



# County of Fresno

ADVISORY BOARDS AND  
COMMISSIONS

FRESNO COUNTY BEHAVIORAL HEALTH BOARD  
 Wednesday, October 17, 2018 at 2:30 PM  
 Blue Sky Wellness Center  
 1617 E Saginaw Way - Fresno, CA 93704

Meeting Minutes

<u>MEMBERS PRESENT</u>	<u>BEHAVIORAL HEALTH</u>	<u>PUBLIC MEMBERS – Continued</u>
Carolyn Evans	Susan Holt	Sharon Ross
Francine Farber	Amina Flores Becker	Stan Lum
Katie Lynn Rice	Rebecca Guerrero-Silvas	Scott Hollander
Curt Thornton	Tami DeFehr	Yoanna Guerrero
David Thorne		Esmerelda R.
Donald Vanderheyden	<u>PUBLIC MEMBERS</u>	LeeAnn Skororohod
Jerry Wengerd	Ariana Miranda	Jessica Underwood
Margot Tepperman	Etisha Wilbon	Virginia Sparks
Marta Obler	Jane McCoy	
Ward Scheitrum	Fidel Garibay	
	Angela Yepez	
	Sharon Alexander	
<u>BOARD OF SUPERVISORS</u>	Anna Allen	
Sal Quintero	Alex Murillo	

## **I. Welcome and Opening Remarks**

Meeting was called to order at 2:31 PM. Chair Carolyn Evans announced the November Behavioral Health Board (BHB) was moved up one week; it is scheduled for November 14, 2018, due to the Thanksgiving Holiday.

Ward Scheitrum was introduced as the newest member of the BHB. Ward is a Fresno resident and comes from the business sector. Though he is not familiar with Department of Behavioral Health (DBH) and BHB, he is anxious to learn and serve the community.

Success story: Peer Support Specialist and former BHB member, Anna Allen, presented on her experiences of the training and participating in a graduation ceremony on September 5, 2018. PSSs were provided with 80-hours of intensive and hands-on training. The training though difficult, in some aspects was empowering and helped them to overcome some anxieties. They will use the tools learned to help the clients they serve.

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

Carolyn asked to move the site visit reports to coincide with outcomes reports provided by DBH.

Agenda and movements approved.

## **III. Approval of Minutes from**

Minutes approved with changes.

## **IV. Update & Program Review – Department of Behavioral Health – Deputy Director Susan Holt**

### **a) Quarterly Housing Report**

The City of Fresno and County of Fresno are collaborating on a 10-year plan to end homelessness. DBH participates in the committee. In addition to the 10-year plan, DBH was approved to receive funds for an outreach and treatment program grant of \$729,000. Further, the Homeless Emergency Aid Program (HEAP) Funding provides \$9.5 million, which goes through the Continuum of Care.

DBH continues to meet with developers in pursuit of rehabilitating existing properties in an effort to create permanent supportive housing (PSH). Potential housing units are anticipated to be available in March 2019.

Through the long-standing partnership with Fresno Housing Authority (FHA), DBH and FHA are exploring other properties for PSH. Further the BOS recently approved an agreement between DBH and Community Health Improvement Partners for Independent Living Association (ILA), that is expected to be operational by spring 2019. The agreement will provide training and support for property owners and tenants. A room and board facility can become an ILA member by meeting specific requirements. Currently, DBH is in the ramp-up period of the contract, which includes the hiring process.

### **b) Discussion of Report from Corporation for Supportive Housing**

A program evaluation report was conducted by the Corporation for Supportive Housing (CSH) on PSH that are operated by or contracted with DBH. From the report came six recommendations:

- 1) Training in Housing First and Voluntary Service Model for all housing staff and property managers
- 2) Develop and Implement clear job descriptions specific to supportive housing service delivery to differentiate roles and responsibilities among partners and staff
- 3) Develop internal infrastructure for improved collaboration between property managers, supportive services staff, clinical staff, and DBH leadership
- 4) Site and operations review and adjustment – Santa Clara, including: further evaluation of staffing hours and consider 24/7 property management oversight, revisit operations budget to ensure facility and maintenance costs are budgeted over time
- 5) Review of Admission Criteria to consider broadening where possible
- 6) Develop a Supportive Housing Institute to build and grow capacity of housing

developers to utilize DBH or other funding  
The CSH report's focus was on Renaissance properties and other supportive housing programs such as Stasis and Turning Point. The report is broader than just Renaissance. The future of Santa Clara includes investing resources in training; recently filled a Division Manager position, which will begin the first of the year, and lastly DBH is committed to ensure Renaissance is operating in good order. Moving forward, the department will utilize the recommendations from the CSH to assist in developing contracts.

Public comment held, none received.

Curt Thornton motioned to form an Ad Hoc committee to meet with DBH and review the Department's progress on implementing the recommendations in the CSH report prior to the January BHB meeting. Jerry Wengerd seconded the motion.

Susan advised the BHB that she would be willing to meet with the Ad Hoc Committee.

Curt and Jerry volunteered for the Ad Hoc committee.

**c) Outcomes Report: Renaissance – Santa Clara**

Reporting period is July 1, 2016 to June 30, 2017. Program expenses are estimated at \$148,747, the program serves 30 unique clients, and the cost per client is estimated at \$4,958.

Requirement for eligibility is individuals with a serious mental illness who are homeless or at-risk of homelessness at the time of move-in. The services provided include on-site services such as case management, outreach, application processing, etc. On-site supportive services include screenings, individual needs assessments, individual and group sessions, direct assistance to support self-sufficiency and independent living, response to crisis, linkage to med support and other services, and leisure activity supports.

Thirty unique individuals have been housed at Santa Clara during this reporting period; of those thirteen percent were hospitalized in an acute setting. Similarly, thirteen percent received crisis stabilization services. Twenty-nine percent of the tenants engaged in 10 or more hours of DBH supportive services per month. The occupancy rate is steady at ninety-six percent; a break in occupancy occurs when a unit remains vacant for 31 days or more. During the reporting period, there was only one unit that had a break in occupancy, none went over 60 days. Satisfaction rate among tenants averages in the high sixty percentile in the following areas: Respect needs & culture, See progress towards recovery, Hopeful about recovery, Talking about & celebrating goals, and Supporting wellness & recovery.

**d) Outcomes Report: Pathways to Recovery**

Pathways to Recovery provides outpatient mental health, substance use disorder, and co-occurring services. The Mental Health component serves individuals referred by the Department of Social Services (DSS). The Substance Use Disorders (SUD) component serves individuals referred by DSS, Probation or self-referrals. Staffing for the program consists of six Clinicians, six Community Mental Health Specialists and five Substance Abuse Specialists.

The design was set-up in tracks for mental health and substance use disorder (SUD). Clients with co-occurring disorders participate in customized plans. There are numerous treatment services, support groups and education classes. The program operates in a Milieu Environment, where clients can interact and work as a community.

Family Development Center (FDC) is located on-site. It provides a safe, supervised therapeutic environment for children of individuals receiving services at Pathways. FDC staff educate and assist parents in learning practices that encourage family cohesiveness.

Other program services include the Mentor Program, Family Villa, Alumni Group and the Community Library.

A consumer perception survey from November 2016 reflects a satisfaction in the areas of General Satisfaction in the 90 percentile, and averaging above 60 percent in Perception of Access, Perception of Quality and Appropriateness, Perception of Participation, Perception of Outcome of Services, Perception of Functioning, and Perception of Social Connectedness.

Future plans for the program: DSS is working to secure mild/moderate mental health services through a contracted provider for their clients. The existing Pathways program will be redesigned to provide co-occurring services to individuals with serious mental health symptoms as well as substance use. The result will be a co-occurring program that aligned with the Department's mission and complies with the new DMC-ODS Waiver regulations. May expand access to the Family Development Center. Will determine use of Family Villa Permanent Supportive Housing, consideration needs to be made with regards to accessing services. The department will provide an update after the redesign is complete.

*Item V a and b were moved on the agenda to coincide with the Department Update.*

**a) Report on Site Visit Santa Clara**

Per the report, 70 percent of residents did not engage in services. Residents are not required to participate or receive any DBH services. The department hopes to develop other markers to track tenants' progress and recovery.

There was concern that the tenants no longer participate in a tenants' council. However, it was noted that the tenants chose not continue with the council, at this time. Recommendations include ongoing training and support for staff, upkeep on the landscape, and 24/7 onsite staff and security.

**b) Report on Site Visit to Pathways to Recovery**

BHB attendees were impressed by staff's dedication and the program's objectives. However, since the program is in the midst of change, the Board would like to visit again at a later date to see the redesigned program.

**e) Mental Health Plan: Cultural Competency Requirements**

Division Manager Amina Flores Becker presented on the department's Cultural Competency efforts. The department is in the middle of a revamp effort that started in

July 2017. Cultural Competence is determined by the federal class standards for Culturally Linguistically Appropriate Services in Health Care and also by state regulations under the Cultural Competency Plan Requirements (CCPR). The state last updated their requirements in 2010; however, they are in the stages of updating their requirements. Until the new requirements are provided the department updated their plan; when the state provides the new requirements DBH will incorporate them.

Nancy Callahan from Idea Consulting was contracted by the department to review the Cultural Competency Plan. Through a series of focus meetings with mental health and substance use disorder providers, and county operated programs, Nancy was able to conduct an assessment of the department's needs. Further, the committee was revamped to bring in new members to the committee as well as keeping current members to help guide the process.

In 2017, the first Cultural Competence Surveys were conducted among DBH staff and clients, in an effort to establish a baseline of clients' experiences as they relate to cultural competency and cultural responsiveness as well as the staff's understanding of the importance of cultural competency and the supports they receive to ensure culturally responsive services.

A major aspect discussed among the committee is finalizing the revised Policy and Procedure Guidelines (PPG). It was submitted to the Compliance Committee for final approval. The requirements include:

- Development of a Cultural Competency Plan;
- Cultural Competency Ethnic Services Manager;
- establishment of a committee and subcommittee of Quality Improvement Coordinator (QIC);
- identifying culturally and linguistically appropriate recruitment efforts as well as goals for the department;
- free language assistance to limited or no English proficiency clients;
- establishing foundational cultural and linguistic training for staff and providers with a standard for training hours; and
- identifying a conflict and grievance resolution process.

The plan shall be completed by December 2018 as required by the state. It will be consistent with the current federal and state regulations and updated accordingly. The plan will encompass the entire system of care including substance use disorder and mental health, as well as county operated and contracted staff and / or providers. The plan will identify a minimum of five goals, including objectives, which will be discussed at the next meeting. Lastly, the plan will be reviewed and updated, when necessary, at the end of each calendar year.

In response to the Triennial Audit, a demographic questionnaire of all staff was proposed including demographic representation of direct service providers compared with client demographic break down. Through the questionnaire, the department will identify all demographic information of all DBH staff. An implementation plan to collect the information was developed through contracted service providers. Part of the PPG is requiring foundational cultural competency training every five years. Currently the two-day training, Health Equity Multicultural Diversity Training, is provided through California

Institute for Behavioral Health Solutions (CIBHS). A majority of DBH staff have completed the training. It was also offered to contracted service providers. It is offered monthly through 2018/19, then quarterly.

Additionally, Foundational Behavioral Health Interpreter Training has been provided. It trains those used for interpreter services to ensure they respond in a culturally responsive way for the clients served. 100 percent of the DBH bilingual staff and 78 percent of contracted providers have participated. The training is offered every six months.

To ensure the contracted programs are operating as DBH operated programs, implementation of an exhibit in the Request for Proposal (RFP) process requests that potential contracted providers submit their Cultural Competency Plan, if they have one. This will be part of the review process from the beginning. Therefore language was changed in the contracts to address Culturally Competence requirements.

A contract with Relias Learning Software was attained in September 2018. The program will track all training for DBH staff and providers. It will provide a significant amount of on-line based training, Evidenced Based Practices (EBP) training, and Continuing Education Units (CEU). Rollout of the program is in the works. Staff will receive training first; providers will begin their training in September 2019.

Francine Farber serves as the Cultural Competence liaison for the BHB. The plan rolled out is based on guiding principles of the department and is divided into a paradigm.. It has the following components: who receives services, what services they receive, from whom do they receive the services, what is the cost and outcomes of the services. The consultant has amassed statistical information on each of the components. She also developed two surveys, one for staff and one for clients, to gauge cultural satisfaction.

## **V. Old Business**

### **c) Community Forum**

Staff from Turning Point and Kings View MAP & Rural Triage were there to answer questions. The Selma Police Chief, Greg Garner also attended. They discussed the services each agency offers; Kings View explained what MAP is. They both discussed future plans in the community such as a new location for Turning Point in Selma.

Approximately six community members attended. The primary areas of concern for rural areas was lack of housing and lack of support groups for individuals with substance use disorders and care givers., and there are no sober living facilities in the area.

Housing - Kings View talked about the work being done by DBH and FMCOOC, which includes developing a Housing Liaison for home and apartment owners and building a list of properties that accept Section 8 or offer low income housing in rural areas. There are currently no room & boards or board and care facilities in rural areas.

Selma does not have a sober living facility at this time; however, Kings View informed the group of the facility in Hanford, where they've placed clients in the past. There is also supports such as Celebrate Recovery in Fowler and United Health Center in Parlier. Support groups for care givers are offered through DBH and NAMI, both in Fresno.

Most of the attendees were not aware of services available in the area such as MAP and Turning Point. It is hoped that the few who attended will spread the word to other community members.

Chief Garner provided a lot of input on current programs and staff, as well as future plans. He spoke highly of the programs and encouraged attendees to seek support through those programs.

**d) Results of BHB Self-Evaluation**

The preliminary results of the BHB self-evaluation were discussed. Tina Young briefly announced a few of the survey questions. To allow more time for review and due to the addition of new BHB members, the item will be brought back for further discussion.

**e) Report from Ad-Hoc on the public evaluation of the BHB**

The link to the Public Evaluation of the BHB was shared. Carolyn encouraged attendees to complete the evaluation. Information gathered will assist the BHB to better serve the community.

**f) Follow-up to SB 906**

There is confusion around certification process, or lack thereof. The proposed Peer Support Certification process would have elevated the classification to a professional status and would allow departments to bill Medicaid. However, at this time California does not offer Peer Support Certification and the bill put before the Governor was vetoed.

Various counties do provide Peer Support training and certification, including requiring minimum standards. However, those vary from county to county. The Resilience work Anna spoke about is in preparation, so when Peer Support Certification eventually passes, the department will be ready.

**VI. New Business**

**a) Discussion of the MHSA Annual Update**

**b) Action Item: Vote on Recommendation of MHSA Annual Update to Board of Supervisors**

Francine made motion to recommend BOS approval of plan with corrections; seconded by Donald Vanderheyden.

Curt Thornton recommended that a BHB member should be involved in the process of drafting the plan. He added in the past the Mental Health Board was part of the process. Francine added it can be considered; however, it should not be included in the plan.

*Ayes: Francine Farber, Katie Rice, Donald Vanderheyden, David Thorne, Jerry Wengerd, Ward Scheitrum*

*Abstain: Curt Thornton and Carolyn Evans*

*Absent: Margot Tepperman*

**c) Future Site Visits**

The BHB will visit the Perinatal Program as part of the November site visit. There will be no site visit in December.

**d) Nomination of 2019 BHB Officers**

Francine Farber nominated Carolyn Evans for Chair  
Francine Farber nominated Katie Rice as Vice Chair  
Katie Rice nominated Francine Farber as Secretary

**VII. Committee Reports**

**A. Adult Services**

Clinica Sierra Vista is expanding its services to include an integrated continuum of care, with services at all levels of need. Currently, two Behavioral Health Clinics are operational, with a third to open soon; these clinics are co-located with physical health services, including dental services, all under one roof. Services are available to clients who receive their primary medical care from Clinica Sierra Vista. This is an MHSA program titled: Integrated Mental Health Services at Primary Care Clinics.

**B. Children's Services**

Next Children's meeting is scheduled for October 25<sup>th</sup> at 9:00 AM at Uplift Services.

**C. Justice Services**

Next Justice Meeting is scheduled for November 5<sup>th</sup> at 1:30 PM at Blue Sky.

**D. Other reports or announcements**

Held; none received.

**VIII. Public Comment**

Francine noted that in the MHSA Plan, under Facilities it states the Health and Wellness Center (HAWC) is scheduled for completion on Oct. 31<sup>st</sup>. Amina reported that there is a delay in that the building needs to receive clearance by the Fire Marshall.

**IX. Meeting adjourned at 3:59 PM.**

**This meeting is open to the public under the Ralph M. Brown Act.**