**MHSA-FINANCE COMMITTEE MEETING**
**MINUTES**
**February 18, 2021 - FINAL**

| Agenda Item / Discussion | Action /Follow-Up |
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| **I. Call to Order / Introductions**<br>Chair, Cmsr. Douglas Dunn, District III called the meeting to order at 2:01 pm.<br><br>Members Present:<br>Chair, Cmsr. Douglas Dunn, District III<br>Cmsr. Graham Wiseman, District II<br>Cmsr. Barbara Serwin, District II<br><br>Absent:<br>Cmsr. Leslie May, District V<br><br>Other Attendees:<br>Cmsr. Alana Russaw, District IV<br>Angela Beck<br>Lynda Kaufmann<br>Dom Pruett, Supervisor Candace Andersen's Office<br>Fatima Matal Sol | |
| **II. PUBLIC COMMENTS: None** | |
| **III. COMMISSIONERS COMMENTS:**<br>• (Cmsr. Douglas Dunn) The meeting next month will involve Mr. Gerold Loenicker, Program Chief, Child & Adolescent Mental Health Program, Contra Costa Behavioral Health Services (CC BHS), as well as Dr. Daniel Batiuchok, Program Manager for Mental Health and Probation Services.<br>• If you are unaware, as of July 1, 2021 (and for the next four years), the state will be handing over the entire responsibility for taking care of the Juvenile Hall populations in each of their counties. The state is to provide $40 million this year and up to $209 million by year 2024/2025 to have the counties handle the entire process. We have a lot of questions to Mr. Loenicker and Dr. Batiuchok, in particular. They cannot join us until 2:00 PM that day.<br>• Main agenda item(s) for March have been set. However, due to COVID, the Mental Health Services Act (MHSA) Team has halted program and fiscal reviews, but had a few more to complete. Are there any other issues would like the MHSA Finance Committee to look into, or 'tackle', going forward after March?<br>(Cmsr. Graham Wiseman) EQRO Report, we would see that at the Commission level. Do you know if any of those audits have continued?<br>(D. Dunn) I can inquire with Dr. Tavano and check status. Usually, we receive that report around November each year. This past November we did not, likely due to COVID, We need to know where the amended process stands. If you want us to do a deep dive before it goes to the commission, the Finance committee is willing to take that on. The report has financial information, as well. This committee looks into the finances and what are we receiving for that money. (B. Serwin) The report is due | |

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| out in the late spring and both the Quality of Care and the MHSA-Finance committee review together and present to the Commission. | |
| **IV. APPROVE minutes from January 21, 2021 MHSA-Finance Committee meeting:**<br>Cmsr. Douglas Dunn moved to approve the minutes as written. Seconded by Cmsr. Graham Wiseman.<br><br>**Vote:** 3-0-0<br>**Ayes:** D. Dunn, B. Serwin, G. Wiseman. | |
| **V. REVIEW Alcohol & Other Drugs (AOD) Finance and Programs presentation by Fatima Matal Sol, Contra Costa Behavioral Health Services AOD Program Chief**<br>Addiction can affect anyone in the community and makes no distinction of race, social class, gender, age; it affects everyone across the board. During COVID, I worked with multiple units throughout Health Services in attempting to coordinate our efforts. It was amazing to get to know how many people who privately disclose "Thank you, Fatima, for being so passionate. I am also in recovery." There are many people facing addiction that are not typical or obvious. We do know, Addiction is a chronic brain disorder. Historically, we have focused on the pathological aspect, but do not spend the time to really look at the dysfunction in the neurological aspect.<br><br>Alcohol and Other Drugs (AOD) Finance and Program opted to be a Drug Medi-Cal Organized Delivery System (DMC-ODS)<br>• AODS Operates Substance Use Disorder (SUD) services as a Managed Care Plan.<br>• A continuum of SUD services is modeled after the American Society of Addiction Medicine (ASAM) Criteria.<br>  • Five (5) broad levels of care (scale of 1:4) patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care:<br>  ◊ Early Intervention (0.5)<br>  ◊ Outpatient (1)<br>  ◊ Intensive Outpatient / Partial Hospitalization Services (2)<br>  ◊ Intensive Outpatient (2.1)<br>  ◊ Partial Hospitalization Services (2.5)<br>  ◊ Residential Inpatient Services (3)<br>  ◊ Clinically Managed Low-Intensity Residential Service (3.1)<br>  ◊ Clinically Managed Population-Specific High-Intensity Residential Services (3.3)<br>  ◊ Clinically Managed High-Intensity Residential Services (3.5)<br>  ◊ Medically Monitored Intensive Inpatient Services (3.7)<br>  ◊ Medically Managed Intensive Inpatient Services (4)<br>• Requires MORE Coordination of Care with Mental Health and Primary Care.<br>• AOD believes substance use is preventable. If the services are available on time, we should be able to prevent progression, frequency and a number of other issues (DUI, etc.). | Program and Fiscal Review for Alcohol and Other Drugs (AOD) Program was shared as a PowerPoint presentation during meeting. |

- Our prevention services are funded through Substance Abuse Block Grant (SABG) not funded under medical. In Contra Costa (CC) we have a prevention strategic plan.
  - Primarily focused to help young people, parents and tackle the environment. We follow Public Health Model.
  - We also have responsibility to monitor all driving under the influence (DUI) Programs in CC. There is no funding, it is paid by the client receiving the conviction. Fees are established and paid to the program.
  - Prevention services are free of cost, only requirement is person does not have a diagnosis for substance use (SU).
  - Early Intervention. Working to prevent disease progression.
- AOD Advisory Board Community Perspective.
  - Contributing factors:
    - ◊ Environment – "hood mentality", college drug culture, availability, peers and family, legalization
    - ◊ Genetics – family history
    - ◊ Health Service – Prescription abuses, chronic pain mismanagement, medication assisted treatment (MAT).
    - ◊ Individual behavior/character – self-medication, recreational use, underlying health conditions
  - Prevention, Screening & Identification:
    - ◊ Criminal Justice – DUI, Drug Court, 911, Domestic Violence
    - ◊ Health Care System – Physicians, Hospitals, Overdoses
    - ◊ Self-identification – family referral, self
    - ◊ Schools
    - ◊ Community-based organizations
    - ◊ Withdrawal management (ASAM Level 3.7)
    - ◊ Residential (ASAM Level 3.1, 3.5)
    - ◊ Intensive Outpatient (IOP) (ASAM Level 2.1)
    - ◊ Outpatient Juvenile probation
  - Assessment & Referral (ASAM Levels of care are assigned)
    Access line: Treatment:
    - ◊ (OP) (ASAM Level 1.0)
  - Adolescent Outpatient Treatment:
    - ◊ Early Intervention "AT RISK" (ASAM Level 0.5)
    - ◊ Outpatient (OP) (ASAM Level 1.0)
    - ◊ Intensive Outpatient (IOP) (ASAM Level 2.1)
  - Aftercare:
    - ◊ Sober Living – Recovery residence guidelines
    - ◊ Support Groups – AA, NA, Life Ring, SMART Recovery, Refuge Recovery, Celebrate Recovery
    - ◊ Recovery Support – Case Management, Referrals, e-Tools
- Substance Use Disorder Services – (shared) Flow Chart representing different levels of care. Most Behavioral Health/Mental Health services are broken down by County region; however, AODS is listed by level of care starting with Level 3.5 Residential Treatment (high intensity), listing the programs under each level of treatment. The program is just working on adding Level 3.3 facilities. The system is primarily comprised of community-based operations. There are no large county-based operations, except for Discovery House (Level 3.1 facility), which is a

residential facility for men. Effective March 1st will be 'tri-level' (Level 3.5, 3.3 and 3.1), which means the client can stay within the program and receive all the intensity of services in the same location. This will be the only Level 3.3 program we have.
The key is to understand this is a system comprised of (mainly) community-based organizations, not county run operations.

- AODS Budget: Approximately $26.6 million, just a bit more than prior to the waiver. The budget is simple and comprised of:
  - Vehicle Code Fines $61,177
  - Driver Fines – AB 2086 $34,422
  - General Fines $163,119
  - Rent on Office Space $188,492
    - ◊ CBO Using (leasing/renting) County buildings
  - DMC State General Fund $1,586,525
    - ◊ CC opted into the waiver, all AOD programs in participating county receive the State funding to expand SU Treatment. It can only be used on the new expanded programs. In the past, MediCal did not cover residential programs, these funds are used to 'match' Medi-Cal
  - SABG Funding $5,899,825
    - ◊ Discretionary and categorical funds such as prevention.
    - ◊ Prevention and Perinatal funding is set and must be used for that purpose.
    - ◊ Room & board (Medi-Cal pays for treatment only)
  - Medi-Cal Administrative Activities (MAA) $1,240,748
    - ◊ Adds additional revenue from Medi-Cal, not drug treatment related but still billable to Medi-Cal, such as counselors to the access line.
  - DUI Fines $139,405
  - DMC Federal Financial Participation $7,496,519
  - Local Revenue Fund/Realignment $5,445,571
  - CalWORKS/AB109/Orrin Allen $2,423,005
  - County General Fund $1,935,004
- Access line: This is a fully integrated line. It has been recognized by external reviews. There are clinicians and counselors working together. Mental Health covers clinicians separately and the counselors are paid through MAT. So, there is no mixture of funding at all.
- What is AOD? We are really a very simple unit. There only five managers. Small staff that is highly productive and non-stop. To have the bandwidth to participate in the drug medical waiver was not simple. We just have the most amazing, dedicated staff. The expansion of Drug Medi-Cal brought to the county:
  - More intense levels of care that we did not have before.
  - Recovery support and case-management.
  - Additional medications to treat addiction.
  - Recovery residences for sober living environments (Oxford Houses, Support4Recovery). Clients need a place to go, not a homeless shelter, but an environment that clean, support sobriety with clear expectations of no alcohol or drugs allowed and support in relapse.

- SUD Transition Team. Is comprised of seven of the best counselors imaginable. Their role is to engage people in periods of transition. Never when in treatment or under the care of someone else (mental health, or other). Anytime they are going through transition or go back to substance use, one of the counselors is ready to hold their hand and say, 'come with me, I'll assist you'. They also do a lot of motivational interviewing. When someone calls the access line to make an appointment, the counselor attaches them to a transition team counselor who is going to help. The name comes to the transition team. The transition team counselor calls the client to follow up three times a day.

- Waiver Clinical Regulatory Requirements:
  - Operates as a Managed Care Plan (PIHP) with 'covered benefits'.
  - Requires a Licensed Practitioner of the Healing Arts (LPHA)
  - Places individuals in the least restrictive environment, not necessarily residential treatment
  - There are NO fixed lengths of stay and there are certain limits to covered benefits, for example: only two (2) admissions to residential treatment per 365 days. No limits on intensive outpatient, regular outpatient, MAT or social model detoxification.
  - Must be county resident and Medi-Cal eligible in the county where services are being delivered.
- Benefits to the clients: Services when needed, not when available.
  - Time requirement is ten (10) days, from the moment requested through the access line, as of right now, admitted, even with COVID.

**Questions and Comments:**

- (Doug Dunn) In a previous presentation (several years ago), CBO's comprised about 90% of the program offerings in AOD. (RESPONSE) That is correct, we have not added any county programming.
- (Doug Dunn) When you say match, I am assuming that is a 50/50 match between County, State and Federal, the budget beyond the match is 50%, do I understand that correctly? (RESPONSE) The match is the Federal government gives us 50% and we have to come up with the other 50%. We can only use State dollars or local dollars.
- (Barbara Serwin) How dual diagnosis situations are paid for. If someone is treated in a Behavioral Health facility for both substance use and a mental health issue, is that all covered by the Mental Health Funding or does AOD contribute? (RESPONSE) We do not have any blended funding. What we have is, for example, I have placed counselors in the mental health clinics. Every county mental health clinic has one counselor and AOD pays for the counselor from our funding it is Drug Medi-Cal, all the clinics are Drug Medi-Cal certified so that I draw down the match. There is no mental health funding in these positions. The services are qualitative, not integrated. No funding utilized either way. Another example, we have a psychiatrist at Discovery house. Reason is in preparation to move Discovery house to the tri-level program to start serving clients differently. There is no blended funding, but if a client comes to Discovery house through Medi-Cal and seen as a drug/medical client (no medical dollars). If Dr. Bertram makes an appointment for continuity of care at the west county clinic and the client walks out of Discovery House with an appointment with Dr. Bertram who knows the medication. Then the

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| client is referred to the Concord adult clinic, Dr Bertram communicates with the psychiatrist in Concord that (client) is under my care right now and is struggling a little with medication" and communicates with next provider.<br>• (Barbara Serwin) When we talk about integration services, it sounds like integrating the budget and I don't know what the benefits of that would be, seems to be quite a way down stream, is that right? (RESPONSE) Yes. Through Cal-AIM (California Advancing and Innovating Medi-Cal), we might be getting closer because CalAIM, aims at reducing the laborious budgeting. There are two separate plans (mental health plan and substance use), both run with the same regulations, same requirements, different populations. There is that portion in the middle that overlaps. Who is responsible for that overlap? If the state has to make some changes to the financial structure to allow for the clients to receive the help they need.<br>• (Doug Dunn) Following what you were just saying, I have been involved with advocacy groups at the state level. NAMI California sent out a very good listing I can forward to you. One of the things they are looking at is to do things along the very lines you were suggesting: more blended funding opportunities. I understand there are certain things the state can do that should make it easier. One of the items in the Governor's budget is, by 2026, one master contract in a county that would cover physical health, mental health and behavioral health. | |
| **VI. Adjourned** at 3:16 pm. | |