



Minutes

Present: Sally Ragonut, Chair; Bruce Metcalf, Secretary; Supervisor Lor; Vince Ramos; Mary Ellis; Iris Mojica de Tatum; Emil Erreca; Vicki Humble; Keng Cha

Absent: Paula Mason, Vice-Chair; Virginia Vega; Brian Pena; Micki Archuleta

Others Present: Yvonnia Brown; Kim Carter; Chris Kraushar; Jacqui Coulter; Trechann Barber-Jacinto; Carol Hulsizer, Recorder

Call to Order / Flag Salute / Roll Call

Chair Sally Ragonut called the meeting to order at 3:02 p.m. Flag salute was done. Roll call was taken.

Mission Statement

The Mission Statement was read by Sally Ragonut.

Approval of Minutes from January 7, 2020 (BOARD ACTION)

Recommendation/Action: M/S/C (Mojica de Tatum / Erreca) to approve the January 7, 2020 minutes.

Approval of Minutes from February 4, 2020 (BOARD ACTION)

Recommendation/Action: M/S/C (Ellis / Metcalf) to approve the February 4, 2020 minutes.

Approval of Minutes from February 18, 2020 (BOARD ACTION)

Recommendation/Action: M/S/C (Mojica de Tatum / Ellis) to approve the February 18, 2020 minutes. Keng Cha abstained.

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

Discussion/Conclusion: No one from the public wished to speak.

Recommendation/Action: None

FY 2018/19 Performance Indicators Review, Part 2 – Trechann Barber-Jacinto

Discussion/Conclusion: Trechann stated that she did Part 1 of this review back in November 2019 and today she is present to finish the review. Trechann recapped that Performance Indicators are required by the Federal Government which are then passed down to the Dept. of Health Care Services (DHCS) and to the Mental Health Plan (MHP). The Quality Work Plan is available online that shows these performance indicators that are being measured. There is an evaluation component to the Quality Work Plan that is on the Department's main website.

-Access Test Calls – the State requires Behavioral Health & Recovery Services (BHRS) to track that information with regards to the grievance process, how to access services for both Substance Use Disorder (SUD) services and Mental Health services. They have to track all calls that relate to inquiries from Medi-Cal beneficiaries or callers who are calling on behalf of a Medi-Cal beneficiary. This

includes business as well as after-hours calls that are received. They are required to have 100% compliance in tracking the name, time of call, caller, request, and screening for urgency. In Fiscal Year (FY) 2018/2019 they were at 29% compliance and for year-to-date (FY 19/20) they are at 33%. There has been a lot of brainstorming activities with leadership and staff to figure out how they can meet this 100% compliance. They are still tracking this data and performing monthly test calls to ensure they are meeting the mark. They are still struggling with compliance, however, they are providing in-service training support and providing the Access Team with additional staff as well as additional phone lines.

-Timeliness – Hospital Discharges – they are required to track discharges from inpatient hospitals. They track both in-county (Marie Green) as well as out-of-county hospitalization discharges. They are required by Healthcare Effectiveness Data and Information Set (HEDIS) standards to schedule within seven (7) calendar days an appointment with a psychiatric appointment (with nurse or MD). Overall for FY 18/19 they are at 45% for all services. For hospital discharges - clinical services, overall for all services they are at 41%; their goal is to be at 75%. Yvonnia stated that the Innovative Strategist Network (ISN) was created to connect with clients as soon as possible after being discharged. The current provider for children's services – Sierra Vista – just started and they are hoping to see some changes in the numbers. There is also a psychiatrist shortage; Dr. Manuel has done an excellent job in trying to find doctors. The Dept. is concerned and there are strategies in place to address these issues – to include making changes on how they assign appointments. There is also a nursing and clinician shortage – there are not enough applicants to fill the vacancies. Supervisor Lor requested that next time, in addition to the data and goals, include what is being done and clarification on what the challenges are.

-Psychiatric Referrals – Trechann continued that the goal is 75% for tracking psychiatric referrals (this is from the initial request to first psychiatric appointment). The timeliness standards were modified in FY 18/19 by the State of Calif. In FY 17/18 the standard for tracking referrals was 30 days from the point of initial request. Now the standard is 15 working days to see a psychiatrist. Total number of referrals for FY 18/19 was 529 with compliance being 8% due to our shortage of psychiatrists. There is a Performance Improvement Plan (PIP) addressing this – tracking psychiatric referrals and coding correctly. Yvonnia stated that the psychiatric shortage is a national issue and that is why there are a lot of telehealth doctors now. Psychiatrists have many options now and they will have even more with the new Medi-Cal reform.

-Hospital Recidivism – within seven (7) days their goal is 10% not to exceed recidivism - returning back (or readmission) into an inpatient stay both at Marie Green or out-of-county. They are required to check within 30 days and the goal is to avoid recidivism (an individual being readmitted into a hospital within 30 days after a discharge). In FY 18/19 there were 753 discharges; re-admits within 7 days was 2% and re-admits within 30 days was 7% - both below the 10% goal. They are meeting compliance with the readmission tracking for the 30-day indicator.

-No Shows – Failed to Keep Appointment (FKA) – they track appointments for consumers; this includes scheduled appointments, walk-in appointments, canceled by our clinic or client as well as a first time cancellation or no-show. The State requires them to maintain a goal of a FKA rate below 10% and BHRS is just slightly above that.

-Contract Provider Referrals – their goal is to ensure that 100% of all contract provider referrals are seen within the contracted 14 days for youth and 60 days for adults. For FY 17/18 they were at 100% for adults and 98% for youth. In FY 18/19 the adult referral dropped 5% to 95% compliance and youth maintained 98% compliance.

-Treatment Authorization Requests (TAR) – TARs are submitted to the QI Team following an out-of-county discharge from a hospital. This is a provider's request to receive payment for the services that were rendered to the beneficiary. They have 14 calendar days to review the request; their compliance rate in FY 18/19 was 100%.

-Service Authorization Requests (SAR) – the law recently changed. Assembly Bill 1299 (Presumptive Transfers) went into effect July 2017 and the Information Notice is IN 17-032. This applies to foster youth that are placed outside of the county of their dependency. They are required to link an individual that is requiring a foster youth that is placed in this county to services. For FY 18/19 96% of appointments were scheduled within the timeliness standard.

Recommendation/Action: As noted above

Discussion on Paying Dues for the Calif. Association of Local Behavioral Health Boards & Commissions (CALBHB/C) (BOARD ACTION)

Discussion/Conclusion: Sally stated this has previously been discussed with the fact that there are 58 counties but only 15 county actually have a seat at the CALBHB/C. They ask for \$1,000 dues per county to be on the CALBHB/C. This Board has discussed not paying this \$1,000 in the coming year. Yvonnia stated that Merced County used to have a seat at the CALBHB/C. It does not take away from them providing information to this Board. The Board would still have access to everything on line and can still request training.

Recommendation/Action: M/S/C (Metcalf / Ellis) to discontinue paying the CALBHB/C dues at this time.

Committee / Ad-Hoc Reports

- a. Substance Use Disorder (SUD)
- b. Board Orientation and Development
 - (1) Review and Discuss Board Orientation and Development Plan
- c. Membership Committee
 - 1) Approval of Zachery Ramos to Behavioral Health Board (BOARD ACTION)
- d. Quality Improvement Committee (QIC)
- e. Annual Report
- f. Executive Committee (BOARD ACTION)
 - 1) Strategic Planning Retreat Discussion
 - a) Select / Identify Agenda Items
 - b) Set Date and Time for Retreat
- g. Board Member Reports

Discussion/Conclusion: a. Paula was not present to give a report. b. Bruce reported that Sally met with Virginia and had an orientation training with her. Bruce met with Vicki, Emil and Brian and they went through the end report as well as the binder. They made some headway and went through a lot of information. The ongoing plan is that all members will go through the areas that need to be covered on an ongoing basis. Some things will be covered as they make plans for a Board Retreat. c. Mary reported that she and Paula met with Zachery Ramos; the interview was very successful. Zachery expressed his support and interest, if approved to the Board. He also stated that he could dedicate ten hours per month, if needed. He is a very interesting, positive young man. Both Mary and Paula recommend his appointment to this Board. d. Mary stated she would table this until next month. e. Sally stated she is hoping to find a date in April when Iris and Virginia will have some time to meet to begin the next Annual Report. f.1)a) & b) Sally had some ideas for the upcoming retreat: getting to know each other better; possibly a 4-hour meeting either on a Tuesday (elongate a regular monthly meeting) or on a Saturday; pick a date; strategic planning goals for next year. She is currently looking at late April or early May. After some discussion it was decided to move the May Board meeting from the 5th to the 12th and hold the retreat on this day from 1:00-5:00. Agenda items for Retreat: Yvonnia had previously commented that Strategic Planning should be a process on how this Board wants to operate over the next year or objectives the Board wants to accomplish. There are also some State initiatives that the Board should look into such as CalAIM (Calif. Advancing & Innovating Medi-Cal). There is a lot happening at the State level – the waiver, adult residential facilities, change in language for gravely disabled, and Mental Health Services Act (MHSA) re-write. After discussion the Board suggested having these agenda items: 1. Getting to know each other; 2. CalAIM; 3. MHSA re-write; 4. Welfare & Institutions Code (W&I); and 5. What the Board can and cannot do from a legal standpoint. Yvonnia will have staff available to present information on CalAIM and MHSA re-write. There was discussion on what Board members can and cannot do while representing this Board as it is stated in the Board binder; Yvonnia is going to have County Counsel review this information. Chris Kraushar commented that in her opinion the role of County Counsel is to protect the County of Merced. The State W&I Codes are designed to give the whole State a picture of what a Mental Health Advisory Board can do. She thinks these are two slightly different things and if you want expert opinion on what a Mental Health Board can/should do, they should look above the Merced County Counsel and get a broader idea. g. Supervisor Lor reported she is hiring a part-time administrative assistant and a part-time student intern that will help her do more of the work.



BEHAVIORAL HEALTH AND RECOVERY SERVICES

Behavioral Health Board Meeting

301 E. 13th Street

Merced, CA 95341

March 3, 2020

Recommendation/Action: c. M/S/C (Mojica de Tatum / Humble) approving the recommendation of appointment of Zachery Ramos to the Board of Supervisors representing District #4 of the Behavioral Health Board. f. M/S/C (Metcalf / Erreca) to change the May 5th Board meeting day to May 12th and have a 4-hour Retreat (1:00-5:00) on this day.

Chair's Report

- a. Board Binder Overview

Discussion/Conclusion: a. Due to time constraints, Sally will pass on giving a report this month.

Recommendation/Action: None

Director's Report

- a. Mental Health Services Act (MHSA) State Performance Contract Review Report (Sep 2019)

Discussion/Conclusion: a. Yvonnia handed out the results from the MHSA audit conducted in Sep 2019. This was a first-time audit for MHSA - it is an exceptional report – a very good report. The report is only two pages long and the findings are just system reports clarifying. As it relates to programming, the process, and how people are engaging the services provided there were no findings related to these. These findings are just tweaks on how to capture data a little differently, the plan wasn't submitted timely – just system issues – not programmatic concerns about the quality of service being provided. Sharon and her team have done an amazing job. Providers are doing an exceptional job. They are saying that the stakeholder process is one of the best in the State and they are having Sharon come to one of their meetings to highlight how she does the community engagement and providing feedback as a model for the State. This is to be commended. Other counties have 30 pages of findings.

Recommendation/Action: Information only

Announcements

Discussion/Conclusion: Vicki announced that people can go camping for free if they are on disability. They should go to the Ranger's Station and bring their documentation in. They can go to any State or Federal park. They can also get a free fishing license.

Yvonnia announced that there is a Board item on the Board of Supervisor's agenda for March 10th to make a recommendation for Genevieve Valentine to be named the new Behavioral Health Director. She is coming from San Joaquin and has a wealth of experience.

Recommendation/Action: Information only

Adjournment: The meeting ended at 5:00 pm.

Submitted by: Signed
Carol Hulsizer
Recording Secretary

Approved by: Signed
Bruce Metcalf, Secretary
Merced County Behavioral Health Board

Date: 5/6/20

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