## MHSA/FINANCE Committee MONTHLY MEETING MINUTES May 17, 2018

FINAL MINUTES APPROVED ON July 19, 2018

	Agenda Item / Discussion	Action /Follow-Up
I.	Call to Order / Introductions	Executive Assistant:
	Chair, Lauren Rettagliata called the meeting to order at 1:14pm.	Transfer recording to computer.
		Update Committee attendance
	Members Present:	·
	Chair- Lauren Rettagliata, District II	
	Vice-Chair-Douglas Dunn, District III (arrived at 1:16pm)	
	Leslie May, District V (arrived at 1:13pm) Sam Yoshioka, District IV	
	Sam fosilloka, District IV	
	Members Absent: -none	
	Other Attendees:	
	Joe Metro, District V	
	Barbara Serwin, Chair of MHC (arrived at 1:56pm)	
	Jan Cobaleda-Kegler, Adults and Older Adults Program Chief	
	Warren Hayes, MHSA Program Manager	
	Jill Ray, District Supervisor II Office	
	Margaret Netherby, family member Liza A. Molina-Huntley, ASA II-Executive Assistant (EA) for the MHC	
II.	Public comments:	
	• none	
III.	Commissioners comments:	
	<ul> <li>Leslie- there has been items on the agenda/minutes that have</li> </ul>	
	not been addressed. One of the items is discussing the	
	attendance of Commissioners on Committees and their	
	responsibilities as Committee members and should be	
	discussed further at the full commission meeting. Also, in regards to Commissioner's remarks made during a meeting,	
	please wait to discuss the remarks made in the presence of the	
	Commissioner who made the remarks, to allow the opportunity	
	for clarification and discussion purposes.	
	<ul> <li>Sam agrees, suggested that the matter be raised at the</li> </ul>	
	Executive Committee	
IV.	Chair announcements/comments:	
<b>.</b> ,	• none	We are the Arrivant Harrist Control
V.	Approve minutes from April 19, 2018 meeting-	*Executive Assistant will post finalized minutes on website at:
	MOTION to approve minutes made by Sam Yoshioka, seconded by Lauren Rettagliata	http://cchealth.org/mentalhealth/mhc
	VOTE: 3-0-1	/agendasminutes.php
	YAYS: Lauren, Sam and Doug	/ agenuasininutes.pnp
	NAYS: none ABSTAIN: Leslie May ABSENT: none	
VI.	DISCUSS understanding the framework of the county's Adult	*To access the County website go to:
	Mental Health Services and the Adult System of Care with Dr.	http://www.co.contra-costa.ca.us/
	Jan Cobaleda-Kegler, Adult and Older Adult Program Chief	
	Part one: program narrative	
	<ul> <li>Chair, Lauren, turned the meeting over to Sam Yoshioka, since</li> </ul>	*To access the Behavioral Health
	he created the agenda for this month's meeting	Services website, go to:
	<ul> <li>Sam- developed the agenda, to start the understanding process</li> </ul>	https://cchealth.org/bhs/
	and gain an overview of the services being rendered.	
	Eventually, it would be beneficial for the Committee, to have	*To access Mental Health Services go
	the perspective of the Director of Behavioral Health Services.	to: https://cchealth.org/mentalhealth/

He attempted to ask the Deputy Director, but he was unavailable. He thought best to ask the person in charge of the frontline, the Program Chief of Adults and Older Adults, Dr. Jan Cobaleda-Kegler. His purpose for the agenda is to provide a framework of the services. On the County's website, some of the accessible tabs are categorized as: government, departments (E-Z) where the Health Services Department can be found, which takes a person to the Behavioral Health website and Mental Health Services how to: Access Services, Children & Families, Adults & Caregivers, Clinics, Crisis Services, and Resources. The information available to the public, on the website, is well organized. Jan is present; to help the Committee and the public, understand and share the details of one of the major portions of our services which are Adult Services. Warren Hayes will be present, later, to discuss the financial piece of the service programs.

- Dr. Jan Cobaleda-Kegler, Program Chief for the Adult and Older Adult Mental Health Services: provided an overview of the how the system is organized and will help to answer questions pertaining to services being provided by the department. The fiscal details are managed by the Finance department.
- Lauren, Chair- Does the department draw up a bottom up budget to present to the Finance Department, stating their department needs?
- Jan- no they do not. Each department is given a budget. (\*
   \*see attachment in meeting packet on website, for 5/17/18)
   The largest amounts of consumers, obtaining services, are located in the central area of the county.
- Each region has a Regional Clinics for both Adult and Children's Mental Health Services.
- Reviewed the organizational structure provided in the packet, for the Health Services Department/Behavioral Health Services Division.
- There are two new programs, being implemented simultaneously: one is the State Initiative -Proposition 47 Program, starting in the City of Antioch, partnering with the Antioch Police Department and Health Right 360. The new program is called **CoCo Lead Plus**; created to break the cycle of recidivism for low level offenders and offer a mandatory treatment plan, housing, substance/alcohol counseling, and vocational services, while implementing system change in a broader sense. Behavioral Health Services is charged with managing and the administration of the grant. It is a very involved stakeholder process. There is an advisory committee and an operations and policy committee; to review and agree on the process and implementation of the program. Health Right 360 subcontracts services, to filter the funds back into the community, to do the work.
- The second new program will be the Mobile Crisis Response Team; which will start by the end of May, for adults. The offices will be at 1350 Arnold Drive, in Martinez; the team staff members will be out on the field the majority of the time. The Mobile Crisis Response Team will have their own 1-800 number, for public access and it will be announced on the website. The public can still dial 211, to obtain access to the services/team.
- The Conservatorship program has a manager and a supervisor, and report to the Program Chief for Adults. The program oversees the Lanterman-Petris-Short Act (LPS) for conserved

- \*\*please view attachment provided in the meeting packet for 5/17/18 at: http://cchealth.org/mentalhealth/mhc /agendasminutes.php
- \*To access the County's Financial information go to:

http://www.contracosta.ca.gov/756/F inancial-Information

- individuals that are suffering grave disability due to mental illness issues and probate conservatorships for people who are not capable of handling their own affairs due to dementia or more physical problems.
- The Housing Coordinator is responsible for all the augmented Board and Cares, admission, reviewing referrals for admissions to our augmented Board and Cares and the Super Board and Cares. This person also assists to find placements for individuals leaving locked facilities.
- The liaison for the Institutions for Mental Diseases (IMD) and the State Hospitals, Joe Ortega RN, works directly under the Deputy Director for Behavioral Health Services, the Program Chief for the Adult Mental Health system of care and the Housing Coordinator.
- The Family Support Partners (FSP's) liaisons and the managers of the clinics work closely with the Housing Coordinator.
- When a person is being released from a locked facility, the team works collectively to find available and treatment appropriate placements, for the person in need of services.
- All clinics are funded by MediCal, to provide the needed services. MediCal, Realignment and MHSA funds finance the programs. MediCal Insurance is very prescriptive, a person is eligible for MediCal, or denied. The other insurances are the MHP is the Mental Health Plan, which differs from the Contra Costa Health Plan (CCHP).
- The Adult System of Care consists of all the previously described and noted programs, serving the moderate to severely mental ill population.
- Individuals that have mild to moderate mental health needs can apply for the CCHP to obtain services.
- There are a total of four clinics: Pittsburg, Concord, El Portal and the older adult clinic. The first clinic to integrate with primary care was the Pittsburg clinic, mainly because it is colocated with the Health Center. The Concord clinic has a small wellness health clinic on site. This is to provide more inclusive services to the specific area. In West County, a new building will be built, on the campus of the same site where the West County Health Services clinic is located, in San Pablo. The building will be completed within approximately two years.
- The ACCESS LINE, checks callers for MediCal eligibility. The County provides services to individuals who are MediCal eligible and/or do not have any insurance. Those without insurance, apply for medical, so that the County is reimbursed for the services being provided, to continue providing services. The Operations and Finance departments handle all the bookkeeping, budgets and funding. The Adult System of Care focuses on providing the services for the people in need that are in the county. Because the county is a MediCal provider, the completion of paperwork is required, in order to authorize services, and obtain reimbursement for the treatment provided.
- The newly implemented Electronic Health Record (EHR) assists in tracking data and in streamlining the paperwork, one complete record, for each patient. All charting is done on the EHR; paper charting is no longer done. The Utilization Review Department reviews charts to make sure billing is being done accurately. If not charts are not done accurately, then a disallowance will occur and will effect funding reimbursements. The county does perform regular quality review audits, to

- reinforce charting accurately. The Finance Department keeps records of the costs for salaries and other expenditures. All information is provided in the County budget, which can be found online, (over 500 pages).
- Assessments determine the level of care needed for the patient. The Adult System of Care is responsible for the assessment, making sure that the people meet the criteria for the programs, provide quality services, and document adequately so that the county can be reimbursed for the services rendered
- Leslie- asked if Kaiser contracts with the county for mental health services
- Jan- informed that because Kaiser does not provide certain mental health care services for moderate to severe mental illness, they do contract with the county and other hospitals in the Bay Area for their consumers that need care. There are individuals that have Kaiser-MediCal, and receive their health care through Kaiser and their mental health care needs, for moderate to severe mental illness, are provided by the county.
- If a person has been a Kaiser patient, through private funding, the person can apply for MediCal and continue to receive their health care through Kaiser (Kaiser-MediCal). Kaiser makes the determination, not MediCal and not the County and must refer and authorize services, outside of Kaiser, prior to receiving the services.
- Sam- do you know what the costs are for doing business for adult services and for children services?
- Jan- The Finance Department can provide the information
- Lauren- It was noted in 2016, that the county spends a lot more money on people in locked facilities, than on the people in county facilities
- Jan- the purpose is to infuse more services into the community to support the consumers in the county.
- Due to the increase in the minimum wage, it disqualifies people from receiving MediCal. MediCal hopefully will adjust the income level amount, accordingly, to allow the new low-income amount, to continue to qualify for the MediCal health plan. Numbers of MediCal recipients declined significantly, (for ages 22 to 59), in 2017. The wage increase started in January of 2017. These amounts and changes are made by the Federal government. The county is working to qualify more people on to the county health plan, to continue to provide services for people who need the services. Unfortunately, the county will not be able to obtain MediCal reimbursement for some of the services.
- Sam- it is bothersome that there are vacancies and if there is a need, that the county should be able to take care of the patient, regardless of health plan eligibility
- Jan- most residential facilities operate at a full capacity level; as soon as person is discharged, another person is waiting to get into a facility.
- Warren Hayes, MHSA Program Manager- MHSA funding allowed for the development of more programs. In his new role as an Executive Team member of the Behavioral Health Services Division, will be expanding assistance and support to work collaboratively with the MHC and Committees, to provide clarity and information. The Finance Department for the County offers a vast amount of information, accessible on line, which can be overwhelming and not appealing or

- understandable in answering the Commission and Committee member's questions. Will assist in translating the financial information that answers the member's questions, helping members gain clarity and understanding in regards to the financial portion of the programs and the BHS division. Would like to be the conduit between the MHC and the BHS Division
- Chair-Lauren: noted the differences of previous plans and appreciates the clarity that Warren has brought to the MHSA plans and to the stakeholders, making the information easier to comprehend. Last year, the Governor of the State, decided to take \$600 million of the Realignment funds were taken out of the budget for the treatment and care for people that are severely mentally ill and given to another good program, In Home Support Services. Regardless, the Realignment funds are the money set aside for treatment and according to the California WIC code receive services to the extent that resources are available. Taking \$600 million dollars out of the budget and not returning the funds, which limit the amount of services that can be provided for this population in need. One of the problems that we have is funding for the expensive programs for the severely mentally ill because the services are extensive. We need for our county, Administrators and Supervisors, to step up and request that the money taken from the State is returned to the county and used for the purpose that it was intended for. The State now has \$9 billion dollars in
- Jill- informed that the state has turned over the responsibility, for IHSS, to the county.
- The advocacy efforts will need to be directed towards the State Legislature
- Chair- can the county take back the money that was taken to fund IHSS, from Realignment I?
- Warren- what would be helpful for the MHC is to determine, what exact impact does it have on the 2018-2019 total budget?
   By starting a qualitative analysis, then advocacy efforts can be more effective.
- If there are legislative ideas or goals, forward suggestions to the Board of Supervisors, to be considered for support on behalf of the BOS. The MHC would be a great partner, to help the Board of Supervisors consider areas of support
- The County Behavioral Health Directors Association, they have analyst in Sacramento, and they forward all pending legislation, grouped by category.
- Chair- so when something like this happens, how do we as a county reevaluate, to see how we can best make use of what is done, so the funds don't leave those with a severe mental illness; who knows how much \$600 million is going to impact our budget, but it will impact. Can we take a deeper look into that it least impacts those with a severe mental illness and capture some of those dollars?
- Sam- In terms of the adults services, we have the list of the programs- how are we collecting the service information, how many consumers are being served and how are we keeping track of the costs of the services provided by all the different programs?
- Warren- it is an area that needs to be constructed. We are currently in the process of developing and building an Executive Dashboard: a performance indicator score sheet, with key information that a person in a leadership position would want

to track. When it becomes available, the information will be forwarded to the MHC. The MHC can help build the dashboard, so that the information can be readily available for the MHC/Committee

- Sam- Can the EPIC system provide some of the information, such as: the number of consumers served in each program area?
- Warren- the implementation of the EPIC system has not been completed
- Chair- we need to move forward with the next item, everyone needs to weigh in on the items for the next agenda

## VII. DISCUSS potential agenda items for the June 21 MHSA/Finance meeting

- Leslie- who do we meet with to find out about the budget? We need to see the breakdown of the budgets for these different agencies. Would like to set a start date to start the discussion regarding the building of the dashboard.
- Doug- do we want to consider for the June meeting, the level of detail, for the agenda, that I sent to the EA in May?
- Lauren- Mr. Godley came in November 2017, and answered all of the Committee's questions in a very detailed report
- What is that the Committee wants to see, so the information can be provided?
- Leslie- lets determine what it is that we want to see first and we need to discuss it and decide at the next meeting- what is it that we actually want to see. I do not want to look at the entire budget, it's too much information.
- Chair Lauren- Doug, I read your email and yours is very in depth
- Jill- suggested that the document provided by Mr. Godley in November, be reviewed.
- Chair Lauren- that information has not been changed, since the budget is annual.
- Doug- in my email, I put some attachments with it, to lay out a roadmap of the kind of information that I thought would be useful to the Committee. I did not send it to all the members, due to the Brown-Act Regulations.
- Leslie- I would like that any information that is shared, to be forward to the rest of the Committee members or the entire Commission, at one time, so that everyone is on the same page. I did not see Doug's email.
- Barbara- the document that Doug is talking about is the team is putting together an agenda for the next meeting. So he sent the items to Liza, to start the process, as opposed to some information document put together and not shared, it was part a process.
- Chair Lauren- the Brown–Act allows for transparency, but sometimes it hinders us in our ability to view and discuss things. We cannot go back and forth with each other because it cuts the public out of the discussion. Doug, I did read your email and two things I want to say: the documents that Pat Godley has, when they were brought to us, they were presented in paper form. Requested the EA to send, the document that Mr. Godley brought to the November 2017 meeting (in electronic form), and send it out to the entire MHC, via bcc. MHC Chair, Barbara Serwin agrees. All members should review the documents, once received, to continue the discussion at the next meeting.
- Warren- agrees for the documents to be reviewed first, this
  action will help to define what information the Committee
  wants to track and why. The Finance Department can provide

hundreds of pages of information, but too much information will not help the Committee focus on what the system of care is doing, what the context is and how it compares to the previous year

- Chair Lauren and MHC Chair agree
- Joe Metro- a financial dashboard, so that the key people can provide the key elements to the Committee, after the Committee defines the key elements. Educate and train the Committee, put together the dashboard so that we can see variances and specific items
- Sam- it is a great idea, it will take too long and I am not sure that we can all agree on the design. Suggest that the Committee look at the existing reports that the finance department gives to the Chiefs, managers, supervisors.
- Warren- that would be step two, step one is for the Committee to focus on what information it wishes to track
- Doug- I put together in my email, attachments, of what we could track, if we want to. Should I put together an email and forward it to the EA, to forward to the members?
- Committee consensus to review the document provided by Mr.
  Godley in November and continue discussion at the next
  meeting. MHC Chair requests that Warren, return next month
  to the Committee, with the manager's view of the information
  and see where the data intersect.
- Warren- it is a translation of financial information, that is where the dashboard is helpful
- Is there a sample dashboard available, the Committee requested that Warren bring the sample to the next meeting?
   Warren has agreed to bring the sample dashboard, for the Committee to discuss at the next meeting
- Chair, Lauren- to the EA, take Doug's agenda, and send document from Mr. Godley to the MHC and add the format of the dashboard, as an item for review and discussion. Sam we are not ready to discuss the reports at this time. Committee agreed that it is not necessary to invite staff members from the Finance Department at this time.
- The EA posted the document, provided by Mr. Godley in 2017, on the website at: <a href="https://cchealth.org/mentalhealth/mhc/">https://cchealth.org/mentalhealth/mhc/</a>, under: "Budget Questions, MHSA/Finance Committee, meeting 11/16/17, budget questions and responses".
- Jan- will review the financial document too and suggests maybe a semi-annual or quarterly report be requested
- MHC Chair, Barbara- the Committee can focus on reviewing the document and the format that Warren will provide, first, and continue the discussion at the next meeting and tune in to what needs to be provided at the following meeting. Jan will attend the next meeting
- Sam- no we need the existing reports that the managers receive, it doesn't matter if the report is monthly or quarterly
- Chair Lauren- Sam and Doug will discuss the agenda; Doug will be Chairing the Committee, moving forward. Request that the EA include Doug's documents and let the group decide what is relevant and what is not at the next meeting, post the documents separately

## VIII. Adjourned at 3:05pm