



SAN JOAQUIN COUNTY BEHAVIORAL HEALTH BOARD (BHB)

Regular Meeting

Via teleconference

March 17, 2021 – 5:00 -7:00 P.M.

MINUTES

Board Members Present:

Chair Tasso Kandris
Vice Chair Patricia Barrett
Carolyn Cooper
Douglas Vigil
Gertie Kandris
John Weston
Supervisor Miller
Joretta Burlington
Dr. Mudalodu Vasudevan
Cary Martin

Board Members Absent/Excused:

Jeff Giampetro
Joe Dittmann
Karen Ivy
Sabrina Flores-Eng
Tashante McCoy

Also Present:

Greg Diederich, Director HCS
Tony Vartan, Director BHS
Angelo Balmaceda, Management Analyst II
Rico Molina, Chief Mental Health Clinician
Isabel Espinosa, Office Secretary

Guests:

Virginia Wimmer, Director of Veterans Services.
Michael Fields, Executive Director, Peer Recovery Center
Samira Abdo, Peer Recovery Center
Jason Wollins, Chair of PRS and Wellness Center Board
Karen Walker, Manteca Wellness center
Priscilla Timmons, NAMI
Andrea Wagner

I. CALL TO ORDER

The Behavioral Health Board meeting was convened on Wednesday March 17, 2021 via zoom teleconference. Chairperson Tasso called the meeting to order at 5:00 PM. The meeting began with a moment of silence, pledge of allegiance, and roll call. There was a quorum in attendance at this meeting.

II. INTRODUCTIONS

Introductions began with audience members, and board members introduced themselves during roll call.

III. PUBLIC COMMENT PERIOD – OPEN TIME

Cary Martin asked a question related to money allocated to county in Governors proposed budget, specifically how much funding is coming to San Joaquin County. Greg Diederich responded stating that the estimated allocation for San Joaquin County is \$149 million under the American Rescue Plan, COVID-19 relief bill.

IV. APPROVAL OF MINUTES

Vice Chairperson Patricia Barrett motioned to approve the February minutes and was seconded by Board member Gertie Kandris.

V. PRESENTATION

A. Assisted Outpatient Treatment Community (AOT) Planning

- *Angelo Balmaceda*, Management Analyst II
- *Rico Molina*, Chief Mental Health Clinician

AOT/Laura's law legislation was established by AB 1421 in 2002, allowing Board of Supervisors (BOS) to adopt AOT in their counties. These were intensive civil court orders for individuals unable to participate in voluntary services.

They are similar to FSP's with wraparound services and include:

- Individualized treatment plans
- Low staff to client ratio (no more than 10:1)
- 24/7 staff support. This program does not include involuntary medications or placements.
- Intensive case management
- Least restrictive housing options
- Procedures to monitor compliance

AOT eligibility WI 5246

- Serious mental illness
- At least 18 years of age
- History of poor treatment compliance (2 hospitalization or incarcerations in the last 36 months, violent behavior at least once in the last 48 months)
- Offered and declined voluntary treatment

- Unlikely to survive safely in the community without supervision
- Least restrictive measure necessary to ensure recovery and stability.
- Substantially deteriorating
- Likely benefit from treatment
- Not being placed in AOT will result in the patient harmful to self/others and/or gravely disabled.

Tony Vartan, Behavioral Health Director reiterated the Inspire program has been successful and in some measures has done better than the AOT program. Projected to go to BOS in April.

VI. DIRECTOR'S REPORT

- *Tony Vartan*, MSW, LCSW, Behavioral Health Director

- Thank you for the presentation and the work that is being done for stakeholder involvement.
- We are working through COVID and providing services. Staff will be meeting this week to discuss client vaccinations. Clients who are receiving telehealth services have the option to get in person services.
- Inpatient areas are COVID free.
- Assistant Director Frances Hutchins is retiring next week. We have been interviewing for medical director. We made an offer to one of the candidates; we are in the middle of background check. Our interim doctor will be retiring after 38 years.
- State level activity.
 - Statewide there is a \$750 million general fund, to fill some of the critical gaps; we will create some short term funding to help with housing.
 - CALAIM is moving forward working on payment reform and changes in the foster care. We are trying to make changes in Foster care system, and BHS.
 - CBHDA is cosponsoring Ramos' bill to create a system that requires DHCS to report annually on the data received on involuntary holds in the public and private sector. This will be a collective measure to compare county by county.
 - AB686 Arambula, is a bill for community based outcome and availability to improve transparency. It will measure, report, and compare data with other agencies.
 - AB1051 is a bill for presumptive transfer, when foster youth are placed in another county, the responsibility and medi-cal is changed this leads to delays. This will make some changes and make sure the services are expedited and consistent.

- There are 2-3 additional bills that are sponsored by CBHDA. There will be a continued increased need for same day billing (SB 316 by Senator Eggman). This will encourage co location of service, and increase continuity of services. SB465 FSP reporting outcomes on how we are preventing hospitalizations. And SB 507 Eggman on Psychotropic medication.

VII. COMMITTEE REPORTS

- A. Executive Committee
- B. Legislative Committee
- C. Children's Committee - Carolyn Cooper: Working on SB 803 Connecting well with CYS department. Thank you to Fay Vieira for introducing her to many programs.
- D. Grievance Committee - Meeting on 21 of April
- E. Housing Committee
- F. Substance Use Disorder

VIII. REMINDERS

- A. Next Behavioral Health Board meeting will be April 21, 2021. For information, please contact *Isabel Espinosa* at 209-468-8750 or via e-mail at iespinosa@sjcbhs.org

IX. ADJOURN TO APRIL 21, 2021 AT 5:00 P.M.