

SANTA CLARA COUNTY MENTAL HEALTH BOARD
System Planning & Fiscal Committee Meeting

Thursday, February 7, 2013

Downtown Mental Health Center

1075 E. Santa Clara Street ▶ 2nd Floor - Training Room #3 - San José, CA 95116

MINUTES

1. CALL TO ORDER / INTRODUCTIONS:

- Chair Larry Blitz called the meeting to order at 3:00pm.
- Roundtable introductions took place
 - Co-Chair Hilbert Morales, David Speicher, and Patricio Gutierrez were present.

2. APPROVE AGENDA / ACCEPT MINUTES

- To approve the 2/7/2013 MHB-System Planning and Fiscal Committee Meeting agenda. **Motion:** Speicher
Second: Gutierrez **Vote:** Passed unanimously
- To accept the 1/3/2013 MHB-System Planning and Fiscal Committee Meeting minutes. **Motion:** Speicher
Second: Gutierrez; **Vote:** Passed unanimously

3. PUBLIC COMMENT:

- None

4. ANNOUNCEMENTS:

- Chair Morales asked individuals in the workforce to reach out and train community members to take over the retiring individual's positions.
- Patricio E. Gutierrez stated that there is a report that was put out by UC Davis "Community-Defined Solutions for Latino Mental Health Care Disparities" that discussed how to penetrate into the Latino community.
 - The central focus of the study was to identify effective community-defined practices to increase awareness and access to mental health services. This would help improve prevention and intervention strategies for Latinos in California. The report is organized into three major areas:
 - Individual-Level Barriers
 - Community-Level Barriers
 - Societal Barriers
 - The report can be accessed through the following link:
http://www.ucdmc.ucdavis.edu/newsroom/pdf/latino_disparities.pdf

5. CHAIR'S REPORT:

- Co-Chair Hilbert Morales reported about the RFP process and the upcoming budget reductions that were discussed at the System Planning-Fiscal Committee meeting that was held on 1/3/2013 (see attached Chair's report).

6. *NEW BUSINESS* / OLD BUSINESS:

- None

7. PRESENTATION: Sandra Hernandez, Division Director for Integrated Behavioral Health

- Integrated Behavioral Health: Fiscal and Systems Implications for Integration
- Elena Tindall spoke about the Integration Process.
 - 3 Inputs Define the Process
 - * Delivery System Reform Incentive Pool Plan (DSRIP)
 - Guides the Primary Care-Mental Health Integration Efforts
 - Identifies key milestones and expected outcomes
 - Began FY '11, ending FY '15
 - Total Value: \$35M
 - * IMPACT – University of Washington Technical Assistance
 - IMPACT recommended process based on 300+ implementations
 - Interdisciplinary discussion and decision making at 2 levels
 - ≈ Local Clinic

≈ Systems Leadership (SCVHC and SCC MHD)

* MHD - DADS Integration

- Sandra Hernandez spoke about a MOU that was established in 2012 with the Department of Alcohol and Drugs Services. The MOU included five modules that were addressed with the LCSW system and the FQHC system.
 - Topics ranged from signs of addictions, screening methods, best practices, evidence based behavioral therapy, treatment of substance abuse disorders, relapse prevention, aftercare, etc.
 - With this MOU, staff received an additional opportunity to obtain this training and consult with DADS to work in a partnership. Staff learned how to work collaboratively and reported that change as a good experience.
- Dr. Tiffany Ho spoke about the EMR and EPIC (Health Link) programs that will roll-out in May for the hospital, inpatient, BAP, EPS, and two of the largest primary care clinics (Moorpark and Bascom).
 - The whole system can't roll out at the same time because it poses too much risk to the system. The remainder of the primary care clinics will be rolled out in July.
 - In September, the psychiatrist clinical component will be rolled out. Planning is taking place concurrently for both systems. The two systems consist of Unicare and HealthLink, which are working closely with one another.
 - Building an interface; the entire system is focused on the County staff's ability to access different medical records. There is a legal/clinical workgroup that is working on this.
- The anticipated long-term cost will result in a savings cost of \$3,363. Why?
 - It is due to the PST (Problem Solving Therapy) model from the University of Washington. The PST model is not for everyone because it is a very structured way of providing services. Referrals will come from Ambulatory Care.
 - Both the clinician and individual will sit together and map out/explore 12 domains such as: housing, relationships, health, etc. in the 1-hour assessment. Together they are developing a treatment plan that addresses the realistic problems that will be worked on. It is a collaborative between the clinician and the client that is giving the client skills and homework along the way.
 - Subsequent appointments are 30-minute sessions and establish two way communication. Treatment providers will provide input on what was done or what was not done without giving judgment. Ultimately skills are being taught to clients that will help them problem-solve on their own.
- Average evidence cost of the IMPACT program was approximately \$580 per participant. This is a modest cost compared to other high annual health care costs (approximately \$8,000) in this sample of depressed older adults.
- On the Ambulatory Care side, cases are never closed and it maintains an average of 85 open cases.
- Ms. Hernandez suggested that the next step should be providing care through Peer Mentors and WRAP.
- Services are currently being provided to people already in the FQHC system (Clients with MORS Scores of 6 or higher)
- There is planning going on in preparation to be able to care for many more individuals who will have insurance coverage. The County is already integrating individuals that will be eligible.
- Enhancement of Care
 - Anticipated Patient Care Enhancements
 - * Access – Increased access to behavioral health services to a population who previously had no access to this kind of care.
 - * Training – LCSW's will be trained with the needed clinical skills to treat patients within 30 minute-follow up appointments and utilize time between appointments for patients to work towards therapeutic aims and goals. The LCSW's will be able to teach patients problem solving skills that they can continue to apply throughout their lives in brief episodes of care. Chronic illness management goals can be woven into behavioral health action plans.
 - * System Redesign – LCSW's, PCP's, and psychiatrists will engage in regular case discussions on most complex/highest needs patients. A registry will build in the prompt to re-evaluate patient treatment plan after 8 weeks to routinely address those who are not progressing as expected. Peer Review and Team meetings will be reinstated.
 - * EMR: Shared patient charts will make it easier for collaborative treatment planning & communication between providers to take place.
 - Enhancement of Care – Anticipated Patient Care Outcomes
 - * IMPACT study results: Multiple areas of patient's well-being improved after involvement in collaborative care model. Twelve months (1 year) post discontinuation of BH services:
 - Chronic illness better managed
 - Depression remained in recovery
 - Physical functioning remained better longer in those who received collaborative care than those who

did not.

- Case Management
 - * Case management activities of specialty MH is a non-billable activity under Primary Care.
 - * They are in the process of restructuring and redefining the roles of Specialty MH within FQHC's. On occasion, rehab counselors have helped transition SMI patients into the lower level of care by coordinating the FQ and BAP systems.
- The physical functioning remained better/longer in those who received collaborative care than those who did not.
- Chair Blitz commented that the key to success is case management by educating people, the doctors, and the staff. Models that work well in an integration process include case management, knowing where the patients are, and knowing how to provide services that will make a difference all around.
- Dr. Ho commented that there are conversations about case management by a single provider versus multiple providers.

8. MENTAL HEALTH DEPARTMENT DIRECTOR'S REPORT: Dr. Peña, Ph.D.

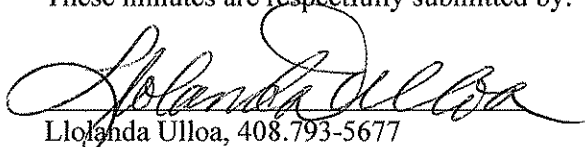
- Dr. Ho informed this committee that Dr. Peña is at a very important meeting, talking to individuals on how to address the ongoing re-admission of patients to the medical area.
- MH Department is working on strategies for the \$3 million budget reduction.

9. FUTURE TOPICS

- State Budget: Impact of Realignment II on County Health & Mental Health - March 7, 2013.
- Quality Improvement, Performance Measurement & Outcomes System - April 4, 2013
- Budget Updates - May 2, 2013
- School Linked Services - June 6, 2013
- The Mental Health Board meeting is scheduled on Monday, February 11, 2013 at 12:00 pm.

10. ADJOURN – Meeting adjourned at 4:38 pm; next meeting is calendared for **March 7, 2013.**

These minutes are respectfully submitted by:



Lolanda Ulloa, 408.793-5677

SCC Mental Health Board Support

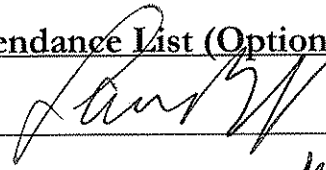

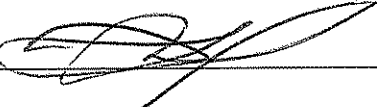

Lolanda.Ulloa@hhs.sccgov.org / www.sccmhd.org – check out the MHB web page

MS:lu

SANTA CLARA COUNTY MENTAL HEALTH BOARD PUBLIC MEETING
System Planning & Fiscal Committee
February 7, 2013 / 3:00 PM-5:00PM

Downtown Mental Health Department
 1075 E. Santa Clara Street, 2nd Floor Training Room #3
 San Jose, CA 95116 (408) 793-5677 – Llolanda Ulloa

Sign-In Sheet

<u>Print Name and initial / Attendance List (Optional)</u>	<u>Agency/Program Rep</u>
1. <u>Larry Blitz – Chair</u> 	<u>Mental Health Board Member</u>
2. <u>Hilbert Morales – Co-Chair</u> 	<u>Mental Health Board Member</u>
3. <u>David Speicher</u> 	<u>Mental Health Board Member</u>
4. <u>Llolanda Ulloa – MH Board Support Staff</u> 	<u>Mental Health Staff.</u>
5. <u>Mary Kaye Gasler</u>	<u>RES</u>
6. <u>Patricia Chayelone</u>	<u>ARCC</u>
7. <u>Anton Avanceña</u>	<u>ECCAC - Filipino</u>
8. <u>SAM APOSTOL</u>	<u>SCRH</u>
9. <u>Amani Abdallah</u>	<u>AMHGA</u>
10. <u>Elena Tindall</u>	<u>MAD</u>
11. <u>Howard Legoro</u>	<u>FCS</u>
12. <u>JOANNE ROLDAN</u>	<u>SCRH</u>
13. <u>LOREN BISSILE</u>	<u>CAEDNET</u>
14. <u>Elin O'Brien</u>	<u>Comm. S.P.</u>
15. <u>D. Lehl</u>	<u>MAD</u>
16. <u>Jan Ban</u>	<u>CHC</u>
17. <u>Maylen Valois</u>	
18. <u>DIANA BARRAZA</u>	<u>ZEPHYR CENTER</u>
19. <u>Andra Hernandez</u>	<u>MH adm</u>
20. <u>Elizabeth Gumbong</u>	<u>AMHGA</u>

21. ~~Margaret Obior~~
Margaret Obior

WHT
24 Hour Program

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