



# Merced County Mental Health Board Meeting

February 5, 2013

3:30 – 5:00 pm

300 E. 15<sup>th</sup> Street, Merced, CA 95341

**Present:**

Mary Ellis, Chair; Sally Ragonut, Vice-Chair; Vince Ramos, Secretary; David Baker; Kim Carter; Keng Cha; James Fuller; Cora Gonzales; Mary Hofmann; Iris Mojica de Tatum; Jan Morita; Audrey Spangler; Supervisor Walsh

**Absent:**

Maureen Freitas; Chuck McClure; Linda O'Donnell

**Others Present:**

Manuel Jimenez; Sharon Jones; Chris Kraushar, PRA; Sharon Robinson; Liz Slate, Recorder

## MINUTES

**I. Call to Order / Flag Salute / Roll Call**

Mary Ellis, Chair, called the meeting to order at 3:35 p.m. The pledge of allegiance was done. Roll call was taken.

**II. Approval of Minutes from January 8, 2013 (BOARD ACTION)**

**Action/Recommendation:** M/S/C (Fuller/Ragonut) to approve the minutes from January 8, 2013. Vince would like to see more information documented in the summary of minutes to reflect the board's discussion/dialog.

**III. Approval of Agenda for February 5, 2013 (BOARD ACTION)**

**Action/Recommendation:** M/S/C (Gonzales/Walsh) to approve the agenda for February 5, 2013, including an additional item under Committee Reports/Updates for Distribution of Binders.

**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:** a. Vince recommended that members attend the Community Partners Outcome Presentations on February 21 and 22 as it could save some time when the MH Board meets about this as well.

Audrey inquired if she might have to step down from the Board as she has to sue her landlord regarding an issue with permits and foreclosure. Public Works, code enforcement and the permit department are involved, and she will be requesting that the county check when the permits were issued. Supervisor Walsh responded that she could approach the Buildings Department located at M Street and commented that dealing with personal issues may not affect her ability to serve on the Board. If it's a patient rights issue, Chris K. could assist as well.

Jan reported that the *Report on Our Schools* will be held February 27 from 11:30AM-1PM at the Boys and Girls Club, 615 West 15th Street in Merced. Lunch is provided and there is limited seating. RSVP is required and the contact number is 381-6601. The *Tenth Annual Children's Summit* will be held April 25 from 8:30AM-3:30PM at Yosemite Church. Lunch is provided. Registration is not yet open and this event fills up very quickly. The number to RSVP is 385-7337. Jan has information if interested. The Planning Council will view the video *When the Bough Breaks* at the March 21 meeting. Jan and Sharon J. will view it and let members know if it's useful for them to view as well.

David inquired about the merging of the Alcohol & Drug and Mental Health Boards. Manuel responded that the goal is to combine the two boards by the end of June. It is still an ongoing process, and the last meeting included County Counsel to explore any issues. Will need to gather a bit more information, then will probably meet again. Cora attended the last meeting and added it was a productive meeting. She also learned that thirty out of fifty counties have combined behavioral boards.

Sally reported that we need to remove Chris K. from the MH Board contact information. There are currently sixteen members, not seventeen.

**Recommendation/Action:** As noted above

**V. Innovation Update (Sharon J & Community Partner)**

**Discussion/Conclusion:** Sharon reported that the Strengthening Families Project is going well. MH has partners in Planada, Le Grand, El Nido, Dos Palos and South Dos Palos. These partners provide a variety of activities, engage the community and provide community support. In Dos Palos, Circles is held with children at school. In El Nido, the partner is available for the community to discuss issues or concerns, and if they are MH related, she provides them with resources, information or links to clinicians. She attends school board and PTA meetings as well. She also provides ESL as an engagement tool with the ultimate goal of community health and wellness. In Planada, the partner is located in the Senior Annex and works with the Cherish Program for older adults. The Le Grand partner is located at the school. Approximately 25 people from Probation, AOD, the day reporting center and CSOC have already been trained in the first curriculum *El Joven Noble* (noble young man), which moves toward healing circles. The ultimate goal is to increase access to MH services primarily for outlying/isolated communities. Sally inquired if we could have the partners come and speak to the Board about what they do, what challenges there are and how they bridge them. Manuel mentioned that if the MH Board meets in Planada, then the two partners could attend that meeting. Sharon added that these partners are available for both the Le Grand and Planada schools. She is also hiring three more partners; two of which will go to Planada and Dos Palos. El Nido is working well. The school is the main hub for meeting information, and word spreads quickly. The school hands out flyers to parents as well. The partners are paid by Innovative funds for up to 30 hours per week. Members can e-mail Sharon for further questions/information.

**Recommendation/Action:** Partners to attend Board meeting to provide additional information.

**VI. Discuss Upcoming Public Forum in Planada (All)**

**Discussion/Conclusion:** Manuel reported we are proposing to hold a MH Board meeting in Planada on the first Tuesday in April. We would advertise to the community and invite them to attend. Sally added the hope is that folks would tell members what is working well, what are their challenges/difficulties, and in what areas they need help. Could make an interpreter available (through Healthy House). The meeting would be held at the community center at the regular time. Radio Lobo could probably help publicize and provide free PSAs. Sharon J. could let them know. Irene and Luis De La Cruz could also help spread the word. Could have a light meeting agenda to provide greater opportunity for public input. Supervisor Walsh will invite Supervisor Pedrozo. Maps/directions to the meeting location will be provided to members. Will check into providing light refreshments.

**Recommendation/Action:** Members concurred that the April 2 MH Board meeting will be held in Planada.

**VII. How Many Latinos Are We Serving? (Manuel)**

**Discussion/Conclusion:** For the next meeting, Manuel will bring a breakdown of all groups served. He reported that MH serves a total of 1,366 Latinos in our community. They self-report as 1,124 of Mexican origin; 3 of Cuban origin, 5 of Puerto Rican origin and 234 as Other Hispanic. Two years ago, we got an increase of Early Periodic Screening, Diagnosis and Treatment (EPSDT) funding to serve kids with Medi-Cal. Over those two years, our outreach to the children's Medi-Cal population was 260, which is a significant increase. In FY 2011, we saw 358 youth who identified as Mexican, 1 as Cuban, 2 as Puerto Rican and 68 as Other Hispanic. Those numbers were significantly up by 128 Mexican, 1 Cuban, and 52 Other Hispanic; however, we still have a lot of work to do. These numbers do not include any children seen through our MHSA contract providers. Sharon J added that MCOE's Caring Kids Program saw 421 children over a three-month period.

Mary H. inquired about a long-time client that had a positive drug test reportedly being refused services at the Wellness Center. Manuel explained that if clients are being seen through MH and the State Department of Rehab, the State may terminate them because of drug tests, but MH would still provide services if they are needed. Individuals that no longer meet our target population would not be able to go to the Wellness Center and may need to get back on Medi-Cal. MH staff can assist with that.

**Recommendation/Action:** Information only.

**VIII. Supervisor's Report (Hub)**

**Discussion/Conclusion:** Supervisor Walsh reported that the 2013 Chair is Supervisor Kelsey and Supervisor O'Banion is the Vice-Chair. Supervisor Walsh is still the MH Board representative for now. The BOS is spending a considerable amount of time getting a better understanding on healthcare reform and the discussions in California. It has not yet been determined how the program will be structured nor how many are expected to be eligible (will be based on income). California's target date is January 2014. Manuel added that 25,000 to 35,000 residents could qualify for healthcare benefits in January 2014, which could mean 2,500 to 3,500 new consumers within the MH and AOD system.

Supervisor Pedrozo is holding Town Hall meetings in Planada, Le Grand, Livingston and South Merced. The BOS decided that the ambulance RFP will go back out for proposals. The AB109 building is taking shape, so we may want to ask Probation and Manuel to invite the Board members to see it.

**Recommendation/Action:** Information only.

- IX. Director’s Report (Manuel)
  - a. Department Updates
  - b. Governor’s Proposed Budget
  - c. New Medi-Cal Rates – Effect on Clients

**Discussion/Conclusion:** a. Manuel reported we had a training on data collection/outcomes and program evaluation for staff and providers. Manuel has talked with providers to let them know we would be including outcome measurements in their contracts as they come up for renewal. An example he gave is providers could be penalized if they don't meet their target population (i.e., MH could charge Turning Point if clients are not kept out of MGPC). We want to include measureable goals in the contracts and expect positive outcomes. We have put together a committee consisting of Angelo Lamas (management analyst), Cindy Mattox (contracts analyst), QI, a fiscal member and the appropriate program manager to work on this as contracts are renewed.

Vince commented that it seems it could put a lot of stress on the providers to meet these outcomes. Manuel explained that Turning Point is well-paid to provide 24/7 care, home visits, dispense meds and ensure clients take meds. Examples given were only examples of what could happen. We might have something like 80% of clients will not be hospitalized within the next six months/year, or 80% will have part-time employment or will be in permanent housing. These things save the county money. Supervisor Walsh added that developing outcomes assists with advocacy of MH services. What are reasonable outcomes? Primary care physicians and schools are being moved in that direction as well. It holds them accountable. Manuel continued that some services cannot be reimbursed by Medi-Cal in some instances, and we need to be outcome based. We currently have no clients in a State hospital and less than a dozen in an Institution for Mental Disease (IMD), which saves the county a lot of money that could possibly be reinvested into patient services. Turning Point is based on the Assertive Community Treatment model, so they have the staffing ratio needed to work with MH clients. A lot of our providers are doing great work with our clients and by collecting data and outcomes, it gives the ability to share this information with the community and get the needed support. Unknown if funding would increase to existing community partners to address the expected increased caseload. Sharon R added that over the last 365 days, MH saw over 5,000 clients, so MH has large caseloads as well.

b. No new major changes regarding Mental Health. The governor briefly addressed healthcare reform and that he wants to move slowly with it (lot of unknowns, big expense). Could hurt California if not implemented by January, because the feds will initially reimburse at 100%. Ana Pagan (HSA Director), Kathleen Grassi (PH Director) and Manuel are meeting on a regular basis to discuss this. The CEO is also calling for the three of them to meet about it. Manuel was recently invited to participate in the Health Consortium that consists of federally qualified health centers and public health. It's good that MH has become part of the "team." Prop 30 slightly increased sales tax; however, a trailer bill is causing concern. All 58 counties were guaranteed \$93 million per month and the governor is kind of renegeing on that proposal. Social services is first to get growth money and now it's being proposed to split growth money geared toward MH with CalWORKs as well, which means we may see MH programs decrease over the next few years. Manuel will forward this information to members to keep them posted. There is more information on the proposed trailer bill (#610) on the website. The governor also took a lot of the MHSA money a few years ago.

c. Vince had previously inquired if this would affect non-Medi-Cal individuals and whether it would increase their payments. Manuel explained that the cuts to Medi-Cal were to primary care doctors not MH. MH services is a "carve out" with a separate pot of money. Sharon R. added that everyone has to be charged the same amount, so the rates are consistent across the board. For low income clients we have a uniform method of ability to pay and their fee is income-based. For those with no money, the fee could be about \$33 for an entire year of services. Manuel found out recently that an indigent person couldn't get services in Stanislaus County because the person did not have Medi-Cal.

**Recommendation/Action:** Information only

**XI. Committee Reports / Updates**

- a. **Quality Improvement Committee (QIC)** (Sally/Mary E.)
- b. **Executive/Bylaws/Planning Committee** (Sally/Vince/Mary E.)
- c. **Membership Committee** (Kim)
- d. **Patients' Rights Advocate** (Chris)
- e. **Wellness Center Update** (Chuck)
- f. **CALMHB/C Update** (James/Keng)
- g. **NAMI** (Mary H.)
- h. **Children's System of Care (CSOC)** (Cora)
- i. **MHSA Ongoing Planning Council** (Sharon J./Chuck/Mary E.)
- j. **Cultural Competency Committee** (Mary H./David)
- k. **Community Partner's Meeting** (Vince/Mary E.)
- l. **Binders** (Cora)

**Discussion/Conclusion:** a. Sally reported that she and Mary attended the January 22 QIC meeting, which is getting back on its feet. Alan is doing a good job with his team. For the AOD utilization review, documentation training is being provided. A MLK celebration will be held in January and a pool tournament in February/March. 90/60/30-day credentialing reminders are being done. A free two-day Cultural Competency Summit will be held in October at the Modesto Doubletree. The medication compliance monitoring review committee reported we are doing a good job. Several issues with chartings for Medi-Cal and 262 billings were denied because no doctor/nurse signed the charts. For the checklist that is done when clients are seen, doctors/nurses are not taking blood pressure, height and weight; need to improve on that. Labs are to be done once a year, but clients don't want to go. The documentation on Axis 3 (diagnosis) and coordinating with the primary care physician is not happening enough. MH is improving and working on improving quality. Client plans of care need to be more vigorously included in charts. There was \$23,000 in disallowances in December because the client didn't meet medical necessity, and training is being provided to help with that. This could have been from the pre-claims audit, which indicates the need to improve so Medi-Cal reimbursements can increase. Aspiranet, Turning Point and Lao Family do a great job with documentation. Training is going on for MH to improve with that. Auditing 500-600 more charts. Eighteen cases set for Psych Autopsy Review (3 pending, 2 accidental overdoses, 3 car accidents, 3 suicides, 7 medical). Possibility of automatic appointment reminder calls is coming along. EQRO is February 19 and 20 at B Street. Starts at 8:30AM (by invitation). Gathering focus groups to meet with reviewers. b. Mary reported the Spring Retreat is scheduled for Saturday, April 20 from 8:30AM-4PM at B Street. It will provide the opportunity for members to establish goals for 2013-2014 and greatly improve the effectiveness of the Board. Members will have the chance to become better acquainted with each other and are strongly encouraged to attend. A sign-up sheet was routed. Clearer copies of Chapter 3, which will be part of the retreat agenda, were provided to members. c. Kim attended the Suicide Task Force meeting in December and they discussed veterans. A VA social worker emphasized follow-up, so they don't fall through the cracks. Next meeting is the end of February, and they will discuss the elderly. They presented three best practices for choosing one to implement. Chose the older adult depression screening program and will find out more about implementing it. It is a depression screening for those elderly that are not institutionalized. Sharon J. added that the Pearls program does depression screening with homebound older adults. Passed around some copies of veteran resources, goals and activities planned by the Suicide Task Force, and the older adult screening. Copies of these materials will also be provided in next month's Board packet. There is a contest for high school students to create a PSA announcement/video, which could be given to the CUBE or TIP programs. d. Chris reported that she met with Manuel and Sam Kalember on February 1 to go over the month's activities. Phone calls significantly doubled last month; average is 55. Will attend the annual Patient Rights Advocacy Training this week in Sacramento. The training addresses new legislation and practices. Will report back at next meeting. A Kingsview contract was developed to provide a suicide prevention hotline. They implemented an 800 number for people to call to talk with someone. Passed around informational cards. e. No update. f. No update. Neither James nor Keng attended the meeting in San Diego. g. Mary thanked Manuel for attending the four-county introductory meeting. Received a template that anyone could use for advocating for almost anything. Last week, the English (21 attendees) and Spanish (12 attendees) Family-to-Family classes began. The Peer-to-Peer class starts February 14. The CUBE is the best facility to have all three classes simultaneously. People can join the classes up until the third Family-to-Family class. h. Cora reported that CSOC met January 14. The new program manager was introduced. There was a lot of discussion on integration of data collection. Discussed how many children may be eligible for Healthy Families (estimated 8,500). Also discussed how to collect information and how to analyze it; will follow-up with training. Read the list of all the data collection outcomes/youth services. Some of the services are provided by contract providers.

i. Sharon J. reported the contract providers will provide presentations (program updates, outcomes, measurable indicators) for the Ongoing Planning Council on February 21 and 22. A Deaf Population and Community Resources training will be provided by Angelica (CSOC intern) on March 12 and 19 from 1-4PM. Working on the annual FY 2013/2014 MHSA update. Mental Health Services Oversight and Accountability will draft innovative plan guidelines by February, which then goes to the Commission in September. The FY 2012/2013 revenue projections are expected to be \$1.3 billion for all MHSA and \$1.2 billion for FY 2013/2014. The Youth-to-Youth Conference will be held March 9 at Buhach Colony High School in Atwater. MH First Aid training will be held March 14 and 15. j. Sharon J. reported the Cultural Competency Committee meets the third Monday of each month. They look at four goals (access, quality of services) and what individual contractors are doing in terms of cultural competency. Most contractors have gone through the CBMCS curriculum and will continue with it. Will propose changing the name to Health Equity at the next meeting. k. Vince reported that MH and AOD services are provided to CalWORKs recipients and that CalWORKs will provide training on mental illness, including family members. Manuel clarified that HSA pays MH to provide these services (MH doesn't bill Medi-Cal for those services). l. Cora reviewed the binders that include the mission statement, MHSA, bylaws, annual report, member directory, meeting dates, responsibilities, roles and duties, services and programs, Board 101, additional links/information, glossary and acronyms. Members are to bring them to each meeting. Manuel thanked Cora, Carol and Mary for all that was done. Mary and members expressed appreciation for Cora's efforts.

David requested to place MH's healthcare reform on a future agenda. Manuel added that parity is a big issue.

**Recommendation/Action:** As noted above.

**XII. Adjournment**

**Discussion / Conclusion:** The meeting was adjourned at 5:10 p.m. The next meeting is March 5, 2013.

Submitted by: \_\_\_\_\_  
Liz Slate  
Recording Secretary

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_