



SAN JOAQUIN COUNTY BEHAVIORAL HEALTH BOARD (BHB)

Regular Meeting

Hybrid In-Person and Teleconference

In-Person Location

Behavioral Health Services
1212 N California St. Conference Room B
Stockton CA, 95202

Zoom Meeting information

Meeting ID: 996 4696 2451
Passcode: 321345
Phone: (669) 900-6833

February 16th – 5:00 -7:00 P.M.

Board Members Present:

Chair – Patricia Barrett	Mudaloudou Vasudevan
Vice Chair – Carolyn Cooper	Douglas Vigil
Mary Avanti	John Weston
Jeff Giampetro	Supervisor Villapudua
Gertie Kandris	
Tasso Kandris	
Pamela Keese-Wyre	
Cary Martin	

Also Present:

Greg Diederich – Director HCS
Tony Vartan – Director BHS
Cara Dunn – Assistant Director BHS
Angelo Balmaceda – MHSA Coordinator BHS
Michael Fields – Wellness Center
Alexis Bernard – Turning Point
Edna Early Feilds
Betty Wilson

I. CALL TO ORDER

- Moment of Silence
- Pledge of Allegiance
- Roll Call

II. PUBLIC COMMENT PERIOD – OPEN TIME

The Brown Act (Government Code Section 54950 et seq) requires that every agency for regular meeting provide an opportunity for member of the public to directly address the San Joaquin County Behavioral Health Board on any item of interest to the public, before or during the Board’s consideration of the item. When the Chairperson announces the public comment period, any person wishing to address the Board will be recognized by the Chairperson and is requested to state their name and make their comments. Each speaker is allocated up to three (3) minutes to speak. Comments must be limited to matters within the jurisdiction of the Board. The Board will take no action and will hold no discussion on matters presented during public comment unless the matter is an action item on the Board agenda. The Board may refer the subject matter to the appropriate department of agency for follow-up and/or to schedule the matter on a subsequent Board agenda.

III. APPROVAL OF MINUTES

Minutes approved

IV. How to be an Effective Mental or Behavioral Health Advisory Board or Commission: 20 Min

Theresa Comstock, Executive Director - CA Association of Local Behavioral Health Boards & Commissions

- CALBHBC – Job is to support the BHB in all 59 counties.
- Meeting Rules (calbhbc.org/brown-act)
- Duties (WIC 5604.2) & Tools
- Review of the Brown Act
- Duties and tools

1) REVIEW & EVALUATE the community’s public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided

- Liaisons / Site Visits / Ad Hoc Committees / Performance outcome data.
 - Question: Mary A. Board has had issues with site visits in past because of releases and forms, what do we need to do ahead of time so that we don't run into these barriers?
 - Theresa: Review contract's beforehand looking at scope of work it's a public document.
 - Mary A: What kind of release do we need to sign to enter into the facility?
 - Theresa: Usually nothing is required for Jail's there are different requirements.
 - Dr. Vasu: Is the Nominating committee an Ad Hoc Committee
 - Theresa: I would need to look at the bylaws. As long as it's less then a Quorum then it would be ok.
 - Patricia: Public Information / Contracts / would usually be requested from BHS.
 - Mary A: What would be an appropriate amount of time to wait for public records
 - Theresa: Most information shouldn't be too hard to pull up but if contract was signed by the BOS you can google the information.
- 2) **REVIEW any county AGREEMENT entered into pursuant to Section 5650. The local mental health board may make RECOMMENDATIONS to the governing body regarding concerns identified within these agreements.**
- Staff Presentations / RFP's / Site Visits
 - Questions:
 - Patricia – as these changes come about should these people from these departments give up updates?
 - Theresa: You can invite staff to come give updates and comments on the reviews.
- 3) **ADVISE the Board of Supervisors and the local Mental Health Director regarding any aspect of the local mental health program.**
- Identify what you want to advise about / Research / Advise.
- 4) **REVIEW and approve the procedures used to ENSURE CITIZEN and PROFESSIONAL INVOLVEMENT at all stages of the planning process...**
- BHB Meetings / MHSA Community Program Planning
 - Patricia: emphasize the point "Encourage board members to attend MHSA CPP events"
- 5) **Submit an ANNUAL REPORT to the Board of Supervisors on the needs and performance of the county's mental health system**
- 6) **Review and make recommendations on applicants for the appointment of a local MENTAL HEALTH DIRECTOR; the Board shall be included in the selection process prior to the vote of the governing body.**
- 7) **Review and comment on the county's PERFORMANCE OUTCOME DATA and communicate its findings to the California Behavioral Health Planning Council (CBHPC)**
- Data Notebook comes from Behavioral Health planning
 - Have a section of the agenda called MHSA Hearing if you want to discuss recommendations
 - Patricia: Can we recommend Substance abuse treatment on the MHSA Planning?
 - Theresa: You can if you want, there are some legal restrictions but there are other funding sources that you might be able to use to fund Substance Abuse services.
 - Mary A: Is this the same process for Drug Medical Money?
 - Theresa: Each county is a little different based on bylaws but
 - Doug V: I noticed that County is cutting back on Clinicians, Nothing about certain services in the bylaws
 - Theresa: Would be willing to review changes to bylaws with you.
 - Patricia and Tony thanked Theresa for the Presentation.

V. **OLD BUSINESS:**

VI. **NEW BUSINESS:**

20 Min

Committees – Feedback / New Appointments.

- Discussed adding a Law Enforcement committee.
 - Feedback on splitting homeless and substance abuse committee.
 - Gertie – Substance use committee historically was separate, but it was combined when there were not enough people volunteering to be on the committee.
 - Patricia moved to separate substance use and homeless outreach
 - Jeff seconded the motion, and the motion was approved.
 - For the next month's meeting each decide which committee would like to be part of
 - Mary would like to set up an Ad Hock Committee,
 - Cary Martin, Doug Vigil, and Pamela Keese- Wyre
- Liaisons to MHSA Meetings to be discussed next months meeting.

- VII. **COMMITTEE REPORTS:** 20 Min
- Executive Committee – No Report
Legislative Committee
- SB 22 Statistics**
1. California Overall Youth Mental Health Ratings: 2020 = #33; 2021= #33; 2022= #36.
 2. Youth with at least one major Depression Experience: 2020=63.9%; 2021=66.0%; 2022=64.5%
 3. Youth Substance Use: 2020=4.63%; 2021=4.04%; 2022=4.55%
 4. The 2022 Mental Health America reports that the State of California ranks #28 in treating Adult Mental Health and #36 in treating Youth Mental Health.
- Children’s Committee – No Report
Quality and Performance Improvement (QAPI) Committee – No Report
Board and Care Monitoring Committee – No Report
Substance Use Disorder and Homeless Outreach Committee – No Report
- VIII. **MHSA – COMMUNITY PLANNING OVERVIEW AND FEEDBACK** 20 Min
- ANGELO BALMACEDA - MHSA Coordinator*
Mental Health Services Act –Overview and Planning
PLANNING SESSION ATTENDANCE = 117 /Last year 120 / Before Covid 171
WHAT IS WORKING?
- Flexibility of Hybrid Services Telehealth and In-Person Services
 - Support BHS has for Wellness Center (In-Person and Zoom Classes for Consumers of SJ County)
 - Presence of Wellness Center in the South County Area
 - Availability of TELEHEALTH during pandemic, removing barriers (transportation, childcare). Helps Consumers greatly as a tool in the toolbox
 - Gipson Center offering great classes and job development for consumers; helping consumers find housing; independent living skills; job training; clean sweep enclave program. Gipson Center staff train all consumers equally.
 - BHS is focused on Access to services which is a positive step
 - Consortium is a great model for stakeholder engagement
 - Mobile Crisis is working in the community.
 - Law Enforcement involved in the community working alongside BHS
 - MHSA Dollars being used to work with Community Based Organizations to provide services
 - CBO’s are out and involved in the entire community
 - Wide range of levels of services from youth to older adults and Preventative Services
- WHAT NEEDS IMPROVEMENT?**
- Mental Health Services for 0-5 and parent coaching in home, going to the home to help families.
 - Foster Youth mentoring and providing assistance Foster Youth to decrease homelessness
 - Skill Building BEFORE behavioral health concerns arise
 - Asian Families struggling with technology, especially with family members that have passed away from Covid-19.
 - BHS should consider building programming around the Community Health Worker Model to enhance and support outreach efforts for underserved/unserved communities
 - Enhance linkage from hospital to MH Community Care setting –including warm hand case management between systems
 - Engage programs to help those in crisis without police intervention
 - Lack of services in Escalon and Linden (Rural County) areas as well as North County – Thornton, Acampo, Woodbridge, Lockeford, Clements.
 - CBO’s have long standing relationships with the community; BHS should invest resources to strengthen culturally rooted outreach and engagement efforts for SJ County using trusted entities.
 - Continued issue with lack of resources for homeless or risk of homeless clients that have SMI or SUD issues.

- Communication from BHS on services being offered to the community. BHS Website improvement and flow chart of how to access certain services. Marketing and communication strategies and local community events focused on MH.
- Students and families need more support, whole family approach
- Supportive Housing and Support Services for Manteca community and folks with SMI in the south county area.
- Need more MH Services in rural areas of the county, particularly Manteca, Escalon, Linden. Not specifically clinical but Peer Support Services are a valuable start.
- African American community needs education and stigma reduction related to MH Services –programming to enhance outreach and engagement for the African American community.
- Resources for increased outreach into schools educating youth, families and staff on seeking mental health services
- Follow-up with Clients after 5150 –collaboration with parents and schools
- Youth and Family concerns –After care and re-entry.
- Additional classes on physical activity for the Gipson Center
- Emotional support and educational classes for consumers
- Case management improvement for one-on-one connection and therapy.
- Expansion of Wellness Centers for each city in the County –Lodi, Tracy, Manteca, Lathrop and Escalon
- Peer support staffing in MH settings need to be expanded
- BHS Clerical staff need training on communication with consumers –lack of human connection/customer service. Promote self-care for staff.
- BHS Clinical staff tend to get caught up with clinical issues and forget about the human aspect of treatment. Having a peer support individual as part of the process will help with this.
- Wellness Centers for Youth to help with socialization and prevention issues that may arise.
- Educating the public on accessing MH Services –Individuals need education on level of care and pathway to services
- SUD Services are lacking in the county –Specifically Detox.
- Expanded Mental Health First Aid Training & Trainer Programs for Faith Based organizations, and schools to train youth.
- Additional Mobile Crisis Teams that are available for the whole county.
- Additional attention by hiring dedicated staff for Suicide Prevention for San Joaquin County.

NEEDS AND CONCERNS –AGE GROUPS AND COMMUNITY GROUPS

- Generational/Cultural gap between parents and children/youth in the Latino Community
 - Work with families to educate on diagnosis and treatment
 - Patients’ rights
 - Develop Spanish class for parents on Suicide Prevention
- TAY Skill Building to enhance social skills, coping skills and self-advocacy empowerment
- Stronger outreach and engagement to TAY community –Representation of this population in Peer Worker/Outreach Worker positions. –TAY Outreach Program
- Housing Options continue to be scarce for adults. Homeless individuals need more outreach/engagement and clear pathway to housing options with intensive treatment for MH and SUD challenges.
- State Defined AGE Group is too broad, look at ways to redefine for our community. 25-36 Should be separated out, Millennials needs are vastly different from Gen X and Boomer Needs.
- Bridging MH and SUD Services –Training between the two to enhance coordination for contractors and county providers / DETOX SERVICES
- Bilingual Geriatric Psychiatry is needed in the Older Adult Latino Community

IX. DIRECTOR’S REPORT

15 Min

Tony Vartan, BHS Director

- Tony Congratulated the New Chair and Vice chair of the Behavioral Health Board and thanked the pervious Chair and Vice Chair.
- Staff Raises were brought to the Board of Supervisors and have been sent to the Union for review.

X. **REMINDERS**

Next Behavioral Health Board meeting will be March 16th. For information, please contact Luke Vlavianos at 209-468-8750 or via e-mail at lvlavianos@sjcbhs.org

XI. **ADJOURN TO WEDNESDAY, MARCH 16TH, 2022 at 5:00 P.M.**

If you need disability-related modification or accommodation in order to participate in this meeting, please contact the Behavioral Health Board Secretary at (209) 468-8750 at least 48 hours prior to the start of the meeting. Government Code Section 54954.2(a)