



Merced County Behavioral Health Board and Public Hearing

October 20, 2015
4:00 pm – 7:00 pm
1137 B Street, Merced, CA

Present:	Richard Hawthorne, Chair; Vince Ramos, Secretary; Sally Ragonut; Keng Cha; Mary Hofmann; Kim Carter; Supervisor Walsh
Absent:	Iris Mojica de Tatum; Mary Ellis
Others Present:	Yvonna Brown; Curt Willems; Kurt Craig; Chris Kraushar, PRA; Sharon Jones; Jennifer Jones, Aegis; Paula Mason; Tabatha Haywood, AOD Program Manager; Carol Hulsizer, Recorder

MINUTES

I. Call to Order / Flag Salute / Roll Call

Richard Hawthorne, Chair, called the meeting to order at 4:00 p.m. The flag salute was done. Roll call was taken.

II. Mission Statement

Richard read the Mission Statement.

III. Approval of Minutes from September 1, 2015 (BOARD ACTION)

Action/Recommendation: M/S/C (Ragonut / Hofmann) to approve the minutes from September 1, 2015.

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

Discussion/Conclusion: Liz Freitas requested a copy of the Mental Health Department's current organizational chart. Carol stated she would send her a copy.

Vince commented that the Calif. Institute for Behavioral Health Solutions is having a training (webinar) on DSM-V. It is open to the community and staff. It is on October 27th and 30th from 9:00-11:00. He will email the information to the Board.

Recommendation/Action: Information only

V. County Counsel Overview – Forrest Hansen

Discussion/Conclusion: Mr. Hansen could not attend today's meeting. This will be moved to a future agenda.

Recommendation/Action:

VI. Legislative Update – Kurt Craig

Discussion/Conclusion: Kurt reported on the following: *AB 1056*, titled "Second Chance Program" – this was to provide housing assistance for formerly incarcerated tenants with mental health or substance abuse needs. It is a grant-based program going through the Board of State Corrections. It is a competitive program, not something we are entitled to because we offer those services. *AB 848*, this allows for medical services to occur at alcohol and drug abuse recovery or treatment facilities. This was approved by the Governor. *SB 319* – this requires a public health nurse to oversee the foster children who are on psychotropic medication. That will require us to collaborate more with HSA and Public Health. This has been approved and goes into effect in 2017. *AB 621*, authorizes funds for the MIOCR (Mentally Ill Offender Crime Reduction) grant. This is not something we are entitled to, it is a grant. *SB 238*, this was approved. It requires the child welfare system to track and oversee the use of psychotropic medications for foster kids. The two main ingredients of this bill are, 1. it changes the JV220 process to allow input from the county stakeholders for the child, 2. requires training for that group. Both bills for additional training for POST have passed; Kurt thinks they will be enacted in June 2016. Lastly, Federally there are a few bills out there but the one that is gaining momentum is the Murphy Bill in the House. This has many components. It currently has 142 co-sponsors as of the 16th; 101 are Republican and 41 are Democrats. The name of the bill is "Helping Families in Mental Health Crisis". It will provide some structural changes to the Medicaid program as far as mental health

VI. Legislative Update – Kurt Craig – con't.

services go. The real issue is that they will take SAMHSA and move it into a medical, model-based program. This means that a lot of the peer support will have to be professionally provided. Kurt is tracking this because it is gaining so much momentum.

Recommendation/Action: Information only

VII. Chair's Report

- a. Meetings More Accessible to County Residents – Follow-up
- b. Meeting Time Discussion
- c. Review Policy for Wellness Center
- d. Wellness Center Lawn
- e. Board Vacancies

Discussion/Conclusion: Richard gave an update on the two AOD Board members joining the Behavioral Health Board. Their applications are needed in order to be appointed to this Board.

a. Richard is still working on this. The Board can either meet at different locations within the County or set up a method where individuals can come to a certain location and electronically be a part of the meeting. He would appreciate some help with the research on this. There was some discussion on the use of electronics and County Counsel believes that the By-Laws would have to be amended to reflect the voting requirement and some other minor changes. The question was asked what other, large counties are doing in regards to the Board meetings. Yvonna responded that other counties have the equipment for tele-med/tele-psych; they have their equipment in several different counties and this is the type of equipment we would need. The Department is moving towards tele-psych which can be used for many different purposes. In the meantime we could use Skype. It is feasible and we would just have to work out the logistics of where to meet and how often. b. Richard stated that when they previously discussed meeting times and dates, the length of time for the meeting was not discussed. At the last meeting it was decided to maintain the meeting dates. Now that AOD is part of this Board, do we need to go an extra half hour? After discussion the decision was made to begin having future meetings from 3:00-5:00. The December 2015 meeting will be the first meeting starting at 3:00. c. Yvonna does not have the new policy, but she does have her notes on the February discussion as to who can go into the Wellness Center. Currently, in order to access the Wellness Center, you have to go through a screening process and you have to be a client already engaged in services. Previously there was an open-door policy that everyone could access the Wellness Center. Over the last five years, it has been that you had to be a client of the Mental Health Department to access services - this hasn't changed. They had a discussion with Consumer Advisory Committee and they were agreeing that anyone having access to the Wellness Center to be screened for safety reasons. In prior years there were concerns that some of the population accessing the Wellness Center was taking advantage of our vulnerable population, our clients. She continued that legislation was passed in January 2014 that said County Mental Health is only responsible to serve the severely mentally ill which means that the mild to moderate was carved out and falls into the managed care plans like the Alliance and Beacon. The mild to moderate are now in with their primary care physicians/FQHCs. Yvonna has met with the local FQHCs and discussed how they could support the new mild to moderate that they are responsible for. She spoke with Beacon-Alliance about a week ago and mentioned that their mild to moderate clients need socialization such as a Wellness Center. The Director of the Alliance now has this subject on her radar to look into. Chris mentioned that another discussion that will be needed is how people are being discharged. Now that there is a tiered system, what happens when someone is well enough that they should be dropping to Beacon and how are those decisions made. What are the discharge criteria and how are people notified that they have been discharged from a system that they have been coming to? Yvonna said she would look into this. Yvonna continued that they are in the process of developing a contract with Beacon to identify the clients we currently have and maintaining them at a lower level of care so that the client can continue to have that continuity. d. Chris K. had asked that this be put on the agenda because she brought it up at the last meeting. From her perspective, at this time it has not been resolved. Chris knows that the Mental Health Director did not mandate this. The Wellness Center is a unique piece of County property. Whatever is driving the rest of the County should not apply to the Wellness Center. Yvonna continued that the first concern is that the Department cannot distinguish nor identify our clients from the general homeless population. She understands that the clients may want to go outside and have a cigarette or get some fresh air for a few minutes, but technically if they are at the Wellness Center, they should be engaged in activities. The area in front of the Wellness Center could be designated; but the backside is where the issues are. Due to time constraints, this conversation will have to be continued at the next meeting. e. Richard stated they are still recruiting.

Recommendation/Action: As noted above

VIII. Supervisor’s Report
<i>Discussion/Conclusion:</i> Supervisor Walsh had to leave the meeting early.
<i>Recommendation/Action:</i> None
IX. Director’s Report a. Homeless Discussion / Crisis Residential Overview
<i>Discussion/Conclusion:</i> a. Yvonnia stated that recently there was a newspaper article on the Regional Transitional Homeless Shelter. They are actually referring to the Department’s Crisis Residential Unit that is part of the overall building project. As this Board represents the Department, and you hear about this Regional Transitional Homeless Shelter, it is not that – it is a Crisis Residential Unit, 16-bed facility. It is for the Department’s clients that are in the system of care. The Crisis Residential Unit is a collaboration with five other counties. She asked the Board to educate community partners and members on this. The Crisis Residential Unit is funded through SB 82.
<i>Recommendation/Action:</i> Information only
X. Reports / Updates a. Executive Committee b. QIC c. Facilities Review Committee
<i>Discussion/Conclusion:</i> a. Richard had nothing to report from the Executive Committee. b. Sally went over her QIC report from September 22, 2015. c. Sally reported that on the 14 th she met with Mary H., Mary E. and Kim. They decided on the four areas to review. At this time they want to do an observation of facilities, staff engagement, client engagement, and talk to a Manager asking for a success story and how the Behavioral Health Board can help. They would like every person on this Board go to one facility with a partner and a checklist so everyone can view at least one facility.
<i>Recommendation/Action:</i> Information only
XI. Announcements
<i>Discussion / Conclusion:</i> Richard announced that this Friday the City of Atwater, Atwater Police Department, Atwater Elementary School District and several law enforcement agencies will be hosting the Drug Store Project at Mitchell Senior. This is the 9 th year of the Project. This is fashioned in the same method as a “15 Minute Program”. They target all the 6 th grade classes in Atwater. It starts at 8:00 and ends about 2:30. He invited everyone to attend.
XII. 5:30 p.m. – OPEN PUBLIC HEARING: Mental Health Services Act (MHSA) 2015-2016 Annual Update a. Close Public Hearing 1. Approve MHSA 2015-2016 Annual Update
<i>Discussion/Conclusion:</i> Sharon Jones went through her power point presentation for the MHSA 2015-2016 Annual Update. She then opened the floor to the public. <i>Vince</i> – stated that Strengthening Families is similar to Innovation. Sharon agreed it is the same program; Innovation is operated as a prevention and early intervention. It is the same program, just shifted to prevention funding from Innovative funding. The guidelines do not allow you to go beyond three years with Innovative funds. <i>Public</i> – she thought it would be helpful if she could look at each program that has staff and put the staffing pattern down. It is a nice document. Sharon stated that information can be given, but if they put everything in the report it would be much larger. Staffing is tracked for each program. She then asked that on the funding summary, for the FY 15/16 the estimated unspent fund balance for CSS, Prevention and Early Intervention and Innovation totals \$15 million or more – what happens to that money? Sharon replied if there is unspent money available, through the Planning Council a letter will go out stating there are unspent funds and at that time the Mental Health Director will determine what the gaps are and what areas we need to address with the money. <i>Public</i> – she asked for an example on what do they do for a mentally ill person to prevent them from getting worse. Sharon replied that under MHSA it first starts with an assessment with what is really going on and what is happening with that person. Then the treatment goals can be determined. It all depends on what their signs and symptoms are, what they are going through, and how they are responding to medication, if they are on medication.

XII. 5:30 p.m. – OPEN PUBLIC HEARING: Mental Health Services Act (MHSA) 2015-2016 Annual Update – con't.

Public – she stated that many programs have been mentioned tonight, but she has only been involved in one program and that is NAMI. A lot of information is passed on but the only way the public, families and loved ones, can hear about these programs is through NAMI. These things are not in the newspaper. They have public insurance so they don't qualify for many of these programs. NAMI is the one that helps them navigate the system.

Public – NAMI means knowledge, knowledge means power. NAMI is a health education program that helps those with mental health issues. She has two grown, bi-polar sons and they have never been helped by anyone. They are adults and cannot be forced by a parent to get help. They have to rely on the police force that has no knowledge of mental health issues. NAMI is a blessing but they need more money.

Public – she has a grown son who became ill in college and is now dually diagnosed. Initially they didn't know what to do and the only information they got was through NAMI literature, on-line publications and books. She learned how other families deal with these critical issues when dealing with the mentally ill because people don't talk about this. Sometimes he is better, but the last few years he has been worse. She has become very active in NAMI and it has saved her life.

Vince – from what he is hearing in the audience NAMI needs extra funding.

Public – she has been a member of NAMI for quite some time. She thinks that MHSA funding has helped NAMI begin the process of formalizing a structure so that they can receive additional funds. Building that structure takes time and it is through investment that they receive that allows them to do that. The Mental Health Director has stated that you cannot ask for money until you spend the money you have allocated. Part of their struggle is building that capacity. As they look at processes to increase the money, they also have to look at insuring that the structure is in place so that the money received can be handled well. NAMI is building the structure as fast as it can so that they can receive more money.

Kim - she wrote up the non-profit paperwork and submitted it to the State. She started this with her psychologist when she found out she was bi-polar. That first year they got a local grant and that was when they only had a few people. There is other funding available to NAMI. You also have to remember what the legislation says – where the money needs to go. They keep a run-down on where that money goes, what it is for, and you cannot vary from that. It is stringent. There are other resources and they have to work within what the government says they can do.

Public – part of the problem is the fact that a lot of this information is not in the papers. We need to push them to do a better job of getting this information to the public – it could be something like a weekly column. People work hard to try and deal with treating people with a mental illness. She thinks we need to do a better job in getting the word out there in terms of the kinds of programs that are available and what is working. The Director responded that there are a lot of things in the works. One is hoping to have our own website which can highlight things the Department is doing. She agrees there is a lot of great work that happens in the Department throughout the community and it needs to be highlighted.

Mary – she thanked everyone in the audience for coming. She has been involved with NAMI for quite some time. NAMI only asked for \$12,000. They try to spend all the money on services to people. Nobody gets paid to do anything. Those involved with the Board are drowning in requirements they have to do to get all the paperwork into the Mental Health Department. If they could use MHSA money for things that would enable the volunteers to do what they do best, it isn't direct service to the client, but it enables them to do the direct services. They need to have the structure to justify paying someone to take care of all the paperwork.

Public – what is being done to talk with judges and police? Sharon stated there is a Crisis Intervention Training with law enforcement. Richard stated that California just increased training requirements for law enforcement in their initial basic POST training as well as increasing ongoing training for those officers who are out of the academy. The State is taking some action in regards to training officers in how to deal with individuals with mental health issues.

Public – is there a way they can put the mentally ill in hospitals instead of jail? The jails are filled with people with mental illness. She has a mentally ill son with bi-polar and OCD. Through counseling she found out about NAMI. NAMI saved their lives. She just wanted to advocate for NAMI. She read a letter from another person who gave kudos to NAMI.

Public – he is with NAMI and started with Family-to-Family. He has several expectations. He expects very soon with all the money seen, that places like Nick's Place to come back; we need not just one, but several, at least five. He expects that to happen. He expects that once NAMI's finances are in order that they will ask for and receive more money because they need an Executive Director. His other expectation is that some of these people will start coming to NAMI. He expects more integration with Mental Health and NAMI.

XII. 5:30 p.m. – OPEN PUBIC HEARING: Mental Health Services Act (MHSA) 2015-2016 Annual Update – con't.

Kim – she thanked everyone in the audience for coming and for Sharon J. for doing a terrific job in going through this. The programs either met or exceeded their goals and the consumer satisfaction was really high on every program.

Discussion / Conclusion: a. The Public Hearing was closed. M/S/C (Carter / Hawthorne) to approve the MHSA 2015-2016 Annual Update. There was one opposed.

XIII. Adjournment

Discussion / Conclusion: The meeting was adjourned at 7:21 p.m. The next meeting is December 1, 2015.

Submitted by: _____

Carol Hulsizer
Recording Secretary

Approved by: _____

Vince Ramos, Secretary
Merced County Mental Health Board

Date: _____

Date: _____