



Merced County Mental Health Board Meeting

February 3, 2015

3:30PM-5:00PM

1137 B Street, Merced, CA

Present:

Hub Walsh, BOS Rep; Richard Hawthorne, Chair; Iris Mojica de Tatum, Vice-Chair; Vince Ramos, Secretary; Mary Ellis; Sally Ragonut; Keng Cha; James Fuller; Kim Carter

Absent:

David Baker; Mary Hofmann

Others Present:

Curt Willems; Sharon Mendonca; Sharon Jones; Chris Kraushar, PRA; Jon Masuda; Cesar Velasquez; Jeanette Merchant; Audrey Rodarte, Recorder.

Agenda Topics

I. Call to Order/ Flag Salute/ Roll Call

Richard Hawthorne, Chair, called the meeting to order at 3:45 p.m. The flag salute was done. Roll call was taken.

II. Mission Statement

Richard read the Mission Statement.

III. Approval of Minutes from January 6, 2015

Action/Recommendation: M/S/C (Mojica de Tatum / Ragonut) to approve the minutes from January 6, 2015.

IV. Opportunity for public input. At this time any person may comment on any item which is not on the agenda.

Discussion/Conclusion:

Vince attended the Recovery Training presented by Sharon Jones on January 29th. He felt it was very informative and mentioned items that were presented and topics that were discussed. Recovery involves individual's family, community strength and responsibility. He enjoyed the training and the refresher on the purpose of Mental Health, Mental Health Board and what we are doing with the clients. He has a power point that he will give to Carol to add to next month's agenda.

Sally believes that David will no longer be a board member, leaving it at 10 members. Looking at the Bylaw's adopted by the Mental Health Board under **Membership Article 3:** Mental Health Board/ Behavioral Health Board consist of between 16 to 19 members appointed by the County Board of Supervisors. Richard replied that it says we can have up to 16. Sally said the recent copy that was just given to her stated "shall consist of" and "up to 3 at large members." She stated that they are at a point where they should probably be looking for new members. Richard agreed.

Vince asked if they can integrate with AOD members to fill some of the open spots. Richard replied 2 will when they blend the Boards. Sally stated that according to what she read, if they are anything to do with working with Mental Health in any way, they cannot be a member and are nonvoting. Richard replied that the 2 that are coming aboard do not work with MH. Sally's concerned because they had 17 about 3 years ago. Kim asked if the Board would like her to put out some flyers. Richard stated yes.

Chris K commented on the Approval of Minutes, IV. Financial Report, she recalls there was discussion regarding projected revenue, projected savings for the year and she does not see them on the minutes. There was discussion that they were looking at enhanced revenue for Medi-Cal next year, \$6 million projected at the current time. Also, they were underspending in several areas and there was a significant savings projected for this year. She requests the minutes reflect those discussions. Iris stated it can be referred to the Committee. Richard agreed and Sally added that it will be in this meetings minutes.

Action/Recommendation: As noted above.

V. Chair's Report

Laura's Law – Slideshow presented by Kurt C.:

Richard stated that Kurt would like the Board to listen to the presentation and when he is done, he will be more than happy to answer any and all questions. Keep in mind when Kurt is done and questions are asked, Richard will then ask the Board where they want to go from there.

Kurt presented a slideshow on Laura's Law (slide show attached)

Vince was wondering if all the funding in different areas was going to be a burden on MH. Kurt replied that it could be depending on what the treatment setting would be. Iris added that the client under Laura's Law would be no different than a regular client. It would be court mandated vs. coming in voluntarily and we cannot discriminate. Iris had a question on AB59, it was referred to the Committees on health and the Lieutenant Governor on Jan 22nd, and she asked if he knows how long it stays there. Kurt said he heard that they felt it was not going to pass once it went to Committees and Counties wanted to maintain their flexibility of going in or not going in. He heard from the Lieutenant Governor that this is something that should be pushed forward. It is still in Committee.

Vince asked if the passing of the Affordable Care Act would offset clinical service once a consumer has been placed into a facility, they didn't take their meds and was assessed for mental disabilities. Kurt stated that it depends on how the program is set up.

Richard asked who would make the decision to take a case before a judge to seek a court order if MC put together a LL protocol. Kurt replied that it would be MH. Richard asked if there is an individual who is in custody for a violent crime and refused to take meds, could that case be moved to a LL situation. Kurt stated that it depends on what the occurrence would be. Richard stated technically the dollars for that would come out of PROP 109 money. Kurt agreed. Richard stated that if MC adopted a LL protocol then we would be looking at individuals that have exhausted all avenues and continue to refuse then it would be up to MH to submit a court order. He asked what the court order would state. Kurt replied that the court order is very specific and will basically say that the Department is requesting assistant outpatient treatment services absent of guardianship. The court will then dictate that they participate in the local program. Richard asked if it would be civil order or court order. Kurt replied civil because it is nonviolent and is not a criminal order. As Patient's Rights they did not want it to be a criminal type setting that will follow the individual for the next 20/30/40 years.

Sally stated when you get into LL there is no leverage or consequences if the consumer still chooses not to follow with the court mandate. She was curious about the funding and stated if the County funds it there is MediCal, MHSA, private insurance and patient fees. If the State funds it there is a "bucket" and once the Big Counties use up their portion, what's to say that the Middle and Small Counties will have anything left? Kurt replied the "bucket" is not allocation based. He stated the local resource State Mandate Program says that the state agrees to participate in the cost in certain programs, based on whatever law is out there, and as funding becomes available they will ask Counties to submit their claims and will pay them as they can. Vince understood LL would fill in the gaps when people are falling through.

Chris stated with LL the situation does not have to be so severe and an individual become incarcerated. In a situation where a parent calls Law Enforcement because the child is being trouble, they pick up the individual, let them know he is court ordered into treatment and needs to go in "now" rather than later.

Curt stated LL is supposed detour from 5150 and hospitalization; instead they would be brought back to MH (CSU – Outpatient Services).

Iris asked if MHSA can pay for psych at MG. Sharon replied she thinks if they divert MHSA funds and there is a stake holder process, then no. Usually MHSA cannot pay for involuntary but they can pay for outpatient.

Iris stated that it's an internal process to track the billing for individuals vs. the voluntary ones. She questioned why we would have a LL group to track different services. Kurt stated that the only thing to worry about with LL when MHSA comes in is when the investigation and the assessment are done prior to getting a court order. He stated that one of the things he doesn't like about AB59 is that a lot of Counties don't have the services that MC provides. MC may not need LL.

Iris stated that it becomes a liability. Kurt agrees.

Chris stated that she feels it's a benefit and the way she thinks of it so its patient rights against LL. She stated rather than an individual be in a felony situation for a violent crime on a third strike, LL comes in and prevents the individual from having to spend his life in prison.

Vince stated that he feels it's beneficial if you look at the numbers. Cesar feels it's a little misleading because we think it's going to take care of the issues in the community but if someone says, "I know you're giving me a choice between meds and going to jail, but I don't want meds.", then what happens. They go to jail. Kurt stated that for our community the largest portion that will object and go to jail will be the homeless. They are already transient so they will just move to the next community. He stated it may subsequently cause more damage than good. Sally commented that LL may not be 100% success. If 5 out of 10 individuals were successful in the program, that's 5 individuals that will do less damage, less harm and be better. Richard stated he thinks staff is looking for some direction from the Board. Richard asked if the Board wants to pursue and ask staff to do the research to see what the program would cost before a recommendation is made to adopt a LL or does the Board want to table the discussion on LL. Chris asked if someone from another county that is working with the program can be brought to see how it works. Curt recommends that we look for a county similar to Merced and the services Merced has to provide already. He stated one thing to look at is whether it is better to hold off and let the state make their parameters as to what they are looking at rather than putting something in place that will not go in line with the state. Iris added once the state makes that decision then it would not be an issue because it's a mandate. Vince asked if a budget count can be set up that indicates what is covered to find out what the average cost will be for an individual. Richard replied it depends. Richard stated that he did a research and one county indicated that they had ten people in the program and spent 1.2 million dollars on the ten individuals. Iris asked how much the Turning Point contract was. Sharon stated that it was funded at about 1.2/1.3 million and services up to 70 people. Kurt added that the services are not the same. Sally stated when they originally had the committee; they brought it to the Board and stated that they wanted to go forward with LL. Richard asked if there was a motion that the Board would like to continue to research LL, look at the protocols necessary and narrow down what the estimated cost would be to run the program. Iris added that there is no estimated cost because it can run anywhere from zero to a million. M/A/C

Action/Recommendation: As noted above.

VI. Supervisor's Report

Left on emergency.

Action/Recommendation: None

VII. Director's Report

Wellness Center Discussion – Slideshow presented by Sharon J.:

A slideshow was presented with information on research that was done in regards to the Wellness Center (WC) issues. It made the Department look more closely at the internal processes as well as the individuals that are utilizing the services. A brochure was provided from CBHDA. It talks about recent publicity from Little Hoover Commission regarding fact against MHSA Dollars and what MHSA has done in the state of California. He stated that the letter that was sent to Governor Brown was online. Iris asked if the information provided can go to the Planning Council and other members on the list. Curt stated yes. Sharon J. added that there is a Pre-Outcomes Event on March 30 & 31. Flyers will be sent out. Jon stated that the Department will be evaluating the WC Programs and the impact of change on the MH Dept. and Programs. The Department will also be identifying Partnering opportunities to meet the need of SMI clients in the community. The Department has already met with Alliance (Managed Care Provider for MC) and Beacon to discuss. The Department will be aiming to improve clear processes of communication and collaboration between Primary Care Providers, Health Care and MH. Individuals will be given a MH assessment to identify if they meet the criteria for SMI to make sure it is consistent. The Department is looking to have focus groups to meet with Primary Care reps, family members and client's out in the community that may have other types of ways to pay for their services. The Department also plans on having a round table with Primary Care and Health Care providers. Once again they have already met with Central California Alliance, Golden Valley Health

Center, Castle Family Health Center, Livingston Community Health Center and Horizons Unlimited.

Curt added that there are a few thousand members of the population that MH serves and WC is one of them. The concern is if the Department starts creating a separate entity for the WC, it opens the door for a lot of other population. The Department has no control over determining whether or not certain individuals meet the criteria or without some kind of support from their physician as far as a referral. Another part of the issue was what happens if the Department gets to the point of not being able to serve the population that we are mandated to provide support to and give it to someone who has private insurance. Realistically private insurers should be working together to developing programs as well. He stated the Department looks at how they can serve the community and SMI population better. For those individuals that are on the outside of the System of Care and receiving financial support through their own insurance company, MH would come along side and try to help look at some of the ideas. Alliance liked the idea and they have a membership of around 315,000 that are in their SOC. When you look at the Mild to Moderate and the Moderate that can potentially go back and forth, and they start utilizing MH services that could be a huge number that impact the SOC.

Iris stated she noticed there was SED and SMI on the slide presentation, is the Department going to screen for Unserved and Underserved. If a person is getting fully served by the WC then that will leave that slot open. Jon replied that is something being looked at as well. Vince asked why the CUBE is counting clients once and the WC counts the clients every time they go in charging the MHSA program \$105,000 each time they go in. Community Partners have 70 people per one Case Worker. The people that go to the WC don't utilize clinical help, they go to socialize. What kind of care are they getting? They had the Outpatient Program with over 600 people, which was over capacity, and that is why the CUBE was established. There was no trouble there until 2009 when they utilized the MG policy where you had to have clinical supervision from a psychiatrist to get in. He feels it should be open to anybody that has mental illness.

Curt commented that MHSA dollars are intended and designated for the SMI and there's prevention aspects as well that the Department looks at and how to utilize it.

Vince stated according to MHSA, they look at unduplicated numbers. Sharon stated MHSA is looking at unduplicated numbers and the \$1000 is the estimated cost for the WC per person and that is quite a number of days in a year. Iris added her understanding is that the socialization in the WC is a large component for recovery.

Iris asked when the Department meets with all the different groups, are they being informed about the WC or is the Department trying to figure out how to have a collaboration with them. Curt and Jon replied that is the future planning. Sharon added that there are gaps in the community where individuals need additional groups, socialization and connection because when they go to their outpatient doctor, most of the time they don't, those type of programs or a full service partnership. The Department can't do everything but it's about community help and helping anyone that is suffering.

"All Things QI" Update:

Curt stated the Department has EQRO coming up and they are looking much better this year than what they did last year. The Department has been working with the state on PIPs that have got started and how they work. This year's EQRO is looking real positive this year at this point. Cesar added that one of the PIPs is the penetration rate into the Hispanic population.

Action/Recommendation:

VIII. Reports / Updates

Executive Committee:

Nothing to report.

QIC:

Sally provided a QIC report handout.

- PIP – Hispanic Outreach:
44 calls were made to individuals
14 could be _____
Jeanette is still looking for more people to join the Hispanic Penetration rate PIP.
- PIP – Hospital Recidivism:
People returning to MG within 7 days. "What happened that led them back to the hospital?" the Department will be

looking at specific individuals. This will be an internal staff investigation.

- A report on the consumers at the WC was provided by Ka.
- Grievances: November – 4
December – 4
Quality of Care issues.
- MH does not have an RN, per Dr. Manuel. There is only one for eight hours a week for all the clinicians.
- EQRO – February 25th and 26th
Focus groups – 1. Parents and Caregivers 2. Ethnically diverse consumers
- Access line Update – Hired another worker to cover the phones. Perry allowed one of his workers help out. Calls are sometimes transferred 3 times and then it goes to voicemail but no response.
- Automation Services – February 23rd there will be a 5 day training program to understand Anasazi for staff. It will go to QI for documentation. There will also be trainings for new employees.

IX. Announcements

Chris announced the California Association of MH Patient Rights advocate gives their annual awards every year for different categories. They decided to award the Provider of the Year to the Program Director of Turning Point, Vong Chang. Keng mentioned the annual report and the only thing that had changed was the annual dues. They decided to move from \$300 to \$500 in dues that each county pays. Iris announced that the Cultural Competency Committee met and they talked about doing focus groups with targeted populations related to Stigma. She asked if that was the Latino Population. Sharon replied that it was populations in general. They would also like to do a Stigma campaign that will take about a year to plan.

X. Adjournment

Discussion/ Conclusion: Meeting was adjourned at 5:25 PM. The next meeting is March 3, 2015.

Submitted by: _____
Audrey Rodarte
Recording Secretary

Approved by: _____
Vince Ramos
Merced County Mental Health Board

Date: _____

Date: _____