

MINUTES
San Bernardino County
BEHAVIORAL HEALTH COMMISSION MEETING
January 2, 2020 - 12:00-2:00 pm

Commissioners Present: Monica Caffey, Michael Grabhorn, May Farr, Troy Mondragon, Akin Merino, Laurie Marsden

Excused Absence: Carol Kinzel Lorrie Denson, Catherine Inscore, Jennifer Spence-Carpenter, Veatrice Jews

Absent: Vickie Mack, Christopher Masa

Guests: Julieana Fry, Beverly Scott, Erin Zamora, Adan Gomez, Jennifer Pacheco, Cynthia White, Rene Keres, DeMario Dunn, Garth Pezant, Timothy Hougen, Michelle Dusick, Jonathan Buffong, Linda-Marie Griffey, Francesca Michaels, John Von Oesen, Sarah Hayes, Kristen Mungcal, Gayle Morrow, Jennifer Esparza,

Minutes recorded by Raquel Ramos, Clerk of the Behavioral Health Commission (BHC).

CALL TO ORDER PLEDGE OF ALLEGIANCE AND INTRODUCTIONS

Chair Monica Caffey called the meeting to order at 12:15 p.m. and led the Pledge of Allegiance; self-introductions followed.

Tab 5: Review Minutes of November 7, 2019. Quorum not present, item tabled for February 6 meeting.

PUBLIC COMMENTS

Linda Sibio of Berzerk Productions thanked Michelle Dusick and Karen Cervantes for the work they have done in support of Cracked Eggs, she explained how the program planning and stakeholder process has been an educational journey for her.

CHAIRPERSON'S REPORT

Chair Caffey shared that the Mental Health Services Oversight and Accountability Commission Released the final suicide prevention plan, she encouraged meeting attendees to go the website at www.mhsooac.ca.gov. She is looking forward to seeing how recommendations are going to be implemented. She plans to attend the California Behavioral Health Planning Council (CBHPC) meetings in January, where she sits as the Chairperson for the Legislation Sub-Committee.

COMMISSIONERS' REPORT

First District:

Commissioner Michael Grabhorn shared that he met with Senator Wilke this past month. He visited a warming shelter facility in Apple Valley called Morning Star. He also toured an Adelanto facility that hires felons and sex offenders to make traffic cones. He assisted someone in accessing a bridge program at St. Mary's hospitality.

Second District:

Commissioner May Farr thanked the department for their support in coordinating the Annual Award Ceremony. She informed attendees of Doris Turner's passing and advised she attended the services.

Third District:

Commissioner Troy Mondragon advised he also attended Doris Tuner's services and shared how Doris impacted his life and was responsible for him joining the Behavioral Health Commission. He advised he is releasing a book in April and is coordinating the Third District Advisory Committee meeting to take place in Morongo February 5. More information will follow.

Fourth District:

Commissioner Akin Merino advised she was unable to attend the Annual Award Ceremony, as she was in Nigeria for a majority of November as part of a team helping the government structure mental health policies and procedures. During the last month she attended the African American Subcommittee and is working with Chair Caffey on a training manual for educators.

Fifth District:

No Commissioners present for Fifth District.

Tab 6 PUBLIC HEARING: Mental Health Services Act (MHSA) Innovation Plan 2019

Presenter: Michelle Dusick, Administrative Manager and Karen Cervantes, Program Manager I

- The MHSA, Prop 63, was passed by California voters in November 2004 and went into effect in January 2005; the MHSA provides increased funding for mental health programs across the state; the MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year; as these taxes are paid, fluctuations impact fiscal projections and available funding.
- Per the California Department of Mental Health Vision Statement and Guiding Principles (2005): *To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.*
- MHSA Components include: Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation (INN); Workforce Education and Training (WET); Capital Facilities and Technological Needs (CFTN); Community Program Planning (CPP).
- Purpose and legislative requirements of Innovation are to:
 - Support Innovative Approaches by: introducing new mental health practices or approaches, including, but not limited to, prevention and early intervention; make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; Apply to the mental health system a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.
 - The project must be a time-limited pilot project: Maximum of five (5) years from the start date of the project; Successful parts of the project may continue under a different funding source or be incorporated into existing services; Projects may be terminated prior to planned end date.
 - Address one of the following learning purposes as its primary purpose: increase access to underserved groups; increase the quality of services, including measurable outcomes; to promote interagency & community collaboration; to increase access to services.
 - Requirements: Contribute to learning rather than a primary focus on providing a service; and requires Mental Health Oversight and Accountability Commission approval.
- Each Plan shall be developed with local stakeholders including consumers, families, service providers, law enforcement agencies, educators, social services agencies, veterans and veteran representatives, providers of alcohol and drug services, and health care organizations.
- Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes stakeholder involvement in: mental health policy; program planning; implementation; monitoring; quality improvement; evaluation; and budget allocations.
- Counties shall adopt the following standards in planning, implementing, and evaluating programs: community collaboration; cultural competence; client driven; wellness, recovery, and resilience focused and integrated service experiences for clients and their families.
- The plan shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interest and The Mental Health Board shall conduct a public hearing on the Draft Innovation Plan at the close of the 30-day comment period.
- Analysis of the past five (5) years of stakeholder feedback identified the following priorities: standardize eligibility criteria, assessment tools, and treatment plans by using data-driven best practices; provide better integration between data gathering and therapeutic activities; decrease system barriers associated with stigma and discrimination by developing innovative opportunities for county staff to work with and learn from consumers.
- The 2019 Innovation Plan includes three projects: Eating Disorder Collaborative, Cracked Eggs and Multi County Full Service Partnership Initiative.
- Eating Disorder Collaborative: The focus of this project is to improve upon DBH's approach to comprehensively meet the physical and mental health needs of people suffering from eating disorders by:
 - Creating trainings and informational materials to reach out to Primary Care Physicians, Allied Health Professionals (e.g., nurse practitioners, physician assistants), Mental Health Staff, and local Colleges and Universities;

- Creating a more comprehensive and validated initial engagement/needs assessment to assist in level of care determination; and
- Creating a multidisciplinary team to provide more comprehensive treatment services and ensure policies and practices of mental health and physical health are consistent across agencies.
- Cracked Eggs: The focus of this project is to improve upon DBH's approach to comprehensively meet the physical and mental health needs of people suffering from eating disorders by:
 - Creating trainings and informational materials to reach out to Primary Care Physicians, Allied Health Professionals (e.g., nurse practitioners, physician assistants), Mental Health Staff, and local Colleges and Universities;
 - Creating a more comprehensive and validated initial engagement/needs assessment to assist in level of care determination, and
 - Creating a multidisciplinary team to provide more comprehensive treatment services and ensure policies and practices of mental health and physical health are consistent across agencies.
- Multi-County Full Service Partnership Initiative: The focus of this project is to develop a multi-county FSP innovation collaborative that uses data to better inform who FSPs should serve, how they should be served, and what consumer outcome goals should be pursued in a consistent manner throughout the state.
- Meaningful stakeholder involvement was obtained during the program planning phase and included focus on each proposed project. The stakeholder process began in January 2018. These meetings allowed for direct input from the involved participants concerning the project design, implementation, and evaluation of the project.
- DBH conducted outreach to promote the Innovation stakeholder process and reach diverse populations.
- Information was disseminated through: press releases to **45** media outlets; email and flyer distribution (English and Spanish) to: community partners, community and contracted organizations, county agencies, cultural subcommittees and coalitions, and regularly scheduled stakeholder meetings; posting on DBH website and DBH social media sites such as Facebook and Twitter; and regular announcements in meetings.
- The 30 day public posting took place November 27-December 26, 2019. Copies of the draft MHS Innovation Plan were available in the following formats: online for electronic viewing; physical copies were available at clubhouses, clinics, and distributed at meetings upon request; copies were available for viewing at county public libraries; comment Forms were available in English and Spanish and included in both the electronic and hard copy versions of the plan. Ten (10) hard copies of the draft plan were provided to stakeholders
- The next step is to ask the Behavioral Health Commission to affirm that the stakeholder process was conducted to meet the regulations. The MHS Innovation Plan is tentatively scheduled to be presented to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in early 2020. The MHS Innovation Plan is tentatively scheduled to be presented to the Board of Supervisors (BOS) after MHSOAC approval.
- To report any concerns related to MHS Community Program Planning, please refer to the MHS Issue Resolution Process located at: <http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/08/COM0947.pdf>
- For additional questions please contact: Michelle Dusick, MHS Administrative Manager: 800-722-9866 or mhsa@dbh.sbcounty.gov

NEW BUSINESS – ACTION ITEMS

Affirm the stakeholder process of the 2019 MHS Innovation Plan.

AFFIRMED

AYES: May Farr Troy Mondragon, Monica Wilson-Caffey, Michael Grabhorn, Akin Merino

ASBSTAIN:

ABSENT: Carol Kinzel, Vickie Mack, Lorrie Denson, : Catherine Inscore, Jennifer Spence-Carpenter, Veatrice jEWS

Tab 7: Election of 2020 Officers. Quorum not present, item tabled for February 6 meeting.

Tab 8: Approval to pay California Association of Local Mental Health Boards Annual Dues. Quorum not present, item tabled for February 6 meeting.

DIRECTOR'S REPORT

Dr. Veronica Kelley provided the following report to meeting attendees:

- The Department of Health Care Services (DHCS) approach to the California Advancing and Innovating Medi-Cal (CalAIM) initiative. The primary goals are:
 1. Identify and manage member risk and need through Whole Person Care approaches and addressing Social Determinants of Health;
 2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
 3. Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

The initiative will include five workgroups that cover: Population Health Management, Enhanced Care Management, Behavioral Health, National Committee on Quality Assurance and Full Integration. She provided a brief overview of the current system, payment reform and how long it takes for DBH to get payment from the state. She emphasized this looking at the way we provide services, there is no new funding in this initiative, just shifts in services.

OUTSIDE AGENCY REPORTS

- Garth Pezant advised those that are mentally impaired facing criminal charges are not always given their legal options.

ADJOURNMENT

Meeting adjourned at 2:00 p.m.

Monica Caffey, Chair
Behavioral Health Commission

Raquel Ramos
Clerk of the Behavioral Health Commission