



FRESNO COUNTY BEHAVIORAL HEALTH BOARD

DBH Health and Wellness Center
 1925 E. Dakota Ave.
 Fresno, CA 93726

Minutes

November 20, 2019

<u>MEMBERS PRESENT</u>	<u>BEHAVIORAL HEALTH</u>	<u>PUBLIC MEMBERS –</u> <u>Continued</u>
Carolyn Evans	Dawan Utecht	Fidel Garibay
David Thorne		Ryan Banks
Donald Vanderheyden	<u>PUBLIC MEMBERS</u>	Kristin Lynch
Marta Obler	Rondy Earl Packard, Jr.	Emma Mejia
Debbie Xiong	Amber Molina	Dylan Loy
Amanda Boone	Scott Hollander	Arlene Vargas
Michelle Reed	Vince Montgomery	Michelle Z
	David Tan	Cristina Rodriguez
<u>ABSENT</u>	Tabitha Baldwin	Elizabeth Williams
Francine Farber	Sue Vang	Shannon Accardo
Kylene Hashimoto	Shanan Yang	Mary Lou Brauti-Minkler
Nikia Shumate	Erika Beckwith	Jessica Underwood
	Marilyn Bamford	Mark Carney
<u>BOARD OF SUPERVISORS</u>	Brook Frost	Lawrence Seymour
Sal Quintero (absent)	Natasha Bailey	Shawn Ross
	Kristin Withrow	

I. Welcome and Opening Remarks

Chair Carolyn Evans called the meeting to order at 2:35 PM.

Michelle Reed was introduced as a new Behavioral Health Board Member (BHB) appointed on November 5, 2019. Michelle is a mental health clinician for Madera County Behavioral Health and became interested in becoming a BHB member when her son who was living with a dual diagnosis, took his own life on July 27, 2019. Michelle stated her goal is to make a difference and improve mental health programs to ensure individuals in need of service receive the appropriate care.

Carolyn announced that Secretary Francine Farber is absent due to breaking her leg and is unsure of when she will return. A get-well card was available to sign.

BHB member Amanda Boone read the BHB vision and Mission statement.

II. Approval of Agenda by the Board

Approved as written

III. Approval of BHB meeting Minutes from October 16, 2019

Approved as amended

IV. Department of Behavior Health update – Dawan Utecht, Director

Dawan began with the Departments Mission, Vision and Goals statement.

a. General Update

Board Agenda Items

November- Items Approved

- SAMSHA Grant
- Department of Health Care Services (DHCS) Performance Agreement
- Mental Health Patient Rights
- Amendment to Netsmart Agreement – Affords additional opportunities for telehealth services
- Yearly Projects for Assistance from Homelessness (PATH) grant renewal with DHCS

December- Department to notify Board next week of items for December

Statewide Updates

Advancing and Innovating Medi-Cal (CalAIM) –

A plan from the state of California to redesign the 1915B Waiver and change how Medi-Cal is administered in California. Doing so by establishing more flexibility of billable services provided, with use of an integrated system for providers. To achieve this plan there will be several workgroups formed by the Association of Behavioral Health Directors. They will appoint members and staff from various counties to participate in most workgroups and where members have not been appointed to a specific workgroup, members will still be present and public call-in is encouraged for listening with the opportunity to submit questions online. Some goals for the workgroups are:

- Identify and manage member risk with need, through Whole Person Care approach and address Social Determinants of Health
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility
- Improve quality outcomes and drive system transformation through value-based initiatives, modernization of systems and payment reform

Dawan has been appointed to the Behavioral Health Integration and the Behavioral Health Payment Reform Workgroups and will report back as they move forward on future workgroups created, as well as with proposals presented.

Overview of the Fresno County Community Process (CCP) for the Mental Health Services Accountability (MHSA) Three Year Plan

- Planning began in the summer of this year 2019
- An Estimated budget was developed
- Suggestions received from the Mental Health Services Oversight Accountability Commission (MHSOAC)
- Reviewed processes of other counties
- Seek to create a best practice around Fresno County processes

Key stakeholder interviews have been conducted throughout the community across different sectors outside of the Behavioral Health field. Those individual interviews have been in the areas of:

- Education
- Criminal Justice
- Foster Youth
- Public Health
- TAY/Youth Leader
- Hospitals/Medical (2)
- Faith Leader/Faith Community
- Housing Authority
- County Admin (CAO)
- Central Valley Urban Institute
- Rural Community Official
- Older/Aging Adults
- Family/NAMI
- Undocumented/Immigrant Populations

In addition to individual interviews the Department of Behavioral Health (DBH) will facilitate 19 community forums that are all open to the public. The Department goal is to receive as much input as possible by engaging the community. To receive effective input many things were considered when planning the forums:

- Geographic areas (easy local access)
- Specific populations or targeted groups
- DBH staff met with host area/agencies for input on a successful turnout
- Interpreters available and additional accommodations can be provided
- Forums held in the morning, lunch time, afternoon/late afternoon, evenings and Saturdays
- Address transportation gaps

List of specific stakeholder forums for different targeted populations:

- South East Fresno @ Fresno Center (day)
- TAY @ Fresno State Smitcamp House (afternoon)
- General Public @ HaWC (Saturday morning)
- Rural Youth- @ Westside Youth Center-Mendota (afterschool)
- Faith Leaders @ HaWC (afternoon)
- Individuals Served-Rural @ Turning Point RMS in Coalinga (morning)
- First Responders @ HaWC or American Ambulance (afternoon)
- Individuals Served @ HaWC (afternoon)
- Individuals Served/Peers @ Blue Skye Wellness Center (day)
- Family Care Givers @ HaWC (evening)
- West Fresno/African Americans @ Westside Church of God (evening)
- LGBTQ+ Adults @ Big Red Church (evening)
- CBOs @ HaWC (Day)

- Family Care Givers @ Heritage (late afternoon/early evening)
- Individuals Served @ Pathways/Metro (day)
- Rural Community @ San Joaquin Community Center (evening)
- Rural Community @ Selma Resources Center (evening)
- Hmong Speakers @ Fresno Center (day)

There will also be separate Focus Groups held with each contracted direct service provider who will meet with the clients they serve. The focus groups will be guided using a printed version of a survey that will also be available on DBH website.

Other versions of meetings will be held through:

- Skype session – County staff and CBO staff
- Facebook Live – Spanish (evening)
- Facebook Live – English (day)
- YouTube Live – English (evening)

Promotion also provided through traditional outreach events:

- Listserv
- Radio (Spanish and Hmong)
- Fresno Bee
- Social Media
- Partner Agencies

After a few months of gathering input through all the listed methods DBH will develop a plan that will be presented at four community forums in the following areas:

- Southeast Fresno – venue to be determined (TBD)- Hmong Language
- Mendota or San Joaquin – venue TBD – Spanish Language
- Clovis – venue TBD
- Fresno – venue TBD

*** They will also be streamed live and recorded for later viewing

The Plan will then be posted for a 30-day public comment and proceed toward the goal of BOS approval in April.

Total Estimated cost is \$75,000 - \$100,000. Those costs utilized in:

Budget

- Venues
- Promotion
- Printing
- Logistics
- Food
- Incentives

Cost TBD

- Interpreter service
- Translation
- Audio Equipment
- Staff time

Brief videos can be found at mhsa@fresnocountyca.gov to better help individuals understand the community planning process.

b. Children's Services Update

Youth Wellness Center –

A new service provided to children that is similar to the Adult Urgent Care Wellness Center and it serves as a “front door” for the community to access DBH Children's Mental Health Services with providing access to:

- Assessing, creating treatment plan or linkage to appropriate linkage team
- Triage referral to managed care plan according to level of care
- Case management / brief therapy
- Presumptive Transfer care coordination
- Linkage to psychiatry services
- Coordination of post follow-up services for transition from inpatient psychiatric facilities
- Post hospital follow up services, inpatient to outpatient

Child Welfare Mental Health (CWMH) Services –

Provided through three contracted agencies:

- California Psychological Institute (CPI)
- Central Star Behavioral Health - Community Services program
- Uplift Family Services -Hope Program

In addition to the traditional Mental Health Services of assessments, crisis intervention, plan development, case management, rehabilitation, medication support, intensive care coordination, intensive home-based and psychological evaluations clients can also receive specialty services from these agencies such as court specific services to assist with court reports and court testimony at different locations of being office-based, home-based or community-based.

Child Welfare Mental Health Team –

The Child Welfare Mental Health Team are Fresno County staff consisting of:

Clinical Supervisor: 1	Licensed Mental Health Clinicians: 3
Community Mental Health Specialist:4	Program Technician: 1
Office Assistant: 1	

Goals the team have are:

- Timeliness of Service
 - Crisis referrals – within 3 days
 - Standard referral – within 30 days
- Access and Engagement
 - Community-based services
 - Provision of Intensive Care Coordination / Home-based services
- Effectiveness
 - 70% of clients will successfully complete treatment

Continuum of Care Reform (CCR)-

AB 403 – CCR Implementation (10/11/15)

- Aid in reduction of congregate care placement settings and increase the use of intensive, home-based family care
- New youth residential licensing categories created – Short Term Residential Therapeutic Program (STRTP) and Therapeutic Foster Care (TFC) service model

AB 1997 – Additions to CCR (09/25/16)

- Added requirement of STRP's to provide specialty mental health services

AB 1299 – Presumptive Transfer (09/25/16)

- When placement of foster care takes place outside of county of origin the host county then becomes responsible for care with no delay of treatment due to the questioning of payment of services

Short Term Residential Therapeutic Program (STRP)

Licensed by the California Department of Social Services (CDSS). It is a long process for Facilities/Group Homes to become licensed. Once they are licensed by the CDSS they then go through the process of receiving approval from a Mental Health Board as well.

<u>Statewide STRP's</u>	<u>Fresno County STRP's</u>
~ 65 facilities licensed/operating	~2 Promesa Behavioral Health (local) Devereux Advanced Behavioral Health (out of state)
~244 facilities licensed seeking MHP approval	~9 facilities licensed seeking MHP approval
~172 group homes in licensing process	~4 group homes in licensing process

Therapeutic Foster Care (TFC)

The Department of Behavioral Health currently has a contract agreement with Golden State Family services, effective August 7, 2018. The TFC services require a plan development, rehabilitation, and collateral services. All with being provided by the resource parent ("foster parent"). While the clients needing these services are typically high acuity clients, a licensed clinician must also be involved in the care to supervise. The Resource Parents is required to complete 40 hours of initial training and 25 hours annual training. The resource parent also must become employed by the Foster Care Agency, due to the resource parent writing up the service note for the Licensed clinician to review and verify. Making the resource parent then considered an independent contractor and responsible to pay taxes. The changes have created some barriers and a low recruitment of TFC parents. Although these changes created challenges, as of September 2019 Fresno County still managed to be the first California County to execute a Therapeutic Foster Care program under the new requirements.

DBH - FCSS – All 4 Youth

All 4 Youth is a partnership program between Department of Behavioral Health (DBH) and Fresno County Superintendent of Schools (FCSS) to provide Specialty Mental Health Services to children and youth 0 to 22 years of age.

Medi-Cal beneficiaries can receive standard services at school, or out in the field Monday – Friday 7a.m. – 7 p.m. with weekends and summer also available. In addition to standard services, linkages are provided as well as Prevention and Early Intervention (PEI) services. PEI services being:

- Positive Behavior Interventions and Supports (PBIS) for students
- Education/Training around mental health first aid/resilience for school staff
- Assessment and brief intervention for any student even without Medi-Cal

Current progress and goals set with All 4 Youth are:

- To reduce barriers of accessing specialty mental health services
- Increase timeliness of service to youth and families
- Have MH Clinicians at all Fresno County Schools
- Currently we have 101 k-12 schools
- 27 Headstart programs
- 5 migrant Headstart programs

All 4 Youth services will be implemented to all Fresno County Schools in 5 phases. Currently in phase 2 with phase 3 being the North and Central County, phase 4 East County and phase 5 the South County. Fresno and Sanger have a few select schools already onboard along with the School districts of:

- Mendota
- Golden Plains
- Kerman
- Firebaugh-Las Deltas
- Central
- Selma
- Fowler
- Sierra
- Kingsburg
- Easton
- Laton
- Caruthers
- Riverdale

c. Outcomes Report Rural Mental Health

Rural Mental Health Program Review:

- Full-Service Partnership (FSP), Intensive Case Management (ICM), Outpatient (OP) services to adults and children
- Clinics open in Pinedale, Reedley, Selma, Kerman, Coalinga, Sanger, Huron and another to open in Mendota next year
- Each clinic provides all three levels of care
- Individuals treated with personalized goals and strengths

Rural Mental Health Program Information:

- Rural Mental Health Agreement began with Turning Point in 2008 and renewed June 12, 2018
- Two new Turning Point rural locations of RMH clinics – Huron and Mendota will open in mid-2020
- Coalinga clinic expanded to a larger space across the street in April 2019

- Reporting Period: July 1, 2018 – June 30, 2019
- Program Actual Expense: \$8,817,699.47
- Number of Unique Individuals Served: 169 (FSP), 1,978 (ICM), 1,847 (OP)
- Cost per individual: \$8,104.64 (FSP), \$3,052.47 (ICM/OP)

Program efficiency:

- Improvement of reduction in hospitalization of post enrollment
- Cost per client trending with the number of clients and level of care needed
- Growing in number of OP served
- Slight decrease in number of ICM individuals served. To be expected when clients in need of service grows staffing will also need to grow

Annual Goals include:

- Minimum 70% of individuals receiving FSP services experience no episodes of psychiatric hospitalization, incarceration, homelessness, medical hospitalization or ED admission
- 10% or less hospitalization of total ICM/OP individuals served
- 10% or less ICM/OP individuals receiving crisis stabilization services
- Minimum 15% of individuals receiving crisis stabilization services.
- Minimum 15% of individuals enrolled in some type of education annually
- Minimum 50% of individuals participating realize positive recovery growth and a minimum 25% transition to lower levels of service

Rural Mental Health Program Goals:

- Average length of time from referral to first contact – 2 days (Target 7)
- Average length of time from assessment to first psychiatry appointment offered – 14 days (Target 15 days)
- Participation/Enrollment in Education Setting – 33% (Target 15%)
- Employment or Volunteerism -17% (Target 15%)

V. Old Business

a. Report on Site Visit to Turning Point Rural Clinic in Kerman October 22nd

Positive points:

- Welcoming all, staff were very considerate and kind to individuals served from the community
- Staff gave a clear picture by thorough explanation of information on the services they provide along with hopes and dreams they have for the program
- Substance Abuse counselors onsite
- The ability to provide service to all ages at all levels of care

Obstacles mentioned:

- Lack of housing in the rural areas
- Transportation
- Childcare
- Lack of Substance Abuse Rehabilitation programs

b. Community Forum – Kerman

Forum held October 22nd at the Kerman High School. There were about 25 people in attendance, most of whom were providers. Suggestions were given on how to reach the people in the local area along with information exchanged amongst the providers. Within that information many of the same issues/barriers were mentioned as with Turning Point Rural Clinic:

- Lack of affordable housing in the rural areas
- Transportation
- No assisted living homes in the area
- Lack of substance use disorder services.

c. Nomination of Officers for 2020

New nominations are welcomed as the election will take place next month. Nominees thus far are:

- Carolyn Evans for Chair
- Amanda Boone for Vice-Chair
- Francine Farber for Secretary

VI. New Business

a. Site visit to Juvenile Justice Campus –

Will visit December 10th at 1:30 p.m. Reminder for those attending, to submit name and DOB to JJC for clearance prior to visit.

b. Board Saturday Workshop –

Workshop date set for January 18th at 9:00 a.m. – 1:00 p.m. Tina will confirm reservation of meeting room at the Health and Wellness Center

VII. Committee Reports

a. Adult Committee –

Discussion of Culturally appropriate services were led by staff from The Living Well Center on services they provide to the South East Asian community. In the past The Wellness Center only treated individuals with mild to moderate diagnosis and have now grown to a Full-Service Partnership (FSP) program with the ability to treat individuals with serious mental illnesses. With 80% of clients being Hmong, 5% Laos, and 5% Cambodian. They engage individuals in service by:

- Providing a warm welcoming home-like environment
- Have staff that speak various southeast Asian languages
- Provide activities to individuals of all ages
- Cross cultural activities and stay connected to the community

b. Children’s Committee – Next meeting is a week earlier than usual and for this month. The meeting location has been changed to the Blue Sky Wellness

Center on December 19th. There is a speaker planned to provide information on services for young sexual offenders.

- c. Justice Committee** -Information provided on the Juvenile Justice Center Medical Services that is available in the Justice committee minutes from the November 4th meeting. Next meeting is Monday January 13, 2020.

d. Cultural Committee – No report

e. CALBHBC –

Carolyn attended a training in Stockton given by the Association of Local Behavioral Health Boards & Commissions (CALBHBC) in October. A presentation in cultural competency was given along with some trainings in Duties and Responsibilities of Local BHB's and MHSA community program planning. Behavioral Health Board members from six to seven counties north of Fresno attended. The counties reported recruitment and retention of board members as difficult. Most BHB's have an average of eight to nine members. The BHB members shared these successes from their counties:

- Mobile Crisis Response Team
- Cultural Diversity Discussion and Education
- Crisis Intervention Team
- Many community center locations
- Support teams for consumers
- Progressive housing

Challenges of other counties are similar to these in Fresno County:

- Lack of SUD services
- Homelessness
- Transportation
- Housing
- Community Outreach
- Rural area services
- Veteran services
- Lack of Board and Care homes
- Suicide
- Stigma

Handouts that were given at the training on the Brown Act and MHSA general standards were provided.

f. Other reports or announcements

None

VIII. Public Comment

Blue Sky Wellness Center opened a store on-site where purchases are made by points earned at the center.

IX. Meeting adjourned at 3:40 p.m.

