



Merced County Mental Health Board Meeting

February 7, 2012

3:30 – 5:00 pm

1137 B Street, Merced, CA 95341

Present:	Sally Ragonut, Vice-Chair; Vince Ramos, Secretary; Hub Walsh, Supervisor; Mary Hofmann; David Baker; James Fuller; Cora Gonzales; Audrey Kotrich-Spangler
Absent:	Mary Ellis, Chair; Keng Cha; Norma Blackwood; Maureen Freitas; Chris Kraushar; Chuck McClure; Kim Carter
Others Present:	Manuel Jimenez, Director; Sharon Jones; Jan Morita; Barbara Coffelt; Ge Thao, Merced Lao Family; Joua Lee, Merced Lao Family; Carol Hulsizer, Recorder

MINUTES

I. Call to Order / Flag Salute / Roll Call

Sally Ragonut, Vice-Chair, called the meeting to order at 3:35 p.m. The flag salute was done. Roll call was taken. Sally welcomed Joua Lee who was a past member of the Mental Health Board. Joua works for Merced Lao Family. Sally also welcomed the guest speaker, Ge Thao, who also works at Merced Lao Family.

II. Approval of Minutes from January 3, 2012 (BOARD ACTION)

Action/Recommendation: A quorum was not present in order to approve the minutes from January 3, 2012.

III. Approval of Agenda for February 7, 2012 (BOARD ACTION)

Action/Recommendation: A quorum was not present in order to approve the agenda for February 7, 2012.

IV. Opportunity for Public Input to Speak on Any Matter of Public Interest Within the Board's Jurisdiction Including Items on the Board's Agenda (Time Limit of 3-5 Minutes)

a. Open Discussion for Board

Discussion/Conclusion: Vince informed everyone of a focus group for the Caring Children's Program tomorrow at 6:00 p.m. at 1460 West 18th Street in Merced. Sharon Jones stated that she is facilitating the group. Vince questioned Sharon when the next CASRA class will be starting and Sharon said it should start at the end of February if all goes well. Vince stated that he read the Policy/Procedure from last month that Manuel handed out and he did not see anything in there about six-months, intervention, prevention of mental illness, and that doctors from out-of-county can refer clients to the Mental Health system. Discussion continued that the Wellness Center is only open to Merced County Department of Mental Health clients. Vince gave Carol a copy of Prop. 63 guidelines (to be included in next month's packet) and it states that the Wellness Center should be open to people for prevention and help; in other words the Wellness Center was set up because of Prop. 63. Manuel stressed again that it is for those who are Merced County outpatient clients; if someone was a past-client and no longer receiving mental health services from this Department, then they need to re-apply for services. After the 3-5 minutes time limit, Sally asked that Vince and Manuel continue this conversation at a later date.

Audrey stated that she received in the mail a notice from California Alliance for Health that in 2014 those 18 and older and have a Living Trust, a will, estate, or whatever, they will come in and take out what they want for medical bills when you die. Manuel was not aware of this. Manuel stated that at one of our future meetings, we could have the Alliance come to a meeting and give a presentation. The Alliance is the Managed Care for Medi-Cal recipients in Merced County.

Mary H. reported that NAMI has had three classes in their Spring 2012 Family-to-Family class. There are 19 people that come regularly to get assistance. This last weekend six volunteers took a 3-day training in order to be support group facilitators. They will be able to offer on-going support groups to families. At the end of March there will be an 'In Our Own Voice' training for consumers in Modesto.

Recommendation/Action: Prop 63 guidelines will be in the March packet.

V. Guest Speaker – Lao Family – Ge Thao

Discussion/Conclusion: Ge passed out copies of a packet on the Merced Lao Family Community Inc. – Southeast Asian Community Advocacy Program (SEACAP) and Prevention and Early Intervention (PEI). Ge also gave a copy of the Hmong California Directory for 2012 to all present. There is an article in the Directory about a Hmong woman on meth and for the Hmong community this is a good thing to be addressed. Another article is about Hmong musical instruments and part of their program has a cultural component so this article is important also. The article explains about the significance of how these instruments are part of their rituals that they use especially for funerals and spiritual gatherings.

Ge thanked the Mental Health Board for allowing him to talk about SEACAP. Ge also thanked the Director, Manuel Jimenez, and Sharon Jones for continuing to work with them; they are both very active in allowing them to be part of the Planning Council, the Cultural Competency Committee and the QI Committee. When SEACAP first started they looked at three things: 1) community collaboration to meet the needs of the community they would be serving, 2) cultural competence (this phrase has now changed to cultural responsiveness), and 3) client/family driven services. SEACAP is a program under the Community Services and Support (CSS) and the priority population to be served is the Southeast Asians. After the first year they have increased the population with not only adults but youth and TAYs. During a fiscal year they serve approximately 134 clients (all ages); all clients admitted into SEACAP unduplicated is 292 and in peer support clients they have 143. Under the Peer Support they have 43 in the Men's Group. The men have not been very successful in terms of coming consistently; about 20 of the 43 are active and come regularly.

Ge explained the different services they provide: individual and group services as well as case management. They work collaboratively with Merced County Mental Health Dept. for psych medication, case management services and treatment for those with co-occurring disorders or more intensive needs. They also collaborate with primary health care providers; about 99% of their clients do have a primary care provider and receive some type of psychotropic medication or anti-depressant. One uniqueness of their program is working with cultural consultants – shamans, natural healers, ceremonies and religious practices. SEACAP's goal is to help the cultural specialist by helping to clarify symptoms so that the specialist and client will try to understand the systems a little better. They also do EMDR (eye movement desensitization and reprocessing). Many of their population have a lot of traumatic stress going through the war and such, and EMDR seems to work with them. They have also found skills building classes to be effective because many do not get out much and they need something visual.

They were fortunate to be part of the Prevention and Early Intervention (PEI) Program. There are two components of this – the cultural broker and the primary care. There is a clinician who works at the primary care facility with the belief that many of these people who have mental health problems also have physical health problems. One success working with primary care is completing the PHQ-9 (these are nine symptoms that they want to measure in order to educate them and provide access information to receive treatment). PHQ-9 stands for Patient Health Questionnaire and has nine questions. The cultural broker goes into the facilities and homes of these clients and also works with many community leaders to provide names of individuals that would not seek services; they could also be individuals that may be having health/family problems and the cultural broker is someone they have already trusted coming into their homes and get them referred, get them access services, and educate them. PEI is long-term and a little different than the traditional outpatient services but it is just as effective because if one person has mental health problems many times the family members also have it. The contract with PEI is for 3000 individuals to complete the PHQ-9, 650 for care management and 2600 units of services for care management sessions. They get them through the PHQ-9, if they are severe they are referred out to receive treatment/medication. If they are not severe, SEACAP provides early intervention services to make sure they do not become too severe.

Ge was asked how many they serve. Ge responded that the Southeast Asian population in Merced County is about 10,000 and their goal is 10%. Ge was asked more about EMDR and he explained how the process works. Ge was asked about the 3000 program objectives/goals and has this been met. Ge stated that it has been very difficult meeting this because when California Alliance came in they limited clients to the location that they were at. This number came from the State to the County; when this was designed many of the primary care physicians were able to have 5,000-6,000 clients but when Alliance came the Medi-Cal clients were spread out. SEACAP has to be more creative now – going to the homes and working not with just the client, but also their family. Manuel was questioned if Blong Lee had been replaced yet at the Wellness Center. Manuel replied that the person transferred into this position is now out on medical leave.

Recommendation/Action: Information only

VI. Roles and Responsibilities

Discussion/Conclusion: Sally went over the Roles and Responsibilities which was attached to this month's packet. Sally emphasized that no one person is meant to do and accomplish all seven of the items. Each Board member is encouraged to be involved in the area that interests them. Sally stated that the Board has already done many of these Roles and Responsibilities throughout the years. 1) Review and evaluate the community's mental health needs, services, facilities and special problems. The Board does have speakers and they have been out in the community and reviewed the different facilities. Establish committees to review issues and have functional committees; this is an area that Sally would like to start working on. 2) Review any County agreements entered into pursuant to Section 5650 and review the Mental Health department budget. There is at least one person on this Board who does know budgets and that could be an area this person might like to pursue. 3) Advise the Governing Body (Board of Supervisors) and the local Mental Health Director as to any aspect of the local mental health program. This is the focus point as to why there is an advisory board – to advise the Director and BOS. Many of these have not been accomplished but something to look at in the future. 4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Sally wondered if this is having Mental Health Board members on the Planning Council (QIC and CALMHB/C). Hub thought that when there is an update on the QIC and CALMHB/C that would be the time to ask "who is going". 5) Submit an Annual Report to the Governing Body (BOS) on the needs and performance of the County's Mental Health system. This falls on the Exec Team, but it would be nice to have a group of members working on this and not just one or two. 6) Review and make recommendations on the applicants for the appointment of a local director of mental health services. Board members have sat in on the interviews for the Mental Health Director. 7) Review and comment on the County's Performance Outcome data and communicate findings to the California Mental Health Planning Council. There was a training in February 2011 at which time the Board worked on data. 8) Nothing in this part shall be construed to limit the ability of the Governing Body to transfer additional duties or authority to a Mental Health Board. This means the BOS could ask the Board to do more.

Cora thought that this should be reviewed on an annual basis because it is a good reminder.

Recommendation/Action: Information only

VII. Report on Sub-Committees

Discussion/Conclusion: Sally stated that on January 20th she along with Cora, Chuck, Mary H., Vince, and David met with Manuel and Jean and came up with some ideas on sub-committees. Cora gave a summary of the meeting. Cora thanked Manuel, Jean and Sally for scheduling the meeting and the members who attended. The purpose of the meeting was to discuss subcommittees and to enhance and improve the Mental Health Board. The committee reviewed the sub-committees from Stanislaus. It was decided to limit the number of committees needed because it would be more manageable to implement. A System of Care Committee was discussed for children, youth and adult. Several members of the Board already participate on existing committees discussed earlier. Creating a sub-committee with existing committees would be helpful to understand more thoroughly the level of care provided to Merced County residents. By participating in committees/sub-committees/Board members will be able to make educated decisions. It was discussed that rather than add committees to an already committee-heavy situation, the idea might be to have Board members choose and attend an existing committee and then report back to this Board. Mary H. and David volunteered to join the Cultural Competency Committee. Sally continued that they did discuss the possibility of having an Annual Bi-Laws Review Committee. Another possible committee is the California Association of Local Mental Health Boards and Commissions (CALMHB/C). Cora recommended for the Board to get a list of all the existing committees and when they meet; Manuel stated that Carol would start working on this tomorrow. Sharon J. stated that there is also a MHSA brochure of all their programs and she will get this to Carol for her to send out as well.

Recommendation/Action: List of all existing committees and when they meet along with the MHSA brochure. This will be in the March packet.

VIII. Webinar Training – February 11, 2012 (Saturday)

Discussion/Conclusion: Sally reminded everyone that this Saturday, in this room at 10:00 a.m., will be the webinar for Mental Health Board 101 training. Someone from IT will be there to set everything up. Sally will call those not present today to remind them.

Recommendation/Action: Information only

IX. Fiscal Report - Manuel
a. State Budget
b. MHSA Funds

Discussion/Conclusion: a. Manuel reported that there is nothing in the State budget that will affect Mental Health this fiscal year. b. Manuel stated that we are being paid in lump sums this year – in April we will receive 50% of our payment for this fiscal year. Starting next fiscal year they will be making monthly payments instead. He reminded everyone that 80% of our income for MHSA is geared towards the CSS programs and 20% towards PEI; of the total funding 5% goes to the Innovative Programs.

Recommendation/Action: Information only

X. Director's Report
a. Housing Update – Los Banos and "T" Street Projects
b. CA Dept. of Mental Health Update
c. Staffing / Laptops

Discussion/Conclusion: a. Escrow has closed for the housing project in Los Banos and will have eight units. Manuel and Brenda Callahan-Johnson (with Community Action Agency-CAA) will be going to the Los Banos clinic on February 21st to meet with the LB staff who have already identified some potential clients that could qualify for housing. On the 21st they will go over the requirements on who will qualify. The majority of these units are 2-bedrooms so there is the potential for them to have roommates as well as family members. There will be an on-site manager living at the apartment complex to make sure things run smoothly. There will be housing rules that clients will be mandated to live by. They hope to have clients move in soon. In April there will be a grand opening. Manuel hopes to invite Senator Darrell Steinberg to attend since he was the key author behind the MHSA. Unfortunately the housing project in Merced has been delayed many times. It is still being worked on but if it does not move any further, we may have to look at letting go of this project. b. The Governor proposed in his budget the elimination of not only the State Dept. of Mental Health but also the Dept. of Alcohol and Drug. For next fiscal year the Governor proposed creating a department of State hospitals and would only be responsible for State hospitals. He is also looking at transferring all the non-Medi-Cal programs to different State departments; the Medi-Cal programs will go to the Dept. of Healthcare Services. The other departments to get responsibility of other programs is the Dept. of Healthcare Services (which will get 41 positions to administer the MHSA), the Dept. of Public Health will get positions to promote cultural competent policies throughout the mental health system and look at addressing disparities, the Dept. of Social Services will be responsible for licensing and certification of mental health programs. The California Dept. of Education will get money from Prop. 98 for early mental health initiative grants. The Office of Statewide Health Planning and Development will get a position to help run the Mental Health Workforce Education and Training Program which is funded through MHSA. The Mental Health Oversight and Accountability Commission will get some oversight on consumer voice and empowerment. The Dept. of Alcohol and Drugs (ADP) did split up. c. The Department received a larger allocation in both EPSDT and Managed Care. Janet Spangler has done a great job and has brought on the majority of her new clinical staff to work in the schools. There are four clinicians working in schools in Dos Palos, Le Grand, and Planada. A clinician and Dual Diagnosis Specialist are working in the three Valley Schools. They also hired a clinician to work with kids in Los Banos as well as a Mental Health Worker. QI now has a Staff Analyst working there. A Licensed Mental Health Worker was hired to work in the CSU to provide some added service for kids. An Account Technician was hired to help with the billing. For Managed Care, one clinician has been hired so far. A Program Assistant was hired to work with the adults and they plan on hiring another one for Marie Green – these positions basically provide transportation. Laptops were ordered for all the clinicians working in schools; they will also get air cards which are devices that can be plugged into the laptop in order to provide internet access. This will allow them to get into Anasazi to do their progress notes and will go directly into their electronic health record. Vacant positions – the Dept. does have 19 vacant positions. The intent is to fill all those positions.

Manuel also recently met with the new CEO – Jim Brown. Manuel gave him a presentation on the Department, reminded him of our 19 vacant positions, and let him know how we would like to create some clinical supervisor positions. Manuel suggested showing the presentation at the March meeting.

Recommendation/Action: Information only

- XI. Committee Reports / Updates
 - a. Quality Improvement Committee (QIC) – Sally
 - b. Executive / Bylaws / Planning Committee – Sally / Vince
 - c. CALMHB/C Update - James
 - d. Membership Committee – Kim
 - e. Patients’ Rights Advocate – Barbara
 - f. Supervisor’s Report – Hub
 - g. MHSA Ongoing Planning Council Update – Sharon
 - h. Wellness Center Update – Chuck

Discussion/Conclusion: a. Due to time constraints Sally was not able to give a report. b. There is a training with CiMH and Stanislaus County coming up. A date has not yet been set. Stanislaus suggested having the training in Modesto at the Harvest Hall. Manuel asked that Sally forward the dates to Carol who can then forward them to Donna Matthews with CiMH. c. James asked Carol if she received the application for the Planning Council; she did not think she received it. James continued that the Planning Council has many vacancies. James passed on some information to Carol from other Mental Health Boards; it can then be mailed out in the March packet. No one knows what is happening with the budget – everyone is just hearing rumors. There is going to be a one-time Statewide meeting in June for members of all Mental Health Boards. The next CALMHB/C meeting will be in April in Los Angeles. Sally thought that the one-time Statewide meeting may be at the same time as the next CALMHB/C meeting in April and not in June. d. Kim was not present. e. Barbara reported she is going to Sacramento on Thursday and Friday and Gary Comer will be covering for her. Barbara also enjoyed going to the NAMI meeting last week. Mary commented that it is nice having someone from Mental Health present at their meetings. Manuel stated that he would be more than happy to come to a meeting. He told Mary to get with Carol to find a time. f. Sally asked that everyone congratulate Supervisor Walsh for becoming the new Chairperson for the Board of Supervisors. Supervisor Walsh reported that the district boundaries for the five supervisorial districts have been approved and are in effect. The County has developed a tool to help locate which addresses are in which districts. Once he gets a copy of the maps, he will bring to this meeting for everyone to see. The most changes occurred in the city of Merced. They are also doing a mid-year update trying to get a sense of where we are in light of what the State is doing. The State has advised that they will be short cashed and in February and March they may be delaying payments to us on a variety of program. They anticipate, according to Mr. Chang, to have their cash-flow problem addressed before June. Manuel reported that Mental Health is doing okay at this time even though last month he reported that Med-Cal payments are behind. The only thing that may be affected is the drug and alcohol side. We are receiving delayed payments and we may need to tap into the Drug and Alcohol trust to help pay for Drug Court. Hub was asked if he will be remaining on this Board. Hub replied that the Board has not approved the Committee selections; it should be on the agenda for the next meeting. The recommendation is that he will remain on the Board. He does not think there will be any controversy. g. Sharon reported that the next CBMCS training is coming up in March and there will also be a Mental Health First Aid training in March as well. She will give the dates to Carol to send out. They are setting up Circles of Support in the five areas for Innovation. There will be a meeting on Juvenile Mental Health Court next week with Probation; this is a partnership with Probation through MHSA.

Recommendation/Action: As noted above

XII. Adjournment

Discussion / Conclusion: The meeting was adjourned at 5:13 p.m. Our next meeting is March 6, 2012.

Submitted by: _____
Carol Hulsizer
Recording Secretary

Approved by: _____
Vince Ramos, Secretary
Merced County Mental Health Board

Date: _____

Date: _____