



Merced County Mental Health Board Meeting

April 7, 2015

3:30 pm – 5:00 pm

1137 B Street, Merced, CA

Present:	Richard Hawthorne, Chair; Iris Mojica de Tatum, Vice-Chair; Vince Ramos, Secretary; Sally Ragonut; Kim Carter; Supervisor Walsh; Mary Ellis
Absent:	David Baker; James Fuller; Keng Cha; Mary Hofmann
Others Present:	Yvonna Brown; Curt Willems; Chris Kraushar, PRA; Sharon Mendonca; Kurt Craig; Jeanette Merchant; Sharon Jones; Dr. Livermore; Carol Hulsizer, Recorder

MINUTES

I. Call to Order / Flag Salute / Roll Call

Chair Richard Hawthorne called the meeting to order at 3:43 p.m. The flag salute was done. Roll call was taken.

II. Mission Statement

Richard read the Mission Statement.

III. Approval of Minutes from March 3, 2015 (BOARD ACTION)

Action/Recommendation: M/S/C (Ellis / Mojica de Tatum) to approve the minutes from March 3, 2015.

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

Discussion/Conclusion: Vince apologized for the comment he made at the April meeting regarding the clinicians located at local schools. He meant to say that the clinicians staying in the schools and utilizing Strengthening Families would be beneficial because, they can come back to the clinicians and inform them of what the status is with the child. The movement of Strengthening Families program to the schools will be more beneficial than pulling out the clinicians.

Sharon J. reported that with MHSA they are doing Focus Groups and Key Informant Interviews. If anyone would like to set up a Focus Group and have them come out and hear their voices that would be great. If anyone would like to be a Key Informant, this is in regards to MHSA or Mental Health services, contact Crystal Guerrero or Sharon herself. Sharon was asked who would be a Key Informant. Sharon stated that a Key Informant is someone who has a direct connection and information in regards to mental health service, lack of mental health services, improvement of mental health services, or some great innovative ideas for mental health services. Iris continued that NAMI is having a Key Informant/Focus Group here next Monday at 3:30. NAMI would like the Mental Health Board to attend. Iris did invite NAMI to attend the Mental Health Board and speak about this also.

Recommendation/Action: Information Only

V. QI Update – Jeanette Merchant

Discussion/Conclusion: Jeanette wanted this tabled until the next meeting.

Recommendation/Action: None

VI. Chair's Reports

- a. Calif. Mental Health Planning Council Letter dated February 6, 2015
- b. Train-the-Trainer – April 17, 2015
- c. Membership Committee Process

Discussion/Conclusion: a. This letter was attached to today's packet. Richard deferred this to Chris Kraushar to give an overview. Chris stated that she was at the Patients' Rights Advocacy Training in February. At the very end of the last training session a survey was handed out to the Advocates there without the cover letter attached and asked them to fill out the survey; and they only gave them five minutes to complete it. She went through the survey and told how she answered each question. A week later she received the cover letter which showed that the survey should have been filled out by the Mental Health Board. It has been submitted and can

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certainly be amended. After the Patients' Rights Advocacy Training an email was sent to those who did the training asking for a copy of the survey; the trainers responded that they had nothing to do with the survey, it was not sanctioned by them and they were not distributing it. Chris had previously explained to the Director what she had done inadvertently. **b.** Richard stated this training had previously been discussed at a prior Board meeting. Nobody volunteered at that time to attend. Due to the location, San Pedro, and the training being next week, it is too late to send anyone. **c.** Richard was informed that the Membership Committee has only one member - Kim. He asked if anyone would like to join Kim on this committee. Sally Ragonut volunteered.

Vince questioned how the public is informed of the open positions on the Mental Health Board. Yvonnia explained that there are several vacant positions. Mike North, the County's Information Officer, will be sending out information, by the BOS, on all the vacant Board positions. Carol just mapped out a process to make sure that we are adhering to our by-law procedures (a copy of this procedure was given to each Board member at this meeting). Yvonnia explained that once an application is received it will be forwarded to this Board for review and possible consideration. If the Mental Health Board approves, a recommendation will be made to the BOS for their approval. Dr. Livermore commented that the official County website has a list of Boards and Commissions showing all the vacancies. It might be good to highlight the fact that there are Mental Health Board vacancies and use this as a means of getting the word out. Richard stated that he has met with all the Board of Supervisors in regards to this Board's annual end-of-year report. When he talked with each Supervisor he identified what members on the Board were in their districts and the vacancies in each. Sally commented that the best way to get membership is from the Board members looking into the community and finding people who would be interested. Richard continued that part of the requirement of this Board is having individuals who are users of the system as well and we need to be cognizant of this as well.

Recommendation/Action: Information only

VII. Supervisor's Report

Discussion/Conclusion: Supervisor Walsh reported they are preparing for the May revise – this is when the Governor gives his new perspective on revenues and expenditures. There will also be the Governor's proposed budget – which is our preliminary budget – and those hearings will happen in June. Final budget hearings are in August when they have a better idea on what the State and Federal governments have or have not done for us.

Recommendation/Action: Information only

VIII. Director's Report

- a. Briefing on Yolo County
- b. Feedback on MHSA Programs – Discussion with Providers
- c. ACA Impacts on Mental Health Services
- d. Special Projects (Central Intake)

Discussion/Conclusion: **a.** Yvonnia asked Richard, Curt and Kurt to give an update on their trip to Yolo County on March 31st regarding Laura's Law. Curt stated it was a great opportunity to see what Yolo County is currently doing with Laura's Law, how they got involved with this from a pilot project, and how they fund their services that provide for this. They have served a number of individuals that have come in to their system by referral, but to this date they still have not had even one that officially met the criteria for Laura's Law. They thought they had one but the court said "no" it was inappropriate – this person stated to the judge that he just wanted to be left alone; he is not hurting anyone or causing any problems. The judge sided with him. The second person, when they went before the judge, basically said they would be compliant with treatment, thus, there was no issue. Realistically they have not had any direct Laura's Law services other than the number they provided pre-services to. Basically it is all "wrap" services that have been provided through Turning Point. Bottom line – this is what Merced is already doing this. If we go down this path, it would be an easy implementation; however, is it necessary – creating a whole new system of support when it may not be necessary. Richard continued that those attending from Yolo County were the Mental Health Director, Chair of the MH Board, Assistant Director, Turning Point, and the Director of the ACT (Assertive Community Treatment) Program. When they started the pilot program, they just designated four slots and funded those slots at \$16,000 a person. This year they took it back to the Board and received an additional four slots (a total of eight slots now). They could not get a solid answer on how they filled those slots. When they were asked "when did they become a Laura's Law person" they could not answer the question. They asked their mental health professionals to give them a list of individuals who were potential Laura's Law people. Then they contracted with Turning Point and they actively went to these individual's homes, or

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found them on the street if they were homeless, and offer services. The individuals all denied help but they found after a while that they could get them into services. They counted this as a slot – which sounds like outreach and engagement. Towards the end they had two individuals that fit the guidelines of Laura's Law that they took to court (the two that Curt previously spoke about). There was some discussion on the funding and Kurt stated that MHSA funded the Turning Point contract and that was the outreach and engagement, but they call that Laura's Law at that point. All the investigative portion – where someone prepares the court order and court activity – that was funded by the general fund. Kurt asked how it was funded through MHSA; they are using CSS. The day that the referral comes in and Turning Point goes out, is the day it is Laura's Law. Curt continued that once you go through the full process, the judge says the person is to take medication and the consumer says "no" – what is the next step? The same as anyone else – if they are a danger to themselves, danger to others or gravely disabled – they go to 5150 and end up going through our PHF anyway – the same process. Bottom line – there is no "teeth" from a court system to force somebody to take medication – that is not what this is intended to do – force medication. Richard stated that each county that has adopted Laura's Law has had to deal with that misconception – that once the judge makes an order, you can force medication – that is not true. Richard continued that many counties are using SB82 funding to fund local jurisdictional teams where they combine law enforcement with mental health professionals and when they have situations where an individual is acting erratically the team responds so that these people do not fall through the cracks in the system. Richard thought it would be a good idea to take an individual who fits the Laura's Law guideline and look at what Merced County offers this person and then look at what Laura's Law can do; if there is a difference, then consider Laura's Law. If there isn't, then why? At this time Richard does not see the advantage in our County. Kurt continued that AB59 that made it mandatory to do Laura's Law has been amended again. As of today, it is no longer mandatory in the language. The two main things they are trying to do is extend the date out and allow the courts a little more access in making referrals. It is unfunded. There is another bill (1193) out there to force the counties to have the conversation and go to the Board saying either yeah or nay. Iris stated it would be nice to know what the intent of Laura's Law was. Dr. Livermore stated he sees a parallel with the law for forcing treatment on TB patients. When you say the Health Dept. Officer has the power to force treatment, what it really is, is they have the power to issue an order for treatment and then if it is violated, they can take them to court and the judge can imprison them. But it is not having someone forcibly inject medication – that is not implied by the law, it is against their civil rights and it is not the least restrictive thing you can do. The challenge is for the nurse to communicate in any way possible to convince them that this is what they need to do. The threat is secondary. Richard stated that he sees the advantage of Laura's Law in counties that do not have the kinds of services Merced has, is that it sets the stage for conservatorship. Chris believes it gives law enforcement the power, under the court order, to go out and bring them into Marie Green. From there all the usual standard patient rights apply and they will have a determination about whether they must take meds. It will be a legal capacity hearing and all the usual stuff will play out. What you can do – is get them in the door at Marie Green under Laura's Law. Curt stated it allows you to go out and find that person *before* they qualify for Marie Green (a 5150) – this is the key – providing services. Get them in before they commit the criminal act.

Richard continued that today's agenda had been placed on a PowerPoint presentation. b. No discussion. c. No discussion. d. Yvonnia continued that the Department is looking at a building project for Behavioral Health. One of the proposed locations is the old Mercy Hospital. The PowerPoint presentation showed that services would provide adult mental health and AOD services, Wellness Center, DDP, MHSA, Central Intake/ACCESS, medical clinic, etc. Also part of this whole process is having a CRU (Crisis Residential Unit) that is being funded by SB82. There is already a grant secured for this for \$3.5 million that could help this project. The Department has five different locations within Merced and the whole plan is to bring children's services to 13th Street and then use the hospital for adult mental health and AOD services along with administration and some outreach and engagement services like the Wellness Center and DDP. The reason the Department is doing this is to improve client care and overall experience with the Department. This is to include improving care coordination (soft handoff) with internal and external providers. The Department wants to have everyone in the same location. Part of the Centralized Intake process is as clients come through Centralized Intake there is a soft handoff to the external partners like Beacon/Alliance and other entities. Another objective is to improve access for consumers instead of going to different locations which would decrease the number of no shows and allow staff to better monitor compliance and medications. This will expand program development and treatment services (comprehensive service delivery system – a one-stop shop). It will also enhance/build a stronger communication linkage with community partners and stakeholders. There are also some financial objectives which Yvonnia went over. There will be a tremendous cost savings within the Department's rental properties. Currently about \$323,672 is spent each year on rent. That could be used towards the cost of the building. It will save wear and tear on county vehicles, travel costs, etc. Productivity – reduce the amount of downtime because of travel time. Also, it would increase our technology system – to do more telemedicine/telepsychiatry conferencing for Los Banos and Livingston. There are other benefits as well. This is a big project and Yvonnia had mapped out different cost options; she went over the options. Yvonnia then went over the

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funding sources for the project. Yvonna stressed that the money for this capital project is not interfering with the current program costs. This would basically be a two-year project. Once this Board approves the project, it will have to go to the BOS for their approval. Curt emphasized that the State and five other counties are waiting on Merced County Mental Health Department to develop the Crisis Residential Unit (CRU) and we could possibly lose the \$3.5 million and possible future opportunities. To start the process all over again would not be a positive thing. If we are not credible in what we can do with what we have proposed to do, it will not go over well with the State. Iris mentioned that the Advisory Board at the Wellness Center will need to be informed of this project as well because this is part of the MHS community planning process. Kurt agreed that the consumer advisory groups need to be informed of this project prior to coming back to this Board for approval. Iris stated she was willing to talk to the consumer advisory groups. Due to the fact this item was not on the agenda for today's meeting, it was decided that the Board would hold a special meeting to vote on this.

Recommendation/Action: The special meeting was scheduled for Friday, April 17, 2015 at 3:30.

IX. Reports / Updates
a. Executive Committee
b. QIC Report

Discussion/Conclusion: a. Due to time constraints Richard stated that all items not covered at today's meeting will be placed on the May agenda. b. Copies of the QI Committee report from March 24, 2015 were handed out for everyone to read.

Recommendation/Action: None

X. Announcements

Discussion / Conclusion: Sharon J. announced that she will need a public hearing to present MHS program updates. It has already been discussed at the MHS Advisory Board. She is almost done with the update and will send it out to everyone for their review. If anyone has feedback, please give it to Crystal Guerrero. It will be posted for 30 days, hopefully beginning next week. The changes will be PEI clinicians going to CSS funding for more program sustainability and provide a broader array of treatment services for the community. The Strengthening Families Project, which has been going on for three years under Innovation, will need to be placed under PEI. Those are two major actions that will occur.

XI. Adjournment

Discussion / Conclusion: The meeting was adjourned at 5:45 p.m. The next meeting is May 5, 2015.

Submitted by: _____
Carol Hulsizer
Recording Secretary

Approved by: _____
Vince Ramos, Secretary
Merced County Mental Health Board

Date: _____

Date: _____