



**MENDOCINO COUNTY
BEHAVIORAL HEALTH
ADVISORY BOARD**

MINUTES

**August 23, 2016 from 9:30 AM to 12:30 PM
Mendocino County Big Sur Conference Room
747 S. State Street, Ukiah CA**

Chairperson
Nancy Sutherland
Vice Chair
John Wetzler
Secretary
Dina Ortiz
Treasurer
Kate Gaston
BOS Supervisor
John McCowen
BOS Supervisor
Alternate Dan Hamburg

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Regular Meeting Special Meeting Standing Committee Meeting

All Agenda Items are Subject to Discussion and/or Action

Agenda Item / Description	Action
<p>Item 1</p> <p>Open Session, Call to Order and Agenda Changes: Vice Chair Wetzler called meeting to order at 9:35 am</p> <p>Vice Chair Wetzler announced speakers/presenters for the meeting:</p> <ul style="list-style-type: none"> ➤ HHSA Director Tammy Moss Chandler ➤ BHRS Director Jenine Miller ➤ Chief Financial Officer Doug Gherkin ➤ Redwood Quality Management Company (RQMC) Executive Director Camille Schraeder <p>Meeting sponsored by Mendocino County Behavioral Health Advisory Board (BHAB) Standing Finance Committee and National Alliance on Mental Illness - Mendocino (NAMI)</p> <p>Members of the Standing Finance Committee are:</p> <ul style="list-style-type: none"> ➤ Chair Jan McGourty, John Wetzler, Lois Lockart, Margie Handley, Kate Gaston, Supervisor Tom Woodhouse, Jacque Williams, Donna Moschetti <p>Refreshments provided by (NAMI)</p> <p align="center"><u>Mendocino County Behavioral Health Advisory Board</u> <u>Mission Statement:</u></p> <p align="center"><i>"To be committed to consumers, their families and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential."</i></p>	

<p>Item 2</p>	<p>Presentation by Mendocino County Behavioral Health and Redwood Quality Management Company:</p> <p>HHSA Director Tammy Moss Chandler welcomed everyone to the meeting. She thanked the BHAB Finance Committee and NAMI for planning this event.</p> <ul style="list-style-type: none"> • HHSA Director Chandler reviewed the main sources of funding, where the funds come from and the purposes/programs they can be used for. <ul style="list-style-type: none"> ▪ Review of some of the Historical Programmatic/Policy Milestones for mental health evolvement. (Power Point slides 1 through 6) <p>BHRS Director Miller reviewed and went into more explanation of the requirements set by Federal and State regulations and programs provided by the County. (Power Point slides 7 through 19)</p> <ul style="list-style-type: none"> • Specialty Mental Health Services - managed mental health care for clients that meet criteria. • Mental Health Plan - the contract Mendocino County Behavioral Health has with the State. <ul style="list-style-type: none"> ▪ Partnership Health Plan serves mild to moderate mental health diagnosed clients, the county serves moderate to severe diagnosed clients. • Audits - BHRS Director Miller explained what an audit can involve; the auditors are looking to see if the county is meeting all criteria as stated in the MHP along with all State and Federal regulations. • Services - the county has brought back in-house the Access line, Medication Services, and Laterman Petris Short (LPS) conservatorship placements. The Patient's Rights Advocate is also provided by the county. <ul style="list-style-type: none"> ▪ Access line - the State requires all counties have a dedicated toll free phone line for the public to use for access to mental health services, as a way to ask questions and get resources/linkage to community services. ▪ Crisis line - Redwood Community Center (RC3) is providing the crisis line, anyone calling the access line and stating they are in crisis are transferred to RC3. ▪ Medication Services - the county is providing psychiatrists to do medication management and a nurse to provide shot clinic services to adult clients over 25 years of age. RC3 provides medication services to children/Transitional Age Youth (TAY) clients under the age of 25. ▪ LPS Conservatorship /Residential Care - the county oversees LPS client placement. ▪ Patient's Rights Advocate (PRA) - the county has 	<p>Power Point pages attached to minutes.</p>
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contracted with Pamela Dawson to be the PRA.

- **Care management** - RQMC provides and has contracted with community providers for care management for all ages.

BHRS Director Miller reviewed and explained more in-depth some of the funding sources and the how/when/where/what specific funding can and is used for.

- All funding comes from State, Federal or Grants.
- 1191 and 2011 Realignment funding is used to fund Behavioral Health in general. (See attached list of funding information - handout at meeting)
- Mental Health Services Act (MHSA) funding comes from the 1% Millionaires tax on California citizen's income of over 1 million dollars.
 - MHSA dollars go to community services and supports; including housing, funding for services that are not otherwise funded, Workforce Education Training (WET) funding, Prevention and Early Intervention (PEI) funding, and Innovation Projects.
- A list of funding definitions was handed out the meeting.

Questions from attendees:

- Request for more information about FSP funding.
 - Full Service Partnership (FSP) is community funding, with whatever it takes to provide services/support - high level of care management to clients. This funding helps with services that Medi-Cal doesn't cover the client has to meet criteria to qualify.
- Request for more information about MHSA funding.
 - Discussion of a bill currently in process to redirect MHSA funding.
- How can we fund parts of the vision of how to get Federal and State dollars?
 - BHRS and RQMC have been working with local clinics to get the most out of the funding currently available.
- Does the funding only apply to Medi-Cal eligible clients?
 - The system is designed for clients with Medi-Cal, but we have an obligation to take anyone in crisis. Private insurance is required to pay in a crisis. Clients that have no insurance are provided with crisis care by the mental health plan.
 - Any client regardless of insurance coverage that comes in for crisis services get 60 days of aftercare.
- Why do we not talk about Medicare coverage?
 - Providers have to be certified by Medicare to bill them. RQMC is working on getting certified to bill Medicare. All the services provided that are billed must be

Funding Definition List attached to Minutes.

provided by a licensed provider; psychiatrist, psychologist, nurse, or CSW.

- The county is currently in the process of getting recertified to start billing Medicare again.
- When someone needs hospitalization, how does Medicare impact placement?
 - Medicare has a set number of days that can be billed, when placing a client the number of days available have to be checked and any days over that would have to be paid out by Medi-Cal or realignment funds.
 - Each facility has different criteria that the client needs to meet before they will accept them. Some facilities won't take Medicare clients.

Break at 10:33 am

Reconvened at 10:46 am

CFO Doug Gherkin reviewed how the funding comes into the county and how it is utilized.

- Programs are assigned budget unit numbers:
 - 4012 budget unit is Substance Use Disorder Treatment (SU DT)
 - 4050 budget unit is Mental Health Services
 - 4051 budget unit is Mental Health Services Act (MHSA)
- There are many components for MHSA funding of community services, so within the 4051 budget unit the funds are earmarked for specific services to the community and cannot be used for any other services.
- Mendocino County is on a Fiscal Year cycle; the new fiscal year begins July 1st and ends June 30th.
- HHS A Director Chandler reviewed the handout of funding explanation list. (see attached page)
- CFO Gherkin explained the county has to "spend" the money before getting reimbursed from the State.
 - The Base Match allocation is the exact amount of money the county has in the "checking" account.
 - For the first 2 months of the year the county pays out for services, the county gets reimbursed for the expenditure 1 to 2 months later. As the reimbursement comes in it is put back in the "checking" account to cover the next 2 months of expenditures.
- CFO Gherkin further explained there are delays when funding comes through from other sources.
 - He reviewed the slide (page 22) of the delay of 3 to 5 years to final cost report audit.
 - When the State does an audit we have 10 days to get everything together for the last 3 to 5 years. The county keeps all documentation.

- Question - Do you ever get money back from an audit?
 - The State can give money back but most of the time the county ends up paying more after the audit.
- CFO Gherkin reviewed the slide explaining how the funding goes from the State to County to Administrative Services Organization (ASO) to Contracted Providers (page 25).
 - The State will only contract with counties to provide Mental Health Services. In Mendocino County's case the State contracts with the county, the county contracts with the ASO who contracts with community providers.
 - The contracted providers invoice the ASO for services provided, the ASO invoices the county, and the county invoices the State. The State reimburses the County and back down the line.
 - The State reimburses the county at 50% of the cost for services.
- Question - How do we make this work if the county is only getting 50% of what is spent?
 - The county uses the base funds and maximizes the federal dollars.
- Question - Why does the county contract out services if it costs more?
 - To increase and balance out services available to the communities within the county.
- Discussion of hiring psychiatrists to provide services. The county has been able to contract with some psychiatrists, one is on site/in-person the others are tele-psychiatrists.

Break at 11:22 am

Reconvened at 11:33 am

- RQMC Executive Director Camille Schraeder commented on Children's services.
 - Prevention, Early Intervention (PEI) has been in effect since 1991 and the reimbursement for services funded through PEI has been dollar for dollar.
 - In 2011 the funding changed and now the funds are supposed to come up front.
- Funding for Adult Services is severely limited.
- Generally Federal reimbursement is 50%, but there are some programs/cases that pay back at a higher percentage.
- RQMC over the last 15 years has been able to expand the amount of children's services by using the dollars wisely, within the approximately same amount of funds.
- RQMC is responsible for outpatient, inpatient, care management and crisis services.
- RQMC has a No Wrong Door policy for access to

services, people can go to any provider and get an appointment or referral for an assessment and if it is a crisis the client gets help immediately.

- RQMC Schraeder stated she thinks they should be supporting 500 to 700 adult clients, but at this time they only have about 300. The numbers are based on the population in the county and the average percentage of people needing services State wide.
- Of the designated funds for adult mental health services 1.7 million dollars stayed with the county for Medication Services and residential care.
- RQMC is charging a lower administration fee than Ortnor Management Company, so the dollars saved go back into client services.
- RQMC is working on getting Day Treatment set up on the Coast and Inland and supportive housing.
- RQMC Schraeder emphasized this is a work in progress and are only 2 months into the adult system of care.
- RQMC's goals are to get the adult system of care and the clients stabilized.
 - A client that is stabilized should be served by their primary care provider. RQMC will provide services to clients that are not stable and needing more intense care, then when the client is stabilized turn the continuing care over to the primary care provider.
- Full Service Partnership (FSP) clients identified so far is about 40.
- RQMC has completed 150 assessments in the first 12 days of providing crisis services.
- There is funding for crisis residential services, the money must be spent by June 30, 2017. RQMC have been working on a plan to get it in place; this year's goal is to have a respite support on the coast.
- HHS Director Chandler reviewed some of the upcoming meeting and reports to the Board of Supervisors (BOS). (slide 33)
- Question - Request for more information on the workgroup for Day Treatment.
 - Several providers and NAMI have met to explore Day Treatment possibilities.
 - There will also be a workgroup formed to address Medi-Cal and Medicare billing.
- Question - Is the County short staffed in Mental Health?
- BHRS Director Miller stated we are short staffed but are recruiting and have hired some new people.
- Question - What is happening with housing?
 - The county is looking at a few different models but is not ready to speak about that.
 - The county is looking at long term housing solutions.

	<ul style="list-style-type: none"> • Question - Is the Access line in County? • The county is currently answering the Access line but still relying on an answering service part time. New staff are being hired for access coverage. <p>Meeting adjourned at 12:29 pm</p>	
Item 3	<p>Agenda Item Handouts:</p> <p><i>“The Complex World of Mental Health Financing” flyer</i></p> <p>Handouts at the meeting:</p> <ul style="list-style-type: none"> • Copy of slides reviewed • List of Sources of Funds Available for Mental Health • Federal Financing & Reimbursement - As explained on Medicaid.gov • Adults Across the Lifespan - Mental Health Services • Children, Youth & Young Adult - Mental Health Services • RQMC Goals for Fiscal Year 2016/2017 • Where Can I Find Assistance? 	

Thank you for your interest in the proceedings of the Mendocino County Behavioral Health Advisory Board.

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

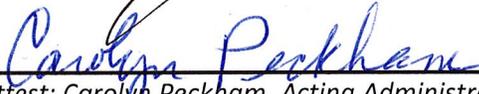
The Mendocino County Behavioral Health Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government code Section 54953.2) Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Mental Health’s Administrative Office by calling (707) 472-2310 at least five days prior to the meeting.



John Wetzler, Behavioral Health Advisory Board Chair

10-19-16

Date



Attest: Carolyn Peckham, Acting Administrative Secretary

10/19/16

Date

BOARD RESOURCE INFORMATION: OFFICE: (707) 472-2310 FAX: (707) 472-2331
EMAIL THE BOARD: mhboard@co.mendocino.ca.us
WEBSITE: www.co.mendocino.ca.us/hhsa/mh_board.htm



A Closer Look at Mental Health Funding

Tammy Moss Chandler, MPH, MBA
 Director, Mendocino County Health & Human Services Agency
 August 23, 2016

THE COMPLEX WORLD OF MENTAL HEALTH FINANCING

Agenda Overview

- ▣ A Brief History
- ▣ Understanding CA's Specialty Mental Health System
- ▣ Mental Health Financing 101
- ▣ Mendocino County's FY 16-17 Mental Health Budget
- ▣ The ASO and Service Provider Relationships
- ▣ Ideas and Next Steps

Today's Presenters

Jenine Miller, PsyD, Behavioral Health Director
 Mendocino County Behavioral Health & Recovery

Doug Gherkin, Chief Financial Officer
 Mendocino County Health & Human Services Agency

Camille Schraeder, Director
 Redwood Quality Management Company



**A BRIEF OVERVIEW OF
THE COMPLEX WORLD OF MENTAL HEALTH FINANCING**

- Federal
 - Centers for Medicare and Medicaid Services (CMS)
- State
 - California Department of Health Care Services (DHCS)
- County Mental Health Plans
 - Mendocino County Health & Human Services Agency
- Contracted Services
 - Through a local Administrative Services Organization

- HISTORICAL PROGRAMMATIC/POLICY MILESTONES**
- 1957
 - Short-Doyle Act: County/Community Mental Health
 - 1965 - 1969
 - Medi-Cal; Changes to Short/Doyle Mental Health; and, LPS
 - 1995
 - 1915(b) Waiver for Medi-Cal Specialty Mental Health
 - 2008
 - Federal Mental Health Parity Act
 - 2010 – 2014
 - ACA/1115 Waiver and Medi-Cal Expansion to Single Adults
 - 2015 - 2020
 - New 1915(b) Waiver and new 1115 Waiver

- HISTORICAL FISCAL/POLICY MILESTONES**
- 1965
 - Medicare & Medicaid – public insurance under the Social Security Act
 - 1991
 - Realignment of State funding for Mental Health, Public Health & Social Services
 - 2004
 - Proposition 63, the Mental Health Services Act
 - 2011
 - Realignment/Public Safety & AB100 MHSA Changes
 - 2014
 - ACA Expansion & Parity Implementation
 - 2016
 - Drug Medi-Cal Expansion and other 1115 Waiver Pilots

CA'S MEDI-CAL "CARVE OUT"
FOR SPECIALTY MENTAL HEALTH SERVICES

- Department of Health Care Services administers Managed Mental Health Care for Med-cal eligible beneficiaries
- Department of Health Care Services contracts with the County to operate a Mental Health Plan for Specialty Mental Health Services

CA'S MEDI-CAL "CARVE OUT"
FOR SPECIALTY MENTAL HEALTH SERVICES

- The Mental Health Plan provides, arranges, and pays for all medically necessary covered Specialty Mental Health Services to beneficiaries:
 - Medi-Cal Beneficiaries
 - Medical Necessity Criteria

Specialty Mental Health

A) Specific Diagnoses

B) Impairment Criteria

- Must have one of the following as a result of the identified diagnoses
 - A significant impairment in an important area of life functioning; or
 - A probability of significant deterioration in an important area of life functioning; or
 - Children also qualify if there is a probability the child will not progress developmentally as individually appropriate.

Specialty Mental Health

10

C) Intervention Related Criteria

- Must have all below
 - The focus of proposed intervention is to address the condition identified in the impairment criteria; and
 - It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment or preventing significant deterioration in an important area of life functioning, and/or for children it is probable the child will progress developmentally as individually appropriate; and
 - The condition would not be responsive to physical healthcare based treatment.

Specialty Mental Health Services

11

- Specialty Mental Health Services:
 - Assessment
 - Client Plan
 - Rehabilitative Services
 - Therapy
 - Case Management
 - Medication Management
 - Intensive Home Based Services
 - Intensive Care Coordination
 - Day Treatment

Behavioral Health & Recovery Services
FY 16/17 Service Changes



12

- County Mental Health Services
 - Access to Services
 - Medication Management
 - LPS Conservatorship/Residential Care
 - Contract Oversight, Planning, and State Billing and Reporting
 - Coordinate reports for the Behavioral Health Advisory Board (BHAB) and Board of Supervisors
- Redwood Quality Management Company
 - Crisis Response
 - Subcontracted Outpatient, Inpatient and Residential Services
 - Full Service Partnerships and other MHSA Coordinated Services
 - Coordination with County and Community Partners as the Administrative Service Organization

THE COMPLEX WORLD OF MENTAL HEALTH FINANCING

16

Let's Ask Some Questions

And Take a Break

THE COMPLEX WORLD OF MENTAL HEALTH FINANCING

17

**Total Behavioral Health Revenue
(BU 4012, BU 4050, BU 4051)**

Behavioral Health Revenue	FY 16-17 Adopted Budget
1991 Realignment	\$4,005,794
2011 Realignment	\$6,995,068
Medi-Cal Reimbursement	\$8,035,952
MHSA	\$2,607,012
AOD/SUPT	\$1,050,046
Misc. Revenue/Fund Balance	\$4,180,853
Other Sources (GF, etc.)	\$88,371
Total	\$26,983,096

Components of MHSA Services and Funding

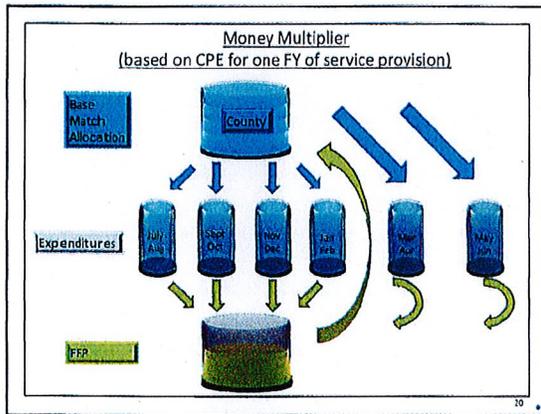
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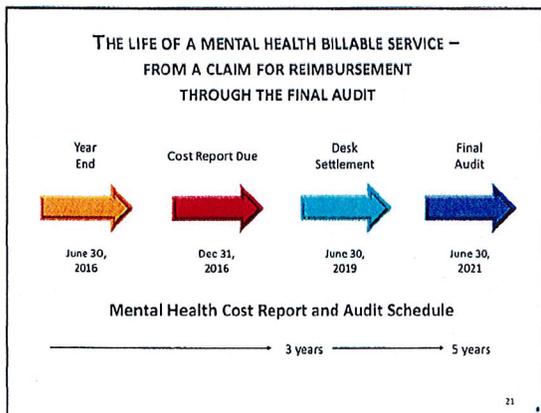
- ❖ Community Services and Supports
 - ❖ Includes Supportive Housing, Full Service Partnerships, and other Services and Supports
- ❖ Prevention and Early Intervention
- ❖ Workforce, Education and Training
- ❖ Capital Facilities & Technology
- ❖ Innovations Projects

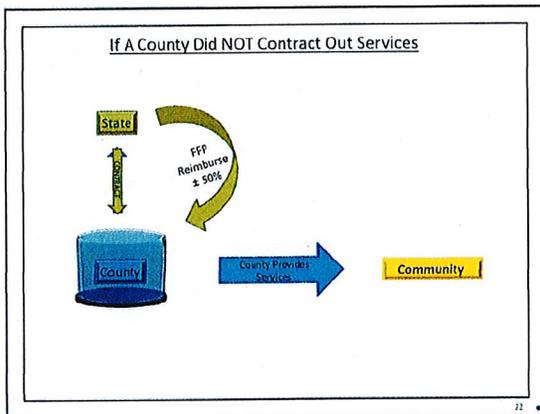
BUDGET

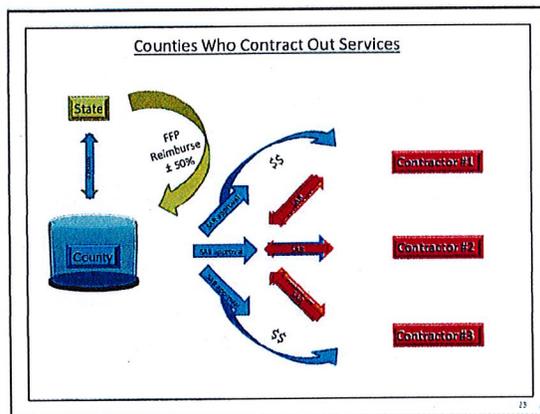
An itemized summary of **expected** income and expenditures over a financial year

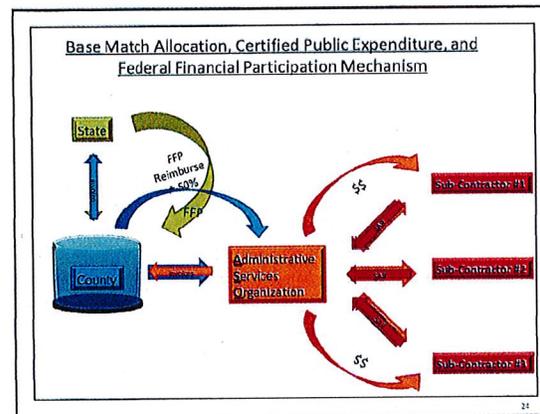
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Redwood Quality Management Company

RQMC ensures that mental health services are available, appropriate, and accessible to Mendocino County beneficiaries across the lifespan.

GOALS FOR FISCAL YEAR 2016/17

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- *Increase Service Capacity for the Adult System of Care*
 - Collaboration with FOHCs and Cross Referrals so that Consumers Move Through the System
 - Expansion of Capacity within Contracted Providers Network
 - Streamlined Access and Referral Process
 - No Wrong Door System: Removing Barriers to Treatment
 - Identification of FSP Consumers and Targeted Service Delivery
 - Outreach of Outpatient Services to South Coast and Covelo

- *Expand the Crisis Continuum of Care*
 - Dedicated Crisis Centers Inland & Coastal
 - Expanded Crisis Services for Adult Aftercare & Follow-Up
 - Addition of Crisis Residential Program
 - Outreach of Crisis Services to Gualala, Point Arena, Laytonville and Covelo Areas

- *Work Collaboratively to Expand the Housing Continuum*



ADULTS ACROSS THE LIFESPAN MENTAL HEALTH SERVICES

About Us

Redwood Quality Management Company (RQMC) ensures that mental health services are available, appropriate, and accessible to Mendocino County beneficiaries across the lifespan.

No Wrong Door

RQMC employs a “No Wrong Door Policy” when it comes to accessing the mental health continuum of care. Referrals can be initiated by calling, or walking in, to any one of the following providers:

- Manzanita Services
- Mendocino County AIDS/Viral Hepatitis Network
- Mendocino Coast Hospitality Center
- Mendocino County Behavioral Health & Recovery Services
- Redwood Community Crisis Center
- Redwood Community Services

Referrals can also be initiated through our community partners, such as family resource centers, law enforcement, health clinics, wellness centers and social services.

Services Offered

Once an initial assessment is complete, a friendly staff member will work with you to determine what services you or your loved one will receive.

Services offered may include therapy, rehabilitation, targeted case management, crisis intervention, medication management and more. All services are individualized to meet the consumer’s need.

IF YOU OR YOUR LOVED ONE ARE EXPERIENCING A MENTAL HEALTH EMERGENCY, PLEASE CONTACT THE 24/7 CRISIS TEAM AT 1-855-838-0404.

Manzanita Services
707-463-0405

MCAVHN
707-462-1932

Hospitality Center
707-961-0172

**Redwood Community
Services**
707-472-2922

**Redwood Community
Crisis Center**
1-855-838-0404

**Mendocino County
Access Line**
1-800-555-5906

**REDWOOD QUALITY
MANAGEMENT COMPANY**

376 E. Gobbi St, Ste B
Ukiah Ca 95482
(707) 472-0350



CHILDREN, YOUTH, & YOUNG ADULT MENTAL HEALTH SERVICES

About Us

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- Redwood Community Services
- Redwood Community Crisis Center
- Tapestry Family Services
- Mendocino County Youth Project

Referrals can also be initiated through our community partners, such as schools, law enforcement, health clinics, and child welfare.

Services Offered

Once an initial assessment is complete, a friendly staff member will work with you to determine what services you or your loved one will receive.

Services offered may include therapy, rehabilitation, targeted case management, crisis intervention, medication management and more. All services are individualized to meet the consumer's need.

During the course of treatment, consumers may be referred to other local agencies and providers for adjunct services, such as parenting classes, substance abuse groups, or psychiatric services.

IF YOU OR YOUR LOVED ONE ARE EXPERIENCING A MENTAL HEALTH EMERGENCY, PLEASE CONTACT THE 24/7 CRISIS TEAM AT 1-855-838-0404.

**Redwood Community
Services**

707-472-2922

Tapestry Family Services

707-463-3300

**Mendocino County
Youth Project**

707-463-2915

**Redwood Community
Crisis Center**

1-855-838-0404

**Mendocino County
Access Line**

1-800-555-5906

**REDWOOD QUALITY
MANAGEMENT COMPANY**

376 E. Gobbi St, Ste B
Ukiah Ca 95482

(707) 472-0350

THE COMPLEX WORLD OF MENTAL HEALTH FINANCING – NEXT STEPS

33



- **Year End Review/First Quarter Considerations**
 - ~ November 2016 BHAB Meeting
- **Mental Health Services Act: Finance 201**
 - Larger Forum ~ January 2017
- **Mid-Year Review/Third Quarter Considerations**
 - ~ April 2017 BHAB Meeting
- **Drug Medi-Cal Expansion: Finance/Policy 301**
 - Plus other Section 1115 Waiver opportunities