

SANTA CLARA COUNTY MENTAL HEALTH BOARD  
**System Planning & Fiscal Committee Meeting, November 1, 2012**

Downtown Mental Health Center  
1075 E. Santa Clara Street ► 2<sup>nd</sup> Floor - Training Room 4 - San José, CA 95116

**MINUTES**

1. CALL TO ORDER / INTRODUCTIONS:
  - Chair Larry Blitz called the meeting to order at 3:03pm.
  - Roundtable introduction took place - Co-chair Morales and MHB member David Speicher were present.
2. APPROVE AGENDA / ACCEPT MINUTES:
  - To approve 11/1/2012, System Planning and Fiscal Committee Meeting agenda:  
**Motion:** Blitz; **Second:** Morales. **Vote:** Passed unanimously.
  - To approve 10/4/212, System Planning and Fiscal Committee Meeting minutes:  
**Motion:** Blitz; **Second:** Morales. **Vote:** Passed unanimously.
3. PUBLIC COMMENT: The public may comment on any item of public interest within the jurisdiction of the Mental Health Board. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the Chair's direction). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting.
4. ANNOUNCEMENTS:
5. CHAIR'S REPORT: Chair Larry Blitz,
  - Mr. Blitz reported that he met with Dr. Peña, Pat Garcia, and Co-Chair Morales in August. Mr. Blitz then met with the MHB-Executive Committee to discuss topics that this committee would potentially discuss at future meetings.
    - Each meeting will cover important topics regarding the MH Department, county residents, and other mental health services. He added that in the last two years this committee has had department managers and directors provide information.
  - The Mental Health Board is going to evaluate each MHB subcommittee and analyze how they can better serve the department.
  - Co-Chair Morales added that public agencies need to come together to provide services and not let the county provide services alone. He added that many county agencies are suffering from budget cuts.
  - There was discussion around EPS services and consumers' voice involvement at MH Board meetings. MHB members talked about possibly asking Dr. Meade to give a presentation on EPS services to the MH Board.
    - Chair Blitz stated that the MHB is looking into EPS to make sure that county services are humane, efficient, economical, and appropriate. He added that the MH Board is an advisory board that should identify problems and communicate with the department regarding those issues instead of offering suggestions.
    - Mr. Speicher recommended that MHB committees should ask presenters to answer the following two questions, "What are the impediments? What can the MH Department do better?". The questions can be given to presenters ahead of time so they may prepare for the presentation.
      - Dr. Peña suggested that there should be a segment that includes the voice of the consumer and family members with each presentation. This will help uncover good and bad experiences.
      - Mr. Speicher and Ms. Valois agreed that the voice of consumers needs to be present and heard.
  - For EPS staff to present to the MHB-System Planning & Fiscal Committee and to include

consumer and family perspectives into each presentation. **Motion:** Mr. Speicher, **Second:** Mr. Morales, **Vote:** Passed unanimously.

- This item will be added to future topics of this committee.

6. NEW BUSINESS / OLD BUSINESS: None.

7. PRESENTATION: Dual Eligibles Demonstration by Dr. Peña, Ph.D.

- Dr. Peña presented Dual Eligibles information. She reviewed the Executive Summary, Frequently Asked Questions, Fact Sheet Data, and Behavioral Health coverage.
- The Dual Eligibles plan has two federal health plans in the United States, Medicaid (Medi-Cal) and Medicare. Many individuals served in the County may qualify for both coverages therefore they would be “dual eligible”. This classification is based primarily on a class status, (i.e. poverty).
  - The two federal health plans are handled and managed by the Center for Medicare & Medicaid Services (CMS), administered separately with distinct health insurances. The people who could be eligible for both Medicaid and Medicare are people who could have been under the federal poverty level, a Medi-Cal beneficiary, and reached age 65. Someone who is a disabled adult and poor may also be dual eligible.
  - The dual eligibles seems to be a very costly population from the federal government prospective. The federal government is asking every state to address the dual eligible population of insured individuals and to blend them into a single program.
    - In California a contract with the Federal Government was negotiated to have a Duals Demonstration Project through a contract with CMS to put reform efforts in place. California passed legislation enabling California to transform the Medi-Cal Program.
    - With the Coordinated Care Initiative (CCI) California is in the process of integrating delivery of medical, behavioral, and long term care providing a road map to integrate Medicare and Medi-Cal for people in both programs called Dual Eligible Beneficiaries.
    - There are two major components of the initiative, the Duals Demonstration and the Managed Medi-Cal Long-Term Support and Services (LTSS). California has a contract with DHCS to accomplish the milestones and is articulated in the contract.
  - On page two of the Executive Summary, it shows that 8 Counties are participating. There are 2 Two-Plan Counties and 6 Single Plan Counties. In the County there are about half a million people who are Medi-Cal and Medicare Dual Eligibles. Santa Clara County serves about 4000 Dual Eligible Beneficiaries.
  - Page three addresses the Financial Alignment Model where the participating health plans will receive a monthly payment to provide beneficiaries access to all covered medically necessary services called “capitation” (LTSS Integration, Behavior Health Coordination, and Better Care Improves and Lowers Costs).
- The Coordinated Care Initiative (CCI) & Behavioral Health Services
  - The California Coordinated Care Initiative was adopted in July 2012 and was designed to promote integrated delivery of medical services, behavioral services, long term Medi-Cal services, and to develop a road map for integrated Medicare and Medi-Cal for dual eligible beneficiaries.
  - The CCI, pending federal approval, will be implemented in 2013 in 8 counties: Santa Clara, Alameda, San Mateo, Los Angeles, San Diego, Riverside, Orange, and San Bernardino. The CCI includes: 1) Mandatory enrollment of all Medical-Cal beneficiaries (including duals eligible) into managed care for all Medi-Cal benefits and 2) Optional enrollment into integrated managed care that combines Medicare and Medi-Cal benefits, known as the Duals Demonstration.
  - The Behavioral Health Coordination handout (page 2) shows a duals eligible client chart where about 28% of the roughly 240,000 adults served by the County mental health plans statewide are duals eligible beneficiaries. The table shows Santa Clara County having 3,226 dual eligible clients.

- Coordination Care Initiative for Medi-Cal Beneficiaries
    - The Department of Health Care Services is committed to improving care coordinated for Medi-Cal beneficiaries. Currently, beneficiaries too often encounter fragmented services that result from multiple funding sources and uncoordinated delivery of medical, long-term care, home and community based, and behavioral health services. Beneficiaries with the greatest needs suffer even more from this fragmentation. This coordinated care initiative aims to improve service delivery for all Medi-Cal beneficiaries but primarily for those who need coordination the most.
    - The system encourages Medicare and Medi-Cal to shift costs to one another and it causes beneficiaries to be caught in the middle. The specialty mental health services were left as a “carved out” benefit. Mental health services will be authorized by the Dual Demonstration plan; they will want to gate-keep, manage care, and ultimately roll into one plan.
    - Chair Blitz commented that it will be an opportunity for these health plans to start looking at community based care.
  - Health Benefits in the Duals Demonstration
    - The health plan will be responsible for providing enrollees access to all medically necessary behavioral health, mental health, substance use services currently covered by Medicare and Medicaid.
    - Medi-Cal specialty mental health services and drug Medi-Cal benefits will not be included in the capitated payment made to the participating health plans (i.e they will be carved out). The demonstration plans will be coordinated with County agencies to ensure enrollees have seamless access to services.
  - The information sheet developed by DHCS shows the processes of how a member travels through the system.
8. MENTAL HEALTH DEPARTMENT DIRECTOR’S REPORT, Dr. Peña, Ph.D., None.
9. FUTURE TOPICS:
- Contract Policies and Procurement Processes – January 3, 2013.
  - Behavioral Health Integration in Primary Care by Sandra Hernandez – February 7, 2013.
  - State Budget: Impact of Realignment II on County Health & Mental Health – March 7, 2012.
  - Presentation by EPS to include Consumer and Family member’s Perspective.
10. ADJOURN: Meeting adjourned at 5:01pm; next meeting is calendared for January 3, 2013.

These minutes are respectfully submitted by:



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 Llolanda Ulloa,  
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MVG:lu

**SANTA CLARA COUNTY MENTAL HEALTH BOARD PUBLIC MEETING**  
**System Planning & Fiscal Committee**  
**November 1, 2012 / 3:00 PM-5:00PM**

Downtown Mental Health Department  
 1075 E. Santa Clara Street, 2<sup>nd</sup> Floor Training Room #3  
 San Jose, CA 95116 (408) 793-5677 – Llolanda Ulloa

**Sign-In Sheet**

<u>Print Name and initial / Attendance List (Optional)</u>	<u>Agency/Program Rep</u>
1. <u>Larry Blitz – Chair</u> <i>Larry Blitz</i>	<u>Mental Health Board Member</u>
2. <u>Hilbert Morales – Co-Chair</u> <i>Hilbert Morales</i>	<u>Mental Health Board Member</u>
3. <u>David Speicher</u> <i>David Speicher</i>	<u>Mental Health Board Member</u>
4. <u>Llolanda Ulloa – MH Board Support Staff</u>	<u>Mental Health Staff.</u>
5. <u><i>MORTIMER</i></u>	<u><i>MHD</i></u>
6. <u><i>Diana Guido</i></u>	<u><i>Office of Family Affairs</i></u>
7. <u><i>Howard Lagore</i></u>	<u><i>FCS</i></u>
8. <u><i>Paul Taylor</i></u>	<u><i>AMHCA/Mom/Am</i></u>
9. <u><i>Mayer Valois</i></u>	
10. <u><i>Christine Montelaro</i></u>	<u><i>Acute Care</i></u>
11. <u><i>Laura Luna</i></u>	<u><i>MH Admin</i></u>
12. <u><i>Susan DeVice</i></u>	<u><i>Hope</i></u>
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