

**MHSA-FINANCE Committee
MONTHLY MEETING MINUTES
March 16, 2017 – FINAL**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Chair, Lauren Retagliata, called the meeting to order at 1:09pm.</p> <p><u>Commissioners Present:</u> Chair- Lauren Rettagliata, District II Vice-Chair-Douglas Dunn, District III (arrived @1:15pm) Diana MaKieve, District II Duane Chapman, District I</p> <p style="text-align: center;"><u>Commissioners Absent:</u> Sam Yoshioka, District IV</p> <p><u>Other Attendees:</u> Pat Godly, Chief Financial Officer for CCC-Public Health Services Cynthia Belon, Director of Behavioral Health Warren Hayes, Mental Health Program Chief Stephanie Chenard, MHSA Analyst Teresa Pasquini, previous commissioner (arrived @1:09) Adam Down, Behavioral Health Administration Jill Ray, Field Representative, District II Liza A. Molina-Huntley, MHC Executive Assistant</p>	<p>Executive Assistant:</p> <ul style="list-style-type: none"> • Transfer recording to computer. • Update Committee attendance
<p>II. Public comments: None</p>	
<p>III. Commissioners comments: None</p>	
<p>IV. Chair comments: None</p>	
<p>V. Approve minutes from February 16, 2017 meeting</p> <p>MOTION to approve minutes made by, Diana MaKieve, seconded by Duane Chapman.</p> <p>Corrections- Lauren: EA correct and clarify page one with Stephanie which are the Board and Care facilities that have completed review reports.</p> <p>VOTE: 3-0-0 YAYS: Lauren, Duane, Diana NAYS: none ABSTAIN: none ABSENT: SAM YOSHIOKA</p>	<p>Executive Assistant</p> <ul style="list-style-type: none"> • Clarify, correct and post finalized minutes.

<p>VI. Review and Discuss MHSAs Program and Fiscal Reviews- Warren Hayes and Stephanie Chenard</p> <ul style="list-style-type: none"> • Warren- in this three year period, which ends at the end of June, 52 program reviews will be completed. There are seven remaining: COFFEE, COPE, SENECA, LA CLINICA, PUTNAM, LINCOLN, CHILD CENTER and FIRST HOPE, will be completed by 6/30/17. We will have six reports ready for April and expect another five to be completed in May, 11 total in process, that the Commission should receive in the next 2-3 months. • Lauren-there are reports that have not met the requirements, or deficiencies have been found in specific areas. Are there any MHSAs programs that still have not cleared their deficiencies? • Warren- To clarify the process, BHS/MHSA, does program reviews of all programs that are funded in part or all by MHSAs. The MHSAs team does not have a line responsibility for all of those. Again, it is not an audit, it's a review we provide a recommendation if we feel that, the program, doesn't meet the standard, we say so and we turn over the recommendations to whoever is in charge. The majority of the MHSAs programs are done, except for one. The PEOPLE WHO CARE program, in East County, has a 90 day plan. Most of the findings were regarding the general acceptable accounting principles. All are very responsive to comply with contract requirements. • Lauren- Can a list is compiled of all the facilities that have been cited with a corrective action plan and who's responsible? What is the best way to get at this? • Warren- Several months ago I gave you a composite report on collectively what findings were found that had some, little and none at all. Do you remember that report? • LAUREN- Yes, I do but there were some that you handed over to other agencies, not under your purview, under someone else's. I am asking for a list that compiles those corrective actions, which ones are still outstanding that aren't under your purview to correct. Because it's hard for us to know, if it's the MHSAs team, or another administrative team? We would like to know if there are corrective actions yet to be made and whose purview do they fall under? • Warren- What we would have to do, on our team, is to go back and redo that. If you request that, then for a future meeting, then our staff can compile that information. Again, back to the earlier point, as the reports come in we can inform you if they're ours or not, then you can schedule a discussion with the person responsible. • Stephanie- to exemplify Warren's point, for instance the Board and Cares, since those aren't managed by MHSAs, we had a meeting with the Adult System of Care, Jan Cobaleda-Kegler and other people involved, to look at what we are going to do with the Board and Cares, as a whole. It was a general work group. It was a work group, not open to the public. No minutes were taken. 	<p>Warren Hayes:</p> <ul style="list-style-type: none"> • Will distribute six reports to MHC/MHSA Finance Committee by June 30, 2017
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<ul style="list-style-type: none"> • Lauren- is there a report or minutes of that meeting? • Warren- most reviews, are not compliance issues, the issues are related to better business practices. We will call out items that related to contract compliance, we usually correct on the spot and follow up to make sure that it's done. Again, we are not in the chain of command that is responsible for that area, it's a briefing and pass to the system, manager or chief. Again, it's up to the person who is responsible, to determine if they will make immediate corrective actions. We will start the program review again on 7/1/17 and then we will be able to see any changes have been made. • Duane- once the reports are done, why can't the commission be one of those that receive the reports as an FYI? • Warren- the MHSa Finance Committee receives all the reports. When the committee receives, all the reports, it will be a good time, for the MHSa Finance Committee, to sort out which ones are the CCCBHS chain of command for the particular program and what are the recommendations and if there are any immediacy, long term, short term addressing that's necessary. Back to Lauren's original question, do we have any reports for this month? We are almost ready to give you six reports. It depends on what level of involvement, the Committee members want to have. It is better to take action, as you go along, rather than wait. 	
<p>VII. REVIEW and DISCUSS MHSa Three year Program and Expenditure DRAFT Plan for Fiscal years 2017 to 2020- Warren Hayes</p> <ul style="list-style-type: none"> • Warren- The three year plan is kicked off with the CPAW meeting, which all the Commission members were invited earlier this month. We received a lot of input, made some changes and have recognized the changes and responded to the individuals that gave input. It is what we call the "informal" period for input. Monday, March 20, 2017, will become the formal process where it will be posted, on line, for a 30 day public comment period (as per law to April 20, 2017). There will be forms posted online on our MHSa/Mental Health website, under Behavioral Health. After the 30 day period has past, the Mental Health Commission will host a public hearing at the May 3, 2017 meeting. The format for that is, because the Commission is a public venue that is Government Ordinance driven, the public will be invited and on the agenda a time period is allowed for public input. The hearing part is at the end of the Commission meeting and allows individuals to provide public comments (2-3 minutes per person). The comments, regarding the final draft, are recorded. At this time we do not get into a dialogue with the public at the Commission meeting hearing. The open dialogue is only at the informal CPAW meeting. The Mental Health Commissioners will have time to make their comments and discuss whether they take a position, or not, and it is recorded and by law we are required to respond, in writing to all of the formal public comments provided, within 30 days. All the public comments received from the hearing, 	

along the Commission's position or recommendations become part of our draft and will be stated in appendix "F". Everything will be posted: the public comments, the Commission meeting, the agenda, the minutes, public comment period, the comments and the county's response to all of it. It all becomes part of the document that goes to the County Administrator's office for agendizing; we hope that the draft, Three Year Plan, will be on the June agenda for the Board of Supervisor's consideration. If any of the substantive comments by the public or Commission, cause a significant change in the draft, then we have to start all over. We will start back to the public (CPAW) comment period, the public hearing, and the county's response and continue the process, from the beginning.

- **Teresa-** has there ever been a substantive comment that has required to start over?
- **Warren-** Not since I have been with BHS. If there is a significant program reduction, additions, eliminations, changes- that would be substantive. The Finance Division will do a final appendix "E" which will summarize and make adjustments to the dollar amounts. There will be a final adjustment between the draft and the final document that goes before the Board. If people state that they like one program and not the other, then common sense is that we would have to go back to the beginning and allow the public the opportunity to look at the changes.
- **Lauren-** At last year's meeting, with the Commission, there were public concerns about the Rye's Center and it not meeting the needs of the community.
- **Duane-** We receives complaints from the community stating that there are no services in West County. The current programs that we have do not meet the needs of the African American population in West County. In general, there are no services, health or mental health care, in West County. Communities have changed in Richmond, they shift.
- **Warren-** A "Quantative Needs Assessment," was done to look at the prevalence and penetration rates, by region, by race/ethnicity, by age group and the report results were that there is an equal distribution of mental health services across all regions, all age groups and across all race/ethnicities. The issue is more about connecting those individuals to the services. Maybe a better job at outreaching to the different regions is needed? A comprehensive program and fiscal review, was created for NEW LEAF and RISE, the findings were that they met the requirements and did the scope of what they were paid to do. I live in the West end of the County, for decades and I have worked in West County. The micro communities have shifted. RISE is not in the heart of Richmond and that is for safety reasons, it's in the best centralized location possible.
- **Lauren-** The public saw some programs getting funded that they questioned the effectiveness to meet the needs of the community.

<p>We have the dilemma of the community saying that the programs are not meeting their needs. What can we do? Regarding the report we have, from Erin McCarthy, "Appendix B," and it has level of care, program agency, target population, region served...(part of the Needs Assessment), is there a possibility for you (Warren) to add a fifth column to include dollars spent? (Referencing the attachment included in Mental Health Commission meeting agenda for 2/1/17)</p> <ul style="list-style-type: none"> • Warren- No, because the issue is how far do we need to go? The amount of time and effort that is made by the staff to attach that level of specificity was beyond our reach. We could retrieve, out of the auditor's expenditure summary, the total amounts, but it will not be broken down and we are out of time to go back and redo. • Lauren- Pat, (CFO- Godly), this would really help out the Mental Health Commission because this helps us to see were dollars are spent. (referencing: B1- of the Needs Assessment report) • CFO Godly- That is from Warren's report and that has been completed. 	
<p>VIII. DISCUSS budget updates with Chief Financial Officer of Contra Costa County's Public Health Services- Pat Godly</p> <ul style="list-style-type: none"> • Lauren- We basically need to know the budget updates, are there any significant changes that are occurring and what are they? • CFO Godly- Yes. (Provided handout with updated budget for the Behavioral health division-Mental Health, 9 pages.) • Director- Vern gave an update to the Mental Health Commission regarding Behavioral Health's priorities for 2017-2018. • CFO Godly- A brief overlay of where we are- we go through an annual budget, where the County's administrative staff gather to develop what is necessary to fund the programs going into the future years. We are currently in the 2016-2017 Fiscal year and we are moving into the next budget year, 2017-2018. The basic available funding from the County's General Fund has remained constant, no changes. The department has approximately \$95 million in the County's General Fund, to support and run the Health Department. We have developed a budget that will finance the ongoing activities of the different departments, inclusive of Mental Health, without any negative service impact. The macro overlay is that this budget – for Mental Health, for the department and for the State of California is all being developed on the assumption that there are no changes to the AFFORDABLE CARE ACT. The Affordable Care Act is changing hour by hour, and it will have an impact. This falls under three general areas: 1) the total dollars available to the Medicaid and MediCal population, 2) the eligibility, how many people will qualify to be covered under MediCal and Medicaid? 3) Even if the dollars are identified appropriately how do we define a block granted to the States? How will the State handle the distribution of that block grant, at the local level? Children's hospitals have a separate funding stream, Mental Health has a 	<p>EA- place on the April meeting agenda, for the Executive Committee, to have a discussion regarding the HHH's Housing Committee</p>

<p>separate funding stream, Quality Health Centers have a separate funding stream, all of those need to be addressed and come out to a revenue neutral area with adequate dollars. Everyone is aware of the changes to come and that is a major message. The handout provided is a summary schedule of the Health Service Department, which identifies the adopted 2016-2017 budget and the 2017-2018 recommended budgets. This is a draft and it is subject to the final approval of the County's Administrators Office. This is still being finalized, no changes are anticipated. Then it will be presented to the full Board of Supervisors for discussion and public input. The Enterprise funds are primarily the hospitals, clinics and the Health Plan and Mental Health has also been identified. Last year for the adopted budget, we had a \$191 million, with a General Fund contribution of \$17.2 million. Moving into the "Recommended Budget," for 2017-2018 years, we have a budget of \$211 million, with a \$17.2 million dollar County subsidy. There is growth in the Mental Health, and in a couple of areas, through the EPSTD (Early Periodic Screening Detection Treatment) program. Utilizing the growth from that program, that it's still growing, because we have revenues coming in from that side and match, some of the dollars from MHSA and the realignment. We do have dollars identified that are coming from MHSA for different areas: Continuum of Care Reform that is included for implementation in 2017-2018, Mobile Crisis Team (both youth and adults) and Oak Grove. There is a 3% community based organization cola built in, that we believe we will be able to handle, the revenue off-set, there shouldn't be any negative impact. We have specific funding for implementation, that is not included within the Mental Health budget; the electronic medical record. We have used some of the funds from the WHOLE PERSON CARE grant. We have received the first \$20 million dollars, for the first year, and will continue to receive the same amount annually, for the next five years. A portion of the funds will be used to implement the electronic medical record. We have a lot of positive things going on, assuming that the ACA doesn't change; if it does, we would have to start over from scratch.</p> <ul style="list-style-type: none"> • Doug- The five year Whole Person Care grant, is that subject to change? • CFO Godly- It's unclear, at this time. California is operating under a MediCal Waiver through the year 2020, these grants, or part of them, are MediCal Waiver. The regulations have not been completed yet. It is unclear as to whether those waiver dollars would roll into the per capita calculation or not. The debate has gone both ways. Any question related to the ACA will have the same response; there is too much uncertainty at this time. • Lauren- so the increase in budget is coming basically from an increase in MHSA funds and the EPSDT? There must be a significant amount of dollars coming from those two programs because there is over a \$21 million increase in funding. 	
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- **CFO- Godly:** We have approximately \$8.5 million coming in from the new programs in the colas, the realignment dollars is complicated. The 1991 Realignment shows no growth projected in this budget, normally we would pick up \$1.5 million in any given year, if the economy holds. We do not have anything built into the Realignment funds this year because of the State action regarding in home supportive services. They have taken an action that will transfer the in home supportive services back to the counties and as a result, the counties will have to pick up a larger share of that cost. The way that the realignment funds are structured, the IHSS, when it's transferred back, computes into a case load growth for social services. Social Services are the first recipients for any growth revenues in 1991 Realignment Funds, depended upon their growth rate. The state takes the program funds, then the funds go to the county, and the county is made responsible for the funds. Then the funds get counted and the Social Services growth amount, over the years, provides them with the first access to any growth dollars from now into the future until they are made whole, and that can take anywhere from 5 to 7 years. Mental Health services will not be able to participate in any growth dollars until Social Services' is no longer owed for growth. This is part of the Governor's proposed budget which he has the authority to do, on this particular program, which was established by the Coordinated Care Initiative in regards to the 1991 Realignment funds. There are a number of efforts underway, at the State level, to decrease the impact for the County and potentially there may be a spin off, as to what can be done in the future with the 1991 Realignment funds.
- **Lauren-** do you think there is movement at the State level, to help correct this deficit that Mental Health has?
- **CFO Godly-** Yes, lobbyists are in the process of doing that. I suspect that it will not have any impact for the 2017-2018 year and it will mitigate the loss forward. Almost every county is lobbying for the change because of the impact on their General Fund and the collateral damage associated with the mental and physical health in the out years. In regards to the 2011 Fiscal Realignment dollars, there is approximately \$1.5 million built into the budget for growth. Part of that draw, is for Federal participation in MediCal. The State made the change about three years ago, on the 2011 Realignment funds, from the allocation process. We believe that it operates in the exact function as the 1991, in terms of a rolling base every year then you go into your growth realignment and that goes into the base and sets the amount for the next fiscal period.
- **Lauren-** The amount of money that is in the Emergency fund, that MHSA holds money that has not been spent and it rolls between \$40-\$50 million dollars. How much money now resides in that fund and has any interest accrued?
- **CFO Godly-** I will double check, we use to do an interest allocation,

<p>and the interest is at a quarter of a percent.</p> <ul style="list-style-type: none"> • Warren- it's approximately \$423,000 dollars in interest accrued, for the entire amount. • CFO Godly- This draft provided is not complete. This is to give you all an overview of what is going on with the budget. I can provide any details; you need, at a future meeting. The basic message is that we have new programs coming on board in the 2017-2018 year and revenues identified to support the new programs and will finally have an EMR (Electronic Medical Record system). • Doug- Are we talking about the MHSAs unspent funds? • Lauren- Yes, the MHSAs unspent funds. Do we have an exact dollar amount? • Warren- It's a projection, we are in March and what we are doing is building the budget, a projection of what it will look like by July 1st, four months from now. • Lauren- ok, I understand. Is it still in that quarter percent? Because again, when you have \$50 million, it makes a difference. • Warren- The interest is included as part of the budget in the Three Year Plan. The interest is part of the revenue and it is included. • CFO Godly- The interest rate that we actually receive is the amount that the county invests, in the best interests of all of their assets, inclusive MHSAs. • Lauren- The new programs are Oak Grove, the Continuum of Care Reform, EMR, and the Mobile Crisis expansion. Cynthia, (Director of BH), in the community funding process over the last five years the number one need identified at the meeting is housing. Yet, housing has not been substantially increased and there are some huge problems, as far as housing and continuum of care in the County. We have our crisis residential but we don't really have a large transitional housing component. We have the augmented board and cares and other facilities are constantly at capacity. We have people being rejected and we are not keeping up with the demand and it has been identified as a number one problem. I can see that we will have Oak Grove but what is the long term plan? Is there a long term housing plan? Has the Mental Health Department developed a long term housing plan? • Director- as a Behavioral Health Division, the Mental Health system, does not have a long term housing plan. When you talk about housing, as you just mentioned, there are various definitions of housing. Some are short term with the expectation that people will transition to other housing, but a lot of times there is no "other housing." That has been a major issue, particularly around permanent housing opportunities. That is recognized and that is the main reasons that housing became its own division, under Health Housing, and Homeless Services. The reason is to draw attention to the very fact of the need. Not to be placed with Behavioral Health, because it needs to expand across the department, with the 	
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understanding that housing is definitely a health issue that impacts everybody, all of our patients across the County. Do we have an answer? No. Do we have new monies going to housing? Very little. As you know, coming from that side of the system, it is something that troubles me deeply. The short answer is: no, we do not have a plan. There is a lot more conversation that we, as a system, need to have and I believe that we will be having discussions during this next year. We are moving more towards accelerating, what we consider integration, improved patient care, and really meeting patient needs.

- **Lauren-** What role, can we as the Mental Health Commission, play in getting a housing plan for seriously mentally ill?
- **Director-** Are you just looking at the seriously mentally ill? Because again, it is very hard to just narrow it to that subpopulation. If you want to do that then yes, the Commission can take on a role and we can talk about that, and we have talked about it during this past year. If it's really looking at housing needs across a wider continuum and wider population, than perhaps other advisory bodies should be talking with each other. I have encouraged that to happen, over the last year, as a starting point. We can talk more about that, this is obviously not the right meeting for that but I am certainly interested in having that conversation with you and with whoever else is interested in having that conversation.
- **Lauren-** My personal opinion is that this is the venue for this type of conversation to take place because we have the MHSAs dollars available for it and it's through the community planning process that this is always brought up as the number one need. That's why I said for the seriously mentally ill, because this is what MHSAs dollars can address and are we sitting on unspent funds and we'd have to drive a process where we didn't bankrupt MHSAs because there are programming dollars that have to follow with your housing dollars. There is this huge unmet need and that's why I said for the seriously mentally ill and it's where we look at this and we know that "No Place Like Home" will be coming online, that has to have at least five units. I was able to participate in the webinar where they identified transitional housing, which we don't have past the 30 days crisis center, would not be funded through "No Place Like Home" because it would be considered one unit. This is where the planning that needs to happen at the mental health administrative level.
- **Director-** The reason why I said that this may not be the most appropriate venue is because first of all, you have to figure out what kind of housing you want and this is the MHSAs Finance Committee. To me, it first has to have the conversation about what's missing, where are the gaps, what do you want to see and then you figure out how to fund it. That's why I said we don't start here. The second thing is that there is a Housing Committee, driven by HHH. Those conversations would be most appropriately started and thought through at the Housing Committee meetings. If that is not

<p>happening, then there must be something not working and we need to take a look at how we may structure it differently, for those conversations to happen. That is why that committee was created.</p> <ul style="list-style-type: none"> • Jill- Are you talking about the Council on Homelessness? • Director- No, I am not. I am talking about the Housing Committee, CPAW use to run it, and then Behavioral Health took it over. • Warren- Actually, it's under Lavonna Martin, the Director of HHH (Health, Housing and Homeless Services). • Director- The Health, Housing and Homeless Services, - Housing Committee, is the most appropriate place to start this conversation. We do not start to figure how to fund something that we cannot yet define. MHSA is one funding source, within the Mental Health System, and the Behavioral Health Division. • Lauren- I guess where our direction is and where I'm asking you for help is because of the needs of the specialty mentally ill, the fact that there is not a strategic plan to improve housing. We are not interfacing well with that specific committee that you're telling us to meet with. • Director- Than can we have a conversation about how and why it's not working. That is information that I need to take forward, so I can have a conversation with the Director of that program. We can have a discussion, about the committee, once the problems have been identified and sent to me, so we can see how we might restructure the Committee and help the meetings be more effective. The communication is needed so that the planning can happen, with the goal of creating a strategic plan, for housing for the seriously mentally ill. Does that make sense? • Lauren- Totally and I appreciate you being here to hear my concerns. • Director- My question to you is what is the most appropriate venue to start this conversation? Do you want to have the conversation at the Executive or the Quality of Care Committee? • Duane- Let's do it at the Executive Committee • Director- (to EA- can you add it to the agenda at the next month's meeting? Thank you) and thank you Lauren for bringing up this discussion. • Teresa- Is there an adequate continuum for the specialty mental health population that will allow them to be in the least restricted possible care? There has been territorialism on everybody's part. There needs to be a plan to address this population and I believe that there never was. There is a lot of literature available and numerous reports. • Lauren- I believe we made a notch forward on making this happen. Doug, you have a question? • Doug- Thank you for sharing the update with us (CFO-Godly). In previous years, on the AOT workgroup, we received program expenditure details, around seven pages long; can you provide more details of the expenditures? And, do you have something about 	
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<p>realignment for FFP? Between micro and macro levels.</p> <ul style="list-style-type: none"> • CFO Godly- I do and I can send that information to you. The FFP (Federal Financial Participation), realignment bulk is under patient revenue, the short answer is yes. I can show you the FFP component of the revenue source. Probably 80% of that patient revenue is going to be FFP, which is not an issue. The two big things for this Committee to keep informed of is the: ACA (Affordable Care Act) and the CCI (Coordinated Care Initiative), these two are the most important to keep track of, because it impacts all the realignment funds. • Lauren- If you can pass on the information, at the State and Federal level and forward it to Liza, the Executive Assistant. Thank you. 	
<p>IX. DISCUSS and PREPARE format for full commission meeting in May- Warren Hayes</p> <ul style="list-style-type: none"> • Lauren- Since we are the MHSA committee, and we had a good turn out last year, how do we propose to get the word out to the Central, South and East parts of the County about the hearing in May? • Warren- There is a large list of interested parties that we used for advertising the community forum in October, November and December. We can provide that to the Executive Assistant, because again, this is really your event and what I'm hearing, that you're asking is, how to get the word out. There are individuals, who have expressed an interest and/or actually participated in the planning process of this event. It would be a matter of alerting that list, of the upcoming event. • (Recap: the Mental Health Commission will be hosting a public hearing on the May 3, 2017 meeting. The format has been previously described, in item VII-" REVIEW and DISCUSS MHSA Three year Program and Expenditure DRAFT Plan for Fiscal years 2017 to 2020- Warren Hayes") • Lauren- so how should we express the importance of this hearing to all parts of the county? Do we have any good verbiage or do we have to create it? It gets lost when we say there's a hearing. ... • Warren- Again, this is for public comments only, not where we engage, that was already done at the CPAW meeting. This is where people make an official comment on the plan- good, better or indifferent. I am very happy to work with Adam and Liza to come up with some draft language, if you folks want to review it and meet your approval to accompany that. • Lauren- If you all can create the announcement and invite everyone, at least two weeks out and a week before, that should be fine. • Warren- That's a good idea because it's important to manage expectations so people know exactly what the venue is and what it isn't. I have an extensive list of those who have participated and that have expressed an interest. I do recommend that you, as a Committee or Commission, participate in the planning part of the process for this year, starting in July. On Monday, March 20, the information can be accessed on the MHSA, Mental Health web page. • Lauren- Yes, that is exactly right, the process needs to be explained to the 	<p>Warren, Adam & Liza create announcement and list of invitees for the MHC Commission hearing in May</p>

<p>general public, so they know what is going on.</p>	
<p>X. REVIEW updates regarding fulfillment of Psychiatrists positions and salary increases-</p> <ul style="list-style-type: none"> • Jill- In reference to the email I sent to Lauren: the current MOU has been extended through to the end of April, to allow for continued negotiations. A settlement was not reached in February, has hoped, so they extended the contracts through April 30 to allow for further negotiations to come up with an agreeable solution. • Lauren- why has the MOU been extended? This has been happening for three years. The shortage of Psychiatrists has been going on for years. • Jill- I am not sure that anyone can answer that question and you did not ask me that question before the meeting. I do not know when the original MOU was. It has been extended for two months, currently, that is not uncommon. There are other union bodies that do the same. Union negotiations are beyond the County's control and up to each union to accept what is offered. • Lauren- What about the FTE's that are unfilled. We are understaffed. • Warren- At the clinical level, Psychiatrists are contracted to cover shifts. We are at about 67% of normal. We are down one third. • Lauren- The problems is that the contracted doctors are very part time, sometimes one or two days a week. They are nowhere near as effective as a regularly staffed doctor. • Jill- When you're dealing with contract employees versus full time employees, who are invested in the system, it is a tougher system to run. • Liza- as Dr. Whalen stated, when he was present at the meeting in January, Psychiatry graduates have declined. • Warren- The graduate decline is a national issue; it is not just in our area. • Doug- Dr. Whalen did state that all new contracts were going to be at least three days. • Liza- Dr. Whalen did commit to be at the April MHSA meeting. • Lauren- I guess we will have to wait and hopefully then we can get an update. 	<p>EA will confirm with Dr. Whalen for April 20, 2017 MHSA meeting (arriving after 1:30pm)</p>
<p>XI. Adjourned at 3:02pm</p>	

Respectfully submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration
Final minutes approved at meeting on April 20, 2017