

**QUALITY OF CARE COMMITTEE and MHSA FINANCE COMMITTEE
JOINT MEETING
MINUTES
October 17, 2019 – Final**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Quality of Care Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @ 2:13 pm</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Gina Swirsding, District I Cmsr. Douglas Dunn, District III</p> <p><u>Other Attendees:</u> Warren Hayes, Chief Mental Health Program Audrey Montana, MHSA Clerk (filling in for Executive Assistant to the Mental Health Commission)</p>	Complete Audio Recording available
<p>II. PUBLIC COMMENTS - None</p>	
<p>III. COMMISSIONERS COMMENTS-</p> <ul style="list-style-type: none"> • G. Swirsding stated Gavin Newsom is working on a bill focusing on the needs of older adults, seniors. She spoke with the Older Adult Team and they agreed to present before this Commission. We need to address the topic of mental health and older adults. They have special needs. Discussed inviting the Older Adult Team to present in January. 	
<p>IV. Joint Chair Announcements/comments</p> <ul style="list-style-type: none"> • Doug Dunn announced the MHSA Community Forum will be held in Pittsburg on November 2nd from 9:30 am to 1:00 pm at the Pittsburg Senior Center, 300 Presidio Lane. Light breakfast, lunch and childcare will be provided. 	
<p>V. APPROVE minutes from September 19, 2019 Quality of Care Committee meeting. Recommended one revision. Doug Dunn moved to approve the minutes, seconded by Gina Swirsding</p> <ul style="list-style-type: none"> • Vote: 3-0-0 Ayes: B. Serwin (Chair), G. Swirsding, D. Dunn 	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DEVELOP plans for education of the Commission on the increasing costs of inpatient hospitalization and resulting impact on Behavioral Health Services ability to provide community mental health services.</p> <ul style="list-style-type: none"> • D. Dunn provided a printed updated summary and presented contents. For 2018-2019, spending for locked facility care is seven million dollars over budget. <ul style="list-style-type: none"> ▪ Locked facilities are comprised of State hospital care (most court ordered but also has voluntary), Contra Costa Regional Medical Center (CCRMC), out of plan hospitals, IMD and managed care in-patient care. Jails are under Detention Mental Health. ▪ Cost is approximately \$1,500.00 per day and \$1,200.00 covered by 	

<p>MediCal. After 45 days, that amount becomes approximately \$400.00. An out of plan hospital could be higher (i.e. University of San Francisco rate is \$3,200). The County has contracts with six out of plan hospitals. With remaining hospitals, the County will contract at a specific rate. Rates vary. Cited data of costs. Discussed costs, new laws enacted and rates of reimbursement for past years. Interested in the future to gather gender and ethnicity data for the facilities. Recommend at the November Finance Committee meeting discuss these issues with Suzanne Tavano (Director Behavioral Health Services). Then present the issues to the full Mental Health Commission.</p> <ul style="list-style-type: none"> ▪ W. Hayes added psychiatrists usually belong to a group that negotiates the rate of compensation. The rate of compensation for group or individual psychiatrists in this County have not kept up with competitive salaries for psychiatrists. An added expense is the overhead to pay for staff to provide correct coding for billing to ensure full reimbursement. ▪ G. Swirsding addressed issue of foster youth. When released, no one to advocates for them. Many end up homeless. No one following up on them. This also includes Transition Age Youth (TAY). Actually once they turn eighteen, they are still eligible for services until they are 26. They need guidance and support. Also need poster providing information on 211. 	
<p>VII. DISCUSS plans and timeline for Commission’s position, research needs and report on addressing needed architectural and other changes at Psychiatric Emergency Services (PES).</p> <ul style="list-style-type: none"> • B. Serwin referenced the handout and timetable for PES. • W. Hayes recommended that Dr. Matthew White (Director Medical Health) or Dr. Tavano be invited to the November Quality of Care Committee meeting for an update. 	
<p>VIII. DISCUSS lack of behavioral health Medicare providers for older adults and next steps for the Commission.</p> <ul style="list-style-type: none"> • G. Swersding addressed issue of older adults and benefits. <ul style="list-style-type: none"> ▪ stated both MediCare and MediCal can withdraw benefits if the person is not following the prescribed medical regiment (i.e. not taking medication or not using CPAP machine daily). Treatment can be stopped. Patients run into blocks in the system related to continued treatment (cannot locate a doctor that accepts MediCare patients). This is especially serious for the homeless (i.e. particularly veterans who lost MediCare benefits due to mental health issues). Many who are homeless have mental health issues, did not follow medical regiment and lost their MediCare or MediCal benefits. This is a major problem. Recommend during the next count of the homeless in the County, ask if the person had once received but was then later denied benefits. Commissioner Kira Monterrey is a psychologist and works with veterans. ▪ Also an issue is older adults are home bound and do not seek or receive treatment. Suggest a mobile team focused on older adults. • B. Serwin said this is a research question. Need to determine how best to do. Suggest Commissioner Serwin work to obtain approval from the Commission to partner with someone with Behavior Health Services to 	

<p>conduct this research.</p> <ul style="list-style-type: none"> W. Hayes stated if this Committee deems this worthy of further study, make a motion and bring to the Commission to establish an Ad Hoc Committee to study these issues. This will become an Agenda item for the next Commission meeting. Can then invite subject matter experts to meet with the Ad Hoc Committee. Then report to the full Commission. G. Swersding motioned to form an Ad Hoc Committee to study the care provided to those on MediCare and/or MediCal, especially older adults. D. Dunn seconded the motion. Vote: 3-0-0 Ayes: B. Serwin (Chair), G. Swirsding, D. Dunn 	
<p>IX. INTRODUCE “Site Review Guidelines” project.</p> <ul style="list-style-type: none"> B. Serwin referenced the handout of the Site Review Project. The Executive Committee has conducted research and developed recommendations. Recommend next Quality of Care Committee meeting focus on the site visits. Issues are which population we want to focus on (i.e. administrators, clients, family members) and what information do we want from this population. Will establish guidelines to obtain this information. W. Hayes Behavioral Health’s quality review should include the MHSA Model. The MHSA Utilization Review looks at specialty mental health service delivery. Need to streamline the review process to avoid duplication of work. Agree there be such an Agenda item for the Quality of Care Committee. 	
<p>X. Adjourned Meeting at 3:39 pm</p>	