

The Mission Statement of the MHS/Finance Committee: In accordance with our mandated duties of Welfare & Institutions Code 5604, and aligned with the Mental Health Commission's MHS Guiding Principles, and the intent and purpose of the law, the MHS/Finance Committee will work in partnership with all stakeholders, all community-based organizations and County providers to review and assess system integration and transformation in a transparent and accountable manner

MHS/Finance Committee Meeting
Thursday, July 20, 2017 ♦ 1:00-3:00 p.m.
2425 Bisso Lane, Concord
Second floor conference room

AGENDA

- I. Call to order/Introductions**
- II. Public Comment**
- III. Commissioner Comments**
- IV. Chair Announcements**
- V. APPROVE Minutes from April 20, 2017 meeting**
- VI. DISCUSS the Commission's role, regarding the housing priority that was identified at the Consolidated Planning Advisory Workgroup (CPAW), during the community planning process which was incorporated into the Mental Health Services Act Three Year Program and Expenditure Plan? with Program Manager -Warren Hayes**
- VII. DISCUSS what the Commission's role is in the upcoming triennial MHS/Program and Fiscal reviews? Now that the first triennial reviews have been completed, what is the process to incorporate previous results and findings into the upcoming reviews? with Program Manager –Warren Hayes**
- VIII. DISCUSS what funding is available for housing those with serious mental illnesses**
- IX. DISCUSS funding for supportive housing and permanent housing and if they are two separate issues?**
- X. Adjourn**



**MHSA-FINANCE Committee
MONTHLY MEETING MINUTES
April 20, 2017 – First Draft**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Chair, Lauren Rettagliata, called the meeting to order at 1:07 pm.</p> <p><u>Commissioners Present:</u> Chair- Lauren Rettagliata, District II (arrived @1:07 pm) Vice-Chair-Douglas Dunn, District III Diana MaKieve, District II</p> <p style="padding-left: 40px;"><u>Commissioners Absent:</u> Sam Yoshioka, District IV Duane Chapman, District I</p> <p><u>Other Attendees:</u> Dr. Jan Cobaleda-Kegler, Program Chief for Adults/Older Adults Vern Wallace, LMFT, Program Chief for Children’s, TAY Stephanie Chenard, MBA, MHSA Analyst Robert Thigpen, Family Services Coordinator Adam Down, MPA, 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: Lauren- inquired if any updates from Dr. Whalen regarding full time Psychiatrist’s positions or salary increase? Liza/EA- did contact Dr. Whalen and informed that there are no updates at this time. Dr. Whalen will inform, if and when, updates are available. Will not be available to attend MHSA meeting in May, possibly June.</p>	
<p>V. Approve minutes from March 16, 2017 meeting</p> <p>MOTION to approve minutes made by, Diana MaKieve, seconded by Doug Dunn. VOTE: 3-0-0 YAYS: Lauren, Duane, Diana NAYS: none ABSTAIN: none ABSENT: Sam Yoshioka and Duane Chapman</p>	<p>Executive Assistant</p> <ul style="list-style-type: none"> • Post finalized minutes.

VI. DISCUSS the proposed Family Support program- Stephanie Chenard
Stephanie- we are creating a new proposed budget for the Workforce program. The program will help to support families, filling in the gaps and reaching areas, different from Family Support Workers and Community Support Workers. There will be a few paid positions; the Volunteer Coordinators. The rest of the staff will be volunteers. The plan is to have a person in the East, West and Central parts of the county to compliment current staff, aiding families in navigating through all mental health services, to best serve the community's needs, regardless of age. The program volunteers will be an additional support to the Adult's and Children's Community Workers. Some ideas that are being contemplated are "Parent's Café," a smaller support group for parents to discuss their struggles.

Lauren- is there an established location?

Stephanie- requests have been suggested and requested. As soon as the location has been established, and volunteers are in place, support groups will start. The more support that is received from other organizations, willing to partner with the program, the more opportunities for parents to obtain the support they need.

Lauren- how will the new program interface with the other programs?

Stephanie- the volunteers will not supplant the staff in place, they will complement and work together.

Doug- I am concerned about creating two groups that might be unnecessary.

Robert- The Family Support Workers (FSP's) , which I coordinate, do facilitate support groups too, in addition to helping families, it can be difficult to help everyone. We have three workers: one in East County, one in Central County and one in West County.

Stephanie- There are some families and consumers that do fall through through the cracks and those are the ones that we hope to help, in all aspects and in all areas.

Vern- There are issues with additional help being needed, especially with with teens and young adults (TAY). The Family Partner Worker's need assistance and can use the volunteers from the new program to reach a broader spectrum and add to the current limited curriculum. There are a lot of programs and other organizations that help children but few, if any that help the TAY community that is where the challenge lies. Volunteers are often great to fill in, where organizations are limited in staffing and cannot reach.

Doug- What would be the volunteer's "shoulds and should'nts" hours, and/or limitations?

Margaret- believes the new program can be helpful. When she needed When she needed assistance, the system was not helpful for her family.

Robert- Overall, the system in place of Children's Support Workers are Family Partners that support the Adult's Support Workers. Does not want the new program to impede or get in the way of what is currently going on.

Stephanie- The new program volunteers will not interfere, they will be a

<p>compliment to the current system.</p> <p>Lauren- What criteria will be used in the selection process of the new volunteers? There are gaps in services, especially with victims of violent crimes, where the new program volunteers can help the families connect with services faster and be present in the community.</p> <p>Stephanie- The volunteer coordinators and volunteers will be more flexible to assist families that have more immediate needs. Volunteers will have a broader spectrum to work in and will be measured by the number of people that they serve.</p> <p>Lauren- Will surveys be given to the people served to obtain comments regarding their personal experience with the serve provided from the volunteers?</p> <p>Stephanie- Yes, public surveys will be conducted on an ongoing basis to Check that the program is meeting the needs of the consumers. The purpose of the survey will be primarily to rate the service received obtain consumer feedback.</p>	
<p>VII. REVIEW and DISCUSS program reviews- Stephanie Chenard</p> <ul style="list-style-type: none"> • Stephanie- the site visits and programs reviews have been completed for eight facilities/programs, which are attached, as follows: Williams Board & Care in Vallejo, United Family Care, LLC dba Family Courtyard in Richmond, Oak Hills in Pittsburg, Woodhaven in Concord, LTP CarePro, Inc., dba Pleasant Hill Manor, Divine’s Home in San Pablo, Recovery Innovations (“RI”) –Contra Costa Wellness Cities and Modesto Residential Living Center, LLC in Modesto. I have been a part of the team that completed all the Program Reviews attached and as stated in a previous meeting, by Warren, all program reviews should be completed by the end of June, so more reports will be submitted to the Committee/Commission. • Lauren- I have read all the attachments and the questions that concerns me the most is what corrective action plan is in place and secondly, who’s responsibility is it to assure that the corrections have been made? • Stephanie- that would be best answered by the Program Manager, Warren Hayes. 	
<p>VIII. DISCUSS Hope House and transitional housing for adults with serious mental illness- Jan Cobeleda-Kegler</p> <ul style="list-style-type: none"> • Jan- Hope House is a 16 bed crisis residential program where adults with mental illness, may reside anywhere from two weeks to 30 days. The facility is meant as a “step-down” after hospitalization from Psych emergency. The goal is to get people stabilized with their treatment plan and reunited with their families. The new Director, Jim Christopher, is working at getting the facility within compliance regulations. Building problems have been discovered and undergoing renovations. TeleCare is the company that operates the facility. • Lauren- That property was built with MHSA funds requested by the Mental Health Commission. The Commission requested that an engineering study be done, was it done? 	<p>Lauren (Chair) requests that the EA inquire what department would be able to fund the analysis requested regarding transitional housing for the specialty severely mentally ill</p>

<ul style="list-style-type: none"> • Jill- It was previously stated that the situation is under an ongoing investigation. • Jan- Hope House does receive MHSA funding, along with flex fund program match up. • Lauren- Can MediCal be billed directly? • Jan- yes, MediCal is part of the claim process. • Vern- It's incumbent is that the county has to first put up the funds and draw down after. • Lauren- Jan, there is a need to increase housing, intensive treatment housing for severely mentally ill. Recovery doesn't happen to everyone. What plan is in process to increase the amount of beds to meet the needs? • Jan- I agree that there are not enough beds and I am not sure that we will ever be able to meet all the needs of everyone. There is a need for transitional housing and super board and cares; they are all full and at capacity. People do get stuck and it should be more fluid and there should be more options available for transitional housing, if more funding was available, there would be a possibility. There are consumers that are not getting their needs met. • Lauren- Does Behavioral Health Administration have a plan for increasing transitional housing for the specialty, severely mentally ill? • Jan- Supportive and permanent housing are two separate issues. There is even less housing available for older, aging adults. A capacity analysis would have to be done to assess how many more beds are needed to fit the needs. • Lauren- Can you come back to this committee in three months with a plan on how to develop more transitional housing for severely mentally ill consumers? • Jill- Maybe "No Place Like Home" can fund the analysis? • Jan- We are looking at the coordination of the care- how do we make the best use of what we currently have and the stepping down process. As far as your request for the analysis, you might need to discuss the request with HHH (Housing, Homeless and Health services). 	
<p>IX. COMMITTEE DISCUSSION: regarding the changes in MHSA Programs from Prevention and Early Intervention to Workforce Education and Training (WET).</p> <ul style="list-style-type: none"> • Lauren- I believe Stephanie answered this item in our previous discussion. • Margret- I do have a question regarding that- doesn't it change the whole purpose of prevention and early intervention and move it to an entirely different concept of training staff or training consumers? What happens to the TAY population or agencies that serve the young adult, mentally ill and do provide a lot of prevention services and now get PEI funding? Does this mean that PEI funding will no longer be available to those agencies? • Lauren- MHSA states that a certain percentage 70-75% (?) goes to 	

<p>community support services.</p> <ul style="list-style-type: none"> • Vern- The program is currently addressing TAY population, to find ways to best address needs. A new Program Manager was hired, Dr. Lung, who will start on April 24, 2017. We have been told that there is not enough room at the Public Health facility in West County and we are working on finding space to start the program. The program is following an evidence based model, (SIPS) assessment. The set up will be for families not to get billed. It would be nice for a cost avoidance study to be completed on the amount saved from Psych emergency. In a national study done it showed that the cost savings for intervention over hospitalization is \$28 to \$1. 	
<p>X. COMMITTEE DISCUSSION: regarding First Break and Oak Grove transitional housing and prepare questions for requesting information to present to the full commission meeting.</p> <ul style="list-style-type: none"> • Lauren- The shift in funds opened up the First Break and Oak Grove residential and Jan I don't know if you know a whole lot about this, I think it might be a Matthew and Cynthia question – I guess the question I have is, they will be expanding and have early psychosis • too, so now they're going to be reassigned a physical plant. How are we assured that they're going to have a facility that really is what they need to have: adequate parking, family rooms, because it's been a wonderful program that hasn't had the physical space that it needs to really do the work it does. I also became aware, because I do ask a lot of questions. We use to have a big facility out in West County and when I asked were their room is at the facility they told us that they were told that there is no space for their staff. What about children's do they have a room? What about East County Children's Behavioral program? • Vern- That is actually my program. There is no space for their interim staff, although there is 4000 square feet. First let's go through the list of things- the RFI for the Oak Grove program is out and Jan and I are both involved in that. I am responsible for it and Cynthia and Matthew are the leaders on that effort. We did have a bidder's conference last Monday and we have three bidders willing to bid on the program and will take over the location where First Hope is currently housed. We met this morning to discuss the needs of the expanded First Hope/First Break Program which will have a total of approximately 33 staff members and require a substantial amount of space. The site that we had ear marked for it was large enough but it was not really conducive to the program (Morello) to the clientele for young people wanting to get there or wanting to be seen there would not probably work out. We are looking into what the program needs to have in order to function well. The other good news is that we have hired a new Program Manager for First Hope/First Break, Dr. Leung, she is nationally sought after as a developer and implementer of First Break- she implemented a similar program in Connecticut and at Ryker's Island she brought the first mental health programs to Ryker's 	

for chronically offending forensically involved mental health clients. She will start on April 24, 2017. We are addressing those things that you have mentioned Lauren, it is slow going.

- **Lauren-** I guess as a Mental Health Commission the one thing we can do is advocate and what we need to advocate for is that out in East County, which is very far removed, that when I asked specifically where do you see these families? I had taken a tour at the East County's Children's Behavioral Health facility and saw a lot of available space. I am wondering if we, as a commission, can ask the staff and does the staff know how important this program is?
- **Vern-** I have been told that there is not enough room at the Public Health facility in West County and we are working on finding space to start the program. I do find it hard to believe since the Health Center does have large conference room areas. The program does need office space for staff and group room space and both should be available out in West County. It is a great early intervention program and they do have stellar outcome numbers. **Lauren-** I do get approximately 15-16 calls a year, from parents, stating that their youth did not qualify for First Hope and I have informed parents that FIRST BREAK will be a new program for parents to turn to. A lot of the parents felt that there was "cherry" picking going on, I did inform that there are strict criteria for the FIRST HOPE program. Will the criteria open up for the FIRST BREAK program?
- **Vern-** I cannot answer that yet. What I can say is that it is an evidence based model, as is FIRST HOPE, and they are implementing as close to the actual dictum of the model as they can, part of that is an extensive 16 hour assessment called the SIPS of each youngster that is referred to the program. If the youngster does not obtain the score required to obtain the service, then they do get turned away and referred to another program. Our job in Children's management over the next year or two is to begin to develop similar programming in our regional clinics to what those youngsters have been receiving in FIRST HOPE. At least a therapist that is coming from the same perspective.
- **Lauren-** We have many people that are going to be accessing FIRST HOPE and FIRST BREAK that are privately insured and we have yet to set up a mechanism to interface with the larger insurers.
- **Vern-** We have set up a mechanism to make sure that families do not get billed by the program. Since we have converted to billing MEDICAL last February, this issue has come up a few times. It runs only 5%-10% private insurance, so it is not a big issue for the program. The clerk does work to try to bill the commercial carrier and then once we receive the denial, we bill to MEDICAL to get reimbursed for the program services. For the FIRST BREAK program, this will be less of an issue because it will be primarily young adults, over 18 years of age that have had a first break and can be considered as a family of one person so they will be eligible for MEDICAL right away.
- **Lauren-** so we do have a mechanism that the money that is recouped

<p>from MEDICAL will flow back into the MHSA program fund.</p> <ul style="list-style-type: none"> • Vern- that is what I am told. I do know that the dollars that are generated and what is of interest will be to see the dollars that are saved from avoiding hospitalization. We will have to expand the FIRST BREAK program, after it is up and running, because I believe it will be a very busy program. • Lauren- so do you have plans of doing a “cost avoidance” analysis? • Vern- I have done cost avoidance analysis in the past and it would be interesting to see what this new program’s cost avoidance study would be. I can certainly tell you that for every dollar that we invest in early onset mental health programming we save, depending on which research study you look at, anywhere between \$7 and \$20 plus dollars. The most recent study was the American Science Foundation and it stated that we save in lifetime costs, \$28 dollars to \$1, in all social services and correctional costs. Lifespan, we intervene early, we save later involvement with law enforcement, with mental health services, with social services, public health. • Lauren- But what I am asking you is to make sure that it flows back into our mental health services so that way we can expand the program. • Sue- I appreciate what you said because I have just encountered a family whose child qualified but FIRST HOPE is full. They did not get redirected or referred to anyone? Their child is around 7 or 12 years old. • Vern- They should have been redirected to one of the regional clinics. You can refer the parents to me, to give me a call. • Lauren- when do you anticipate having the Oak Grove residential housing begins? When is the start date for that, do we know yet? • Vern- there are some tentative improvements that have to occur, the contracting process is going to take some time, I believe that it closes either the middle or end of May and then there has to be a seven day appeal period. We might have a contract in place sometime in July? • Lauren- Are we allowing enough time then to make sure that our FIRST HOPE and FIRST BREAK people have their new physical space available? • Vern- I think it’s going to be a domino thing, they really are the first to move and once they move then the next people can come into place. The TAY population is the most underserved population, without a doubt. 	
<p>XI. Adjourned at 2:45pm</p>	

Respectfully submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration