

MINUTES
San Bernardino County
BEHAVIORAL HEALTH COMMISSION MEETING
November 5, 2020 - 12:00-2:00 pm

Commissioners Present: Monica Caffey, Lorrie Denson, Vickie Mack, May Farr, Carol Kinzel, Jennifer Silvestri, Michael Grabhorn, Veatrice Jews

Excused Absence: Akin Merino, Jennifer Spence-Carpenter Catherine Inscore

Absent: Susan McGee Stehsel, Christopher Masa

Guests: Not available, guests attended via webex.

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

CALL TO ORDER/ ROLE CALL

Chair Dr. Monica Caffey called the meeting to order at 12:04 p.m. and roll call followed.

Tab 3: Review Minutes of September 3, 2020.

APPROVED

Motion/Second: May Farr/ Lorrie Denson

AYES:, Jennifer Silvestri, , Monica Wilson-Caffey, Vickie Mack, Veatrice Jews, Michael Grabhorn, Carol Kinzel

ASBSTAIN:

ABSENT: Akin Merino, Jennifer Spence-Carpenter Catherine Inscore, Susan McGee Stehsel Christopher Massa,

Tab 4: Review Minutes of October 1, 2020.

The minutes were approved with one correction made by Commissioner Merino: page 2 under Commissioner Reports, change Dr. Merino's section to reflect she is presenting workshops on trauma informed care not participating in workshops.

APPROVED

Motion/Second: Carol Kinzel/ May Farr

AYES:, Lorrie Denson, Jennifer Silvestri, , Monica Wilson-Caffey, Vickie Mack, Veatrice Jews, Michael Grabhorn

ASBSTAIN:

ABSENT: Akin Merino, Jennifer Spence-Carpenter Catherine Inscore, Susan McGee Stehsel Christopher Massa,

Tab 5: SUBJECT MATTER PRESENTATION: History of Behavioral Health

Presenter: Dr. Veronica Kelley, Director

- History: Institutionalization thru asylums and mental hospitals began in the 1700s and peaked in the 1950s. California had close to 37,000 patients hospitalized in 14 mental hospitals in the late 1950s. Expensive and susceptible to underfunding. Facilities quickly became overcrowded. Isolation from employment, social support, civic life. Under development of patients' rights - highly discriminatory. Controlling patient's behavior often became the goal, not therapy, rehabilitation, recovery & wellness.
- Birth of Community Mental Health: As early as the 1920s, more progressive funding and legislation at the state and federal levels begin to establish mental health resources and services in communities (such as treatment at local hospitals). 1957, Short-Doyle Act (California) provided state matching funding for cities and counties that established and provided community-based mental health services. 1963, Short-Doyle funding was enhanced and service scope expanded. Service scope expansion means additional benefits. 1971, many Short-Doyle services become eligible under Medi-Cal. 1963, Community Mental Health Act (Federal, signed by John F. Kennedy) provided federal support for the development of community-based mental health care and treatment facilities.
- Birth of Community Mental Health: 1965, Medicare and Medicaid were created as amendments to the Social Security Act. 1966, California established Medi-Cal. Specialty mental health services (or benefits) such as psychiatric inpatient hospitalization (in local hospitals, NOT state mental hospitals/asylums), nursing facility care, and treatment under

psychiatrists and psychologists were eligible for reimbursement through Medi-Cal. Assumed that medication and other medical treatments used to control patients in mental hospitals would translate to outpatient, community-based care. 1967, California Mental Health Act - Increased State funding for community-based services. This was money presumably saved by having fewer patients in state mental hospitals. 1968, Lanterman-Petris-Short (LPS) Act

- Part of the California Mental Health Act of 1967. Significantly tightened standards for involuntary psychiatric hospitalization by limiting length of a hold to 72 hours. Prompt evaluation and treatment should be provided in the community. Increased demand for services, which is why state funding for local services was increased. Through the work of the State of California and the counties, coverage of specialty mental health services would continuously grow into the system that exists today. 1969-1971, state mental hospitals began to close. 1971, CA counties receive matching funds for Short-Doyle services. 1974, CA counties are required to have mental health programs, which are later organized into Mental Health Plans (MHP). Any County Behavioral Health is a MHP. DHCS begins Drug Medi-Cal Services in 1978 and in 1980 enters into an Interagency agreement with the Department of Alcohol and Drug Programs (ADP).
- California focused on gaps in services. 1985, Brozan-Mojonnier Act- identified service shortages that resulted in the criminalization of mental illness, homelessness, vocational deficits, and targeted severely emotionally disturbed (SED) kids. 1988- Bronzan- McCorquodtae Act- Defines mission of states mental health system, "tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living their most constructive and satisfying life in the least restrictive setting available."
- Counties gained more responsibilities. 1991 and 2011 saw realignment of funding and responsibility to counties. 2004- MHSA. 2011- Department of Mental Health (DMH) removed- changed in administration to Department of Health Care Services (DHCS). 2012- ADP moved to DHCS. 2014- ACA - mild/moderate go to MCPs. 2015- Organized Delivery System (ODS).
- The carve out refers to the Specialty Mental Health Services (SMHS) California counties' Mental Health Plans (MHP) provide for Medi-Cal, some Medicare and uninsured consumers and Substance Use Disorder Treatment. SMHS, services covered under Drug Medi-Cal and the ODS waiver are a benefit package. The County MHP is a Health Plan Type and is provided by counties via a contract with DHCS. The SUD Plan (formerly NNA) is same for SUD. Our official Managed Care Plan Name, "Prepaid Inpatient Health Plan," defined under Code of Federal Regulations, Title 42, Section 438. County MHPs specialize in providing a continuum of social-service based care focused on recovery and rehabilitation, to include Early and Periodic Screening, Diagnostic and Treatment. There are 2 distinct SUD plans- State Plan- business as usual and ODS-1115 Waiver.
- Other State Carve Out Programs include: Dental, Long Term Care, Home and Community Based Services, California Children's Services, Targeted Case Management, High cost pharmaceuticals, High cost procedures like transplants, Tuberculosis- related services, Developmental Disability services.
- DHCS looking to Innovate and Modernize Medi-Cal- via CalAIM, Behavioral Health Stakeholder Advisory Committee, Targeted Stakeholder Committee.
- For questions or more information please contact Dr. Veronica Kelley at 909-388-0820 or vkelly@dbh.sbcounty.gov.

DIRECTOR'S REPORT

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

- The Lanterman-Petris-Short (LPS) Act of 1967 provides for involuntary commitment of individuals with serious mental illness for varying lengths of time for the purpose of treatment and evaluation, provided certain requirements are met. Additionally, the LPS provides for LPS conservatorship, resulting in involuntary commitment for the purposes of treatment, if an individual is found to meet the criteria of being a danger to themselves or others, or is gravely disabled, as defined by the law.
- As an alternative to LPS conservatorship, current law allows for court-ordered outpatient treatment through, established by AB1421. In 2002, the California Legislature passed Assembly Bill 1421, also known as Laura's Law, in memory of Laura Wilcox, a young woman who was killed by an individual with mental health issues who refused treatment. Laura's Law gives counties the option of implementing involuntary AOT programs for individuals who have difficulty maintaining their mental health stability and have frequent hospitalizations and contact with law enforcement related to untreated or undertreated mental illness. Laura's Law requires action by the county board of supervisors to authorize implementation.

- AB1976 passed legislation August 2020 will go into effect July 1, 2021. This bill requires counties to implement an Assisted Outpatient Treatment (Assisted Outpatient Treatment) Program under Laura's Law or opt out of this requirement by a resolution passed by the governing body. AB1976 authorizes a judge to request a county mental health department file a petition to obtain an order authorizing AOT. This is not a funded program, and counties are not allowed to reduce current services in order to enact Laura's Law, per legislation.
- The AOT Program under Laura's Law mirrors many pre-existing DBH Programs such as: Full Service Partnership programs, Recovery Based Engagement Support Teams, The Conservatorship Investigation Unit, Forensic Integrated Mental Health Services, Assertive Community Treatment Team, Crisis Stabilization Units, Psychiatric Triage Diversion Team, Triage Engagement Support Team, Community Crisis Response Teams, Homeless Intensive Case Management and MHSA Housing.
- DBH programs all have stronger performance outcome measures when compared to the most successful Laura's Law programs from other Counties. Per DHCS Laura's Law reports, the 13 counties that served 227 people in Fiscal Year (FY) 2018-2019 reported that they decreased inpatient psychiatric hospitalizations by 33%, decreased homelessness by 30%, decreased contact with law enforcement by 43%. It is important to note that the majority of County's run AOT through their FSP programs. For San Bernardino County DBH has more successful outcomes:
- Law and Justice Group Members, including Superior Court, Sheriff, Probation, District Attorney, Public Defender, County Administrative Office Administration, Behavioral Health and Public Health have all agreed to the recommendation of opting out of Laura's Law.

Dr. Kelley will provide more information as DBH moves forward with opting out.

PUBLIC COMMENTS

No public comment.

CHAIRPERSON'S REPORT

Chair Caffey advised the group that she has been working on the Data Notebook workgroup meetings. This year's report from the California Behavioral Health Planning Council will focus on county's use of telehealth technology to provide behavioral health services. She shared that she will also be providing a presentation for the California Black Women's Health Network, a national healthcare organization that looks at the outcomes of African American women. In working with this organization, she will be involved in a project that is focusing on policy in mental health outcomes in the population. She is continuing to provide parenting workshops at Chaffey Unified school district.

COMMISSIONERS' REPORT

First District:

Commissioner Lorrie Denson shared that she participated in the Domestic Violence walk in Victorville back in October, hosted by the Family Assistance Program and A Better Way Domestic Violence Assistance Program. She also shared that she participated in zoom back in October on 2020 Propositions and Measures. She is continuing working with Burning Bush Church and the Victor Valley Rescue Mission. They recently began working with the US Department of Agriculture for the Inland Harvest Program, where they pick up and distribute farmers to family food boxes. She shared that St. Mary's opened a Medical Center in Adelanto for the uninsured. Lorrie also shared she is on the Apple Valley Citizens workgroup where she received a Racial and Identify Profiling Act report. She will share the information with the group.

Commissioner Vickie Mack shared she attended the virtual California Health Collaborative meeting; their purpose is achieving health equity through managing tobacco messaging. She also attended the Community Policy Advisory Committee (CPAC) meeting; the MHSA plan update was discussed. She also participated in a Peer Support Next steps meeting with CAMHPRO. This meeting discussed next steps on getting the Peer Support Certification program up and running.

Commissioner Michael Grabhorn shared he is continuing to work with the local homeless shelter and working to find a location for the warming shelter. He thanked local law enforcement for their efforts in coordinating. He is writing articles for the local newspaper on driving under the influence and sobriety checks. He advised both Kaiser and IEHP offer mental health services in the Victorville area. Along with Victorville Community Hospital and Saint Mary's. He shared his excitement for the new Adelanto Medical Center.

Second District:

Commissioner Carol Kinzel shared she is part of the Data Notebook Workgroup. She is continuing her work with Rim Communities Youth Organization and the Mountain Homeless Coalition. The Mountain Homeless Coalition is continuing to work towards purchasing cabins in Big Bear for housing for the homeless and low-income households.

New Commissioner Jennifer Silvestri advised she had a family medical situation this month however she is continuing to learn about her role as a commissioner and plans to meet with Commissioner Kinzel.

Commissioner May Farr shared that she has not been very active in the upland area. She is spending time with her son and has conferred with Commissioner Denson on some commission related activities.

Third District:

No Commissioners present for the Third District.

Fourth District:

No Commissioners present for the Fourth District.

Fifth District:

Commissioner Veatrice Jews shared that she also participated in the CPAC meeting, the Data Notebook Committee and she enrolled in the Broken Crayon Program. This eight week program has to do with the Faith Based and African American communities affected by mental health disorders. She is keeping a look out to be involved in programs that will benefit the African American community. She has participating in the DBH cultural competency listening sessions with the goal of achieving sustainable population health management. She anticipates much more information on this will come.

NEW BUSINESS – ACTION ITEMS

Identify Commissioner to Prepare Presentation Findings:

- Commissioner Lorrie Denson, volunteered to prepare today's presentation memo of findings.

Tab 6: Present 2021 Slate of Officers

Clerk Ramos advised that per Commission By-laws, at least three Commissioners need to be on the committee. Only two volunteered as a result of the October meeting. To comply with bylaws, at least three volunteers will be selected during the November meeting, then the slate of officers will be presented at the January meeting and the election will take place at the February meeting. She asked for volunteers for the Election of Officers Committee.

Establish Election of Officers Committee

- Commissioners Akin Merino, Jennifer Spence Carpenter, Lorrie Denson volunteered.

OUTSIDE AGENCY REPORTS

- Michelle Dusick provided an update on the Mental Health Services Act Three Year Integrated Plan. During the last CPAC meeting updates were provided on the financial forecast and other changes made in the MHSA plan in response to the public health emergency and projected financial downturn. An update should be posted online next week. The Community Program Planning Process for next year will start in January and February. We are working with Commissioners to get the word out at the District Advisory Committees.
- Andrew Gruchy announced Cynthia White will be retiring November 20, 2020. He recognized her for her work in the Community Crisis Response Team and Patients' Rights and RBEST. He thanked her for her work.
- Aimara Freeman from Public Relations and Outreach shared information on how DBH is celebrating National Native American Heritage month. She shared her screen and walked meeting attendees through the website for a complete listing of events. She also shared TAY is still holding their annual giving tree and DBH is participating in the HS food drive and showed users how to get information on donating.

ADJOURNMENT

Meeting adjourned at 1:36 p.m.

Monica Caffey, Chair
Behavioral Health Commission

Raquel Ramos
Clerk of the Behavioral Health Commission