



Adult-Older Adult Policy Committee Meeting  
September 12, 2012

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Attendees: Cynthia Jackson, Jeff Fly, Dave Pilon, Kathleen Darling, Chad Costello, Rebecca Gaba, Jose Ochoa, Walt Lunsford, Rick Crispinio, Annie Temple, Victoria Meraz, Dennis Romano, Terry Rubin-Ortiz, Sandra Poole, Fowadda Mojadiddi, Erin O'Brien, Wally Parks, Rusty Selix, Sarah Heine, Michele Peterson

**Topics of Discussion:**

Nominated Chair: Dave Pilon

Transition to LIHP: Discussion on how the landscape is changing. Childless adults becoming a part of medi-Cal is the biggest change for mental health. Indigent health and LIHP funding disappear. and those people will be served through the MHP. The benefit package and full parity will apply in 2014. The carve out, was made permanent by realignment. Unless the county wishes to carve it back in, the carve out will remain. If the prop 30 measure fails then this guarantee will not take place right away because the constitutional amendment for realignment will not go into effect right way.

AB 109 Conversions: the aim is to get funds from this to cover until 2014 when the federally funded mediCal expansion health care dollars will kick in to pay for medical services. Auto enrolled if the client is in the LIHP. Is the AB 109 committee in your county addressing this? A few members attend the AB 109 committees in their areas. The ask is for social services to enroll the client in MediCal and get them referred to the county. We want to educate the police to the process, to bypass the jail system and getting people into the appropriate services. Ask Rick for the model of the LIHP enrollment for Alameda designed by Alex Briscoe. Staff will distribute it to membership. Discussion also focused on working with police. We want a notice requirement for enrollment. We need to educate the sheriffs and police that the landscape is going to be very different in 2014. WE could potentially get foundations involved in these conversations. MHSA planning for 13-14 could create workgroup to think this through... how to get folks enrolled. The benefits have not yet defined rehabilitation. This is a federal decision we are waiting on. Care for parolees... discussed ISMIP. We are trying to build this up. Full service partnership for parolees. Add into the workforce issue, need workers that have this cultural competency. There are lots of rules regarding working with parolees and violent offenders. This is a big issue that we should continue to discuss: the coding of parolees do not cover their history only their last offense.

Veterans: What do we do to prepare working with VA? Develop some commence with them, get training, hire vets. What should CCCMHA do? Staff will research the WET funding of MHSa to hire vets. We need a paper that tells us what the barriers are to hiring vets. The workforce issue is that the regulations for credential should mirror the appropriate service staff for this population. Review CMHDA white paper already created and add to it. Veterans, unless it is service related condition then VA benefit is not provided. This is a significant population that we can serve. We need to develop some competency to serve the population either through training or hiring of the workforce.

Outcomes: Do we want to develop our own data system? We may need to contract with another contractor to clean the data. Dave recommends getting the line staff involved in outcomes and evaluation if we are to ever get good data. We would like to have data that compares counties, not only entering data but getting the data back in a comparison with other counties.

Workforce: Workforce issue is crucial as we look to expand MediCal. CPRP is a solution to bring down the cost of care.

Duals: Discussion of a master contract with the county for the Health Plans.

Health Benefits Exchange: Kaiser small plan, was adopted, waiting on the Federal regulations for Rehabilitation.