



## COUNTY OF SAN BENITO, STATE OF CALIFORNIA

### BEHAVIORAL HEALTH BOARD

1131 COMMUNITY PARKWAY  
HOLLISTER, CA 95023  
PHONE (831) 636-4020

## Minutes

Date: Thursday, February 24, 2022, Behavioral Health Board Meeting

Time: 12:00 p.m. to 1:30 p.m. (Zoom & Telephone-Conference Meeting)

Place: San Benito County Behavioral Health Department  
1131 Community Parkway, Hollister, CA 95023  
And Zoom Option Attendance

BH Members: Margie Barrios, Pat Loe, Rosemary "Rosa" Apodaca, Sherry Holmquist, Pam Holmquist, Tina Garza, Ann Carrillo, Supervisor Bob Tiffany

Absent: Dan Sanidad, Supervisor Betsy Dirks

Others Present: Alan Yamamoto, Rachel White, Grizelle Rios, Maxe Cendana, Juan Gutierrez, Nancy Abellera, Rumi Saikia, Maria Sanchez, Gabriel Orozco, Elvia Barocio

Recorder: Molly Ramer

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#### 1) CALL MEETING TO ORDER:

- a. 12:07 P.M.

#### 2) INTRODUCTIONS:

- a. Board members and staff members introduced themselves.
- b. New introductions/guests
  - a. Elvia Barocio, HR Analyst - San Benito County Admin
  - b. Gabriel Orozco, Budget Officer - San Benito County Admin

#### 3) ROLL CALL:

- a. Sign in sheet was distributed and introductions were made. Quorum was met.

#### 4) CERTIFICATE OF POSTING:

- a. Yes

#### 5) PUBLIC COMMENT:

No public comments

#### 6) AB 361 - ACTION:

- a. PROPOSED RESOLUTION PRUSUANT TO AB 361 – ACTION: Adopt proposed resolution authorizing teleconferencing options for meetings of the

Behavioral Health Board for the period of February 24, 2022, through March 24<sup>th</sup>, 2022, pursuant to AB 361.

b. M/S/C

**7) MINUTES – ACTION:**

a. Minutes reviewed and approved.

a. No discussion

b. M/S/C

**8) CORRESPONDENCE:**

No correspondence

**9) OLD BUSINESS:**

a. Irma Valencia with County Counsel advised Alan to add the closed session item to the agenda to review BH Department Director applications.

- Margie proposed that we keep the closed session item at number 16 and to proceed through the rest of the agenda.
- Gabriel added that the closed session today would not be to review applications but instead to establish the structure in which applications will be reviewed and panel that will review later. He continued that a special meeting should be scheduled as soon as possible with a one item closed session agenda to review the applications.
- Margie clarified that the special meeting date would be determined during the closed session.
- Alan wanted to confirm that the wording of the closed session would not need to be amended since applications were not to be reviewed at this meeting.

b. Further discussion on complications around an on-call clinician stipend. There is still currently no resolution. Alan saw an item on the agenda for BOS for something similar with HHSA and their CPS on-call workers. Reviewed the staff report but did not include a clear plan in specific detail how it would occur. May need to schedule a meeting between Alan, Grizelle, and Gabriel.

- According to Gabriel, if Alan wanted to implement something immediately it could be considered special assignment pay. A proposal would need to come from SBCBH to determine which positions would qualify. For Admin, it would be a special pay that would be turned on or off depending on who is the on-call. SBCBH and Admin would have to review the crisis calendar to identify the special pay recipients. This would be an immediate, short-term solution.
- Gabriel continued that the long-term solution would require BOS to review a deep class for the on-call clinicians to form an adjusted pay scale. From there SBCBH would identify who the on-call clinicians are versus the appointment-only clinicians would be.
  - Alan would ultimately prefer the long-term solution. He said the first option could potentially have a lot of moving parts to it. Including how frequently the on-call rotation is occurring. Further discussion will need to occur outside of this meeting.

**10) CHAIRPERSON REPORT: (Margie Barrios)**

a. Since the last meeting there have not been any trainings attended. Margie would like to see more of the resources dedicated to the youth. There are a lot of issues stemming from

COVID but also now foreign issues that are affecting the youth. The younger generations may not be able to express how they feel. Margie asked if there are plans for further involvement at the local schools or in the community for the youth?

- Alan referred to Maria for the PATHS program. He stated that there is an apparent shortage of clinicians statewide. Alan has wanted to have a designated clinician at each school site, this worked for a few years but now with an overall shortage it has been put on hold. He would like to return to that amount of involvement, but it is dependent on the recruitment and filling of the clinical positions. The schools have funding to hire their own clinicians. This has been good but also has its own issues in that the case load cap on the school site is twenty (20) per clinician. Raises the question of who is managing the caseloads for on-site providers.
- b. Behavioral Health Board elections were discussed in January and will be postponed until June.
- c. Discussions regarding the Behavioral Health Director recruitment will take place during closed session (item 16).

#### **11) ESPERANZA CENTER UPDATES: (Nancy Abellera)**

- a. Nancy reported on updates at Esperanza Center:
  - The adult program is being held three (3) days a week: Monday, Wednesday, Friday from 10-12. There is a solid group of peers that are attending regularly.
  - For youth programs, we have partnered with Community Solutions for activities on Mondays and Wednesdays.
  - LGBT program runs Friday, Saturday, and Sunday.
  - A new partnership with the San Benito County Office of Education starting March 3<sup>rd</sup>. This program will work primarily with foster youth at elementary age. Will work with children to young adults that have been in the foster care system.
- b. Maria added that SBCOE fit the needs and goals of the center. They are always looking to expand partnerships at the Esperanza Center. Will provide space to store partner's items at the center and will share mutual resources.
- c. Alan added EQRO information from the review held on February 23<sup>rd</sup>. EQRO are contractors hired by the state of California to review all their subcontractors, which includes County Mental Health as a subcontractor. The Organization is independent of the state and of the counties. EQRO reviews accessibility to services and quality of the services. The most recent consumer focus group focused heavily on their experiences at the Esperanza Center. Received a glowing review from the consumer reviewer that led the focus group for EQRO. They were very please with services at the center and would like to see more availability. The Esperanza Center remained open throughout the pandemic and provided a resource to consumers.
  - Margie asked if a presentation could be prepared with the EQRO results to share with BOS. Alan will have SBCBH staff prepare presentation to present positive feedback.

#### **12) DIRECTOR'S REPORT**

- a. At the previous meeting, Supervisor Dirks had requested 5150 data as well as County Coroner data. Alan presented the data from Calendar Years 2017, 2018, and 2019 from previous EQROs. Data from the last year was just released but appears to show the same patterns. The 5150 data tells a story of what took place at Mental Health.
  - Figure 1: Penetration rate data is a collection of data of all Medi-Cal beneficiaries in the county, how many make it to Behavioral Health. Not all Medi-Cal beneficiaries in the county need Mental Health services.

- In the eyes of EQRO, Behavioral Health is an insurance plan, so they refer to us as MHP (Mental Health Plan) because we manage Medi-Cal. In the data reports, EQRO compares data sets for MHP (SBCBH), like size counties (small) with populations under 200,000, and the state.
- When compared to like size counties and the state, our penetration rates look good.
- Figure 2: Overall ACB (Approved Claims per Beneficiary) data CY 2017-19. Approved claim rates always seem to come out lower. SBCBH is heavy case management oriented which is a lower priced service. Another factor is that the length of stay is lower than most other counties. Alan noted that larger counties are more likely to be staffed by Private Provider Networks than by county staff. County staff are more likely to discharge clients more quickly than private provider staff. Private provider entities are more focused on providing more services that will result in earning more money by adding to the length of stay (LOS).
  - Supervisor Tiffany asked if the reason we rely heavily on case management is because we are short staffed on clinicians.
    - Alan clarified that even prior to staffing issues, we have primarily utilized case management. Traditionally, case management staff is easier to recruit due to being paraprofessionals and are more likely to be bilingual.
    - Highest billable services result from hospitalizations. The goal of SBCBH is not to hospitalize clients. The department is not a for profit business.
- Figure 3: Latino/Hispanic Penetration Rates CY 2017-19. The Latino population has high penetration rates. Overall, the rates are generally high. There is a jump in the data in CY 2018-19, unsure what the reason may be.
  - Maria asked if our ACB data was lower because we serve non-Medi-Cal beneficiaries in our county as well. EQRO only looks at Medi-Cal claims.
    - Alan that while other counties have taken a stance to only serve the most severe cases or crisis clients without Medi-Cal, this county has taken the position to serve all residents whether they possess a Medi-Cal card or not. A lot of the reported capacity becomes diluted by non-Medi-Cal beneficiaries.
  - Maria added that another reason our ACB is affected may be because we are discharging clients from the hospital as soon as they are stable.
- Table 4: Psychiatric Inpatient Utilization. The table provides a three-year summary (CY 2017-19) of MHP psychiatric inpatient utilization including beneficiary count, admission count, approved claims, and length of stay. Based on the table, inpatient numbers are traditionally low for our county. The statewide average for LOS is higher than San Benito County. Although we do not have many, hospitalizations are very expensive.
  - Based on data from previous calendar years and EQRO data from CY 2020, it does not appear that COVID had a large impact on psychiatric inpatient hospitalizations. Plan to share most recent data at a future board meeting.
- Figure 9: 7-Day Post Psychiatric Inpatient Follow-up CY 2018-19. This data shows how quickly clients are being seen after they leave the hospital. One of the reasons there may be lower numbers is because the individual leaving the hospital was not already enrolled in services and is not interested in enrolling. New clients may not want to follow up with services. The individual may not have a follow up, but it is a benchmark measured by EQRO to wrap with outpatient services.

Data shows that regarding 7-day follow up, MHP is at 40-55% the state is ranging 53-57%. Rehospitalization at the 7-day follow up is at 0% for the MHP while the state is at 12%. Alan clarified that the client determines if when they will follow up with outpatient services so the 7 versus 30-day follow up is dependent on the client.

- Figure 10: 30-Day Post Psychiatric Inpatient Follow-up CY 2018-19. Rates for follow up range 72-83% for MHP and 67-70% for the state. Rehospitalization is at 5% for the MHP and 19% for statewide. Follow up looks about the same at the 30-day benchmark. Alan noted that the recidivism rate is higher for those that did not follow up until 30-days post inpatient. There appears to be a connection with how quickly services are linked following their inpatient episode. Maria added that the longer the client is out of the hospital before following up could also affect their willingness to take their medications and follow guidance from the inpatient psychiatric hospital. Margie agreed that the 7-day follow up seems to make a large difference.
  - Supervisor Tiffany asked what SBCBH's follow up process is following discharge from psychiatric inpatient. Maria reported that beginning on day one a case manager is assigned to coordinate with the hospital, family, etc. for beginning stages of discharge planning. They are also in contact with the hospital to ensure the length of stay is appropriate. Once the individual is ready to come home, the CM can either provide transport for the client or coordinate to have family pick them up. By the time they are discharged, they already have an appointment with SBCBH scheduled to provide support and linkage. Once they complete intake appointment, they are opened to FSP (Full-Service Partnership) with 24/7 services. Services include establishing a treatment plan and staying on medications prescribed from inpatient.
  - Nancy added that the role of the CM is make sure the client is linked successfully. All inpatient clients are FSP for more intensive care. With quality wrap around care, most clients do attend their linkage appointments. Maria added that transportation is provided to clients. Rachel informed the board that the process that the SBCBH case managers have been going by for years has recently become a practice across the state.
  - Supervisor Tiffany asked a follow up question, asking who makes the decision to ultimately hospitalize an individual. Alan answered that the 5150 form is most often written by law enforcement. When encountering an individual in the field, law enforcement must determine if it is a law issue or a mental health issue. A 5150 is essentially an application to have the individual assessed. The individual is transported to the hospital to gain medical clearance for two reasons, the first is that a psychiatric hospital will not accept a patient that has not passed a physical examination, secondly, they need to determine that there is not another factor causing the episode. SBCBH clinician is contacted once the client is medically cleared to conduct an evaluation that will hopefully avoid hospitalization. If a client cannot be safely planned out of the ER, then the clinician begins pursuing placement at a psychiatric hospital.
- Data was submitted from the San Benito County Coroner's office for suicide rates from 2015 to 2020. Based on the data reported it does not appear that the COVID pandemic had an affect on the rates of suicide in the county. Alan stated that suicide rates are low for the

county. The coroner also included data around drug overdoses for 2015 to 2020. There is concern that the accidental drug overdose rates are increasing due to Fentanyl and the youth. Members of the board would like to see a breakdown of age for the data to see if there is an identifiable trend among the younger population. Margie and Pam would like to see more demographic data to get more of an idea of which population is the most affected.

- Supervisor Tiffany agreed with previous statements that people are now able to order drugs online and do not know what they are receiving. He shared an anecdote of a college student having an accidental overdose after ordering drugs online.
  - Margie added that as parents, staff, community members we can be instrumental in knowing the signs and helping to prevent these OD's.
  - Grizelle will follow up with the coroner's office to get more information. She added that the SBC Coroner contracts with Santa Clara County Medical Examiner. There is a viewable dashboard on the Santa Clara County site, but it does link the San Benito data with theirs. At first glance she does not believe these are youth overdoses. Grizelle reminded the board that SBCBH has a Substance Use Counselor that works primarily with the youth and prevention.
  - Rosa added that there are challenges with talking to the youth about substance use because the parents may refuse access to the individual. Youth need to be able to talk or discuss with the parent or guardian. Margie added that most schools require parent approval to allow individual to attend discussion.
- Referring to the data around psychiatric inpatient utilization, Pam commented that when the EQRO refers to the utilization they do not likely mean Hazel Hawkins, but an individual transferred to a psychiatric inpatient hospital. Rachel replied that roughly 75-80% of the individuals that go to HHH are safety planned out. The clinician determines who can be safety planned out or who needs to be placed in an inpatient facility. Alan reiterated that the mission is the least restrictive setting as possible. Rachel added that we have between 500-600 crisis evaluations conducted at the ER on an annual basis.
  - Alan said that data from EQRO helps keep the department informed and can shape policies and fiscal decisions. Looking at the data it raises concern that if we can safety plan so many did a 5150 need to be written at all. This led to the creation of the S.A.F.E. team with the Hollister Police Department to reduce 5150s.
- b. Alan began this section by speaking about the innovation project. The innovation project is a component of MHSA that guides county departments to create innovative programs and pilot under MHSA funding for 3-5 years then departments must find a way to sustain the project on their own. This led to the creation of the BH-DRC 3 years ago. The court was not initially interested in creating another specialized court due to needing more staffing. With the use of innovation funds, the department was able to fund half of a position for a court clerk. SBC Probation also requested assistance with staffing for the BH-DRC, further innovation funds were used to fund half of a probation officer position.
- Maria continued providing updates:
  - **BH-DRC:** The judge has been complimentary of the program in SBC, as compared to Santa Clara County. There is praise for knowledge and involvement with the clients. The program is doing well. A preliminary meeting was recently held with the Hollister Police Department who are interested in becoming involved. The meeting discussed the logistics behind becoming a part of the referral process. The HPD has been a good partner with the S.A.F.E. team so it could prove to be a good partnership with the BH-DRC. The program continues to have graduates, the usual run of the program is 12-18 months.

- **PATHS:** There was an interruption in service when the schools hired their own therapists. They have been able to reestablish the relationship with most of the schools. Maria has been in constant contact with the social/emotional support team at the school sites. A lot of referrals have been coming in from the schools since they have limited sessions and caseloads on their sites. Working on reeducating the school staff in terms of what SBCBH staff can provide as services.
- c. Nancy reported on the S.A.F.E. team:
  - Continue to partner with the HPD. Continue to respond to calls in the field. Completing a lot of safety plans in the community and link to outpatient mental health services. Conducting walk and talks with the harder to reach clients in the community. Walk and talks will continue monthly.

### **13) QUALITY IMPROVEMENT: (QI Managers)**

- a. Rumi provided updates from the EQRO held on February 23<sup>rd</sup>:
  - The reported data and numbers are similar to previous years. Positive feedback thus far. There was good feedback from consumers and SBCBH staff.
  - Report will be returned within 25-30 days. Will have information from EQRO to report to the Board hopefully by the next meeting.

### **14) UPDATES SUBSTANCE USE DISORDERS SERVICES (by Elizabeth Lopez)**

- a. Elizabeth was not in attendance.
- b. Rachel updated that the SUDs team is hiring for additional counselors. Continuing to work on prevention program planning. Grizelle added that there have been efforts to get creative because of challenges around COVID but they continue to work on planning. There have also been obstacles with utilizing the SABG prevention funding due to the county's Auditor's office policies. Grizelle has been working with the Auditors to try and resolve some of the issues. Hope to update language in the contracts to be able to better target prevention among the youth population in the county.

### **15) RECRUITMENT AND NEW HIRE PERSONNEL UPDATES:**

- a. Rachel provided a quick update on recruitment:
  - MH Clinician – a new clinician is scheduled to begin with SBCBH in March.
  - Case Managers – Nancy and Maria have been conducting interviews
  - SUDs Counselors – positions still open
  - QI Supervisors - positions still open
  - BH Clinical Supervisors - positions still open
  - Office Assistants - positions still open
  - Accountant - position still open

### **16) CLOSED SESSION:**

- a. The meeting moved to Closed Session at 1:23pm

**Board Members have scheduled their next meeting at SBCBH on Thursday, March 17, 2022, at 12:00 pm at 1131 Community Parkway and via Zoom.**

Dates for future meetings are scheduled for the (3<sup>rd</sup>) third Thursday of every month at 12:00 pm. to 1:30 pm. No meeting is scheduled for the month of August, and the November and December meetings are combined as a holiday potluck luncheon meeting scheduled in December.

ANY MEETING DATE MAY BE SUBJECT TO CHANGE UPON BEHAVIORAL HEALTH BOARD APPROVAL.

**ADJOURNMENT at 2:10 p.m.**

CC: Alan Yamamoto, Director