



Merced County Mental Health Board Meeting

May 5, 2015

3:30 pm – 5:00 pm

1137 B Street, Merced, CA

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| Present: | Richard Hawthorne, Chair; Iris Mojica de Tatum, Vice-Chair; Vince Ramos, Secretary; Sally Ragonut; Kim Carter; Supervisor Walsh; Mary Ellis; Keng Cha; Mary Hofmann; James Fuller |
| Absent: | David Baker |
| Others Present: | Yvonnia Brown; Curt Willems; Chris Kraushar, PRA; Sharon Mendonca; Kurt Craig; Jeanette Merchant; Sharon Jones; Steve Wilson; Carol Hulsizer, Recorder |

MINUTES

I. Call to Order / Flag Salute / Roll Call

Chair Richard Hawthorne called the meeting to order at 3:34 p.m. The flag salute was done. Roll call was taken.

II. Mission Statement

Richard read the Mission Statement.

III. Approval of Minutes from April 7, 2015 (BOARD ACTION)

Action/Recommendation: M/S/C (Ragonut / Fuller) to approve the minutes from April 7, 2015.

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

Discussion/Conclusion: Vince would like a breakdown of profit/loss statement on the Wellness Center and where the money is going. Some of the consumers are saying that they are not getting their art supplies. He attended the QI meeting and was told that the Department cannot furnish everything. But according to State law, State regulations, it should be – maybe not everything. We need to help. Vince was not sure how to go about doing this though. Sharon M. responded that there is a Department budget; it has been brought to this meeting and reviewed it. Most recently they brought Mental Health's Balanced Report showing the revenue coming in and the expenses going out. The Wellness Center is a program and manages its own budget. They have about \$600 for supplies for the year. The Manager works with the consumers to see what they want to purchase. They can always request funds but not everything will be approved. When they do ask for things, the Department has to make sure it is part of the plan of the program, that it is something the Department thinks would be beneficial and that there is money for it. There is a procedure for requesting funds. If they would like art supplies, they need to speak with Cara, let the Advisory Committee know and they can put in a request. Yvonnia responded that Jon is already scheduled to talk with the CAWs to go over the budget so they are clear on the budget. Vince continued that this also happened in 2009 and Troy Fox was the Director then. A staff member was buying materials out of their own money and Troy said this should not have happened. Sharon continued that this fiscal year (14/15) the Department has spent money on art supplies for all the Wellness Centers. Vince stated that according to the W&I Code all activity programs shall be staffed and equipped to encourage the participation of each client and to meet the activity needs and interests of each client. Iris asked if the Board could see the line item request that Vince is talking about. Richard asked that staff look at this. Sharon J. stated she would bring a handout of the breakdown at the next Mental Health Board meeting. Yvonnia clarified that what Vince is looking for is a breakdown of what the expenditures were last year and the profit and loss - what we brought in and what we spent; possibly an itemized list showing how much was for activities. The concern is that funding is not being utilized appropriately or not geared towards activities. Yvonnia stated that we will have a report for the next meeting. Chris asked that the report include the staff/positions that are costed to the Wellness Center.

Steve Wilson mentioned that he is attending today to figure out if he wants to become a member of this board. He used to be on this Board in the past. He lives in District #2.

Recommendation/Action: As noted above

V. QI Update (additional information on penetration rates) – Jeanette Merchant

Discussion/Conclusion: Jeanette had a little more information on penetration rates; however, the Department has not yet received back the report from the EQRO audit in February. The new agency – Behavioral Health Concepts – that has taken over the review, have not published any new information for the Statewide averages or the comparison with other medium-sized counties such as Merced so we can compare where we are at. Jeanette can give our numbers but it does not mean much if it cannot be compared to others on Statewide averages. The most recent information she has at this time is from 2013. Jeanette did go over some statistics from December 2014. There are 116,000 people in Merced County who are eligible for the Department’s services – meaning they are enrolled in Medi-Cal. This was a 6% increase from July 1st or 16,000 more eligible. For our population – compared to the last figures they have – our 6% increase – 44% of our total population are enrolled in Medi-Cal which is significantly higher – the Statewide average is only 28.48% based on population and medium-sized counties is 28.74% - that was based on 2013 figures. Clients served – as of December 3,896 were served – which is an increase of 40 from November. These are for clients served – not open clients. It has been pretty steady for October, November and December. Eligible penetration rate – because we have more of the population that is eligible for Medi-Cal, than other counties, we are still showing that our penetration rate is lower than other counties because we have had that rise of eligibles. In December we were at 4.17% and based on the older, medium-county average is at 5.08% with a 23% lower than other medium-sized counties. Again – this is based on older data. Jeanette knows that our data is 4.17%. For comparison purposes it is not really accurate. When Jeanette gets the numbers, she will continue to report on this. Jeanette was asked if the increase was due to the ACA and she responded that they figure it is. She was asked if the penetration rate is not strictly for Hispanics, but overall, and Jeanette agreed.

Recommendation/Action: Information only

VI. San Mateo Mental Health Board Request – Kurt Craig

Discussion/Conclusion: Kurt reported that some time ago San Mateo County wanted to change the configuration of the Mental Health Board. It was sponsored by an existing bill - AB 1424. This bill wants existing members on the Board to be exempt from having to leave the Board if they are employed by a mental health system. Anyone getting a job through the Mental Health Dept. would not have to vacate their position on the Mental Health Board; current law says they would have to leave. San Mateo’s intent was once a person’s term was over, then they vacated the position. The current bill does not say that; Kurt is not sure if it will be amended or not. San Mateo is asking for support so the bill will pass. A Board member asked how many actual members this Board has. Richard stated that the Board can have up to nineteen members and currently there are eleven. Each Board of Supervisor has the opportunity to appoint three members for a total of fifteen. Then there are three At Large Members and one Board of Supervisor position. Yvonnia stated that all the Directors, except a few, basically did not support the bill because it leaves it open for anyone wanting to join the Board – and it could be contract providers – it could potentially “muddy the waters” and someone could be voting on a bill that would have influence. At the Director’s meeting in Sacramento, it was an almost unanimous decision to not support this.

Recommendation/Action: Information only

VII. Chair’s Reports
a. Update By-Laws (Blending Boards) – June Joint Meeting
b. Coordinate End-of-Year Report Committee
c. Nominating Committee for Next Year’s Officers

Discussion/Conclusion: a. Richard stated that he and Yvonnia met recently with County Counsel and they have finished the revision of the by-laws. Once they update the draft, they would like to have a joint meeting with the AOD Board to review the final version of the by-laws and answer any questions. At that time both Boards would vote to recommend the blending of the two Boards and accept the revised, blended by-laws. Originally, this meeting was to take place at the next regularly scheduled Mental Health Board meeting on June 2nd but this meeting has now been moved to May 27th. Richard is going to work on having the AOD Board attend the May 27th Mental Health Board meeting. The May 27th meeting will also include a Public Hearing for the MHSA Proposed Program Update. The Mental Health Board meeting will begin at 4:00 pm with the Public Hearing beginning at 5:30 pm. Richard will call and remind everyone. b. Richard is going to get a copy of last year’s report. He will be working on this year’s report. If any of the other Board members would like to work on it with him, please let him know. If anyone wants to update their bio from the report, please do so and send to Richard. Iris wants to add a map showing where all the MHSA program services are by district. c. Richard stated it is time to elect new officers. According to the by-laws the nominating committee needs to be elected. Mary Ellis and Kim Carter agreed to be the nominating committee.

Recommendation/Action: Information only

VIII. Supervisor's Report

Discussion/Conclusion: Supervisor Walsh reported that at the Board of Supervisors meeting today they recognized volunteers for the five districts. It is always nice to recognize ten different groups and individuals for their contributions. It reminds us how much would not get accomplished if it were not for volunteers and their commitment to our community. The BOS are having some discussion about how they will be interviewing for At Large Members. Supervisor Walsh shared that his colleagues are saying that one of the challenges of filling our vacancies is that all the meetings are in Merced. Those living in the outer areas of the county do not want to have to drive to Merced all the time for meetings and there is no mileage reimbursement. There was a suggestion of having members living in out-lying communities using tele-conferencing or conference calls. Supervisor Walsh stated that if that happened, it would have to be part of the agenda. It would have to be posted on the agenda that "John Smith" is calling in from a certain address location and anytime a vote is needed there would have to be roll-call votes. Supervisor Walsh concluded that all Board members wore lime green ties in recognition of Mental Health Awareness Month.

Recommendation/Action: Information only

IX. Director's Report

- a. Feedback on MHSa Programs – Discussion with Providers
- b. ACA Impacts on Mental Health Services
- c. Special Projects (CARS)

Discussion/Conclusion: a. Yvonnia reported that some of the changes being recommended with the MHSa programs are: 1. changing the PEI staff to CSS (Community Services & Support). This would allow the Department to expand clinical services and bill at a higher rate. The CSS clinicians would be providing services in the community and to include the schools. Currently PEI clinicians are only housed in the schools; they only deal with the kids in the school and only provide PEI services. Transferring them to CSS will allow them to not only provide preventive services but assessment and more treatment for kids in the schools and the community. The clinicians need to be where the client's needs are – school, home, or community facility. 2. Under PEI they are looking at integrating Primary Care in the Latino community with Golden Valley – adding another clinician there; Castle Family Health Care – integrated Primary Care. The Department already has clinicians at both GV and Castle; both are currently funded through Realignment but they are a community outreach program which should be funded under MHSa. Also under PEI there is the CalMHSa Suicide Prevention and they are requesting \$55,000 to help with the suicide hotline. Yvonnia explained it is more cost effective to give \$55,000 to the State CalMHSa Suicide Prevention Hotline rather than hiring three staff to do this around the clock. Another MHSa update is Innovation – transferring Strengthening Families Program to PEI for three years. 3. Capital Facilities and Technological Needs – setting aside money for the building project and telemedicine equipment. The building project has been previously discussed. The telemedicine equipment – the central valley is having a hard time getting psychiatrists and telemedicine would help connect a child psychiatrist for children services. Yvonnia continued with the MHSa Outcomes Event held on March 30 & 31. She met with all the providers on April 1st and discussed five key discussion points that they want to look at in the contracts – SMART goals, data and outcomes, contracts, monitoring and fidelity, and invoice procedures. Yvonnia let the providers know that the Department is looking at doing things differently – not just with the contractors but the Department itself. The Department will have measureable, attainable and realistic goals, be outcome driven not just data driven, and that the programs offered are actually making a difference in the families being served. There will be consistent contract language and expecting the same reporting requirements. Sharon M.'s team will be providing some one-on-one technical assistance. b. Yvonnia reported on the ACA impact from July 1, 2014 to February 28, 2015 - the Department had approximately 841 additional clients and collected in \$649,337.79 for Medi-Cal reimbursement. Yvonnia thought that the number of clients would have been higher. Sharon M. clarified that the Department may have been seeing these clients but they did not have Medi-Cal, now they have coverage. c. Yvonnia stated one thing the Department is doing to enhance client care coordination and being responsible to the community and clients is doing a "centralized intake" which is called CARS (Community Access to Recovery Services). This was Curt Willems idea, and he continued giving this report. Curt continued that as the ACA came in he saw the need for a new access point to be able to do a better job of assessing individuals when they are coming into the system. He also realized that continuity of care was needed from beginning to end. He began looking at a centralized intake. As the Department moves closer to behavioral health as opposed to being just mental health and AOD, he looked at the importance of being able to have that linked to a centralized process as well for bringing people into the system of care because a majority of the population actually has dual diagnosis. There were a number of things going on that said the Department has to move in this direction. Currently, some of the dynamics in the programs is that they have their clinicians taking turns doing those POEs (point of entry) where they come into the system of care, an assessment is done, a client plan is done, get them all set up and then start treatment of services. Sometimes many POEs will be scheduled in a day, but only a few show up. This leaves many slots, of 2-3 hours each, that something

IX. Director's Report – con't.

Sometimes many POEs will be scheduled in a day, but only a few show up. This leaves many slots, of 2-3 hours each, that something then needs to be found for the clinician to do. The clinician does have many things to do, but it gives them an opportunity to plan for it now. Now they are designating it to specific individuals that can actually do other community type services and back-up support for the entire system. This will not be adding any new staff; it is taking and designating more specifically, staff to do the centralized intake duties. By taking this out of the program, all the other clinicians who were doing POEs in the past, now can provide more treatment services because they are not tied up on a weekly basis scheduling POEs and taking the chance that they might not show up. Some staff have been moved and there is now a designated area for CARS. The MHSA team has moved to B Street and HR has moved to the Administration building at 1944 M Street. CARS will be located where HR was on 13th Street, building 2. Adults will be able to come through that area; there will be a nice waiting area along with office space for two adult clinicians to do POEs and one AOD counselor for AOD services. In the children's unit they are looking at one or two providing services in the back waiting room where the children now come in for services; no change there in some senses. Bottom line – it is centralizing the whole intake process. It is creating a process that is consistent and streamlined. The same will be done for the Livingston and Los Banos offices. There will be a designated clinician to do POEs at both sites; but they will be connecting with the CARS unit in Merced as well. Jeanette stated that they are also hoping this will help with the Access issues. CARS can handle more of the referrals that Access currently receives; CARS will also see the walk-in clients as well. Curt continued that CARS will be the umbrella of a larger perspective because it will include Access, CSU, Triage and Crisis Mobile Team (once they are on board). It will be a combination of all these programs under the umbrella of CARS. There will be a Manager and Coordinator that will oversee all these areas to ensure that all those critical services for bringing people into the system, or providing early intervention support, are in place. Start date is July 1st. Yvonnia concluded that there will be an Office Assistant assigned to this unit which will do the follow-up and reminder calls to offset some of the no-shows. This has been presented to the other community partners and they are excited about it knowing there will be one, central location if they need to refer someone. She believes it will be a tremendous asset to the community and will be more invaluable than we think. It will showcase the collaboration that will come out of this with the community partners.

Recommendation/Action: Information only

X. Reports / Updates
a. Executive Committee
b. QIC Report

Discussion/Conclusion: a. Richard had nothing new to report on. b. A copy of the QIC report from April 28, 2015 was handed out. Sally briefly went over a few points: on May 8th, this Friday, is the consumer annual picnic at Lake Yosemite from 10:00-2:00, the topic is early detection. Everyone is invited. Under utilization review clinical – in February the review was for Aspiranet and after seven corrections were made the cost disallowed reduced to \$12,276.49 – this is still too much and Director Brown wants a follow-up on this. Turning Point, after corrections, had no disallowances. Under Medical Utilization Review the reasons for disallowances were no progress notes, no phone contact, patient's signature was acquired improperly, treatment plan not signed by the patient or the doctor; after review of claims there were zero disallowances. Trainings – document training is going on now and is going well. In May four trainings will be taking place, including interpreter training. Hot Topics – May 26th is next QIC meeting; May 27th is Mental Health Board meeting; May 28th is the MHSA Outcomes Event.

Recommendation/Action: Information only

XI. Announcements

Discussion / Conclusion: Richard reminded everyone again that there will be a special Board meeting on May 27th. This will be a combined Mental Health and AOD Board meeting followed by a MHSA Public Hearing. There will not be a June 2nd meeting.

Keng mentioned that there will be a training in Sacramento in June for the Central Region on Mental Health Board 101. He passed out a flyer on this. Vince suggested having a bus or caravan to attend the training; Richard stated that there is only one slot for one person to attend.

XII. Adjournment

Discussion / Conclusion: The meeting was adjourned at 5:15 p.m. The next meeting is May 27, 2015.

Submitted by: _____

Carol Hulsizer
Recording Secretary

Approved by: _____

Vince Ramos, Secretary
Merced County Mental Health Board

Date: _____

Date: _____