



County of Fresno

ADVISORY BOARDS AND
COMMISSIONS

FRESNO COUNTY BEHAVIORAL HEALTH BOARD
Wednesday, September 20, 2017, 2:30 PM
 Meeting Minutes

<u>MEMBERS PRESENT</u>	<u>BEHAVIORAL HEALTH</u>	<u>PUBLIC MEMBERS –</u> <u>Continued</u>
Carolyn Evans	Dawan Utecht	Connie Claes
Renee Stilson	Susan Holt	Randy Earl Packard
David Thorne	Kristi Williams	Juliana Flores
Curtis Thornton	Sean Patterson	Randy Earl Packard, Sr.
Donald Vanderheyden	Qi Sun	Carla L.
Dr. Marta Obler		Veronica De Alba
John Duchscher	<u>PUBLIC MEMBERS</u>	Rosio Laguna
David Weber	Carrie Smithson	Scott Hollander
Katie Lynn Rice	Chao Xiong	Alena Pacheco
Brandy Dickey	Ryan Banks	Ryan Beal
Francine Farber	Rachel Ensom	Jose Manjarrez
	Lee Ann S.	Melissa Moberly
<u>MEMBERS ABSENT</u>	Deanna Kivett	James Ritchie
	Brenda Kent	Brian Lee
<u>BOARD OF SUPERVISORS</u>	Gilberto Rivas	John Baker
	Fidel Garibay	Kirk Hill
	Jolie Browar	
	Brooke Frost	
	Cynthia Rocha	

I. Welcome and Opening Remarks

Francine Farber was welcomed back to the Behavioral Health Board (BHB).

Chair John Duchscher announced that Public Comment is limited to five minutes or less depending on the timing of the meeting and number of speakers.

John announced that the Substance Use Disorder Committee is suspended. The Provider meeting will continue to meet monthly. Further, the Department of Behavioral Health Providers will continue to meet; DBH will continue to provide information from providers to BHB. Site visits are very productive, seeing different sites and programs.

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A. Success stories: Crisis Intervention Team (CIT) – Sgt. Dewey, Fresno Police Dept.

Sgt. Dewey of Fresno Police Department (FPD) discussed the collaboration between FPD and DBH on the Crisis Intervention Team, which began on September 5th. The team consists of four Police Officers and two Mental Health Field Clinicians; they will provide service within Fresno city limits. At this time, their hours of operation are 6:30 AM – 10:00 PM, Monday through Friday. The goal of the CIT is to intercept calls normally sent to law enforcement and assist individuals that are in need of mental health services. This will allow the team to free up officers that can tend to other matters in the community. In addition to training, the team visited a similar program in Tucson, AZ for best practices. The hope is to expand hours and case management; also continue to stay updated on individuals to ensure they are receiving the services needed. The team has already seen some great success.

B. Board of Supervisor Proclamations

There were two proclamations read during the September 12th Board of Supervisors meeting: Suicide Prevention Week was recognized from September 10th thru September 16th, 2017 and National Alcohol and Drug Addiction Recovery Month recognized during the month of September 2017.

II. Approval of Agenda by Board

Agenda approved as submitted.

III. Approval of Minutes from August 16, 2017

Minutes approved as submitted; Francine Farber abstained.

A. Update & Program Review – Department of Behavioral Health – Director Dawan Utecht

Legislative Update

ACA repeal / replace, the new version is similar to past bills; however, there's a possibility that it may pass. CBHDA will continue to oppose. Updates will be made at a future BHB meeting.

AB 1250: This bill allows to contracts for personal services. It was turned into a two year bill. It didn't make this legislative session, but will be in the next. CBHDA is also in opposition of this bill.

AB 451: Bill requires emergency services be provided in inpatient settings, such as the Exodus Psychiatric Health Facility (PHF). It has been put into suspense.

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Contracts

Primary Care Contract

Primary Care Integration contract to the Board of Supervisors (BOS) in October 2017. It is a master agreement that will go to a federally qualified health clinic. The contract requires screening for mental health and substance use disorder (SUD), in their clinic, for mild to moderate impairment. Further, the contract instructs the federally qualified clinic or primary care center, to ensure mental health and mental health services be provided at or near their location.

Request for Proposal (RFP) for Crisis Residential Treatment (CRT) Facility Operator

The RFP for the CRT Facility closed on September 20th. The organization selected for the contract will be the entity that runs the facility.

Budget

The County Budget for Fiscal Year 2017/18. Budget process was differently this year by moving it from June to September. County departments were able to complete their year-end reconciliation. BOS members were provided with county department budget material to review prior to the meeting.

Appropriations: \$244,932,343

There was an increase of \$52,568,219; the majority of the increase is from Capital Projects. The department also added 32 positions and increased contract services for access / capacity.

Department Projects

Housing

The work of the Housing Workgroup continues. The group will invite a representative of the Independent Living Association (ILA) from southern California to attend the next Housing Task Force meeting. The goal is to get assistance from ILA in creating guidelines for Room & Boards. Further, the group is working the assessment, actions that can be taken now to get ahead of the No Place Like Home (NPLH) fund application.

Drug Medi-Cal Redesign

The State approved it; however, they had some basic questions, which will be addressed. Additionally, the department is working with the state on rate setting for services the department didn't have before.

De-carceration / Stepping-Up

Three key plans have come from this project which came out of the Sequential Intercept Mapping (SIM). 1) CIT, previously covered by Sgt. Dewey; 2) Experience in the Jail Process, part of the exercise was trying to identify

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individuals in the justice system that are need of services and determining their needs. Activity is on-going, working on contract for services in the jail, including the ability to administer injectable medications. There are plans to establish a transition team that will work with the jail on identifying individual needs and facilitate reintegration; 3) Divert to What? Once an individual is identified as needing mental health or substance use services, the next step is identifying a place for them to go. Projects such as Drug Medi-Cal Redesign and Housing Task Force, and other services recently created are attempts to create the 'Divert to What?' step.

Suicide Prevention

September 10th through 16th was recognized as Suicide Prevention week. Fresnocares.org is a website started by the Suicide Prevention Collaborative in an effort to educate the community. Individuals can visit the site to learn about suicide prevention, identify strategies for local implementation, evaluate efforts, and create an integrated system to address suicide in our community. Further, a Wellness Survey is currently running and open to the public. It will give the Data Workgroup an opportunity to see if the work being done is effective.

Collaboration with Schools

The collaborative is also working with schools; they are very close to presenting a plan on how services will be distributed to all kids in schools; infusing resources in schools and getting linkage to services outside the schools. Jim Yovino will meet with school superintendents tomorrow to discuss the next steps.

MHSA Annual Update

MHSA Annual Update was posted. Starting to hone in on the new process for collecting feedback / input to the plan. The new process will give the department an idea of the key areas to focus on. Looking to contract with the Rand Company that will help the department to analyze data and see what is working.

Dashboard (not included in PowerPoint)

A dashboard is in development by the department for public viewing is nearly complete. It will include outcomes that are provided to the state. The Federal Government imposed the Final Rule. It is looking at better ways for the public and / or clients to assess whether the department is doing their job.

KingsView Blue Sky Wellness Center

Blue Sky has a Peer Advisory Committee (PAC) that meets monthly. The committee plans group activities as well as implementation of prevention and early intervention. KingsView provides the curriculum for group leaders to pull from and train on how to lead groups, allowing consumers to take the lead. Blue Sky has had some recent challenges with safety and security. Thus, changes were implemented, some quickly as was necessary. Blue Sky worked with the PAC to discuss the changes. From the process, it was clear that more education

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and assistance in running a peer-operated program is necessary; therefore, Resilience was brought in to assist.

IV. Old Business

A. Site visit: Blue Sky Wellness Center

Administration and staff are working towards addressing recent loitering issues. Relationship between security guard and clients is improving. The group reported they were pleased with the vocational program.

B. Discussion of September 9th Community Forum – Anna Allen

Anna Allen reported on the BHB Community Forum held in Sanger on September 9th. She thanked fellow BHB members and Providers for attending and / or participating. Additionally, the Mayor for Sanger attended and expressed thanks for holding forum in Sanger. Mayor asked if BHB would be part of the an upcoming resource fair in Sanger. The forum provided an opportunity to learn more about the different programs and services.

C. Next Community Forum

The next BHB forum is scheduled for Wednesday, October 18th. The forum will be held in lieu of the regular BHB meeting. Prior to forum, a Public Hearing is scheduled to hear the Mental Health Services Act Plan for 2017/18; it begins at 1:30 – 2:30 PM. The forum begins at 2:30; at 4:00 PM or sooner depending on question and answer session of the forum, the BHB will discuss and make their recommendations of the MHSA Plan.

D. Letter addressing Alcohol outlets

During the August BHB meeting, a Fresno Bee article discussing the issuance of alcohol licenses in the city of Fresno was raised. From that, Curt Thornton was asked to draft a letter to the City Council, a copy will go to the BOS, DBH, Planning Commission and City Manager. Separate but parallel letters will be sent to the BOS. The second letter will reference number of licenses issued as stated in the article.

Motion to approve letter with changes was made by Donald Vanderheyden; 2nd by David Weber; motion approved by BHB.

E. Housing Update – Carolyn Evans

Carolyn attended the second meeting of the Housing Task Force. She reported that there is a great collaboration of people / agencies for the Housing Task Force. There is a large spectrum of housing at different levels; however, the group agreed that the most important areas are permanent supportive and emergency housing. Going to work on those areas simultaneously.

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V. New Business

The BHB's next site visit will be the Multi-Agency Access Program Point at Poverello on September 28, 2017.

VI. Committee Reports

A. Adult Services – The Adult Services committee will meet on October 2, 2017.

B. Children's Services

Children's Services was previously tasked with researching and reporting on the time it takes for children in foster care to receive services. Lesby Flores, Division Manager for Children's Mental Health, reported on the requested data. CPI, Uplift, and Stars were present, and have attend DSS and DBH provider meetings regularly to communicate and to discuss challenges. The three types of referrals are: 1. Crisis— seen within 3 days, 2. Priority—seen within 2 weeks, and 3. Standard—seen within 30 days. The DBH Child Welfare Mental Health Team distributes referrals to the most appropriate providers. Data is tracked from the onset of referral to DBH team, but data is unknown for the time it takes referrals to get from Parents or Foster Care agencies to the DBH team.

The department has hired two Tele-psychiatrists. The new Chief Consultant Psychiatrist—Karen Kraus—and Supervising OA have no data because of changing issues with capacity. Two Licensed Vocational Nurses (LVN) and extra help have been hired. Referrals are sent by Primary Care Physicians, and school Psychologists, who usually refer before an IEP is in place.

CCR AB1299 bill- presumptive transfer- effective July 1, 2017 was put in place by DHCS without proper means to establish it. CCR 1299 bill says: Foster Youth placed by the County of Origin must be transferred to the host county, which becomes the new County of Origin. Children's information in medical system must be updated so eligibility will transfer to new county.

C. Justice Services

Division Manager Joseph Rangel reported that the grant application for Prop 47 was unsuccessful; however, the department opted to move forward with plans anyway. DBH is in talks with the Public Defender's office about providing funding for expungement services.

The current focus of the Department is the California Drug Medi-Cal Organized Delivery System of Care (DMC-ODS) Waiver since the State's approval. The waiver / application has moved on to the Federal Government; they have some minor questions, that will be addressed by the department.

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The system will go live in the next fiscal year (July 1, 2018).

Mental Health Supervisor, Caroline Ahlstrom, reported things are being done differently in the jail, such as focusing on the Severely Mentally Ill (SMI) population. Additionally, they are at 98 to 100% in seeing patients. Corizon has restructured some of the groups, so if a clinician is unavailable another can fill in for group sessions. They've also changed how therapists are seeing / treating inmates; two designated clinicians that focus on safety cell checks and two clinicians focusing on follow-ups.

D. Substance Use Disorders (Suspended)

SUD committee has been suspended; however, information will continue to be provided by DBH on issues regarding SUD.

E. Other reports or announcements – None received.

F. Combining Children's & Justice Committees

John queried the BHB on the idea of combining Children and Justice Committee's. He added that doing this would give the groups an opportunity work on projects and prevent members from having to serve on multiple committees. BHB has commissioned subcommittees for reasons such as the report on foster care issues. He feels combining the committees, the members can focus on community behavioral / mental health and substance use disorder issues that need to be addressed by the BHB.

Members, however, stated that there is no link between the Children's and Justice Committees and combining them could possibly lead to missing key issues of either group. Further, the Justice Committee does not discuss Children's issues; it is geared towards adults in the criminal justice system.. Also, Foster Care Childrens and Oversight Commission already works in a joint effort with BHB Children's Committee. A majority of members did not agree that combining the committees would benefit either committee; therefore, the topic will not be placed on a future agenda.

G. Holistic Center – Carolyn Evans

Due to time, this item will be carried over to next regular BHB meeting in November.

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VII. Educational Presentation – Dr. David Weber, Clovis Unified School District
“Supporting the Mental Health Needs of All Students”

David Weber’s presentation on “Supporting the Mental Health Needs of All Students,” discussed the current system of support which includes several systems such as Clovis Support & Intervention (CSI), Peer Counseling, School Counselors and Psychologists, DBH Clinicians, etc. David went into further detail about how each support system works for the students and schools. He presented on the three Tiers of Social-Emotional MTSS. The Beginning Tier is geared towards all students, while Tier 2 is more of a targeted focus and Tier 3 is Most Intensive. Tier 3 calls for plans to include IEP, involves DBH Mental Health Clinicians, School Psychologist, Transition Team, Anytime Pass, SSSA. The school district is doing a better job tracking and using the transition team; part of the goal is to focus on younger students that show behavioral health issues as part of prevention / early intervention.

VIII. Public Comment *(Any person wishing to address the Board will be limited to 5 minutes or less according to the time available and the number of those wishing to address the Board)*
Public comment held.

IX. Adjournment
Meeting adjourned at 4:44 PM.

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