happen. Currently they are fine-tuning this to be able to put into practice. In regards to the seating at the hospital, this is the hospital's rules and regulations. There is also the issue of confidentiality and providing treatment and therapy in a hallway means many people are over hearing this and this is not appropriate. c. At the January meeting there was discussion on Management/Leadership vacancies. Yvonnia passed out copies of the current Leadership org chart. There are 5 vacant Management positions (out of 27 total). Of those vacancies 3 are Program Managers, 1 is a Quality Performance Management Director and 1 is a Facility Services Management position. Interviews are currently taking place to fill these positions. She hopes by the middle of February to have all 3 Program Manager positions filled. d. Alice stated this was originally brought up at the December Board meeting. A letter was dropped off at Marie Green and the front desk staff was not very responsive or respectful towards the delivery. She has met with the Manager of Marie Green and the Medical Director. Within a week of the meeting, the Manager did informal trainings with all the different teams at Marie Green. Customer service is always first and foremost, regardless of the situation. Sally commented that another delivery was made last week and it was very much more receptive. e. Yvonnia introduced

8. Director’s Report – con’t.

Dr. Jennifer Jones who is the new Community Enrichment Director. This position will provide oversight for the Wellness Center, the CUBE, Westside Transitional Center (Los Banos Wellness Center) and the housing program. Jennifer will also be BHRS and County liaison with the Continuum of Care and No Place Like Home.

Recommendation/Action: Information only

9. Reports / Updates
a. Executive Committee
b. QIC

Discussion/Conclusion: a. The Executive Committee had nothing new to report. b. Kim passed out a synopsis of the January 24th QIC meeting.

Recommendation/Action: None

10. Announcements

Discussion / Conclusion: Kim passed out the breakdown of the Supervisorial Districts and which district each Board member is in. Districts 4 and 5 have no members. She will contact Supervisor Pareira to see if any of his constituents might be a good candidate. The Board has 30% consumers and they do meet the 50% criteria for consumers or family members.
Chris announced that this Friday evening there is a guest speaker on houselessness. They will be showing the film “Dog Town Redemption” which is the story of the Recyclers in Oakland trying to survive. The speaker is Mike Rhodes; he is the author of “Dispatches from the War Zone”. This will take place at Merced’s First Assembly of God Church on Yosemite Parkway.

11. Adjournment

Discussion / Conclusion: The meeting was adjourned at 4:28 p.m. The next meeting is March 7, 2017.

Submitted by: _____
Carol Hulsizer
Recording Secretary

Approved by: _____
Paula Mason, Secretary
Merced County Mental Health Board

Date: _____

Date: _____