MERCED COUNTY	Advisory Board On Alcohol And Other Drug Problems February 19, 2013 5:30 PM Mental Health Administration 1137 B Street, Merced
Present:	Richard Hawthorne, Chair; Lori Newman, Vice Chair; Claude Scheiner
Absent:	Su Briggs; Dr. Livermore; Paula Mason; Steve Pierce; Nathan Sweem
Others Present:	Cora Gonzales, MH Board; Christopher Jensen; Vince Ramos, MH Board; Tabatha Weeda; Liz Slate

MINUTES

I. Call to Order – Richard Hawthorne, Chair

Richard Hawthorne called the meeting to order at 5:40 p.m.

II. Self-Introductions – Members and Guests

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

Vince distributed copies of flyers for the MH First Aid training on March 14 & 15 at B Street and the Deaf Population training on March 12. The First Aid training teaches participants how to handle those with mental health situations (schizophrenia, bipolar, depression), how to calm them and control the situation until a professional can take over. CEUs are available for the First Aid training. The community partners outcomes presentations will be held on Feb 21 and 22.

Lori reported that two of the nine organizations that certify counselors (CAARR and CAADAC) are in discussions regarding merging, which would help out the workforce with standardized requirements. Vince inquired about AOD certification for MH staff, and Tabatha explained that Dual Diagnosis Specialists have to be AOD certified and have MH education/training. MH clinicians get their Master's degree and perform 3,000 clinical hours, then take the State boards. Their licensure falls under the Board of Behavioral Sciences.

IV. Approval of Minutes from December 18, 2012 (ACTION ITEM)

Action/Recommendation: M/S/C (Newman/Scheiner) to approve the minutes from the December 18, 2012 meeting.

V. Approval of Agenda for February 19, 2013 (ACTION ITEM)

Action/Recommendation: M/S/C (Newman/Scheiner) to approve the agenda for the February 19, 2013 meeting.

VI. Prevention Specialist Report – Christopher Jensen

a. Youth-to-Youth

a. Christopher reported the Youth-2-Youth annual conference will be held on March 9 at Buhach High School. The purpose of the conference is to prevent AOD use for minors in middle school grades (when experimentation begins) and to raise awareness of the available community prevention resources/activities that help keep kids away from alcohol/drug use. High school students are trained to work in small, family group settings with the middle school students. Activities include a variety of workshops (14 total including photography, dance, written expression, poetry, marijuana, drinking and driving, leadership, teen parenting), group discussions, speakers, skits, plays, talent/no talent shows, and a dance. ACE Overcomers will provide a workshop on childhood trauma and the experiences in life that make someone prone to abusing alcohol/drugs or developing mental illness later in life. The keynote speaker is Jeremy Bates - the *Hope Dealer,* and county-wide VIPs will be attending. The participant's cost is $5 and preregistration just closed. If anyone knows of any middle school students, please take some registration forms. Participants can still turn the forms into their school, mail them in or register at the door (registration starts @ 8:30AM). The goal is 250 middle school students, and there are about 150 currently registered. MH staff sent packets to the superintendents/school boards/administrators of the approximately twenty school districts within the county, but it is difficult to get the word out to the students. We get the 75 high school students easily. Staff also ventured into social networking for the middle school students but learned that although it keeps past attendees connected, it doesn't work well for outreach. Staff worked with the schools, Boys & Girls Club, United Way, CASA, and the MHSA community outreach coordinators in Le Grand, El Nido and Dos Palos. Transportation is a big issue in the outlying areas. Ballico, Snelling and Gustine are sending some students this year.

VI. Prevention Specialist Report (continued)

The cost to rent the high school is $1 for the day, and MH will cover the costs of janitorial expenses and two meals. Two years ago, MH staff began providing the conference, which saves some money on contract expenses. Lori commended Christopher on doing a good job of keeping the conference alive. Christopher added that the AOD advisory board's support was huge as well. Richard will try to get Atwater/Mitchell principals there. Lori recommended that next year staff come to the Board earlier to see if there are other community events that could be utilized to spread the word about the conference. Need to find a way to get the word out to the parents instead of the schools. The conference costs about $8,000 and MH raises about $700, so is it worth charging the participant fee which may hinder some from attending? Might seek a co-sponsor/partner to help cover the costs. Suggestions for helping to spread the word: Joey Cardenas (SRO for Delhi School District, manages SAL program), Yesinia Morrow (Merced Sun Star - promotes health, might do a picture story), Claudia Corchado (United Way), and Healthy Communities (goes out to the outlying communities). Vince recommended talking with Manuel and Sharon J. to have the school clinicians and community partners help spread the word as well. Claude suggested going through churches and civic organizations (ELKs, Rotary, Lions). Lori added it would be helpful to find an influential person to champion the conference.

Action/Recommendation: As noted above.

VII. Executive Committee Report – Richard Hawthorne
a. Update on Blending Boards

a. Richard reported that they continue to meet. The county's attorney was present at the last meeting, and Manuel is still talking with other blended boards. According to counsel, if we blend boards, the law states individuals who have an interest of vendor cannot participate in the MH Board. Still researching the possibility of a workaround. We could have an AOD subcommittee to express issues/concerns to take to the MH Board, but there is the concern that we will lose the AOD voice if blended. Members of the MH Board are attending AOD Board meetings and vice-versa. Vince explained that the MH Board members attend subcommittee meetings, then report back to the MH Board. Cora added that we are moving towards a goal of July 1, and it is a goal to change the name of the board to behavioral health as well. Blending the boards will help with being more informed as to what both the MH and AOD systems are doing. The MH Board has some advisory capacity and advocates to relay messages to the BOS. Vince added that the MH Board evaluates and makes recommendations/suggestions.

Richard noted that the AOD Board relies on staff input and has noticed that the MH Board agenda is pretty much set. Lori expressed concern that it is unrealistic to expect that if we lost the provider members we could go to an AA meeting and find someone to sit on this board as suggested by counsel, since in reality the strongest advocates are the providers and staff. We're not valid for recovery, we're treatment, and they won't want to break their anonymity. Lori is also concerned about losing the AOD voice and the difficulty in finding board members. Cora added that the Director and Assistant Director don't want to lose the AOD voice either. We need to blend for membership purposes, and it is time consuming and costly to have two separate boards. Cora admires Lori and Richard for advocating to ensure that AOD remains an important part of the blended board. Richard noted that the county will eventually become a behavioral health county. The community mind set is that AOD abuse is chosen as opposed to mental health issues. AOD services have been drastically reduced from ten years ago. Cora added that the MH Board needs to hear this very clearly. Claude added that we practically have to scream to get attention for AOD services and seeking acceptance with the MH Boards has been challenging. Tabatha explained that we need to look at AOD issues in the capacity of the DSM criteria (as an illness), not as a social choice. AOD has the same type of regulations as MH, and the recovery model that MH uses came from AOD. Richard finds it frustrating that as many years as he's been on the Board, he has only testified to the BOS once regarding an AOD Board recommendation. Cora noted that MH made a recommendation last fall.

Cora will inform the MH Board of the AOD Board's concerns of wanting to remain as AOD advocates. Richard explained that if we blend boards, we will blend with the current board members, then we would need to discuss membership. Would like to have a balance of AOD and MH. Christopher suggested considering a two-year behavioral board pilot, to include a mandate for five designated AOD members. Members should be cross-trained by then. Tabatha noted that it's important to keep the focus of treating the whole person, whether they have MH or AOD issues. Richard explained there has been the dilemma with law enforcement regarding the blending of AOD issues with MH issues and the need to detox someone in order to determine if there are any MH issues. If incidents are due to drug-induced psychosis, MGPC doesn't take those individuals. Another advantage of having blended boards is that we can see both sides of the issue and explore solutions. MGPC staff seem to be unaware of available AOD resources. We could fund many of the underfunded programs if we could move the costs for AOD counseling into the Medicare/Medi-Cal field. Cora expressed concern that if we change the boards, some people will want to leave. Tabatha

VII. Executive Committee Report (continued)

noted that we want to have members that are willing to take on the issues we are going to face and make informed decisions for our community. The learning curve will be huge for both boards. MH Board meetings are the first Tuesday of each month at 3:30PM, usually at B Street.

Action/Recommendation: As noted above

VIII. Committee Reports
a. Membership – Vacancies

a. Richard reported that we are not moving forward to fill vacancies until the issues with blending the boards are resolved.

Action/Recommendation: Information only

IX. Alcohol and Drug Program Administrator's Report - Manuel Jimenez
a. Mental Health Board Retreat - April 20
b. CADPAAC Update - Tabatha Weeda

Tabatha relayed Manuel's apology for being unable to attend the meeting.

a. Richard reported that the retreat will be at B Street, starting at 8:30AM for MH Board members. Manuel extended an invitation to the AOD Board members who wish to attend. Richard and Lori are planning to attend.

b. Tabatha reported that CADPAAC was pretty intense this last time. There are lots of changes going on with healthcare reform. California passed the budget on time. There was discussion last year of dismantling the State's AOD functions (program certification, counselor certification, NTP, DUI, gambling) and transferring them to multiple State departments. The State held stakeholder meetings and the one voice advocating to keep everything under one umbrella was very well heard, so most functions will stay under the Department of Health Care Services; only problem gambling will transfer to the Public Health Department. A SAMHSA rep spoke about federal regulations and healthcare reform. He's working closely with ADP and DHCS on workforce related issues, such as a new scope of practice for AOD, expectation of services, the physical health portion, and billing issues (which certifications/licensures will be able to bill). This all goes into effect January 1, 2014. Other issues being worked on are staffing patterns and services provided within primary care settings vs. traditional AOD and MH clinics, electronic healthcare records (have to be implemented by 2014), and clarifying the medical model (need to make sure we don't lose the traditional social model recovery support). CADPAAC put together a white paper on recommendations of services to be included in the expanded healthcare coverage, which hopefully will include individual AOD treatment sessions and case management services. The Issues Committee is addressing data and outcomes (encouraging counties to put this in contracts) and collection of performance data.

All counties completed the AB109 survey regarding implementation and effectiveness of AB109 plans. A summary of the survey results will be provided to counties and Tabatha will forward this to members. A new legislation package is coming out for DUI programs with regard to what services are/are not provided, the need to get stronger local steering committees, coordinating care between education and treatment, and outcomes data. The Lifestyles program doesn't do CalOMS data, but they have specific DMV data which could be used to show program effectiveness. The State wants to be able to show program effectiveness and standardized ways, which would include revamping DUI. AOD can measure physical health, ER visits, and psychiatric visits upon intake and discharge, which helps with advocating for services. Claude has long argued with the DUI Advisory Board that DUI programs should participate in CalOMS, and they need to faithfully follow the curriculum. Tabatha noted that all AOD programs need to improve with looking at performance and ensuring standardized program techniques in order to maintain program fidelity.

The 2012 Needs Assessment report is available on the ADP website. The report consists of matching the 2010 and 2011 CalOMS data with last year's data and making comparisons to show California's risk and needs assessment. There won't be any impact initially on SAPT or SAMHSA funding as it will take about a year to get some baseline data on the healthcare reform changes and whether there have been any impact/restrictions or lack of access to care. SAMHSA plans out their fiscal portion two or three years in advance.

Tabatha clarified that a lot of services will be provided in a medical setting (primary care clinic) vs. outpatient/residential settings. Unknown how that will impact our traditional outpatient setting and defining our scope of services. Lori noted that AOD's medical model requires a diagnosis and the doctor's signature in order to provide AOD treatment. Tabatha added that we want to be able to keep what we have and expand the social model functions (like MH has) to be billable as well. CADPAAC does a good job with their subcommittees providing white papers/legislative summaries for keeping administrators informed.

Action/Recommendation: Tabatha will get the legislative bills summary out to members.
X. Other Business (Discussion Only)
None.
Action/Recommendation: N/A
XI. Next Meeting Agenda, Date, and Location
Action/Recommendation: The next meeting is scheduled for Tuesday, April 16, 2013, at 5:30PM.
XII. Adjournment
Action/Recommendation: The meeting was adjourned at 7:10 p.m.

Minutes prepared by: _____
Liz Slate