Tuolumne County Behavioral Health Advisory Board (BHAB)
(Minutes of the meeting of October 5, 2022)
DRAFT

2022 BHAB Membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jaron Brandon - BOS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Anaiah Kirk – BOS Alt	E	E	E	E	E	E	E	E	E	E		
Mary Anne Schmidt, Chairperson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sherry Bradley, Vice-Chairperson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Heather Farris, Secretary	✓	✓	E	✓	✓	✓	✓	✓	✓	✓		
Cynthia Halman	✓	✓	E	✓	✓	✓	E	✓	✓	E		
Elizabeth Marum	✓	✓	✓	✓	E	✓	✓	✓	E	✓		
Emily Valentine	E	✓	✓	✓	E	✓	E	✓	A	A		
Jenn Salazar	✓	✓	✓	✓	✓	✓	✓	✓	E	✓		
Marjorie Langdon	A	✓	✓	E	✓	✓	E	✓	A	✓		
Maureen Woods	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Susie DeMassey	✓	E	✓	E	✓	E	✓	E	✓	✓		
Valerie Shuemake	E	✓	E	E	A	✓	✓	E	✓	E		

Present = ✓ Absent = A Excused = E **12 MHAB Members, 1 BOS Alternate**

Tuolumne County Staff in Attendance
Rebecca Espino, Director – Health & Human Services Agency
Tami Mariscal, Director – Behavioral Health Department
Brock Kolby, Deputy Director – Behavioral Health Department
Lindsey Lujan, Agency Manager – Behavioral Health Department
Jenn Guhl, MHSA Agency Manager – Behavioral Health Department
Pandora Armbruster, Administrative Assistant – Behavioral Health Department
Others in Attendance
Terri Alford – Mental Health Coordinator, Tuolumne County Superintendent of Schools

I. CALL TO ORDER

- Behavioral Health Advisory Board Chairperson, Mary Anne Schmidt, announced to attendees that the meeting was being recorded.

  The meeting was called to order at 4:02 pm. Eight of the twelve members were present and accounted for at the time of roll call to complete a quorum for the Board. Behavioral Health Advisory Board members introduced themselves as roll call was taken. Those present were Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Heather Farris, Jenn Salazar, Marjorie Langdon, Maureen Woods, and Susie DeMassey. Cynthia Halman, Elizabeth

Marum, Emily Valentine, and Valerie Shuemake were not in attendance at the time of roll call.

- The September 7, 2022, Findings Resolution for AB 361 indicating that the Behavioral Health Advisory Board would be meeting virtually only for the October 5, 2022, meeting was incorporated into the meeting record.
- A motion was made by Jaron Brandon and seconded by Marjorie Langdon to make the November 2, 2022, Behavioral Health Advisory Board meeting available for virtual attendance per AB 361 and through #2 of the associated Findings. The motion passed. (Ayes: 7 – Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Heather Farris, Marjorie Langdon, Maureen Woods, and Susie DeMassey. Nays: 1 – Jenn Salazar Abstentions: 0 Members Absent: 5 – Cynthia Halman, Elizabeth Marum, Emily Valentine, and Valerie Shuemake)

  As a result of this determination, the November 2, 2022, Behavioral Health Advisory Board meeting will be available through virtual attendance only, per the County Administrator's recommendation to allow in-person or virtual meetings, and not through a combination of both.

II. INTRODUCTIONS

Introductions were made by Tuolumne County staff in attendance, as follows: Rebecca Espino – Director, Health and Human Services Agency, Tami Mariscal – Director, Behavioral Health Department, Brock Kolby - Deputy Director, Behavioral Health Department, Lindsey Lujan - Agency Manager, Jenn Guhl – MHSA Agency Manager, and Pandora Armbruster – Administrative Assistant. Terri Alford – Mental Health Coordinator, Tuolumne County Superintendent of Schools was also present.

III. AGENDA REVIEW PERIOD

There were no suggested changes to the order of agenda items**.**

IV. CORRESPONDENCE

No correspondence was reported.

*** Elizabeth Marum arrived at the meeting.

V. APPROVAL OF MINUTES

Mary Anne Schmidt pointed out a correction to the members of the Application and Interview Committee Ad Hoc. Members should have been noted as Jaron Brandon and Mary Anne Schmidt.

Heather Farris moved to approve the September 7, 2022, Behavioral Health Advisory Board Meeting Minutes with the noted correction. Sherry Bradley seconded. Motion passed.

(Ayes: 7 – Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Heather Farris, Jenn Salazar, Maureen Woods, and Susie DeMassey. Nays: 0 Abstentions: 2 – Elizabeth Marum and Marjorie Langdon. Members Absent: 3 – Cynthia Halman, Emily Valentine, and Valerie Shuemake.)

VI. PUBLIC COMMENT:

Members of the public may be heard on any item not on the Board's Agenda. A person addressing the Board will be limited to **three minutes**. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.

No public comments were received.

VII. NEW BUSINESS & ACTIONS

A. UPDATE ON BYLAWS – Supervisor Jaron Brandon, Tuolumne County Board of Supervisors

Supervisor Brandon updated the group on a recent meeting with Tami Mariscal, Behavioral Health Director, Chris Schmidt, County Counsel, Mary Anne Schmidt, Behavioral Health Advisory Board Chair, Pandora Armbruster, Administrative Support, and himself about the status of the draft BHAB Bylaws.

Director Mariscal shared that she had recently been informed by Chris Schmidt that his focus had been directed elsewhere due to pending litigation that recently came across his desk. He anticipated at least a four-week delay before being able to move them forward.

Jaron shared that the direction of the meeting was to focus on the key issues in the Bylaws that needed to be addressed. Mary Anne relayed that Chris Schmidt wanted to start over with a new template for the Bylaws. She sent him a template acquired from California Behavioral Health Board and Commissions (CALBHBC) to be utilized for that purpose.

B. DEVELOP PLAN FOR SITE VISITS – Mary Anne Schmidt, Behavioral Health Advisory Board Chair

As a result of recent conversations during BHAB meetings regarding the role of the BHAB to conduct site visits, Mary Anne created an Ad-Hoc Committee to develop a site visit plan for the next six months. Sherry Bradley was identified to take a lead role on this Ad Hoc Committee. Elizabeth Marum and Jenn Salazar declared their interest in also participating in this Ad Hoc.

C. ANNUAL REPORT TO THE BOARD OF SUPERVISORS – Mary Anne Schmidt, Behavioral Health Advisory Board Chair

Mary Anne informed the group that the Secretary, Heather Farris, would be keeping track of the Board's activities and accomplishments over the course of the next six months. In July of 2023, an Ad hoc Committee will be established to create a draft Annual Report. The draft will be reviewed at the August meeting for approval to be presented to the Board of Supervisors.

D. CALL A MEETING OF THE EXECUTIVE BOARD TO REVIEW BOARD GOALS IDENTIFIED AT THE BEHAVIORAL HEALTH ADVISORY BOARD RETREAT – Mary Anne Schmidt, Behavioral Health Advisory Board Chair

Mary Anne Schmidt will be calling a meeting of the Executive Committee (consisting of the Chair, Vice Chair and Secretary) to review and discuss the

goals identified at the future BHAB Retreat. This virtual meeting will be tentatively scheduled for Saturday, October 29, 2022, at 10:00 am. This public meeting will be posted and agendized. The BHAB would like to take their own minutes at this meeting.

The group discussed the logistics of this tentative Executive Committee Meeting, and the possibility of necessary County Staff support to manage meeting records and the virtual meeting platform. County Counsel will be consulted regarding this proposed committee meeting and any county permissions and Brown Act requirements that may need to be met.

VIII. AD HOC COMMITTEE REPORTS & ACTION

A. DATA NOTEBOOK - Sherry Bradley, Behavioral Health Advisory Board Vice-Chair

Sherry presented the remaining questions to members for their final feedback, review, and approval for submission of the 2022 Data Notebook to the California Behavioral Health Planning Council (CBHPC).

Heather Farris, Behavioral Health Advisory Board Secretary, made a motion to approve the 2022 Data Notebook for submission to CBHPC. Maureen Woods seconded the motion. Motion passed. (Ayes: 9 – Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Heather Farris, Elizabeth Marum, Jenn Salazar, Marjorie Langdon, Maureen Woods, and Susie DeMassey. Nays: 0 Abstentions: 0 Members Absent: 3 – Cynthia Halman, Emily Valentine, and Valerie Shuemake.)

B. BOARD MEMBER RECRUITMENT& MEMBERSHIP – Heather Farris, Ad hoc Chair

1. Update on the Orientation Plan for New Members – In the interest of time, this item was postponed until the November meeting.
2. Behavioral Health Advisory Board Members Application for Reappointment – Jenn Salazar

   A motion was made by Heather Farris and seconded by Marjorie Langdon to move Jenn Salazar's application forward to the Board of Supervisors for approval of reappointment to a new term. (Ayes: 9 – Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Heather Farris, Elizabeth Marum, Jenn Salazar, Marjorie Langdon, Maureen Woods, and Susie DeMassey. Nays: 0 Abstentions: 0 Members Absent: 3 – Cynthia Halman, Emily Valentine, and Valerie Shuemake.)

C. INTERVIEW NEW CANDIDATES FOR THE BEHAVIORAL HEALTH ADVISORY BOARD – Jaron Brandon, Tuolumne County Board of Supervisor District 5, and Mary Anne Schmidt, BHAB Chair

Mary Anne Schmidt shared that she and Jaron Brandon interviewed recent candidate Alejandro Abarca and suggested that he attend upcoming Advisory Board meetings to meet other members and learn more about the meetings. Since that interview, Mary Anne received a call from Mr. Abarca withdrawing his application due to a conflict with the

timing of the monthly scheduled meetings. Mr. Abarca suggested that the time of the monthly meetings be changed to accommodate the public and working people.

There is another applicant, Kim Souza, whose application is currently pending. Mary Anne will speak with her to determine next steps and if appropriate schedule time to interview her with Supervisor Brandon.

IX. REPORTS

A. SUPERVISOR'S REPORT

Supervisor Brandon shared information on Board of Supervisors items regarding the approval of a Behavioral Health Department contract for acute tele-psychiatric services.

The Rural County Conference has been completed. Care Court is coming up. Tuolumne County is one of the counties that have opted into that.

The California State Association of Counties (CSAC) Conference is coming up. This is an important opportunity for counties to meet and discuss universal issues and legislation.

B. DIRECTOR'S REPORT

Tami Mariscal provided additional information on the department's participation in implementing the Care Court process. She described the process, participant requirements, implementation, and potential challenges (treatment, funding, housing) associated with implementation.

Mary Anne Schmidt interrupted the Director's Report to allow time for Dr. Brock Kolby's scheduled presentation on Mental Health Facilities.

***Susie DeMassey left the meeting at 5:30 pm.

The following items were tabled until next month's regularly scheduled meeting:

C. BEHAVIORAL HEALTH ADVISORY BOARD CHAIR REPORT

D. BOARD MEMBER REPORTS/ANNOUNCEMENTS

X. SUGGESTIONS FOR NEXT MONTH'S AGENDA

Tabled until November Meeting.

XI. PUBLIC SPEAKER

Dr. Brock Kolby- Deputy Director, Tuolumne County Behavioral Health, provided a PowerPoint Presentation on Mental Health Treatment Facilities.

A copy of his PowerPoint presentation will be provided within these minutes. (See attachment)

XII. ADJOURNMENT

The October 5, 2022, Behavioral Health Advisory Board meeting was adjourned at 6:10 pm.

The next Tuolumne County Behavioral Health Advisory Board meeting is scheduled for November 2, 2022, at 4:00 pm via videoconference through Zoom and teleconference only. Meeting information will be posted on the November 2022 Agenda.

TUOLUMNE CO. BEHAVIORAL HEALTH

RECOVERY PLACEMENTS

Dr. Brock Kolby, Ed.D.
Licensed Professional Clinical Counselor (LPCC)
October, 2022

AGENDA

When Placements are Needed,
History of Institutionalization and the LPS Act

Least Restrictive Environment

Mental Health Recovery Facilities

Substance Use Recovery Facilities

Costs, Funding, and Contracted Placements

Summary

Rationale for Treatment Facilities

- When a person with mental health or substance use treatment issue needs additional support to live in the community, then placement in a treatment facility may be needed.
- Placements provide a level of support that enables a person to succeed while they pursue their recovery goals.
- Placements may be short-term such as 1 month or less, or long-term such as a year or more.
- Placements are temporary in nature where treatment and supportive services are provided until a person can move into the community or into the least restrictive environment.
- Placements are not for purposes of legal reasons to “lock” people up twho the community may find problematic or because of criminal justice reasons.

History of Institutionalization

- In the 20th century in Mental Health care in the United States, people were often locked up against their will and lost their civil rights due to their mental illnesses.
- People had little to no rights when locked up against their will. They were committed to large institutions where the psychiatrist or medical staff determined if they could leave or not.
- At times, this system was abused by family members who had financial reasons to lock up mentally ill relatives to take control of their houses, finances, or to hide a social problem. No system of appeal for this commitment was available for people for many years.
- People became aware that inhumane conditions existed in large institutions. Barbaric treatment were often used such as lobotomy, hydrotherapy, electroconvulsive therapy (ECT), and insulin shock therapy into the 1960's.
- The impersonal nature of institutions and dehumanizing aspect of institutional care were hallmarks of these approaches to mental health care.

Lanterman-Petris-Short Act (LPS)

- Consequently, human rights advocates came together in the 1960s to address the concerns of abuse and poor care for people with mental illnesses in these facilities.
- In 1967, the California legislature passed the Lanterman-Petris-Short Act to address these abuses and problems.
- The LPS Act was primarily designed to protect people's civil rights with appeal processes and protections for people.
- Hence, the "5150" code of this act came to represent an involuntary psychiatric hospitalization.

LEAST RESTRICTIVE ENVIRONMENT

1. A guiding principle of placement is always trying to help people live in the least restrictive environment for their treatment needs.
2. If a person is in a psychiatric hospital, when can they return to the community and their residence? The average stay in a psychiatric hospital is 5-7 days. It is a short-term intervention to stabilize a person on medication and provide a safe environment for them.
3. For people who are on LPS conservatorship, they may be in placement for the time needed for their mental health recovery. For locked facilities such as Mental Health Rehabilitation Centers (MHRC & IMD), they may receive treatment for an average of 3 months to 1 year, sometimes longer, until they can move to an unlocked board-and-care home.
4. Some people require longer-term care in a board-and-care home, a Residential Care Home for the Elderly (RCFE), permanent supportive housing, or other long-term residential living situations.

TYPES OF MENTAL HEALTH PLACEMENTS

- State Hospitalization (very rare, primarily forensic)
- Inpatient Psychiatric Hospitalization
- Mental Health Rehabilitation Centers (MHRC) and Institutes for Mental Disorders (IMD): locked longer-term residential treatment facilities and client must be on LPS conservatorship
- Board-and-Care homes (Adult Residential Facilities [ARF])
- Residential Care Home for the Elderly (RCFE)
- Supportive Living (e.g., in Tuolumne Co., Cabrini and Washington St. Houses)
- Independent Living in the Community

SUBSTANCE USE RECOVERY FACILITIES

- Residential Drug/Alcohol Treatment Facilities

  (usually 30-90 day programs)

  - Adults (co-ed)
  - Perinatal for women and/or their infants/children
  - Adolescent
- Clean and Sober Living Homes

COSTS OF PLACEMENT

- Costs vary greatly depending upon the treatment program provided
- Typically, placements that are more restrictive cost more than less restrictive ones
- The order of costs are from the highest costs at Acute Psychiatric Hospital, State Hospitalization, then IMD/MHRC, RCFE, residential drug/alcohol programs, board-and-care homes, and then last supportive living.
- For example, a psychiatric hospital may cost from $1,800 to $2,500/day.
- State Hospitalization is around $600/day.
- IMD/MHRC range from $300-$400/day on average, or as high for a special treatment program as $800/day.
- Residential drug/alcohol treatment varies from over $1,000/mo. to $3,000/mo. For adolescents, the cost is $7,000-$12,000/mo.
- Board-and-Care homes: paid in part by the client's SSI income at about $1000/mo., but then supplemental costs can be billed for additional services that raise the total costs to $3,000-$4,000/mo.

FUNDING FOR PLACEMENTS

- Residential placement costs are not a billable service under Medi-Cal insurance.
- Placements for LPS conserved clients are paid by Behavioral Health.
- Behavioral Health Realignment funds the costs of hospitalizations and placements for Medi-Cal beneficiaries.
- The Behavioral Health is responsible for these costs even if they exceed the amount of money given by the State under Realignment.
- At the most expensive placements, one child placement currently costs BH approximately $1/3 million per year.
- One adult placement, until recently, cost BH about $250,000/year.
- Consequently, placement costs must be managed to provide for adequate, highly needed care while still managing the fiscal costs.

Contracted Placements

Placement	Type of Facility	Maximum Contracted Amount / Fiscal Year
Davis Guest Home	Board and Care Home	$140,000
Mar-Ric Care Home	Board and Care Home	$125,000
Merced Behavioral	Institute for Mental Disorders	$300,000
Optimum Senior Care	Residential Care Facility for Elderly	$55,000
St. Francis Guest Home	Board and Care Home	$45,000
StarView Adolescent	Short Term Residential Treatment Program (children)	$500,000
Changing Echoes	Residential Drug Alcohol Facility	$25,000
California Psychiatric Transitions	Mental Health Rehabilitation Center	$300,000
Creative Alternatives	Short Term Residential Treatment Program (children)	$50,000
Crestwood	Mental Health Rehabilitation Center	$562,500
Ever Well	Residential Care Facility for Elderly	$150,000
Modesto Residential Living Center	Board and Care Home	$60,000
Summit View	Short Term Residential Treatment Program (children)	$50,000
Nirvana	Residential Drug Alcohol Facility	$55,000
Social Models Advocate, Inc.	Residential Drug Alcohol Facility Perinatal	$20,000
Adventist Health St Helena & Vallejo	Psychiatric Hospital	$300,000
Doctors Medical Center	Psychiatric Hospital	$300,000
Sierra Vista BHC	Psychiatric Hospital	$300,000

SUMMARY

In order to support clients in their mental health and substance use recovery, they may require a higher level-of-care facility to meet their treatment needs.

Ideally, treatment facilities are short-term in nature and follow the principle of Least Restrictive Environment.

For longer-term care needs, a small number of client may take advantage of residential placements to meet their needs.

For substance use recovery, client may enter into short-term residential treatment programs to learn how to achieve sobriety from the substances or alcohol use issues they struggle with.

Patient rights have been enacted into law under the LPS Act to protect clients from indefinite placement in a locked facility and to allow them a voice in determining their placement.

QUESTIONS AND ANSWERS

THANK YOU FOR YOUR TIME!