Summary/Action Minutes

I. St. Rose Task Force Findings and Recommendations

Attachment

Richard Valle, Alameda County Supervisor, District 2, Aman Dhuper, Chief Executive Officer, St. Rose Hospital, Rebecca Gebhart, Interim Director, Health Care Services Agency and David Kears, St. Rose Hospital Board of Directors presented a PowerPoint presentation on the St. Rose Sustainability Task Force Findings and Recommendations.

The St. Rose Sustainability Task Force was formed in 2016 to ensure the continued operation of Alameda County’s second largest safety-net hospital. The Task Force goals included to identify the need and appropriate ongoing level of financial support from Alameda County to St. Rose Hospital and to develop short term and long term plans of action and recommendations for financial support in fiscal year 2016/17 and beyond.

To date the St. Rose Sustainability Task Force results:

- HCSA Proposal in FY16-17
- $8 million, one-time funds
  - Leverages $6.5 million in Medicaid
  - Total $14.5 million
- Maximizes IGTs in FY15-16 and FY16-17
- Approved by BOS on 3/21/17
- FY17-18 - $1.5M is secured

The Task Force will continue collaboration between St. Rose Hospital, Alameda County Health Care Services Agency and Alameda Health System to maintain the County’s safety net health care system.

Speakers

Gail Steele, retired Alameda County Board of Supervisor, request that the Board of Supervisors assist in getting Measure A back on the ballot to change the funding formula to assist St. Rose Hospital.

Kelly McAdoo, City Manager, City of Hayward, thanked the Board of Supervisors and the Health Committee for this agenda item and expressed support for developing a sustainable funding model for St. Rose Hospital.

Pam Russo supports placing Measure A back on the ballot to create a more equitable funding source for St. Rose Hospital.

Dr. Kathleen Clanon, stated that there is a visible turnaround in operations at St. Rose Hospital; the hospital is doing good work and supports long term funding for the hospital.

Trish Suzuki, Teamsters 856, requests support for a long-term funding solution for St. Rose Hospital.
Joe DeVries, Vice President, Alameda Health System Board of Trustees, requested that any support for St. Rose Hospital not come at the expense of Alameda Health System or any other hospital. The support should be in the form of a loan or a revolving line of credit.

Roxanne Lewis, Chair, Eden Health District, expressed that the Eden Health District is looking for a solution to assist St. Rose Hospital with funding.

**Purpose:**
- Marked: Report progress
- Advocacy or Education
- Request Health Committee Recommendation or Position
- Other:

**Recommendation from the Health Committee:** The Health Committee requests that St. Rose Hospital send the financial reports of St. Rose Hospital to the Board of Supervisors for review. In addition, the Health Committee would like a report on the impact if St. Rose were to close and the impacts of other providers in the area. The Health Committee supports working on long term solutions for funding for St. Rose Hospital.

II. West Oakland System of Care Update

**Attachment**

James Wagner, Interim Deputy Director, Behavioral Health Care Services, Barbara Majak, Retired Deputy Director, Behavioral Health Care Services, Cecilia Serrano, Financial Services Officer, Behavioral Health Care Services, Benjamin Pettus, Chief Executive Officer, West Oakland Health Council presented a PowerPoint presentation on the West Oakland System of Care.

**History**

After the establishment of Federal Medicaid, in 1967, the West Oakland Health Council received funding and established the West Oakland Health Center; services began in 1969. In deciding how to meet statutory obligations to Medically Indigent Adults, BHCS became a purchaser of services from a wide array of community-based organizations.

In 1995 after the death of Dr. Isaac Slaughter, Director of the West Oakland Mental Health Clinic, the clinic struggled to provide mental health and substance abuse services.

**Organizational and system design factors**
- System design change from office-based to community-based services
- Enhancement of services provided through community-based organizations
- Movement toward integrated, collaborative services across and between system of care providers, with expansion of treatment and care options for clients
- Responsibility for clinical outcome, evaluation and Medi-Cal compliance
- Requiring that providers have effective leadership and commitment
- WOHC had ongoing difficulties to adapt to a changing environment
  - Financial factors
- Years of fluctuating funding, including Proposition 13, State-imposed deficits, Realignment One and Two, and the Mental Health Services Act
- Medi-Cal consolidation, Medi-Cal growth, and the Affordable Care Act

**Fiscal Overview**

**Mental Health Contract (includes Adult and Child programs)**

Over the last 20 years the contract has gone from $1.4M to current amount of $2.0M. The contract was “right sized” in FY 13/14 and reduced by $200K+ due to continued underutilization of contract, reduction in number of clients being served.
Medi-Cal Federal Financial Participation (FFP) has provided an average of 29% of the funding to support this contract. Over the last 4 fiscal years, the percentage of Medi-Cal FFP funding, has increased and is currently projected to represent approximately 41% of funding for FY 16/17. Medi-Cal claims have increased from $550K to a projected $820K for FY 16/17. To date they have approximately $400K in MHSA funding.

Substance Use Disorder Contract: (includes Adult & Adolescent)

Over the last 20 years the West Oakland Health Center contract has gone from a high of $2.7M to the current amount of $1.66M. The contract reductions have been a result of removal of two residential programs in FY 02/03. In addition, continued underutilization of contract and a reduction in number of clients being served.

Drug Medi-Cal Federal Financial Partnership (FFP) provides an average of 27.6% of the funding to support the contract. The Substance Abuse Prevention & Treatment (SAPT) block grant has historically provided significant funding to the West Oakland Health Center (WOHC). With the advent of MCE, SAPT funding to WOHC has decreased, due to significant increases in Drug Medi-Cal FFP. In FY 15/16, Drug M/Cal FFP represented 38% of the funding supporting WOHC.

In April 2016, new leadership team started at West Oakland Health Council, focused on strengthening the organization for the future. There has been a 42% increase in patient visits from 1,500 to over 3,000 per month, 10% increase in unique patient count from 8,200 to 9,005 in one year. Based on past success at WOHC with the integrated behavioral health in primary care program, we are following "best practices" to build a "new" integrated program.

WOHC will celebrate its 50th anniversary and invite the Board of Supervisors

Speakers

Abu Rahim, confused, disappointed and optimistic, effectiveness of the services as opposed to creating budgets.

Pastor Jones calling on faith leaders in the County joining in efforts to bring to the full Board of Supervisors place on the agenda, to diagnose the strand address overall issue of behavioral health care

Purpose:
- Report progress
- Advocacy or Education
- Request Health Committee Recommendation or Position
- Other:

Recommendation from the Health Committee: The Behavioral Health Care Services Agency will not make any changes or take any actions regarding West Oakland Health Center until Supervisor Carson meets with BHCS and West Oakland Health Center administration.

The Behavioral Health Care Services Agency and West Oakland Health Center will make full presentation to the Board of Supervisors at a future retreat.

III. Assisted Outpatient Treatment (AOT) Pilot Program Recommendations

Don Kingdon, PhD, Interim Director, Behavioral Health Care Services and James Wagner, Interim Deputy Director, Behavioral Health Care Services, presented a PowerPoint presentation on the Assisted Outpatient Treatment Pilot Program recommendations.
The Board of Supervisors approved a pilot program for Assisted Outpatient Treatment (AOT) in November of 2015. The pilot was launched in July of 2016.

Expressed full support: Judge Carol Brosnahan, Alameda County Superior Court and Brendon D. Woods, Public Defender, have seen impacts support AOT program, provides a tremendously valuable service to clients

**Recommendations**

Because demand for AOT slots exceeds the pilot limit of 5 persons Behavioral Health Care Services (BHCS) recommends to increase program pilot from 5 persons to a 30-person program. BHCS recommends to move from pilot phase to a regularly-funded program with the expansion.

To increase program size cost considerations include:

- 4 FTEs will be added to BHCS ($500K)
- Full Service Partnership costs will increase by $800k
- County Counsel will need additional staff at a cost of $225k, costs can be included in BHCS indirect claim
- Public Defender will need additional attorney at a cost of $225k
- Court has indicated they can increase case load to 30 without additional cost

**Next Steps**

- Secure approval from Health Committee
- Post and secure additional BHCS positions
- Allow FSP contractor to ramp up for January 1st 2018 expansion date
- Other County departments prepare
- Identify funding for Public Defender

**Speakers**

Patricia Fontana, member of the AOT Advisory Committee, supports expansion of AOT program.

Candy DeWitt, adopt a permanent AOT program

Toni Veglia
Alison Monroe

Joe Rose, nine programs in support of AOT be evaluated, report the who is receiving services and value of the services; results of grant on mentor on discharge; over 70 percent no rehospitalizations

Susan Silva support AOT program, still need acute and subacute care and medication; IHOT teams can’t 5150, John George Psychiatric Hospital

LD Louis, District Attorney’s Office, mental health division, in support of expansion to the AOT program.

Marilyn Poor, disagree with the idea of court appointed treatment; get in recovery, ready to do the emotional work to make your life better; if you have to go because it’s court ordered, it is being treated like a child.

Yvonne Rutherford, supports expansion of the AOT, also need to expand outpatient services; to avoid repeated hospitalizations and re-incarcerations.
Purpose:
- Report progress
- Advocacy or Education
- Request Health Committee Recommendation or Position
- Other:

Recommendation from the Health Committee: Support. The Health Care Services Agency will secure funding and move to the full Board of Supervisors.

PUBLIC COMMENT
None.

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