MHSA-FINANCE Committee
MONTHLY MEETING MINUTES
October 19, 2017 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Chair, Lauren Rettagliata called the meeting to order at 1:22 pm. **Commissioners Present**: Chair- Lauren Rettagliata, District II (arrived @1:19pm) Vice-Chair-Douglas Dunn, District III (arrived @1:22pm) Sam Yoshioka, District IV Diana MaKieve, District II (arrived @1:38pm) **Commissioners Absent**: Duane Chapman, District I **Other Attendees**: Katy White, MFT- Care Management Unit and Access Line Program Manager (left @2:10pm) Adam Down-MH Project Manager Jennifer Tuipulotu, Office of Consumer Empowerment Program Manager Erika Raulston, family member –District V Leslie May, family member- District V Jill Ray, Field Representative, District II Liza A. Molina-Huntley, Executive Assistant	**Executive Assistant:** • **Transfer recording to computer.** • **Update Committee attendance**
II. Public comments: • none	
III. Commissioners comments: • Questioned why the committee is reviewing the program reviews and stated that the program reviews are best to be reviewed by the Quality of Care Committee • Meeting packet is too large and was rejected by outside email addresses. • Moving forward- attachments will not be printed or attached via email, a link will be provided to view the documents on the website. This will eliminate individuals from having computer issues due to the large attachments. • **On page 264, in the Health Services budget**, (found online, on the County's website) has updated information regarding the Mental/Behavioral Health's budget. A clear understanding of the almost $200 million and what and how the money is being spent.	***EA- will included link to the posted agenda meeting packet on meeting announcements, they will no longer be attached to the email, nor will attachments be printed**
IV. Chair announcements/comments: • NAMI general meeting this evening, (10/19/17) with Dr. Steven Seagar, from 7-9pm at the Concord John Muir in Concord room 1 • Next Mental Health Commission meeting will be in South County at the San Ramon Regional Medical Center at 6001 Norris Canyon Road in San Ramon in the South Conference room.	***EA provided maps to the MHC meeting on 11/1/17 at the meeting**
V. Approve minutes from September 21, 2017 meeting **MOTION to approve minutes made by Douglas Dunn , seconded by Sam Yoshioka** **VOTE: 4-0-0** **YAYS: Lauren, Doug, Sam and Diana** **NAYS: none ABSTAIN: none ABSENT: Duane Chapman** • Chair wants to know who the responsible party is to follow up on motions made. EA's supervisor informed that there is an order or process, to forwarding requests and he has forwarded the request to the appropriate office/person, if and when the request is feasibly attainable. • Member stated a lot of the information being requested is online; each individual that is interested in obtaining the information can look up the information, without sending requests and waiting for a response. Each person can search documents online, to speed up the process, whether the information is at the	***Executive Assistant** ***Correct minutes and post finalized minutes.**

	County or State level, there are a lot of public, posted documents available online. • State is inundated with documents; most recently inquired about a document and was told that the State was working on the 2010 year • Member would like to refer requests for financial documentation to be for the entire Mental Health budget, the committee can look at the Behavioral Health budget later.	
VI.	**DISCUSS the network providers and services with Katy White MFT- Care Management Unit and ACCESS Line Program Manager** • The Grand Jury, regarding the White Paper, were concerned about individuals trying to access CBO's (Community Based Organizations) found it very difficult to access to receive mental health services. The Committee is interested in program, to be presented and all the information to be provided and would like to obtain a deeper understanding of the new program and the progress that is being made • The presenter currently manages three departments, all with unique and overlapping functions. Each can provide information to the previous statement made by the Chair. Presenter provided handouts from the program to the attendees • Starting in 2016, ACCESS contracted with OPTUM, an afterhours answering services including weekends. Test calls show improvements. • In 2014 the county had a very high rate of abandoned calls, due to clients hanging up for being on hold for 20 minutes or more. Approximately 40-50% of the callers would hang-up. • In 2016, the abandoned call rate was 15% and the average wait time is three minutes • Currently the abandoned call rate is 2%; the average wait time is 90 seconds, or a minute and a half. • Since July of this year, due to the "Drug-MediCal waiver," more counselors are available to help individuals wanting to access drug and alcohol services and a separate connection is available, to access directly • Combined incoming calls are, mental health 450 and 375 for incoming AOD (Alcohol and Other Drugs) calls for a total of 825 incoming calls per week • ACCESS line implemented a separate module to allow access to CCLINK, (an electronic health record software program) and data is accessible • There has been complaints about long wait times and improvements are being made • When an individual calls the ACCESS line, a screening is done to determine the client's acuity: low to moderate, moderate to severe and depending on the acuity level, the client will be referred to the appropriate service. After the referral has been completed, ACCESS is no longer involved in the client's follow up • CBO's are for the moderate to severe, as are the county clinics and once the client has been referred, ACCESS will no longer be involved and will not have any information about tracking, timely access to care, dispositions- ACCESS is a completely separate program • ACCESS does have a network of contracted providers. ACCESS provides up to three verbal referrals, the consumer will choose one and call and schedule an appointment. ACCESS has implemented an additional service, where a Community Support Worker (CSW) will do outreach calls, within a few days, verifies with client if they obtained an appointment. If not, then the CSW will explore why not and help to make sure the client gets connected. At times, it is difficult to reach the person, for various reasons. There has been a lot of success with the CSW's following up. • The top barrier is either that the beneficiary hasn't called the provider yet, known when the follow up call is made, or they report that the provider hasn't returned their call • Report is from the beginning of 2017 to September of 2017, 2200 beneficiaries to	*** EA will add handouts to 10-19-17 minutes** ***Chair is working with MHC Vice Chair – to responding to the White Paper and will utilize information provided by presenter to correct information is added into the report** ***Presenter will forward brochure to EA to include in minutes**

network providers. The average number of business days, from the time that the request is made, was nine days. The average number of days to obtain an appointment was 10 days, sometimes the first provider option was declined and a second option was accepted.

- Concerns from the community state that there is a shortage of psychiatrists, are more people seeing social workers and/or clinicians?
- The mental health clinics are very impacted and that is being addressed separately. On the network there are approximately 170 providers, of which two are psychiatrists. There are limited psychiatric options available on the network, currently referring back to the primary physician or to the clinics
- There is different data regarding appointments: therapists' appointments versus psychiatrists' appointments. Psychiatrists' appointments are further out, but the average number of days to obtain an appointment, includes obtaining psychiatrists appointments as well. If the average number of appointments were categorized, separating obtaining appointments for therapists and for psychiatrists, the average number of days to obtain an appointment with a therapist would be less than the current average number of days stated
- The Grand Jury reported that 68% of the people that called in appointment not available
- Unsure where the data for the previous statement was obtained and difficult to address if the source is unknown. There are 170 outpatient contracted providers and all providers are seeing clients. Central County had 12-15 available providers, East County has five (currently a high shortage in East County and a higher rate are currently offered to contract more), and West County has approximately 20 providers taking new clients. At any given time, network providers are impacted. Some providers have caseloads of 40 or more and some are not taking on new clients. Probably 68% of the providers are full, but we are not referring to the providers that are full. It is evident that more network providers are needed in East County and as a whole, across the county; the county is trying to obtain more providers, by offering higher rates and actively recruiting.
- Every call that come into ACCESS, is followed up, unless the individual decides that they no longer want the services. At least 50% of the callers are reached. Out of the people that called, at least 87% obtained an appointment, 72% of individuals show up to their appointments (claim created). Last year, 55% of the individuals showed up to their appointments, new data shows improvement. Interventions being done, following up with a call to check if person received an appointment, has increased the rates of successful appointments obtained and lessen the drop-off rate and continue to improve
- The number one barrier to accessing services reported by the consumer is "provider did not return my call". This was expressed in the Grand Jury's report, as well. When the provider called, the stated that a number was not received, so they could not return the phone call or called and no voice mail was set up, or appointment options were offered and were declined. There are discrepancies between the reports. There are a lot of interventions in place to address the issues and are working on improving the rates.
- Currently in charge of the network and recruitment is something that is ongoing, there is staffing shortages and currently doing best with what is available. Providers that are currently with the county, refer other providers. Continues to advocate for higher rates
- Out of the total number of calls received, is charged to mental health?
- Currently doing MediCal Administrative Billing (MAB), it is a different type of billing, not overseeing that particular area, overseen by the administrative area.
- The CSW calls approximately two weeks later, after the appointment, and the client is asked if they're willing to do a five question satisfaction survey. Results were provided in the handout. Since implemented, 405 surveys were completed, approximately 90 clients reached, declined; 73% stated excellent experience calling ACCESS, 23% stated good experience, unsatisfactory was 1%. Clients

	experience with the clinician referral provided: 81% stated excellent, 14% good. Next question was regarding the ease to make an appointment: 48% stated very easy, 33% stated easy, 14% fair, 5% hard/difficult. Then asked what their experience was with the network provider: 72% excellent, 16% good and so on. Some did not see a provider. Survey is taken over the phone, clients do not have to read or write. The report also includes positive comments, neutral comments and negative comments • Is there a way to separate the data by county regions? East, West and Central? • Presenter will try to divide data, by region, as requested • What is the commitment to follow up on the satisfaction surveys? • No one has asked for ACCESS to do the satisfaction survey, this is being implementing because ACCESS is committed to improving the service, responding and reviewed at each monthly meeting. We want to provide service delivery and timely access to care, and identify the barriers so we can continue to improve. There are issues, people are not getting connected but we are doing everything possible to ensure that people do get connected and improve upon that. Some decline services and that is a barrier. Another barrier and area of need is Spanish speaking providers • What percentages of the calls come into the "after hours/weekend" Optum provider? • It is a small percentage, two to three calls per night. What Optum does is, they screen for crisis and can refer to local resources (PES, MWC, provide info for MH clinics, etc.) and they create a log of the calls received. Clinicians are able to complete the screening and refer for crisis. They can give out grievance appeals information, along with referrals to general resources. Optum sends a log each night to ACCESS and the ACCESS staff, follows up with a phone call the next day. It is the best option, without hiring around the clock staff. • What is the "no show" rate within the clinics is there a big difference between the clinics and the CBO's? • CCLINK just started in the clinics as of 9/26/17- CBO's are on their own, and are not on CCLINK, so there is no data. Regarding the clinics, I do not know what the rate is, since it has not been a full month since they started. We will be able to retrieve the information in the future, too soon to tell. We know there are problems, we are addressing the issues and working on a platform towards improvement.	
VII.	**DISCUSS and identify budget questions for meeting with Chief financial Officer on November 16-** • The Chief Financial/Operations Officer, (CFO) has confirmed his attendance to the November 16, MHSA/Finance Committee. • Important to understand page 264, states the recommended budget for the county. The Mental Health budget is $200 million and the question is how is the money spent? • It is believed that a report is being created by Pat Godley, for the Board of Supervisors and we should be able to view the report so we can understand the budget, expenditures, and costs. There is a division between inpatient and outpatient care. Most of the "costs centers" are under Anna Roth, because some of her responsibilities are inpatient mental health, including detention mental health. We need to ask these questions and hopefully we will get accurate information. The other side is the outpatient piece of the budget and that might be under one or more managers. It is important to know what is being contracted out, services that are being provided by other sources. Where the realignment funds are being spent is important, what is the funding sources that makes up the $200 million and where is the money being spent? Medi-Cal and Family Funding Participation (FFP) dollars being spent, what part of the mental health funding go, we would like specifics and current information • The Chair has requested that all of the committee's members send their questions, regarding the budget, to her and she will forward the questions to the EA by November 2. The EA will forward the questions to the CFO/COO by	***Chair will forward questions to EA no later than November 2, 2017- to forward to CFO/COO by November 3**

November 3, 2017.

- The Chair requests that questions noted during this committee, to forward to the questions to the Committee members to review
- The County's budget is centralized and there are thousands of costs center. It is almost impossible to take all the costs centers and put it into a report that would be accurate and extremely time consuming. Informational reports that are shared are reports that have already been produced and publicized on the County website. Each manager has there portion of the budget and what is allowed to be spent, by category. All of the budget documents that go before the BOS are on the County website. To create something different is much more complex, there are many different funding streams. Clinic's budgets are very different and Medi-Cal is months and everything is centralized. Purchasing is done for all clinics and billing is done for all clinics. Different programs, for example, First Hope that are stand alone because a portion of funding is allotted to the them, the County does not pay the entire portion of each program's budget. Public health operates on a lot of grants, federal grants, there is a pot of money and every penny must be accounted for, every dollar is monitored, assuring that all the checks and balances are in place. The finance requests may seem simple but it is a lot more complicated due to all the funding streams, costs centers and expense categories
- It is difficult for the public to understand why the finances are so complicated and maybe someone from the Finance department needs to provide some training and/or explain the budget and the process.
- The new building, being built for West County Behavioral Health, must have received a budget and a funding stream. It is a large expense and the committee would like to be informed of occurrences like this, the budget and where the funding came from
- The building was on Capital Projects list and it goes through the Board of Supervisor's Finance committee. When a County building is being built, it is worked through the General Services Department, which is now part of the Public Works Department. The Capital Facilities Report shows every single building the County has and deferred maintenance. Projects go through the Finance Committee that goes before the Board of Supervisors for approval. Some projects are done by the Public Works Department, some projects are contracted out, depending on the project and the decision is made by the Board of Supervisors
- As a Commissioner, to minimize the amount of paperwork and to obtain the right amount of budget detail, in order to ask intelligent questions, would like the budget broken down: per contract (as shown for Realignment) for all the categories, including patient revenue (FFP), Federal, State, Realignment and MHSA (not necessary previously provided by Warren Hayes). The question is if the breakdown, by level of care, outlined on a projected basis, is it done annually, or is it broken down after the budget year is over (as the breakdown is done in the Needs Assessment document) can the same breakdown be done for the entire Mental Health budget and updated to be current? It is uncertain if "State Assistant" is MHSA and a question that needs to be answered by the Finance Department. The MHSA budget for 2017-2018 is $52 million dollars, out of the $200 million Mental Health budget.
- The Needs Assessment Report was just to highlight a "bench mark" that was developed in the early 80's. At the time, it was the only report to build from and it is cited in the report.
- **Q1- If there is a report being prepared for the Board of Supervisors and the Health Services Director, a copy be provided to the Mental Health Commission and explained**
- **Q2-(page 264) under revenues, what constitutes as "other local revenue" and "federal assistance" and "state assistance"? Would like page 264 (in the budget) broken down, line by line.**
- **Q3- As in the Needs Assessment is there a breakdown, according to the "level**

	of care"; if not, can it be provided? Trying to make comparison to state standards- how are funds distributed would like details • **Q4- how was the budget built, what are the milestones?** • **Q5- What are the building blocks that are used from the programs and clinics to come up with the recommended budget for fiscal year** • **Q6- What percentage of the budget and the dollar amounts of the budget, is attributed and distributed between, Federal Financial Participation (FFP), Mental Health Services Act (MHSA), Realignment funding I and II and the County General funding stream?** • **Q7- Would like to see a cost center report (identified for each department, not just the numbers), along with the different the details for the expenditures of each costs center and the responsible management for each cost center. Each manager should be able to explain to the commission the cost expenditure of their area of management. The managers should know the budget and expenditures for their departments or area.** • **Q8-What is the amount being spent on paying overtime expenses (due to lack of sufficient staff)? It is stated as "permanent overtime, but it is unclear and would like it to be broken down by clinic, departments, staff classification** • **Q9- would like the finalized Mental Health budget for 2015-2016** • **Q10- What percentage of the Mental Health budget is the care costs (page 245), for detention mental health, what percentage is from AB109 and Behavioral Health budget, broken down. Would like to know what the mental health care portion of detention is? Of the almost $24 million in the budget, what percentage is used for mental health care?** • **Q11- send all further questions to Doug and Lauren, to forward to CFO- before next meeting** • **The Chief Financial/Operating Officer, Pat Godley, prepared and distributed to the Committee in March of 2017, a financial document called <u>Contra Costa County Mental Health Division's Summary 2016-2017 Projection</u> (page 264, in the budget, broken down). Is this document, a building block that is used to create the budget? The Commission/Committee would like the document expanded and more details provided than what was presented in the one page document, a breakdown for the entire Mental Health budget ending for the fiscal year 2016-2017, that would answer all the questions stated during the committee.**	
VIII.	**DISCUSS committee accomplishments in 2017** • The accomplishments for 2017 need to be listed, by meeting. The Chair and Vice Chair will go through and discussed the committee's accomplishments for the year. Several members of the committee attend CPAW meetings to keep informed and updated regarding the development of MHSA budget. Committee members are welcome to contribute and send their perspectives to the Chair to consolidate into one report.	
IX.	**DISCUSS committee goals for 2018** • Chair congratulated all members for submitting their committee goals for 2018 on time. Diana's goal was specific to older adults, viewed as important. • Focus of the committee, should be on mental health budget and not duplicate the work being done by Community Planning Advisory Workgroup (CPAW) with the MHSA budget. • CPAW was not the body to get the program and fiscal reviews done and to make sure that those that are contracted are meeting the fidelity standards that we wanted for the residents. • CPAW- created for the community, refer and advisory only providing ideas to the Behavioral Director. The MHC is the advisory body to both, the Director and Board of Supervisors, CPAW is not.	**1) Committee members will submit their questions to the Chair by Thursday November 2, 2017.** **2) The Chair will review, consolidate and forward the questions to the EA.**

• The primary focus of the committee needs to be on the $200 million, the overall budget, and (page 264) - including Realignment I/II, FFP, MHSA and other funding sources, streams/grants in 2018. What will happen when funding grants is lost and where will the supplement come from? • The Chair agreed for the committee to focus on the entire budget and to look at how dollars are spent- example: how are Realignment dollars spent and what are the priorities in spending each dollar? How the dollars are leveraged? **MOTION made by Lauren Rettagliata, to review and educate ourselves/Commission, regarding all revenue streams for the Mental Health Services Division and in particularly, this year, take a closer look at aging adults in Contra Costa County, committing to the goals set forth by Diana MaKieve, as the Committee's goals for 2018, motion seconded by Diana MaKieve** **VOTE: 4-0-0 YAYS: Lauren Rettagliata, Diana MaKieve, Sam Yoshioka, Douglas Dunn NAYS: none ABSTAIN: none ABSENT: Duane Chapman**	**3) The EA will forward the committee's questions to the Chief Financial/Operating Officer, Pat Godley**
X. DISCUSS Program Reviews attached: C.O.P.E. and Lincoln Center • Program reviews were not discussed or reviewed	
XI. Adjourned at 3:09pm	

Minutes provided by
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS-Behavioral Health Administration
FINAL minutes approved 11-16-17