



March 1, 2018  
Behavioral Health Advisory Board  
Meeting Minutes

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**MEMBERS PRESENT**

Joel San Juan – District 1  
Bill Stewart – District 1  
Rebecca Hernandez, 2<sup>nd</sup> Vice Chair – District 2  
Michael Matthews – District 2  
Jenifer Mendel, Chairperson – District 2  
Deanne George – District 3  
Ed Weiner – District 3  
Tom Behr – District 4  
Jerry Hall, Member-at-Large (ADS) – District 4  
John Sturm, 1<sup>st</sup> Vice Chair – District 4  
Phil Deming – District 5  
Richard McGaffigan, Member-at-Large (MH) – District 5

**MEMBERS NOT PRESENT**

Eyra Leeper – District 1  
Colin MacKinnon – District 3  
Judith Yates – District 4  
Dana Hamilton – District 5  
K.C. Strang – District 5

**STAFF TO THE BEHAVIORAL HEALTH ADVISORY BOARD**

Holly Salazar, Assistant Director of Operations, Behavioral Health Services (BHS)  
Ben Parmentier, Administrative Analyst III, Behavioral Health Services

**I. CALL TO ORDER**

The Behavioral Health Advisory Board (BHAB) meeting was called to order by Jenifer Mendel, Chair, at 2:32 p.m. at the County Administration Center, 1600 Pacific Highway, San Diego, California 92101, Room 302.

**II. INTRODUCTION OF BOARD MEMBERS**

Members of the BHAB introduced themselves.

**III. APPROVAL OF THE MINUTES – February 1, 2018**

ON MOTION of John Sturm, seconded by Michael Matthews, BHAB approved the minutes of February 1, 2018, as written.  
AYES: 9 NAYS: 0 ABSTENTIONS: 3

**IV. PUBLIC COMMENT**

Staffmember Christi Knight spoke on behalf of Supervisor Kristin Gaspar. Supervisor Gaspar delivered the State of the County Address on 2/27/2018 and among other topics,

discussed her goals for behavioral health programs in the County of San Diego. One program she would like to implement would be modeled after the Delancey Street Foundation in San Francisco. Delancey Street is a residential education center that teaches vocational skills, academics, personal and interpersonal skills, and job skills to people in recovery and ex-convicts. It aims to reduce addiction, recidivism, and poverty. Another area that the Chairwoman would like to see bolstered is drug prevention programs, especially for our region's youth population.

**DISCUSSION:**

Q: What demographics would be able to access a program in the model of the Delancey Street Foundation?

A: 18 years and older. This is not a program designed for youth.

**V. ACTION ITEM: DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM BOARD LETTER**

**Holly Salazar, Assistant Director, Behavioral Health Services**

The implementation of the Drug Medi-Cal Organized Delivery System will provide more services for those suffering from substance use disorders and improve our local oversight, monitoring and delivery of this system of care for County of San Diego Residents.

ON MOTION of John Sturm, seconded by Michael Matthews, the BHAB approved the board letter authorizing the implementation of the Drug Medi-Cal Organized Delivery System on March 1, 2018, as written.

AYES: 11 NAYS: 0 ABSTENTIONS: 0

**VI. PRESENTATION: DASHBOARD INDICATORS**

**Tabatha Lang, Chief, Agency Operations**

The Behavioral Health Dashboard is provided to BHAB monthly and includes metrics on the following indicators: Substance Use Disorder, Access and Crisis Line Calls, Emergency Psychiatric Unit, Emergency Screening Unit, Fee-for-Service Hospital Admissions/Readmissions, and access times. The Quality Improvement Unit of BHS works to ensure consistency in data entry and data integrity among the programs that report data figures.

**DISCUSSION:**

Q: What do you believe contributed to the decrease in hospitalizations for FY 16/17?

A: BHS has been expanding services. There have been more teams for first crisis intervention and added the crisis stabilization unit to divert clients away from hospitalization if possible.

Q: What is the age group represented in the indicators? Do the access times change between children and adult clients? Do you need to adjust the times in order to meet goals?

A: The indicator data is from all ages. For current access times, we use calendar days. For children, the standard is 5 calendar days, 10 business days for routine assessments and 15 days for psychiatric holds. The state standard is 10 business days but we strive to meet the 5 days.

Q: Why are the access times for children so different (more responsive for adults)? Is it due to lack of resources?

A: It is a system design. The Adult Older Adult (AOA) System of Care implemented the walk in model which has reduced the access times because the services are there on demand. The longest that someone has to wait is 4 business days.

Q: Are we considering the walk in model for children?

A: BHS staff are evaluating the AOA walk in model and determining how effective it is overall. Then we will look at the children's system design.

Q: What would it take to have a policy at BHS to publish this data so that stakeholders or researchers could have access to this data?

A: That would be an agency decision that would have to be made. However, BHS staff have created an interactive dashboard built on pivot tables, that is already provided to BHAB members to work with data.

Q: As far as assessing times, was it the Family Health Centers or another program that stopped taking mental health clients? If so, has that data been removed?

A: Family Health Centers stopped taking mental health clients for one month. This data has been removed from our monthly averages. BHS staff monitor programs and it was a policy decision to eliminate that data and warm-transfer clients to other programs in order to obtain access to services.

Q: BHS programs are monitored continuously?

A: Correct. They are constantly reviewed. AOA and CYF review the reports and work to connect clients to services.

Q: Are you tracking success indicators for clients for after they complete a program such as employment?

A: We are collecting data differently in the mental health and substance abuse programs. Currently in the mental health system, we have created a dashboard that collects data (employment for adults and education in youth). For substance abuse, we have reports for each program with information that is collected at intake and discharge regarding employment.

Q: On hospital admission data points, does that include crisis houses?

A: No. This is just patients, not residential homes.

Q: Are there any crisis units planned anywhere besides north county?

A: We are still elevating the incoming data and to understand the trends. Once we can start seeing the trends, we can evaluate for additional services south in San Diego County.

Q: On access times for adults to see a psychiatrist and get medications, those data points went up. Why?

A: Correct, it went from 7 days to 11 days. We continuously recruit for doctors and nurses and sometimes staffing issues play a role.

## **VII. PRESENTATION: SUICIDE PREVENTION ACTION PLAN**

**Dana Richardson, Vice President, Community Health Improvement Partners**

The Community Health Improvement Partners created the Suicide Prevention Council whose vision is for zero suicides in San Diego County. The mission is to prevent suicide

and its devastating consequences in San Diego County. The Suicide Prevention Action Plan looks to improve outreach efforts with faith based organizations, schools, and community partners to prevent suicide.

**DISCUSSION:**

Q: Your goal is zero suicides verses reduced suicides from year to year. Can you explain how you came up with that goal?

A: The vision is zero suicides in San Diego County. We also want to reduce the impact that suicides have on families and communities.

A: Which part of this plan helps to prevent suicides?

Q: We currently work with schools and after school programs. The new plan calls for expanded partnerships with faith programs and schools, as well as a renewed focus on integrating other parts of the system including community partners.

Q: Is there an ongoing collaboration between your organization and homeless individuals in the LGBT community?

A: We have been collaborating with the LGBT community to provide education and safe zones within schools that have LGBT students. We have also integrated with faith organizations to provide education about LGBT youth.

Q: LGBT youth have a high rejection rate from their families. Do you work with the families as well?

A: There is opportunity for growth in these areas. With community partners that are addressing homelessness, I could see the BHAB board as a resource to help connect our services to families.

Q: Could BHAB receive the Suicide Prevention Action Plan electronically?

A: Yes, after this round of community and stakeholder input, we will finalize it and distribute electronically.

Q: How did you partner with the Native American community?

A: We have collaborated with tribal leaders for multiple years. We have supplied numerous trainings and outreach programs for them.

Q: Do you work with personnel on military bases as well?

A: We have a liaison that works with the Marines locally. We also have employees working at military hospitals. There is additionally a focus on military veteran culture in our organization.

Q: How are you able to help identify faith based organizations that can help individuals struggling with suicide issues without overarching dogma?

A: Faith based organizations have a role to play and we try to showcase how people of all faiths can provide a safe place for all, regardless of dogma.

Q: How do you choose which schools to partner with? Do they need to sign up?

A: Both. When the office of education distributes our information about trainings, they send it out to all the organizations and districts. When we solicit training, they send an email to our staff and we send out trainers. It is self-selected and through outreach.

**VIII. DIRECTOR'S REPORT**

**Holly Salazar, Assistant Director, Behavioral Health Services**

- We have heard from BHAB members who want to tour our facilities. We would like to invite them to visit our programs and contracted programs in mental health and substance abuse. We plan to start with Edgemoor, and further information is forthcoming.
- BHAB Roadmap: we are pending final approval from our CAO and then we can provide to BHAB.
- Our Drug Medi-Cal Board of Supervisors meeting is later in March and any interested are welcome to attend.

**IX. CHAIRPERSON'S REPORT**

**Jenifer Mendel, Chair**

- Please reach out to Ben if you need to complete or renew your bi-annual required ethics training.
- In the BHAB annual report, we would like to have comments from the board as to why they are involved with BHAB and what they feel they are accomplishing by being a part of BHAB.
- The Health Services Advisory Board meets on the 3<sup>rd</sup> Thursday of every month at the Public Health Services Complex on Rosecrans Street. Michael Matthews volunteered to attend and represent BHAB.

**X. ADVOCATE REPORTING**

None

**XI. BOARD MEMBER COLLABORATION:**

- Members of BHAB discussed upcoming presentation ideas and community issues/current news.

**XII. MEETING ADJOURNMENT**

ON MOTION of John Sturm, seconded by Tom Behr, the meeting adjourned at 4:49 p.m.

AYES: 11 NAYS: 0 ABSTENTIONS: 0

[Signatures to be inserted here]

**Brown Act Procedure:** *As required by California Government Code 54950 et seq. (Ralph M. Brown Act), a copy of the packet of information that was mailed to Behavioral Health Advisory Board members at the point of posting of this agenda has been placed at the reception desk at 3255 Camino Del Rio South, San Diego, CA 92108, for public inspection, and is available at the site of the meeting for public inspection. Members of the public wanting their own copy of the advance materials may request them under Government Code 6250 et seq. (Public Records Act) and receive them on payment of copying charges of \$0.20/page, and actual mailing charges, if mailing of the material is requested. If you are planning to attend and need special accommodations, you must call Jackson Alexander at (858) 505-6521, at least three days in advance of the meeting.*