MERCED COUNTY	Advisory Board On Alcohol And Other Drug Problems December 20, 2011 5:30 PM Mental Health Administration 1137 B Street, Merced
Present:	Richard Hawthorne, Chair; Lori Newman, Vice-Chair; Claude Scheiner; Su Briggs; Stephen Pierce; Paula Mason
Absent:	Michelle Symes; Dr. Livermore
Others Present:	Manuel Jimenez; Jean Anderson; Tabatha Weeda; Arthur Hill, Aegis Medical; Carol Hulsizer

MINUTES

I. Call to Order – Richard Hawthorne, Chair

Richard Hawthorne called the meeting to order at 5:35 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

There was no one from the public present tonight.

IV. Approval of Minutes from October 18, 2011 (ACTION ITEM)

Action/Recommendation: M/S/C (Briggs / Newman) to approve the minutes from the October 18, 2011 meeting.

V. Approval of Agenda for December 20, 2011 (ACTION ITEM)

Action/Recommendation: M/S/C (Newman / Briggs) to approve the agenda for the December 20, 2011 meeting.

VI. Welcome New Member – Stephen Pierce

Richard welcomed our newest member – Stephen Pierce. Steve is a Program Administrator in Child Welfare at the Human Services Agency.

Action/Recommendation: None

VII. Guest Speaker from Aegis Medical Systems

Arthur Hill was the guest speaker. Arthur stated that someone from Aegis used to attend this meeting regularly. They have had quite a change in Clinic Managers over the year and he has been there just over a year. Arthur plans on coming to this meeting in the future. Arthur continued that Aegis Medical Systems is an outpatient narcotic treatment program. It is part of a large organization – Aegis Medical Systems has about 25 clinics and is one of the largest in California. The Merced facility has been here since 2005. They are open Monday-Friday 5:00 a.m. to 1:30 p.m. and on Saturday and Sunday from 6:00-8:00. The unusual hours are to help their patients who work or go to school. It is an opiate treatment program with the primary use of the medication methadone. Methadone is very effective in treating those with an opiate addiction. It breaks the cycle of withdrawal which creates cravings, which creates use. By getting patients on the right dose of methadone, it takes away those withdrawal symptoms and cravings and allows them to start their recovery. Replacement therapy is not the major focus of their treatment. The primary focus is counseling. Once the patient is stable on medication they have to start attending therapy sessions; they are assigned a certified counselor who works with them and they must be seen once a week. They have many support groups – women's groups, parenting groups, taper groups (allows them to get support as they are coming off the methadone and getting back to normal activities), and youth groups. They are seeing more and younger people being addicted to opiates, primarily through prescription medications. It accounts for 30% of their growth. Last year they had 149 patients, as of today they have 194. They are also setting up parenting support – parents of those in treatment. Arthur passed out some information about Aegis and what they are trying to accomplish. Claude asked if they are getting support from Probation and Courts; Arthur stated that in the year he has been there, he has not had one referral. Claude asked if they are getting support with the

VII. Guest Speaker from Aegis Medical Systems – con't.

criminal justice system; Arthur has not had that connection, referrals, or an opportunity to build that relationship – but he does hope to in the future. Since the clinic has opened they have treated over 700 new patients; they have had some repeaters come through. Richard asked how the people pay for the program. Arthur stated that Medi-Cal will cover the program and there are different programs within that. They are at about 70% Medi-Cal and the others are self-pay. There is very little commercial insurance coverage; some Veterans will cover that service. Medicare will not cover and most commercial insurances will not also. Arthur believes this will change. It is proven that getting the addict in treatment will reduce medical costs. Richard asked what the average length of time a client stays in the program; Arthur stated that the average is 63 days. They randomly drug screen all of their patients each month; taking out those that are within that first 90 days, they are at an 84% favorable urinalysis for illicit drug use. If they fail the test, they do counseling and support, they are not thrown out of the program. Repeated, consistent, negative urinalyses will get them removed from the program. They currently have 38 patients that are under 30 years of age. The majority of those are between 18-25; they do not take anyone under 18. 23% of their patients are employed; 15% - 18% are full-time students. They have quite a few patients who are disabled, medical disabilities. They have many dual-diagnosis patients.

Action/Recommendation: Information only

VIII. Guest Speaker – Mental Health/AOD – Tabatha Weeda

Tabatha stated that they have been doing a lot of changes and looking at AOD service delivery; how to be more sustainable but also continuing to make sure that they are meeting the quality of care needs of the clients. They are taking what they know has worked using the Drug Court model – engaging people in the appropriate levels of care. Currently they have different programs such as DEJ, Prop 36 or PC1210, Drug Court, ODF, Dependency Court, and Peri-Natal; these programs are set up and dictated by referral source. Although this works, they are looking forward to what can be done to better improve the quality of care. They are looking at changing the whole system into a level of care. The Court may refer somebody to treatment and for the Court purposes it may be under DEJ or Prop 36, but AOD is looking at this as a referral of an individual. They will assess this individual regardless of whether the Court is saying "education" or "treatment". AOD will assess and place them in the appropriate level of care; that may be high-intensity from the start; it may mean that they need to go to residential first. They will not start off in their separate silo programs; they will tailor it to the individual's specific needs and have a level-of-care system to where they can start out intense and work their way down or if they need some education and start there with the ability to move them up if more is needed. In doing this, they will be changing the fee structure. It will not be a flat-rate fee; it will be one system with fees based off the Drug Medi-Cal rates. There will be a slide scale working with individuals that fall into that slide scale. They hope this will increase retention rates and reduce recidivism rates. Instead of having a DEJ failure, they will be able to make sure that they have matched that appropriate level of care and will be able to transition them to make it more client centered as opposed to referral driven. Every counselor now has dedicated POE slots; whether a client calls in for an appointment or walk in off the street, there will be someone available to see them right then. They have also changed all group times. They have two different clinic sites and the group times have been changed so that they are parallel at each site. If a Counselor is out, they can close down one side and combine the group with the other site. In Los Banos they have increased the capacity and started up a DEJ Education Group on Tuesday nights; this has worked positively. With the furloughs next week there has been a lot of anxiety because everyone is used to calling in the morning to see if they test or not. AOD staff put together packets for clients – it gives them journaling assignments, daily activities, community service, daily self-assessments, etc.; this will be for youth and adults. The clients will still call in each day for testing; they just do not know that they are not being tested.

Action/Recommendation: Information only

IX. Prevention Specialist Report – Christopher Jensen

Christopher was not present.

Action/Recommendation:

X. Executive Committee Report – Richard Hawthorne

Richard, Lori and Manuel have met, and will continue to meet, to discuss combining/integration with the Mental Health Board. He will keep this Board informed of any updates/progress. Claude questioned if the bylaws would have to be changed and Manuel stated they would have to be. Manuel gave copies of other county's by-laws who are integrated to Lori, Richard and the Mental Health Board. This will give them a chance to see what they like and don't like, then blend it and make it our own.

Action/Recommendation: None

XI. Committee Reports a. Membership – Vacancies
a. Richard reported that we are still looking to fill vacancies.
Action/Recommendation: None
XII. Alcohol and Drug Program Administrator's Report - Manuel Jimenez a. Bill Matrix
a. Attached to today's agenda was the most current bill matrix that CADPAAC puts out. Everyone can review and see what CADPAAC recommends.
Action/Recommendation: Information only
XII. Other Business (Discussion Only)
None
Action/Recommendation:
XIII. Next Meeting Agenda, Date, and Location
Action/Recommendation: The next meeting date is scheduled for Tuesday, February 21, 2011
XIV. Adjournment
Action/Recommendation: The meeting was adjourned at 6:40 p.m.

Minutes prepared by: _____
Carol Hulsizer