

**Minutes ~ September 2, 2015**  
**Community Support Network Partners Meeting**

3:30 to 5:00 pm ~ Gene Albaugh Community Room at the Madelyn Helling Library

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**Greet Incoming Partners** – 35 people attended, including: Christine Norwood, FREED; Cindy Wilson, Nevada County Public Health Dept.; Dena Valin, Friendship Club; Gail Sullivan, Second Step; Jazzy Nillis, DVSAC; Jessica Lime, SNCS; Joette Collier, Foothills Healthy Babies; Josie Garcia, Child Support Services; Karen Wallack-Eisen, PARTNERS FRC; Kari Stehmeyer, The Karing Closet; Kim Blix, Nevada County; Kristen McGrew, PARTNERS FRC; Kristina McLean, 211 Nevada County; Lael Walz, EMQFF/SFMC/NAMI; Loydyne Lane, Parents' Resource Guide; Mali Dyck, CalWORKs; Marley Mueller, CoRR; Melissa Marcum, NCSOS-FYS; Mike Dent, Nevada County Department of Social Services; Mindy Oberne, California CareForce; Ned Russell, Got 40?, Drug Free Coalition, CSN; Nohemi Mead, GV PARTNERS FRC; Rennie M. Smith, LMFT; Roger Lewis, California CareForce; Sara Connor, Nevada County Department of Social Services; Sheri Meckler, Reach Family Counseling; Shona Torgrimson-Duncan, Helping Hands Nurturing Center; Stephanie Fischer, DVSAC; Suze Pfaffinger, Big Brothers Big Sisters; Sylvia Pichitino, Sierra Forever Families; Terri Kirschner, UACF-United Advocates for Children and Families; Wanda Mertens, Mertens Insurance; Susan Sanford, CSN Coordinator.

**Welcome & Introductions** – Ned Russell, Got 40?

**Meeting Minutes**

- Accepted minutes from June meeting
- Accepted updates to CSN Agreements and Guidelines

*Updates to CSNNC Agreements and Guidelines had been approved by the CSN Steering Committee and are:*

- *replacing "member" and "membership" with "partner" and "partnership"*
- *specifying how an organization can become a CSN Partner (see section IV in the document)*
- *"CSN Partner meetings are held nine times/year." (formerly ten-see section VII)*

**40 Developmental Assets** – Ned Russell of Got 40?

Developmental Asset #7 – Community Values Youth - details on last page of minutes

**Meeting Focus** – *"Affordable Care Act Update - Where are we today?" Panel and Moderated Q&A* ~ a panel of local providers filled us in on how ACA is going so far in our community, and what they see on the horizon. Panelists and 5 items from each (consolidated and paraphrased):

- **Mike Dent**, Director, Department of Social Services, Nevada County Health and Human Services Agency
  1. We call it "getting their stuff" when people are receiving the services they need. We have about 12,000 more people on Medi-Cal now. That's a challenge. Behavioral health is seeing more patients. There were 73,000 contacts with HHS for services.
  2. Nevada County has one of the highest rates of electronic filing in California. 27% of our customers have an electronic profile on C4Yourself.
  3. Challenges with ACA - It was rushed, 4500 new Medi-Cal cases, systems weren't talking.

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**CSN Vision Statement**

All families in Nevada County have ready access to a well-integrated and coordinated support network that is easily available and well funded.

*Community Support Network of Nevada County ~ [www.csnn.org](http://www.csnn.org)  
CSN Coordinator – Susan Sanford, 530-913-0270, [csnncorg@gmail.com](mailto:csnncorg@gmail.com)*

4. These pre-ACA goals of managed care remain:

- Delivery of health care to consumers through networks of organized systems of care.
- Systems emphasize preventive & primary care.
- Plans usually paid a fixed cost to manage a patient's primary care as opposed to being paid per visit/procedure.
- Premise - system will provide high quality, coordinated care at a lower cost.
- Have better, coordinated care with cost savings.

2013 - Estimated numbers after ACA implementation

- Medi-Cal - 9550 individuals (4750 adults and 4800 children).
- SSI linked Medi-Cal - 2000
- Healthy Families - 2500 children
- CMSP (County Medical Services Program) - 1500 adults

*Over 15,000 individuals will be on Medi-Cal*

2015 - The reality of ACA

- Medi-Cal – 20,394 individuals (12,182 adults and 8,212 children)
- SSI linked Medi-Cal – 2,096
- Healthy Families – 340 children
- CMSP (County Medical Services Program) – 0 adults

*Over 23,000 individuals on/will be on Medi-Cal*

5. Had about 4500 applications in first enrollment, 1500 applications in second enrollment. Still 1700 cases backlogged - "problem cases" without sufficient info to process. Priority is to get backlog done in the next few months.

• **Brian Evans, MD**, Vice President, Chief Medical Officer Hospital Administration, Sierra Nevada Memorial Hospital

1. More patients have insurance now...better access to care. ACA overall a step in the right direction...need to simplify payment processes.
2. Very concerned about sustainability of medical system in our country - very expensive compared with other places. We spend 18-19 % of GDP, other industrialized countries 10%.
3. Frustrated by complexity of the system. Can't just deliver simple medical care sometimes.
4. Sierra Nevada Memorial Hospital is a nonprofit hospital that's an affiliate of (not owned by) Dignity Health, a 39-hospital system on the West Coast, mostly California. We need to not go bankrupt...we identify needs and provide services as able. From 2012 to 2015, overall number of Medicare patients is about the same - about 58% patients have Medicare of some form. Commercially insured people - used to be about 20% now it's 17% (commercial insurance carries the burden of covering costs of medical care overall). Pretty significant increase in Medi-Cal - it's been a good thing in general for patients who could not afford anything else - overall SNMH has done fine with ACA - hasn't cost them money, but hasn't affected them positively - patient volume has gone up, not sure if that's ACA
5. An important provision of ACA: that people cannot be excluded because of pre-existing conditions.

• **Wanda Mertens**, Insurance Agent & Consumer Advocate, Mertens Insurance, a Farmers Insurance Agency

1. I've been in insurance for 20 years and worked with Healthy Families when they started. I came from the private sector and worked with a government plan and how to make those two entities work together

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successfully and in a timely manner. Our job is to educate the consumer. With ACA people need to understand: it's the law.

2. Our focus has always been "take care of the children." Our philosophy is "do the right things for the right reasons and everything else falls into place." With Healthy Families we taught consumer two things: 1. how to be better parents 2. how to be more financially responsible. Parents learned: don't wait...get things taken care of. They also learned the importance of preventive care. In the first 5 years of HF there was a 37% improvement in lack of catastrophic events that was due to preventive care.

3. We know what the consumer needs, what needs to be done to get it for them, and how to guide them through the process. We taught consumer how to do it right the first time. They had to give us everything in terms of documentation - pay stubs, tax returns, drivers license, whatever. We don't get paid unless it's right. Detail is the key to success. Nothing went in incomplete.

4. Societal benefits of ACA: More people are in they system, and more are paying taxes. They're learning that the only way the medical industry can stay alive is by the consumer contributing to that process.

5. Personal benefits of ACA: Preventive care (people are starting to understand that), no pre-existing condition exclusions. I see people taking ownership and responsibility for their health care. My biggest challenge is educating the consumer. My greatest reward is educating the consumer.

• **Glenn Thiel, DO**, Chief Medical Officer, Western Sierra Medical Clinic

1. Western Sierra Medical Clinic is an FQHC (Federally Qualified Health Center), also known as a CHC (Community Health Center). One of the challenges about being an FQHC is that we have to take everybody whether they're insured or not. ACA has overall been positive. Medical population expanded by about a third. We serve 17,000 people in the area. We're becoming more of a one stop service point. We had about 600 new patients/mo when ACA first went into effect. Now it's about 250 new patients/mo. About 63% are on Medi-Cal or managed Medi-Cal, 17% on Medicare, the remaining 20% are private paying commercial.

2. We've had to expand. Moved from 12,000 square foot facility to 18,000 square foot facility. We're full. Recruiting and retention in a rural area are very challenging. Recently hired an OB-GYN and a psychiatrist...bringing on a chiropractor and podiatrist...if all goes well, we'll be bringing in most of the specialty services in town.

3. Options for people on Medi-Cal are pretty much limited to Sierra Family, Chapa De, or WSMC. Other places do not accept Medi-Cal.

4. Services: maternal health, family medicine, pediatrician, psychiatrist, nutritionist, nursing care, wound care, case management, psychotherapy, mobile clinic to Camptonville and Washington 1x/mo Hospitality House every week, rural clinic in Downieville - a "frontier area," support Sierra County jail. Just opened up Urgent Care in Grass Valley - for anyone. Will be opening a pharmacy.

5. WSMC is a nonprofit with a community board - 50% of board members need to be either patients or relatives of patients. As a nonprofit, margin is thin. ACA overall positive, still lots of challenges including recruitment and space.

**Questions & Answers** (initials of who question addressed to, question in italics, replies and initials of additional respondents in plain text)

• *GT: Will pain management be included at WSMC?* A very challenging, subjective area...immediate answer is "no"...a high need exists in the community. Difficult area to recruit...it's a complex and difficult area...it's not just physical.

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- *GT & BE: Now that ACA covers mental health services, where are clients with mild to moderate mental health diagnoses/concerns encouraged to go for services? What is the wait? Is telemedicine available at the clinics?*  
GT: We tried telemedicine with a psychiatrist about a year ago...didn't work well for us so we hired a psychiatrist. The wait to see her is about two weeks out. Need to be a WSMC patient. County serves more "severely impaired." Working with county to improve things.
- BE: We've used telemedicine in a variety of ways at the hospital for a little less than a year. Now have psychiatrist available 24/7 for acute psychiatric emergencies. Will be opening a psychiatric crisis stabilization unit - 4 beds, adults only (Nov. 1 is go live date). During the time we've been working on getting the unit up and running, the number of people being evaluated for 5150 holds has doubled.
- *MD: How long is the wait for the folks without "their stuff?"* If it's immediate need, that day or the next, if not immediate need, then within 10 days. Actual wait in waiting room could be up to 3 hours.  
*How about the 750 you're still processing?* Goal is to get them done in the next 3 months.
- *BE & GT: Have detox services at ER dropped off since CoRR started offering detox services?*  
Actually an increase in number of patients coming to emergency department with substance abuse related presentations...have gone up quite a bit since CoRR started...but it's not really a detox unit at SNMH...substance abuse rates have gone up.
- GT: When we do a primary care clinic at CoRR...on Tuesdays and Wednesdays, we see folks for their primary health care needs and help with admitting to their in-patient unit. Working with CoRR on a grant for doing some suboxone treatment that may help get people off opiates.
- BE: Problems with opiates have gone up a lot.
- *BE: You mentioned percentages of Medicare and commercial insured. What about percentage of uninsured? From 2010 to 2015? Much improved, I assume?* Percentage of uninsured (self-pay) has gone down a bit. 5.5% in 2012 to 3.6% now.
- *BE: Wouldn't it be great if electronic systems of county (C4Yourself) and electronic systems of hospital (Cerner electronic medical record database) were mutually accessible to improve continuum of care. Is this in the plan?* Yes. The hospital started with Cerner on May 1, 2015. It can connect to a variety of other systems.
- *GT: What's the wait for a new patient?* 2.5-3 weeks, but can just walk in to urgent care. To become a WSMC patient need to fill out and submit paperwork. Packet review takes about a week, then you are given a PCP (Primary Care Physician).
- *GT: Who/where is a local psychiatrist? Accepting new patients seems to be quite a wait – will this continue?*  
About 2 weeks to see the psychiatrist but need to be a WSMC patient. Prefer people see a Primary Care Physician first, but sometimes need to see psychiatrist first.
- *MD: Because transportation is available with managed-care Medi-Cal for doctor appointments, and SSI Medi-Cal doesn't do that, can SS I Medi-Cal switch to managed-care Medi-Cal? How?* I don't know.
- GT: Anthem Blue Cross and California Health & Wellness both provide transport.
- *GT: I work with low income, high need families and see families struggling with dental healthcare - especially emergency care needs and pediatric providers who take Denti-Cal. WSMC offers dental care to adults and children. Also offered at Chapa De.*

Submitted but not time to answer:

- For GT: Why do patients have to move their primary care services to WSMC to access other services? (Behavioral health) Is this insurance related?
- For WM: What are the ongoing reporting responsibilities of people who are already enrolled in Covered California? Are we supposed to report changes as they happen (income change, etc.) or wait and do during an open enrollment period? (When I reported an income change, I got welcome info from Anthem Blue Cross again, as if signing up for the first time. Confusing!)

**Building the Network** – Mindy Oberne, California CareForce

**Network Announcements and Meeting Evaluation**

- Ned Russell - Please park down the hill for CSN meetings. Mental Health First Aid trainings on Oct. 5 and Nov. 6.
- Mike Dent - Stronger Together publication - now available
- Kari Stehmeyer - The Karing Closet event 9/19
- Loydyne Lane - 9/15 is deadline for next issue of Parents' Resource Guide
- Cindy Wilson - 9/26 - Drive through flu-shots
- Marley Mueller - 9/18 is CoRR's 3rd anniversary open house
- Becky Slade will speak on Trauma Informed Care at the October CSN meeting
- Halloween Book Giveaway planning is underway

*Info about all or most announced events is, or will be, on CSN website News page.*

**Adjournment** at 5:02 pm – Next Meeting: Oct. 7, 2015, Gene Albaugh Community Room, at the Madelyn Helling Library. ***Thank you!***

## Community Support Network of Nevada County Meeting Agreements

- Make decisions by consensus.
- Create an atmosphere of mutual respect that includes active listening and listening without judging.
- Start and end on time.
- Maintain a sense of humor and a positive attitude.
- Bring concerns to the whole group. Don't take them to the parking lot after the meeting.
- Set up the room in an inclusive way.
- Take responsibility for a task only if you have the time to accomplish it.
- Everyone is empowered to be a process observer and take ownership for the health of the meeting and is responsible for the health of the whole meeting.
- Be sensitive to others' need for more information. Make sure everyone understands.
- Be careful of injecting your self-interest and label it as such. Be able to layout your agency's interest and be open to other's interests.
- Meetings are meaningful and have a shared purpose.
- This is a living document and can be changed as needed.

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### Developmental Asset # 7 – Community Values Youth – September 2, 2015

Youth feel that adults in the community value youth.

(*Not* adults' view of our community support for youth.)

- How DO our youth feel about community support?
- Quote from opinion piece in recent The Union: "I think people look at this generation of students and think that society has failed them. That schools have failed them." Would this imply the current generation is failing or will fail?
- Generation Y vs Generation Z? What effect does giving characteristics to age groups have on how kids in those groups develop? (Expectations).
- Would adults' behavior toward youth be different if we considered them "the greatest generation", i.e. the kindest, smartest, bravest, ...? And promoted the expectation?

Ideas:

- View youth as a resource; ask for ideas and opinions.
- Involve youth in leadership, program planning, and program evaluation.
- Identify barriers to youth participation.

To learn more about the 40 Developmental Assets (Got40?), call 530-271-5617 or email [info@Got40.org](mailto:info@Got40.org) or [NedRussell@pacbell.net](mailto:NedRussell@pacbell.net).

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