

Mission Statement: in accordance with our mandated duties of the Welfare & Institutions Code 5604 and aligned with the Mental Health Commission's MHSA Guiding Principles, and the intent and purpose of the law, the MHSA/Finance Committee will work in partnership with all stakeholders, all community-based organizations and County providers to review and assess system integration and transformation in a transparent and accountable manner.

MHSA/Finance Committee Meeting

Thursday August 16, 2018 ♦ 3:30-5:00 pm

****New location: 1220 Morello Avenue, Suite 100, in Martinez
MHSA office- conference room**

AGENDA

- I. Call to order/Introductions
- II. Public Comment
- III. Commissioner Comments
- IV. Chair Announcements/Comments-
- V. APPROVE Minutes from July 19, 2018 meeting
- VI. COMMITTEE DISCUSSION: “respect”(Example: CPAW working agreement)
- VII. Review priorities of Data Committee, regarding financial information- with Warren Hayes, MHSA Program Manager and member of Health Services Executive Management Team
- VIII. Behavioral Health Services plans to house consumers with a severe mental illness Update on August 8, CPAW Systems of Care meeting discussion- Warren Hayes, MHSA Program Manager and member of the Health Services Executive Management Team
- IX. DISCUSS potential agenda items for future meetings: September –December:
 - 1) Administrative overview of entire budget- with Dr. Matthew White, Acting Director for Behavioral Health or representative from Finance department
 - i. Current 2018-19
 - ii. Projected 2019-20
 - iii. Federal Financial Participation (reimbursement, 2017-2018:\$67M)
 - iv. Realignment (1991 and 2011: 2017-2018 \$57M)
 - v. Mental Health Services Act (MHSA: 2017-2018: \$51.9M)
 - 2) Adult and Older Adult Program budget: Dr. Jan Cobelada-Keglar, Program Chief
 - 3) Children and Adolescent Program budget: Gerold Loenicker, Program Chief
 - 4) Alcohol and Other Drugs: Fatima Matal Sol, Program Chief
 - 5) Data Report availability: weekly, monthly, etc. Example: No. of persons served in county and CB) each clinic and by Community Based Organization (CBO)—Finance representative
 - 6) Expected Contractual outcomes for each of the programs just funded by Realignment (1991 and 2011) dollars (\$57M in 2017-2018)—Senior level Behavioral Health representative or representative from Finance
- X. Adjourn



MHSA/FINANCE Committee
MONTHLY MEETING MINUTES
July 19, 2018 – First Draft

| Agenda Item / Discussion | Action /Follow-Up |
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| <p>I. Call to Order / Introductions Chair, Douglas Dunn, called the meeting to order at 3:34pm.</p> <p>Members Present: Chair- Douglas Dunn, District III Vice-Chair Lauren Rettagliata, District II Leslie May, District V Sam Yoshioka, District IV</p> <p>Members Absent: -none</p> <p>Other Attendees: Joe Metro, District V Barbara Serwin, Chair of MHC Faye Ny, CC Health Services Finance Department Jill Ray, Representative of District II Supervisor Liza A. Molina-Huntley, ASA III-Executive Assistant (EA) for the MHC</p> | <p>Executive Assistant:</p> <ul style="list-style-type: none"> • Transfer recording to computer. • Update Committee attendance |
| <p>II. Public comments: none</p> | |
| <p>III. Commissioners comments:</p> <ul style="list-style-type: none"> • Leslie: request the same respect, to be spoken to and treated, with the same respect given. Will not tolerate being yelled at and admonished by anyone. | |
| <p>IV. Approve minutes from May 17, 2018 meeting- MOTION to approve minutes made by Lauren Rettagliata, seconded by Sam Yoshioka VOTE: 4-0-0 YAYS: Lauren, Leslie, Sam, and Doug NAYS: none ABSTAIN: none ABSENT: none</p> | <p>*Executive Assistant will post finalized minutes on website at: http://cchealth.org/mentalhealth/mhc/agendasminutes.php</p> |
| <p>V. DISCUSS election of new Chair (**Douglas Dunn) current Vice Chair recruit members</p> <ul style="list-style-type: none"> • Lauren: resigns from being Chair of the Committee, due to personal issues; however, if no other Committee member will volunteer to be a Vice Chair, she will intermittently be attending meetings and serve as the Vice Chair, up to September 30, 2018. • Duane: as per the MHC Bylaws, if the Chair resigns, the Vice Chair steps into the Chair role. No nomination required. The Committee members can request volunteers, to appoint a new Vice Chair. • Doug accepts to be the Chair of the Committee, moving forward. • Joe will consider becoming a Committee member. Will need to review his personal schedule, to determine if he can commit to attending on a regular basis. Meetings scheduled at 3:30pm, are more viable for him to attend. • Lauren and Barbara- suggests that standing Committees be from 3:00pm to 6:00pm and will discuss with Warren Hayes, the possibilities of changing the Committee meeting times. Will also like the standing Committee meetings to be switched over to the conference room at 1220 Morello building, in Martinez. | <p>*Alternative times, more convenient for membership, will be considered at the next meeting on August 16</p> <p>*To be determined, what time the August 16 meeting will start, Committee/Chair with Warren Hayes</p> |
| <p>VI. COMMITTEE review attachments and discuss what financial information the Committee would like to receive from Contra Costa Behavioral Health Services, with Faye Ny, from CCC Health Services Finance Department</p> | <p>*To access the County website go to:</p> |

- Committee was to review the attachments in the meeting packet and discuss
- Faye will note financial requests and collaborate with Warren Hayes, MHSA Program Manager
- Doug opened discuss, for Commissioners to weigh in terms of what financial information is being requested by the MHC/MHSA Finance Committee, from the CCHS Finance Dept.
- Leslie: How many individuals are being served, at contracted and county facilities, on a weekly basis; and what amount of funding is the facility is contracted for? To validate that the contract is meeting the goals, serving “X” amount of people, for the amount of money the facility is receiving.
- The requested data is not available, through the Finance Department
- Sam: Committee needs to review the entire mental health budget, not just MHSA program budget. Is the budget based on cost centers? Requested to provide the cost for providing mental health services, for adults and for children’s services. What is the budget and expenditures for each? Is Psychiatric Emergency Services (PES) a cost center? What is the budget and costs for the inpatient care unit (4C)? Does each regional clinic (adult mental health clinics and children’s mental health clinics), have their own cost center; west, east, central? A presentation is requested, to go over how revenues and expenditures. The MHC needs an understanding on how the services are being paid, because MediCal, Medicaid/Medicare, does not cover the full costs of the care being provided. The county is paying the difference.
- Doug: can the information be provided, regarding the other psychiatric units, (that the county has contracted with); as well as the reimbursement sources for the funding? Are program managers provided with a monthly financial report, from the Finance Department? The program managers should be aware of what their program’s budget is, to manage and track their departments. Does the finance department have the financial costs information pertaining to detention mental health services? What is the budget and expenditures of the mental health services in detention? What is the cost of care, to the county, for the people be cared for in detention, that require mental health services?
- Lauren: concerned regarding staffing levels and the budgeted amount. For example, there are not enough psychiatrists to meet the need, yet the budgeted amount to acquire more psychiatrists is spent. Would like to know why the entire amount is being spent, when there is still inadequate staffing? The budget was for 50 psychiatrists and only 38 were hired, where did the rest of the funds go? MHSA is only 25% of the budget. The other revenue sources that funds Behavioral Health Services, are not as clear, as the reports received by the MHSA program. The MHSA program revenue provides the budget and expenditures plan. It would be good to have the same information for Federal Financial Participation (FFP), MediCal/Medicare, and Realignment I/II. Some programs have multiple funding streams. It’s important to have the budget and expenditure plan for all the funding streams. It would be interesting to know, if the federal government is asking us to provide services, might be a task that is impossible to do, with the funding being received. Are we receiving enough funding to do what the county is required to do, by the state and the federal government? Are we receiving sufficient revenue streams to provide the services, which the county is required to provide for?
- Barbara (MHC Chair) - What are the budgets for individual programs and provide the overall budget, up to the BHS division level, including what are the expenditures for each. It is not necessary for the MHC to

<http://www.co.contra-costa.ca.us/>

***To access the Behavioral Health Services website, go to:**

<https://cchealth.org/bhs/>

***To access Mental Health Services go to:**<https://cchealth.org/mentalhealth/>

***To access the County’s Financial information go to:**

<http://www.contracosta.ca.gov/756/Financial-Information>

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| <p>understand how the finance department handles it. The Committee needs to be clear on what the questions are. The MHC wants to know the budgets and expenditures, for specific programs and the services that are being provided and the scope of the program, regardless of the cost center. The DATA Committee will prioritize what information needs to be received.</p> <ul style="list-style-type: none"> Some of the increase spending is for contracting provider services, upgrading and repairing facilities, and some money has been set aside for new programing. The budget is not based on “cost centers,” because mental health has a lot of programs. The budget and expenditures are designated by areas of population. For example: funding is budgeted for children and adults, separately. The hospital has their own cost center, which is filtered out to the other departments/programs, within the hospital. The finance department will do their best to respond to the Commissioners requests. Warren does put together a report, which is submitted to CPAW. Depending on what information is requested, a similar report can be created. Certain programs do receive specific reports for tracking purposes, not all programs. A budget summary can be provided for adult services and for children’s services. The Finance Department and the Behavioral Health Executive Leadership team meet on a regular basis to discuss budget and expenditure matters. Detention health is managed by the hospital. | |
| <p>VII. DISCUSS the format and frequency for financial data to be reported</p> <ul style="list-style-type: none"> Lauren- would like to know what types of outcomes are required for the Realignment I/II funding, are outcomes required? How are we assured that the programs are meeting contract requirements? (Program Reviews?) How many people are being served with funding, other than MHSA? What services are being provided? Realignment funds is significant, over 1/3 of the budget, and it should be followed. Sam- More time needs to be spent on the entire budget and the acting Director of the Division, should provide an administrative perspective of the mental health budget. An administrative overview is needed, from staff, of the mental health budget. The Realignment funds are a small portion of the overall budget. The total budget is over \$200 million, the total of the Realignment funding is \$57 million, FFP is approximately 50% of the budget and MHSA is approximately \$40 million. Request that financial information be provided in a clear, understandable format | <p>*EA will forward requests to the Acting Director of BHS, and to the MHSA Program Manager, to provide the information discussed during the meeting</p> |
| <p>VIII. DISCUSS potential agenda items for the August 16, MHSA/Finance Committee meeting</p> <ul style="list-style-type: none"> Presentation from the Health Services Finance Department, and/or Warren Hayes, Program Manager for MHSA Review priorities of DATA Committee, regarding financial information Continue discussion What is the Behavioral Health Services Division doing in regards to housing consumers that have a severe mental illness? What are the needs for permanent supportive housing for the severely mentally ill? | |
| <p>IX. Adjourned at 4:59pm</p> | |

Consolidated Planning Advisory Workgroup (CPAW)

Working Agreement

The counsel and advice of all participants in the CPAW process is highly valued in planning and evaluating Mental Health Services Act funded programs and services. In order for all voices to be expressed in a productive, safe and respectful environment, the CPAW body has developed and adopted the following set of self-governance agreements for all participants at all types of CPAW meetings:

1. Come prepared to discuss the published agenda items and handouts.
2. We are committed to starting and finishing on time. Please help us by arriving on time, speaking only to the topic at hand, and coming back from breaks on time.
3. Turn your cell phone ringers off; take any calls outside.
4. Avoid providing any distractions, such as side bar conversations.
5. Wait to be recognized before speaking, and keep your comments brief.
6. Please identify to the group your perspective, affiliation or potential conflict of interest if you are participating in discussions that lead to group positions or recommendations.
7. When internal group decisions need to be made, such as CPAW or sub-committee governance issues, members will attempt to reach consensus, or, if necessary, decide by a simple majority. For a group position or recommendation made through CPAW to Contra Costa Behavioral Health Services, participants may be asked if they support, do not support, or do not wish to take a position. The number of CPAW members and non-members in each response category should be reported.
8. It is OK to disagree politely and respectfully, as different perspectives are welcomed and encouraged.
9. Please refrain from criticizing in a negative manner a specific person or agency during the meeting, or in group communications. Outside of the meeting please speak to the staff supporting the meeting for assistance in having your concerns heard and addressed through the appropriate channels.
10. An individual may be asked to leave should he/she behave in a manner that threatens the safety of our group members, or does not honor the terms of this working agreement.
11. A CPAW member's attendance and participation is most important, as they have been appointed to represent a designated stakeholder body. CPAW members are asked to contact staff before the meeting if they are unable to attend. CPAW members who have more than 50% unexcused absences within the previous six months may be subject to having an alternate person appointed to their seat.