

Local Mental Health Board Meeting

Monday, December 4, 2023

In Person with Hybrid Option for Public

Members Present: Brad Anderson, Robin Rainwater, Sara Gaines, Christy Correa, Chris Bulkeley, Maria Simas, Sue Jones, Nicki King, Jonathan Raven

Members Absent: Dee Olivarez, Joe Galvan, John Archuleta

CALL TO ORDER

Welcome and Introductions: Meeting called to order at 6:02 pm

Public Comment: Melanie spoke on SB43 request for extension. Family member under 2nd conservatorship. We need to serve the clients that need assistance now. Curious where Yolo County money is at. Willing to volunteer to join a team to go after grants. Her name and email are on sign in sheet.

Approval of Agenda: motion to approve, 2nd by Brad and Chris Bulkeley.

Yea "I"	Nay	Abstention
8	0	0

Motion: Corrections to names

Approval of Meeting Minutes from October 23, 2023: motion to approve by Robin, 2nd by Chris Bulkeley

Yea "I"	Nay	Abstention
7	0	1-Jonathan Raven

Motion: Approved

Chair Report:

Welcoming Sara Gaines to the board and introductions made.

Jonathan came directly from teaching section of Crisis Intervention Training (CIT) at West Sacramento Police Department. We have CIT up and running. Day 1 of 5 went well.

We are working on the Bylaws, will not have the amendments before us today for a vote.

Discussed the necessity of three standing committees. Considered making Budget and Finance Committee ad hoc. Spoke with Theresa Comstock for advice. She also recommends it is held as ad hoc. Most committees have moved away from standing and changed to quarterly or ad hoc meetings.

Nicki King-strongly disagree with Budget and Finance being ad hoc. Had tough time getting volunteers to hold one. Not having a standing committee means we don't have continuity. It's important because of the public interest there has been about Mental Health Services Act and funding. Without someone who knows the public concerns, there are things that can be missed. We are an advisory board, and we need to share what public needs are. We are a medium size county, and there has been a standard that we have tried to meet, and I would like to continue to have those standards met. In the past, we had

standing meetings twice a year, pre-2016. Maria Simas states that she audited our records and found that there are no report-outs from the standing committees to show that they were held as standing.

Christy Correa-as a member of Budget and Finance Committee, I think it's important to have it remain a standing committee. If it just means we only meet twice a year, it has existed as a standing committee, and it should remain that way.

Maria Simas-current bylaw is vague on committees, needs more clarity.

Sue Jones-we need to make sure bylaws allow for flexibility.

Robin Rainwater-does not oppose keeping meetings as standing committees. But states it's ambiguous as to what Communications and Education Committee does.

Jonathan Raven-continue with three standing committees. We can always pivot once we see what they will be doing. Delores Olivares is absent today but has agreed to be chair of the Communications and Education Committee.

Nicki King-we have a consulting group that has been hired to evaluate programs. Program Committee could meet with the consultant that was hired to establish what they are evaluating.

Chris Bulkeley-asks, is there a requirement that all members participate in a committee? Jonathan states that it is a recommendation, but not requirement.

Robin Rainwater-states that if in the past they only met twice a year and it met the requirements of the bylaws, then we could adapt the bylaws to change frequency of Budget and Finance to twice a year instead of quarterly.

Sue Jones-bylaws don't specify frequency of standing committee meetings.

Standing Sub-Committees:

Budget Finance-Chair: Joe Galvan, Members: Christy Correa, Nicki King, Maria Simas

- Budget and Finance will continue to be a standing committee.
- Nicki King states she will join the Budget and Finance Committee.

Communications and Education-Chair: Dee Olivarez, Members: Maria Simas, Christy Correa

- Christy Correa-Communications and Education Standing Committee is important for the outreach piece. She has done some outreach on her own to get the public to attend the meetings. Education can cover CIT training and tracking. There is a lot of opportunity with this committee

Program Committee-Chair: Christy Correa, Members: Brad Anderson, Dee Olivarez, Christy states current members are Dee Olivarez and Brad Anderson. Program Committee will meet once a month for 40 minutes as a check-in and get topic to cover. Site visit suggestions: we currently have Farmhouse, Pine Tree Gardens, Monroe Detention Center, Safe Harbor. When new stabilization center is open in fall, we will schedule something for that. Also discussed having ad hoc committee to coordinate site visit dates and times. Dee will contact city leaders to confirm current city programs in each of the communities. Next meeting will be held

Wednesday, December 6th. Agenda has been posted. We really need to get our bearings on what the programs are, and then we can evaluate and look at the improvements needed.

Calendar Approval 2024-proposing date change to the 1st Monday of the month with pre-designated exceptions for holidays. Calendar will be mocked up for Wednesday and shared at next meeting.

Member Announcement: none

Correspondence: shared in packet

Time Set Agenda: Mental Health Care in Jail, Undersheriff, Matt Davis

The Sheriff's Department doesn't decide length of sentences and who gets brought in. When a person enters the jail at any time, there is a lengthy screening process related to physical wellbeing and questions related to mental health. Ideally the person is honest. If they identify having a need for mental health services, a nurse is called. If there is any health concern, a nurse is always called in. Then they go over a document that triggers an earlier contact with mental health services in the jail. Most individuals are booked and released in a matter of days. That doesn't give staff enough time to link them to services before they are released. If they don't say anything about mental health within a week, a mental health clinician checks in with any individual housed in the jail. The jail only houses adults, and they can refuse care. That provides challenges to staff. Sheriff's Department doesn't employ any doctors or nurses. The company that provides those services is WellPath. A nuance of the jail is that the contract of WellPath is managed by HHS. Jail Based Competency Treatment (JBCT) is 7-bed space that is solely for individuals that have been determined incompetent. Previously they would be waiting for state hospital bed. Ease Access Stabilization Center: If an individual is found incompetent to stand trial, the Ease Program allows them to receive treatment within a week. It goes to the Board tomorrow, which is how new the program really is. In the past, they were stuck in the jail without receiving the treatment that was needed. Sheriff's role is only care and custody. We will follow court orders; we don't make the decisions. We only handle the care we can offer.

Chris Bulkeley-taking medications and seeing psychiatry is voluntary. The Sheriff's Department can't force that.

Christy Correa-about the health and safety intake that you mentioned and the sequence of questions that are asked, if they aren't disclosing because they are in psychosis, or if they are showing signs, how does someone get put in Ad Seg (Administrative Segregation) when they are in Mental Health crisis for their safety or the safety of others? Undersheriff: We have a correctional officer, called the compliance officer, who evaluates each person to determine where each person should be housed. Lot of factors go into where a person can be safely placed. Christy: How are they accessing care from WellPath if they are in 24-hour lockdown? How can they engage in check-in or referrals? How do they get services? Undersheriff: Everyone is checked on more than 1x per hour. How services are received will be based on circumstances.

Nicki King-can family members be notified they are receiving care? Undersheriff: No.

Chris Bulkeley-having JBCT in the jail is a leap forward. We have made great strides. Two years ago, that's not something I could have said. Four years ago, before we had involuntary medication, they were reluctant, but now we can offer it and it's more humane. Strides have been made in the county. There

are vastly improved services from where we were 5 years ago. Doing involuntary medication in jail with someone found incompetent to stand trial. They had been waiting 10 plus months for a bed and delaying treatment. Now they can start treatment sooner. A lot of times there are criticisms of the jail, but today it's a vast improvement. We can always do better.

Public Comment-what kind of training is involved for staff? Staff will follow up with speaker

Consent Agenda:

Mental Health Director's Report-Karleen Jakowski, Mental Health Director

Christy Correa-which RFPs will need board participation? Karleen states, RFP children's system of care will be extensive. Hasn't been well implemented by state. It is foster parent providing mental health services and billing for a child in their home. It's complicated, and most counties don't have those services. Not expecting to get any responses. Therapeutic foster care is just really complicated.

Christy Correa-crisis residential for a new contract with Safe Harbor for short-term beds when we already have long-term. Karleen states, we are in the initial contract period. Once we hit the time limit, we needed to put that out for RFP. We extended contract with Safe Harbor to get us through to new contract.

Brad Anderson-I was on CIT team with Turning Point. Awesome all the benefits of that, but you must have Medi-Cal. Some people needing services are still insured by their parents, and it poses a barrier to receiving services. Karleen states that crisis services will be provided regardless of insurance status. Existing co-responders are working on a system with a team available for anyone with Medi-Cal. If we find out they have private insurance, we are not going to deny services, because that's unethical.

Karleen Jakowski-working on a partnership with AMR to have a person respond through telehealth or in person where available. We talked about hiring a project manager just for Crisis Now or crisis responders to manage workload. We are working on the budget. We start requesting in January. We are working on that now and will request more resources, including an outreach specialist. Working on building up infrastructure. We have a dedicated analyst to help manage the data. We hope that will be supported. We are heading into a year with budget constraints, and we will have to limit some new positions. Our crisis continuum really needs some supports.

Sue Jones-you said "at this point" we can't bill private insurance. Is there any hope that we will eventually get there? Karleen states that right now there are so many competing demands. We're still dealing with new infrastructure and with new payment reform. Just because you bill private insurance, there is no guarantee you will get paid for services. We have collectively been advocating the state to provide assistance with billing to private insurers. We need to be able to bill regardless of insurance status. We intend on it, but we don't know when. It's not on the top of the priority list.

Crisis Now-might need to refer to this as our crisis continuum. Most of it is in place or in progress. Latest update on receiving center: we are waiting on plans from architectural design program. We are still aiming for fall 2024. Working on an additional location much closer to West Sacramento but unable to share about location. As soon as HHS can share, they will. The true costs involved with providing the services have been sobering. We are working hard to get it.

Youth Mobile Response-we are proposing to use a model that's in place in Solano County. The idea is when a student is in crisis, instead of contacting law enforcement, we would contact crisis team trained to provide assistance. The existing providers will be able to continue their regular services to kids instead of being pulled away to address a crisis. They will work as a team with the youth mobile response, which will have crisis clinicians specifically trained to assist youth. The level of crisis will still need to be determined based on what the need is. Sometimes you don't know until you start providing the services. Need to figure out how to integrate with current services without duplicating or interfering. Intent is to reduce law enforcement involvement, reduce stigma, reduce time waiting in Emergency Room. Want to provide resources in a more comfortable environment, the child's school. It is an opportunity to provide crisis services to youth and children. It won't be limited to only school sites, but we expect it to only be during school hours.

SB343-Christy states, you understand that I'm opposed to delaying implementation for obvious reasons. We fought hard to get it passed. I understand the reasoning behind the delay. With Care Court happening in the year, the risk to loved ones already suffering, it's an injustice to wait any longer. Compromise and instead of waiting two years, readdress in one year. We will have a better lens in December. A year provides more information. In 4th paragraph, how is the jail going to be involved? Karleen states, you end up with folks gravely disabled in jail and unable to find placement. It primarily affects the sheriff; the other is a linkage. This is an unprecedented change to the definition. Changes to language are going to greatly change. 45 counties are deferring and only 2 counties will be implementing on January 1st. We need to ethically implement. We don't have the resources or staffing, so we wouldn't be doing anyone a service. We probably don't need two years, but I would prefer we have a buffer. Huge factor is funding the Public Guardian (PG). They are fully funded by general fund. Our PG office is underfunded. They are all carrying higher caseloads than recommended, but there is no funding.

Robin Rainwater-for the less restrictive part, is there a way to push it up sooner without it being so far out? There is no way it can be implemented by January 1st. We have no places to put people. Can we talk about pushing up implementation of Care Court sooner, just to get some momentum?

Public Comment: none

Regular Agenda

Board of Supervisors Report: none

Criminal Justice Update: Chris-on Wednesday afternoons, we hold a collaborative meeting with Police Department, HHSA, District Attorney's office where we also have WellPath. One of the things we do is we have a release of information for the inmates so we can discuss and determine if they are engaging. Then we assess whether we can get them into services. Prop 47 grants are slowly moving forward. Jonathan: Community Correction Partnership approved funding to start another collaborative court called Young Adults Court. Most of the funding will go to the treatment piece. If they would normally go into Mental Health Court and they are under 25, they could go into this program. There aren't that many youths in MHC now, but yes YAC could open space in MHC.

Public Comment on Agenda Items:

Frida Tillman-I have a daughter who suffers from bipolar schizophrenia. I'm begging for more resources for mental health and to do all that you can. Even though she is stabilized on meds now, please, whoever has control, push a button, write a letter, policies, or laws. My daughter was on the street for a year.

Future Meeting Planning and Adjournment:

Next Meeting: January 8th, 2024, Gonzales Bldg., Woodland

Adjourned: 8:02 pm