

**MHSA/FINANCE Committee**  
**MONTHLY MEETING MINUTES**  
**February 15, 2018 – FINAL MINUTES**

<b>Agenda Item / Discussion</b>	<b>Action /Follow-Up</b>
<p><b>I. Call to Order / Introductions</b>  Chair, Lauren Rettagliata called the meeting to order at 1:03 pm.</p> <p><b>Members Present:</b>  Chair- Lauren Rettagliata, District II  Vice-Chair-Douglas Dunn, District III  Sam Yoshioka, District IV</p> <p><b>Members Absent:</b>  Duane Chapman, District I</p> <p><b>Other Attendees:</b>  Gina Swirsding, Commissioner District I  Leslie May, Commissioner District V  Teresa Pasquini, former Commissioner and advocate  Margaret Netherby  Dr. Frank Barham, retired County psychiatrist  Joe Metro, (pending appointment to Member-at-Large seat, for District V)  Barbara Serwin, Chair of MHC and of the Quality of Care Committee  Anna Roth, CCC Health Services Director  Shelly Whalon, RN and Chief Quality Officer at CCRMC  Cynthia Belon, Director of Behavioral Health and Mental Health Services  Duffy Newman, Office of the Director of Health Services  Warren Hayes, MHSA Program Manager  Dr. Jan Cobaleda-Kegler, Adults and Older Adults Program Chief  Robert Thigpen, Adult Family Services Program Coordinator  Adam Down-MH Project Manager  Jill Ray, Field Representative, District II</p>	<p><b>Executive Assistant:</b></p> <ul style="list-style-type: none"> <li>• Transfer recording to computer.</li> <li>• Update Committee attendance</li> </ul>
<p><b>II. Public comments:</b></p> <ul style="list-style-type: none"> <li>• none</li> </ul>	
<p><b>III. Commissioners comments:</b></p> <ul style="list-style-type: none"> <li>• Noted that additional stigmatization by politicians is being actively used, towards mental illness, due to recent events. An increase in gaps of care is to be expected</li> </ul>	
<p><b>IV. Chair announcements/comments:</b></p> <ul style="list-style-type: none"> <li>• Would like consideration for there to be on the "letter head" HIPPA Reform. Although HIPPA was initially created to protect patient's private information from the public, it has become a hinderance for family members with loved ones suffering from mental illness. Family members and caregivers are not allowed to inquire if their loved ones are in treatment, where their receiving treatment, enabling contact or knowledge of their whereabouts. This can be critical for families that fear retaliation by their family member with the mental illness</li> </ul>	
<p><b>V. Approve minutes from January 15, 2018 meeting- no corrections required (* noted to inquire, with EA, re: item IV, if Committee's Annual Report has been completed)</b>  <b>MOTION to approve minutes made by Sam Yoshioka, seconded by Doug Dunn</b>  <b>VOTE: 3-0-0</b>  <b>YAYS: Lauren, Sam and Doug</b>  <b>NAYS: none ABSTAIN: none ABSENT: Duane Chapman</b></p>	<p>*Executive Assistant will post finalized minutes on website at:  <a href="http://cchealth.org/mentalhealth/mhc/agendasminutes.php">http://cchealth.org/mentalhealth/mhc/agendasminutes.php</a></p>
<p><b>VI. DISCUSS and affirm Committee members, elect Chair and Vice Chair for 2018</b></p> <ul style="list-style-type: none"> <li>• Chair referred to minutes of the January meeting, and inquired with attendees, membership interest to be defined as:  Chair- Lauren Rettagliata, District II  Vice Chair- Doug Dunn, District III  Member- Sam Yoshioka, District IV  Member- Leslie May, District V</li> </ul>	<p>*The 2018 MHSA/Finance Committee members are: (pending final approval of the Commission)  <b>Lauren Rettagliata- Chair</b>  <b>Douglas Dunn -Vice Chair</b>  <b>Leslie May</b>  <b>Sam Yoshioka</b></p>

<p>Barbara Serwin, MHC Chair</p> <ul style="list-style-type: none"> <li>Vice Chair stated, and Chair agreed, that MHC Chair, Barbara Serwin stated she would be a member of the Committee</li> <li>Diana MaKieve has removed her membership from this Committee and transferred to the Justice Systems Committee Duane Chapman is not present, therefore is currently removed from the Committee; but, maybe reinstated upon return</li> <li>The new membership will be forwarded to the next full Commission meeting on 3/7/18, for final approval</li> <li>MOTION to accept the five members listed herein, Lauren Rettagliata moved to motion, seconded by Sam Yoshioka VOTE: 3-0-0 YAYS: Lauren, Doug and Sam NAYS: none ABSTAIN: none ABSENT: Duane Chapman</li> </ul>	<p>Barbara Serwin (MHC Chair)</p> <p><b>*The Chair will forward the members list, to the MHC at the next meeting, for approval</b></p>
<p><b>VII. DISCUSS and REVIEW the COFY Program and Fiscal Review, with the purpose to obtain current information from Behavioral Health Services staff, pertaining to billing and other issues raised in the report, for summarizing and reporting to the Mental Health Commission</b></p> <ul style="list-style-type: none"> <li>Chair thanked the MHSA Program Manager for providing the detailed information in the report, highlighting the opportunities for discussion and review what is going well and where improvements can be made</li> <li>Chair also noted that it is apparent that the program needs help in certain areas, is assistance being provided to the program? COFY is utilizing a multisystemic treatment program, apparently undergoing some program difficulties. Asked MHSA Program Manager if support, is being provided to resolve the issues?</li> <li>Warren Hayes, MHSA Program Manager from the Behavioral Health Services Division, was present to respond to questions. The Program and Fiscal Reviews, created by his team, are made available to the public to obtain feedback and assist with issues that are found</li> <li>COFY obtains a blend of funding streams and hires an independent auditor, to obtain objective information regarding their finances. It is required for programs that process Medical billing to provide an audit of their finances</li> <li>During the Program and Fiscal Program Review process, the MHSA team conducting the review, matches the audit with how the program is operating. When discrepancies are found, they are noted, and they are discussed amongst the staff of the programs to obtain clarity and understanding.</li> <li>Regarding COFY's financial information, it was found that the external audit did not match what the organization was doing. The County's Health Services Financial department was contacted to assist in the review process, to assure that the reconciliation is cohesive with the State's Medi-Cal requirements. The findings were deemed that the program had satisfactorily met the requirements and the differences found were clarified</li> <li>Chair asked how does the team reviewing assist the program? For example, in areas identified, such as the Utilization Review Charting. The area mentioned was found to be satisfactory</li> <li>The County's rate for disallowances is low, due to the stringent Program Review process, that reviews the quality of each program</li> <li>Members of the Committee reference page five, in the review document, pertaining to what are the needed services missing? Since the program provides multisystemic therapy, it includes family therapy, which in the report it is stated that that part is missing. What action will be taken to address these findings?</li> <li>COFY does provide evidence based practices and pays external auditors to assure that the program meets its quality standards. COFY acts to address and resolve findings to assure that they meet Fidelity standards</li> <li>Is COFY paying employees sufficiently to acquire and retain quality staff? The County, for example, does not adequately pay staff in these key positions, making it difficult to obtain and retain employees.</li> <li>Community based organizations pay less than the County and the</li> </ul>	<p><b>*COFY Program and Fiscal Review was attached to meeting packet for 2/15/18</b></p>

<p>County pays less than neighboring counties. This is challenging. COFY's pay is at a competitive rate but obtaining trained staff members and retaining trained staff is challenging and limited. Maintaining the sufficient amount of staff is an issue</p> <ul style="list-style-type: none"> <li>• Can the Mental Health Commission ask, the County's Board of Supervisors and the Behavioral Health Administration, to look at the Program Review and follow up to check if COFY has resolved the issues found in the report? What is the remedy to resolving these problems?</li> <li>• Currently, COFY has filled the vacant positions and has enough staff. All Community Based Organizations (CBO's) will agree that they need more money to pay and retain their staff. The problem is where to obtain additional funding to increase all the salaries when budgets are being decreased?</li> <li>• COFY became a contractor several years ago. Due to the recession, contract amounts have not been increased, until the last couple of years, contracts received a 3% increase as a "cost of living" adjustment. All contractors would like an increase to cover their operating expenses, but the budget does not allow the feasibility to do so. The County cannot micromanage or tell the contractors how they do business</li> <li>• Laura's Law stated that monies invested in care, would hopefully prevent long term care and hospitalization. The Commission's role is to advise the Board and Administration and advocate. The Board and the Administration's role to review if they are being advised correctly by the Commission</li> <li>• The public voice is always welcomed to obtain better parity. COFY is only one of many within the County, that cannot compete with other counties or the private sector regarding the pay rate. The pay rate is low for Contra Costa. There needs to be caution regarding larger CBO's spending more on their facilities and executive staff, and less on their line staff doing the actual work with the patients. Nevertheless, the County must be respectful of each program's expenses</li> <li>• Before addressing the Board, the first question the Supervisors will ask is: "What is the program's status?" Obtain the current information first. The report was done ten months ago. As previously stated, the vacant positions have been filled. What issues have been resolved. What are the current issues as of now. Secondly, is the program leveraging other funds? It is encouraged that all programs obtain funding from other sources and not solely rely on MHSA funding because it is not reliable. Every program is asked, what they are doing to obtain multiple funding streams</li> <li>• The Committee would like to ask for: <ul style="list-style-type: none"> <li>1) an update from the program, asking if the issues in the report have been addressed and resolved to satisfaction</li> <li>2) Does the program obtain/leverage other funding streams and what are their plans?</li> </ul> </li> <li>• Suggested that maybe the County's leadership team can designate a staff member, to update and discuss the program. As a Full-Service Partnership (FSP), both sides can come together to discuss the program</li> <li>• It is important to continue to review the improvement of each program.</li> <li>• There is a quarterly meeting with FSP's and CBO's contract representatives, with the County's Administrative staff members, to discuss issues. The MHSA Program Manager extended an invitation, to the Committee members to participate in the meetings</li> <li>• During the review process, the service agreement is reviewed and compared to what is being currently done to check on the overall outcomes utilizing performance indicators. A report is then submitted to the State, for the Prevention and Early Intervention (PEI) programs at the end of the year</li> </ul>	
<p><b>VIII. DISCUSS and REVIEW the FIRST HOPE Program Review, with the purpose to obtain current information from Behavioral Health Services staff</b></p>	<p>*Forwarded to the next meeting agenda</p>
<p><b>IX. DISCUSS JOINTLY Telecare- Hope House Program Review with the Quality of Care Committee, utilizing as a tool for quality improvement and discuss</b></p>	<p>* The Chair, Barbara Serwin and Gina Swirsding, were the only two members of the</p>

**potential recommendations regarding the following areas:**

- i. Funding**
- ii. Psychiatry services**
- iii. Billing and operating costs**

- Members are concerned about issues brought forth from both the public and personal experience, regarding Hope House. The program was created to serve a need in the community and issues need to be addressed to achieve overall improvement in the program
- Hope House representatives were not present
- A former employee, (employed by Hope House for six months) and newly appointed Commissioner for District V, Leslie May spoke regarding the program. In her opinion, the Mission Statement of the Program and the contracted services to be provided for the County were not being executed as they should have been in terms of patient treatment and the program's finances. Upon reading the report, found many inconsistencies and discrepancies. Another former employee of Hope House, wrote a lengthy letter and emailed the letter to her to read and discuss with the Committee/Commission. The person was relieved of her duties because she questioned the treatment of the patients at Hope House
- Consumers referred to Hope House are screened at Psych Emergency Services (PES), for a possible fit for services
- Some employees at Hope House were encouraged to use unconventional antics to provoke the anger in their patients
- Repeat clients were discouraged, choosing patience according to their own preferences
- Nutritious food was not being provided for the patients as promised
- The previous employee of Hope House also stated that she purchased meals for the patients, from her personal funds
- Informed that there is discord amongst the staff at Hope House
- Stated that residents of Hope House have been exited to the streets, without placement
- Leslie said she was made aware of patients with credit cards being charged monthly and monies that were received from the County were utilized to pay fines imposed by Medi-Cal, to Hope House
- Had a family member at Hope House, staff members obtained medical records, and discussed publicly the patient's medical issues
- It is her opinion, that the poor patient outcomes are due to the lack of adequate management staff at Hope House
- The Chair of the Committee, Lauren Rettagliata, suggested that Leslie May forward the letter/email to the Director of Behavioral Health Services, Cynthia Belon, and the Adult Program Chief, Dr. Jan Cobaleda-Kegler, and any staff present from CCRMC to be able to read through the statements made
- A member of the public asked if the letter will be included with the minutes, how will the letter be on record?
- MHC Chair agreed that the letter should be read to the Committee and attendees
- The letter stated the following:
  - i.** at there is a lot of staff splitting among management and a lack of communication, making it a difficult working environment. Management demonstrated favoritism towards service staff members and provided no support during crisis. Management was asked repeatedly, to respond to a patient showing the desire to harm herself, if a 5150 should be called. No response was received, so the former employee made the decision and called for a 5150
  - ii.** Many times, staff would be preoccupied on their phones in the living room or in the kitchen, instead of tending to clients or during group therapy sessions. Also, many times when staff would co-facilitate a group session and they would fall asleep
  - iii.** Patient rounds are supposed to be done every 30 minutes to an hour. Many times, staff would not do rounds, and fill in the sheet at the end of their shift. It was observed at 3pm, that rounds had

**Quality of Care Committee present for the discussion.  
(According to the County's Advisory Body Handbook, all standing Committees must have three members present, to have a meeting)**

**\*The Director of BHS will inform EA when to reagendaize for further discussion (tentatively April 19)**

**\*Anyone who receives emails or complaints, pertaining to Hope House, can forward the emails to Adam Down at Behavioral Health Services Administration**

**\*Leslie May provided a copy of the letter, read during the meeting, to Adam Down**

not been done since 8am. There were three staff members on shift and it was reported to management and nothing was done by management

- iv. When high profile residents were placed at Hope House, management would make derogatory comments regarding the request for placement, disregarding advisory body members or any others.
- v. Management would often be sarcastic, mock and ridicule residents, including using offensive words like “retarded” to describe a resident
- vi. Management staff would be angry if residents refused to go to group, she would force the issue, having the resident stand at the doorway, disregarding resident’s feelings
- vii. Some staff members appeared unprofessional, inappropriate work attire
- viii. Meals provided to residents were either frozen or processed. No fresh fruits or vegetables were provided
- ix. As a clinician, her role was to assist in stabilizing residents and treated residents with dignity and respect. Although she misses working with the residents, she does not miss working with management at Hope House. The management is degrading, condescending and disrespectful and it needs to be stopped.
- x. The letter was handed to Adam to make copies and distribute

- The letter was not part of the agenda
- To be fair to all parties involved, representatives from Hope House should be present, to counter or be provided an opportunity to discuss accusations
- The item on the agenda was to discuss the Program and Fiscal Review of Hope House
- Chair stated that comments made are not meant to be adversarial but are meant to provide an opportunity to bring to light issues, open the discussion and find areas for improvement, as a team, for the residents of Hope House
- Concerns were made by attendees/Commissioners regarding issues stated in the letter might be in violation if HIPPA Regulations
- The Adult Program Chief, Dr. Jan Cobaleda-Kegler, highlighted that the report was created a year ago and the final copy of the report was completed in July
- Since the completion of the report, the Behavioral Health Services Division (BHS) staff has been working with the Hope House staff, to address and resolve the issues identified in the report
- The previous Director at Hope House, Dr. Roach, (whom was well liked in the community), decided to resign at the end of 2016. An audit conducted identified that Hope House had too many disallowances
- In 2017, a new Director, Jim Christopher, took over Hope House. He was informed to clean up various issues identified in the report
- The staff in place were not comfortable with the changes made by the new Director or his disposition
- Staff did not like his demands, strict attention to compliance and Medi-Cal paperwork
- Several staff members resigned, and new staff was hired. The process took several months, including acclimating new staff to the program. By August Hope House was fully staffed
- Complaints were made to the corporate office and he has since improved
- The Adult Program Chief met with Telecare Administration, made various suggestions to areas of care which were utilized
- In the month of July, the Program Chief started meeting with the Director’s boss, Clearnise Bullard. Clearnise is the Program Administrator. Jan would like to invite Clearnise to continue the conversation regarding the Hope house updates and status
- BHS has been working, from August 2017 to the present, steadily with Hope House, to iron out the issues
  - i. Hope House has increased their numbers
  - ii. Hope House has streamlined their admission process
  - iii. Hope House has collaborated with BHS and CCRMC, to develop a smoother and quicker registration process

- iv. BHS was able to hire a Hope House liaison and she has been instrumental in improving communication, Hazel Lee, helping handle the admissions to Hope House and NIERIKA with Betsy Orme, Transition Team Coordinator. Both working jointly with CCRMC to screen patients for appropriate placement, Hazel was a former employee of Hope House under the previous Director, understanding consumer needs (addresses the “findings for further attention” on page 4 in the report)
- v. Hope House has improved their capacity issues and is currently working at full capacity, full every day this week
- vi. Checks and balances have been put in place
- vii. If food is not kept properly or the facility is not kept clean, it is reported and can be reported by anyone to Community Care Licensing (CCL). Anyone can look up the information on the Department of Social Services website
- viii. They have addressed and are working with their Utilization Review (UR) team to improve their documentation and reporting to be in compliance with the Medi-Cal Utilization Review
- ix. Hope House is collaborating with their system partners (PES/CCRMC)
- x. Hope House was initially intended as a 30-day resident program. It is presently a 14-day crisis residential treatment program, but patients can stay up to 30 days, after which patients are discharged, ideally to permanent housing. Extensive documentation is required to lengthen a patient’s stay, until proper placement is found. The timeframe for residency is a licensing issue and would need to be brought up with CCL
- xi. Hope House ideally needs to have at least 12 patients a day, a maximum of 16. Previously, the program was below the 12 standards in 2017
- xii. It was requested that data, regarding placements, after, whether its permanent housing or other housing, versus releasing patients to the streets; be obtained. The Adult Program Chief will request the data from Hope House

- Leslie started her employment with Hope House in June of 2017 and there was minimal staffing. Apparently, only two clinicians were employed for several months. On weekends, minimal staffing available. Insists that what is being reported and what is happening are two different things
- The Program Chief asked the former employee if she had filed a complaint with CCL or a grievance with Medi-Cal? There are procedures in place for checks and balances
- Her reply was that she was never given the resources to do so, that would have been transparent on their part and she also feared repercussions from her employer
- The Chair addressed page 15, in the report, what is BHS doing to address the issue stated in the report?
- Anna Roth, Director of Health Services- suggested that each finding be discussed, versus discussing all the findings all at once
- Cynthia Belon, Director of Behavioral Health Services informed that this was the first dialogue regarding the findings, for us to take notes and go back and explore further. Where there are clear issues, then we need to look for opportunities for improvement
- The goal for all is to be able to provide quality services, for those in crisis
- Attendees voiced their concerns for the patients and quality of care and the food being provided
- The Adult Program Chief did check for complaints filed against Hope House, including food and no issues were filed
- The Chair asked if Hazel and Betsy are visiting Hope House on an ongoing basis, not just talking over the phone and/or emailing? Reiterated the importance of BHS staff being consistent with their presence in the facility to check-in on improvements
- The Program Chief again offered to invite Clearnise Bullard to voice issues, so that as the Administrator of Hope House, she can address concerns and make improvements
- A consumer suggested that an anonymous form, is more inviting for a

<p>patient to complete and submit due to fear of staff retaliation against the patient</p> <ul style="list-style-type: none"> <li>• BHS Director, Cynthia Belon, made notes during the meeting of all the comments that were made, would like the opportunity for BHS to review and look further into the document, investigate the implementation and into the qualitative comments that were made and the quantitative as well. Both areas are important to explore further and continue the discussion further, reagendaize the matter for next month. It is important to have the opportunity to investigate further.</li> <li>• The Chair and Committee members agree with the Director and concede to her request previously mentioned, hopefully by April</li> <li>• Members agree and request that Clarice Fuller attend the next discussion</li> <li>• A request was made to obtain Hope House staffing, per shift and daily ratios, to patients. Not just staff but qualified staff</li> <li>• A request was also made to obtain information regarding the number of violent acts have taken place at Hope House?</li> <li>• The Director of CCC Health Services, Anna Roth, suggest that staff visit Hope House and conduct a comprehensive investigation that includes the staff and the nutrition/food issues. Staff liaison can do a deliberate visual of the food/nutrition situation</li> </ul>	
<p><b>X. Adjourned at 3:48pm (Committee normally ends at 3pm)</b></p>	

**FINAL MINUTES APPROVED 3/15/18**