

**Local Mental Health Board Meeting**

**Wednesday, August 7<sup>th</sup>, 2024**

In Person with Hybrid Option for Public

Members Present: Nicki King, Jonathan Raven, Maria Simas, Sara Gaines, Sue Jones, Melanie Klinkamon, John Archuleta, Kimberly Mitchell

Members Absent: Joe Galvan, Dee Olivares, Meg Blankinship, Chris Bulkeley, Brad Anderson

**CALL TO ORDER**

**Welcome and Introductions:** Meeting called to order at 6 pm by Jonathan Raven

**Public Comment**

**Christy Correa:** I can see that it's starting to change for the better. I can see all the changes and all the hard work. My son completed his Mental Health Court Diversion program. I literally wouldn't have my son as healthy as he is today if I didn't get him the access to care. He was coming in undiagnosed from a managed care plan that wasn't Medi-Cal. He graduated [from Mental Health Court]; we moved down to San Diego. He is working fulltime at Lowes in Carlsbad as a temp and has done well. He really put in a lot of effort, and he was happy to get a job. He was just offered a fulltime position in fulfillment. He will have health benefits soon.

**Correspondence:** none

**Approval of Agenda:** motion to approve Maria Simas, 2<sup>nd</sup> John Archuleta

Yea "I"	Nay	Abstention
7	0	0

Motion:

**Approval of Minutes from June 6, 2024:** motion to approve John Archuleta and 2<sup>nd</sup> Nicki King

Yea "I"	Nay	Abstention
7	0	

Motion:

**Member Announcements:** none

**Chair Report, Jonathan Raven:** none

**Bylaw Approval:** motion to approve bylaws Maria Simas, 2<sup>nd</sup> John Archuleta

Yea "I"	Nay	Abstention
7	0	

Annotations reviewed and discussed, led by Sue Jones

Under quorum 2<sup>nd</sup> sentence section 6, Nicki thinks it should say a simple majority=half of those present plus one. Will add the word "simple."

**Correspondence:** None

**Time Set Agenda:** Karleen Jakowski-[Audit/Review Findings and Recommendations Presentation](#)

**Public Comment on Presentation:** none

**Consent Agenda:**

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

**Crisis continuum updates**-There has been a lot of talk about outcomes, so it was a good opportunity to show you how we are using dashboard for Results Based Accountability (RBA's). There are a lot of numbers and a lot of charts. Samantha Fusselman and I will take a look and see if we can pull some high-level charts. We have had some long-standing vacancies on our co-responders' teams, so that's where we will see some big declines in numbers of folks being served and numbers responded, in some cases half. Previously we had two co-responders in West Sac and two in Woodland and one in Davis and one shared between Sherriff and Probation. We for a very long time had only one in West Sac. So we had one vacancy in West Sac, we had one co-responder in Davis, and then we had a very long vacancy after that co-responder left. We had a very difficult time filling that position. And then we had some stability with our shared co-responder with Sheriff and Probation. We are fully staffed now and looking to add a position for Davis. So, the plan is we will have two in West Sac, two in Woodland, two in Davis, and one shared in Probation and the Sheriff's Office. I think that the positive highlight is that the outcomes are very telling, in terms of our contact that co-responders have, there are a very few folks that end up going to jail (1-2%). And we have a high percentage of folks not placed on 5150. It shows we are able to go out, provide de-escalation, and prevent folks from entering into the system of care that we are trying to prevent overutilization of, at the emergency department and jail, even though we don't have the receiving center up and running yet. We imagine it won't really make big changes when we have that facility for responders to drop off too. We have seen some decline around linkage to services so there's opportunity to strengthen some things there and I think there are some measures that show consistency like the actual amount of time that a clinician spends on scene, around an hour, which is typical. There have been lower wait times for clinicians to respond. Overall, these outcomes are very positive. Once we are fully staffed, we will see those utilization numbers increasing back up again. This is specific to co-responder program; it doesn't track AMR or after-hours crisis. I know when Tony does the Children's presentation he will walk through some similar dashboards for our children. We would like to start doing more of this, sharing data, and showing what they look like leading into presentations when we can.

**Sue Jones**-Wanted to commend what we are doing at the jail, and I am hoping at some point the new person will be able to come here and report back.

**Karleen Jakowski**-Wanted to acknowledge our board. Our jail medical contract is general funded contract and it's kind of expensive. We have advocated for a long time that we needed a Jail Coordinator

to oversee this contract, most expensive contract for HHSA. It is a high risk, high need contract and we have had poor outcomes, as we have heard in the past. We have had challenges with our provider, we have had struggles in terms of coordination and service delivery, and we were eventually able to fill that position. So, we are thrilled to have someone fulltime overseeing this work. It's a former HHSA employee that came back. She is a Social Worker and is a great fit. She is developing regular meetings between HHSA, Sheriff's Department or all of us and WellPath. Really holding them to the line with their reporting and response times to us. Now they are going to go out and do jail monitoring in September. I feel confident that we will have some data to start sharing.

**Nicki King**-If somebody is found not competent to stand trial, why should the county be held responsible?

**Jonathan Raven**-I was on a state working group in regard to this subject. The bottom line is it's all about beds, just like the problem with prisons the vast majority are taken up by this Incompetent to Stand Trial (IST) population, which is, for lack of a better word, kind of crazy, because you send them to state hospitals, get them well, and then they stand trial. I have seen the presentation from Department of State Hospitals many times, where they talk about this not only being a statewide issue but also nationwide issue. There has been a logarithmic increase of IST everywhere and lack of bed space. So, because of that, there were these huge waiting times, people would be sitting in jails, people needing medication for months up to years waiting for transport to a state hospital. That caused major issues, lots of lawsuits mostly by public defenders and the DA supported them because they were advocating for their clients. Some counties set a timeline of 90 days and when they didn't meet those goals they were fined. Judges were getting really frustrated with DSH. Then finally, there was a statewide lawsuit in Alameda, which ultimately said they would have the person transported to a state hospital within a specified date or else there would be penalties. So, they were trying to figure out what they could do to solve this issue. I think it was well intentioned, they basically said you're sending too many people here IST. And a lot of people they send there, they are already competent by the time they get to the hospital. So maybe they didn't need to go anyway, maybe they became competent while waiting in jails, who knows. So finally, they set up a penalty system without any input from the counties. It was during the period of COVID. They penalized the counties that were doing really well because for those counties, their baseline was low. If you had a high baseline that was good, you had a leeway. Bottom line ... we actually were one out of not that many counties that were over the baseline and subject to a substantial penalty. .

**Karleen Jakowski**-The formula is set up if you were over by 5 in the current year. During the current year, we were over by 2, but that doesn't translate to a penalty. We were penalized the first year \$420,000.

**Jonathan Raven**-I will say that conceptually the idea wasn't all bad. The \$420,000 goes back to the county for treatment.

**Karleen Jakowski**-It's a forced reinvestment savings plan. You send it to them, but you have to spend those dollars in a way that is intended to reduce the number of incompetent to stand trial. We were invoiced for \$420,000, and we will use some of our Crisis Now dollars and we will get the money back and use it. Not using MHSA funds.

**Nicki King**-Why does it have to be the State Hospitals? Why can't you use IMDs? A locked facility.

**Jonathan Raven**-Well first off, the whole point is that they are getting treatment to restore competency. It's not like there are any beds at IMDs either.

**Nicki King**- Institutes for mental disease (IMDs) are privately owned, so if there is a demand, there will eventually be a supply. There ought to be a more constructive way to resolve this, for agencies who are trying hard to resolve this, than to change from right pocket to left pocket.

**Sue Jones**-It also seems like it incentivizes the DA's office to argue someone is competent to stand trial.

**Jonathan Raven**-Sometimes the DAs are wondering if people really are incompetent or whether they aren't. It doesn't incentivize them, it only incentivizes them to fight at a high level if it's costing the County money. Deputy DAs on the ground level [as well as deputy public defenders) are not focused on what it is costing the County.

## **Regular Agenda**

### **Board of Supervisors Report, Oscar Villegas**

Shares the enthusiasm and thanks the board for their work. Some of the work we started years ago is coming to fruition. Today we had the opportunity to give a tour to the President of the State Association of Counties, a Supervisor of San Louis Obispo, and he was able to hear about Crisis Now and all that goes into it. Said we have some great staff, and that Yolo knows what they are doing. Supervisor Villegas closed by saying we really do have to be careful because we already know that the state has challenges in terms of the budget. So, reflecting on the State's budget, we have to watch every nickel and dime. We are starting to tighten our belt and so the decisions made are going to have huge impacts for our communities. But we are going to have to work hand and glove to watch every nickel and dime, because the budgets are going to get tighter. Thank you so much for your willingness to serve.

### **Criminal Justice Update, Jonathan Raven**

We are still working on trying to get Young Adults Court up and running. This is a collaborative court for those criminally justice involved who are in the TAY age group. For our current collaborative court programs, we have had a couple of graduations and an exciting one last week for addiction intervention court. Graduate was convicted of a very serious crime and was serving his time. His sentence was long, but he was really young, but he did really well in prison and rehabilitated. DA reviewed the case, with help from the public defender, and released him two years ago. The problem is he didn't have a lot of re-entry support, so he started using drugs. He never did drugs before but then started doing them when he got out as a means of coping. Ultimately, we placed him in Addiction Intervention Court. He worked really hard, and after about two years in the program, he graduated with a big smile on his face. Jonathan will work with Chris on getting the graduation invites and putting them on the schedule a month out.

Ad Hoc Team Updates:

**Program Committee, Sara Gaines**-Have had difficulty getting together, but we were able to meet online. Still working on getting site visits together and will set up a meeting with Samantha on a plan to move forward, but we are set on three sites. Possible programs following clients after discharge.

**Samantha Fusselman**-What are you hoping to see that will help Samantha to offer programs that might be beneficial?

**Sara Gaines**-Interested in the case management side of things.

**Melanie Klinkamon**-Wants to make sure the sites are not being monitored but just a visit to see services.

**Jonathan Raven**-Asks that the Program Committee meet with staff with three selections for site visits and try to have one scheduled by September meeting.

**Karleen Jakowski**-We need to make sure that this body is clear about the purpose. Without the right scaffolding and alignment around the purpose and the vision, there could be some anxiety and concern that there could be report that would live online and be something negatively reported that would live online.

**Tony Kildare**-We want to make sure the provider has adequate notice so they can prepare and notice the clients. There is an expectation that any confidential information we are receiving remains confidential. Potentially there could be a client themselves sharing with you and they need to have informed consent. Want to make sure the contracted providers are aware of the intent.

Program Committee will schedule meeting with HHS staff and set one site before next meeting.

**Future Meeting Planning and Adjournment:**

Next Meeting: September 4<sup>th</sup>, 2024 to be held in the Community Rm inside the Gonzales Bldg. at 25 N Cottonwood Street, Woodland.

Link to Meeting Recording: <https://youtu.be/DyS4DlkOG04>

Adjourned: 8:01