

# Citizen’s HealthCare Oversight Committee Meeting

May 20, 2016	8:30 – 10:30 a.m.	Neil Combee Administration Building - Boardroom
Chairman	Dr. Thomas E. McMicken	
Attendees	L. Anastacio, K. Andrews, W. Murrell, P. Rust, T. Saunders, H. Vida, Dr. Young, J. Johnson, L. Thomas, J. Marchi, Dr. Wills, S. Craver	
<b>Initial Business</b>		
Approval of Minutes: April 15, 2016	<ul style="list-style-type: none"> <li>▪ Motion to Approve: L. Anastacio</li> <li>▪ Second: T. Saunders</li> <li>▪ Minutes unanimously approved.</li> </ul>	
<b>Announcements</b>		
Updates	<ul style="list-style-type: none"> <li>▪ No public comments.</li> </ul>	
<b>Presentations</b>		
IHC Financial Update	Kelvin Almestica, IHC Fiscal Analyst	
Discussion	<ul style="list-style-type: none"> <li>▪ Dr. McMicken – Mr. Almestica wasn’t able to attend today’s meeting, the financial update presentation has been included in the meeting packets. If you have any questions, you can direct them to Joy Johnson.</li> <li>▪ No following discussion.</li> </ul>	
Medical Director Update	Dr. Todd Wills, IHC Medical Director	
Discussion	<ul style="list-style-type: none"> <li>▪ Presentation given by Dr. Todd Wills.</li> <li>▪ Dr. McMicken – Do you think that a worse flu season had anything to do with the higher prescription drug utilization?</li> <li>▪ Dr. Wills – It may have, I’m sure there were people there for influenza and flu like illness that were getting additional things. Known medications for that were really reflected in our top prescribing numbers but they could have been playing a scene beneath that. A point of information, if you remember on our last meeting MedNet was here and they talked about the resources that they have available; we had previously explored the possibility of utilizing MedNet for some of our higher cost medications. We’re going to be meeting with them again next week to re-explore what we can do there. Some of it tends to be the issues with logistics, getting the paperwork of our plan members processed in a way that will work with the MedNet processes, but we’ll be looking at how we might be able to do that with our existing resources.</li> </ul>	
Peace River Center	Bennie Allred, Chief Operating Officer	
Discussion	<ul style="list-style-type: none"> <li>▪ Presentation given by Bennie Allred.</li> <li>▪ W. Murrell – Back on slide 4, will you speak a little bit about the 53,600 seeking treatment and the 26,000 being served?</li> <li>▪ B. Allred – This is for the Polk County population. We’re only able and capable of serving half of that number. We would like to do more and there are other providers in the area that are probably getting that other half. I think we are one of the largest providers in the county.</li> <li>▪ Dr. McMicken – What percentage of services provided in the mental health area do you think are related to substance abuse?</li> <li>▪ B. Allred – Close to 50%.</li> </ul>	
Tri-County Human Services	Bob Rihn, CEO & Donn Vann Stee, Administrative Director of Compliance	
Discussion	<ul style="list-style-type: none"> <li>▪ Presentation given by Donn Vann Stee.</li> <li>▪ No following discussion.</li> </ul>	

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Behavioral Health Court	Judge Robert Williams, Nick Sudzina & Desiree Meaton-Francisco
Discussion	<ul style="list-style-type: none"> <li>▪ Presentation given by Judge Robert Williams, Nick Sudzina, and Desiree Meaton-Francisco.</li> <li>▪ W. Murrell –I really appreciate your enthusiasm and effort of your whole team. You mentioned that you’d like to expand to juvenile. Looking at the benefits that you show listed for the problem solving court, demographically are we not better off starting this with juveniles?</li> <li>▪ Judge Williams –I was doing post-adjudication drug court program in the misdemeanor side and behavioral health court which had the component of veteran’s treatment docket, by the way that is going very well we now have 8 participates on the veteran’s side and they are doing very well and great support there, then a year and a half ago the court approached me about taking on the remainder of those programs which were originally divided between other judges. I accepted and we got it done. I’m a county judge and I became also an acting circuit judge to preside over what is circuit type jurisdiction, juvenile. I have two children and thankfully they’ve had some success and they’ve also had some challenges, like all kids, but my eyes have been opened in the last year and half over the impact of catching it early. Yes sir, we’ve got to figure out a way to implement behavioral health court system or to expand it to include juveniles. It’s crucial because what happens is bad juveniles make bad adults. My theory would be start early and let’s get going early. Now having presided in that juvenile docket I told court admin after they wrote me into this, I told Julie Nelson challenge in juvenile. I don’t have much enforcement in juvenile because juveniles are under a different view than adults in the penalty phase and the kids know that. To answer your question we need to implement that and we are looking at it, but we are not quite there yet.</li> <li>▪ Dr. McMicken – You know you could try to integrate that and cooperate with DJJ and some of their contractors. There are two residential programs right here in Bartow, the Polk Halfway House and the Bartow Youth Academy. At the Polk Halfway House most of those people, because I do the medical care there, are between about 11 or 12 years old and up to 14 and 15 years old and that is a place to get started. There is already sort of a diversion program in the juvenile court that sends them to these residential treatment programs but I think it would be really good; Bartow especially would be a good start. G4S Youth Services runs those facilities.</li> <li>▪ Judge Williams – The teen court program, I don’t know if that’s what’s your referring to, actually feeds in a number of those current participates to our juvenile drug court system. The problem we have is that we have teens/juveniles that come in that are coming into the drug court side and we don’t yet have the behavioral health side of the juveniles and many of them need those kinds of services, significantly.</li> <li>▪ Dr. McMicken – That’s what these two residential programs do. There’s a psychiatrist that visits there on a regular basis.</li> <li>▪ Judge Williams – There is a difference between them getting to one of those facilities versus getting to one of those facilities and know there’s a guy in a robe that you have to answer to next week.</li> <li>▪ Dr. McMicken – That would have to be in some of the planning in what you decide to do.</li> <li>▪ Judge Williams – Yes, and we are working on that.</li> <li>▪ Dr. McMicken – The problem with some of that too, of course I know you’re dealing mostly with misdemeanors, but a lot of these kids also have 3<sup>rd</sup> degree felonies and sometimes worse. If there was a program they went through and succeeded that could be expunged it would really help their life. I’ll give you an example, when my son graduated from the University of Florida with a nursing degree, he was a nurse practitioner, there was a girl in his class that had a felony and she couldn’t take the state board of nursing exam. She finished all that education but then couldn’t take her state boards.</li> <li>▪ Judge Williams – We run into that concept all the time, when we’re talking about the issue of adjudication at all the different levels in the 7 different systems. We have a young lady right now that in the DUI drug court. She was a nurse and got into a lot of prescription drug and alcohol addiction and is no longer nursing. But here’s the good news, she’s made great progress. She’s back to fringing on a hardship, let’s take a look at how you’re doing and maybe we’ll give you some of that back status, with the state licensing authorities. We’ve wrote letters of support and given data that they need. It’s not going to happen overnight and it may never happen completely but you should see the confidence; she’s going from doing curbside at a restaurant back up to nursing because of success and what’s she’s done over the last months.</li> <li>▪ Dr. McMicken – There is a lot of work to be done, for sure.</li> </ul>

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Traviss Dental	Susan Rexroat, Dental Program Administrator
Discussion	<ul style="list-style-type: none"> <li>▪ Presentation given by Susan Rexroat.</li> <li>▪ J. Johnson – I would like to add that we do have a video on Give Kids a Smile, GKAS, that was produced by PGTV over at Traviss Career Center and we would be glad to send the link of that video out to all the members and make sure that it's published on our website. I would like to thank our team members from Communications and PGTV for putting that together.</li> </ul>
UF/IFAS Extension	Whitney Fung, Family & Consumer Sciences Extension Agent
Discussion	<ul style="list-style-type: none"> <li>▪ Presentation given by Whitney Fung.</li> <li>▪ W. Fung – This will be my last meeting; I'm leaving to pursue my PHD in public health at the University of South Florida. It's been a pleasure to be here in Polk County.</li> <li>▪ T. Saunders – Are the diabetes educational contacts only with adults or are some of those with teens that may be experiencing juvenile diabetes?</li> <li>▪ W. Fung – My position only teaches adults and I have 5% of youth related responsibilities that extension does require me to do but that's focused on summer camps. There are programs that will help get resources by reaching out to the University of Florida and ask them for different types of educational materials. There is a juvenile diabetes program. Usually, my programs are depending on the needs and so if there is a demand for it I can provide it but there just hasn't been enough and my capacity of reaching youth isn't that high. Those contacts are all adult.</li> <li>▪ T. Saunders – I know we've experienced over the last year with our youth and foster care a real need for education and support groups for those teens that are struggling with it.</li> <li>▪ Dr. McMicken – University of Florida use to have a juvenile diabetic camp they sponsored every year, do they still do that?</li> <li>▪ W. Fung – I'm not sure, do you mean in Gainesville?</li> <li>▪ Dr. McMicken – Yes.</li> <li>▪ W. Fung – I know that they have a diabetes institute and so I wouldn't be surprised. That's how the relationship is, it's the University of Florida working with Polk County to extend services and we want to know if we need to do something here. It's making partnerships with the community and hospitals, it's definitely a potential.</li> </ul>
Final Comments	
	<ul style="list-style-type: none"> <li>▪ Joy Johnson announced that after 35 plus years with Polk County, Wilma Daniels the Health and Social Services Manager of the Indigent Health Care Division and Polk HealthCare Plan is retiring at the end of this month.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Motion to adjourn meeting: Dr. Young</li> <li>▪ Second: W. Murrell</li> <li>▪ Meeting adjourned.</li> </ul>
Transcribed by	Indigent Health Care Division – Stacy Craver
Special Notes	Next COC Meeting: June 17, 2016