



Merced County Mental Health Board and Public Hearing

January 14, 2014

4:00 pm

1137 B Street, Merced, CA

Present:	Cora Gonzales, Chair; Richard Hawthorne, Vice-Chair; Mary Ellis; Sally Ragonut; James Fuller; Jan Morita; Chuck McClure; Keng Cha; Mary Hofmann; Kim Carter
Absent:	Iris Mojica de Tatum, Secretary; Vince Ramos; David Baker; Audrey Spangler; Supervisor Hub Walsh
Others Present:	Scott De Moss; Curt Willems; Chris Kraushar, PRA; Sharon Jones; Carol Hulsizer, Recorder

MINUTES

I. Call to Order / Flag Salute / Roll Call

Cora Gonzales, Chair, called the meeting to order at 4:02 p.m. The flag salute was done. Roll call was taken.

II. Mission Statement

Mary Ellis read the Mission Statement.

Cora shared the following statement – "There are two ways of exerting ones strength. One is to push down and the other one is to push up." This was written by an educator who lived from 1856-1915.

III. Approval of Minutes from December 3, 2013 (BOARD ACTION)

Action/Recommendation: M/S/C (McClure / Ellis) to approve the minutes from December 3, 2013.

IV. Approval of Agenda for January 14, 2014 (BOARD ACTION)

Action/Recommendation: M/S/C (Ragonut / Fuller) to approve the January 14, 2014 agenda.

V. Opportunity for public input. At this time any person may comment on any item which is not on the agenda.

Discussion/Conclusion: Jan talked about access to the Wellness Center. She has done some research but got a little lost with it. She wondered if the Wellness Center could be opened for those with a mental illness who are not on Medi-Cal. Jan read that it is subject to operate when there is an availability of funds and if that person meets the criteria. The Center provides hope, social network, support services and most private insurances would not cover this kind of care during the day. She asked if someone could do some research and find out if we could open it up to others. (*Director De Moss responded to this in his report.*)

Recommendation/Action: Information only

VI. Chair's Report

a. Review Responsibilities

Discussion/Conclusion: a. Cora stated that it has been a year since they looked at their Board binders. She briefly went over the Board's responsibilities. The first is one to review and evaluate the community's mental health needs, services, facilities and special services. This can be done a number of ways – reviewing facilities and services; holding public meetings on a specific topic; establish committees, which we already have; target population committees, which we do; functioning committees, we have functioning committees and have had ad hoc committees. The second is to review any County agreements entered into pursuant to W&I Code Section 5650 and review the Mental Health Department budget. W&I Code 5650 indicates that the Board of Supervisors and each County for Board of Supervisor counties acting jointly shall adopt and submit to the Director of Mental Health in a form and according to the procedures specific by the Director a purpose annual County Mental Health service performance contract for mental health services in the County or Counties. The third one is to advise the governing body, such as the Board of Supervisors, and the local Mental Health Director through testifying, advising, meeting, advising the Director, calling the Director with urgent issues, review and comment, review and approval of Mental Health budgets. Number four is to review and approve the procedures used to ensure citizen and professional involvement of all stages of the planning process. Number five is to submit an Annual Report. Number six is to review

VI. Chair’s Report – con’t.

and make recommendations on applicants for the appointment of the local Director of Mental Health services. Number seven is to review and comment on the County’s performance outcome data and communicate its findings to the California Mental Health Planning Council. Number eight is to perform additional duties and/or additional authority transferred to the Mental Health Board by the governing body. Next month Cora would like to briefly review attendance, review an evaluation, Board obligation, advocacy and purpose of power and authority.

Cora continued that she was reviewing the MHSA plan for today’s Public Hearing and was making a list of all the acronyms used. She had hoped to have it typed out, but didn’t have the time.

Recommendation/Action: Information only

VII. Supervisor’s Report

Discussion/Conclusion: Supervisor Walsh could not make today’s meeting.

Recommendation/Action:

VIII. Director’s Report

- a. Wellness Center Update
- b. Brown Act Follow-up
- c. Medi-Cal Audit

Discussion/Conclusion: a. Scott had received concerns from the Board (two meetings ago) that the Merced Wellness Center was only accepting Medi-Cal clients. He contact Cara Rupp, Lead Clinician at the Wellness Center, and asked her what the requirements were to participate in the Wellness Center. Cara shared that there were no specific requirements to participate in the Wellness Center, but they had targeted having individuals who had open mental health case plans as individuals to participate in the Wellness Center. They try to make it open to everyone, as space is available. Some time ago Cara had written out some guidelines for staff and she was going to go over these with Curt Willems. Cora asked who would be writing the guidelines; Scott responded that the Department has a policy/procedure committee that looks at the Department’s policies/procedures as they are being written and developed. All policies and procedures are voted on by the Executive Staff and signed by the Director before they are implemented. Cora asked that the Board be updated as the policy/procedure is written and implemented; Scott stated he would. Scott did question Cara if there has to be a policy/procedure to say who can come in or not for a program like the Wellness Center; is this what we want to set for the culture of the program or is it supposed to be anyone who may have need for that type of program and they should be able to come in and use whatever is being done. Deciding this is the first hurdle before writing a policy/procedure around it. Cora is concerned that there will be narrow guidelines and therefore limited. Mary H. questioned the numbers because space was mentioned. Does this mean number of people at that moment – capacity of the building, or is it number of people who have access? Scott responded that only so many people in terms of capacity of the building. Curt clarified that one issue in regards to capacity of the facility is also the aspect of maintaining some type of order for individuals that may not be familiar to the Dept. There are many transients in that area that may just come in. By having an open case plan, not Medi-Cal only, the Dept. then has a way to track who they are for safety sake. There are a lot of individuals who take advantage of our population. This is why it was changed from years ago. b. Scott stated that Forrest Hansen spoke to the Board last month and he left with a few questions. One question was related to the committee reports and the “reply all” conversation that took place. Forrest told Scott that it is okay for the Board to send out minutes and reports to the entire Board; however, it would not be appropriate for any of the individuals who received it, to respond back using “reply all” because that would be a violation of the Brown Act. Scott then asked James Fincher, head County Counsel, how onerous is the rule. Mr. Fincher recommended to not use email in mass except perhaps to send out agenda items/communication. In this case Mr. Fincher felt that it wouldn’t be to grave to do with committee reports so the full Board saw all the different committee’s written reports. Cora asked if the appropriate person to send out committee reports would be the Chair; Scott responded, yes, either the Chair or the secretary depending on the committee. c. At the last meeting the Department was preparing for a Medi-Cal audit with the State Dept. of Health Care Services. The outcome of the audit was rough. The Department has not yet received a written draft, thus, the only information the Dept. has is the oral exit interview. There were 121 items that were reviewed as part of the protocol and the Dept. failed 31 of these items. It was brought to the Department’s attention that in the last audit we only failed three items. Clearly, internal efforts are not meeting the mark. Even the reviewers commented on the change in faces; all but one of the parties they worked with on the audit were not at the audit three years ago. There are also many vacant positions in QI and Scott is trying to correct this. There is a lot of work the Department is going to need to do as we go through the Plan of Correction process to address the 31 items. Based on recent

VIII. Director’s Report – con’t.

meetings at the State, it is not just our county. Our county is not in the best place of the other audited counties, but we are not the worst either. The State is going to be putting some extra resources into technical assistance for counties. They are going to institute some trainings – they are working with the Federal government to identify measures that we can use to help us do better. Cora questioned if this is the first audit the Dept. has had since the implementation of electronic medical records and Scott responded that this was the first audit that incorporated the use of electronic medical records. Cora asked if this could be part of the problem and Scott stated that it did. Many counties that have gone to electronic medical records had certain problems with the transition. The reviewers also pointed out that generally as interviews get down the road with the use of medical records, a lot of the procedural issues are corrected simply by the systems themselves. Cora questioned the technical assistance – will it be in any particular area? Scott stated that there is an annual meeting coming up where all QI staff from the counties meets with the State and that will be pretty much the sole topic for discussion there. There will also be ongoing conversations with the Mental Health Director’s Association and the Mental Health Directors to make sure that they put a program out that will help counties get in compliance. Scott continued that the Centers for Medicare/Medicaid services released a letter on January 1st notifying the State that they denied their application for a 5-year waiver due to the compliance issues in the State, and instead they instituted only a two-year waiver. The letter also stated that the Centers for Medicare/Medicaid services specifically pointed out that they were comfortable with the oversight practices of the State but they were uncomfortable with the Counties’ abilities to be in compliance. The Federal government is clearly pointing at County programs. The Counties have a lot of work to do. Sally questioned if there will be financial consequences. Scott responded that there will be some financial penalties related to the chart audit section. They reviewed 20 charts and the services they found to not be in compliance will have to be repaid. Fortunately they are not extrapolating this across the entire system. Scott continued that once the Department gets the draft letter from the State we have 30 days to respond to anything in the draft letter that we feel should not be in the final letter. At the end of that 30 days they take our comments into account and draft a final letter. When the final letter arrives, the Dept. has 60 or 90 to write our plans of correction and turn them into the State. Scott feels that there is not enough staff to do the work and one of his key focuses will be to get people hired into the QI office that can start carrying the workload that needs to be done. The QI office has already addressed the first six items that were out of compliance. They are looking at all facets of the Department’s documentation process and training and they are working at retraining everyone on how they should chart and do notes. It is not any one thing, but the whole system has to be looked at. It will take staffing and time and that is where Scott’s commitment lies – force this process to get started. Sally questioned if Medical Records is part of making sure charts are in order. Curt responded that currently Medical Records does look at timely documentation/notations to make sure they match the billable services that are being billed for and to make sure that there is something in place. They are addressing that with staff that are out of compliance as well; they are also actively involved with some of the utilization review of charting along with QI.

Recommendation/Action: Information only

IX. Committee Reports / Updates

- a. Quality Improvement Committee (QIC) (Sally / Mary E.)
- b. Executive / Bylaws / Planning Committee (Cora)
- c. Membership Committee (Kim)
- d. Patients’ Rights Advocate (Chris)
- e. Wellness Center Update (Chuck)
- f. CA Association of Local Mental Health Board/Chair (CALMHB/C) Update (David / Keng)
- g. National Alliance for the Mentally Ill (NAMI) (Jan)
- h. Children’s System of Care (CSOC) (Cora)
- i. MHSA Ongoing Planning Council (Sharon J. / Iris)
- j. Cultural Competency Committee (Mary H. / David)
- k. Community Partner’s Meeting (Vince / Mary E.)
- l. Alcohol and Other Drug (AOD) (Richard)

Discussion/Conclusion: Cora stated that she has heard some conversations regarding this part of the agenda. If a Board member has a report that is very detailed, Cora asked that they have a written report and pass out copies to the Board, then just give the bullet points from the report. She doesn’t want anyone to think that they were not given a complete, opportune time to cover all the essentials. a. Sally reported there was not a meeting to report on. b. Only Cora was able to attend the recent Exec Committee meeting with Scott. Not much was done because they wanted to wait for the outcome of today’s meeting. By email or phone they will complete the agenda for Carol to get it out in a timely manner. c. Kim had nothing to report. d. Chris met with Scott and went over

IX. Committee Reports / Updates – con't.

activities and concerns for December. There was nothing remarkable. She is going to a regional, quarterly Patients' Rights meeting which will be in preparation for the State Patients' Rights meeting in order to make sure the central valley is well represented at the State. Both of these will occur in February. e. Chuck reported they had a nice Christmas celebration. On January 16th they will be having their annual Martin Luther King celebration. There will be singing and cakes and Chuck will have the honor of reading Martin Luther King's, I Have a Dream, speech. Their next fund raiser will be on the 24th and they will be doing nachos. Staff is asking for more volunteers to help in and around the Wellness Center. There has been some interest but they are working out the fine details. They will be instituting badges for all volunteers; no one without a badge is allowed in the kitchen. They will be restarting their newsletter again; Aaron has volunteered for this. They are looking forward to Valentine's Day and thinking about doing a 'secret pal' type event. The new groups that Chuck has reported on in the past are doing very well. They had their elections for the Consumer Advisory Committee and the new Chair is Elena (Chuck introduced her to everyone). f. Keng reported the next meeting is this Thursday and he will be attending. CiMH is setting up webinars and Keng sent everyone an email with the details. Chris stated that in the past the Board has gotten together and done these webinars as a group. Carol questioned what day of the week these webinars take place on and Keng stated they are on Saturdays. Carol responded that staff will have to come in and help with the webinars. g. Jan reported their next Board meeting is on the 22nd. Mary H. continued that she attended a workshop put on by a non-profit group in Oakland recently and was very impressed by it. This group offered to come here for a workshop for free. The workshop is on how to be prepared for a mental health crisis. A flyer was passed out on the workshop being held on the 22nd. The following night their Family-to-Family classes begin. They want to get the word out on the next class. Jan continued that they are starting their Peer-to-Peer classes on February 6th which runs consecutively with Family-to-Family. The next Community Dialogue is scheduled for March 8th and held at Livingston Middle School, more details to come. The third Community Dialogue will be sometime around the end of April in Planada. All three dialogues will have the same topic – stigma. NAMI is planning on having a Mental Health Forum and they want to have information there on how to navigate the mental health system for consumers, family members, care givers and the community at large. They want not only mental health providers, but also other people with related services. Another component will be reaching out to the faith-based community. h. Cora attended the meeting yesterday. She forgot her notes and asked Curt to report. Curt responded that the meeting discussed Katie A. updates, Probation relationships and work with Juvenile Hall. Services under foster care were discussed and working together with HSA. Probation also discussed their problem with staff shortages. i. Sharon J. reported that there is a Public Hearing at 5:30 tonight. They are gearing up for the MHSA 3-Year Plan – FY 14/15, 15/16 and 16/17. Sharon will be taking requests for focus groups because with the 3-Year Program comes focus groups. j. Mary H. stated they did not meet this month. Sharon J. stated that the next meeting will be on January 27th and this year they will be updating the Cultural Competence Plan. They will also be looking at more culturally specific trainings for the Department. They are also collaborating with AOD and looking at CLAS (Cultural Linguistic Appropriate Services) standards which are the Federal standards. k. Mary E. reported that Community Partners truly reflects a conscience effort to meet the needs of the consumers realizing the program components/items are in compliance. l. Richard stated there is not much new with the blending of the two Boards. They have basically placed this on hold until there is a new Director.

Recommendation/Action: Information only

X. Other Business

Discussion / Conclusion: None

XI. 5:30 p.m. – OPEN PUBLIC HEARING: Mental Health Services Act (MHSA) Proposed Program Update FY 13/14
a. Close Public Hearing
1. Approve MHSA Program Update FY 13/14

Discussion/Conclusion: The Public Hearing was officially opened at 5:30 p.m. Sharon Jones had a powerpoint presentation on the proposed updates which she went over. After completing her presentation Sharon asked for comments from the public.

Steve – How will they implement this program with the outlying schools? Sharon stated that clinicians usually travel to the school to do the work; a clinician would be designated for that area.

Cora – The issue of the middle school and county schools was addressed, but the high school district was not. Sharon stated that under the PEI school-based clinician program, that is dependent upon the individuals that presented at the MHSA Advisory Committee. If someone from the high school came and presented, it would be addressed. Today's information came from the individuals who have already expressed a concern for their area.

XI. 5:30 p.m. – OPEN PUBLIC HEARING: Mental Health Services Act (MHSA) Proposed Program Update FY 13/14 – con't.

Steve – He asked, “the high schools would contact Sharon and then she would send someone out?”. Sharon stated it starts with an implementation plan and developing a scope of work on what type of work will be done in the communities and what will be offered to the schools and then it goes from there.

Chris – She questioned is what we get from the State in total for MHSA, is that approximately the amount we are spending? Are we spending what we get? Sharon responded the MHSA money now comes in monthly and is unpredictable and varies. There is a trust fund and have money in the prudent reserve. With these new additions, we may be exceeding the amount that we are getting from the State.

Sally – she questioned all the different programs and who coordinates it all? Sharon stated that they have a MHSA team – Christina Nishihama who is the Quality Assurance Specialist, Crystal Guerrero who is an Office Assistant, and Angelo Lamas who is a Management Analyst. Sharon hopes to implement a MHSA quarterly meeting where all the programs come together and share. Sharon also wants to collaborate with non-traditional partners because of stigma and discrimination when it comes to individuals living with a mental illness. She is trying to get more non-traditional partnerships – such as Public Health, Area Agency on Aging, and different partners in the community.

Mary – She questioned the position that would be hired for the CUBE and what exactly is the requirement for it – it seems like a lot of money for it. Sharon said the position would be for a Vocational Counselor and it is a Master's level staff. The person's responsibility would be to not only provide linkage for the individuals attending the CUBE, but also to do some community work with the schools and connecting individuals.

Jan – She was not clear how MAPS is related to Mental Health. Sharon stated that Chief Chavez from Livingston has been very faithful attending MHSA meetings. It would be a positive thing for law enforcement. In the Livingston community in the elementary and middle school, gang activity is starting to rise. Chief Chavez has a vision that if there is an officer-friendly cop in the school, partnering with Mental Health would help address some of these issues. If it works in Livingston, they will go to other communities.

Cora – In the presentation under hospitalizations there was a breakdown of the actual cost per day and then for the year. There was not anything for incarceration. Sharon said she would consult with Turning Point.

Chuck – he questioned the Peer Mentors mentioned and where they will be located at. Sharon J. responded that they will be located at the Wellness Centers – Westside Transitional, Merced Adult, and Dual Diagnosis.

Jan – she questioned the TIP (Transition to Independence Process). Sharon J. explained that the TIP is a program that was developed by Dr. Rusty Clark. TIP is similar to what Vocational Counselors do – they focus on employment. The TIP is more on self-discovery and future planning for youth. It is client driven – they have the choice and plan their future. It is helping them to be more independent.

Kim – on the iMatter Program and CUBE, Kim questioned the actual numbers served. Sharon J. stated that it is 50 more and it varies by the makeup of the program. Mary H. asked if the numbers are nonduplicated. Sharon J. stated that it depends on the program – some are unduplicated and some are duplicated. Sally questioned the projected numbers also. Sharon J. stated that they will be working on another Annual Update soon and they will be looking at program capacities. Community dynamics have changed and they will be looking at all of this.

Sally – she questioned the CASRA Program and there was no number shown for those served. Sharon J. stated that it is within the report under the supportive information. It says, “the original five modules had ten graduates, and of those ten, six were consumers, five of those six presented two educational days on suicide”. This additional module is to ‘come full circle’ so more can graduate from it. You have to have all five modules to graduate from CASRA. By adding an additional module they will be able to accommodate the other people that may have not received the first module. The actual number served was ten. Scott commented that in the report it notes there were ten graduates. He also noticed that there are slots in each class for 20-24 people. In any educational setting, not everyone makes it to graduation. In the SMART goals part of the objective is having a certain percentage of people graduating. Hopefully the classes will carry 20-24 people who are interested and hopefully we will meet the SMART goals of 80% graduating.

Kathleen Grassi, Public Health Director – she thanked Mental Health for the support and partnership that Sharon J. mentioned. The Public Health Dept. is looking forward to expanding their health outreach and education in partnership with Mental Health. We need to recognize that health and mental health go hand in hand.

Recommendation/Action: At 6:08 p.m. the public hearing was closed. M/S/C (Fuller / McClure) to accept the MHSA Proposed Program Update for FY 13/14. Sharon J. commented that she realizes they have to work on the grammar prior to going to the OAC.

XII. Adjournment

Discussion / Conclusion: The meeting was adjourned at 6:10 p.m. The next meeting is February 4, 2014.

Submitted by: _____

Carol Hulsizer
Recording Secretary

Approved by: _____

Iris Mojica de Tatum, Secretary
Merced County Mental Health Board

Date: _____

Date: _____