



County of Fresno

ADVISORY BOARDS AND COMMISSIONS

FRESNO COUNTY BEHAVIORAL HEALTH BOARD

Wednesday, February 20, 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>
Carolyn Evans	Dawan Utecht	<u>Continued</u>
Francine Farber	Ahmad Bahrami	Lawrence Seymour
Curt Thornton		Sharon Ross
David Thorne	<u>PUBLIC MEMBERS</u>	MaryLou Brauti-Minkler
Jerry Wengerd	Stan Lum	
Katie Rice	T. Boswell	
Marta Obler	Angela Yepez	
Margaret Corasick	Amber Molina	
Kylene Hashimoto	Rondy Early Packard, Jr.	
	Amanda Boone	
<u>Members Absent</u>	Leonila Ortiz	
Ward Scheitrum	Scott Holander	
Donald Vanderheyden	Ryan Banks	
	Zia Xiong	
<u>BOARD OF SUPERVISORS</u>	Kathy Shoemaker	
Sal Quintero, Absent		

I. Welcome

The Behavioral Health Board (BHB) meeting was called to order at 2:34 PM. Members were reminded to complete their Ethics Training, if due.

In celebration of Black History Month, Devoya Mayo, who works as a Cultural Broker at the Holistic Cultural and Education Wellness Center wrote a poem dedicated to Fannie Lou Hamer. Fannie Lou Hamer was dedicated to women's and voting rights activist, and a leader in the community.

Chair Carolyn Evans introduced one of two new members, Kylene Hashimoto. Kylene is currently a student with Fresno Pacific. She will be graduating in May with a bachelor's in Psychology. Kylene stated she has lived experience and hopes to use the knowledge and perspective in her role as a board member. Additionally, Kylene is the founder of the WILDFIRE EFFECT, a fiscal sponsorship of the Central Valley Community Foundation. An on-line platform that can assist in building reliance in young adults and adolescence by teaching them how to manage their depression.

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II. Approval of Agenda by Board

Agenda approved.

III. Approval of Minutes from January 20, 2019

Minutes will be carried over to March 20, 2019.

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

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

AB 114: California Behavioral Directors Association requested the language to be clarified on treatment of innovation funds that are subject to reversion. Further, CBHDA requested an amendment to clarify each county that is subject to reversion are reallocated. Waiting on dates and new language.

AB 451: This bill would require inpatient health care facilities to accept clients suffering from a psychiatric emergency medical condition, even if there are no beds.

SB 112: Would allow for the establishment of 100 youth treatment facilities statewide. The idea is based on the Australia Headspace Model. It will be a one-stop shop that may include physical, mental health, and substance use disorder treatment. Clarification on how it will be funded and if it will displace existing services was also requested.

BOS Agenda Items

Family Advocate Contract: As of January 19th, the awardee of the contract withdrew from negotiations. DBH received approval from Purchasing to send letters to attendees of bidders conference for this contract. The department will expand the contract in terms of funding, the projected time line for this project is June or July 2019.

Residential Eating Disorder Program: The contract will be run through a single agreement, rather than the master agreement, due to unique characteristics of the services. Medi-Cal billing will not be utilized.

AB 109: Services from this contract run through Turning Point. It is an existing agreement for co-occurring outpatient services for substance use disorder (SUD) and mental health. It will add more staff and increase drug medi-cal revenues under the Drug Medi-Cal redesign that started in January 2019. It reduces some of the prevention funding, that will be allocated to different modalities. It is the First Street Center.

Live Students: Francine Farber asked approximately how many students are taking part in the program. As there is no dollar amount connected to the agreement; however, DBH will provide the information. It is a new agreement. Also, DBH will include if the participation is optional.

Crisis Residential Facility received certification and is expected to open in March 2019.

Statewide Updates

Office of Inspector General Recoupment: An audit was conducted by the Office of Inspector General (OIG) for Fiscal Year 2013-14 claims, as a result, the proposed amount is \$240 million that shall be recouped from the California Counties. Within Fresno County they found disallowances of \$1400. As a result of the recoupment, there was some discussion between OIG and the state, that allowed for a reductions from \$240 million to \$180 million. Each county

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will be responsible for a portion of the \$180 million recoupment based on the percentage of claims. Fresno's portion will be just under \$3 million, and allowed to be paid out using the 1991 Realignment over 4 years.

Institute of Mental Disease (IMD) Exclusion Demonstration Project: Clients that are under IMD need a specific level of care are in a locked facility and typically are on conservatorship. Federal Government will not pay for services to a facility that has more than 16 beds. Through an 1115 demonstration, Fresno County was able to attain a waiver, which requires renewal in 2020. The waiver allows the county to place clients in larger facilities; however, there are some limitations in terms of stay and numbers of days per month.

Children's Services: Child Abuse Prevention Summit

Fresno is one of 22 counties invited to attend the summit, which was held at the end of January in San Diego. In addition to DBH, attendees from Fresno County included Social Services, Public Health, Fresno Unified, Fresno County Superintendent of Schools, First 5, Child Abuse Prevention Coalition, Cradle to Career, and the Economic Opportunities Commission.

Out of the summit, in the coming months there should be focused strategies around strengthening families to reduce child abuse.

Homeless Efforts Reedley Outreach: Through the Homeless Efforts, the collaboration of Fresno City and Fresno County, recently met with the City Manager for Reedley. The group plans to do more site visits of rural towns. That meeting consisted of multi-agency representation including the Continuum of Care, Multi-Agency Program (MAP) providers, Rural Triage team, Rural Mental Health, and Adventist Health.

Future meetings will be held with Selma, Parlier, Clovis, Kerman, and Sanger.

Criminal Justice Services – Diversion and Re-entry Services

There was a Court System Efficiencies meeting, it was a multi-agency meeting led by the Courts. The group looked at practical issues with solutions identified such as court appearances in two courtrooms, specialty courts specific to homelessness, e-filing reports, review of past procedures, and a justice hub.

Discussion included having a court at the Poverello House and advocates for this population to assist with working through the process. They also talked about the concept of a Justice Hub. MAP will have a meeting on March 21, 2019, led by the Courts. In a previous MAP meeting held by DBH, identified the transition out of jail or the access to services for individuals involved in the criminal justice system is complicated. The idea is to have a location near the courts where multiple services can be offered to individuals appearing for court or being released from the jail, the individuals can access the services at one location, and in lieu of incarceration or re-incarceration, receive the services they need.

Criminal Justice Services – Diversion and Re-entry Services: AB 1810 Diversion

New legislation around diversion that allows the Courts discretion to divert individuals from the criminal justice system for up to two years under certain circumstances. If the individual performs satisfactory, at the end of their diversion program, the court shall dismiss charges that were subject to criminal proceedings at the time of diversion. Further, DBH is working with justice partners to develop a draft scope of work to utilize funding from Department of State Hospitals for new programs designed specifically for diversion services.

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Circumstances allowing judge to grant diversion:

1. The individual suffers from an included mental disorder
2. Mental disorder played a significant role in the commission of the charged offense
3. Symptoms motivating the criminal behavior would respond to mental health treatment
4. Individual consents to diversion and waives his / her right to a speedy trial, unless they cannot consent as they are deemed Incompetent To Stand Trial (IST)
5. Agrees to comply with treatment as a condition of diversion
6. Court satisfied that defendant will not pose an unreasonable risk of danger to public safety
7. Court satisfied that recommended treatment will meet the specialized mental health treatment needs of defendant

While new services will emerge with Department of State Hospital funding, AB 1810 diversion may be granted now utilizing existing treatment resources; however, the judge has the discretion to grant diversion.

DBH and the Public Defender's Office are working with the public defender on test cases. There have been six referrals to date, which require screening, assessments, and determining the level of care by psychologists. Both departments are collaboratively developing protocols.

Results of the six test cases:

- 1 – Qualified and is undergoing court process to determine a legal ruling
- 3 – Did not meet the criteria for diversion
- 1 – Qualified but declined services (agreement to participate in services is required)
- 1 – Pending; had screening done, but requires full assessment

AB 1810 is not limited to individuals receiving services from the public system. The courts have diverted individuals to privately funded services.

Criminal Justice Services – Diversion and Re-entry Services: Proposition 47 Funding

There are competitive grant opportunities coming up. DBH is working closely with the Courts and other justice leaders to develop a scope of work for a competitive application. Cross-sector Local Advisory Committee is a grant requirement, which is meeting during February and March. DBH intends to leverage treatment services funded through existing funding options while advocating to use Prop 47 to fund gaps in services as described by stakeholders from the Advisory Team.

The Courts are leading the Advisory Team. The team includes a person with lived experience, faith leaders, community-based agencies, and public sectors (probation, courts, DBH, Housing Authority).

Due to the large number of grant opportunities, DBH is advocating for one cross-sector advisory committee to review all grant applications and scope of work development.

b. Response and Update on Behavioral Health Board 2019 Recommendations
DBH received the recommendations from the BHB for 2019.

DBH response to recommendations:

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1. Continue to develop the system to educate and inform families of behavioral health services that are available and how to access those services.

DBH has a new contract with JP Marketing, they are doing this type of work with Public Health. Looking to develop a marketing communication for public outreach and engagement. The goal is to get a more streamlined look and feel, something that can describe services and contact numbers. It will also assist with branding and will ensure that every program and / or services that are funded through DBH will be consistently acknowledged.

There is now a combined Access Line, where individuals can call 24 / 7 to begin services for Substance Use Disorders (SUD) or Behavioral Health referrals. The MAP program has been expanded, another method in which individuals can access services. There is also the collaboration with the schools, which allow children and their families to access services. There is also the justice strategies which were previously discussed. Lastly, DBH will use the Cultural Responsivity Plan, to ensure that individuals access services, are represented in how services can be access and ensuring that all under represented individuals in the community, see themselves in the services offered and know how to access services. All will be incorporated into the Education Outreach Plan.

2. Establish specific services for families with young children (under age 12) including those who may need inpatient services or follow-up to inpatient services.

The Central Star Unit opened is for adolescent, and does not accept youth under the age of 12. Though the current volume data reflects an increase, in the past 10 years there has not been more than 25 children that required hospitalization. Further, facilities cannot mix youth of different ages; thus, it would not be possible to have an efficient facility that would stay open due to the low population; however, recognizing there is still a need. The increase is possibly due to the closure of the CARE Unit.

Current system of care includes a variety of options for families with young children

- Traditional Clinic Based Services
- Home, School, and Community Based Treatment Services
- Assertive Community Treatment (ACT)
- Therapeutic Behavioral Services (TBS)
- Wraparound in lieu of out of home placement with Child Welfare or Probation involvement (SB163 Wraparound)
- Short Term Residential Treatment Programs (for youth in foster care services; programs in early development related to Continuum of Care Reform)

Addressing the capacity and gaps in the system of care, DBH is working on the following:

- DBH contracted with Fresno County Superintendent of Schools for significant expansion of youth services across all ages, including young children
- Expansion of services in higher levels of care (FSP/ACT)
- Increased capacity of Therapeutic Behavioral Services (TBS)
- Crisis Intervention Services in Metropolitan Fresno/Clovis
- Exploring Short Term Residential Treatment Programs for young children and for youth without involvement in foster care

Currently there is no plan to develop a specific program in lieu of hospitalization, one

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approach children with behavioral issues may not benefit from one approach.

4. Establish an employment program with job development, job placement, and job coaching to assist individuals with behavioral health disorders find and keep jobs.
 - DBH contracted with California Institute for Behavioral Health Solutions for technical assistance from national expert including program design, RFP development, training, and consultation
 - RFP for a new program includes expectation that selected vendor will receive training and technical assistance provided by CIBHS
 - Scope of Work includes the evidence-based Individual Placement and Support (IPS) model in addition to traditional vocational rehabilitation services
 - RFP anticipated to be released in early March
5. Support SB 10 regarding certification for peer providers of mental health and substance use disorder services. When this legislation is passed, establish Certified Peer Support Specialist positions.
 - Continue our work with Resilience, Inc.
 - ✓ Held a two-day workforce development strategic planning meeting last week
 - Fresno County Department of Behavioral Health, along with California Association of Mental Health Peer Run Organizations (CAMHPRO) will be hosting a Peer Support Services Forum for the southern part of the Central Region
 - ✓ April 18, 2019 – Health and Wellness Center
 - ✓ Will include peer/family specialists from represented counties
 - ✓ Will include a Behavioral Health Board member from each county
 - ✓ Will focus on:
 - ~ Peer/family specialist certification
 - ~ Value of peer support
 - ~ Ways to empower peer support at local level

c. Justice System—Current Issues and Possible Solutions

V. Old Business

a. Site Visit Report—Central Star Behavioral Health, Transitional Age Youth, Full Service Partnership

Board members commented on their visit, Margaret Corasick reported that the facility looked beautiful. The clients spoke positively about the facility and staff. Curt Thornton reported on the presentation given by staff; however, concerned about the transition period of Turning Point to Central Star, which began in October 2019. Concerning psychiatric services, it took four months to on-board a psychiatrist. Clients were taken to psychiatrist office for services. Further, he asked how many or the status of group sessions for the TAY population, currently they have one. Curt suggests to have a discussion with Purchasing Department on procedure for determining contracts through the RFP process. There is nothing in the process to evaluate the impact of the clients.

b. Report on Community Meeting/Site Visit at Renaissance at Santa Clara

BHB members that were able to attend enjoyed hosted an ice-cream social event with the tenants from the Renaissance Supportive Housing program. They spoke with several of the

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tenants who spoke positively about the housing program. They were appreciative that they are allowed to keep pets. Some concerns and / or issues included obstacles with getting medication for some, due to weather and / or distance it is not always feasible to go to the pharmacy. Further, there is one person that oversees prescribed medications for 69 individuals. It was also noted that some clients had moderate to severe dental issues, and recommended that staff look into the dental services that Fresno City College can provide. Other suggestions included that clients use a pharmacy that delivers. For those that would like to participate in activities, there are off-site programs that can pick-up the clients. David Thorne also suggested that some seek out volunteering.

c. Report from Ad Hoc Committee on Data Notebook for California Behavioral Health Planning Council

Katie and Carolyn completed a majority of the Data Notebook. They asked BHB members to review and provide input, and offer ideas on programs they would like addressed in future Notebooks. DBH will complete sections of the notebook that cannot be answered by BHB. The Notebook is due March 31, 2019.

d. Site Visit to Fresno County Jail in March

The BHB will visit the Fresno County Jail in March, focusing on areas such as jail medical particularly services for inmates with behavioral / mental health challenges. They will speak with jail staff and WellPath staff.

VI. New Business

- Creation of Ad Hoc Committee to Contact Government Representatives

An Ad Hoc Committee will be formed that will make direct contact with government representatives on issues that affect and / or are related to behavioral and mental health and substance use disorders. Curt will chair the committee; other participants include Jerry Wengerd and Kylene.

VII. Committee Reports

a. Adult Services

The Adult Services Committee met on February 4, 2019. Kathy Anderson from DBH provided an overview on the recently implemented Drug Medi-Cal Organized Delivery System (DMC-ODS). The existing services of Outpatient, Intensive Outpatient, and Narcotic Replacement Therapy (Medication assisted treatment) have been enhanced. New services include expanded Residential Treatment to meet American Society of Addiction Medicine (ASAM) defined levels of intensity, the highest of which includes co-occurring clients not yet available, but must be implemented within three years; Withdrawal Management for new detox services; 3) Recovery Services for residential and after care, and Case Management.

Individuals may access services through the Urgent Care Wellness Center, the Youth Wellness Center, or by calling the 24/7 Access Line. They will be redirected to SUD Access Line. Providers will accept walk-in's; individuals may also be referred by entities such as Probation or the Courts.

A concern is the reimbursement process for providers providing both SUD and mental health treatment services on the same site on the same day. However, it is possible if the provider is willing to bill separately to meet Medi-Cal requirements. Turning Point is currently providing this service at its First Street Center. Turning Point will present on this

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at the Adult Services Meeting in March.

b. Children's Services Committee

Next meeting will be held on February 28, 2019. Location to be announced.

c. Housing Task Force

The meeting was held on January 23rd, Deputy Director Susan Holt presented. They discussed housing inventory from 2017, a partnership with Alameda and San Diego Counties for "Community Health Improvement Partners". They will focus on issues related to room and boards. They also discussed the Independent Living Association and goals to improve quality of housing options as well as provide technical assistance. The group discussed forming an Ad hoc committee, instead of continuing the Task Force. There will possibly be a quarterly committee.

d. Cultural Humility Committee

Under the consultant's direction developed a survey for clients and family care givers, which has been administered and completed. It was provided in English, Spanish and Hmong. Results will be provided and analyzed by the committee. A similar survey will be administered to DBH staff and providers. Results will be shared in May. They hope to share the data with a broader audience including the public. A new system of the committee, there are now six sub-committees. Each month the entire committee will meet for the first hour, in the 2nd hour three of the sub-committees will meet; rotating monthly meetings among sub-committees.

e. Other reports or announcements

Justice Committee will meet on March 11th, unless otherwise notified.

f. Other reports or announcements

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)*

Due to unforeseen circumstances, the NAMI Walk the date changed to May 4th and the new location is Fresno State.

IX. Meeting adjourned at 4:29 PM.

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