

MHSA/FINANCE Committee
MONTHLY MEETING MINUTES
March 15, 2018 – FINAL

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Chair, Lauren Rettagliata called the meeting to order at 1:03 pm.</p> <p><u>Members Present:</u> Chair- Lauren Rettagliata, District II Vice-Chair-Douglas Dunn, District III Sam Yoshioka, District IV Leslie May, District V</p> <p><u>Members Absent:</u> -none</p> <p><u>Other Attendees:</u> Gina Swirsding, Commissioner District I Erika Raulston, public Dr. Frank Barham Jan Cobaleda-Kegler, Adults and Older Adults Program Chief Betsy Orme, MH Transition Team Coordinator and Crisis Liaison for CCC Jill Ray, Field Representative, District II Liza A. Molina-Huntley, ASA II-Executive Assistant (EA) for the MHC</p>	<p style="text-align: center;">Executive Assistant:</p> <ul style="list-style-type: none"> • Transfer recording to computer. • Update Committee attendance
<p>II. Public comments:</p> <ul style="list-style-type: none"> • none 	
<p>III. Commissioners comments:</p> <ul style="list-style-type: none"> • Leslie May (LM) - Received a letter from an attorney for Telecare/Hope House, which she perceived as threatening to her and she contacted County Council and Senior Deputy District Attorney to seek assistance regarding the letter that she received. She stated that she was informed that she can announce that she received the letter. According to her, the letter requests that she cease and desist her accusations towards their client and their staff members • Leslie stated further that she completed her training videos on the County website pertaining to Ethics and the Brown Act Regulations and that in section 54959 it states that the information that she discloses at the Mental Health Commission (MHC) is covered under this particular section of the Brown Act and would be a violation of such if she did not report information to the MHC, which she has received from the public. If she asked by the public to present the information, before the MHC, by law she is to do so as a representative of her district. • She was informed, by County Council, that she had a choice to provide the information, either verbally or a copy, to the MHC • LM- stated that it is against the law to make any false statements and to threaten any advisory appointed member, appointed by a County District Supervisor, for disclosing information that the public has requested the appointee to disclose at a public meeting. According to Leslie, it is also against the law to threaten a public official for any reason. Feels that as a Commissioner, she has disclosed her information and is doing what she is supposed to do, as an appointee per the Contra Costa County Advisory Handbook, the Mental Health Commission Bylaws and the Brown-Act Regulations 	<p>*LM provided a copy of the letter to the EA to forward to the Director of BHS</p>

<ul style="list-style-type: none"> Doug announced that the NAMI “Crab Fest” will be on 3/17/18, from 5pm to 8pm at the Concord Center on Clayton Road in Concord. Ticket prices are \$65 per person 	
IV. Chair announcements/comments: <ul style="list-style-type: none"> none 	
V. Approve minutes from February 15, 2018 meeting- Correct and change the names: “Clarice Fuller to Clearnise Bullard,” change “RYKA to NIERIKA” (on pages five and six of seven) and remove the letter “a” from the last name “Kegler” MOTION to approve minutes made by Leslie May, seconded by Doug Dunn VOTE: 4-0-0 YAYS: Lauren, Sam, Leslie and Doug NAYS: none ABSTAIN: none ABSENT: none	*Executive Assistant will post finalized minutes on website at: http://cchealth.org/mentalhealth/mhc/agendasminutes.php
VI. RECEIVE updated on Hope House Program and Fiscal Review report <ol style="list-style-type: none"> i. Did the Program review examine the use of credit cards? <ul style="list-style-type: none"> Chair, Lauren Rettagliata, - is aware that audits are conducted and all monies and accounts are reconciled. Did discuss the matter with Candace Andersen, District II Supervisor (whom appointed her) and was informed that the matter was discussed with the Behavioral Health Services (BHS) Director, Cynthia Belon and the Director of Contra Costa County Health Services, Anna Roth; and was informed that the use of the credit cards is a normal procedure for facilities to utilize credit cards to make purchases for the program use. If anyone would like further information, she suggests contacting the Director of BHS. ii. Were irregularities noted for hours billed for treatment and care? <ul style="list-style-type: none"> Dr. Jan Cobaleda-Kegler, Adult Mental Health Program Chief, first that the report was completed approximately one year ago. She continued to inform that there were no irregularities noted in the MHSA Program and Fiscal Review, pertaining to the programs billing. Billing is monitored and audited by the State, via MediCal. Some disallowances were noted, years ago, due to documentation errors. No irregularities were noted for billing. Chair asked if the County or Telecare would be fined by the State, if irregularities were found. Jan stated that it would be the County that would be fined. The County claims the disallowances when the documentation is not correct. The County audit noted the disallowances. The County does conduct audits (Program Reviews) for all the programs receiving funding, to make sure that charting is correctly done, if disallowances are found, then the County must forfeit. If Medi-Cal finds the disallowance, and not the County, the County’s charges/fines are increased, if the County does not find them first. Chair stated that Hope House was created to give a place of treatment and recovery, for consumers, providing a longer stay than Psych Emergency Services (PES). The Mental Health Commission (MHC), including Sam Yoshioka, supported the project. Initially, the facility was recognized as a 30 day facility, at what point was it changed to a 14 day stay facility? Severely mentally ill consumers need to have options for a longer stay. Mental Health Commission is concerned with the limited stay requirements and had been informed that a waiver could extend the stay, tailored to meet the patient’s needs. 	

- Betsy Orme, Mental Health Transition Team Coordinator and Crisis Intervention Liaison for Contra Costa, has been employed by the County for over 16 years. The goals are to assure that the bed/space is being used to full capacity, by the people that need the care the most. Initially, the expectation was that the program would offer crisis residential treatment for 14 days for consumers. The documentation processed was for a 14 day stay. If someone needs to stay longer, then documentation must be processed again, and extend the authorization period. Unfortunately, the extension was not always filed during the required timeframe. As a corrective action, the program is now processing the documentation for a 30 day stay, to minimize additional processing and maintain their compliance requirements. The standard stay, for consumers in a residential facility, has been two weeks, up to 30 days, if needed. The greater the housing crisis has become, the longer the need to stay in a crisis residential, until a more suitable placement for extended care is found, to discharge patients to. It is becoming more difficult to find extended care placements for patients due to limited facilities and space. For the severely mentally ill patients that need a safe space, a request for an extension must be made to the Licensing Board for approval and authorization. Each facility has a Licensing Representative, from Community Care Licensing (CCL), that oversees the program to handle authorizations and to answer any questions that the facility may have regarding operating the facility. The process to obtain authorization for extended stays varies on the representative from CCL, on how promptly the person responds. Extensions must be requested for any stay past 30 days; there must be a safety reason and/or clinical justification, to request the extension. Authorization must be requested, at all times, for anyone 60 years of age, or older. Consumers, who are “conserved” by a judge, cannot stay in an unlicensed facility or shelter. When documents are submitted incorrectly, or not in a timely manner, then a fine may occur. Audits are in place to minimize the fines to the County and assure that the documentation is properly submitted. The majority of the consumers in crisis residential stay less than 30 days. To avoid any discrepancies, all documentation that is being submitted, request authorization for 30 day stays. An extension must be requested, before the 30 days expire, if it is anticipated that the patient needs to stay longer, for clinical reasons. According to CCL, for crisis residential, 30 days are allowed at a time. Extensions must be filed before the expiration date. According to the MHSA plan for Hope House, two weeks stay is stated in the plan.
- Chair- Commissioners are advocates that serve as an advisory board, to the Director of BHS and to the Board of Supervisors (BOS). We can adopt a policy, such as the policy for AB109 contracts. It requires that contract award recommendations for all AB109 community program contracts. Hope House has had two non-favorable reviews. There can be a mechanism to review contracts, when a negative outcome is disclosed in the Program Review report.
- The process utilized for reviewing AB109 contracts are very specific and mandated by state law. Due to the vast amount of contracts handled under the MHSA umbrella, it would not be feasible to utilize the same contract review process.

iii. CONSIDER motion to forward to full Mental Health Commission to

recommend to the Behavioral Health Director that a new Request for Proposal be considered for this contract

- The Mental Health Commission (MHC) can ask for a process to be put in place, to evaluate the renewal of a contract, with past negative reports. Thresholds can be listed, to be fair, so not all perceived negative outcomes are considered. Constructive comments are indicated in the report, as a point of improvement, not necessarily as a negative outcome or comment. If a policy is created, it should be part of the development for all contract providers, not to scrutinize only one provider, it should be fair for all providers. Discuss what triggers a contract review, what triggers a contract to go out for a "Request for Proposal (RFP)". The policy generated should be implemented for all providers. The Committee can amend the item as a policy for all providers, forward to the MHC to recommend to the Behavioral Health Director, to incorporate the policy. The Committee can consider that any provider that is not operating at a level that is not up to the County standards, the contract will go to RFP; and stipulate the criteria for which this is to occur. For example- if no corrective action is being implemented and/or no cooperation is received by the provider, then an RFP may be considered.
- The Committee reviews all MHSA Program and Fiscal Review reports, and discusses the reports, with the public at the Committee meeting. The BHS staff members are present at the meetings, for questioning and to inform the public of the corrective action taken, along with the follow through being done to assure that the corrective action has been implemented.
- Each provider does need time to learn how to work within the County system, each system is different.
- Pertaining to Telecare/Hope House, the BHS staff members, which are in continuous contact with the provider, along with BHS Administration, feel that the provider has addressed the concerns that were raised in the report a year ago, and agree that the provider has implemented corrective action in all areas and is and has continued to cooperate, addressing and correcting all the items. The Adult Program Chief stated further that "good results" are being obtained and good service is being provided to the patients. There is always room for improvement, from all providers and staff. An RFP would be premature at this point in time, since progress is being made. The issues regarding food and staff rations have been addressed and good reports have been received. Informed that an anonymous call was made to CCL and an investigation was conducted regarding the complaints. CCL did a full and thorough inspection, including meeting with residents, and no fault was found, the provider was cleared. A provider should be able to defend accusations, to provide a just and fair process. Three staff members from Hope House were planning to attend this meeting, due to the item placed on the agenda, the staff members decided best not to. Ms. May stated she has invited Hope House staff, numerous times since October of 2017. She informed staff members that Hope House was being discussed at the meetings and they should be attend. If BHS felt that any provider was not providing the services in the contract, there would be no hesitation to do an RFP. This is not the case in this situation.
- Complaints, regarding Hope House, were not submitted to BHS,

or the coordinating staff member, Betsy Orme. Complaints made towards any provider need to be submitted to BHS so they can be addressed and follow up can occur.

- One complaint was regarding food. Apparently there is a specific diet that can be provided for those with certain disorders, which is provided on the website of the National Institute for Mental Health. Hope House is currently meeting the CCL requirements pertaining to food.
- Leslie- would like the matter to be forwarded to the MHC or for an independent audit to be done, not the County, not the Corporation of Telecare. Does feel it necessary for Hope House staff members to come to the Committee to discuss the issues.
- Chair informed that the matter is first discussed at the Committee level, with BHS and staff members; then, the Committee determines if it is necessary to forward the item to the MHC. After discussing the matter the previous month and this month, does not feel it is necessary to continue the matter further, nor should the matter be forwarded to the MHC. To consider an outside audit, that would be another agenda item for next month’s meeting to be considered, not at this point. Expressed that all the concerns have been addressed, concerning Hope House, and that BHS staff is making progress with the program.
- It was asked if Hope House staff has ever not shown up to a meeting that they were asked to attend. The answer was no; staff has attended meetings, when asked to do so. BHS staff oversees the contracts with all providers and works with the providers to assure that the services are rendered.
- Chair- if the Committee feels it necessary to request a RFP, for any provider that would be a future agenda item. Does not find a motion to be necessary at this time. No motion was made. Future agenda items can be recommended at the Executive Committee.

VII. DISCUSS and REVIEW the Audit of the State mental health Service Act

i. **How does the Contra Costa MHSA plan address the number one priority identified in the Community Planning Process of lack of housing for those with serious mental illness**

- Apparently, MHSA was not given a good rating in the first audit.
- An update was read, by the MHSA Program Manager, Warren Hayes- “what was approved was a three year spend down of budget authority exceeding projected revenues, in order to reduce unspent funds. We have a relatively small amount, around \$2 million in Prevention and Early Intervention (PEI) and Workforce Education and Training (WET) funds that the State says is subject to reversion. A Board approved plan, to spend down the money by June of 2020”. A draft document is being reviewed by the County’s Finance Department. It is a small amount that needs to be spent by 2020.
- The audit was based on the 2015-2016 fiscal year, it is not current. Funds have been spent since Laura’s Law was passed. If funds are not spent in time, they will be recaptured. Unknown if a reserve balance was set.
- Additional housing projects are being created- MicroPAD, is one of the projects being created by Health, Home and Homelessness (H3).
- Chair- requests that MHC invite the Director of H3, Lavonna Martin, to provide a presentation, regarding the project, as

***EA will forward the request to the Chair of the MHC, Barbara Serwin, to invite the Director of H3, Lavonna Martin, to provide a presentation regarding the MicroPAD project**

soon as possible	
<p>VIII. DISCUSS and REVIEW Program and Fiscal Reviews: Child Abuse Prevention Council, Fred Finch, MHAPS, and RYSE</p> <ul style="list-style-type: none"> • Strike “Overcoming Transportation Barriers” from the agenda item. The Office of Consumer Empowerment (OCE) is working on overcoming transportation barriers. • Chair- request to invite OCE to discuss and provide updates • The Program and Fiscal Review for the Child Abuse Prevention Council did well. The RYSE program report was good as well. No comments. • Regarding the next Program and Fiscal Review report, Fred Finch, is for TAY. TAY programs are under the adult division. Fred Finch and MHAPS (youth Ranch) both stated that they are concerned about the lack of Alcohol and Other Drug (AOD) Programs for youth. • Fred Finch also requested assistance with money management. Depending on the agency, it can be very difficult to help manage funds coming from Social Security. Also noted that there is more communication between the County Contract Manager and Fred Finch, to help ensure a smoother referral process and help identify administration and programing issues. The Adult Program Chief will follow regarding the issues noted in Fred Finch’s Report (page 14) under “Findings for further attention” • The populations discussed are patients with dual diagnosis that are severely mentally ill and have developmental disabilities. It is prevalent that the situation has become more complicated due to the lack of psychiatrists on staff, with providers as well as with the county. Housing placement is difficult with this population. • The Regional Center program is very difficult to contact and connect people with their services. It was suggested that the staff from the Regional Center should be included in the conversation to discuss what the barriers are • The Adult Program Chief informed that the Deputy Director of BHS, has been discussing collaborating with the Regional Center (a State program) • The County has no jurisdiction to force a state program to meet with them; it is suggested to contact State Legislative Representatives. • Lack of staffing issue, are salaries realistic for the Community Based Organizations (CBO) • The Chair, Lauren Rettagliata, MOTIONS, to forward to the Mental Health Commission, our support for the Behavioral Health Administration’s efforts to collaborate with the Regional Center, of the East Bay- to ensure the best quality of care for patients who are dual diagnosed with severely mental illness and emotional illness and developmental disabilities. Seconded by Doug Dunn VOTE: 4-0-0 YAYS: Leslie May, Sam Yoshioka, Doug Dunn and Lauren Rettagliata NAYS: none ABSTAIN: none ABSENT: none 	<p>*EA will forward to the Chair of the MHC, the request to invite OCE to provide updates</p> <p>* MOTION, to forward to the Mental Health Commission, our support for the Behavioral Health Administration’s efforts to collaborate with the Regional Center, of the East Bay- to ensure the best quality of care for patients who are dual diagnosed with severely mental illness and emotional illness and developmental disabilities</p> <p>*The Adult Program Chief will follow up regarding issues noted in the report for Fred Finch and report back to the EA with updates for the Committee</p>
<p>IX. Adjourned at 3:08pm</p>	

Approved final minutes on 4/19/18