

**MHSA/FINANCE COMMITTEE  
MONTHLY MEETING MINUTES  
October 18th, 2018 – Final**

<b>Agenda Item / Discussion</b>	<b>Action /Follow-Up</b>
<p><b>I. Call to Order / Introductions</b> Chair, Douglas Dunn, called the meeting to order at 3:04pm.</p> <p><b>Members Present:</b> Cmsr. Douglas Dunn, District III, Chair Cmsr. Leslie May, District V Cmsr. Sam Yoshioka, District IV</p> <p><b>Other Attendees:</b> Barbara Serwin- Mental Health Commission Chair Jennifer Quallick- Field Representative for Supervisor C. Andersen, District II Dr. Jan Cobaleda-Kegler- CCBHS Adult and Older Adult Program Chief Fatima Matal-Sol- Alcohol and Other Drug Services Program Chief Warren Hayes- Mental Health Services Act (MHSA) Program Manager Sarah Kennard- Executive Assistant to the Mental Health Commission Margaret Netherby- Family Member Theresa Pasquini- Family Member Erika Raulston- Family Member</p>	<p>Complete Audio Recording available from Executive Assistant</p>
<p><b>II. Public comments-none</b></p>	
<p><b>III. Commissioners comments:</b></p> <ul style="list-style-type: none"> <li>Leslie May introduced the Oak Grove property for discussion, and noted that there needs to be further discussion on the availability to use it for transition-age youth or only adult, etc. She also noted that we need to explore other facilities in East County to ensure that families are not travelling across districts to obtain treatment.</li> </ul>	
<p><b>IV. Approve minutes from September 20th, 2018 meeting- MOTION to approve minutes made by L. May, seconded by D. Dunn (Chair) VOTE: 3-0-0 YAYS: D. Dunn (Chair), L. May, S. Yoshioka NAYS: none ABSTAIN: none ABSENT: none</b></p>	<p><b>*Executive Assistant will post finalized minutes on website at:</b> <a href="http://cchealth.org/mentalhealth/mhc/agendasminutes.php">http://cchealth.org/mentalhealth/mhc/agendasminutes.php</a></p>
<p><b>V. DISCUSS Adult and Older Adult Budget-</b> with Dr. Jan Cobaleda-Kegler, CCBHS Adult and Older Adult Program Chief</p> <ul style="list-style-type: none"> <li>Dr. J. Cobaleda-Kegler brought a one-page program and fiscal report which gave a brief break-down of the current fiscal year. She opened her discussion by revisiting the concerns of M. Netherby and introduced information on the Adult Mobile Crisis Response Team (MCRT), which is a new mobile program operated by CCBHS Adult and Older Adult Programs and CC Forensic Mental Health that responds to crisis mental health requests before as an alternative to Psychiatric Emergency Services.</li> <li>Dr. J. Cobaleda-Kegler discussed revenues (AB109, COCOLEAD Plus, Mental Health Block Grant, State Grants, MediCare, Medi-Cal) and the expenditures and operating costs for Adult and Older Adult Programs. She discussed that all county adult clinics are funded by and provide specialty mental health services covered by Medi-Cal. Other programs, (e.g. Hope House) are funded by a combination of funding sources like MHSA, realignment funds. The Adult MCRT is another example of MHSA Funding that is used as a match for Medi-Cal.</li> <li>Dr. J. Cobaleda-Kegler noted the significant cost differences in Children’s</li> </ul>	

program treatment versus Adult and Older Adult program treatment and explained that there are additional requirements for Children’s evaluation and treatment such as therapeutic behavioral services. Adult and Older Adult Programs currently provide services to twice as many consumers as Children’s and Adolescent Programs. In the Adult Programs, there are not as many Community-based Organizations (CBO) contracted as there are for Children and Adolescent Services because a larger range of adult needs can be addressed by the clinics.

- D. Dunn (Chair) inquired on the progress of having the clinics/full service partnerships meet and abide by Assertive Community Treatment Standards. W. Hayes discussed that stakeholder participation and program planning, as well as discussion in the Consolidated Planning Advisory Workgroup (CPAW) Systems of Care forum are the best avenues to advocate for increased standards. Additionally, W. Hayes expanded on the outcome indicators of implementing higher standards, which are not necessarily in the volume of appointments decreasing, but in the resources and level of severity (e.g. PES) that are used instead of the clinics and FSPs.

**VI. DISCUSS Alcohol and Other Drug Services (AODS) Budget-** with Fatima Matal Sol, AODS Program Chief

- F. Matal Sol introduced her office as being a part of the CCBHS Family and noted that this integration occurred just over 8 years ago.
- In 2018, Contra Costa County opted-in to a Medi-Cal waiver. (Historically, Medi-Cal reimbursements were limited to a substance abuse block grant that applied to primary prevention only (individuals that have not been diagnosed with a substance abuse disorder, but that are using substances).
- Within the AODS Budget, there is a federal mandate for methadone services. Additionally, 250k is dedicated for youth treatment; one clinic (e.g. Thunder Road) alone consumes this amount. 15% is to be dedicated for use for the pregnant population. 5% for HIV education and training - which just went away last year. )
- With these financial restrictions, waitlists were significant for inpatient treatment and many individuals put themselves on multiple lists to try to attain care. Under this new waiver, a plan similar to the mental health plan was developed. With AOD already being integrated under BHS, UMUR, Quality Improvement and Access Line units could be expanded. There are new positions in these structures (2 nurses in Utilization Mgmt., 2 planner/evaluators in Quality Mgmt., etc.). Also, new substance abuse counselor positions in the clinics because of this waiver- first were in El Portal- and all clinics are in the process of Medical certifications. The certification process for drug Medical is done through the state and can take 10-11 months to complete the process (4 are currently certified). The intent is to mimic the HMO process and be able to address all consumer needs within the county system, and that the revenue obtained through the offering of certified services stays within the clinic system. The Medical system is Federal Financial Participation (FFP)-based and requires matching from either realignment or MHSA funds. Methadone mandate currently uses approximately 50% of the realignment funds.
- D. Dunn (Chair) asked what the plans for the whole-person care program (public health, not behavioral health) are if funding is not renewed in 2020? F. Matal Sol stated that this program does not currently impact the AODS programs, as it belongs to public health; however, she did discuss that the waiver program required tracking of services and funding and preparation of initial data to provide for consideration for the 2020 assessment.
- S. Yoshioka noted that from 16-17 to 17-18 the budget doubled, but that the 18-19 budget went back down. F. Matal Sol explained that this projection was before the waiver. Waiver also increased provider reimbursement- The 18-19 budgets looked at the provider services and distribution of services and the waiver enables higher levels of assessment when determining the

<p>best fit levels of care for the consumer.</p> <ul style="list-style-type: none"> <li>• L. May asked if a medical director was on-premises 24/7. F. Matal Sol said that there are medical directors on-call for consultation, but that there are licensed professionals on-site at all time to determine need of referral to medical director- substance abuse counselors can no longer refer. Additionally, there are substance abuse counselors now interacting with PES and community support workers to transition individuals utilizing the access line and PES to available beds.</li> <li>• L. May asked how many calls the access line gets per day. F. Matal Sol said that there is currently an average of 400/week.</li> <li>• M. Netherby discussed her past personal experience with Psychiatric Emergency Services (PES) and noted that there was a volume increase between months from 400-900 and that her relative upon initial assessment was mis-referred and was then sent to a facility without services. She stated that there is difficulty in seeing the increase in services being successful with the lack of funding and noted that there were current ballot measures that could further impact the availability of funding resources.</li> <li>• T. Pasquini asked if there were any exceptions to these programs under the waiver. F. Matal Sol noted that there is non-discrimination verbiage in the regulations that govern the AODS programs which prevent deferral so long as the client is able to participate in the programs' treatment.</li> </ul>	
<p><b>VII. Adjourn</b> Meeting adjourned at 4:41pm</p>	<p>Next Meeting: Thursday, November 15th, 2018, 3:30-5:00pm 1220 Morello Avenue, Suite 100 Conference Room, Martinez, CA</p>

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