MHSA/FINANCE Committee
MONTHLY MEETING MINUTES
April 19, 2018 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Chair, Lauren Rettagliata called the meeting to order at 1:25 pm. **Members Present**: Chair- Lauren Rettagliata, District II Vice-Chair-Douglas Dunn, District III (arrived at 1:25pm) Sam Yoshioka, District IV **Members Absent**: - Leslie May, District V **Other Attendees**: Jan Cobaleda-Kegler, Adults and Older Adults Program Chief Dr. William Berlingieri, Chair of the Department of Psychiatry Warren Hayes, MHSA Program Manager Adam Down, Program Manager Nancy O'Brien, MFT – Mental Health Clinician at West County Children's and Program Supervisor of Adolescent/IOP in Point Richmond Teresa Pasquini- family member Margaret Netherby, family member Liza A. Molina-Huntley, ASA II-Executive Assistant (EA) for the MHC	**Executive Assistant:** • **Transfer recording to computer.** • **Update Committee attendance**
II. Public comments: • none	
III. Commissioners comments: • Sam- would like there to be, on a future Committee agenda: **how to review the full budget (of approximately $200 million), for all of the mental health services in the County, in a way that it makes sense to the public, and lines up with the budget totals that are presented in the budget?** • **CFO and COO of Contra Costa Health Services, presented and answered, all of the Committee's questions pertaining to the budget on November 16, 2017.** • **Sam suggests that a review of the division's organization is needed to identify the management that is responsible for the areas, and identify their budget and explain how they manage their budget, so the Committee can understand how the budget is allocated and it is a part of the total amount of $200 million. An organizational approach would make more sense to the public. Feels that it is a good time to make the request since there is a change in top management leadership.** **The management of the different areas can explain what it is that they do, explain the department's budget and how they manage the budget for their department. The request is important to gain a deeper understanding of the budget.** • Chair requests that Sam and Doug work together, (since Doug offered an additional perspective), and discuss further with Adam and Liza, to structure the agenda item and forward to the Chair, so that it is clear to the public, what the request is. It is important to be clear on what is being asked, and how to ask for the right information and people to provide that information. • Sam wants to know why only Hope House was selected to be discussed last month, when there are over 50 different	

	projects, within MHSA. Each project should be selected objectively and fairly, collectively as a Committee, to minimize the bias and the time and focus spent on one project. Projects should not be brought up to the Committee, based on someone's biases.	
IV.	**Chair announcements/comments:** • none	
V.	**Approve minutes from March 15, 2018 meeting-** Leslie May requested for the Committee to add her statement, on agenda item number VI (iii), at the bottom of page 4 of 6. Members agreed to add comments referencing her statement that were made by Leslie May, according to the recording, not request. **MOTION to approve minutes made by Sam Yoshioka, seconded by Doug Dunn** **VOTE: 3-0-0** **YAYS: Lauren, Sam and Doug** **NAYS: none ABSTAIN: none ABSENT: Leslie May**	***Executive Assistant will post finalized minutes on website at: http://cchealth.org/mentalhealth/mhc/agendasminutes.php**
VI.	**DISCUSS the top priority of housing and homeless services for those with a serious mental illness** **1. Look critically at the statement—Statement—Sufficient affordable housing for all consumers of Contra Costa Behavioral Health Services (CCBHS) is beyond the financial means of the county's Behavioral Health Services budget?** **2. Is this a true statement for those who MHSA funds are dedicated for?** **3. What is being done for the most critically ill?** **4. How many consumers are placed out of county?** **5. How many consumers are in locked psychiatric facilities?** **6. How many consumers are released from locked psychiatric facilities each year?** **7. What is the housing plan for those with severe mental illness?** • Warren- Affordable housing is limited, because there are not enough available units. It is a difficult situation to define the target population, to fit what the budget can afford, and unfortunately it omits others that are in need because there are not enough resources to satisfy all the needs. MHSA funds are for people that require a full service partnership (FSP), serving approximately 566. From the population of 566, it needs to be defined, how many are homeless, or at risk of being homeless. The MHSA Three Year Plan that can be found online at: http://cchealth.org/mentalhealth/mhsa/ • Additional units (approximately 250) are needed for the FSP population, that are homeless or at risk of being homeless. New space does not become available for people that are waiting. This closes off the resource for the next person that is homeless. The Special Needs Housing Program and The No Place Like Home Program will have funds for housing. The approximate cost, to place a person in a permanent supportive housing unit, is $20,000 per person. The No Place Like Home Program defines recipients of benefits, to be mentally ill, not severely mentally ill. • Chair- would like to see a qualifying statement that the MHSA funds are for a particular population; it's meant for those with a severe and persistent mental illness. It is important to distinguish that MHSA funds are not for all the homeless, or for people with mild to moderate mental illness, the plan is specific and states who qualifies for the funds. How many seriously mentally ill people are being served in the county that needs housing? Can the MHC, as advocates, ask that the Board of Supervisors (BOS) to first place people who are seriously mentally ill, into permanent supportive	***The MHSA Three Year Program and Expenditure Plan Update for 2018-2019 can be found on line at: http://cchealth.org/mentalhealth/mhsa/** ***The 30 day public comment process started 4/23/18 and will end on Wednesday 5/23/18. Please submit all comments before the expiration date at: http://cchealth.org/mentalhealth/mhsa/** *** CPAW- Systems of Care meeting is on Wednesday May 9 from 10 to 11:30am** *** Health, Home and Homelessness (H3) Stakeholder meeting will be IN May at 2400 Bisso in Concord** ***See attachments provided by Dr. Jan Cobaleda-kegler, Adult Program Chief** ***The same information provided for adults, will be provided for children**

housing, from the funds received by No Place Like Home? The funding that is left over can be for the rest of the population. The Committee and Commission, needs to advocate before the BOS to make it a requirement.

• Doug informed that approximately 60 slots are available, for people needing housing, at the HUME Center, in East County. At least 20 of the slots are for people that are homeless or at risk of being homeless.

- The County may define and specify what mentally ill means, in terms of eligibility for supportive permanent housing units.
- The following meetings will discuss housing:
- CPAW, **Systems of Care meeting is Wednesday May 9** from **10 to 11:30am** and the **Health, Home and Homelessness (H3) Stakeholder meeting will be in May at 2400 Bisso in Concord** and will be handling the Special Needs Housing Program of approximately $1.7 million in funding. Clarified that the State (FHA) was charging for administrative costs, not Contra Costa County. Both meetings are important to attend and provide input regarding funding for housing. The Committee can notify the MHC and the appointed Supervisor, regarding the up and coming housing discussion at the two previously mentioned meetings.
- It is a State Regulations that local funding for housing be used for FSP (Full Service Partners)
- No Place Like Home Program guidelines states funding is for mentally ill, leaving it up to the county to define
- Are the people that are conserved, or in locked facilities, being included in the plan? It is mandated that when people are released back to society, that there will be a place for them to live. A person in a locked facility should transition into an FSP that would create a waiting list for housing units. How many people will be released without a home? What is the strategic planning process for the Contra Costa County for people in locked facilities, conserved and/or in detention? A recent study noted that Contra Costa County is in the top four counties for the highest population of severely mentally ill going to state prison. MHSA was intended to keep the severely mentally ill out of locked facilities
- The Adult Program Chief, Dr. Jan Cobaleda-Kegler, provided handouts with the following information, relevant to the number of adult patients, admitted and discharged, in: Super Board and Cares ("Our House, Bridge, Pathways, Pleasant Hill Manor"), and in Locked Psychiatric Facilities (State hospitals and IMD/MHRC), **see attachments. The term "Super Board and Cares," signifies that it is a structured residential facility, providing services on sight, to transition patients. Some of the funding is provided by both MHSA and Realignment funds. The County tries to provide services, for patients that are willing to accept services. Not all patients want services. Adults cannot be made to accept services. Full Service Partnerships (FSP) is a great service. It is unknown how many individuals are in Contra Costa County that is on conservatorship. Patients that are discharged from locked psychiatric facilities have options in placement and are determined on a case by case basis. Individuals maybe place in a Super Board and Care or in an Augmented Board and Care, depending on the needs and if the person is willing to accept services. Locked Psychiatric facilities are all out of county placements. There are four other facilities that are out of county and not in locked facilities, where approximately 32 patients are residing and in treatment: six people are in a small Board and Care in "Williams" in Vallejo, six people are in Modesto Residential Living Center, "God's Grace," board and cares has two

facilities in Alameda County, where 18 patients are obtaining treatment and two patients at the Crestwood Hope Center in Vallejo, for older adults.

- There are more admissions, than discharges, are there any plans to take care of the increases in admissions?
- The current status is being analyzed. There has been increases, The trends are indicating steady inclines. Since the Affordable Care Act was set in place in 2014. The handouts provided are based on the calendar year, not fiscal year.
- What is the current Board Order that is being utilized for funding (MHSA funds) housing for the seriously mentally ill?
- The current plan, was approved by the Board of Supervisors (BOS), last year. This year, the update to last year's plan, is presented. The update provides information regarding specialty needs housing that is available and the "No Place Like Home" that is in process. It is a multi-year process. The services being provided to the individuals in locked psychiatric facilities, super board and cares and in augmented board and cares, costs more than the individuals that are being provided community mental health services treatment. The plan for the incoming year that will be presented to the BOS for approval should be a lot more detailed regarding the process and the services being provided. The Board Order, referencing the MHSA-Three Year Plan, has been approved by the BOS. Housing has been stated, for several years, as the number one need and concern, as the top priority for stakeholders. The detail plan, regarding this concern, is in the process of emerging. Next year's update will provide additional updates and details, pertaining to housing, as authorized by the BOS.
- An opinion was expressed for ,MHSA funding be used for capital facilities, since it is one of the best investments that can be made by the county, due to its long term duration. Why is there not more investments being made into facilities, that are needed to provide services, since there are not enough spaces for treatment available. The needs for housing should include, children and transitional aged youth (TAY), as well. The Oak Grove TAY facility is not being used and should be. As advocates, would like to be informed why is the facility not being used, what are the causes for the project to stall, can it be fixed? Where is the plan, what steps need to be taken to move the Oak Grove TAY Residential treatment project forward? If the building is not able to be fixed, can it be demolished and or rebuilt?
- Locked facilities are funded by Realignment funding, not MHSA funds. The Adult Program tries to place willing patients, being discharged from locked facilities, into Super Board and Cares to provided services that will transition the patient into step down services, some independence, along with structured and supportive treatment. MHSA does fund programs such as, Pathways and some funds are allocated to Pleasant Hill Manor. The challenge is to keep admitting and discharging, at the same rate. To bring more patients that are out of county, back into the county, more space needs to be created to facilitate the process, providing permanent supportive housing. This is a major part of the overall plan. ANKA, (funded by capital facilities) shared housing, has proven to be a good model, for patients that are leaving the larger super board and cares. The model provides a step-down service, from the structure of super board and cares. It offers patients some independence, while still receiving the support and care they need. The plan is to focus on more on permanent supportive housing, more than transitional housing.

- According to the program guidelines, there is a 120 days Maximum requirement, for a notice of funding availability. After the final judgement, from any legal challenges, which will be July 23, 120 days are counted, assuming that the Judge approves legality, a notice of funding availability will be sent. The first round will be non-competitive, meaning that what needs to be done is to follow the program guidelines, to obtain funds, after the plan is set in place. Systems of Care Committee and Health, Housing and Homelessness (H3) are coordinating efforts. H3 is leading the way; regarding planning for more housing, CCCBHS (Contra Costa County Behavioral Health Services) is leading the way regarding the care and treatment. When the notice of funding availability is ready, both agencies should have a plan in place to move forward on the projects. The plan will be shared with the stakeholders, the Mental Health Commission (MHC) and Community Planning Advisory Workgroup (CPAW), and with the Family and Human Services Committee. There will be a public comment period, same as with the MHSA Three Year plan. The administration of both agencies will need to assign designated staff, to initiate and complete the process. The plan is, hopefully that the Judge will agree and allow using the MHSA money, for "No Place Like Home". If the judge does not agree, then reconsider using MHSA unspent funds. This issue is that the State passed legislation that unilaterally, decided for the counties, that the state would go with their plan. The State plan would take $2 billion, which will costs the county $4.5 million.
- It was suggested that the MHC gets more involved, in attending the Systems of Care meetings and the H3 meetings, to provide input as action is being taken, rather than making comments after the action has been taken.
- A very active mental health advocate, at all three levels: county, state and national stated that they have participated in other meetings and expressed not to forget the patients in locked facilities, and has not felt that her concerns were heard. Expressed that county facilities have failed her loved ones and that a change is needed, this requires leadership with a vision for this population. Prop 63, was supposed to be the vision that would stop this continued type of process. Does not want to continue attending meetings that are not making a change. Several years ago a collaborative effort was made with MHCC, "Bring them Home" campaign; nothing has changed. Prevention and Intervention (PEI) funds are not decreasing the numbers. Requests that there be leadership, regarding resolving the same issues that has continued for years, for patients in locked facilities. A plan needs to be created, for this county that includes the 100 patients in locked facilities too.
- The Committee would like the same information, that was provided for adults, for children too. There are new laws, like the Community Care Reform (CCR), that will be affecting care for children also. CCR will create changes and challenges for the foster care system, once it has been implemented. There are very few locked facilities in the State, for children. Most children are sent out of state, through school funding. CCCBHS does not send children out of state. Jan will request the information for children's, from Michelle Nobori, MH Project Manager and Helen Kearns, Chief Operating Officer. The Children's Program has a Committee named-Children's and TAY Committee, and has been discussing the Oak Grove facility extensively, along with obtaining a separated area for children, at Psychiatric Emergency Services (PES), at CCRMC. The matter was brought up to the BOS and the response was that it is

	not financially feasible to create a children's area at PES. EQRO auditors also raised the issue regarding a separate unit for children at PES. An in-depth cost analysis should be done comparing the costs of a separate unit for children at PES, versus sending and paying for children to be transported and cared for outside of the county. It was previously suggested that the project might be financially feasible, if other neighboring counties committed to participating in funding the project and it became a regional project. It was suggested that the MHC head the outreach to different counties to get the project started. The MHC members feel that the project should be at the administrative level and not place the responsibilities on the MHC to do the work. There should be a place for the children, to go to upon discharge, so that they are not left in PES and the county is unable to collect the funds for the child and left with added costs to cover, and allow for CCRMC to absorb the costs. CCRMC needs to cover their operating costs, or it will leave the hospital in a deficit. The state is asking for something to get done, how do we get started? What is the plan? • There is competition to create the available space for more than one unit. There are suggestions for children's unit, dementia unit and surgical unit. Several people have made their case on how the space should be occupied and there are all good causes, and probably the reason that the area remains vacant. • The causes that obtain the most recognition, are the projects that obtains funding.	
VII.	**DISCUSS this committee meeting and discussing Outcomes and lack of Outcomes for MHSA Programs before the next Commission meeting** • The draft updated plan was received by the Commission. Are the outcomes ready? • When the draft was first introduced to CPAW and the MHC, it was the plan, without the appendices. Appendix "b" has all the programs listed, followed by 16-17 outcomes. Performance indicators have been established for FSP's and PEI's. The performance indicators reflect the benchmarks to be tracked, demonstrating if the system is making a difference. For example: the number of PES visits, the number of inpatient PES hospitalizations, the number of days of inpatient PES hospitalization, number of FSP discharges that are able to find housing (homeless or at risk of being homeless), and the fifth indicator is the average hours of productive meaningful activity. The first three are included in the draft; the last two are not in included in the draft. Program profiles are also included in the draft. Each service work plan has outcomes, and they are required to report on the outcomes. The outcomes are compared to previous years, to view trends. Improvements are needed for the appropriate level of care. Contra Costa County does spend more than the state average on high level of care and the county is collectively working on various aspects of care to improve services. It is important to know if number of patients are being reduced at PES and detention, if not it may be that a different approach is needed. Maybe a change is required. • Most recently, the number of admission is dropping, along with the length of stay and the rate of repeated stays has also dropped • The Committee would like the data showing how many patients are being seen by the Mental Health Evaluation Team (MHET). MHET is paving the way for the Mobile Crisis Response Team (MCRT), which will be starting in the month of May	**The MHSA Three Year Program and Expenditure Plan Update for 2018-2019, with all appendices, can be found on line at:** **http://cchealth.org/mentalhealth/mhsa/** ***Updated data will be provided regarding MHET**
VIII.	**Adjourned at 3:05pm**	

FINAL MINUTES APPROVED 5/17/18