



County of Fresno

ADVISORY BOARDS AND
COMMISSIONS

FRESNO COUNTY BEHAVIORAL HEALTH BOARD
DBH Health and Wellness Center
1925 E. Dakota Ave.
Fresno, CA 93726

Minutes
 Wednesday, May 15, 2019

<p><u>MEMBERS PRESENT</u></p> <p>Carolyn Evans Francine Farber Katie Lynn Rice Curt Thornton David Thorne Donald Vanderheyden Jerry Wengerd Marta Obler Amanda Boone Shantay Davies-Balch</p> <p><u>ABSENT</u></p> <p>Kylene Hashimoto</p> <p><u>BOARD OF SUPERVISORS</u></p> <p>Sal Quintero</p>	<p><u>BEHAVIORAL HEALTH</u></p> <p>Dawan Utecht Susan Holt Lawrence Moore Ahmad Bahrami Tami DeFehr</p> <p><u>PUBLIC MEMBERS</u></p> <p>Chris Roup Ariana Miranda Rondy Earl Packard, Jr. Mark Carney Melissa Fry Tish Small Amber Molina MaryLou Brauti-Minkler Ryan Banks</p>	<p><u>PUBLIC MEMBERS –</u> <u>Continued</u></p> <p>Scott Hollander Sharon Ross Janet Capello</p>
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I. Welcome and Opening Remarks

Chair Carolyn Evans called the meeting to order at 2:36 PM.

David Thorne read the Board of Supervisor Proclamation for Mental Health Awareness Month.

II. Approval of Agenda by Board

Agenda approved.

III. Approval of Minutes from April 17, 2019.

Minutes approved with corrections.

IV. Explanation of Request for Proposals Evaluation Process—Gary Cornuelle, Purchasing Manager, Fresno County

Gary Cornuelle presented on the County's Request for Proposal (RFP) Evaluation Process. Part of the RFP Process includes selecting a panel / review team which is established by the responsible department; however, purchasing will have the final approval to ensure there is no conflict of interest. The role of Purchasing is simply to manage the meetings. A panel member's involvement may take up to two to three hours to review the proposals, depending on how many are received. The department may inform potential panel members how many RFP's were received. Reviewers are asked to read all RFP's and make notes. To ensure a fair process, panel members are instructed not to have pre-conceived notions. At the conclusion of the process, the panel's selection goes to the department head for approval. After approval the county and agency will begin the negotiation process.

An interview can be included as part of the review process, if that is the desire of the panel. The team can also conduct a visit of one competitor, and not the others, if they chose to. However, it will require additional documentation. The process does not change if only one proposal is received for the RFP. The entire process is also explained to the potential vendors.

V. Update & Program Review – Department of Behavioral Health – Director Dawan Utecht

Contracts / Board Agenda Items

Eating Disorder Contract - The department will present on an item in June pertaining to eating disorders. A few years back a master agreement was developed due to not having appropriate outpatient services / out of county services, and that cannot exceed \$100,000, for individuals that suffer from eating disorders.

A typical hospital stay is approximately 7 to 14 days, for individuals with eating disorders the average length of stay is 90 days and can go up to 180. Further, there are few inpatient facilities that can offer services for eating disorders, those that do will not accept Medi-Cal.

Family Advocate Agreement – the vendor selected for the RFP, elected not to move forward with negotiations. Department of Behavioral Health (DBH) will review the RFP to help determine why there was only one respondent. Other options may include increasing the funds and may specify the amount that would allow for coverage and on-call services. DBH is hopeful that the new RFP will garner more proposals.

Statewide Updates

Network Adequacy Requirement (aka NACT) – as discussed in the May Behavioral Health Board (BHB) meeting, DBH received a letter and phone call about being out of compliance. DBH has been in communication and working closely with the Department of Health Care Services (DHCS) to gain further clarification on the rules, such as not being able to use administrative staff that can provide services, because they cannot continuously provide services. The state determines the amount of services needed for

services based on population and prevalence rate.

The resubmission is due on Friday, May 17, 2019. Contracted providers were contacted to ensure they understand to submit only for those that can be counted as delivering services. DBH anticipates the withhold to occur in June as the state may not be prepared to determine if Fresno County DBH is compliant. If found compliant, all funds will be returned.

DBH is out of compliance in the area of Children's Outpatient Providers for children and youth. Telehealth can be used to help meet capacity. The count has to do with the number of providers contracted with DBH and have the capacity within the contract; however, the funds must be available to cover these services and providers must prove they have the amount of staff needed. DBH will continuously work on many fronts towards having the appropriate amount of staff and / or contracted providers to meet the needs of the programs and the community.

May Revise – The revision for the May Revise was announced last week. Two highlights were noted: 1) additional funds for education, workforce and training specifically for mental health for the next five-year plan and 2) additional homeless funds for cities and counties. Thirteen cities will share \$275 million and counties will share \$275 million; and Continuum's of Care will receive approximately \$100 million. Fresno is among the cities receiving funds; however, the funds will be geared towards emergency housing, not permanent. Part of the revise clarification looked at restrictions and codes to remodel hotels, motels and buildings for housing – freeing up the restrictions.

Multi-Agency Access Program (MAP) Update

MAP begin in April 2017. Currently there are eight locations and multiple mobile locations. There have been issues in data collection. Previously there was work with a local software vendor that helped design a software program to collect the data and administer the community screening tool; however, it has been harder to reporting on the data. Likely will switch to a different process. In the meantime, the entities that oversee the contract (Kingsview, Centro La Familia and the Poverello House) must do a manual data analysis.

Outcomes covered for the period of July 2018 through December 2018 include the number of unique clients served by each provider, Kingsview, Centro La Familia and the Poverello House; the number of surveys completed, the number of men / women served, and they are also tracking veterans. Additional outcomes include race and ethnicity, the types of linkage, number of linkages, percentage of surveys completions, and consumer feedback regarding linkages, satisfaction, and referrals to family or friends.

Program Review: Turning Point AB 109

Turning Point provides Co-occurring Outpatient and Full-Service Partnership (FSP) services to individuals currently under Post Release Community Supervision (PRCS) / AB 109. All individuals are referred by the Fresno County Probation Department.

Goals include:

- reduction in frequency of hospitalization
- reduction in frequency of homelessness
- reduction in frequency of incarceration
- provision of housing placement and support
- increase in frequency of time spent in educational or employment setting
- achieve a level of recovery, stability, and independence that will allow transition to least restrictive level of care

FSP Services include:

- Individualized services with a focus on person-centered strengths
- Advocacy
- Linkage and connect with community partners
- Nursing staff provide routine monitoring of vitals, medication side effects, and health education
- Provides intensive based outpatient behavioral health, co-occurring, and supportive housing services.

Dates of operation are from April 2012 to current. The reporting period for this program is July 1, 2017 to June 30, 2018. Number of unique clients served is 214, with a cost of \$6142 per client. The number of clients served between Fiscal Years (FY) 2016 -17 and 2017-18 are consistent at 214. The cost per client in the same FY's reduced slightly in 2017-18.

There is a 90% reduction in the number of days in jail or prison (8,367 pre-admission; 837 post-admission). A 40% reduction in number of days for homelessness (955 pre-admission; 572 post-admission), and an 89% reduction in number of days in a medical facility / hospital (47 pre-admission; 5 post-admission).

The goals for the Outpatient Program include:

- timely access to treatment
- support healthy reintegration into the community
- teach new coping and life skills
- provide relapse prevention support
- reduce recidivism
- reduce substance abuse
- reduce psychiatric hospitalizations, to reduce homelessness, and to increase community functioning

Services include:

- Outpatient SUD/DMC ODS services
- Linkages to SUD residential services
- Outpatient MH services
- Program services focus on meeting the needs of the whole-person
 - Ensure physical health, mental health, and substance abuse is considered and integrated into the treatment plan.

Dates of operation are from April 2012 to current. The reporting period for this program is July 1, 2017 to June 30, 2018. Number of unique clients served is 1053, (Mental Health (MH) – 298 and Substance Use Disorder (SUD) – 818). The cost is \$1409.60 per MH client and \$1692.82 per SUD client). The number of clients served in FY 2016 -17 were 266 and 1053 during FY 2017-18. The dramatic increase is due to the different method in which clients are counted. The number for FY 2016-17 were just MH clients, in FY 2017-18, SUD clients were added.

Program Goal Achievement reflects 85% of clients completing treatment plan goals, 79% of clients successfully completed treatment or left before completion with satisfactory progress, and 99% of clients receiving mental health and co-occurring treatment experienced zero psychiatric hospitalizations or incarcerations.

VI. Old Business

a) Site Visit Report—First Street Center

Members were impressed by dedication of staff and their knowledge given the complexity of the programs.

b) Discussion and Vote on Regulations for Ad Hoc Committees

Members were given two versions of the regulations, which are guidelines, not requirements. Members voted on a new version of guidelines (see attached).

Motion made by Curt Thornton, seconded by Francine Farber.

Ayes: Curt Thornton, Francine Farber, Katie Rice, Margaret Corasick, Jerry Wengerd, David Thorne, Marta Obler, Amanda Boone

Noes: none

Abstain: Carolyn Evans

c) Community Forum at Central Library Fresno

There will be a Community Forum on at the Central Library in downtown Fresno on Wednesday, May 22 at 5:00 PM.

d) 2018 Annual Report to Board of Supervisors (BOS)

The Annual Report was submitted on Tuesday, May 17th to the BOS.

VII. New Business

a) Discussion and Vote on MHSA Annual Update

The BHB requested that all future reports contain page numbers. Further, the public comments should be displayed prior to the BHB receiving the report, additional hearings should be held, and the Executive Summary is very long.

The only changes that will be made are the Executive Summary and additional public comments received at this meeting. Upon completing the revisions, the report will be re-posted before going to the BOS.

Motion to approve: Francine Farber motioned to recommend to move on the Mental Health Services Annual (MHSA) Update to the BOS for approval; seconded by Shantay

Davies-Balch.

Ayes: Francine Farber, Katie Rice, Margaret Corasick, Jerry Wengerd, David Thorne, Marta Obler, Amanda Boone

Noes: none

Abstain: Carolyn Evans; Curt Thornton

b) June Site Visit

The BHB will visit Comprehensive Youth Services in June. Members will receive additional dates for consideration.

c) Community Forum--Kerman

The community forum planned for Kerman will be postponed until September.

VIII. Committee Reports *(for scheduling purposes, Justice Committee reported first)*

A. Adult Services

Dr. Venice Curry about engaging the African American community in mental health, both as clients and providers. Her suggestions included being honest on about racism, being non-judgmental about feelings, going where the people are, and remembering that guests are not the experts, and practicing the art of listening. She shared her passion about zoning, land use, and unfinished neighborhoods, those lacking adequate lighting, sidewalks, grocery stores, parks, etc. As for providers she said to start young with mentorship, education and work towards reducing stigma. Current providers could intentionally recruit diverse employees, recognizing that requiring bilingual employees may eliminate many African-American applicants.

B. Children's Services

The committee received a presentation on the Eating Disorder Team. The department has contracted with Center for Discovery for Inpatient Treatment with Eating Disorders. A lot of training is occurring, one of the greatest challenges is finding dietitians are knowledgeable with eating disorders. Currently the team is part of Children's Services; however, a young adult has recently been accepted in to treatment as there are no other options available at this time.

C. Justice Services

Meeting was held on Monday, May 13th. The committee received a report on Drug Medi-Cal Organized Delivery System (DMC-ODS). Through DMC-ODS services are available for inpatient and outpatient, withdrawal management – all included in SUD system of care. Many ways to access services – urgent and youth wellness center, 24/7 access line, referrals are from the courts, probation or can walk-in. Services are not limited to DBH, they are can be faith based, private insurance, etc. Discussed court referrals and screening completed by providers and DBH.

Deputy Director Susan Holt added that the Division Manager for Children's Services is sharing the information gained with the Adult Services Division Managers as part of integration efforts.

D. Other reports or announcements

Francine was unable to attend the last meeting; however, was able to share that many surveys have been returned from clients and families / care givers with respect to how they feel about their cultural diversity needs are being met. Just looking at the data, it looked positive, most points were at the 90% or more of satisfaction, there is another survey coming this month.

IX. Public Comment

Held; none received.

X. Meeting adjourned at 4:18 PM.

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