

SANTA CLARA COUNTY MENTAL HEALTH BOARD
System Planning & Fiscal Committee Meeting, May 2, 2013

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

MINUTES

1. CALL TO ORDER: Chair Larry Blitz called the meeting to order at 3:07 pm.
 - INTRODUCTIONS: Roundtable introductions took place; Co-Chair Hilbert Morales was present.
 - MHB members David Speicher and Carla Holtzclaw also attended.
2. APPROVE AGENDA / ACCEPT MINUTES:
 - **Motion:** Holtzclaw **Second:** Speicher; to approve the 5/2/2013 System Planning and Fiscal Committee Meeting agenda. **Vote:** Passed unanimously.
 - **Motion:** Speicher **Second:** Holtzclaw; to accept the 4/4/2013 System Planning and Fiscal Committee Meeting minutes: **Vote:** Passed unanimously.
3. PUBLIC COMMENT: None
4. ANNOUNCEMENTS:
 - The 2nd Annual MHB Luncheon will be on May 29, 2013, at Three Flames Restaurant, from 11:30am-2:30pm. Evite website is not working properly so a regular email invite will go out.
 - Free Dental Clinic will be held on May 18th and May 19th 2013, at the San Jose Convention Center. Registration will start at 5:00am; once capacity is reached registration will be cut-off.
5. CHAIR'S REPORT: Larry Blitz commented on the rich experience this committee has had in learning about mental health programs. This year, the committee wants to become more acquainted with information in order to become advocates. Chair Blitz commented on this being an opportunity where the MHB can get involved and it is particularly exciting for the MHB to get involved in advocating for good programs that are not doing as well. Let it be known that there are great programs that would be much better with better funding.
 - Chair Blitz is Delegate of MHB to the CALMHB/C quarterly meeting where he heard complimentary comments about Dr. Peña and Judge Manley, as well as the sophistication of this MH Board.
6. *NEW BUSINESS* / OLD BUSINESS: None
7. PRESENTATION: Budget Updates, Dr. Peña, Ph.D. and Martha Paine;
 - Dr. Peña's spoke about the Mental Health Department's FY13- Strategic Overview handout and focused on the (purple) box labeled Strategic Priorities:
 - a) *Expand Focus* to include promotion, prevention, early intervention, treatment and recovery support across the lifespan
 - b) *Build Capacity within Key System Partners* to assure mental health literacy, integration with primary care, improved access to services
 - c) *Increase Ethnic and Cultural Population Access To and Engagement in Services* through new innovative strategies
 - d) *Increase Community Mental Health Knowledge and Understanding* to prevent problems, reduce stigma and assure access
 - e) *Improve Quality and Accountability Systems* that measure practice, program quality, and effectiveness
 - The Performance and Quality Improvement Committee (PQIC) will become the focal point and will focus on a value based and quality platform which is related to accountability, data and performance; it seeks to demonstrate with information on what is being accomplished.
 - The budget at this point is about \$322 million.

- Looking at 6 years of MHSA data, we have accomplished serving 30,000 people with 72% of those being from the underserved populations. .
- Dr. Peña is looking forward to sharing the information with the MHSA Annual Update. For the first time, there is data to look at the outcomes. .
- There are five components, CSS is 80% of the funding and is fully rolled-out; PEI is launched and data is now available. All of the data comes from Decision Support and is fed from other sources of information.
- The State Controller's Office website states that SCC is one of four counties audited. Dr. Peña commented about being able to bring forward a lot of good information.
- Referring to the pie chart on the MHD FY13 Strategic Overview, about 23% is local (general) funding, 25% is State MHSA, 24% Federal and the 24% for State.
- It is a four quadrant model of funding with each quadrant having its own behavior. The pinch is mostly felt in the County General Fund, which is at the discretion of the BOS. This county is one of the only counties left with general funds; this county has a very generous Board. Most counties only have three quadrants and have no general funds.
- Reference page 455 of the County of Santa Clara FY14 Recommended Budget, to review along with page 2, slide 3 of the power point presentation, Federal Perspective
 - Sequestration presents uncertainties
 - Impacts are on the homeless programs, SAMHSA
 - Unsure of where it is going
 - Affordable Care Act (Health Care Reform) is not being impacted
- State Perspective
 - There is more uncertainty
 - The governor and legislature are not on the same page – Governor wants to shift more responsibilities to local governments due to Medi-Cal expansion and anticipated new revenue to counties
 - No decisions from special session on health care reform
 - Have to wait until May for revised Budget
 - Expect a lot of political activity immediately after
 - Bill matrix has many important bills
- Local County Perspective
 - Economic picture looking more favorable
 - County Exec expected to make new recommendations during budget workshops as a result
 - Labor contract negotiations beginning
 - Much hinges on what happens after May revision
 - Additional uncertainty is Santa Clara County due to Measure A litigation
- Dr. Peña commented on the different legislative information on handout named CMHDA 2011-2012 Legislative Update.
- Realignment 2 was a tax-based way of getting resources to the Counties for the public programs. To give back to the Counties which provides another cluster of funding under AB109 for local rehabilitation to reduce recidivism and do better than the State did. In general, most people recidivist within a year.
 - With AB109, there is more funding for mental health and also the Health Care Reform is coming with 100% reimbursement from the Feds. At SCC a lot more funding is vested on the Medi-Cal population than the Federal. Chair Blitz commented on enhancing programs with general funds which are funded by Medi-Cal/Health Care Reform.
- Projection is that there will be about 30,000 duals. One has to remember the direction we are going outside MHSA is that the health plans will be the major players and they are going to be contracting with providers.
- Even though the County will be running their own health plans, we still need to be in compliance. A lot of it depends on how things come down to health plans at the public level (Medi-Cal/Medicare), at the quasi- public level (exchanges/subsidies health plans for the low income to noninsured), employer insured plans and undocumented (who takes care of the undocumented).
- There was a comment about how it sounded like the rehab option was going to go away. Dr. Peña responded that this is not correct because the rehab option is in state law and is a result of a state decision to request a waiver of the federal government Medicaid program; it is an option for people with more chronic diseases.

- HHS Strategic Roadmap vision is better health for all; the mission is dedicated to the health and well-being of communities in Santa Clara County.
- SCVH&HS Roadmap to Better Health for All: Better system integration; accountability & transparency; staff engagement & development; unified managed care strategy and transforming communities. The direction SCC is going in is not having the word “hospital” in the entity name - Santa Clara Valley Health System.
- FY14 Budget Submission: SCVHHS met budget reduction target of \$15 million; MHD target is \$3 million; DADS target is \$500,000; Behavioral Health initiatives focus on consolidation, improving client outcomes, and system performance; AB109 expansion of programs for Mental Health and DADS.
- Five budget proposals by MHD
 - Increase Medi-Cal Revenue to support:
 1. Emergency Psychiatric Service (EPS) staffing at VMC
 2. MHD CBO's
 3. DADS CBO's
 - Increased MHSA Revenue to support:
 1. FQHC Behavioral Health revenue shortfall
 2. Adult Day Rehabilitation Services revenue shortfall
- The States Medi-Cal program removed the maximum rate of approval for payment. The County's cost is actually double already. There would have been about \$10 million dollars; at mid-year, half went to the Children's EPS program, \$3 million went to the target.
- The 1.5 million will be worked with EMQ (with EPS) to have a receiving area; there are logistic issues holding up the process. Dr. Peña and Martha Paine meet regularly with the EPS staff.
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- The rest of the money will be split: \$1 million will go to contract agencies on both sides, for benefits (to enroll people into benefits). There are two other problems; the FQHC – replacing Medi-Cal Revenue for MHSA Revenue (one-time funding).

8. MENTAL HEALTH DEPARTMENT DIRECTOR'S REPORT, Nancy Peña, Ph.D. See item 7.

9. FUTURE TOPICS

- Review possible July, September and November topics, May 2, 2013
- School Linked Services, June 6, 2013

10. ADJOURN – Meeting adjourned at 4:57 pm; next meeting is calendared for **June 6, 2013**. The Mental Health Board meeting is scheduled on Monday, May 13, 2013 at 12:00 pm at this location.

These minutes are respectfully submitted by:



Lolanda Ulloa, 408.793-5677

SCC Mental Health Board Support

Lolanda.Ulloa@hhs.sccgov.org / www.sccmhd.org – check out the MHB web page

MS:lu

COUNTY of SANTA CLARA-MENTAL HEALTH BOARD PUBLIC MEETING

System Planning & Fiscal Committee

April 4, 2013 / 3:00-5:00PM

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

Sign-In Sheet

Print Name and sign / Attendance List (Optional)

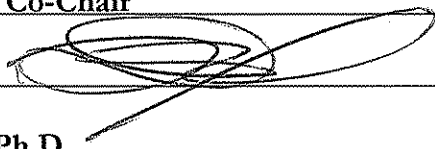
Agency/Program Rep. or
Mental Health Board Member

1. Larry Blitz – Chair



Mental Health Board Member

2. Hilbert Morales – Co-Chair



Mental Health Board Member

3. David Speicher

Mental Health Board Member

4. Dr. Nancy Peña, Ph.D.,

Director of Mental Health Dept.

5. Detricio E. Gutierrez, MSW

MHB

6. Yvette L. Coronado

MSW Student Mental Health Focus

7. Elisa Koff-Ginsborg

AMHCA

8. Hassan Rahim

Consumer Affairs

9. Hilbert Morales

MHB

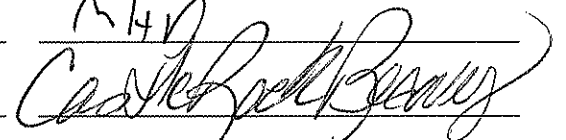
10. Prof. Gill

MHB

11. John

MHB

12. Denise Tan Agatep



13. Denise Tan Agatep

GFCC

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____