

	<ol style="list-style-type: none"> 1. Speculating that families are struggling with virtual school; however, summer referrals are usually down. 2. Crisis Stabilization at CHO under 12 is full, remaining the same 3. Rates since the start of March 17th pandemic rates were: <ol style="list-style-type: none"> i. March 20th 35% ii. April 30% iii. May 33% iv. June 29% down 9% 4. Early Childhood contracts have been adjusted for reduced productivity. 5. SBBH has increased – making referrals, perhaps due to Zoom misbehavior? 6. Intensive Care Coordination / IHBS intensive care coordination is a case management service that primarily engages with and helps the family by pulling all of the providers for the family into regular meetings to ensure that the services are targeted, coordinated and with respect to the families identified needs. 7. In-home base services (formerly known as Katie A) In Home Based Service is thought of as "Therapeutic Behavior Services-Lite", workers go into the home to trouble shoot issues that are getting in the way of the family working with the providers who are assigned to the case. NOTE: you cannot get IHBS without first having a trial of ICZC 8. Katie A. is the name of the youth on the lawsuit, which resulted in a mandate for the State of California to provide Intensive Care Coordination and In-Home Based Services for child welfare involved youth) 9. Full Service Partnership – Birth to 8, 8-18 Wrap d. Administrative Service Managers are now re-assigned to Outpatient Directors. Henning Schultze and Damon have been transferring data base. e. Willow Rock RFP was on hold, trying to restart for January 19, 20 & 21st. RFP includes Crisis Stabilization Unit and Psychiatric Health Facility. Asking bidding agencies to do both RFPs, resulting in cost savings and streamlining. f. ACBH released job openings for 5 Division Directors, posted on acgov.org website <ol style="list-style-type: none"> i. Outpatient Services ii. Transitional Age Youth iii. Utilization Management iv. ACCESS v. Health Equity Officer (new) g. Annual EQRO Review Virtual similar the data notebook is scheduled for Nov 3-5 	<p>out to general MHAB</p>
<p>IV. Family Response to Burnout by Tanya & Ricki Garcia</p>	<ol style="list-style-type: none"> A. Family Update on Burnout by Tanya reports families are encountering: <ol style="list-style-type: none"> a. Families are experiencing burnout on screen time b. Families don't have technical abilities c. Not enough devices in the home – the need to share d. Children going to school in shifts e. Lack of internet or WIFI f. All of the above, layered with telehealth is causing a lack of participation B. Ricki, who works with families directly reports 	

- a. Initially, there was a wave in participation then leveled off
 - b. A decrease in services, now that school has started
 - c. Zoom fatigue – many flat out refuse to show face
 - d. Parents don't have capacity to get kids online with TBS
 - e. One client is losing TBS services because of behavior regression
 - f. Behaviors have increased with SIP – feeling stress of isolation, missing friends
 - g. It's difficult without physical contact or the structure of an in-person clinician
 - h. Kids are acting out with siblings and family members
 - i. Access to technology is real, have wait for mom's cell phone after work, don't know school schedule or mom's schedule
 - j. Clinicians are seeing kids leaving their phone down and having to wait for the kid to come back
 - k. Clinicians are conducting 15-20 minutes compared to 40-50 minutes
 - l. Parents don't want to engage in Zoom, many are scared
 - m. Ricki went to a parent's house to show them how to access
 - n. Telehealth is probably not working for 80% of families**
- C. As a therapist, Damon would engage through traditional play items and therapeutic tools, but this is not working virtually with youth.
- D. Adriana reported that initially dealing with TAY youth with early psychosis, they experienced 98% responsiveness, as many were scared of pandemic. Now the screen time is too much, with significantly shorter more intense sessions. The multi-disciplinary team, similar to Wrap Around has created burnout for family and youth, dealing with so many entities.
- E. Damon getting technology has been extremely challenging. School districts and programs have received grants to supply laptops, but there remains a digital divide. There is a large amount of youth who do not have cell phones. Behavioral Health and Public Health have no plans to supply tech.
- F. **Ideas**
- a. Zoom screen shares to show
 - b. Video
 - c. Interactive drawing
 - d. Scavenger hunt in the house
 - e. Exercises
 - f. Silly dance
 - g. Making it more about games
- G. LD: Are there Webinars or efforts to train the general public on telehealth?
- a. Damon – Other than sending YouTube links to clients, there is not much educating in general, phone calls as a last resort.
 - b. Damon--Outpatient sites (5) have regular team meetings and supervisor meetings are actively working with staff about their cases, trying to provide technical assistance, as well as calling IT
 - c. Adriana – The reach is limited to those we serve. We have tried a combo of things, tutorials, texting screen shots, making sure people have a basic way of connecting. We also have a resource guide, relating to technology. The problem is many links link to other sites and clients fall into a links to a rabbit hole. 100% of clients have smart phones—need more incentives to have a cell phone

Teri will talk with Joe to have a discussion.

Tanya and Rikki will brainstorm off line how to make sure young folks of color can participate.

	<p>d. LD: The need for an informational video on BHCS website on telehealth platforms is a concrete recommendation.</p> <p>H. LD – As everyone is waiting out this pandemic, with no end in sight, we need to be aggressive in modifying a lifestyle change. Screen fatigue is a real thing, but trying to make sure our young people are supported is being set back. We need to continue this discussion for ideas to alleviate the pressure at this time.</p> <p>I. We need to flip the 80% struggling with telehealth. Need a list of recommendations</p> <p>J. Tanya – There is stress across the board. Trying to focus on self-care and getting them used to Zoom. We need to reduce the parents’ stress in the home, so they can be available to support their children both in school and telehealth.</p> <p>K. Tanya pointed out that the group hasn’t addressed the poverty level during pandemic. There is a lack of food.</p> <p>L. Returning to Normalcy</p> <p>a. Damon – as we move from purple to red, the answer isn't so much telehealth, but getting back to face to face contact-- finding outdoor spaces to meet in person to make client feel that there is some continuity with a real person. There are different learners that need real contact and feel alienated on line. Creatively troubleshoot on how to see clients, rather than excuses not to.</p> <p>b. LD—There could be a hybrid model with ventilation where in person sessions can happen, mixed with Telehealth.</p> <p>c. Adriana – most problem solving has been done by staff. Each therapist has a safety kit and a folding chair. Therapists should have a safety kit of hand sanitizer, gloves, mask, chairs. so important to bring balance</p> <p>d. Damon saw in a grocery store where gloves had been sanitized, so toys would be sanitized in the same manner</p> <p>M. Tanya would like to recommend the youth that are invited represent who we serve-- those of color, with limited services. Needs are different for those with limited resources than those who do.</p>	<p>Offline Tanya, Joe and Alanna from Boldly Me to get a diverse population of youth to speak about telehealth after a semester of distance learning.</p>
<p>V. Chair's Report by LD</p>	<p>A. Larger MHAB & JIMH update</p> <p>h. The last meeting was focused on recommendations for getting seriously the mentally ill out of Santa Rita Jail. MHAB has a list of proposals which will be going to Board of Supervisors. All jail presentations will lead to BOS presentation on October 28th surrounding recommendations to entire BOS</p> <p>i. Listened to a presentation by the Justice Involved Mental Health Task Force (24-page report). CAC is a 4-page recommendation</p> <p>j. Public comment has been closed on the MHSA input session for the 3-year plan on spending. This is an important process on how MHSA dollars are spent. Hopefully, public comment has an actual impact on policy – time will tell</p> <p>k. What is relevant-- that earlier engagement and education on young and families will avoid criminal justice in the future.</p> <p>l. It’s unknown if any program changes will result from the MHSA dollars.</p>	
<p>Meeting Time Change</p>	<p>Group agreed to change in the time of this meeting. New time will be: 12:15-1:45p on same 4th Friday of month., starting with next meeting – October 23rd</p> <p>November meeting will be moved to the 20th due to the Thanksgiving holiday. Group will decide if December meeting will be cancelled.</p>	

<p>V. Future Agenda Items</p>	<p>A. UPDATED Presentation on Children’s Services B. Children who are their own primary advocate (e.g. foster youth or youths without appropriate parental care)? C. Care facilities for youth (Fremont Hospital), Out of County Facilities D. Foster Care Issue E. Anxiety, Stress and Suicide in the TAY Population F. Ask for expansion of services similar to Union City Family Center G. Jessie Slafter will follow up on her presentation on Dependent Child / Youth and Access to MH System of Care for October meeting</p>	
<p>Public Comment on Items not on Agenda</p>	<p>Joe Rose shared that he and Alanna Powell of Boldly Me will be doing a workshop together on Tuesday, October 13th at 11a with the NAMI CA Conference. It is free, but need to register to attend https://namica.org/events/2020-annual-conference nami conference will be virtual this year on October 12-13th It is free as long as you register. Always found these conferences to be valuable Jessie will be training on boundaries.</p>	
<p>VI. Adjourn</p>	<p>Meeting Adjourned 11:37a</p>	
<p>Next Meeting</p>	<p>Friday, October 23rd at 12p via GoTo Meeting</p>	

Minutes submitted by Andrea Dacumos