



Behavioral Health Services
A Division of Health Care Services Agency

Tony Vartan, MSW, LCSW, BHS Director

SAN JOAQUIN COUNTY BEHAVIORAL HEALTH BOARD (BHB)

Regular Meeting

April 17, 2019, 5:00 – 7:00 P.M.

1212 N. California Street, Stockton, CA 95202

Board Members Present:

Vaunita Duval
 Karen Ivy
 Cary Martin
 Daphne Shaw
 Tasso Kandris
 Mudalodu Vasudevan
 Lori Hansen
 Jeff Giampetro
 Patricia Barrett
 Cynthia Thomlison
 John Weston
 Supervisor Villapudua

Board Members Absent/Excused:

Joe Dittman
 Mike Corsaro
 Frances Hernandez

Also Present:

Greg Diederich, Health Care Services Director
 Frances Hutchins, Assistant Behavioral Health Director
 Isabel Espinosa, Office Secretary

Guests:

Kayce Rane
 Gertie Kandris
 Michael Fields

MINUTES

I. CALL TO ORDER

The Behavioral Health Board meeting was convened on Wednesday, April 17, 2019 at Behavioral Health Services located at 1212 N. California Street, Conference Room B, Stockton, CA. Chairperson Tasso Kandris called the meeting to order at 5:00 P.M. and led the pledge of allegiance.

II. ROLL CALL

Roll call was taken by the Board Secretary. A quorum was in attendance at this meeting.

III. INTRODUCTIONS

Chairperson Tasso Kandris led self-introductions among board members and the public audience present at the meeting.

IV. APPROVAL OF MINUTES

Daphne Shaw made a motion to approve the February minutes. Motion was seconded by Lori Hansen, and approved 12-0.

V. PUBLIC COMMENT

- A. Tasso Kandris addressed the board on behalf of the National Alliance of Mental Illness (NAMI), and announced that the May is Mental Health Month declaration will be at the next Board of Supervisors meeting.

VI. PRESENTATION

- A. San Joaquin County Sheriff's Office Field Contact and In-Custody Mental Health Treatment Plan (See Appendix A)

Field Contact – Lt. R.Johnson, Patrol Division

- In order to reduce law enforcement involvement in non-criminal activity, Deputies will provide information to the public regarding the Consumer Support Warm Line, Crisis Emergency Hot Line, and the Mobile Crisis Support team.
- Many mental health issues do not require law enforcement intervention if they are addressed before they escalate.
- It is important for friends and family to recognize the signs of decompensation and intervene before the situation gets out of control.
- Deputies have suspected mental health issues assessed by the Mobile Crisis Support Team (MCST). Law enforcement also makes referrals to BHS.
- Sheriff's Office has regularly scheduled meetings with BHS and the Office of Emergency Services to reevaluate incidents and make necessary changes.

In-Custody – Lt. Tibon, Custody Administration

- Average daily population of the jail is 1,361 inmates
- Approximately 50% of the jail is on some type of psychiatric protocol:
 - Medication
 - Group/Individual therapy
 - Psychiatric visits
 - Under observation in the Sheltered or Medical Unit
- Mental Health care is available 24 hours a day, 7 days a week.
- Upon arriving to the jail, all inmates are pre-screened by the pre-book officer and the medical nurse for a Mental Health Assessment.
- If any question is answered affirmatively, jail psychiatric staff are notified.

- As of January 2019, all arrestees receive a Brief Jail Mental Health Screen regardless if they are remaining in jail or being released. Their answers will determine if a mental health assessment will be given by a Mental Health Clinician.
- If clients states that they are seen at BHS. Correctional Healthcare staff will consult with Clinicians Gateway to see if arrestee is a current or former consumer, and if they are taking any medications.
- The inmate is then consulted by the Psychiatrist or Chief Mental Health Clinician.
- Once inmate is housed, an appointment is made with the Nurse Practitioner, Mental Health Clinician, or Psychiatrist for follow up.
- Medications may be started if:
 - Individual is already taking medications and staff have verified current prescription
 - Prior custody history and psychiatric team are aware of medications needed. Psychiatrist will give verbal order.
 - For County Mental Health consumers BHS will be contacted for confirmation or information will be obtained from Clinician Gateway.
- Medications are set within 24 to 48 hours. Industry standard is five days.
- If someone is refusing medication, a Riese hearing is set. The judge can order that the inmate take the medication. However, the order can only be enforced at the PHF. Once returned to the jail. The inmate can refuse to be medicated, and must sign a refusal form.
- Discharge planning is done collaboratively with Sheriff Office staff and Correctional Healthcare staff to ensure a warm hand off to :
 - Behavioral Health Services
 - Family Members
 - Court ordered programs such as Recovery House, Circle of Friends, Homeless Outreach, Valley Mountain Regional Center, and Whole Person Care.
 - If client is in need of medication. A three-day prescription is provided.

VII. DIRECTOR'S REPORT

– By *Frances Hutchins*, Assistant Behavioral Health Director

- A. RFP's for Telecare will be called Connect One and Connect Two. RFP's for Turning Point are called Esperanza and Justicia. Each program will serve sixteen individuals with very intense services.
- B. Currently seeking the California Health Facilities Financing Authority (CHFFA) grant for treating co-occurring disorders in residential treatment. BHS submitted an application for sixteen beds. May reapply later for additional funds.
- C. No bids received for Adult Residential FSP. More funds have been added.
- D. County budget has been completed and submitted to the CAO's office.
- E. Substance Abuse Services will be having an audit at the end of the month.

- F. Recovery House has closed some beds for repairs.
- G. Billy Olpin retired in March. Betsey Rose is now the new Deputy Director of the Justice and Decriminalization Division.
- H. Deputy Director of Children and Youth Services has resigned.
- I. Deputy Director of Finance has retired.

VIII. NEW BUSINESS

A. MHSa Update- *Kayce Rane*

- Next month there will be a public hearing regarding the MHSa Annual Update FY 19/20. The update will be open for a 30-day review and is available on the BHS website. Submit your comments to mhsacomment@sjcbhs.org
- There are some minor changes to the annual update. BHS is still implementing the Innovation plan and some RFP's.
- Input was received via 800 surveys, 3 community meetings, and 171 individuals in community meetings.
- Most requested from the public includes Housing, Early intervention, youth, young adults, and navigation process.
- Comments on suicide consistent increases.
- Accomplishments:
 - Launched Assessment and Respite Center, and Progressive housing Innovation Plans.
 - Law Enforcement Assisted Diversion (LEAD) plan with Stockton Police Department
 - Four Mobile Crisis Service Teams. Two for Community, and two crisis response teams
 - Added four new RFP's, Adult residential and school based
 - Housing authority coordinated 37 units. Architectural plans are currently in progress.
 - Operations is the backbone of clinical services. 16,000 annually serious mental illness into BHS programs. 3,000 enrolled in FSP's, 4,000 in CYS.
 - Prevention and Early Intervention Skill building and parenting classes. Three programs have assisted 4,217 adults affecting 5,000+ kids. Classes are given in English and Spanish.
 - Transitional Age Youth (TAY) high-risk youth. 819 kids were assisted. 74% successfully graduate program.
 - Family therapy program has assisted 95 families.
 - Juvenile Justice Center had 74% of its population given a mental health evaluation. 68% of those evaluated had a serious mental illness or behavioral issues.
- New for 19/20
 - Funds have been transferred out of CSS to refund workforce education and training.
 - Capital facilities budget has been refunded to maintain an upkeep our buildings.

- A building fund has been started for residential treatment for co-occurring disorders.
- Prevention and Early Intervention started an information and education campaign to focus on positive recovery practices and approaches.

IX. OLD BUSINESS

A. Alternative meeting locations

- June meeting will be in Tracy.
- October meeting will be in Lodi.
- Meeting in Manteca/Lathrop month to be determined.

B. Jail Tour

- Ten board members were interested in touring the jail; tour date to be determined.

C. Off Site Retreat

- No funding yet. Theresa Comstock of California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) has been contacted. She will provide the names of local boards to see if they would like to join the retreat and share the cost.

X. COMMITTEE REPORTS

A. Executive Committee: No report.

B. Legislative Committee: Daphne reported that the Planning Council is currently looking at 44 bills.

C. Housing Committee: No report.

D. Grievance Committee: Tasso will resend information. The March conference call discussed lack of beds in difficult counties and individual safety.

E. Substance Use Disorder Committee: No report.

F. Children's Committee: No report.

XI. REMINDERS

- A. The next Behavioral Health Board meeting will be April 17, 2019 at 5:00 P.M., in BHS Conference Room. For information, please contact Isabel Espinosa at 209-468-8750 or via e-mail at iespinosa@sicbhs.org

ADJOURN TO WEDNESDAY April 17, 2019 AT 5:00 P.M