

Measure A Oversight Committee Meeting Minutes – May 22, 2009 – 9-11:30am

Attendance:

Appointed members present:

1. Ken Ballard
2. John Becker
3. Brad Cleveland
4. Kay Eisenhower
5. Jay Garfinkle, M.D.
6. Sumi Paranjape
7. Beth Pollard
8. Ronald Tauber
9. Sal Tedesco

Appointed members absent:

1. Louis Chicoine
2. Art Geen
3. Neil Marks
4. Larry Platt, M.D.
5. Don Sheppard
6. Mee Ling Tung

Other attendees:

1. Suzanne Barba, Observer
2. Barbara Becker, Alameda County Health Care Services Agency
3. Alex Briscoe, Alameda County Health Care Services Agency
4. Vana Chavez, Alameda County Health Care Services Agency
5. Marye L. Thomas, M.D., Director, Alameda County Behavioral Health Care Services
6. Marlene Gold, Finance Director, Alameda County Behavioral Health Care Services
7. Ralph Silber, Executive Director, Alameda County Health Consortium
8. Leah Stevalia, Policy Analyst, Alameda County Health Consortium

AGENDA

I. Welcome and Introductions

- Welcome new member Sumi Paranjape and guest presenters from Alameda County Health Consortium and Alameda County Behavioral Health Care Services

II. Public Comment:

- No public comments were offered

III. Review of Minutes

- John Becker moved to adopt the April 24th meeting minutes; motion seconded by Sal Tedesco; motion passed

IV. Review of Materials

- A handout detailing the Measure A revenues received to date was distributed indicating that the County is estimated to receive ~\$2.5 million less than last year and ~\$3.2 less than budgeted; Health Care Services Agency is proposing to use a portion of the \$8 million Measure A reserve to cover the projected deficit in the next fiscal year (09/10); if sales tax revenue does not increase during the course of FY 09/10, funding allocations will have to decrease. There will be no across the board COLA for FY 09-10 which will create a savings of approximately \$600K. The proposal to reduce the Board of Supervisors accounts by \$100K per Supervisor was rejected by the BOS.

- A handout listing the Alameda County Behavioral Health Care Services (BHCS) “Alcohol & Drug CBO Allocations for FY 07-08 and Network of Mental Health Clients.” Marlene Gold indicated that the list was incomplete and a new list will be distributed in June.
- A listing of BHCS “Measure A Funds as a Percentage of the Total BHCS Budget” and an email dated May 4th in which BHCS responds to questions posed by the Measure A Oversight committee February 10, 2009.
- A copy of the “Measure A Citizen Oversight Committee Bylaws” (dated 4 /27/09) for Agenda item VIII discussion.

V. Announcements

- Barbara Becker announced that the Oversight Committee visit to the Tiburcio Vasquez Hayward Clinic, 22331 Mission Blvd., Conference Room C, 2nd Floor, Hayward, CA 94541 (510-471-5880) is scheduled for Friday, June 26, 2009 from 12:30-1:30 pm. Barbara Terrazas, Director of Planning, Development and Policy and Joel Garcia, CEO will conduct the tour. There is parking on the premises as well as street parking. Members Ken Ballard, Brad Cleveland, Sumi Paranjape, Ron Tauber and Sal Tedesco indicated they will attend. Suzanne Barba, Vana Chavez and Barbara Becker will also participate.

VI. Presentation from Alameda Health Consortium by Ralph Silber

- A power point presentation: “Community Health Centers-A Review of 2007-2008 Measure A Accomplishments” included questions from the Oversight Committee and responses from Ralph:
 - *How are the unincorporated areas served, how are medications allocated, what outreach was done at each of the clinics, and is there any similar models to Alameda County Health Consortium in the State?*
 - AHC clinics serve patients from all geographic regions of Alameda County, including the unincorporated areas. Residents from unincorporated areas access services at one of our clinics just as any other resident would. Although we do not have specific data on how many clinic patients live in the unincorporated areas, we believe Vana said that the county has some of this information.
 - All clinics provide eligibility and enrollment services to link individuals with health insurance programs. When a patient visits a clinic, these clinic staff work hard to assess his/her eligibility for any existing program. In addition, some clinics do outreach.
 - Almost every region in California has a clinic consortium/network that provides services similar to the Alameda Health Consortium. While some of the consortia are organized by county (like Alameda), some are organized by region and cover multiple counties.
 - *Is there any means to sell prescriptions at cost, does the medical staff experience salary cuts due to Medi-Cal reductions? The concept of the Consortium vs. the clinics is still a “fuzzy concept”.*
 - Essentially, as Federally-Qualified Health Centers, AHC clinics are able to provide drugs for their uninsured patients at lower prices, but are not permitted to make medications available to the general public (i.e., non-clinic patients).
 - Cuts to the Medi-Cal program result in less revenue for AHC clinics. Medical staff are employees of the clinic and paid on a salary basis. Any salary decisions are an internal matter for individual clinics.
 - AHC is the association of community health centers based in Alameda County that works together and supports the involvement of our communities in achieving comprehensive, accessible health care and improved outcomes for everyone in the County. AHC serves as a coordinating body for our member clinics. AHC does not provide any direct medical services.
 - *Please explain the leveraging ratio.*
 - The 10-1 leveraging ration reflects the fact that 10r every \$1 that the County invests in clinics, approximately \$10 dollars are leveraged by clinics from other revenue sources.

- *Is there was anything in the Federal stimulus package to help?*
 - Although clinics did receive funding from the federal stimulus package, most of it is for capital projects rather than provision of services. In addition, the amount of funding for services available to clinics from the stimulus package is much smaller than the amount of revenue they will lose from pending state budget cuts.

VII. Presentation from Alameda County Behavioral Health by Marye L. Thomas, M.D. and Marlene Gold

- A power point presentation “Measure A Oversight Committee FY 09-10” included questions and comments from the Oversight Committee and responses from Marye and Marlene:
 - *How much of the sizable Department budget was State vs. local, were there pre-qualifying conditions for services, duplications in requirements or income limitations, and if the contracts are all with CBOs?*
 - Our **total budget is a little over \$313Million**. Of that amount:

○ Federal & State Revenue	\$258 million	82%
○ Local County General Fund Revenue	\$ 36 million	12%
 - We manage multiple funding streams, all of which come with their respective mandates, defined priority population of eligibles targeted for receipt of services and a specified array of covered benefits or services to be provided. The most common denominator among them is “poverty.” We serve people who are dependent upon the “public” sector for services
 - Our budgeted contract profile is as follows:

○ CBO’s	\$200 million	64%
○ Other contracts	\$ 31 million	10%
○ APMC (John George)	\$ 25 million	8%
• Total	\$256 million	82%
 - *What is the status of the Department and where does it fit in within the County/State structure, it sounded similar in structure to the Consortium; what was the percentage of Administrative costs in relation to MediCare or Kaiser Permanente Admin costs?*
 - Unlike the Consortium, ACBHCS is a department within the Alameda County Health Care Services Agency.
 - 4 – 5% of the BHCS budget is spent for administration. Though I don’t know the percentage of admin costs for Kaiser, etc, the Federal Government allows for up to 21% admin in the grant programs they fund and administer.
 - *Is there additional non-Measure A funding for Juvenile Hall or for Detox-Sobering, and what if any effect does Mental Health Services Act money have on Measure A?*
 - Measure A is the only funding source for services at Cherry Hill Detoxification Center and Safe House Sobering Center.
 - Measure A funding at the Juvenile Justice Center is approximately \$500,000.00 out of a total budget of \$2.4 million
 - The Mental Health Service Act (MHSA, or Proposition 63), was a state ballot initiative approved by voters in 2004, which provided for a new tax of 1% on personal incomes over \$1 million to fund mental health services in California. The intent of the Act is to transform the public mental health system by offering new and innovative services, especially to individuals who have a mental illness but have never received treatment before. **MHSA funding has no impact on Measure A.**
 - *What is the process for HCSA budget allocations to BHCS and Public Health?*
 - After the passage of Measure A, the Health Care Services conducted a series of public Community Forums in each of the Supervisorial Districts to elicit community input regarding the needs in the respective communities. The comments and written testimony from the forums were recorded, reviewed, analyzed, prioritized and ranked by a panel with

representatives from the community and all five Supervisors' Offices. Funding was allocated by the panel accordingly

- *Will there be another review process of the Measure A Hearings; what was the plan for a 15-year project as original community needs might change; some groups at original Hearings were "better requiring the troops than others."*
 - The response to this question is really within the purview of the BOS and the HCSA, though I believe that the funding decisions are currently reviewed and re-allocated every three years.
 - The programs funded by Measure A in BHCS are ongoing services, addressing long-standing community needs, e.g. detox, sobering, youngsters in the Juvenile Justice Center, inmates in the county jails with mental health and substance abuse issues, and maintenance of services at CBO's. It is doubtful that those needs will change in the immediate future,. Taking away Measure A funding would create major disruptions in services to hundreds of very vulnerable people with mental health and alcohol & drug treatment needs.

VIII. Amendment to ByLaws:

- Moved (Kay) and seconded to amend Article III Term to read: "Each member shall serve a four (4) year term." Oversight Committee to vote at June 26 meeting.

IX. Planning and Review of FY 07/08 Measure A Funds

- Subcommittees will meet to determine language for annual report; they are to have all writing completed by the June meeting.
- Barbara to send an email to subcommittee members detailing what needs to be done on the Executive Summary, and by whom. All drafts are to be sent to Barbara for the June 26 meeting.
- Kring Design is to complete a draft by the July meeting.
- Kring Design, as last year, will determine list of "Highlights & Concerns."
- The Committee decided to meet in ad hoc subcommittees to work on the drafts.
- Brad and Kay will write the State of Health Care section; Alex Briscoe offered assistance as needed.
- The writing assignment for the "Funding Allocation and Review Process" section is still to be determined.

X. Adjourn

Committee members divided into ad hoc subcommittees to review assigned Measure A reports.

AGENDA

- I. Call to Order**
- II. Planning and Review of FY 07/08 Measure A Funds**
- III. Public Comment**
- IV. Next Meeting: June 26, 2009, 9-11:30**
- V. Adjourn**