



COMMUNITY HEALTH
IMPROVEMENT PARTNERS

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BEHAVIORAL HEALTH WORK TEAM

Meeting Minutes

July 9, 2009

8:30am-10:00am

Salvation Army Door of Hope

2799 Health Center Drive

San Diego, CA 92123

(858) 279-1100

(Although the street address is Health Center Drive, turn East on Vista Hill Drive off of Health Center Drive. Door of Hope entrance will be on your right)

Attendees

- Laura Andrews, Mental Health America of SD
- Francine Anzalone-Byrd, SDSURF/CASBIRT
- Angela Carrillo, Sharp Mesa Vista (Co-Chair)
- Dr. Ruth Covell, UCSD School of Medicine (Co-Chair)
- Aron Fleck, Community Health Improvement Partners
- Jane Fyer, Residential Care Committee of San Diego County
- Rhonda Gibbs, Independent Living Association CRF - Housing
- Natalie Gillaspie, Case Management South
- Dr. Gloria Harris, County Mental Health Board
- Abe Krems, M.D. PhD
- Ellen Medina, Case Management South
- Carol Neidenberg, Consumer Center for Health Education and Advocacy
- Carmen Perez, Phoenix House
- Dr. Maria Reyes, Project Concern International
- Ian Rosengarten, San Diego County Behavioral Health Services
- Cynthia M. Ryan, Sharp EAP
- Megan Sengbush, Sharp Mesa Vista – El Cajon
- Harriet Stupp, UBH San Diego Public Sector
- Elizabeth Whitteker, Telecare

I. Introductions/Networking: 8:30 am All

All members introduced themselves.

II. Approval of Minutes: 8:35 am R Covell

The minutes from the June 11th meeting were approved.

III. Division Street Facility Closure

A Carillo commended Ellen Medina on her recent work to help close a dangerous and unsanitary independent living facility. With the help of Adult Protective Services, the owner of this facility was prosecuted, fined and is no longer able to run housing facilities. This incident may act as testament to the value the Independent Living Registry Proposal will bring to San Diego County.

IV. Presentation

a. Telecare Transition Team Presentation 8:40 am E Whitteker

E Whitteker presented an overview of Telecare Transition Team and its activities. Highlights from this presentation include:

- The Telecare Transition Team is a short term, recovery centered, community treatment program that helps to transition clients from acute care hospitals to housing facilities.

- The team often recruits patients in the hospital to solicit their services and help prevent homelessness once patients are discharged.
- Telecare clients do not always meet standards of the more exclusive Board and Care or Independent Living facilities. However, the team views placement in a “lower standard” facility as a better alternative to homelessness.
- The Telecare Transition Team would like to establish “lowest threshold standards” for housing facilities to ensure that all facilities meet minimum safety and sanitary standards.

Action Item: E Whitteker to send a copy of this presentation to bruland@hasdic.org for distribution to the BHWT.

b. Case Management for the Homeless 9:00 am C Neidenberg

C Neidenberg presented an overview on Case Management for the Homeless. Highlights from this presentation include:

- The Consumer Center for Health Education and Advocacy works to; 1) provide education and advocacy to help customers receive health services; and 2) acts as an advocate for outpatients and outpatient rights.
- Many of their clients are persons with psychiatric disorders; 80% use Medi-Cal or Medicare.
- C Neidenberg highlighted the Medical/Legal Partnership program with Scripps Hospital, a program which uses legal aid to navigate government and community systems and provide medical benefits to those who are often under or misrepresented. Staff often attends legal hearings and appeals and has the expertise to focus on medical, family, housing and immigration law.
- The program's targeted patients are often discharged into homelessness, making it difficult to locate and offer medical/legal services. To address this challenge, members of the committee agreed to share contacts from at-risk youth and community groups.
- The Consumer Center for Health Education and Advocacy recently released a white paper focused on issues involving holistic case management with respect to the Medical/Legal Partnership Program.
- It was mentioned that the Medical/Legal Partnership should coordinate efforts with hospitals and health educators.

Action Item: C Neidenberg to send a copy of her strategy for medical/legal partnerships whitepaper to bruland@hasdic.org for distribution to the BHWT.

V. Independent Registry Proposal Update:

a. Internship Update – UoP Qualifications 9:20 am L Devereaux

Action Item: A Fleck to contact L Devereaux for an update on UoP internship and qualifications.

b. Registry Proposal Update 9:25 am A Carrillo

The original proposal was not selected to receive innovation funding from the Mental Health Board.

c. Funding Discussion 9:35 am R Covell & A Carrillo

The committee agreed to revise the proposal to include specific tasks and timelines in order to better identify and secure funding.

d. Next Steps & Timelines 9:45 am All

A Carillo asked for volunteers to help revise the original proposal, develop a more specific work plan and draft a white paper. J Fyer, R Gibbs, E Whitteker, A Krems and M Sengbush agreed to participate in a two hour meeting to create these documents.

Note: Please contact Beth Ruland (bruland@hasdic.org) if you are interested in participating in this meeting.

Action Item: A Carillo to propose 3-5 meeting dates to schedule the first work plan meeting.

Action Item: A Fleck will use the “Doodle Scheduler” to set a date for this meeting.

Action Item: J Fyer to contact consumers/members living in independent facilities to participate in the work plan meeting.

Action Item: A Carillo to contact Debbie Malcarney to discuss the appropriateness of attending County Case Management meetings and ways to incorporate case management issues in the proposal. Note: Perhaps it should be added to the work plan for a future date.

V. Other Business:

a. Depression Screening 9:50 am A Fleck

The Work Team agreed that leading Depression Screening does not fall within the purview of its charter and projects. However, BHWT may offer support if another organization wishes to lead the project.

Action Item: A Fleck to contact K Price and R Galacgac to discuss; (1) the County’s interest in leading the Depression Screening project; and (2) ways in which CHIP could potentially support them.

VI. Other Announcements/Sharing 9:55 am All

- Pam Slater-Price is leading a campaign against mental health stigma. The Work Team recommended that this initiative should be coordinated with similar efforts.
- C Neidenberg announced that any cases related to loss of dental coverage under Medi-Cal should be referred to legal aid.
- F Anzalone-Byrd - Funding for the CASBIRT program has been secured for an additional two years. They are currently working on a sustainable business plan and are in the process of identifying ways in which doctors can receive reimbursement for their services.

VII. Adjournment 10:00 am All

Next Meeting: August 13, 2009

Thank You!