

**MISSION STATEMENT:** The MHSA/Finance Committee will review and assess the county's mental health funding for the Mental Health Commission to ensure effective mental health programs. This committee will prepare the Commission to fulfill its role of providing the yearly public hearing of the MHSA Plan

**Mental Health Commission  
MHSA-Finance Committee Meeting  
Thursday, November 21, 2019, 1:30-3:00pm  
At: 1220 Morello Avenue, Suite 101 Conference Room, Martinez, CA**

**AGENDA**

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. APPROVE minutes from October 17th, 2019 joint meeting**
- V. Discuss reasons for the current \$7.1M+ “overage” in adult locked facility budgeted costs:**
  - A. Look at costs, new laws enacted, and rates of reimbursement for past years for inpatient hospitalization which has caused this situation**
  - B. DISCUSS the process of gathering gender and ethnicity data for the inpatient facilities**
  - C. Discuss the resulting impact on Behavioral Health Services ability to provide community mental health services**
- VI. DISCUSS date of December MHSA-Finance Committee meeting-Propose Dec. 12, 2019 from 1:30-3 PM**
- VII. DISCUSS topics for December meeting**
- VIII. Adjourn**



*In accordance with the Brown Act, if a member of the public addresses an item not on the agenda, no response, discussion or action on the item may occur. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute time limit. If special accommodations are required to attend any meeting, due to a disability, please contact the Executive Assistant of the Mental Health Commission, at: (925) 957-2619*

How to Approach

### **Locked Facility Care Made up of 3 parts**

#### **In-patient psychiatric care**

- At the Contra Costa Regional Medical Center (CCRMC) Psychiatric Ward (4C), psychiatric care costs approximately \$1,500+/day. Approximately \$1,250/day is covered by Medi-Cal, or \$1,150/day is covered by Medicare. Max of 47 days stay (5150+5250+5270). Then, approx. \$400/day Admin. Day rate. 10-11 persons have been in 4C for 100-180 days because IMD (LPS Conservatorship) or State Hospital (primarily Incompetent to Stand Trial [IST] beds are NOT available. Result: system “back-up” and greatly increased use of contract (6) and non-contract in-patient psychiatric care.
- Contract In-patient psychiatric care: +\$1,500/day. Because of the current IMD Medi-Cal Reimbursement Exclusion, Contra Costa Behavioral Health Services (CCBHS) pays the “full freight” of daily costs.
- Non-contract in-patient psychiatric care: +\$1,500/day to \$3,200/day—because of the current IMD Medi-Cal Reimbursement Exclusion, CCBHS pays “full freight” of daily costs.
- Only State Realignment funds or county general funds pay for contracted or non-contracted in-patient psychiatric care,

#### **LPS Conservatorship**—Traditional Institute of Mental Diseases (IMD) Facilities. Includes:

- Acute Psychiatric Hospital (AP [including State Hospitals])
- Mental Health Rehabilitation Centers (MHRC),
- Psychiatric Health Facilities (PHF)
- Skilled Nursing Facilities (SNF)
- Special Treatment Program (STP)

CCBHS currently has contracts for 13 out-of-county IMD facilities involving 120-150 persons/year.

- Cost: \$300+ to \$500-\$600/day, depending on level of program/care and type of facility
- State Realignment annual cost: Approx. \$5.5M

#### **State Hospitals (Acute Psychiatric Hospitals, per the federal IMD definition)**

- 20 beds (14 Napa State, 6 Metropolitan State).—Mainly forensic (criminal justice court ordered).
- State Realignment annual cost: Approx. \$5.5M for over \$750/day.

#### **NOTE: Current Medicaid (Medi-Cal)/Medicare IMD Reimbursement Exclusion developments for persons ages 21-64s:**

- Federal Health and Human Services (HHS)—up to 30 day mental health waiver.
- National Assn. of Attorney’s General (NAAG) signed by 39 state AG’s (incl. CA) requesting Congress to repeal the IMD Medicaid (Medi-Cal)/Medicare IMD reimbursement exclusion for persons ages 21-64.
- The California Department of Health Care Services (DHCS) is considering whether to seek IMD Exclusion Repeal in its 2020 Medi-Cal waiver renewal.

**2018-2019 Background:** The adult Locked Facility 2018-2019 budget was nearly \$47M. Over \$54.1M was actually spend, an “overage” of over \$7.1M

### Questions

For the 2018-2019 fiscal year, for the following adult locked facilities (for persons aged 18 and over), what are the reasons for the following “overages” or “under budget” conditions:

- LPS IMDs/SNF’s—nearly \$700K over
- CCRMC PES/4C—nearly \$8.5M over, broken out between PES and 4C
- Out of Plan Hospitals—nearly \$500K over
- Managed Care in patient: Nearly \$300K under
- State Hospitals: Over \$1.2M under budget

Going forward, we are trying to determine:

- When and why the adult locked facility budget overage conditions began.
- If self-identified genders and persons of color are either over or under represented in CCBHS paid for adult locked facilities.
- The number, self-identified gender and ethnicities of persons ages 18-20, and over 64 in IMD facilities eligible for full Medi-Cal reimbursement.
- If the LPS Conservatorship and Dept. of State Hospitals (DSH) blockages are helping create the major budget “overages for CCRMC-PES/4C care.
- How CCBHS intends to deal with this overage in the current absence of any filed IMD Medi-Cal Exclusion Reimbursement waiver.
- If there is the necessary “narrative” to ask the Board of Supervisors (BOS) request that CSAC (its lobbying arm) and ask CCBHS to ask its lobbying arm (CBHDA) to publicly support total IMD Medi-Cal reimbursement exclusion repeal.

Therefore, if at all possible, for at least fiscal years 2016-2019 (if possible, fiscal years 2014-2019), we need to determine:

In-patient psychiatric care, the cost/day and annually for:

- PES and 4C beds by self-identified gender & ethnicity
- Contracted in-patient beds by self-identified gender & ethnicity
- Non-contracted in-patient beds by self-identified gender & ethnicity

For IMD LPS Conservatorship facilities:

- Annual Costs and bed/day costs by self-identified gender & ethnicity of conservatees.

For contracted State Hospitals:

- Annual Costs & bed/day costs by self-identified gender & ethnicity of persons in these beds.

If possible, we would like this information graphed annually by dollars and section (In-patient [4C, contract & non-contract, LPS IMD, State Hospital) as well as number of persons involved annually.