



Advisory Board On Alcohol And Other Drug Problems

October 21, 2014

5:30 PM

Mental Health Administration

1137 B Street, Merced

Present:

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

Absent:

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 5:31 p.m.

II. Self-Introductions – Members and Guests

Self-introductions were not needed.

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 August 19, 2014 (ACTION ITEM)

Action/Recommendation: M/S/C (Hamilton / Hawthorne) to approve the minutes from the August 19, 2014 meeting.

V. Approval of Agenda for October 21, 2014 (ACTION ITEM)

Action/Recommendation: M/S/C (Hawthorne / Hamilton) to approve the agenda for the October 21, 2014.

VI. Prevention Specialist Report – Christopher Jensen

a. Youth-to-Youth Update

a. Christopher reported that Youth-to-Youth went well back in March. Since it has been so long ago he will email Carol with the updates.

-Christopher asked if anyone had any feedback from the study he presented at the August meeting. They talked about the potential, initial objective that was set – developing a community interactive website for reporting possible meth activity. Some of the feedback he did get back was utilizing some of the current County resources that the Department uses and also the Crime Stoppers. These are possibilities to be pursued. Paula had mentioned doing some specific presentations or education at schools similar to the Drug Store Project. There was no other feedback.

-Christopher gave an update on Recovery Assistant for Teens Program (RAFT). It is treatment based but also has a prevention component. They do education for youth that are referred because of some type of infraction or concern by a school, parent, or the youth themselves, but don't necessarily meet diagnoses criteria. They offer an education track through Prevention. Their numbers for both treatment and education have been extremely low all summer. This is a recurring item – schools are a main referring source. They have been working with Management to strategize and coordinate specific outreach events with partnering agencies that the Department interacts with. They have done presentations with school districts in Merced and Atwater, along with HSA and Aspiranet. They have had good feedback from all agencies they have presented to. Currently they have a contract with the City of Merced School District where they pay an allotted amount for a certain number of students to come into the program. Christopher thinks that currently, the way the contract is written, they only pay for treatment. If they are assessed where they don't have diagnoses, then they go into education and it is up to the family to cover the cost. Some of the setbacks they have noticed are that the school districts tend to wait until the student is on their second infraction and up for expulsion. Their attendance and the school paying for their treatment is a term of their reinstatement – not continued attendance. This could potentially harm the student in their academic pursuit – having to go to an alternative-education campus and, because of being so young, the school is not intervening initially, when we could have addressed

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

the youth through education and not need such intensive services for the student. The school ends up losing out on ADA money unless they have an in-house, continuation. Schools are starting to develop their own in-house continuation because of this. Part of our outreach to the Merced City School District was to encourage the Administrators to refer on the first offense. A referral does not have to be an alternative to expulsion – there does not have to be proof – a referral could just be a matter of concern. The Atwater School District is also interested in making the same type of contract. When they were doing outreach to Aspiranet it was surprising that many of them knew of RAFT but did not know they could make a referral. This outreach is very much needed for our services – letting people know how to initiate services. Tabatha stated that the Department lacks on advertising for both Mental Health and AOD. We do not do any advertising; no flyers at any of the hospitals or such that says “call this number if you need AOD or mental health services”. Richard stated this was talked on the mental health side also. If you look up mental health or AOD on the County website, all you have is an address – you have to hunt to find a phone number to call. Christopher continued that they are trying to build up the program and they do have HSA scheduled appointments for their staff.

-Christopher reported that they lost Marissa Chavez who started her career with AOD as the Youth Chair for this Board, then became the Friday Night Live Mentoring Coordinator.

-They have mentoring sites this year at Golden Valley (mentoring Tenaya Middle School), Livingston (mentoring the Livingston Middle School) and Atwater (mentoring Winton Middle School).

-Red Ribbon Week starts in two days on the 23rd and goes through next week. Many schools are already decorating fences. Richard stated that tomorrow in Atwater they are having a walk for Red Ribbon Week. Yvonnia asked that a flyer be created for her to send to other Department heads regarding Red Ribbon Week; Christopher stated that he would do that.

-A few years they started working on promoting teaching about research being done on youth development that came from the Search Institute regarding “Spark” and everyone having a passion that can be tapped into and getting great outcomes. Over the summer they were contacted by the Livingston School District because they received one of the MAPS grants – law enforcement and Mental Health services - to see if they could utilize those services to develop a Spark-type program. They have been working with their administration for about the last four months and there is now a clinician and a Resource Officer on campus. That program should start next semester and are going to identify sixteen 6th grade students that, over the first semester, have started failing either socially, academically, or emotionally; they will offer the Spark program to them. The components are weekly meetings with the clinician, monthly enrichment activities with the Resource Officer and three identified mentors from the community, high school and middle school. Yvonnia questioned if there is a MOU or contract for this. Christopher stated that the MAPS grant is what they are relying on for a partnership. Yvonnia stated that this needs to be talked about – you can't use that to support another function; it may have to be a separate MOU.

-The State incentive grant to work with the City of Merced in prevention and underage drinking – they just hosted a responsible beverage service and sales training on October 3rd. Surprisingly they had 47 bar tenders, owners, and clerks attending. It also made the newspaper –Channel 30 came and did interviews. Out of the 47 attendees, 43 passed and were certified servers.

Action/Recommendation: As noted above

VII. Executive Committee Report – Lori Newman

Lori had nothing new to report.

Action/Recommendation:

VIII. Committee Reports

a. Membership – Who is Eligible to Move to Behavioral Health Board

a. During the Executive Committee meeting, Lori, Richard and Yvonnia discussed which AOD Board members would be eligible or would like to move over to the Mental Health Board (Behavioral Health Board) when the two Boards finally consolidate. Lori will not be able to do this. Kyle, Dr. Livermore and Paula would be eligible. Both Kyle and Paula stated they would like to move over. There was also discussion around the various different positions on the AOD Board – Criminal Justice, HSA, Education, Health Dept. and Youth. These are issues that still need to be worked out. Dr. Livermore stated that when he started here, he was assigned by the Board of Supervisors. It would only make sense that they would want him on the Behavioral Health Board; Dr. Livermore would like to be on the Behavioral Health Board. Richard will look into this further.

-Richard gave an update on the consolidation of the two Boards. He stated that attached to today's agenda is a draft of the revision of the by-laws. He asked that everyone go over the draft by-laws and look for any areas of contention, or errors and email either Carol or Richard. One question Richard will be asking County Counsel is whether the by-laws have to match the Health & Safety Code or can that be modified so that we are actively recruiting a blend between Mental Health and AOD members. Once Richard gets the okay

VIII. Committee Reports – con't.

from the Board members, he will sit down with the Director and then she can contact County Counsel. Yvonnia added that she is doing this in a phase approach. There will be about a 4-phase approach and starting with the by-laws is very important because that will guide us in the right direction in becoming a Behavioral Health system. Many counties have the name Behavioral Health but the operation is still separate within. Yvonnia feels that her job in looking at full integration means years of research. She realizes that the Department has been working towards this – working on the reclassification of positions, change in salaries, etc., and this is a task that she does not want to take right now being the new Director. She does believe we should be a Behavioral Health agency and the infrastructure internally needs to come together more first. Yvonnia wants to do research first; there is a team that will be reinstated to look at how it will impact the community, how it will impact staff, and what labor issues may come up with full integration. Her approach is to go to the CEO, Mr. Brown, with different options with different phases and different dates. She would like one representative of the AOD Board and one representative of the Mental Health Board to be at the Board meeting as a collective group saying that the support this decision – when we get to that point. Richard commented that the Mental Health Board has suggested a mutual Board meeting when we are ready to move this forward, and approve this together. Lori stated that she hopes this process will be completed by July 1st. Lori also questioned how long appointments last on each of the two Boards; this is another item that will have to be clarified. Dr. Livermore stated that his appointment to the AOD Board was a permanent appointment and this may need to be addressed in the by-laws also.

Action/Recommendation: As noted above

IX. Alcohol and Drug Program Administrator’s Report – Yvonnia Brown

- a. Update on Building Project
- b. Update on Mobile Crisis Project
- c. 1115 Waiver – Tabatha Haywood

a. Yvonnia gave an update on the use of the old Mercy Hospital building. There are two options – 1. use the two-story building for all Mental Health and AOD adult services and the Wellness Center. The first floor would be the Crisis Residential Program – the Dept. was approved for this program and is also looking at an additional grant for \$1.9 million. The first grant was for \$2.1 million to build a 12-bed facility. With the additional grant we would expand to a 16-bed facility for our Crisis Residential Program. This is a collaboration with five other counties – Mariposa, Calaveras, Madera, Stanislaus and Tuolumne. This will give us close to \$4 million for that project. The first proposals were a little high, but we went back to the drawing board to be a little more realistic. Yvonnia’s wish list is to work with the three-story part of the hospital as well as the two-story annex vs tearing down the hospital and rebuilding a one-story. She believes there is more flexibility with the three-story building for expansion of services. We may not be able to do all three stories at once – it may be the first level and shell in the next two levels until there are enough finances to complete the project. Yvonnia is hoping to see some movement on this next year; the move in date would probably be 2016. b. This is also part of the MHA plan that is being submitted to the BOS on the 25th. A few years ago the Department did have a Mobile Crisis Team. This is a need that has been identified in the community. Along with this project there is the Triage Grant which is another component to Mental Health. The Triage workers will be housed at local hospitals – Mercy in Merced and Memorial in Los Banos. We are still in the process of hiring these workers. The Department has five positions that need to be filled; one is a Manager over the Triage and possibly the Mobile Crisis Team also. If anyone knows of someone who may be interested, please have them apply. c. Tabatha reported that the 1115 waiver should be rolling out in January, but counties will have a year to implement. The 1115 waiver is an expansion of Drug Medi-Cal benefits. Some benefits were rolled out with the new ACA plan which was to include hospital detox and residential services. However, there has been pushback regarding the residential services due to more than 16 beds. The Feds are saying this is an IMD exclusion so they will not fund those services. CADPAAC was working with the State and CMS on the ACA and the components we would like to see. We were also working with the State on a back-up plan for the 1115 Waiver (this is a demonstration waiver and we would have five years to see if this is working and it has to be budget neutral – we can’t spend any more funds and we have to show cost savings in different areas). What they are really trying to look at is a continuum of care throughout our entire system. The continuum of care has to include non-medical detox, short-term residential, intensive outpatient, outpatient and sober living with case management and medical assisted treatment services. Counties will have the option of opting in or opting out. If you opt in, you will also be allowed to bill for the additional services under the expanded benefit plan under the 1115 waiver. If you opt out, then you are still with the same formulary with the current Drug Medi-Cal standard. What it says in the short-term, is that there will be no facility bed limit. We are kind of maneuvering around the ACA, which has the IMD exclusion, and showing that we are doing this in a continuum of care. That way, residential – like men’s residential – and the women’s residential that is not perinatal – will also be covered by the new

IX. Alcohol and Drug Program Administrator’s Report – Yvonna Brown – con’t.

benefits. This is a huge benefit to our county. Along with this there are many restrictions. They will give us residential and allow us to get reimbursed for case management. The Dept. does UR but we are not reimbursed for it; those UR reimbursement rates will be the same as Mental Health – which is great. Currently, we get a set allotment of money for Drug Medi-Cal as part of Realignment and it is the county of service. With the switch, if we opt in, the money follows the client. If counties opt in, the reimbursement rates are still to be determined. This is something that our Department will have to do a statistical analysis to see if it will be beneficial. Overall it allows the counties selective provider. In the State of Calif. there is a problem with the methadone programs. If the methadone programs do not get the response they want from the county, they can go around the county and go directly to the State. This stops that process. The county has to be the sole provider of any new contracts, any new providers that come into the county. There is a grievance process that the county has to oblige by. If we decline a provider, there is a long process of which we have to document why. The assessment requirements for the continuum of care will include the clinical comprehensive and also include the ASAM. Our county used to use this a screening tool; but they are looking for the full ASAM and we will have to make sure that all staff and contract providers are retrained on this to determine the level of care. We also have to provide all the services in our county. One of the Prevention areas is having all our hospitals we contract with do SBIRT (a screening and brief intervention for treatment). The Dept. does have an AOD Counselor working in three of the local clinics and with those clinics we would want them to get trained in SBIRT and start using it. We also have to include DUI in the overall plan; we only oversee them but we have to have a contract in which they agree to insure if a DUI person comes in and they identify drug use, that they are directing those referrals to AOD providers and vice-versa. Other things that will be difficult for the county is being responsible for all of the contracts (and monitoring of contracts). Tabatha feels we will need a whole new team to be able to deal with all these other issues that the State currently handles. Like Managed Care on the Mental Health side, where they have to authorize services prior to being served, all AOD services would have to be authorized by our Dept. and this would require another team of staff. Tabatha passed out copies of the Drug Medi-Cal Organized Delivery System; it gives specifics with each requirement and what needs to happen and what the State and County rules are.

Action/Recommendation: Information only

X. Other Business (Discussion Only)
a. Red Ribbon Week – Oct 23 – 31, 2014
b. October 24, 2014 – Drug Store Project

a. Lori stated that this has already been discussed. **b.** Richard stated that this is the 8th year for the Drug Store Project in Atwater. It is co-sponsored with several different entities but mainly the Atwater Elementary School District, Atwater Police Dept., Calif. National Guard, and Central Valley HIDTA (High Intensity Drug Trafficking Association). They target all sixth graders in the Atwater Elementary School District and St. Anthony’s. All are brought to the Mitchell Senior Elementary School campus and go through the Drug Store Project. They go through a series of eight vignettes; Richard explained what each vignette encompasses. All the individuals the students encounter are active members of law enforcement. It takes about 100 volunteers that day to make this happen. Richard recommended that anyone who has not yet attended should try to. Representatives from the National Guard (who attends all the Drug Store Projects in the area) say the Atwater one is #1 because there is so much support from the community. It takes about \$8,000 a year to make it happen. It starts at 8:00 am and ends at 2:30 pm. It is at Mitchell Senior Elementary School on the athletic field.

Action/Recommendation: Information only

XII. Next Meeting Agenda, Date, and Location

Action/Recommendation: The next meeting date is scheduled for Tuesday, December 16, 2014.

XIII. Adjournment

Action/Recommendation: The meeting was adjourned at 6:49 p.m.

Minutes prepared by: _____
Carol Hulsizer