

MINUTES  
San Bernardino County  
**BEHAVIORAL HEALTH COMMISSION MEETING**  
November 3, 2016 - 12:00-2:00 pm

**Commissioners Present:** Monica Wilson, Susan McGee-Stehsel, Troy Mondragon, Christopher Massa, May Farr, Paul Williams, Carol Kinzel, Michael Grabhorn, Catherine Inscore, Lizett Santoro on behalf of Supervisor James Ramos.

**Excused Absence:** Ed O'Brien, Veatrice Jews, Jennifer Spence-Carpenter

**Absent:** Jane Godager, Akin Merino

**Guests:** Veronica Kelley, Nancy Olsen, Julie Hale, Jon Buffong, Cynthia White, Kristiann Wolfe, Aidery Hernandez, Vickie Baumbach, Ashley Banks, DeAndrea Porch, Josh Morgan, Richard Lindsey, B. LaVelle, Lawrence Gonzaga, Sarah Eberhardt-Rios, Timothy Houggen, Allison Cunningham, Delilah B., Jessica Romo-Gutierrez, Stephanie Guix, Laverne Herbert, Leicy Recendez, Angela Chavez, Victoria Hall, Leann Ficarra, Carmen Garcia, Joshua Taylor, Rachel Cierpich, Crystal Bowens, Jamesia Brown, Andre Bossieux, Karen Cervantes, Michelle Dusick, Jennifer Pacheco, Michael Sweitzer, Justine Rangel, Sonia Rubio, David Quiroz, Abdul Hakim-Day, Merida Saracho, Annmarie Scott, David Denkers, Michael Oliver, Georgina Yoshioka, Douglas Fazekas

Minutes recorded by Raquel Ramos, Interim Clerk of the Behavioral Health Commission.

**CALL TO ORDER AND INTRODUCTIONS**

Chair Monica Wilson called the meeting to order at 12:07p.m. Tory Mondragon led the Pledge of Allegiance and self-introductions followed.

**CULTURAL COMPETENCY AWARD OF EXCELLENCE**

Abdul-Hakim Day, Probation Department, San Bernardino County. Nomination:

*Officer Hakim Day does not shy away from a person because they may have a different background. He is always willing to step up and understand where a person is coming from without judgement. He consistently is able to ask questions when he does not understand and is willing to stay open minded to learn more about a culture that he has not yet learned about. He is often the one that will educate those in the office that may have not learned about customs and cultures of clients we have not yet interacted with before. We have a client who recently shared that he 'had a Cleveland accent' and identified with certain religious and cultural beliefs. Officer A. Day asked questions without judgment to make the client feel comfortable and clarify the meaning. Congratulations Officer Day!*

Michael Sweitzer, Program Manager I, Hospital Based Services. Nomination:

*Michael Sweitzer is truly an example of a Program Manager in the DBH system of care who creates a safe, supportive and encouraging environment so that his staff may grow in their cultural understanding of themselves and each other. Mike leads by example by participating in the COSAC Subcommittee where he uses his clinical expertise to advise on potential trainings, programs and projects that not only promote support systems but highlight the unique needs of individuals that face Co-occurring issues. Mike also volunteered to be the first Program Manager to take up the opportunity to invite the OCCES Roadshow to his regular staff meeting with the intent of exposing them to all the various culturally specific subcommittees the department has to offer. Not only did Mike explain the value of engaging in culturally enriching activities but he also shared personal stories and examples of how he has grown to be a better leader and all around individual as he learned more about traditions, values and experiences of others. Mike explicitly stated his support for staff to engage in the sub-committee of their choice and also gave them the encouragement to commit to being active in their participation. His energy and open sharing led his staff to share cultural memories and traditions that they all held dear to their identity, which then led to discussion of how much culture plays a part of service delivery, client engagement and working satisfaction. We hope that "all" of our Program Managers take on the same perspective that Mike has chosen, and look at ways to give opportunities for*

*their team members to grow in all aspects of their lives with cultural competency being a major component. Congratulations Michael!*

## **Review Minutes of 10/6/16**

### **APPROVED**

Motion/Second: Susan McGee-Stehsel/ May Farr

AYES: Michael Grabhorn, Troy Mondragon, Carol Kinzel, Paul Williams, Christopher Massa, Catherine Inscore

ASBSTAIN: Monica Wilson

ABSENT: Jane Godager, Akin Merino, Ed O'Brien, Veatrice Jews, Jennifer Spence-Carpenter

### **PUBLIC COMMENT**

No public comment provided.

### **SUBJECT MATTER PRESENTATION: Services for Children and Transitional Age Youth**

Dr. Timothy Hougen, Program Manager for Children and Youth Collaborative Services provided an over view of the Department of Behavioral Health (DBH) Children's System of Care.

DBH is one element of the overall system of care. Other elements include:

- Contract Providers
- Children and Family Services (CFS), Probation, Public Health, Children's Fund, Children's Network
- Law Enforcement
- Family
- Faith Based Community
- Public Schools

There are various programs to meet the different levels of needs, from less severe to more severe/intensive.

- The less severe are: Student Assistance Programs (SAP), Fee for Service or Value Options, Early Identification and Intervention Services (EIS), School Age Treatment Services (SATS), General Mental Health, DBH Outpatient, Transitional Age Youth (TAY) Program, Screening, Assessment, Referral and Treatment (SART), Children's Intensive Services (CIS), Success First – Early Wraparound and Therapeutic Behavioral Services (TBS).
- As the levels of needs become more intensive, a placement agency is required. The more intensive programs include: SB163 Wraparound, Children's Residential Intensive Services (ChRIS), Juvenile Justice, Community Treatment Facility (CTF) and Psychiatric Hospitalization.

The right levels of care can be divided among the following categories: Prevention and Early Intervention, Entry Level, Regional Clinics, Intensive and Placement.

The Children's System of Care has funding from Medi-Cal for Early Periodic Screening Diagnosis and Treatment (EPSDT), Mental Health Services Act for Community Support Services (CSS), PEI and Innovations; and braided funding with First 5, Schools and CFS.

Reporting on Children and TAY requires different age ranges to be considered. Though minors are ages 8-17, TAY services are offered to those ages 16-25.

The Access Unit is the springboard to all programs and may be accessed at 1.888.413.1478.

The presentation consisted of a number of slides providing an over view of services in the system of care. Services include:

- Healthy Homes Clinicians: Provide consultations; conduct screening and assessments; facilitate/problem solve referrals to programs and services.
- SATS: EPSDT Medi-Cal is a federally mandated Medicaid option that requires states to provide screening, diagnostic and treatment services to eligible Medi-Cal recipients under age 21. Provides services to ascertain and treat physical and mental

defects. Problems caused by or due to a mental health disorder and may interfere with their academic performance or functioning in family, school or community. Problems may put the child at risk of being identified as a special education student or put them at risk for a higher level of care or out-of-home placement. Service provided mainly in public schools; referrals are generated and evaluated according to protocol and eligibility; Referrals come from School, DBH, CFS, Community Crisis Response Team (CCRT).

- EIIS: First 5 & DBH Program for 0-5 Year Olds with difficulties, but medical necessity is not required. Similar to SART, but not as comprehensive. Not an initial referral for CFS, but always available for children already screened by SART.
- SART: First 5 & DBH program for EPSDT Medi-Cal to children age 0-5 years. Targets children who have been abused or prenatally exposed to alcohol or other drugs needing mental health services. Children are referred by: CFS, DBH's Perinatal Clinic, Psychiatric hospital discharges, Headstart & Preschool Staff.
- CCRT: Provides home and community based mental health crisis intervention, assessments, case management, intensive follow-up services and relapse prevention in all geographic areas of county. Referrals come from Clinic, Group Home, Hospital, School, Family, Law Enforcement, Contractor, CFS and Probation. Services are provided to anyone with a psychiatric emergency.
- Mental Health First Aid for Youth: Teaches signs of addiction, signs of mental illness, impact of substance use disorders, impact of mental illnesses, provides a five-step action plan to help people in a 'mental health crisis', provides local resources and where to turn for assistance.
- DBH General Mental Health Clinics: Walk-in services available include: child specialists, assessments, individual counseling, group counseling and medications.
- Substance Use Disorder Services: Outpatient Drug Free (ODF) treatment services are designed to achieve progressive changed in an individual's thinking and substance misusing behavior in order to prevent relapse. Treatment is from four to six months.
- Children's Intensive Services: EPSDT Medi-Cal only. A six month Specialty Mental Health Services program provided in the home to address mental health issues. Services provided twice per week.
- Success First/ Early Wrap: A Wrap-Informed Full Service Partnership (FSP); MHS & EPSDT funded. May serve children without insurance. A four month program, however foster youth are served longer if needed. Services are provided two to three times per week.
- TAY FSP: The One Stop TAY Centers; Assist TAY in reaching independence. Provides a broad range of services. There are "Drop-in" centers in all geographic areas of County.
- Placement Type Services: Wraparound; FFA-MHS; Children's Residential Intensive Services (ChRIS); Community Treatment Facility.
- Wraparound: Medi-Cal beneficiaries, under age 21 and meet diagnostic criteria with impaired functioning in two areas: self-care, behavior towards others, family functioning, school performance, moods or emotions, substance abuse or cultural adjustment. Placed or at risk of placement in RCL10-14 group home with family/guardian willing to participate in process.
- Juvenile Justice Program (JJP): A collaboration between Behavioral Health and Probation Department. Combines resources in order to establish a comprehensive and effective continuum of adolescent behavioral health care to meet the needs of the juvenile population with mental illness in or out of custody. In custody programs are Forensic Adolescent Services Team (FAST) and Gateway. Out of custody programs are Juvenile Justice Community Reintegration (JJCR), Integrated New Family Opportunities (INFO).
- Coalition Against the Sexual Exploitation of Children (CASE): A collaboration with ten public agencies. Services include community outreach and education as well as direct services; such as: mental health assessment, crisis intervention, case management, school enrollment assistance, therapeutic interventions, transportation, placement and linkage/referral to community resources.
- Residential Substance Use Treatment: Residential services include a structured, clean and sober 24-hour per day therapeutic community with food and basic necessities in a home-like atmosphere. Serving ages 12-17.
- Foster Family Agency (FFA) Mental Health Services: Services provided to those: Medi-Cal beneficiaries under 21 and meeting diagnostic criteria, with impaired functioning in two areas: self-care, behavior towards others, family functioning, school performance, moods or emotions, substance abuse or cultural adjustment.

- Children’s Residential Intensive Services (ChRIS): Services provided to Medi-Cal beneficiaries, under 21 and meeting diagnostic criteria with impaired functioning in two areas: self-care, behavior towards others, family functioning, school performance, moods or emotions, substance abuse or cultural adjustment.
- Serving Transitional Age Youth (STAY): A voluntary, 14 bed, short term crisis residential facility for youth ages 18 to 26 in need of a higher level of care than outpatient mental health, but lower than a psychiatric hospital.
- TAY Housing Options: Program provides permanent, affordable housing to youth ages 18 to 26 who are enrolled in FSPs with DBH.
- Therapeutic Behavioral Services (TBS): An intensive, one-on-one face to face short-term outpatient treatment intervention, authorized for a specified period of time, designed to maintain the child/adolescent’s residential placement at the lowest appropriate level by resolving targeted behaviors and achieving short-term treatment goals.
- Juvenile Court Behavioral Services (JCBHS): A program that monitors the psychotropic medication treatment of San Bernardino County’s dependent children.

After programs were reviewed, additional discussion on the following took place:

- Monitoring of medications for foster youth statewide statistics compared with county;
- Specific needs of youth at time of intake at the various DBH programs;
- Data on who DBH has served over the past three years.

Commissioner Susan McGee-Stehsel requested Dr. Hougen conduct additional presentations with more in-depth information focusing on outcomes showing how TAY benefits the community and specific Children and Youth Collaborative Services Programs.

## **NEW BUSINESS**

- Identify Commissioner to Prepare Subject Matter Presentation Findings

Chair Monica Wilson volunteered to prepare the findings from today’s Subject Matter Presentation to be reviewed during the next BHC Executive Session.

## **APPROVED**

Motion/Second: Michael Grabhorn/Troy Mondragon

AYES: Susan McGee-Stehsel, May Farr, Carol Kinzel, Paul Williams, Christopher Massa, Catherine Inscore, Monica Wilson

ABSENT: Jane Godager, Akin Merino, Ed O’Brien, Veatrice Jews, Jennifer Spence-Carpenter

- Present the 2017 Slate of Officers

As chair of the Nominations Committee, Commissioner Troy Mondragon presented the 2017 slate of prospective officers:

- Chair – Monica Wilson, Ed O’Brien
- Vice Chair – Ed O’Brien
- Secretary – May Farr, Veatrice Jews
- Treasurer – Veatrice Jews, May Farr

## **CHAIR’S REPORT**

Chair Monica Wilson thanked Assembly Member Cheryl Brown for the certificate of recognition in honor of Trauma to Triumph. Monica attended the California Youth Planning Council meeting last week. At this meeting the State Auditor reported out on the state and counties failure to oversee psychotropic medication for Foster Children. San Bernardino County was not part of this audit. The findings reflected counties are not following guidelines when collecting consents and or court approvals for prescribing medication, administering dosages and follow up care. The State is working on implementing guidelines to address these findings. Monica advised the group that she is hosting a conference on Youth Lives Matter this Saturday, November 5, 2016 at National University. All are invited to attend this free community event.

## **COMMISSIONERS' REPORT**

### **First District:**

Commissioner Michael Grabhorn thanked Cliff Craig, Peer and Family Advocate with the Recovery Based Engagement Support Teams (RBEST) program. Cliff and Commissioner Paul Williams are working with the NAMI program to get a Family to Family program in the High Desert area. Michael also attended a candle light vigil for domestic violence. The event honored victims of domestic violence, from children to law enforcement. Michael reminded the group of volunteer opportunities with the American Red Cross, specifically in support of victims of the recent fire in the High Desert area.

Commissioner Paul Williams and his wife just completed a twelve week Family to Family NAMI training. Meanwhile the group in the High Desert will continue to meet until they may become official NAMI representatives. There will be a NAMI training in January to begin the process of becoming official. Paul attended a DBH workshop in Fontana for the Crisis Residential Treatment Facility and Crisis Stabilization Units, he mentioned he was very impressed.

### **Second District:**

Commissioner Carol Kinzel completed an Ethics online training course. She has contacted the secretary to begin attending the District Advisory Committee meetings. Carol attended the local community nights meeting regarding underage drinking. With community input the "Every 15 Minutes" program will be reinstated at Rim High School. Carol also attended Rim Communities Resource Network, Rim Communities for Youth coalition.

Secretary May Farr thanked everyone that participated in the NAMI walk on Saturday, October 29. May attended the Planning Council meeting. This meeting focused on Patients' Rights, Health Care Integration. We just completed our data notebook. This will come out soon.

### **Third District:**

Commissioner Christopher Massa has been holding classes on Dual Diagnosis and Anger Management at Team House. He attended Redlands and Team House NAMI meetings. He reminded the group of the Talent and Awards Night on November 10. Team House is hosting a Thanksgiving party on November 23.

Commissioner Troy Mondragon thanked everyone that participated in the NAMI walk on Saturday, October 29. Troy has been asked to give the opening remarks at the Youth Lives Matter conference this Saturday, November 5.

Commissioner Catherine Inscore advised she is working with DBH to get training resources for campus staff on how to work with students with behavioral health issues.

### **Fifth District:**

Commissioner Susan McGee-Stehsel completed an Ethics Training this morning with other Commissioners. This training is a requirement for Board Members and other public service officials. Susan shared that Cal State has a Foster Youth Program that focuses on Mental Health First Aid, wellness activities, education and counselling. There is also a housing program. Susan is sharing these resources with her Nursing Students. Cal State also participates in the Crisis Intervention Training program and continues to send officers to the program. Susan is working on developing the Interdisciplinary Service Learning course.

## **DIRECTOR'S REPORT**

Director Veronica Kelley thanked everyone that attended the NAMI Walk. There were over two thousand attendees and fourteen DBH teams. We are approaching the December 2 anniversary. There will likely be a countywide moment of silence. Once we have confirmation of the plan information will be sent out.

DBH is still providing support to the High Desert community and Blue Cut Fire victims.

Veronica is currently conducting a State of the Department road show with the Executive Team. They are going to multiple DBH sites and presenting information on the department.

Veronica referenced a Mental Health and Substance Youth Parity Taskforce Report that was just released. This report addresses parity and Behavioral Health as a priority. Veronica also referenced an article on how Mental Health Systems are divided between moderate to severe and how to navigate between the two systems.

Veronica recommended a presentation on Psychotropic Medications. Deputy Director Michael Schertell and Medical Director Teresa Frausto would present. The presentation can talk about the San Bernardino County System. The presentation will ensure the Commission has an understanding of the difficulties and complexities of Foster Care system. This will also give Commissioners the opportunity to ask questions to a medical doctor directly.

**OUTSIDE AGENCY REPORTS**

Victoria Hall with Community Outreach and Education reminded the group of the following events:

- 11/8/16: Native American Heritage Month Celebration at the Lewis Library, 3-7pm in Fontana.
- 11/9/16: Crisis Residential Treatment Facilities and Crisis Stabilization Unit Meeting, 6-8pm in Fontana
- 11/10/16: Talent and Awards Night, Health Services Auditorium, Rialto
- Office of Innovation Project Concept Community Meetings, Various locations throughout December

**ADJOURNMENT**

Meeting adjourned at 2:05 p.m.

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*Monica Wilson, Chair*  
Behavioral Health Commission

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*Raquel Ramos*  
Interim Clerk of the Behavioral Health Commission