

# Minutes

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**Present:** Iris Mojica de Tatum, Chair; Richard Hawthorne, Vice-Chair; Kim Carter; Sally Ragonut; Micki Archuleta; Supervisor Lee Lor; Bruce Metcalf; Norma Cardona; Mary Ellis

**Absent:** Paula Mason, Secretary; Angelo Perez; Keng Cha; Vince Ramos; Darrell Hall

**Others Present:** Yvonnia Brown; Robert Porta; Tabatha Haywood; Audrey Spangler; Sharon Jones; Sharon Mendonca; Liz Freitas, Christina Kraushar; Bonnie Henderson; Carol Hulsizer, Recorder

## **Call to Order / Flag Salute / Roll Call**

Chair Iris Mojica de Tatum called the meeting to order at 3:00 p.m. The flag salute was done. Roll call was taken.

## **Mission Statement**

The Mission Statement was read by Richard Hawthorne.

## **Approval of Minutes from March 6, 2018 (BOARD ACTION)**

**Recommendation/Action:** M/S/C (Ragonut / Ellis) to approve the minutes from March 6, 2018. Norma Cardona abstained.

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

- Iris welcomed a new Board member, Norma Cardona.
- Madelyn Castillo was present today. She works as a Domestic Violence and Sexual Assault Advocate for Valley Crisis Center. She will be graduating with her Associates Degree in psychology this semester and her Associates Degree in Social Media next semester. She was diagnosed with Post Traumatic Stress Disorder (PTSD) when she was 21 years old. By that time she had been coping with and experiencing her disorder for some time. She moved to Merced three years ago and immediately looked for treatment for her disorder. She learned that the only PTSD support available was for veterans. There is a lack of support for the general public who has PTSD. She surveyed some support groups at Valley Crisis Center and almost every participant said they would benefit from this resource or knew someone who could benefit from the resource. With the Board's help she would like to get a PTSD Support Group started for the general public in Merced. She proposed a peer-led, psycho-educational support group that focuses on the dynamics of the disorder, triggers, coping skills and inter-personal relationships. She would like to have an open forum when developing this group to obtain feedback from potential participants to express what they would like out of the group in regards to structure, activities, events in addition to researching and utilizing evidenced-based practice. She proposed a co-facilitator to help moderate the group in the chance someone is triggered and needs attention. She asked that willing physicians visit the group as speakers to create a trusting and supportive relationship with the group for mental health support. She plans to provide resources on mental health services and education to empower the participants. She offered to volunteer her time to either facilitate or co-facilitate in any way. She thanked everyone for listening to her proposal.
- Chris Kraushar, Patients' Right's Advocate for Merced County, developed a pamphlet regarding patients' right's services. The Department is growing and she cannot get to everyone. The Department informs people when they are admitted as a patient about the formal complaint and grievance procedure. But she doesn't believe there is anything, except on the in-patient unit, that is posted about patient's rights. Other counties developed a brochure; she in turn developed one specific for Merced County. Chris passed out copies.

- Yvonna Brown announced that Bonnie Henderson, present today, is the new Program Manager for the Innovative Strategist Network. Bonnie stated that she started three weeks ago.
- Yvonna Brown announced that the Grand Opening for the new facility will be April 20<sup>th</sup> at 9:00 am. Invitations have been sent. It is open to the public. It is something they want to recognize – the transformation of the old Community Hospital to a vibrant building that will provide behavioral health services for the community. There will be guided tours.
- Sharon Jones stated that for May is Mental Health Awareness Month, May 16<sup>th</sup> will be their Recovery and Wellness MHA Outcomes Event. It will be held at the Atwater Community Center. On July 14<sup>th</sup> they will have the Annual Spiritual and Wellness Recovery Conference. This will be at the Italo Lodge in Merced.

**Recommendation/Action:** Information only

### **Behavioral Health Program Updates**

- a. **New Managed Care Rules (Network Adequacy) – Benefits to Service Delivery and Requirements – Robert Porta**
- b. **Organized Delivery System (ODS) Overview – Pre & Post-Service Delivery Benefits & Next Steps – Tabatha Haywood**

**Discussion/Conclusion:** a. Robert gave a report the Medicaid Managed Care final rule that came into effect. The Center for Medicare and Medicaid (CMS) services is the Federal level and dictates the rules and regulations coming to the State and, thus, how it affects the County. CMS is the children's health insurance program. They served approximately 125 million people last year. The mission is to make sure there is effectiveness in our public funds, strengthening and modernizing the healthcare system, and providing quality healthcare and improved health at a lower cost. CMS is one of eleven operating divisions within the U.S. Department of Health and Human Services and their total budget is approximately \$1 trillion. Currently 2/3 of all Medicaid beneficiaries are enrolled in a Managed Care system such as Merced Behavioral Health. Final regulations took effect on July 5, 2016 with implementation to occur over the next three years. The goals of CMS are implementing further positive change in quality improvement, improve customer care and protection, improve accountability and transparency, and increase consistency with other healthcare coverage programs. Robert went over the effects to the County as of July 1, 2017. One was the grievance and appeal system; the standard grievance timelines for resolution went from sixty to ninety days; standard appeal timeline for resolution went from forty-five days to thirty days; expedited appeals went from three days to seventy-two hours. Documentation has changed as well as their logging system for grievances. Data reporting has increased. They recently went through a Readiness Review with Drug Medi-Cal/Organized Delivery System. On October 2, 2017 parity rules applied requirements in four benefit classifications: inpatient, outpatient, prescription drugs and emergency care. Beginning July 1, 2018 there will be network adequacy standards, category of sanction changes based on population density rather than population size, and the requirement for demonstration on compliance which is an added feature. Services must be available from the beneficiary's place of residence within 45 miles or 75 minutes to the service. For psychiatric services they must give an appointment, if requested, within 15 business days – no longer than 30. Mental Health services – an appointment must be given within 10 business days versus 14. For SUD services – within 10 days of request. On February 13, 2018 they were issued a network adequacy certification tool with the purpose of setting forth Federal network adequacy requirements for County Mental Health Plans and Drug Medi-Cal Organized Delivery Systems for pilot counties. Within this tool they had to create a database that covered information on their organization, all organization sites, and rendering service providers. This report will now be due on a quarterly basis. Yvonna commented that the Feds are trying to get them more in-line with the healthcare agencies – becoming more of a Managed Care organization. The healthcare agencies have already had this in place for years. This will reshape and change the whole delivery system. All of these changes are “behind the scenes” and will not be noticeable unless you work in the system. The purpose is to get clients in sooner. This is just one stage of many for Managed Care rules. With these changes there will also be sanctions, penalties and fines. The Department needs to have systems and processes in place to minimize the impact. b. Tabatha Haywood was present today to discuss the Organized Delivery System (ODS). She had a handout showing the current services and the expanded services. Currently they can bill for services under Drug Medi-Cal for Outpatient Drug Free (ODF), Narcotic Treatment, and Perinatal Residential. The one missing benefit is individual therapy which they have never been able to bill for. Now with the Waiver they will be able to be reimbursed for individual services. Currently services have to be provided face-to-face. Tabatha then went over the expanded services. The State wants a uniform process – no matter what County you are in, each must have the

minimum, same services available to all Medi-Cal recipients. The process that clients get admitted into treatment will become standard across the State. Every County that participates has to use the ASAM assessment tool. There are required services that every County has to provide. Another benefit they are excited about having is being reimbursed for Case Management; they have been doing Case Management because it is best practice, but they were not able to be reimbursed. Two staff will be dedicated to doing Case Management throughout the County; these two will follow consumers through the system making sure they are not lost in the process. Recovery Services will be a huge added benefit as well by linking those individuals back to the services they still need in order to prevent a relapse. They will continue to have the Narcotic Treatment program and the added benefit will be expanding to other medication assisted treatments. The last huge benefit will be that residential treatment will be paid for Drug Medi-Cal for both men and women. They will also now be able to do telehealth services. Tabatha anticipates them going live on July 1<sup>st</sup>. Tabatha was asked about youth benefits to ODS. She responded that the youth will have the same levels of service. They are still required to have outpatient and intensive outpatient; but they will also be required that if a youth needs residential treatment, then they have to provide that residential treatment. They are contracting with a residential provider in Stanislaus County. There are very few residential providers in the State. This is for the youth in ages 12 to 17. In order for their clients to be aware of these changes, they have created a Beneficiary Handbook. It will be posted on the web shortly. Every consumer will get a copy at intake. They will have running orientation groups every 72 hours for new consumers. Consumers currently receiving services will be informed of the changes. They are also considering advertising through Facebook and other alternative means. Every clinic is required, per ADA compliance, to have a TTY phone; for the blind, they will have staff sit through the process with the client.

**Recommendation/Action:** Information only

### **Chair's Report – Iris Mojica de Tatum**

#### **a. May 19, 2018 – Strategic Planning Meeting Discussion**

**Discussion/Conclusion:** a. Iris reminded everyone to mark their calendar for May 19<sup>th</sup> in order to attend the next Strategic Planning meeting. It is very important that everyone attend. The time is from 9:00-1:00. Hopefully it will take place in the new building. The facilitator is Susan Wilson; she has provided trainings at various California Behavioral Health Boards and she is an interactive trainer. Sally commented on AB 1539 which she brought up last month; she would like to have some dialogue about this at the meeting. She encouraged all Board members to download the information on AB 1539 which Yvonnia had emailed out to everyone previously. Yvonnia commented that she would rather have this discussed at the May Board meeting instead. She will have Sabrina Butler, LPS Conservator, do a presentation. There are new Board members who need to be educated on the Conservator Program.

Sally then commented that at last month's Board meeting she questioned if there could be a report on recidivism from acute psychiatric hospitalization. She found on page 96 of the Board's Roles and Responsibilities – ad hoc committees for special problems or projects and one of the suggestions is "Reducing Recidivism in Acute Hospitalization". Sally suggested forming a small ad hoc committee and possibly being able to meet with someone from the Department to discuss this. The committee would then come back to the Board with a report. Three people volunteered for the ad hoc committee – Sally Ragonut, Mary Ellis and Bruce Metcalf. Iris will get back with Sally for further information.

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

### **Supervisor's Report – Supervisor Lor**

**Discussion/Conclusion:** Supervisor Lor encouraged everyone to attend the ribbon cutting on April 20<sup>th</sup> at 9:00 am. On April 19<sup>th</sup> is the Children's Summit from 8:00-3:00 at Gateway Church. Please join her for the Children's Summit. Supervisor Lor thanked the Executive Committee for helping to shape the Strategic Planning Session. She is looking forward to it and getting to know more of the new Board members.

**Recommendation/Action:** Information only

**Director's Report – Yvonnia Brown**

- a. Update on Housing and Homeless Initiatives (B Street Housing Project)
- b. Peer Legislative Bill – SB 906 (Peer Certification)

**Discussion/Conclusion:** a. No changes to the B Street location. b. This is a bill that is definitely moving forward to be approved. Peers (what BHRS calls Consumer Assistance Workers – CAWs) will go through a certification process. Anyone who wants to be a Peer Support Specialist will go through a certification process. The details of what the curriculum will look like are still being worked on by the State. There will also be a recertification of those individuals who will be certified. There are four categories of Peer Support Specialists – Transitional Age Youth (TAY), Parent, Family Members, and the Team. She encouraged everyone to look at SB 906. Yvonnia has spoken with Sharon about changing our CAW job titles to be more “Peer Support Specialist” in order to get them in-line with where they are headed. This change allows them to bill Medi-Cal.

**Recommendation/Action:** Information only

**Reports / Updates**

- a. Executive Committee – Iris Mojica de Tatum
- b. QIC – Mary Ellis & Kim Carter
- c. CA Association of Local Behavioral Health Boards & Commissions (CALBHBC) Update – Keng Cha
- d. Annual Report Update – Richard Hawthorne

**Discussion/Conclusion:** a. No report. b. Mary reported that the March 27<sup>th</sup> QIC was canceled. c. Keng could not be present today but he did send a report to Carol. Sally read his report. The CALBHC is split into five regions throughout California. The Association selected five Directors in each region for a total of 25 in all. Since June 2017 the new Chair downsized the Directors from five to three in each region for a total of fifteen Directors. The Association conducted Quarterly Meetings throughout California. The January meeting is usually held in San Diego; the April meeting is usually in the Bay Area; the June meeting is usually in Irvine; and the October meeting is usually in Folsom or Sacramento area. All information is listed online at [www.calbhbc.com](http://www.calbhbc.com). Keng also told Sally that there is a conference call every third Friday of the month. d. Richard reported that the annual report is almost done. The decision was made to wait until after the May 19<sup>th</sup> Strategic Planning meeting in order to incorporate that into the Annual Report. Richard also needs bios from Norma, Bruce, Angelo, Paula, Darrel, Micki and Supervisor Lor. Richard would like the bio information as soon as possible. He also needs a picture of Norma. Supervisor Lor invited Richard to attend a Board of Supervisors meeting as an “agenda item”; he can then present the Annual Report to the full Board.

**Recommendation/Action:** Information only

**Announcements**

**Discussion/Conclusion:** Micki asked if anything was going to be done regarding the Mercy nurses that attended last month's meeting. Iris responded that staff will get together and the Director will continue her meetings with Mercy; this would be resolved at that level and there was no need to come back to the Board with this item. Yvonnia stated that she was asked to report back on this subject in three months in regards to where they are in the process. She understood that it would be a lower-level meeting with her staff and the hospital and trying to streamline the system. They would also bring Aspiranet into the conversation to work on the process.

Micki questioned if Madelyn (guest) would be able to apply for a Peer Support Specialist job. Yvonnia stated that they can reach out to her but they need to be very careful because the jobs are open to the public – not just for the Wellness Center participants. Micki had encouraged Madelyn to give her presentation today and she did seem interested in incorporating the book Micki previously gave to



**BEHAVIORAL HEALTH AND RECOVERY SERVICES**

**Behavioral Health Board Meeting**

**1137 B Street**

**Merced, CA 95341**

**April 3, 2018**

Jennifer Jones. Yvonna recommended that Micki follow-up with Jennifer to make sure it is in-line with the vision of the Department. She will also follow-up with Jennifer and Madelyn. Micki continued that the Wellness Center seems to use the 12-step spiritual programs and they don't seem to be teaching much. She would like them to branch out into other things like the communication class which she did find helpful. Yvonna stressed that the Wellness Center is peer run and programs and groups are led by what the peers want. Micki stated that as a peer in the Wellness Center she feels that her needs are not being met. Yvonna stated that when Micki attends the Wellness Center she there as a "participant", not as a "Board member". Micki has to be able to separate the two when she comes to the Behavioral Health Board meetings. Yvonna will follow-up with both Jennifer and Madelyn.

Audrey Spangler, who is currently waiting to become a member of this Board, stated that the Wellness Center does not meet her needs either. Yvonna will have Dr. Jones reach out to her.

Richard commented that on April 28<sup>th</sup> at El Capitan High School the Youth-to-Youth Conference is being held. He strongly suggested that anyone who has not attended, to do so. Anyone who is interested in attending should contact Christopher Jensen. Registration starts at 8:30.

Chris Kraushar commented that since Madelyn is looking for funding and already has a budget, both United Way and Dignity Health offer yearly, small grants for those kinds of projects. It would be a good place for her to apply for funding. They both have space in their facilities that she could possibly utilize.

Sally commented that she recently contacted NAMI about having some family members possibly joining this Board. She was told that most family members work and, therefore, are not able to be members of this Board because the meetings start at 3:00pm. She checked and Stanislaus meets at 5:00 pm. Sally then commented on Richard's departure from this Board. She would like to open up the Board to another law enforcement member. Richard stated he would pass this information on to the law enforcement groups that he still belongs to.

**Recommendation/Action:** As noted above

**Adjournment:** The meeting ended at 4:50 pm.

Submitted by:           Signed            
Carol Hulsizer  
Recording Secretary

Approved by:           Signed            
Paula Mason, Secretary  
Merced County Behavioral Health Board

Date:           5/9/18          

Date:           5/1/18