

San Joaquin County Mental Health & Substance Abuse Board
Minutes

Members Present

Nancy Chastain
Joseph Dittmann
Jon Escobedo
Karen Ivy
Cary Martin
Steve McCormick, Chair
Tosh Saruwatari
Daphne Shaw

Members Excused/Absent

Alissa Douma- Excused
Sheila Foster- Excused
Frances Hernandez
Gustavo Medina - Excused
Ingrid Schonert - Excused
Moses Zapien - Excused

Also Present

Greg Diederich, HCS Director
Frances Hutchins, Assistant BHS Director
Annie Forsythe, Secretary

Guests

Jacqui Coulter, Deputy Director-CYS
Kerrie Melton, Consumer Outreach
Coord.
Megan Whelen, Aegis Treatment Centers
Raksmev Castleman, Telecare

I. Call to Order

Chairman Steve McCormick convened the meeting at 6:05 p.m.

II. Roll Call

Roll call was taken by the Secretary, a quorum was noted.

III. Introductions

Introductions were made.

IV. Approval of the Minutes

A motion was made and seconded to approve the Minutes of the June 16, 2016 meeting as presented. No discussion. Motion carried.
(M/S/C) Dittmann/Saruwatari

V. Public Comment

Steve McCormick announced his retirement and subsequent resignation from the Mental Health & Substance Abuse Board, effective at the conclusion of the August 17, 2016 meeting. Mr. McCormick sited personal reasons for his decision.

VI. New Business

Presentation: "Children's Mental Health Services Provided Through the Juvenile Justice Center," presented by Jacqueline Coulter, Deputy Director-CYS. Services to youth detained at the Juvenile Justice Center (JJC) include:

- Prevention and Early Intervention (PEI): Provides behavioral health screenings, assessments, crisis intervention, brief treatment and transition services to detainees.
- Core services: Provides individual and group substance abuse education; upon release from JJC, staff collaborate with youth, legal guardians and probation officers to provide linkages to support and services; teach the mental health portion of the Medical Screening Training for Detention Staff; participate in committees, groups and Team Meetings.
- Court for Individual Treatment of Adolescents (CITA): Provides a specialized treatment model to address the mental health needs of juvenile offenders. The CITA team consists of a Probation Officer, a Mental Health Clinician from Victor Support Services, and a Mental Health Specialist from BHS.
- Competency Restoration. Provides competency services to minor deemed incompetent to stand trial, offers mental health services, weekly meetings and reports provided to the court. A minor is incompetent to proceed to trial if he/she lacks specific criteria, i.e. rational understanding, mental disorder, developmental disability, or developmental immaturity. Restoration staff collaborate with Probation staff to provide continuity of care. Restoration to competency is not a specialty mental health billable service.

Questions/comments:

Cary Martin thanked Ms. Coulter for the excellent presentation. He commented on the Probation Department program as a precursor to what was previously called the Diversion Program. He noted the topic of human trafficking has not been heard in reference to this setting, especially with children, and hoped this topic will be a trigger for future agendas and exposed to the community for awareness, as it is a huge problem.

Ms. Shaw commented on the benefits of service dogs being used to calm people in all situations. The trained dogs can go into places where they can really help victims, including victims of human trafficking.

Mr. McCormick inquired about services provided for youth placed in the Juvenile Justice system for very short stays. Ms. Coulter noted that even with only two days, much can be accomplished, especially with collaborative efforts

Ms. Coulter thanked the Board and expressed her appreciation for the support. Mr. McCormick thanked Ms. Coulter for her presentation.

VII. Old Business

- 1) Changing the Title of the Mental Health & Substance Abuse Board. Mr. McCormick reported on the discussion last month. He expressed his desire to use the words *Behavioral Health* for the new Board name, not *Mental Health* or *Substance Abuse* or *Substance Use Disorder*, because he finds those words offensive in their implication. Another point was reiterated, who are we making the change for? And isn't *Behavioral Health* inclusive of *Substance Use Disorder*? And if so, *Substance Use* is redundant. He asked for discussion and support for the title change.

Daphne Shaw stated she was fine with any of the suggestions made. She noted the negative point is that in every place where *behavioral health* is used, the word *behavior* is indicative of a person who is in charge of their behavior and can change their behavior at will. But with a mental illness, you can't just change your behavior.

Cary Martin said discussion about the utilizing the Federal Government's term was academic, and he had hoped that County Counsel's opinion was to be sought. He pondered the title being Mental Health *Board* or Mental Health *Commission*, and felt it desirable to be inclusive and part of the mental health spectrum as noted in the DSM; but noted we serve under the W&I Code. Ms. Shaw commented statewide, there are one-half Mental Health Boards and the other half are now called Behavioral Health Boards.

Ms. Hutchins announced she had a communication, and read an email from Chairman Zapien's Aide to the Secretary: "*Chair Zapien did inquire with County Counsel regarding the possibility of changing the mental Health and Substance Abuse Board name. County Counsel's response was in fact, yes, the Board can change its name. Under Section 5604.5, it would require the Board of Supervisors approval of any changes to the by-laws, meaning the change request would have to come before the BOS for approval.*" Mr. McCormick offered the name changes from Mental Health and Substance Abuse Board to: (1) Mental Health and Substance Use Disorder Board, (2) Mental Health and Substance Use Board, or (3) Behavioral Health Board.

Ms. Shaw made a motion to proceed through the proper channels and change the current title of the Mental Health and Substance Abuse Board to Behavioral Health Board. The motion was not immediately seconded. Discussion continued with several members voicing their opinions on the responsibilities of the members; what the Board of Supervisors and the community expected from the members; the definition between the words Commission and Board. Mr. Diederich was asked his opinion on the Code regarding Commission or Board, and the distinctions were briefly discussed. Mr. McCormick suggested the title was part of the By-Laws, and the proposed changes made to the By-Laws were available in draft and sent to the members.

Ms. Shaw asked the discussion on the name change be finished before the By-laws were discussed. She motioned a move to close the discussion on changing the title of the Board. A show of hands unanimously approved the motion.

Mr. McCormick then made a motion to change the title of Mental Health and Substance Abuse Board to **Behavioral Health Board**; the motion was seconded. Mr. McCormick asked for a vote by way of a show of hands. 7-approved, 1-opposed, 1-abstention. Motion carried by majority vote.

- 2) By-Laws. Mr. McCormick gave the floor to Ms. Shaw. Ms. Shaw noted that she took on the assignment of researching, reviewing, and editing the By-laws. Board members were sent a draft with tracked changes for their review. Ms. Shaw noted the title on the draft was changed to Mental Health and Substance Use Board, but that will be edited to reflect the decision made tonight, and changed to Behavioral Health Board.

Ms. Shaw said she researched the W&I Code, as well as the Brown Act. Minor changes include cleaning up the document by updating the title of Mental Health Director to Behavioral Health Director and verifying the Codes. Major changes include moving topics under more appropriate headings, i.e. Nominating Committee is now under Committees, updating the Conflict of Interest section, and removing the 2nd Vice Chair position, as it is no longer needed.

Ms. Shaw reminded the Board that 30 days were required to review the By-laws before they could be approved. Except for the name change to Behavioral Health Board, the clean version, without tracking, will be considered the final version. Mr. Dittmann suggested the two items, the name change and the By-laws, be done at the same time so that both actions can be reflected in one board letter. He thanked Ms. Shaw for her diligence and attention in editing the By-laws.

Mr. McCormick also thanked Ms. Shaw and said her hard work was appreciated.

A brief discussion continued regarding membership and the appointment process; a lack of representation of substance use members; quorum issues; criteria for future members.

Mr. McCormick said the two items, the name change and the edited By-laws will be placed on the August agenda, and a vote will be sought at that meeting.

VIII. Director's Report

Frances Hutchins, Assistant BHS Director, gave a brief report on the following items:

- 2016 Annual Update. Implementation of the Mental Health Services Act (MHSA) 3-year Plan includes a distributing a 10 question survey regarding community needs. The survey was widely distributed and over 200 surveys were returned. There was not a large representative response from the parents of children and youth so the submission date was extended to July 22. The data will be tabulated and discussed at the MHSA Planning Stakeholder Steering Committee meeting on Thursday, August 4th. The draft

Plan will be scheduled to be reviewed by the MH&SAB at the August meeting posted for public review in mid-August.

- CSU Expansion. The Crisis Stabilization Unit (CSU) expansion is scheduled to be completed in December this year. Rough plumbing, electrical, framing have been completed and the roof has been put on. The dry wall is expected next week. Construction is on schedule to be completed in December.

Mr. McCormick said he is aware that tours are not yet permitted due to safety issues, but asked if pictures could be shown at the next meeting. Ms. Hutchins agreed.

- Whole Person Care project: The Whole Person Care grant application was submitted by the July 1st deadline. Mr. Diederich reported that matching funds of \$2.5 million for 5 years were committed. The State received applications from 18 counties. San Joaquin County applied to create a care management infrastructure to better serve individuals who are at high-risk and are high utilizers of care, homeless, or at risk of homelessness. The project will include data sharing and ongoing evaluation of effectiveness. There is no funding for housing at this point. Updates will be provided when available around October. Ms. Hutchins added that matching funds from the Mental Health Services Act will allow BHS to offer a Mobile Homeless Team, add peer staff on the Mobile Crisis Support Teams, and provide a homeless integration team similar to the Inspire program.
- Healing Trauma in South Stockton - BHS participated in a successful grant application developed by the Healthier Communities Coalition titled *Healing Trauma in South Stockton*. Through MHSA funds, BHS will provide some clinical services for the project.
- Continuum of Care Reform (AB403). This legislation is an effort to reform the system of care for foster youth. It will be implemented in January, 2017 and involves a collaboration of Child Welfare, Probation, Office of Education and BHS. When implementation details are worked out, more information will be presented. Ms. Coulter could be invited back at a future time.
- Pride Center. The Stockton Pride Center received a grant from California Reducing Disparities Project. Counseling services may be provided.
- 24-Hour Care. It appears that San Joaquin County is sending up to 50% of hospitalizations out of county. Data is available for PHF recidivism, but there is no data for out-of-county recidivism. Ms. Hutchins noted that she will research if data is available.
- Psychiatrists. CYS has hired a child psychiatrist. Mr. Diederich noted that this doctor may soon require a leave of absence. He noted UAPD negotiations may help with ongoing recruitment/retention efforts. Ms. Shaw reported that veterinary specialists are deficient in the Central Valley, so it is not just medical alone.

- Psych Beds. Additional beds are needed. Mr. Diederich noted that an RFP is expected within the next 60 days; it is anticipated more medical space will be obtainable. Some counties have multiple Psychiatric Health Facilities.

Questions/Comments

Was BHS impacted by the recent labor action? BHS was able to continue to provide most of its services. Crisis services, the CSU and the PHF operated as usual.

IX. Committee Reports

- Executive Committee. No report.
- Legislative Report.
Mr. McCormick noted that of the reports tonight, the Legislative Report was the main issue. He asked if there were other items on which Ms. Shaw could report. She continued with the following items:
 - SB614 (Leno). This Senate Bill was a big disappointment, as the item is now dead. It was intended for Peer Support and to certify peer specialists.
 - AB1300 (Ridley-Thomas). This Assembly Bill sponsored by the California Hospital Association, has been approved and will go to the Senate. Mr. Diederich commented that Margaret Szczepaniak attended a meeting with the subcommittee in Sacramento. San Joaquin County did not support this bill. NAMI and CBHDA are also opposed.
 - HR2646 (Murphy Bill). This bill is intended to get rid of SAMHSA and cut funding. It has passed in the House and has now gone on to the Senate.
- Children's Committee. No report.
- Grievance Committee. No report.
- Housing Committee. No report.
- Substance Abuse Disorder Committee. No report.

X. Adjourn

8:12 p.m.