



County of Fresno

ADVISORY BOARDS AND
COMMISSIONS

FRESNO COUNTY BEHAVIORAL HEALTH BOARD

November 14, 2018
Blue Sky Wellness Center
1617 E. Saginaw
Fresno, CA 93726

Regular Meeting Minutes

<u>MEMBERS PRESENT</u>	<u>BEHAVIORAL HEALTH</u>	<u>PUBLIC MEMBERS –</u>
Carolyn Evans Francine Farber Curt Thornton David Thorne Donald Vanderheyden Jerry Wengerd Marta Oblor Margaret Corasick <u>Members Absent</u> Katie Rice Ward Scheitrum <u>BOARD OF SUPERVISORS</u> Sal Quintero	Maryann Le Lori James Joseph Rangel Elizabeth Vasquez Greg Wongsing Helen Herrera Kannika Toonachat Gabriel Gomez Ahmad Bahrami <u>PUBLIC MEMBERS</u> Amber Molina Elizabeth Sanchez Lauri Gutierrez	<u>Continued</u> Jessica Underwood Anna Allen Ryan Banks Scott Hollander

I. Welcome and Opening Remarks

Meeting was called to order at 2:35 PM.

Chair Carolyn Evans introduced the newest member, Margaret Corasick from District 2. In addition to joining the Behavioral Health Board (BHB), Margaret volunteers at Valley Children’s Hospital in the oncology department. Margaret joined the BHB as she is interested in how well we can do as a community to serve the population with acute mental health issues.

Carolyn asked BHB members to review their calendars for availability for the next BHB workshop, to be held in January. During the workshop, the BHB will develop goals and other BHB related activities for 2019. Carolyn asked for availability to be sent before the BHB Executive Meeting scheduled for Monday, December 3rd.

Clinical Supervisor Lori James shared a client success story. She spoke about

Elizabeth, an African-American female referred to the Perinatal Program in March 2017. When Elizabeth started the program, she could barely will herself to get out of bed to take care of her children. At the age of 32, she was a single mom of four and had no high school diploma. Moving from Stockton to Fresno, she had no support system. Through participation in the Fresno Black Infant Health Program, she learned about the Perinatal Wellness Center and decided to try it. She was willing to attend individual therapy sessions, but refused to attend group sessions, meet with a case manager, and declined services from a Public Health nurse. Elizabeth continued to keep her weekly therapy sessions, but hesitated to share much. The therapist arranged for her to have a psychiatric evaluation completed, by which the perinatal psychiatrist diagnosed her with bi-polar disorder and prescribed medication.

After approximately four months of treatment that included therapy and medication, Elizabeth was able to take her children out of the home without suffering an anxiety attack or getting so frustrated she would shut down. She reached a point where she felt comfortable taking her children to a day care center at West Fresno Regional, something she was previously unable to do. She also met with a Perinatal Wellness Case Manager, something she was previously unwilling to do. During one of her sessions, she shared that she had not received her high school diploma, did not have internet service, and was unable to return to school, though she greatly desired to. The case manager assisted her by taking her to some programs making it possible for her to enroll. Elizabeth was able to do some of the course work on her cell phone, as she did not have computer access. She was given a bus pass for transportation and after a few months, she completed the courses and invited some of the perinatal staff to her graduation. Elizabeth was the first person in her immediate family to accomplish graduating high school. It was a huge turning point in her life, it helped her to open up to her therapist, process some of life's challenges, and use therapy as a tool to heal and grow.

As Elizabeth became more self-aware, she noticed one of her children was having problems in school and was suffering from mental health challenges. She learned how to advocate for her child and sought treatment for them from Children's Behavioral Health. She worked with her child's school to advocate for an IEP meeting.

Over several months of treatment, Elizabeth has come very far. She enrolled in classes at Fresno City College, working towards completing her general education. She does not know what career path she will take, but for the first time in her life, she has hope. She feels connected with the community because of the services she has received; she understands why she has extreme highs and lows and the proper medication needed to help her navigate through life. Elizabeth remains involved in the Black Infant Health Program, sharing her experiences and encourages other women to seek help and support. Elizabeth is helping to tackle the stigma of mental health challenges and mental health treatment in the African-American community.

II. Approval of Agenda by Board

Agenda approved.

III. Approval of Minutes from

Minutes approved with revisions.

Revisions included in updated minutes will be in red.

IV. Update & Program Review – Department of Behavioral Health – Deputy Director Maryann Le

a) General Update, including Items going to Board of Supervisors

The BHB recently requested detailed information about Board Agenda Items, in addition to the spreadsheet currently provided. Division Manager Joseph Rangel was asked to review items the board might be specifically interested in. Joseph added that the spreadsheet will now include a description of each item.

Items reviewed included:

1) 24/7 Access Line: Q. Is Exodus no longer providing this service or is this something different? A. Purpose of agreement is with Beacon Inc. It will be the 24/7 Access Line for the Drug Medi-Cal Organized Delivery System (ODS) for the Substance Use Disorder (SUD). The agreement with Exodus will remain intact for mental health services. The contract will be approximately 18 months. After it will be re-evaluated to make adjustments as necessary.

2) Supportive Overnight Stay (SOS) Program: Q: Expansion as indicated previously? A: Yes. This item is to expand specialty mental health programs, including case management and short-term group therapy, in addition to the services they are currently providing. They were not an organizational provider prior to this agreement, but will be after the Board of Supervisors (BOS) executes the agreement in December.

3) Assertive Care and Treatment (ACT): Q: As described in the Mental Health Services Act (MHSA) Plan? A: Yes, it is as drawn up in MHSA Plan. The ACT model is designed to deliver comprehensive community mental health services and supports. This particular program is geared towards children, ages 10 – 18 with mental health disorders. Uplift, the current provider, was awarded the contract for five years. The program will serve at a minimum of 160 unduplicated clients at any given time. Additionally, relatives, caregivers and other core supports of clients, may also receive specialty mental health services. Of note, ACT programs are high intensity with low caseload ratios, 1:15. Lastly, the department will go out to bid for a separate ACT program specifically for adults; however, it is still in the development phase.

4) Substance Use Disorder (SUD) programming contracts for Drug Medi-Cal (DMC) and Non-Drug Medi-Cal Treatment, and Non-Drug Medi-Cal Room and Board (R&B)? Purpose of agreements is to implement changes to the SUD services related to the implementation of the DMC-ODS. The DMC-ODS is expanding treatment services to different modalities and shifting the service delivery model to a managed care model, replicating the mental health services. This requires a new a new contract between the county and the Department of Health Care Services (DHCS), also requiring an update of contracts with current providers.

Additionally, Residential Services and withdrawal management are now going to be part of the DMC reimbursable for treatment costs and requires a separate funding source for R&B costs. Access to all SUD modalities under the waiver will be available to those

served and meet medical necessity.

Legislation

With the passage of Proposition 2, the first application is due January 2019.

b) Justice Services

1. AB1810: Possible Jail Diversion Project

Legislation designed to address increased need for state hospital beds for individuals who have a diagnosed mental illness, which is determined to have played a significant role in the alleged commission of a crime. Fresno is one of 15 counties identified as having the most individuals referred to state hospitals. DBH is working with justice partners and other cross sector county workgroups to work through legislation. Any programs developed would go to Board of Supervisors for approval of use of funds.

The legislation is geared towards mental health clients that are involved in the justice system. Joseph added that there could be a program earmarked with a Full Service Partnership. If requirements of AB 1810 are met, they may be able to go through the Diversion Plan. The courts would like to see individuals that meet requirements under AB 1810, to receive treatment in a diversion program that is identified for them rather than a one-size fits all. The purpose is to decrease hospitalization at the state level.

c) Children's Services—Report on Performance Improvement Project (PIP)

a. Re: Decreasing readmission to inpatient hospitals

In alignment with Quality Improvement efforts. The department consistently works on improving quality and expanding services for the community. Will improve care coordination and communication between Central Star Youth Psychiatric Health Facility (CSYPHF) and Department of Behavioral Health (DBH) to ensure more timely follow-up post-hospitalization to decrease 30 day readmission rate.

This was done in three intervention phases:

- 1) Intervention – Daily conference call, post discharge follow-up by DBH Team within 14 days, and home visit if first assessment appointment is missed.
- 2) Intervention 2: August 13, 2017-present. Daily conference calls are held and emails are exchanged throughout day. Post discharge follow-up by DBH Team within seven days as well as a four-week short-term treatment with same clinician who completes follow-up assessment. Home visit if first assessment appointment missed.
- 3) All of Intervention 2 activities, plus post discharge follow-up with designated DBH Psychiatrist. DBH will continue to measure readmission rate to assess effectiveness of addition

Participants of the daily conference calls and emails include the Social Workers from Central Star and DBH. Two teams consult; clients are also involved. Planning begins right after admission. Children participating were not previously linked to services, ages 12 – 17.

Carolyn asked if children under 12 are eligible for the services. There are a few that are admitted, but the larger population is 12 – 17 years. Maryann added that the younger age group is not the target served. If younger children are in need of similar services, there is a master agreement for out-of-county placements that may not be accepted by youth Psychiatric Health Facility (PHF).

d) Outcomes Report on Perinatal Wellness Center

The office is located at West Fresno Regional Center. Services are both office and home-based.

The Perinatal Wellness Center utilizes a collaborative care model, which includes wrap-around services for mothers, fathers, and their babies. This method allows services to be under one location.

Services include:

- Individual and group therapy
- Rehab groups
- Case management services
- Psychiatric medical services
- Public health nursing services
- Peer Support services

Perinatal program staff strive to link individuals with community resources such as housing, food, clothing, substance abuse programs, primary care medical providers and spiritual resources.

The program also conducts outreach to obstetrics and gynecology offices, health educators and other community partners to educate about the signs and symptoms of Perinatal Mood and Anxiety Disorders

DBH/DPH have an MOU in place for Public Health Nurses (PHN) to provide medical case management services to pregnant/post partum mothers and their infants.

Services include:

- Medical monitoring for individuals with high-risk pregnancies and physical health issues during pregnancy and postpartum
- Screenings, assessments, provision of services, referrals and linkage to health care providers and community agencies
- Education about breastfeeding, substance use, infant bonding, and other health concerns

Staffing for the program consists of:

- 9 Mental Health Clinicians
 - 2 clinicians are trained to provide Infant Mental Health Services (ages 0-5)
- 3 Public Health Nurses
- 2 Community Mental Health Specialists
- 1 Peer Support Specialist

- 1 Office Assistant
- 1 Psychiatrist, 1 Nurse Practitioner, and 1 Licensed Vocational Nurse provide medication services

Dates of operation are April 2010 to present and the Reporting Period is July 1, 2016 to June 30, 2017.

Participation increased just a little more than twice the amount in Fiscal Years (FY) 2017 /18 (690) from FY 2015/16 (351). Further, costs per individual decreased to less than half. Francine Farber asked how the program was able to increase participation. There was more outreach to offices such as WIC and doctor's offices. The team worked hard to increase participation and keep clients engaged. They also provide information and receive referrals from high schools and group homes, but a majority of clients are adult women.

Margaret Corasick asked how the population doubled, but the cost only went up approximately \$30,000. Per Maryann, cost drivers are staffing and being able to provide services in one area. Lori James added that the program is funded for nine clinicians; however, during the reported period there were seven on staff. Though they were short two staff members, they were able to provide services to an increased population. Another consideration is there is a trend of more clients wanting services in the office, rather than in their homes. When more clients come in, it saves on transportation cost. Jerry Wengerd asked how did the cost per client go down. It is a result of seeing more clients in the caseload with less staff. There were a lot of different variables. Maryann proposed that the department will provide information to the BHB via email, as the numbers / information was not available at the time of the report.

Patient Health Questionnaire (PHQ-9) is a tool administered to individuals participating in services offered by the Perinatal Wellness Center. The tool can be completed at any time by the individual and is used for screening, monitoring, and measuring the severity of the individual's depression symptoms. Data measurements reflect depression among patients decreased 72 percent during FY 2016/17.

A consumer perception survey reflects satisfaction on an average of 60 percent in the areas of Outcome of Service, Functioning and Social Connectedness. Categories such as General Satisfaction, Perception of Access, Quality, and Participation were in the 90 percentile.

The average length of time in treatment is approximately six months; however, those with Seriously Mentally Ill diagnoses will receive longer services. Most clinicians and medical staff will administer the survey each time the client comes in.

V. Old Business

a) Report on Site Visit to Perinatal Wellness Center

Curt Thornton thanked Lori for her work and opening the office up to them. The visit made him realize the site visits are valuable for members. Curt expressed desire to visit with clients but acknowledged privacy laws. Of note, there has been a significant increase in SUD problems since the legalization of marijuana. Further, there is not a

bilingual clinician or substance use specialist. The problem is finding qualified individuals. Childcare is provided at the location, may be reason for increase in office visits. Jerry impressed by program and a nice environment in a great building. Donald Vanderheyden stated it is an outstanding program and the supervisor is very knowledgeable. Services are very personable and programs in moving towards future plans are encouraging.

b) Discussion of Results of BHB Self-Evaluation

The self-evaluation was 44 questions, public was only 12. Carolyn stated the BHB needs to review the Vision and Mission Statement, Goals, and Standing Agenda, they have not been revised for some time. Further, more information needs to be provided on the agenda so the public is better informed. Orientation and binders are needed for new members.

Francine feels certain topics need to be explored, such as the feeling of accomplishment after meetings. This can be addressed during the upcoming workshop.

c) Report on Public Evaluation of the BHB

Received results of public evaluation, there were 34. There were positive and negatives. Carolyn asked for feedback. Curt commented on comments received that state the BHB is too adversarial and another statement stating it could be more forceful in its advocacy. Part of advocacy means not always being in-line with the department, the job of the BHB is to give feedback.

d) Nominations for 2019 Officers

Carolyn Evans – Chair
Katie Rice – Vice Chair
Francine Farber – Secretary

Curt moved to close nominations; seconded by Margaret.

Public comment.

Ayes: Curt Thornton, Margaret Corasick, Donald Vanderheyden, Marta Obler, David Thorne, Jerry Wengerd, Francine Farber

Abstentions: Carolyn Evans

VI. New Business

a) Future site visits

Carolyn asked to form ad hoc committees to review Vision & Mission statements and the Goals and Standing Agenda. The committees will report during the workshop or during a meeting early next year. Margaret and Jerry will serve on ad hoc for Vision & Mission and Curt and Carolyn will be the ad hoc for the Goals & Standing Agenda.

Requested from DBH a list from the department of all programs that are in-house and contracted to assist in planning site visits for 2019. Per Joseph, the document can be sorted by Adult, Children, treatment, SUD, etc. and the document can be updated quarterly, or as needed.

VII. Committee Reports

A. Adult Services

Heather Flores the Executive Director of Central Valley Regional Center (CVRC) presented on services for the developmental and intellectual disabilities as well as mental health issues. It is a difficult issue because services tend to be in silos; however, DBH is working with CVRC and striving to work with adults. She also attended a Children's meeting; individuals must be diagnosed before age 18 or it can be a challenge to get them qualified for services. It can be done though difficult.

B. Children's Services

Performance Improvement Project as heard during the department's presentation.

C. Justice Services

Representatives from the MAP program. More details at the next meeting. The next Justice meeting will be January 14, 2019.

D. Cultural Competency

The committee is undergoing another name change; it will be called the Cultural Responsiveness Plan with Humility. Most of the meeting was focused on reviewing draft plan written by consultant and will be presented after the first week of December.

E. California Association of Local Behavioral Health Boards & Commissions

It was held on November 19th in Folsom. The panel spoke on board and care homes, the shortage across the state and counties seeking ways to create more homes, especially with clients with more severe issues.

A Policy Consultant with Senator Beal's office spoke about various legislation including emergency shelter crisis. That is where Fresno County is getting funding from Street 2 Home. Senator Beal was the author of the bill for Peer Support Specialist, he is hoping with the new Governor they will get the support needed to pass the legislation.

The next meeting of this association will be in January 2019 in San Diego.

F. Housing Taskforce

The master agreement to increase rates for at risk clients with needs for board & care, including post conservatorship. The department is working on the development of a Supported Housing Institute for the development, building, budgeting, and managing of housing.

G. Other reports or announcements

None.

VIII. Public Comment

Held; none received.

IX. Meeting adjourned at 4:08 PM.

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