



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

August 21, 2019, 5:00 – 7:00 P.M.

1212 N. California Street, Stockton, CA 95202

Board Members Present:

Tasso Kandris
 Patricia Barrett
 Joe Dittman
 Vaunita Duval
 Karen Ivy
 Cary Martin
 Dr. Mudalodu Vasudevan
 Lori Hansen
 Jeff Giampetro
 John Weston

Board Members Absent/Excused:

Cynthia Thomlison
 Supervisor Villapudua

Also Present:

Greg Diederich, HCS Director
 Tony Vartan, BHS Director
 Frances Hutchins, Assistant BHS Director
 Genevieve Valentine, Deputy Director CYS
 Anna Perez-Testo, Chief Mental Health Clinician
 Ben Brocco, Mental Health Specialist III
 Tajmah Jones, Mental Health Specialist II
 Marcellina Mayoya Espinoza, Mental Health Outreach Worker
 Isabel Espinosa, Office Secretary

Guests:

Michael Fields, Wellness Center
 Lynda Kaufmann, Psynergy.org
 Edna Ealey, NAMI San Joaquin
 Justin Scrontenber, VMRC
 Brenda Correia, Telecare
 Cassanola Sysouvanh, Telecare
 Damion McMiller
 Charles Eproson

MINUTES

I. CALL TO ORDER

The Behavioral Health Board meeting was convened on Wednesday, August 21, 2019 at 1212 N. California Street, in Stockton, California. Chairperson Tasso Kandris called the meeting to order at 5:05 P.M. held a moment of silence, and led the pledge of allegiance. Roll call was taken by the Board Secretary. A quorum was in attendance at this meeting.

II. INTRODUCTIONS

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

III. PUBLIC COMMENT

No Comments.

IV. APPROVAL OF MINUTES

Lori Hansen made a motion to approve the July minutes, and was seconded by Vaunita Duval. Motion was approved 7-0-3, with Joe Dittman, Dr. Vasudevan, and Patricia Barrett abstaining.

V. PRESENTATION

A. San Joaquin County's Pretrial Assessment and Mentoring Program

– *Stephanie James*, County Probation Officer

- The goal of pretrial monitoring is to reserve detention to those individuals that pose a risk to the community or are at risk for failure to appear in court.
- The pretrial assessment tool that assists with determining whether individuals should be released or remain detained pending their court proceedings, this program went live on October 27, 2014.
- Funding for this program comes from AB109 funds (\$2,269, 769) and the county general fund (\$1,359, 909)
- There are a total of 25 positions for the Pretrial Assessment and Mentoring program. The Pretrial Assessment unit at the jail works 24/7 and has 16 employees. The Pretrial monitoring unit has 9 employees and works out of the Canlis building.
- The Virginia Pretrial Risk Assessment Instrument (VPRAI) asks 8 questions to determine risk of being unsuccessful in the Pretrial program. These questions include:
 - 1) Charge type – felony/misdemeanor
 - 2) Pending charges- yes/no
 - 3) Criminal History – yes/no
 - 4) Two or more failures to appear – yes/no
 - 5) Two or more violent convictions – yes/no
 - 6) Length are current residence less than one year – yes/no
 - 7) Not employed 2 years/Primary Caregiver- yes/no
 - 8) History of Drug Abuse – yes/no
- The Pre-trial decision matrix determines how high the risk rate is based on the answers to the eight questions. Each score has a different level of monitoring:
 - 0) Release on Own Recognizance, and a court reminder call.
 - 1) Release on Own Recognizance, court reminder call, and defendant reports weekly with pretrial services.

- 2) Release on Own Recognizance, court reminder call, defendant reports in person to pretrial services, and receives case management services.
 - 3) Detained pending arraignment, recommend release on pretrial monitoring, court reminder call, defendant reports in person weekly to pretrial services, receives case management services, field visits by PO, at least once a month, random drug testing if court ordered, and placed on GPS.
- 4-9) Detained, with no pretrial release.
- 97% of participants were able remain out of custody while being monitored by pretrial services.
 - 93% avoided getting extra charges while being monitored by pretrial services.
 - Program may shift scale to assume more risk, since the program has been highly successful so far.

B. Progressive Housing

– *Anna Perez-Testo*, Chief Mental Health Clinician

Ben Brocco, Mental Health Specialist III, *Tajmah Jones*, Mental Health Specialist II, *Marcellina Mayoya Espinoza*, Mental Health Outreach Worker

- The Progressive Housing program provides an opportunity for individuals who are homeless or at-risk of homelessness and experiencing known or suspected serious mental health issues with co-occurring substance use disorders to establish and maintain wellness in the community.
- This project is funded using MHS Innovation funds, and is a housing first model. The program first addresses the immediate need for shelter and provides context for outreach and engagement.
- This program is a partnership between BHS and Stockton Self Help Housing.
- Each house is a shared living environment. Houses are given a level designation of 1 through 4, corresponding with various stages of recovery:
 - 1) Level 1 is the pre-contemplation phase. Intensive outreach and engagement focus on rapport-building, eliciting awareness of issues and interest in program participation. This phase is limited to 90 days. Participants pay no rent, and retain “guest” status. BHS staff visits 2-3 times a week for outreach and engagement, linkage and referral, and provides Individual and group therapy.
 - 2) Level 2 is the contemplation and preparation phase. Moderate to intensive frequency of outreach and engagement, focuses on rehabilitation services and linkage to resources for insurance, income, and community resources. This phase is limited to 12-18 months to obtain resources and develop skills needed to sustain stability. Participants pay no rent, and retain “guest” status. Guest meets medical necessity.
 - 3) Level 3 is the action phase. Moderate support is provided through rehabilitation services and linkage to strength-based recovery services. Completes a Housing Barrier Assessment which includes a credit check, and criminal background check. BHS staff visits 1-2 times a week for outreach and engagement, linkage and referral, and individual and group therapy. Participants enter into a one year lease with Stockton Self Help Housing. A portion of their income is used for rent. Participants are now tenants and have tenants rights, establish a rental history, and exiting the program requires an eviction or breaking the lease.

- 4) Level 4 is the Maintenance and Graduation Phase. Limited support through monitoring services needs and periodic rehabilitation and linkage services. BHS staff visits 1-2 times a week for outreach and engagement, linkage and referral, and individual and group therapy. Participants are now tenants and have rights, establish a rental history, and exiting the program requires an eviction or breaking the lease. Tenants graduate from the program when either a house lease is assumed by tenants rather than master leased. A tenant moves into a permanent housing setting of their choice. Or the tenant meets stated recovery goals and chooses to exit the program. Graduates have the potential to become a Resident Assistant in a Level 4 house.

- Referrals to the program begin with the submission of a referral packet. The consumer is interviewed by the Housing Coordination Team and Stockton Self Help Housing. If there is space available in the houses, placement could be as soon as one day.
- So far there have been 70 referrals. 77% of those referrals were admitted to the program. Some lost interest, or did not fully complete interviews.

VI. DIRECTOR'S REPORT

– By *Tony Vartan*, BHS Director

- Benchmarks of the Crisis Stabilization Unit, Crisis Intervention Services, and Psychiatric Health Facility were reviewed.
- Benchmarks are determined by State averages. When state averages are not available BHS either made their own goal, or based off of previous years data.
- The Crisis phone line received 1,665 phone calls year to date as of August. The total for the fiscal year 2018-2019 is 1,450.
- The warm line received 1,758 phone calls year to date as of August. The total for the fiscal year 2018-2019 us 1,561.
- There have been 1,229 crisis contacts so far this year, as compared with last year's total of 1,229.
- 229 Clients were served by the CSU this year, compared with last year's total of 195.

VII. NEW BUSINESS

- A. Poll board members for Community Medical Center – Assessment and Respite Center tour.

VIII. OLD BUSINESS

- A. California Behavioral Health Boards and Commissions' Central Region Meeting/Training will be held in Conference Rooms A, B, and C on Saturday October, 19, 2019. To register please go to <https://www.calbhbc.com/october-19-2019-registration.html>.

IX. COMMITTEE REPORTS

- A. Executive Committee: Data Notebook is due to California Behavioral Health Planning Council on October 15, 2019.
- B. Legislative Committee: No report.

- C. Grievance Committee: Tasso reported that the new grievance form is excellent.
- D. Housing Committee: No report.
- E. Substance Use Disorder Committee: No report.

ADJOURN TO WEDNESDAY August 21, 2019 AT 5:00 P.M

DRAFT