



# County of Fresno

ADVISORY BOARDS AND COMMISSIONS

## FRESNO COUNTY BEHAVIORAL HEALTH BOARD

Wednesday, January 16, 2019 at 2:30 PM

**DBH Health and Wellness Center**

1925 E. Dakota Avenue, Fresno, CA 93704

### Minutes

<u>MEMBERS PRESENT</u>	<u>BEHAVIORAL HEALTH</u>	<u>PUBLIC MEMBERS –</u> <u>Continued</u>
Carolyn Evans Francine Farber Curt Thornton David Thorne Donald Vanderheyden Jerry Wengerd Katie Rice Marta Obler  <p style="text-align: center;"><u>Members Absent</u></p> Ward Scheitrum Margaret Corasick  <p style="text-align: center;"><u>BOARD OF SUPERVISORS</u></p> Absent	Dawan Utecht Ahmad Bahrami  <p style="text-align: center;"><u>PUBLIC MEMBERS</u></p> Alena Pacheco Colleen Ashcroft A. Devine Amber Molina Brooke Frost Ariana Miranda Rodney Earl Packard, Jr. Sharon Ross Jessica Underwood Ryan Banks Trish Small	MaryLou Brauti-Minkler Krystal Rios Dalila Jimenez Lilith A. Anna B.

**I. Welcome**

The Behavioral Health Board (BHB) meeting was called to order at 2:32 PM. Chair Carolyn Evans welcomed everyone to the first BHB meeting for 2019. She reminded members to complete Ethics Training, if due.

**II. Approval of Agenda by Board**

Agenda approved with changes.

**III. Approval of Minutes from November 14, 2018**

Minutes approved with corrections.

**IV. Update – Department of Behavioral Health—Dawan Utecht, Director**

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

Legislation:

Governor Newsom’s budget focus will be on children, education, poverty, and housing programs. There was some specific funding recommendations that will

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directly assist behavioral health. Last year, In Home Supportive Services (IHSS) was underfunded; therefore, a realignment of counties resulted in Growth Funds, which normally go towards behavioral health, were used to assist IHSS. The new budget includes funding for IHSS, which will not come from realigned funds; they will go to behavioral health.

The budget also calls for revamping the regional housing goals. The recommendation is for regional areas to get housing or local transportation funds to help build housing. Further, there an additional \$5 million was proposed to fund emergency shelters, navigation centers and supportive housing.

### Board Agenda Items

#### Center for Discovery

The department has contracted with the Center for Discovery for inpatient or residential treatment programs. There has been a significant increase in cases of eating disorders; however, they are up throughout the state. The master agreement will exceed the maximum; further, the department must establish a plan for funding as treatment for eating disorders is not covered by Medi-Cal. The department will partner with managed care plans to come up with coordinated approaches.

#### No Place Like Home (NPLH)

Seeking approval from Board of Supervisors (BOS) to submit application. Through the passage of Proposition 2, the state is able to bypass support validation allowing MHSA funds to be leveraged. DBH is collaborating with the Housing Authority on the first of its applications.

#### Family Advocate

The department went out to bid for contract that can meet the needs of the clients. It has taken some time to get through the contract negotiation and bid process. The entity selected VMS Counseling Services has been in business since 2013, has contracts with Fresno County Sheriff's Department and Fresno County Social Services and a contract with Madera Unified School District. The contract will go to the BOS in February.

### Housing Update

The contract with Community Health Independent Living Association (ILA) is the agency that will provide technical guidance for room and boards. They have begun to build a local team, met with clinical managers in December, will meet with contracted providers in January and February, will conduct training with all involved parties as to what the role of the entity will be, and lastly developing applications and policies.

Housing Mentally Ill Outreach and Treatment program has not received funds yet. The program will target individuals that are seriously mentally ill, homeless or at risk of being homeless. The planning process for this program will begin this spring.

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Funds for this program must be expended or encumbered by June 2020. The planning process must be completed by spring 2019.

#### NPLH Technical Assistance

The Standard Agreement was executed in November 2018, allowing the county to receive \$150,000 from the state. The Housing Authority will serve as development sponsor and co-application for NPLH non-competitive allocation of funding. The RFP for a consultant for services for NPLH was released January 9, 2019; it will close January 29, 2019. Pending the bid review, the contract could be executed in April 2019.

Request for Statement of Qualifications (RFSQ) for additional Permanent Supportive Housing Development Sponsors. The anticipated release of RFSQ is February 2019. Will generate a list of interested and qualified development sponsors to collaborate in developing additional Permanent Supportive Housing units through future competitive rounds of NPLH funding or other funding opportunities.

Fresno County is collaborating with the Housing Authority on Project Ignite. There will be vouchers for housing paired with supportive services. Executive leadership is working together on the scope of work and procurement strategies. The RFP is anticipated for release in spring 2019.

#### b. Quarterly Housing Report

- Report from BHB Ad-Hoc Committee on Recommendations from Corporation for Supportive Housing

Curt Thornton met with Dawan to discuss the report from the Corporation for Supportive Housing (CSH). He reported it was a good discussion, adding it is a difficult situation, the department can only make the best of the situation at hand. Further, the department is making progress on its various recommendations. Curt read an excerpt of page 4 from the report by Cooperation for Supportive Housing (CSH), *“supportive housing is a combination of affordable housing and certain supportive services designed to help vulnerable individuals and their families use stable housing as a platform for help recovering a person’s growth.”* What they seem to be saying is that they are trying to offer services that have been offered in other programs. Supportive Specialists have had issues with this concept; however, with the amount of training that has been occurring within DBH it is his hope that it will help them to understand how to better provide services and are doing what they are supposed to do. Dawan added that the department dedicated a clinical supervisor for housing.

#### c. Outcomes Report on DBH Transitional Age Youth Program

The First Onset Team (FOT) and the Transitional Age Youth (TAY) merged in Fiscal Year’s (FY) 2017 / 18. The program serves ages 17 to 28, and individuals who are experiencing the first onset of psychosis.

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Staffing includes 5 Clinicians, 4 Community Mental Health Specialists (CMHS), and 1 Peer Support Specialist. There 2 Clinician and 1 CMHS vacancy, in addition to the current staff positions.

The program uses the Transition to Independence Process (TIP) model, which is a community-based model that is focused on the person served. The model emphasizes the individual's engagement in a process that involves future planning with support and services to aid them in building on their personal strengths. The process includes family members and key individuals that will support and help to facilitate progress towards self-sufficiency and personal goals.

Services of FOT / TAY:

- Assessment and treatment plan
- Individual, family and group psychotherapy
- Individual and group rehabilitation
- Case management
- Collateral
- Crisis intervention
- Psychiatric medication services

The program has been operational since March 2010 to present. In FY 16 /17, it served 804 unique clients and 824 in FY 17 / 18. The cost of the program in both fiscal years averaged slightly above \$1.2 million, cost per client was approximately \$1500.

A perception survey conducted reflects that a majority of clients were generally satisfied in areas of General Satisfaction, Access, Quality and Appropriateness, Participation in Treatment, Outcomes of Services, Functioning, and Social Connectedness.

- Report on BHB site visit

Jerry Wengerd and Carolyn participated in the site visit of the FOT / TAY Program. Jerry was impressed with staff's commitment, the program and location. He added it was a good report on volume of services. Carolyn noted that the program was moved to Heritage. Of concern is that the drop-in center does not currently have a Peer Support Specialist due to vacancies, so its hours of operation are limited.

d. Outcomes Report on Transitional Age Youth Full Service Partnership

- Report on BHB site visit

Turning Point was the contracted provider for TAY services during the FY 2017 / 18. It operated a Full-Services Partnership (FSP), outpatient mental health servicing individuals between the ages of 16 to 25 that are referred by the County Behavioral Health Court, have a serious emotional disturbances (SED), or serious mental illness (SMI), are aging out of the office Juvenile Justice System, and are at risk

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hospitalization, homelessness, and / or incarcerated.

Through the Assertive Community Treatment (ACT) model, individuals receive the following services:

- on-going mental health services
- case management
- group/individual/family therapy
- medication/psychiatrist services
- affordable housing, in addition to supports needed to achieve their goals

The TAY Program focused on client strengths and abilities to successfully gain independence and self-sufficiency.

The program was operational from August 11, 2009 to June 30, 2018. In February 2016, an amendment of the contract approved by the Fresno County BOS, allowed for utilization of DBH's integrated mental health information system (Avatar) as their Electronic Health Record.

The program costs are slightly higher and the ratio of clients are slightly lower, both due to high needs intensity for community based services.

The total number of days spent in a psychiatric hospital setting was reduced by 84 percent compared to total number of days spent hospitalized 12 months prior to program enrollment. The total number of psychiatric hospital episodes had a reduction of 72 percent after program enrollment.

The total number of days spent incarcerated was reduced by 52 percent when compared to total number of days spent incarcerated 12 months prior to program enrollment. The total number of incarceration episodes was reduced by 74 percent after program enrollment.

The total number of days spent homeless was reduced by 44percent when compared to total number of days spent homeless 12 months prior to program enrollment. The total number of homeless episodes was reduced by 40 percent after program enrollment.

The total number of days spent in a hospital or ED setting was reduced by 36 percent when compared to the total number of days spent in a hospital or ED setting 12 months prior to program enrollment.

Approximately 28 percent of individuals are enrolled in an educational setting, which may include adult schools, vocational schools, community colleges, universities, and high schools. The annual percentage of participants engaged in employment or volunteer activities was 17 percent.

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The TAY program implemented the use of Reaching Recovery tools in October of 2016. The tools major focus is tracking changes across multiple domains of wellness. TAY began to utilize several tools designed to measure recovery for FSP level individuals: the Recovery Needs Level Marker, Consumer Recovery Measure, and the Recovery Marker Inventory.

- Recovery Needs Level (RNL): 56 percent of the program population trended towards positive recovery growth and 28 percent transitioned towards reduced levels of care
- Recovery Marker Inventory (RMI): 67 percent of the program population trended towards positive recovery growth
- Consumer Recovery Measure (CRM): 72 percent of participants perceived having positive recovery growth

The wait time is approximately one day for first contact to be made after receiving the referral, approximately four days for the first intake / assessment, and approximately 10 days for the first psychiatry appointment.

In terms of satisfaction, the majority reported satisfaction in all seven domains: General, Access, Quality and Appropriateness, Treatment Participation, Outcomes of Services, Functioning, and Social Connectedness.

The contract with Turning Point ended on June 30, 2018. In October 2018, Central Star Behavioral Health, Inc. was awarded the contact.

e. Report on DBH Strategic Planning—Harder+Co., Michelle Magee  
Harder + Co is assisting the department with a number of projects, one of those being the Strategic Plan. The plan will be used as a road map for the department to assist in developing goals, strategies used to achieve goals, what objectives is the department trying to accomplish with those strategies, and what measurement method will be used to know the department is going in the right direction.

Michelle Magee reviewed each key component of the plan and strategies. The document is not finalized, still gathering feedback. The plan is organized in two categories, goals and strategies.

The Vision and Mission Statement are in development by the department for various processes and updated in real time, revisions will continue to be added.

The four goals listed: 1) Deliver quality care 2) Leverage resources 3) Promote organizational excellence, and 4) Provide an excellent care experience. Within each slide for goals, includes the strategies that will be used to reach these goals. The four goals work together to achieve the mission and vision.

Dawan added that there will be opportunities for partners to provide input. Additionally, she noted the beginning of the document is lean, but focused on goals

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and strategies, it will include the population served, where the funding comes from and how it is begin used.

**V. Old Business**

a. Vote on Revisions to Vision and Mission Statements

Margaret Corasick, Jerry Wengerd, and Francine Farber made minor revisions to the previous Vision Statement. Margaret and Francine felt that there is an apparent redundancy; however, it is needed to help individuals understand the role of the Department of Behavioral Health in the community.

Carolyn reviewed the options:

- 1) To ensure effective and timely services for Fresno County residents with mental health and/or substance use disorders. (*Current Vision Statement*)
- 2) Fresno County residents will receive effective, responsible, and timely behavioral health services for mental health and/or substance use disorders.
- 3) Fresno County residents will receive effective, responsible, and timely services for mental health and/or substance use disorders.
- 4) Fresno County residents will receive effective, responsible, and timely behavioral health services (for mental health and/or substance use disorders.)
- 5) Fresno County residents will receive effective, responsible, and timely behavioral health services.

Francine made a motion to select #2, with an amendment by Curt Thornton. After much discussion, including public input, the statement will read:

*“Fresno County residents will receive effective, responsible, and timely behavioral health services that address mental health and/or substance use disorders.”*

Public comment held and received.

Ayes: Francine Farber, Curt Thornton, Marta Obler, David Thorne, Jerry Wengerd, Katie Rice

Noes: None

Abstain: Carolyn Evans

Absent: Ward Scheitrum and Margaret Corasick

Francine read the Mission Statement. Curt motioned to approve.

Public comment held; none received.

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Ayes: Francine Farber, Curt Thornton, Marta Obler, David Thorne, Jerry Wengerd, Katie Rice

Noes: None

Abstain: Carolyn Evans

Absent: Ward Scheitrum and Margaret Corasick

b. Vote on Revisions to Goals and Standing Agenda

Noted changes include:

- 1 (b) - Participate in development of MHSA Annual Plan and Update by providing input and suggestions, by communicating community concerns, and by hosting a stakeholders meeting prior to or during a regular BHB meeting
- 5(a) - Holding two community forums per year, instead of three
- 10 - Working as advocates to DBH, to the Fresno County BOS, and to the state and federal offices and agencies
- If approved, it will be done for a two-year period

Curt motioned to adopt the Goals as written for a two-year period.

Public comment held; none received.

Ayes: Francine Farber, Curt Thornton, Marta Obler, David Thorne, Jerry Wengerd, Katie Rice

Noes: None

Abstain: Carolyn Evans

Absent: Ward Scheitrum and Margaret Corasick

Standing Agenda, changes include rearranging dates of certain events, noting things may have to be moved occasionally.

Curt motioned to approved the Standing Agenda as written.

Public comment held; none received.

Ayes: Francine Farber, Curt Thornton, Marta Obler, David Thorne, Jerry Wengerd, Katie Rice

Noes: None

Abstain: Carolyn Evans

Absent: Ward Scheitrum and Margaret Corasick

c. Community Meeting/Site Visit at Renaissance at Santa Clara—February 13, 2019

Date pending confirmation; staff approved to shuttle clients from the other locations.

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- d. Report from Ad Hoc Committee on 2018 Data Notebook for California Behavioral Health Planning Council

Katie is chairing the Ad-hoc; Carolyn is assisting. It is due in March; they would appreciate input or assistance.

## **VI. New Business**

- a. Report on BHB Workshop—January 12, 2019

Workshop was helpful it gave BHB members an opportunity to speak in a different setting. It gave them an opportunity to learn about each other's goals and ideas.

- b. Presentation and Vote for Approval of BHB Annual Report to Board of Supervisors

Katie motioned to approve the Annual Report as written.

Public comment held; none received.

Ayes: Francine Farber, Curt Thornton, Marta Obler, David Thorne, Jerry Wengerd, Katie Rice

Noes: None

Abstain: Carolyn Evans

Absent: Ward Scheitrum and Margaret Corasick

- c. Vote on 2019 BHB Recommendations to Board of Supervisors

Looked at Recommendations from 2018; though there has been progress none have been completed. They made slight revisions to them.

Jerry Wengerd motioned to approve.

Public comment held; none received.

Ayes: Francine Farber, Curt Thornton, Marta Obler, David Thorne, Jerry Wengerd, Katie Rice

Noes: None

Abstain: Carolyn Evans

Absent: Ward Scheitrum and Margaret Corasick

- d. Site Visit for March—Fresno County Jail

Tina Young will contact the jail to schedule a site visit.

## **VII. Committee Reports**

- a. **Adult Services**

- b. **Children's Services Committee**

Meeting was held on Dec. 20<sup>th</sup>. An update from the department included a list of

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vacancies, that includes case manager positions. Information on the Final Rule will be provided by Division Manager Lesby Flores. They also discussed out of county transfers, since October it is reported that there is a decrease. Also, discussed child welfare referrals. There was a presentation from Children and Family Services SUD program, which is certified; however, it is not a co-occurring provider. Length of treatment varies by individual goals. Suggestion for future agenda items include, but not limited to, Suicide Prevention Task Force, Access to Psychiatric Services, and Services available to children under 12 year and under.

**c. Justice Committee**

There was lots of discussion on the subjects of Drug Medi-Cal – Organized Delivery System and AB 1810. Lots of interaction between participants. For the March meeting the Justice Committee will invite DBH to present on AB 1810.

**d. Holistic Cultural Education and Wellness Center Advisory Council**

The committee met on January 3rd. The new DBH Division Manager, Ahmad Bahrami was introduced to the group; he will have oversight of the committee beginning in February. The committee was given a copy of the Culturally Responsive Plan in Humility for 2018 / 19. Francine gave a brief overview of the five of the ten goals. The committee will continue to meet monthly but meetings will alternate every other month between a full committee meeting and workgroup meetings. Cultural Humility satisfaction surveys for Clients and Caregivers will be distributed in January at all county and contract provider sites. Satisfaction surveys for staff will be distributed in February with the program name but otherwise anonymously. Eventually results will be distributed to the committee, then to other DBH groups, then posted on the website. Helen Herrera, administrative program manager, announced that Fresno will be hosting the 2019 Asian and Pacific Islander mental health conference in September or October. It is expected to be a one day with about 500 attendees. Site selection is underway. Helen asks that interested individuals and groups contact her.

**e. Other reports or announcements**

Katie reported that Valley Children's Hospital now has their own in-house clinicians to assess for 5150's. It will help expedite the process. Currently there are three clinicians that are available during different shifts. They are seeking to hire a Board Certified Behavioral Analyst for the emergency room, they are able to work with individuals that have autism in addition to other behavioral health needs. There have other various positions added to help support behavioral health needs in the emergency room.

**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)*

Mary Lou Brauti-Minkler announced the NAMI walk. It will be held on Saturday, May 4, 2019 in the group activities area. The Walk is NAMI's primary fund raiser to help support clients and their families.

**IX. Meeting adjourned at 4:19 PM**

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