

# Citizen’s HealthCare Oversight Committee Meeting

February 19, 2016	8:30 – 10:30 a.m.	Neil Combee Administration Building - Boardroom
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Chairman	Dr. Thomas E. McMicken
Attendees	L. Anastacio, K. Andrews, Dr. McMicken, D. Moses, W. Murrell, P. Rust, T. Saunders, Dr. Young, D. Zimmerman, J. Johnson, J. Marchi, Dr. Wills, S. Craver

## Initial Business

Approval of Minutes	<ul style="list-style-type: none"> <li>▪ Motion to Approve: W. Murrell</li> <li>▪ Second: D. Moses</li> <li>▪ Minutes unanimously approved.</li> </ul>
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Public Comment	<ul style="list-style-type: none"> <li>▪ John McArthur – My name is John McArthur, I’m a resident of Lakeland, FL. I’m also a member of the Polk Ecumenical Action Council for Empowerment (PEACE). For the past year and half, our organization has researched the mental health system and we have some concerns about the severely mentally ill in our community. In 2013, there was over 275 adults and children Baker Acted 3 or more times each. Lakeland Regional shared with us that 70% of their patients they Baker Acted are uninsured, and cost them well over \$3K per individual act. In 2014, the annual cost of the Sheriff’s department for housing mental ill inmates was over \$4M and that did not include cost incurred directly by the Board of County Commissioners for any offsite medical or psychological services. 549 inmates received psychotropic medications and that cost an additional \$8.5M, it’s starting to add up. Polk, Highlands, and Hardee County are responsible for 2/3 of the people on the waiting list to get into the state hospital because they failed the traditional services and have untreated mental health needs. The PEACE organization has identified two evidence based programs that work for adults and children who are repeatedly Baker Acted, placed in jail or in and out of state hospitals. One program Florida Assertive Community Treatment (FACT Team) and the other one is Community Action Team (CAT Team) which is a version for children under the age of 21. These programs provide a team based approach to treating people with severe mental illness. The teams are made up of case managers, psychiatrists, nursing, housing specialists and other professionals who are able to provide a variety of services such as primary care, housing assistance, medication management, employment assistance and more. The team goes to the individual where he or she lives 3 or more times per week and is available on a 24/7 basis. These teams are able to help patients who have not succeeded treatment through other agencies. FACT Team has reduced hospitalizations by 89% and CAT Team by 96%. On March 7<sup>th</sup> at 7:00pm at the Lakeland Center, PEACE organization will ask our county commissioners to prioritize it’s funding for full time FACT and CAT Teams actions and to bring together mental health providers to discuss the best ways of service. We invite you to attend learn about our proposal, thank you. Any questions?</li> <li>▪ Dr. McMicken - We’re working on some behavioral health programs right now, I know the county staff is and so hopefully we’re going to be able to increase the availability of behavioral health services. This is has been a priority for the COC and also for the County Commission. When I did my report to the county commission of the activities of the COC over the past year that was a big concern to the county commission, especially to Commissioner Smith. We discussed some of the problems with mental health and we appreciate your concern. Hopefully, we can all work together to increase and improve these services. It’s not only a problem in adults; it’s a problem in juveniles. I’m a designated health authority for four different residential juvenile detention programs. It’s a very high percentage of those young men and women who are substance abusers already. It really needs to start very early in life. There are resources in Polk County that are being utilized and hopefully it will be even better. Some of those problems are also being handled by our behavioral health court which diverts people with misdemeanors to programs. It’s still true though that the largest mental hospitals are in the prisons. Since the closing of a lot of the state hospitals with the advent of better drugs to treat certain types of mental disease because a lot of the hospitals closed because people didn’t have to be defined. So hopefully the situation will improve and we thank you for your concern. Any other public comments to address the panel? Anyone else have any questions for Mr. McArthur? That date was March 7th at the Lakeland Center?</li> <li>▪ McArthur - Yes, that’s correct.</li> <li>▪ Dr. McMicken - What time?</li> <li>▪ McArthur - 7:00 PM.</li> </ul>
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<p>Hope Now Update</p>	<ul style="list-style-type: none"> <li>▪ J. Johnson - At this time I wanted to be able address any questions or provide any addition feedback after having the change for you to review the investigative report conducted by the office of Inspector General regarding the Hope Now contract and that ongoing investigation. At this time, myself and Jennifer Marchi, the Assistant County Attorney, will be glad to answer any questions and I would like to provide an update as well.</li> <li>▪ Dr. McMicken - I think the important thing reading the report and the irregularities, I don't think the county commission had much of a choice of what they did, but I also think it's to point out that there was some good work done. That they had some good results with some of the people who were treated through the Hope Now program. I believe we are working on a way to continue that program, not necessarily with Hope Now but we're looking at other avenues. That's information for the public.</li> <li>▪ J. Johnson - Right, and in fact the very same day the board did take the action for the notice to term that contract with 60 days we did go onsite and we did meet with the staff at Hope Now to discuss the intention to transition that program over to behavioral health providers. We've had ongoing discussions with Peace River Center and Tri-County Human Services. We've been sharing some information and facilitating the development of a plan or proposal that would incorporate those two behavioral health providers taking over that program by April 2nd. At this time, we've requested a proposal and we are looking at maybe within a week from today of getting some hard feedback and some specific services and a scope of what types of service would be continued and how we can keep the program in place without the men having to go back out and not getting that service. The women are being transitioned to the outpatient setting and the intent is be able to increase the capacity for about 30 men to be in that program. We're looking at trying to not only maintain the people in the program but to open up some more capacity. By having Peace River Center and Tri-County work with us in a collaborative effort we think that there's a lot of opportunity that can be gained as a result of this. This is something we could look at the outcomes, if approved by the board, and how can we take this and make it more successful going further into the next few years.</li> <li>▪ Dr. McMicken - Any questions for Joy?</li> </ul>
<p>Presentations</p>	
<p>Good Samaritan Clinic</p>	<p>Judy Snow, Director</p>
<p>Discussion</p>	<ul style="list-style-type: none"> <li>▪ Presentation given by Judy Snow.</li> <li>▪ D. Zimmerman - Do you actually give them the medication?</li> <li>▪ J. Snow - Yes.</li> <li>▪ W. Murrell - First, I want to say that I certainly appreciate everything that you do. On the subject of well women exams, you mentioned that you do not supply birth control. I would think, for the indigent, which would be a tremendous service and could have extended ongoing results.</li> <li>▪ J. Snow - We haven't got there yet, it's been a thought. We've been contemplating it and the health department is available for young women to get birth control. It's something for us to think about going forward. Honestly, we just haven't gotten there yet.</li> <li>▪ D. Zimmerman - Are you at full capacity? If you had additional funding would you be able to provide more services or would you be maxed out?</li> <li>▪ J. Snow - We might be able to provide a little bit more. Again, in terms of time and space, we're limited. When I think of what I would do if someone offered more money tomorrow, what would I do with it? We have to think that even if we hired another provider to do more well woman care and we pay that provider more then you have support staff that you would have to pay too but we could do that. In terms of time that the space is not available we could probably add a day a week doing something whether it is well woman or more primary care. There's some space for growing capacity.</li> <li>▪ D. Zimmerman - Would you have the need, the population ready? Are you turning people away?</li> <li>▪ J. Snow - No, but some days we're running as fast as we can. I think it's probably there. I can't tell you for certain, but we stay busy and sometimes they do turn around and leave because people don't want to wait that long.</li> <li>▪ W. Murrell - Speaking of that, like with the hospitals we call it left without being seen, do you know what the percentage is of the people that leave without treatment?</li> <li>▪ J. Snow - No, I don't. That's a number I need to know.</li> <li>▪ Dr. McMicken - Any other questions for Ms. Snow?</li> </ul>
<p>Lake Wales Free Clinic</p>	<p>Kate McDonald, Health Services Coordinator</p>

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<p>Discussion</p>	<ul style="list-style-type: none"> <li>▪ Presentation given by Kate McDonald.</li> <li>▪ W. Murrell - I have a comment. I was going to ask you and then you mentioned that the Lake Wales emergency department patients, is that a program that you have in place where they regularly do that for you?</li> <li>▪ K. McDonald - Yes, we have a close partnership with them, and they regularly send patients to us. We try to coordinate that before they have to be admitted into the emergency room, sometimes they will send them to us. Unfortunately, a lot of times people go to the hospital because they are already in a crisis at that moment and a lot of times they will be admitted. For the ongoing aftercare, we are there to help stabilize them and keep them stable with preventative work to keep them from that crisis moment where they have to go back into the hospital. We prefer the other way, where we can see them before that happens. We would like to reach out to people before they have a health crisis.</li> <li>▪ W. Murrell - I hope that is something we can all continue to look at so that we can look at more structured programs with each hospital and the hospital emergency departments. As far as getting the non-emergent patients out of the emergency room and into the proper care environment. It serves them much better and certainly serves the hospitals better.</li> <li>▪ D. Moses - Ms. McDonald I actually work in the Lake Wales community and I applaud the things that the clinic is doing for our students and our parents within the Lake Wales charter school system.</li> <li>▪ Dr. McMicken – Do you have case managers there to help these people see if they are qualified for Medicaid or any other programs that come in?</li> <li>▪ K. McDonald – Yes, we do try to provide a holistic approach and that’s part of the advantage of the clinic being a Lake Wales care center program is so that we can connect them. They are there for their health but if they need assistance in other areas we can coordinate that. We do have a case manager there on staff and that’s part of his role to connect them with those resources. This includes insurance programs or other programs they may be eligible for and we try to assist them outside of health. If our patients do not qualify for Medicaid or they aren’t able to afford the premiums associated with the marketplace, we still encourage them to apply and explore that as an option. We also have a certified application counselor who works for Central Florida Healthcare who comes and visits our clinic each Monday and Tuesday and she has more expertise in navigating applications for the marketplace or Medicaid. We work hard to try to connect them resources as much as possible.</li> <li>▪ J. Johnson - I would like to add also that we have a case manager for the Polk HealthCare Plan that goes out to the Lake Wales Medical Center that’s available to see clients and screen them for eligibility.</li> <li>▪ K. McDonald – Yes, which is very useful because transportation is an issue for a lot of our patients.</li> </ul>
<p>Parkview Outreach Community Center</p>	<ul style="list-style-type: none"> <li>▪ Patricia Kent, Clinic Director</li> </ul>
<p>Discussion</p>	<ul style="list-style-type: none"> <li>▪ Presentation given by Patricia Kent.</li> <li>▪ P. Kent – On a personal note I want to thank all the people who work for the Indigent Health Care. They are very easy to work with and they are facilitators, problems solvers and they are always available to us. They make our life very happy.</li> <li>▪ W. Murrell – You mentioned 212 diversions from Heart of Florida emergency department and it would be nice to get a brief synopsis of how you have accomplished that. Is there a program in place or are they simply referring patients.</li> <li>▪ P. Kent – I was house supervisor at Heart of Florida for many years and I have gone and given our cards to the social workers, case managers, emergency department and staff as well. These are patients that have come to us because they knew that we were there, but had we not been there they would have gone to the emergency department. They are our walk in people that are in crisis. There are hypertensive crisis and diabetic crisis.</li> </ul>
<p>The Haley Center</p>	<ul style="list-style-type: none"> <li>▪ Joe Cole, Chairman of the Board</li> </ul>

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<p>Discussion</p>	<ul style="list-style-type: none"> <li>▪ Presentation given by Joe Cole.</li> <li>▪ W. Murrell – Relative to your conversation about continuing to work with various emergency departments, with Winter Haven specifically in your case, I think that as we are able to receive more information on the Lakeland clinic program that we have in place we can be looking county wide at looking at the possibility of coming up with a more standard program as the free clinics work with the various emergency departments and offer a tremendous service in that regards</li> <li>▪ Dr. McMicken – I’d like to congratulate you on your \$48 per encounter cost. I think that when you said you do the 50% decrement I think it would be more than that so the value I think is more than you projected. Not very many people can walk into the emergency room and be treated for less than \$500 to \$1000.</li> <li>▪ J. Cole – Our numbers are showing it’s a bit more than that, especially for chronic type issues.</li> </ul>
<p>Behavioral Health Court/Public Defender</p>	<ul style="list-style-type: none"> <li>▪ Rex Demming, Public Defender 10<sup>th</sup> Judicial Circuit</li> </ul>
<p>Discussion</p>	<ul style="list-style-type: none"> <li>▪ Presentation given by Rex Demming.</li> <li>▪ R. Demming – I want to talk to you a little less today about what we do and talk more about what it is that we don’t do. You’ve already heard from some of the other people that have spoken about the problem we have in the justice system and the people who suffer mental health conditions. On an average day there are about 550 people in the Polk County jail who are receiving psychotropic medications. The behavioral health court was created and exists to help some of those people break the chain of recidivism so that they don’t chronically come back into our jail system. Unfortunately, provisions in the statute that allows appointing behavioral health courts and our local administration order in some of our local policies limit the number of people who can participate in that behavioral health court program. On any given day there are about 23 people in the behavioral health court program of 550 in the jail who are receiving psychotropic medications. Certainly not everyone in the jail receiving these medications qualify or should qualify for the behavioral health court program. We must first and foremost keep in mind public safety. But there are more than 23 who could benefit from that particular program. Under the rules that govern our behavioral health program the only people who are eligible to participate are those who are charged with a misdemeanor level offense. The difference between someone who is charged with a misdemeanor trespassed and someone who is charged with a felony of going into an unoccupied dwelling or business and sleeping the night is not that great and is not a public safety threat. The difference between someone who has a little bit of marijuana in their pocket and is charged with a misdemeanor or someone who has a prescription medication that was not there’s that is self-medicated because their mental health problem is not that great. Yet, those people charged with felonies are not eligible for our behavioral health court program. In the 10<sup>th</sup> judicial circuit here the state attorney’s office has an absolute veto right to overrule who goes into the behavioral health court program. There’s a difference in opinion between the prosecutors and the defense lawyers as to who should qualify for these programs. It is our belief that people who have chronic problems and have been in the justice system repeatedly are the candidates best served by the behavioral health court program because we are trying to break that chain and keep them from coming back again and again. Our policy here states that if you have 2 criminal charges in the past then you’re not eligible. So that is some of the institutional factors that reducing the number of people that are receiving the benefits that we all recognize you get from this kind of a program.</li> <li>▪ Dr. McMicken – To make a change in the eligibility, is that something that can be negotiated within the court system?</li> <li>▪ R. Demming – It’s within the court system and there are circuits within the state that allow felonies into their behavioral health court programs; it’s a local administration order here that says that it can only be misdemeanors in that program.</li> <li>▪ Dr. McMicken – Is that administrative order from the courts?</li> <li>▪ R. Demming – It is from the chief judge of the court.</li> <li>▪ Dr. McMicken – Is there any other negotiations going on? I understand there have been some negotiations going on to try and change that.</li> <li>▪ R. Demming – There are conversations that are going on. How far those will go is unclear at this point.</li> </ul>

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<p>Discussion (Cont.)</p>	<ul style="list-style-type: none"> <li>▪ Dr. McMicken – Is there increased capacity within the court system to see more of these people? When does the court meet, on the 3<sup>rd</sup> Wednesday of the month at 10:00 AM?</li> <li>▪ R. Demming – It meets every Wednesday at 10:00 AM.</li> <li>▪ Dr. McMicken – Where is it located?</li> <li>▪ R. Demming – Courtroom 6A.</li> <li>▪ Dr. McMicken - If anyone is interested in attending the behavioral health court to observe, it starts at 10:00AM every Wednesday morning in courtroom 6A.</li> <li>▪ Dr. McMicken – Do you have enough resources, as far as referrals, for these people to be seen?</li> <li>▪ R. Demming – Yes, because I’m utilizing our two employees for both referral services and providing counseling services, I could expand the ability to refer doing the initial assessments.</li> <li>▪ Dr. McMicken – I’m hoping the conversations can become negotiations. I believe Judge Wheeler is in favor of expanding?</li> <li>▪ R. Demming – There are a number of judges that are in favor of expansion.</li> </ul>
<p>IHC Financial Update</p>	<p>Kelvin Almestica, IHC Fiscal Analyst</p>
<p>Discussion</p>	<ul style="list-style-type: none"> <li>▪ Presentation given by Kelvin Almestica.</li> <li>▪ K. Almestica – On the budget column, there are 2 line items where it states ending fund balance, I’m going to rebalance because it is linking to the wrong cells on the excel spreadsheet. It should be a zero balance.</li> <li>▪ Dr. McMicken – The Medicaid number, represents the 4 months of October, November, December and January?</li> <li>▪ K. Almestica – Correct, actually the state gave us a projection that the cost of Medicaid would go up. We pay monthly and the cost went down slightly. We’re going to see what happens when we receive the next year because the state and county match the state fiscal year which is from July 1<sup>st</sup> through June. Probably we will see a new county share of cost.</li> <li>▪ Dr. McMicken – There’s a lot more people out there being evaluated through all these programs and so there being a lot more people identified that they’re eligible for Medicaid.</li> <li>▪ K. Almestica – Where it says salary and fringes it says 25% and 16%, when we get in the invoices for all the other things that are not in this budget that it’s going to change?</li> <li>▪ K. Almestica - Salary and fringe should stay the same.</li> <li>▪ Dr. McMicken – The dollar amount yes, but I mean the percentages.</li> <li>▪ K. Almestica – The percentages on the community partners is going to change. We expect that to be in the 20%.</li> </ul>
<p>Medical Director Update</p>	<p>Dr. Wills, IHC Medical Director</p>
<p>Discussion</p>	<ul style="list-style-type: none"> <li>▪ Presentation given by Dr. Wills.</li> <li>▪ Dr. McMicken – What are your criteria for a cholesterol screening?</li> <li>▪ Dr. Wills – For the cholesterol screening we are following the preventative service task force recommendations for screening. There are a lot of different things that we could have on a menu of performance characteristics that we looked for.</li> <li>▪ Dr. McMicken – Risk factors and all that. Is there a bench mark for the first screening at 35?</li> <li>▪ Dr. Wills – That’s the bench mark we’re using. What we tried to window this list down to is things that we definitely know exists as a preventative task force recommendation so that there is a clear recommendation that they need to be done.</li> <li>▪ Dr. McMicken – They say it’s going to be a little more difficult.</li> <li>▪ Dr. Wills – They have changed the metric of how they look at that based on changing ways as the recommendation is. It is an area where we may have providers questioning where the performance is and in some of those areas the measures have become a little more dynamic over time. For all of these things again, because providers performance needs to be measured over time. To really have a useful analysis and we’re looking at people we have data for over a year to see how the patient is working.</li> <li>▪ W. Murrell – For the bench marks are we going to be looking at anything kin to left without being seen or left without treatment from the clinics?</li> </ul>

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<p>Discussion (Cont.)</p>	<ul style="list-style-type: none"> <li>▪ Dr. Wills – We don't have that currently collected in our database. I can't answer if that is something we can capture or not. I think Truven currently captures that information from our providers because that data streams we have are coding streams so we can look at what services we are billed for. We have laboratory streams so that we can see labs that were collected and the data that results from that. Where we can see if a pap smear was done, but we don't have the individual providers schedules aren't a data stream that goes to Truven for us to collect that. If we were to look at that data we would have to separately audit the provider's schedules for no show rates. We haven't got to that point yet. Each provider uses their own individual practice EMRs or scheduling software and we are not integrated into each of those softwares.</li> <li>▪ J. Johnson – Mr. Murrell I will add that we do have a criteria for a number of no show visits that occur for a plan member. That information is shared in the provider manual so that they know that they have the ability to take action if there is repetitious no show.</li> </ul>
<p>Final Comments</p>	
	<ul style="list-style-type: none"> <li>▪ No final comments.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Motion to adjourn meeting: L. Anastacio</li> <li>▪ Second: W. Murrell</li> <li>▪ Meeting adjourned.</li> </ul>
<p>Transcribed by</p>	<ul style="list-style-type: none"> <li>▪ Indigent Health Care Division – Stacy Craver</li> </ul>
<p>Special Notes</p>	<p>Next COC Meeting: March 18, 2016</p>