

MISSION STATEMENT: To assist Contra Costa County mental health consumers, family members and the general public in advocating for the highest quality mental health services and supports delivered with dignity and respect

**Mental Health Commission
MHSA-Finance and Quality of Care Committee Joint Meeting
Thursday, December 19, 2019, 3:00-5:00pm
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 current status of Hope House new policy and procedures with Jan Cobaleda-Kegler, Adult/Older Adult Mental Health Program Chief**
- VI. DISCUSS an update on Community PES report presented by Barbara Serwin**
- VII. DISCUSS reasons for the current \$7.1M+ “overage” in adult locked facility budgeted costs (with Dr. Suzanne Tavano, Behavioral Health Services Director and Warren Hayes, MH Program Chief):**
 - 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**
- 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

Contra Costa Hope House Stakeholder Complaint Information Procedure Flow

Telecare Corporation, CC BH Administration, Mental Health Commissioners

Type of Complaint

Procedure Flow

Current Resident, Family/Support persons, and/or other stakeholders with complaints about patient care and quality of care

1. Encourage resident, family member, or stakeholder to follow Telecare Complaint/Grievance Procedure
2. Telecare reports complaint to Jan Cobaleda-Kegler, Program Chief, CCBH
3. Jan will report this to CCBH Quality Improvement
4. CCBH Quality Improvement will notify CCBH Provider Services

Past Resident, Family/Support persons, and/or other stakeholders with complaints about patient care and quality of care

1. Encourage resident, family member, or stakeholder to follow Telecare Complaint/Grievance Procedure
2. Telecare reports complaint to Jan Cobaleda-Kegler, Program Chief, CCBH
3. Jan will report this to CCBH Quality Improvement
4. CCBH Quality Improvement will notify Provider Services

Former Employee
Complaint about Employment/Personnel issues

1. Encourage person to call Telecare HR

Current Employee
Complaint about Employment/Personnel issues

1. Encourage person to call Telecare HR



Complaint and Grievance Procedure

TELECARE CORPORATION
Hope House Crisis Residential
300 Ilene Street, Martinez, CA 94553

Telecare Corporation Programs provide individuals served, their families/support persons, and other stakeholders, a procedure to make complaints to the Administrator of the program or to the Corporate Regional Director. Program staff protect the rights of consumers and families to file complaints, grievances and appeals. Clients and their families and caregivers have the right to express concerns related to treatment/services provided.

Complaints

- Informal Complaints can be resolved easily and promptly at the program level.
- The program administrator /designee is designated as the contact person responsible for receiving complaints, and has established a process for receiving, investigating, and responding to client/family complaints.
- Please inform a staff member immediately of your need to speak with the administrator or designee.
- The administrator will attempt to resolve the complaint with the client and/or family and/or caregivers within one working day of receiving a complaint.

Grievance

- Grievances are expressions of dissatisfaction with services, which can be oral or written.
- You may submit your concerns, complaint, or grievance in writing, verbally, or by telephone. **Business cards, and contact information for the Administrator, Clinical Director, and Clinical staff are located in the program lobby.**
- Enclosed are Telecare Complaint/Grievance forms or local payor source required forms. **Forms are also located in the program lobby or a copy can be obtained from a staff member.**
- A log for complaints, grievances, and appeals is maintained and monitored by the program. Action plans are developed based on recurring problems.

Resolution

- If the Administrator is unable to resolve the complaint or grievance to the satisfaction of the client, and/or family, the client and/or family may appeal by making an anonymous complaint by contacting Hope House Regional Director, Shannon Taylor at staylor@telecarecorp.com or Telecare's Complaint Hotline at (510) 337-7952 ext. 1421.
- If you are unsatisfied with the resolution with Telecare, you can file an appeal with the Contra Costa Behavioral Health Services Quality Improvement Coordinator at (925) 957-5131, and/or the Executive Assistant to the Mental Health Commission at (925) 957-2617.
- NAMI Contra Costa is available as a resource for family members at (925) 942-0767.

PES Draft Timetable and Questions

MHC Joint Finance and Quality of Care Meeting, 10/17/19

10/16/19, Barbara Serwin

Milestones	Dates
Meet with Supervisor Burgis as MHC member for BOS perspective	By 11/15/19
Complete tours, research and collating of information	Through 11/19
Complete interviewing staff	Through 11/19
Meet with Health Services, CCRMC and Finance re: concerns, ideas, goals	Through 11/19
First draft timed for review at December BHCP meeting and MHC Quality of Care meeting; reviews by PES, BHS, CCRMC staff at their discretion	BHCP meeting date TBD MHC QC meeting 12/19/19 Staff meetings TBD
Second draft time for review at January BHCP meeting and MHC Quality of Care meeting; reviews by PES, BHS, CCRMC staff at their discretion	BHCP meeting date TBD MHC QC meeting 1/16/20 Staff meetings TBD
Final draft two weeks later in time for presentation at February MHC full Commission meeting and February meetings of other Community organizations and committees	MHC full Commission meeting 2/5/20 Other org/committee meetings TBD
Sign-offs complete	2/28/20
Report send to BOS F&HS Committee	3/2/20
Distribute within the Community	3/2/20
Present to BOS F&HS Committee	Date TBD

Current Questions/Research Needs

- How to best obtain community feedback
 - Have each committee/organization collate feedback
 - OR
 - Host MHC meeting for input; BHCP host a second meeting for input
 - Final draft to be signed off on by each committee/party
- Regulatory and financial concerns about any PES facilities remodeling and / or expansion
- Do we actually need to see existing plans for the purposes of this report?
- Other major roadblocks?

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 21-64:

- 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.
- *Also, find out if Dept. of State Hospitals (DSH) bed blockage causing beak-up in “up stream” forensic CONREP SH placements from the CA Dept. of Corrections & Rehabilitation (CDCR) state prisons involving the following Categories:*
 1. *Not Guilty by Reason of Insanity (NGRI)*
 2. *Sexually Violent Predator (SVP)*
 3. *Mentally Disorder Offender (MDO)*
 4. *Incompetent to Stand Trial,*
 5. *Also, Penal Code (PC) 2684 transfers from state prisons*
- How CCBHS intends to deal with this overage in the current absence of any filed IMD Med-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.