MINUTES
REGULAR MEETING OF THE
MENTAL HEALTH COMMISSION
OCTOBER 10, 2017 – 3:30 P.M.

The Mental Health Commission met in a regular meeting on Tuesday, October 10, 2017 at 3:35 p.m. in the Administration Building, 1717 N. Indian Hill Blvd. # B, Claremont, California.

CALL TO ORDER Chair Watson called the meeting to order at 3:35 p.m.

ROLL CALL A visual roll call was taken.

PRESENT: Toni L. Watson, Chair
Donald R. Perez, Vice-Chair
Arny Bloom
Cheryl Berezny
Anne Henderson (arrived at 3:37 p.m.)
Alfonso "Al" Villanueva
Davetta Williams

ABSENT: Rubio R. Gonzalez
Twila L. Stephens
Elmer Vidaña

STAFF: Toni Navarro, Executive Director
Rimmi Hundal, Director of MHSA and Ethnic Services
Debbie Johnson, Child/Family Services Program Manager
Mica Olmos, JPA Administrator/Clerk

I. APPROVAL OF MINUTES FROM THE SEPTEMBER 12, 2017 MENTAL HEALTH COMMISSION MEETING

Commissioner Bloom moved, and Commissioner Berezny seconded, to approve the Minutes of September 12, 2017. The motion was carried by the following vote: AYES: Commissioners Berezny, Bloom, and Williams; and Vice-Chair Perez. NOES: None. ABSTAIN: Commissioner Villanueva; and Chair Watson. ABSENT: Commissioners Gonzalez, Henderson, Stephens, and Vidaña.

II. PRESENTATION

AN OVERVIEW OF TRI-CITY'S NEW SHARED CORE PRACTICE MODEL: CARES (CASE MANAGEMENT AND REHABILITATION ENHANCEMENT SERVICES)

Executive Director Navarro introduced Debbie Johnson, Child/Family Services Program Manager, who will discuss a new type of service that is being offered, not much different than FSP services that Tri-City already provides; however, it is more intensive, strategic and targeted to a specific population.

At 3:37 p.m., Commissioner Anne Henderson arrived at the meeting.

Executive Director Navarro stated that State law mandates that all specialty mental health providers in California develop and implement a Share Core Practice Model service; therefore, the presentation will explain what Tri-City has done to comply with this mandate.

Debbie Johnson, Child/Family Services Program Manager, stated that in 2002 a lawsuit was filed, *Katie A. et al. v. Bonta et al.,* which turned in to class action lawsuit seeking declaratory and injunctive relief on behalf of a class of children in California who were in the foster care system, who were at risk of being placed in multiple homes, and who also had a mental health illness and in need of mental health services, because they were not being provided adequate care. In 2011, a settlement agreement was reached and as part of this agreement, the California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) agreed to perform a number of actions, including the development and distribution of the *Share Core Practice Model.* She indicated that since the DHCS includes all mental health providers, Tri-City is also accountable and responsible for incorporating the share core practice model when working with all children, youth and families. She then explained that the Share Core Practice Model is the practice of better integrating services and supports for children, youth, families with the purpose to have better coordination between the two departments to identify and address the needs of children with mental illness; to ensure appropriate DMH documentation (assessments); for DCFS and DMH to consult, provide cross system training, and develop a task force to implement the share core practice model.

Executive Director Navarro added that this also applies to schools and probation departments.

Child/Family Services Program Manager Johnson then discussed the eight core Values and Guiding Principles of the Share Core Practice model: 1) Child Protection & Safety; 2) Permanence: Lifelong, Loving, Families; 3) Strengthening Child & Family Well-Being and Self Sufficiency: 4) Child Focused Practice; 5) Family-Centered Practice; 6) Community-Based Partnerships; 7) Cultural Competency; and 8) Promising Practice and Continuous Learning. She pointed out that these core values are very similar to those already established by Tri-City which made the transition easier; and explained each core value and compared to those of Tri-City: Client-Driven; Family Focused; Strength-Based; Culturally-Competent; Research-Informed; Accessible; Collaborative; Responsible; Accountable; and Respectful. She also noted that some of the values are tailored more for Department of Child & Services and others for Mental Health; however, the majority applies to both departments and both departments are aware of these guiding principles.

Executive Director Navarro added that this practice model is also designed for foster families not just traditional families, pointing out that even though Tri-City does not serve specialized foster care clients, Tri-City serves foster children that are in kinship care or other type of foster care that it is not specialized, and this new mandate applies to them as well.

Child/Family Services Program Manager Johnson discussed the model in action including how families are engaged; how teaming is done which includes inviting everyone who is involved in the child's life to participate in the process of conducting an assessment; as well as the planning to meet individual's need, including intervention if necessary to decrease risk, to provide safety and heal trauma; and tracking, adapting and transitioning.

She then explained that the LA County is implementing the Share Core Practice Model through Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS); and reported that ICC is a targeted case management service and IHBS are mental health rehabilitation services aimed to help the child function in the home/community.

Commissioner Berezny inquired if accountability was built into the model. Executive Director Navarro stated that the Los Angeles (LA) County audits Tri-City to ensure that it meets the State's standards; therefore, Tri-City had adopted the same Share Core Practice Model that the LA County had implemented in order for them to read the same requirements and assessment codes which facilitates the audit and holds Tri-City accountable.

Child/Family Services Program Manager Johnson reported that to ensure that services are offered to all consumers, and not just those in the foster care system, the target population for ICC and IHBS is anyone under the age of 21, are eligible for Medi-Cal, and meet medical necessity criteria for specialty mental health services. Executive Director Navarro added that this is basically bringing Full Service Partnerships (FSP) to the outpatient treatment clinic which Tri-City funds through 1991 Realignment. Child/Family Services Program Manager Johnson then discussed the exhaustive eligibility criteria that allow consumers to be eligible for services. Executive Director Navarro commented that this exhaustive list was created for data gathering.

Child/Family Services Program Manager Johnson stated that Tri-City will implement these mandates from the state and county through Case Management And Rehabilitation Enhancement Services (CARES) which is Tri-City's version of the Share Core Practice Model; explained that CARES was developed through the collaboration between the Best Practices Manager, CFS Manager, Clinical Director and Adult Services Manager; and noted that when discussing the implementation of the Share Core Practice Model, it was determined that there would be some changes in how services were going to be documented to demonstrate accountability for developing and implementing this plan.

Executive Director Navarro explained that the criteria will serve two purposes: one, to track data and to ensure that Tri-City is servicing the moderate-to-severe specialty mental health population. She reported that when the Medi-Cal Managed Care changed under the Affordable Care Act, managed care companies agreed to service those clients who have mild-to-moderate symptoms and the counties would service specialty mental health. However, the managed care systems have not developed a good system of care for children with mental health problems; therefore, the counties decided to treat all children since they will be considered specialty mental health because they are at risk within our system. Unfortunately, there are small and medium size counties, such as Tri-City, which cannot provide services to all children and have to maintain services only for the moderate-to-severe specialty mental health population because that is what its budget can handle. She noted that the guidance from the State is that Tri-City can provide service to mild-to-moderate; however, Tri-City cannot service this population because it does not have a budget similar to those of larger counties.

Child/Family Services Program Manager Johnson explained that under the CARES model, all clients below age 21 will be screened at intake and on a quarterly basis; that all clients will either receive a quarterly treatment team meeting or a child and family teaming meeting to formalize CARE services; and that rehab and intensive case management services will be provided in the field for client's with CARE services.

Discussion ensued about how children are engaged when they refuse treatment or do not wish to participate in teaming meetings; about the strategic planning and staff training in preparation to implement CARES; and about the importance of collaboration and building relationships to be able to meet and discuss the needs of the child in CARES.

Commissioner Villanueva referred to accountability, stating that if there was going to be a formalized team meeting, and inquired who will be generating the evaluation reports, if there are going to be any, and who will be reading or reviewing these reports which summarize what occurred during the team meeting. Child/Family Services Program Manager Johnson explained that there are specific forms designed to run the meeting and to have a consistent framework; pointing out that the focus of the meeting will be established by the agenda and that it can be changed only if there is an issue of safety/urgency.

Commissioner Bloom commented on how he runs parent meetings stating that agenda items are prioritized and that if the meeting runs long, any items that were not addressed get moved to the next meeting.

Executive Director Navarro stated that it takes approximately three years for a new program or service delivery to be solid and that Child/Family Services Program Manager Johnson will be invited in one year from today to provide a CARES update.

Vice-Chair Perez inquired how many clients will qualify for CARES. Child/Family Services Program Manager Johnson stated that all clients will qualify which are approximately 225 clients.

Discussion ensued about the effectiveness expected from staff to handle the same amount of clients and the implementation of CARES; as well as the planning and coordination of shared team meetings.

The Commission thanked staff for their presentation.

III. EXECUTIVE DIRECTOR REPORT

Executive Director Navarro announced that she will not be attending the Mental Health Commission meeting in November because she will be attending the Annual Strategic Planning Meeting of the California Behavioral Health Directors in northern California, stating that Rimmi Hundal, Director of MHSA and Ethnic Services, will be present in her place; and that Governing Board Vice-Chair Dr. Edina Martinez, the City of Pomona community representative, will be stepping down after 10 year of service and invited the Commission to attend the next Governing Board Meeting when she will be recognized for her service. She also reported that the Wellness Center staff attended NAMI Walks in Los Angeles and provided crosswalk safety, noting that Tri-City staff had raised over $1,600 for NAMI and for the annual holiday party for Tri-City clients; and that there is no update for Technical Assistance funds under No Place Like Home. Lastly, that she would follow up with the LACDMH regarding how the funding for the mental health piece under Measure H will be routed to Tri-City; noting that she plans to add a new staff member, with Measure H funds, as a case manager to be located at the year-round homeless shelter in Pomona who will be solely responsible to engage persons with mental health issues, who are homeless, into our system of care and be able to help them with the housing they need.

Dana Barford, MHSA Projects Manager, reported that 72 persons had participated in the first two stakeholders meetings, including 18 staff members, and 54 community members which represented 24 different communities and organizations. She also asked the Commission to refer anyone that they wished to invite to participate in the stakeholder process; and provided an update of the stakeholder process.

Executive Director Navarro announced that the Annual MHSA Public Hearing will take place on Wednesday, May 16, 2018.

COMMISSION ITEMS AND REPORTS

Chair Watson asked if anyone wanted to donate holiday microwavable mugs for the baking class that she hosts for Tri-City clients, can be brought next meeting in November. She then explained that participants will be able to take the mugs home with them.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

At 5:12 p.m., on consensus of the Mental Health Commission its meeting of October 10, 2017 was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, November 14, 2017 at 3:30 p.m. in the Administration Building, 1717 North Indian Hill Boulevard, Suite B, Claremont, California.

Micaela P. Olmos, JPA Administrator/Clerk