



# County of Fresno

ADVISORY BOARDS AND  
COMMISSIONS

## FRESNO COUNTY BEHAVIORAL HEALTH BOARD

Wednesday, June 20, 2018 at 2:30 PM  
Blue Sky Wellness Center  
1617 E Saginaw Way - Fresno, CA 93704

### Meeting Minutes

<p><u>MEMBERS PRESENT</u> Carolyn Evans Francine Farber Marta Obler Katie Lynn Rice Curt Thornton David Thorne</p> <p><u>MEMBERS ABSENT</u> Donald Vanderheyden Renee Stilson</p> <p><u>BOARD OF SUPERVISORS</u> Sal Quintero (absent)</p>	<p><u>BEHAVIORAL HEALTH</u> Dawan Utecht</p> <p><u>PUBLIC MEMBERS</u> Brian Stugelmeyer Rigo Robles Rondy Earl Packard, Jr. Jose Manjarrez Margaret C. Fidel Garibay Rachel Ensom Anana Miranda Nancy Wallau Marylou Brauti Minkler Lilith Assadourian</p>	<p><u>PUBLIC MEMBERS –</u> <u>Continued</u> David Tan Marilyn Bamford Elizabeth Escoto Helen M. Lowell Ens Robin Gonzales Sharon Ross</p>
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### I. Welcome and Opening Remarks

#### II. Opening Remarks

Chair Carolyn Evans called the meeting to order at 2:30 PM.

#### III. Success Story

Director Dawan Utecht shared that the Crisis Intervention Team (CIT) received a call regarding the concern of a residence with approximately 15 tenants, living in inadequate conditions. A collaboration of partners with Department of Behavioral Health helped to place the individuals in other housing. The property owner renting space felt he was trying to help the individuals in need of a place to live. He was advised of the proper procedures.

Agenda approved; one of the two success stories was moved to the latter part of the meeting.

*(2<sup>nd</sup> success story was heard after Housing Update)*

Robin Gonzales instructs Zumba at the Holistic Education and Wellness Center. Robin, a Navy veteran, discussed how she uses Zumba to improve her mental health. She served in the Navy for 13 years, two years in combat, 2011-12 in Iraq. Found fitness to be therapeutic, primarily dancing. Enjoyed the Zumba classes so much, over time decided to become an instructor to help other veteran's and other people in the community struggling with mental health issues. She also gained her Mental Health First Aid certificate, which she also uses in her outreach.

#### **IV. Approval of Agenda by Board**

Agenda approved as submitted.

#### **V. Approval of Minutes from**

Minutes were approved.

#### **VI. Update & Program Review – Department of Behavioral Health – Director Dawan Utecht**

The focus of this update is Permanent Supportive Housing and Children's Outpatient Services. The presentation was made as the BHB requested information on the effectiveness of housing first.

##### Upcoming Requests for Proposals (RFP's)

DBH received the Planning funds for No Place Like Home project. A Request for Proposals (RFP) will be put out for a housing consultant that can assist with developments, citing, funding procedures, and working with collaborative partners.

Additionally, an RFP pilot program for vouchers will be developed, that will also provide supportive services.

##### Mental Health Services Act (MHSA)

AB 114 Reversion Spending – As the state did not give adequate guidance or provide consistent guidelines, AB 114 allows counties to hold on to reversion funds by publishing the spending plan by June 30, 2018 and through a stakeholder process, vet the spending plan.

Innovations Planning – Part of the stakeholder process that will commence in July will include a three-fold plan of potential reverted funds. 1) Input of potential reverted funds; 2) the innovations concepts included in last year's annual update that are ready for vetting 3) this year's annual update is approaching. In July the stakeholder process will commence, it will be similar to last year. Every agency or program that collaborates with DBH will be asked to have at least one focus group, specific to innovations proposals. There will be at least one large DBH facilitated stakeholder meeting. In August, DBH will begin synthesizing stakeholder input, continuing with the rest of the process in August. In September, the draft will be ready for review and the public hearing.

Mental Health Services Oversight and Accountability Commission (MHSOAC) – Put in place with the passage of Proposition 63, that serves to review Annual Updates, Three Year Plans, and must approve innovations plans. Part of the process with the reversion and innovations funds is that it will be predicated on getting through MHSOAC process.

Currently the MHSOAC is focusing on suicide prevention. They will visit Fresno in August or September to meet with Fresno County Suicide Prevention Collaborative. The FCSPC anticipates completion of a drafted plan by the end of June, which will be reviewed in July and August. Publishing is anticipated to occur in September. It will be a living document. Dates are not finalized.

Dawan noted that the MHSOAC has regular meetings across the state. The hope is to have a regular meeting in Fresno County, in addition to the meeting on Suicide Prevention.

### Housing Highlights

The NPLH Technical Assistance Grant provides \$150,000 that will allow DBH to plan, design and strategize for implementation of NPLH. As previously stated, a consultant will be brought on board via RFP to assist with the process.

- Turning Point – STASIS Permanent Supportive Housing: Provides housing for up to 25 individuals that were identified as homeless living with a severe mental illness. There is on-site 24/7 supportive services with case management and treatment services provided by DBH.
- Renaissance Developments – Permanent Supportive Housing: Other supportive housing in partnership with the Housing Authority. The locations include Trinity, Alta Monte, and Santa Clara.
- Family Villa – Family Permanent Supportive Housing: Part of Pathways Program, exclusively for individuals that receive services through DBH or Social Services and have co-occurring disorders; CalWorks recipients. Operated by Turning Point with a target population of mothers and children, include perinatal.
- New STARTS (Master Leasing Program) – Funded through MHSA; operated by Mental Health Systems (MHS). Targeted for persons receiving DBH services who can live independently, no requirement to be chronically homeless. 100% of clients housed have retained their housing. Clients rents are limited to 30% of their income.
- Bridge Point Housing – Transitional Housing: Operated by Turning Point. Includes case management, provides safe shelter for up to 30 homeless individuals who are within 60 days of securing permanent supportive housing. Referrals are made by Coordinated Entry and the VA.
- Shelter Plus Care (S+C): Housing Urban Development (HUD) funded rental assistance. Fresno Housing Authority provides approximately 80 vouchers to house DBH clients. DBH provides supportive services and treatment as the match requirement. It is designed for adults with Severe Mental Illness (SMI), served by DBH who are homeless, not chronically. All referrals are processed via the Coordinated Entry System (CES).
- Hotel Motel Voucher Program (Pilot): Master Agreement allows DBH to provide client with a voucher that is acceptable to hotel / motels listed within the Master Agreement. Case manager will attend the initial client registration in hotel / motel, and works with client based upon client is housing plan.

### DBH Housing Task Force

The task force was created mid-year 2017 to gather stakeholder input as DBH implements recommendations of the DBH Housing Inventory & Needs Assessment completed in February 2017. They are tasked with prioritizing recommendations outlined in the Assessment. The task force includes DBH staff, contracted providers, BHB representative, and community collaborates with interest in DBH housing options.

The Housing Authority conducted a massive stakeholder process in the fall to update their 10-year plan to end chronic plan. Of that, an expanded group that will address homelessness in Fresno, led by the Mayor. He recently announced a partnership between the city and county utilizing newly available funding to create a more robust plan to address homelessness. In coming months there will be additional details. Independent Living Association (ILA) – room & board: Room and board are essentially private homes, that can house adults with disabling conditions. Persons housed do not require medication oversight and are able to live independently. Room and boards are not regulated by a licensing body.

Any individual who wants to run a room and board, who wishes for DBH or DBH partners to access, will be asked to become a member of the ILA, as a commitment to quality housing. The ILA program will offer education to land lords and tenants on what their individual responsibilities are. DBH will contract with Community Health Improvement Partnership (CHIP) to develop and operate an ILA with local subcontractors. The BOS contract is anticipated for August 2018.

The Lodge: An innovative concept developed through stakeholder process. It was created to address an unmet need offering a short-term, low barrier, safe place to stay for adults with SMI and Substance Use Disorder (SUD) challenges referred through DBH systems. The focus is clinical engagement and homeless prevention / intervention for individuals receiving DBH services (Crisis, CIT, etc.), but is not required to be fully engaged. The RFP is anticipated to go out at the end of summer 2018. The innovations plan will go out by the end of June.

Crisis Residential Facility (CRT): The 16 bed facility, located at Kings Canyon, is nearing completion. The grand opening will be coming in the next few weeks. This facility will run similar referral patterns as The Lodge, but with slightly a different stage of change. It is anticipated to open by the end of this summer.

Inventory of Residential Care of Facilities: Licensed by Community Care Licensing (CCL). Residential homes for adults with mental health care needs who require assistance with care and supervision. Funding for placement comes from the client's funds (i.e. SSI). Special needs populations may be placed with supplemental funding, per contract with DBH. Historically was restricted to persons on Conservatorship.

Many of the operators have multiple homes to manage; therefore, DBH, CCL and operators continue to meet jointly to discuss goals to better support existing operators and increase inventory.

Corporation for Supportive Housing (CSH) – Review of DBH Permanent Supportive Housing: Two-day, on-site review of Santa Clara and Stasis properties. Purpose was to review implementation of best practices in PSH. Document review (MOUs, Agreements) of Renaissance at Trinity and Alta Monte, as well as Turning Point's Family Villa housing. They interviewed property management and supportive services staff. They also conducted focus groups with tenants of their housing experience.

The review included four components:

- 1) Project design and administration
- 2) Property and housing management
- 3) Supportive services
- 4) Community

Utilized CSH 5 Dimensions of Quality (fidelity standard):

- 1) Tenant-centered
- 2) Accessible
- 3) Coordinated
- 4) Integrated
- 5) Sustainable

Dawan noted, if NPLH passes, the model / project must be sustainable for 20 years.

Further highlights of CSH report include a summary of findings, recommendations, various training, and workshops.

Housing Assistance and Resource Team (HART): This is a new team, utilizing existing resources. Case managers / Community Mental Health Specialist. The central point of care is within the Adult System of Care, where the review and approval process occurs, as well as supportive services.

Additional Development Efforts:

- Meeting with local proper owners
- Visited PSH in Denver with community partners
- Seeking Technical Assistance for NPLH
- Partnering with city and county officials, CBO's, and other public agencies to reduce homelessness
- RFP for development for housing Authority with supportive services

#### Children's Mental Health Program (Heritage Center)

Programs for this program include Youth Wellness Center (YWC), Children's Mental Health (CMH) Outpatient, Expansion Day Treatment (EDT), and School-based Teams (SBT) – Metro and Rural.

YWC is designed to improve timeless access to mental health screenings, assessment, on-going treatment short-term disturbances.

CMH is comprised of two treatment teams that provide voluntary mental health services to children and their families. The primary service delivery model is in an office-based

setting.

EDT is the highest level of intensive outpatient mental health treatment services delivered by county-operated youth programs. They serve youth in grades 7 – 12. Activities include daily “community meetings”, individual therapy, skill building groups, and collateral services with family members.

SBT provides outpatient mental health services for school age (K-12) students with serious emotional disturbances (SED). Services are provided at the school sites by DBH clinicians.

Service Enhancements: As part of DBH’s commitment to providing quality and timely access to services, DBH Children’s Mental Health Division is implanting several Program Improvement Plans (PIP’s) in order to strengthen this effort.

- 1) Improving Care Coordination and Timeliness of Post-Hospital Follow-Up
- 2) CMH Outpatient Intake Process Redesign

Functional Assessment Tools:

California Department of Health Care Services (DHCS) selected the Child Adolescent Needs and Strengths (CANS) and the Pediatric Symptom Checklist 35 (PSC 35) to measure child and youth functioning as intended by Welfare and Institutions Code Section 14707.5. Cross-system planning and training will be implemented by July 1<sup>st</sup>.

The CANS is not supported; there are fundamental flaws in the measures. There are a number of psychologists and a study by UCLA that does not support the CANS tool.

The real focus on using the data is part of the treatment, promoting resiliency/recovery in Children’s System of Care.

Lastly, DBH has continuous staff training, cross system efforts which includes an expanded Reaching Recovery implementation team, and expansion and integration.

## **VII. Old Business**

### **A. Report on site visit to DBH Children’s Services**

Carolyn requested a list of all children’s programs for in-house and contracted. Katie gave a brief summary of their visit. The members that toured were happy to hear that youth can receive immediate attention if there is a need. Communication among staff is ongoing. The facility offers expansive day treatment, daycare services, outpatient mental health services, inpatient mental health services, and outpatient / inpatient infant mental. Current obstacles include not having an adequate number of staff and lack of school office space. There is a Child welfare worker available; goal is same day connection when receiving referral, and one-person that handles all medication referrals. There are three psychiatrists on staff - two that are on staff at all times and just hired a fourth that will work about 16 hours per week; one Nurse Practitioner, LVN, and RN, and seven tele-med rooms. Overall, it was a great visit, happy to see all the services they provide.

**B. Letters to the Board of Supervisors**

Letters regarding current membership and recruitment were sent to the BOS.

**C. Visits with Board of Supervisors**

Contact was made, no appointments have been scheduled.

**D. Community Forums – Fresno, June 14, 2018**

A forum was held at the Betty Rodriguez Library that went well. Thanked Francine Farber for organizing and advertising. Thanked DBH for sending Kristen Lynch and providing food; also thanked the HCEWC for their support and presence.

Some of the targets of concerns discussed include lack of information in the community about Behavioral Health services available, navigation through the system, services for veteran's, more services in the schools, a need for a mobile crisis unit, need for more beds in local inpatient hospitals, affordable housing, and job development.

**E. Review of BHB Training**

Members of the BHB attended training on June 2nd. The trainer Susan Wilson, provides training to BHB boards across the state. Learned a lot in the training, will move forward with some of her suggestions. One of the suggestions included reviewing by-laws and regulations. To accomplish this an ad-hoc committee will be formed; Carolyn asked for volunteers.

**VIII. New Business**

**A. Future site visits**

Break in July. Suggested future visits include the Residential Crisis Center.

**B. Discussion and decision on possible meeting time changes. BHB Executive Committee and BHB monthly meeting.**

Due to time and not all members being present, this item will be carried over to the August BHB meeting.

**IX. Committee Reports (Deferred due to time constraints)**

**A. Adult Services**

**B. Children's Services (Meeting June 28, 2018)**

**C. Justice Services (Meeting July 9, 2018)**

**D. Other reports or announcements**

**X. Public Comment**

Comment held; none received.

**XI. Adjournment**

Meeting adjourned at 4:24 PM.