



August 5, 2021
Behavioral Health Advisory Board
Meeting Minutes

P.O. BOX 85524
San Diego, CA 92186-5524
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MEMBERS PRESENT

Che Hernandez, 1st Vice Chair– District 1
Joel San Juan, District 1
James Merino – District 2
Jim Taylor – District 2
Mike Grattan – District 3
Shannon Jaccard – District 3
Ed Weiner – District 3
Amina Sheik Mohamed – District 4
John Sturm, Member-at-Large – District 4
Judith Yates, Chair – District 4
Phil Deming, Member-at-Large – District 5
Richard McGaffigan – District 5
K.C. Strang – District 5

MEMBERS NOT PRESENT

Janice Luna Reynoso – District 1
Bill Stewart, 2nd Vice Chair – District 1
Thomas Hathorn – District 2
Saurabh Gupta – District 4
Debbie Barnum – District 5
Nathan Fletcher, Board of Supervisors Chair – District 4

STAFF TO THE BEHAVIORAL HEALTH ADVISORY BOARD

Luke Bergmann, Director, Behavioral Health Services
Dania Barroso-Conde, Behavioral Health Advisory Board Coordinator, Behavioral Health Services

I. CALL TO ORDER

The Behavioral Health Advisory Board (BHAB) was called to order by Chair Judith Yates at 2:30 p.m. via Zoom.

II. APPROVAL OF THE MINUTES AND ROLL CALL

ON MOTION of Joel San Juan, seconded by John Sturm, BHAB approved the minutes from June 3, 2021.
AYES: 10 NAYS: 0 ABSTENTIONS: 2-Weiner/Yates

III. PUBLIC COMMENT

Angela Rowe, Licensed Clinical Social Worker, addressed the BHAB on the need for therapeutic childcare in Perinatal SUD programs. Ms. Rowe stressed the importance of these services for children as their mothers heal. She encouraged the County and the Board of Supervisors to look at augmenting Perinatal SUD programs for therapeutic childcare so that children can obtain services at the same time their moms do in treatment.

Carol Clemens, stakeholder with lived experience praised Chair Fletcher's announcement regarding the \$5 million in the first round of Behavioral Health Impact Fund. Citing County behavioral health recruitments over the last three months and continued posting, she recommended aggressive recruitment and adequate compensation for behavioral health staff. She urged the BHAB to support recruitment efforts by allocating available behavioral health funds for the following: raise the salary for each position and be competitive with other counties; offer significant signing bonuses; reward continual service with a bonus after 3-5 years; and if there is more than one qualified applicant for an opening, make room for both.

Robin Sales, representative of Racial Justice Coalition of San Diego, as well as, the North County Equity and Justice Coalition, and retired Licensed Clinical Social Worker addressed the BHAB. With the expansion of the Mobile Crisis Response Team (MCRT) with the North County Coastal pilot, Ms. Sales expressed her concerns about the allocation of resources for mental health and addiction treatment. Noting the lack of crisis house beds as a "big impediment in the continuum of care for those trying to avoid hospitalization and those who needed a transition plan that could ensure their safety". She urged the BHAB to ensure adequate resources are allocated and accessible for all levels of care in order for the MCRT's to be effective.

Mary Best, representative of the Racial Justice Coalition of San Diego and an LCSW in private practice, addressed the BHAB with concerns on the MCRT rollout, specifically the 911 initial point of contact. Noting the goal of the MCRT is to "provide crisis intervention to individuals experiencing a behavioral health crisis and to connect them to the most appropriate level of care". To meet this goal dispatchers must receive proper clinical training to properly assess a crisis situation and determine the level of risk, in order to direct individuals to the MCRT in a timely manner. Improper assessments can have dire consequences, such as arrest and detainment, which at times result in fatalities. Ms. Best urged the BHAB to actively engage with law enforcement and key stakeholders to ensure the oversight and success of the MCRT.

Tom Packard, member of Racial Justice Coalition, as well as, the North County Equity and Justice Coalition, and professor emeritus of social work at San Diego State University addressed the BHAB on the implementation of MCRTs, specifically, the 911 system. Noting the various dispatch centers for each law enforcement jurisdiction, it is recommended that the Memorandum of Understanding (MOUs) address their commitment to train staff to competently assess and screen calls based on criteria for behavioral health and safety considerations. It is also recommended that all jurisdictions have standardized policies and procedures and review its efficiency and cost benefit based on countywide data collection. Clarity is requested on which organization will be responsible for leadership on this initiative, particularly, for the overall implementation, including the MOUs.

Jerry Hall, former BHAB member, referred to a proposal he authored sent to the BHAB and other stakeholders titled, "BHS Plans, Roles and Bylaws" recommending an updated process for key BHAB roles related to stakeholder engagement related to the BHS planning, budgeting, and outcomes analysis activities. He urged the BHAB to discuss and develop a plan before the Board Retreat in October.

Terra Jennings, Peer Liaison with RI International shared feedback on behalf of Peers at the START programs. The information provided was based on a written questionnaire, with a total of eight responses. It is noted that comments seem to suggest there is a perception among peers that there are not enough services available. Due to the limited time for public comment, information will be forwarded to the BHAB with the hope that it be useful in efforts to create more access to services.

IV. PRESENTATION: CalAIM

Dr. Jennifer Tuteur, Deputy Chief Medical Officer, Medical Care Services

Julie Howell, Senior Health Policy Advisor, Medical Care Services Division

BHAB was provided with a presentation on the California Advancing and Innovating Medi-Cal (CalAIM) framework developed by the Department of Health Care Services (DHCS), which encompasses broad-based delivery system, program and payment reform across the Medi-Cal program. Presentation included an overview of CalAIM and its key components, as well as implications to behavioral health managed care plans and was followed by Q&A.

Questions/Discussion

Q Are the seven Medi-Cal MCPs being reduced to two?

A No, that is being decided in 2024. RFP is a State process; the County has submitted comments to DHCS. In addition, a sub-committee made up for Chair Fletcher and Vice Chair Vargas has been created to discuss how the County could be involved.

Q Does the In Lieu of Service (ILOS) services include holistic and alternative services?

A No, not for specific medical services, they are “wrap-around” to keep people safe especially in consideration of the social determinants of health. Initial 14 ILOS are found on slide 13.

Q How do people get enrolled in the ILOS?

A ILOS are linked to the Enhanced Care Management (ECM) benefit. ILOS must be medically related. The Managed Care Plans (MCPs) have the enrollment processes and can build the capacity to contract and provide ILOS.

Q How do you get homeless individuals, for example, linked to ILOS?

A This is an area of work that will require on-going community advocacy. Follow-up presentation to the BHAB as this process develops.

Q How will community-based organizations provide the community (Medi-Cal enrollees) with this information, specifically related to ECM and ILOS?

A Outreach and engagement is required for the ECM; programs are getting funding for this.

V. PRESENTATION: MOBILE CRISIS RESPONSE TEAM (MCRT) PILOT PROJECT

Piedad Garcia, Deputy Director, Behavioral Health Services

BHAB was provided an update on the MCRT program. In collaboration with the Sheriff and San Diego Police Department jurisdictions eligibility criteria has been developed with the goal to provide the following:

- Respond to individuals in a behavioral health crisis, de-escalate, and stabilize individuals in the community
- Coordinate with Access and Crisis Line (ACL) and law enforcement jurisdictions for appropriate referrals to MCRT
- Link and coordinate services for the individual in crisis
- Reduce unnecessary utilization of acute services
- Provide Care Coordination to link individuals to behavioral health and supportive services

Contractors and Services

- Exodus Recovery Inc. for the North Coastal MCRT pilot launched on January 11, 2021. As of July 26, Exodus has responded to 73 clients in the North Coastal Region with 57 connected to services; 14 connected to Crisis Stabilization Units; 19 refused services; 2 have been 5150. All calls received from the ACL.
- Telecare Corporation to provide services in the South, Central/North Central, East and North Inland regions. Services to launch in the South Region on August 18. Other regions to be staggered.
- 911 integration, 16-month development with Sheriff and law enforcement jurisdictions. MOA and final law enforcement eligibility criteria to refer from 911 to MCRT is in process.

Next Steps

- Finalizing MOA with law enforcement
- Identifying data needs and analyzing call volume to determine future needs
- Community and stakeholder education and media campaign development
- Community input and feedback to identify needs and how to best socialize the program

Questions/Discussion

- Q How will you tackle services for the family who are also in crisis? Will they also be included in your media campaign?
- A Currently presentations on the MCRT and how to access are scheduled for family members and consumers. Staff will connect with the families and obtain feedback.
- Q Will Telecare be taking over the North County?
- A That is not envisioned at this point.
- Q Can you briefly describe the vetting for the contractors, and will the point of contact person have body cams? If not, why?
- A Through the Department of Purchasing and Contracting, vetting is done following the competitive procurement process by which providers respond to a Request for Proposal (RFP) and are evaluated by a Source Selection Committee (SSC). SSC determines the best offer and makes a recommendation for award. With regard to body cams, this has not been considered due to HIPPA regulations that govern these types of interventions. The MCRT is there to assist and support the individual in crisis, as well as their families and loved ones, and consider every potential risk at dispatch.
- Q What planning has been done to train the dispatchers to make referrals to the MCRT programs? And when 988 is instituted will law enforcement be cut out entirely?
- A Once eligibility criteria is finalized and adopted, Telecare and Exodus will provide training to the communications staff/dispatch centers to ensure proper triage is done. Law enforcement will be utilized when and if there is an immediate safety concern. When 988 becomes implemented in San Diego, the behavioral health crisis calls will go through the ACL seamlessly from the 988 call.
Note: 988 (transitioning from the National Suicide Prevention Lifeline) is a three-digit phone number for people in crisis to speak with suicide prevention and mental health counselors.
- Q If someone was disturbing the peace, would you send out MCRT? Also, through the media campaign can there be clarification on the MCRT and the Psychiatric Emergency Response Team (PERT)?
- A Communication/dispatcher center will utilize the criteria to make the determination of MCRT, PERT, or Emergency Medical Services (EMS). Regarding the media campaign, clarification on MCRT and PERT is noted.

VI. **DISCUSSION ITEM: MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL REPORT**

Luke Bergmann, Director, Behavioral Health Services

Public comment period for the MHSA Annual Update has commenced as of August 3rd and will continue through September 2nd. Public Hearing for this item is scheduled for the next BHAB meeting on September 2nd.

VII. **INFORMATIONAL ITEM: PROCUREMENT BOARD LETTER**

Luke Bergmann, Director, Behavioral Health Services

Board action authorizes the procurement of a range of services critical to maintaining and anticipating future behavioral health needs. Approximate costs and revenue for FY 2021-22 is \$800,000 to \$1.2 million. Board action includes the following three recommendations:

- **Recommendation #1:** Issues competitive solicitations to sustain an array of critical behavioral health services. Programs serve various high need populations including, rural communities, LGBTQ youth and young adults, Commercially Sexually Exploited Children, older adults, perinatal women, and Veterans.

- **Recommendation #2:** Issues a single source procurement to the Dream Weaver Consortium for up to one year, with four option years, and up to an additional six months. The Dream Weaver Consortium is comprised of three federally recognized health clinics offering specialized, culturally designed health and behavioral health integrated prevention and early intervention services for the Native American population.
- **Recommendation #3:** Extends and amends contracts for behavioral health consulting services, through June 30, 2023, and up to an additional six months, to provide BHS with technical expertise in its role as the regional mental health plan and Medi-Cal payor.

VIII. DIRECTOR'S REPORT

Luke Bergmann, Director, Behavioral Health Services

Prescription Drug Abuse Task Force (PDATF) and Meth Strike Force (MSF), during a recent executive meeting for PDATF/MSF a proposal was made to combine these two bodies and be renamed, for example, *Substance Use Harm Reduction Task Force*. This would create a shared governance with equal representation of Public Health and Public Safety. Deliverables would best reflect our most pressing concerns.

XI. CHAIR'S REPORT

Judith Yates, Chair

BHAB Meeting Format, virtual meetings will continue until further notice. COVID data will be monitored over the next few months. Possible hybrid (virtual and in-person) to be determined after the October BHAB Retreat.

Nominating Committee, members encouraged to participate. If interested, please contact BHS Staff.

XI. WORKGROUP UPDATES

Criminal Justice Workgroup, Richard McGaffigan, District 5

Workgroup members to discuss recommendations and assignments at upcoming meeting pertaining to cash bail and the 988 implementation.

XII. ANNOUNCEMENTS

Monoclonal Antibody Treatment, cost-free treatment is available to anyone in early stages of COVID-19 regardless of whether or not you've been vaccinated. For more information contact, 619-685-2500.

XIII. MEETING ADJOURNMENT

ON MOTION of Bill Stewart, seconded by John Sturm the meeting adjourned at 5:00pm.

AYES: 11 NAYS: 0 ABSTENTIONS: 1-Yates