



Advisory Board On Alcohol And Other Drug Problems

August 19, 2014

5:30 PM

Mental Health Administration

1137 B Street, Merced

Present:

Lori Newman, Chair; Richard Hawthorne, Vice-Chair; William Hamilton; Paula Mason

Absent:

Dr. Livermore

Others Present:

Yvonna Brown; Tabatha Haywood; Chris Kraushar; Christopher Jensen; Carol Hulsizer, Recorder

MINUTES

I. Call to Order – Lori Newman, Chair

Lori Newman called the meeting to order at 5:32 p.m.

II. Self-Introductions – Members and Guests

Lori had everyone introduce themselves.

III. Public Opportunity to Speak on Any Matter of Public Interest Within the Board's Jurisdiction Including Items on the Board's Agenda

None

IV. Approval of Minutes from June 17, 2014 (ACTION ITEM)

Action/Recommendation: M/S/C (Hamilton / Hawthorne) to approve the minutes from the June 17, 2014 meeting.

V. Approval of Agenda for August 19, 2014 (ACTION ITEM)

Action/Recommendation: Christopher Jensen asked that the agenda be changed. He asked to change the Youth 2 Youth Conference update/report to the Methamphetamine Study. M/S/C (Hamilton / Hawthorne) to approve the agenda for the August 19, 2014 meeting with the change.

**VI. Prevention Specialist Report – Christopher Jensen
a. Methamphetamine Study**

Christopher reported that they recently had to provide a progress report on all their objectives from our Prevention Plan to the State. One objective that they have not been able to work on was the objective set around methamphetamine use. They had wanted to create an on-line resource tool for community members to get education information around what meth use looks like and to encourage community's initiated response with law enforcement on intel and suspicious activities. Since the plan was written several years ago, the lab phenomenon here has slowed down a lot due to some great Federal legislation. However, meth use is still one of the primary drugs of choice by people they are seeing in treatment. Christopher passed out copies of the meth study done a few years ago. It had some great information in it. Some of the priority areas included working the police departments to do an education class on drug recognition. Another problem was the housing of these individuals – our jails are maxed out; one recommendation that we came up with was maybe using something similar to a drunk tank – where you are not detaining someone who is under the influence of alcohol for 30-40 days in jail, you are just containing the danger until they are sober. They are looking at something like this with the County Sheriff's Dept. and the jails for meth use. Christopher wanted to share this information with the Board and hopefully get some feedback or input as to what the Board might think is doable.

-Richard asked if they were successful in putting together an on-line tool. Christopher stated that it was basically duplicating what Crime Stoppers already had in place as far as the "tipping" of information. They didn't want to take away anything from Crime Stoppers. They could still do an informational website, but his unit does not have the capacity or knowledge to develop a website

-Tabatha stated that the Dept. has a resource center that anyone can access. There are services for low housing, help with PG&E, treatment resources, and some educational modules for depression, anxiety, drugs and alcohol, and PTSD. The consumers can log into the computer – it is free. We can do any type of free advertising – if we wanted to put an educational model in there, we would only

VI. Prevention Specialist Report – Christopher Jensen – con't.

have to create it. Christopher felt that the website they were envisioning was more community abroad – if someone wanted to give a tip in the middle of the night, there would be a link to a tip-line like the Narcotics Task Force and then the Task Force would follow-up.

-Richard stated that the Crime Stoppers website has the ability to add information and a module could be created that provides information on what to look for and what to do. Richard is the Executive Director of Crime Stoppers as well as the person that gets all the tips.

Action/Recommendation: Christopher would like feedback or suggestions at the next meeting.

VII. Emergency Drug Medi-Cal Regulations – Impact – Tabatha Haywood

Tabatha reported that about mid-June DHCS put out emergency regulations that came about because of all the fraud that was going on in the State about eight months ago with Drug Medi-Cal. Because the Feds are coming down on DHCS, DHCS is now coming down on the counties. Part of the repercussion of this is: 1. All DMC certified programs have to get recertified. We have started that process. 2. Beefing up the Drug Medi-Cal regulations. These were put together mid-June and gave everyone five days to respond. County Administrators and Program Managers that are involved in CADPAAC reviewed the emergency regs and put their concerns back to the State. At that point the State only made one change which was the definition of a relapse and then they went ahead forward. When they went forward, counties were not notified until after the fact that it already took effect. They went into effect July 1st. Tabatha read through the regs and came up with how it will impact us. Initially it looked like it would impact us big time because we would have to have an additional doctor to do the physical exams and have our psychiatrist, Dr. Manuel, meet with clients individually to assess for medical necessity. Two weeks ago while in Sacramento, they had a good discussion with the State about the language in the emergency regs and the fiscal impacts it will have on counties having to purchase additional doctor time and how it will bottleneck our system in trying to get people admitted into the system. They heard the concerns and are willing to change the language to allow us to continue to do what we are doing, but we have to document it. Ultimately, we will not have to buy additional doctor time. Tabatha went over the different bullet points: 1. They want to make sure that all groups rooms, and anywhere services are provided, that there are noise machines so confidentiality will not be broken; 2. They want a diagnosis on the treatment plan and they want the identified, primary counselor on the treatment plan. Anasazi has no way to put this in there. We will get around this by – on the first objective they will put “client’s current diagnosis is . . .” until we meet the requirement. 3. If the counselor is doing an assessment and referring out to somebody else, then they are also going to put that counselor’s name on the signature line for that counselor to electronically sign. 4. If someone comes into the program, they do need a physical. But it could be a physical from their primary care physician. If they don’t have one, it has to be listed in the treatment plan and it has to be in the initial treatment plan and every treatment plan thereafter until it has been completed. They have to bring in documentation of that physical which then has to be reviewed by Dr. Manuel. 5. Discharges – two new additional items have to be in the discharge plan – a description of the client’s relapse triggers and a plan to assist the client to avoid relapse when confronted with each trigger; and a support plan. They have revised the discharge summary in Anasazi already and hopefully it will go live in two weeks. Additionally with the discharge plan, the clients who are voluntary discharges – even if they are terminated at the client – they need to sign the discharge plan and be given a copy of it. The physical exams – again, they just have to have one. If they have had one within the last twelve months and still have the paperwork, they can bring this in. Dr. Manuel will review it and she will now have to notate, an informational note, on every file, saying that she has reviewed the physical exam and they are appropriate to enter services and they meet medical necessity. Tabatha continued that, in addition, on group counseling sheets (where clients sign in) the topic for that day has to be listed on the top of that group sign-in log. Tabatha has changed her sign-in sheets with the appropriate information and making sure that it is written as the topic listed within each of those client group notes. Those are the big things. They are creating a new service code that Dr. Manuel will be able to use when she is reviewing these cases and writing her notes. The discharge plan is in the works. In addition, all staff who have had clients enter from July 1 are going back and calling all their clients in revising those treatment plans and getting that physical health information into the treatment plan. These emergency regulations are effective for 180 days before they become permanent. Based on the last meeting, instead of “the doctor is to evaluate” meaning face-to-face, they are going to change that language to “the doctor is to review and concur with diagnosis” or diagnosis based on documented information – however the language will be.

Action/Recommendation: Information only

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| VIII. Executive Committee Report – Lori Newman |
| Lori had nothing new to report. She asked Richard if he had anything to report from the Mental Health Board. Richard continued that he has spoken to the new Director, Yvonna, about what the two Boards have been talking about over the last year – the blending of the two Boards. Director Brown has been reviewing the draft by-laws and has given him some revisions already for him to review. It looks like we are still on-board in regards to blending the two Boards. |
| Action/Recommendation: Information only |
| IX. Committee Reports a. Membership – Vacancies |
| No report |
| Action/Recommendation: |
| X. Alcohol and Drug Program Administrator’s Report – Yvonna Brown a. New Director Introduction |
| <p>a.The new Director, Yvonna Brown, thanked everyone for allowing her to serve as their Mental Health Director. She is looking forward to the partnership and she is looking forward to greater things happening in Merced County. She comes by the way of Atlanta. The recent article in the paper tells who she is and her beliefs, her practice, her vision and who she is as a leader. She is personable, very honest and direct. She doesn’t expect to be the subject-matter expert on everything; she realizes her staff will be that for her – giving feedback as a leader. She is committed to changing lives of people and she is placed here in Merced for a reason. She will take this assignment and move forward with her whole heart and a 110%.</p> <p>-Lori questioned the new Director if there was anything specific, until the two Boards blend, that this Board could do for her transition or help her settle in. Yvonna responded that she is trying to get her feet settled and do an assessment of what is going on, then she will be looking for a way to help support her in this transition.</p> |
| Action/Recommendation: Information only |
| XI. Other Business (Discussion Only) a. Draft By-Laws |
| <p>a.Attached to today’s agenda was a copy of the draft By-Laws on the blending of the two Boards. Richard went over the changes being looked at. He asked everyone to look at the By-Laws and changes. Let him know if there are additional changes that need to be made.</p> <p>-Concerned was raised if AOD consumers will have a place within the new Behavioral Health Board as do Mental Health consumers.</p> |
| Action/Recommendation: Information only |
| XII. Next Meeting Agenda, Date, and Location |
| Action/Recommendation: The next meeting date is scheduled for Tuesday, October 21, 2014. |
| XIII. Adjournment |
| <p>Action/Recommendation: Lastly, Tabatha reported that at the end of the year, she runs reports on AOD outcomes just to see where all her programs are and put together goals of where they need to be for the upcoming year. She went over this year’s statistics. This year they had 678 discharges and 257 graduations. That is 38% overall; the State average is about 16%. We are doing good in this area. Tabatha can run down how many jail/prison days have saved and put the cost into perspective of how much it has impacted with that person graduating – the impact on the community and the cost savings for someone going into treatment versus jail. It does make a positive impact.</p> <p>The meeting was adjourned at 6:40 p.m.</p> |

Minutes prepared by: _____
Carol Hulsizer