

**QUALITY OF CARE COMMITTEE MEETING
MINUTES
September 23, 2021 -- 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 @3:33 pm.</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Laura Griffin, District V Cmsr. Leslie May, District V Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Cmsr. Michael Hudson, District IV Cmsr. Joe Metro, District V Cmsr. Rhiannon Shires, District II Jennifer Bruggeman Angela Beck Lynda Kauffman Jennifer Quallick (Supv. Candace Andersen’s Ofc)</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS – None.</p>	
<p>III. COMMISSIONERS COMMENTS</p> <ul style="list-style-type: none"> (Cmsr. Leslie May) In case people are unaware, in Contra Costa County (CCC) the Board of Supervisors (BoS) voted 3-2 to let the rental assistance expire and lift the eviction moratorium. This means we will have an influx of unhoused. I do know a clerk that works in the court office told me they have already been making appointments for the landlords last month and the appointments are already full for October and into November so they are able to start eviction proceedings. I wanted to make this committee aware of that fact and we will have an influx of (not just individuals), we are talking about families, single parents with children, seniors, every constituent that will be out on the street soon because we have some judges that are arbitrarily granting these evictions. I also received word that last year during the time there were to be no evictions, they did, in fact, evict a lot of people in this county. Antioch was the number 1 city in California that had the most evictions last year during COVID. That will be coming out soon on news stations and KQED will be airing a story with one of our council members about that (Antioch). The three supervisors that put their own positions and certain constituents before the people they are here to serve. I just wanted to make everyone aware of that. 	
<p>IV. CHAIR COMMENTS</p> <ul style="list-style-type: none"> The only comment I have is that Commissioner May had forwarded the article and comments about this to me via email yesterday and it brought to mind the question of what percentage of those people might have mental health issues and there is no way to project that, really. Just the assumptions that some of those people living on the margin will have mental health issues. 	

<p>V. APPROVE minutes from the August 19, 2021, Quality-of-Care Committee Meeting.</p> <ul style="list-style-type: none"> • Cmsr. Leslie May moved to approve the minutes as written. Seconded by Cmsr. Laura Griffin. • Vote: 3-0-0 <p>Ayes: B. Serwin (Chair), L. Griffin, L. May and G. Swirsding. Abstain: none</p>	<p>Agendas and minutes can be found at:</p> <p>https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS Site Visit Program updates and issues</p> <ul style="list-style-type: none"> ➤ Feedback on Commissioner site visit training on September 6th, 2021, and the question of additional training “refreshers” ➤ Update on site visit to Blessed Care Home in Pittsburgh ➤ Decision re: replacing September Blessed Care Home with another site versus skipping temporarily and initiating October site visit of Nierika House ➤ Evaluating a very small site, e.g., six beds ➤ Completing Hume Center site visit <p>There are some Site Visit Program (SVP) updates and issues and things to decide.</p> <ul style="list-style-type: none"> • For anyone who attended the Commissioner site visit training on before the last Commission Meeting (September 6th, 2021) it would be great to receive any feedback you may have. The committee members (Cmsrs. Griffin, May and I) authored the training. We feel it is awesome but would great to get help and feedback from the rest of the commissioners. We would really like to hear what could be better, anything too long, too short or unclear. <ul style="list-style-type: none"> • (Cmsr. G. Swirsding) I liked the training and the fact you had it on video (PowerPoint) and sent the presentation to us to help review. (RESPONSE: B. Serwin) Thank you, that is good to hear. We were concerned about leaving enough time at the end for feedback and questions. It is worth sending out an email to the commission to see if we get any other comments. • There is a question if we should be conducting ‘refreshers’ of the training and we will be doing so twice a year. This is the commissioners first time through training and I was thinking on an as needed basis, if the team going out to a site would like to have a refresher that one of us could walk through the entire training or just through areas where there are specific question. A debrief after the site visit was suggested by Cmsr. Swirsding and agreed by the SVP team. • Update on site visit to Blessed Care Home in Pittsburg – We are having difficulties getting in touch with the manager of that program. We reached out several times via phone and only were once able to leave a voicemail. A second email was sent to Stacey Tupper to get updates on all the sites we had planned to get all the contact information that is most current. Any sites she doesn’t have, Jennifer Bruggeman stated she would look at the list and give me feedback. Blessed Care Home still have not heard back and sent out a letter via certified mail to both the owner’s address and the site address. We have not received any information back yet on delivery. <ul style="list-style-type: none"> • (Cmsr. Leslie May) Due to my concerns regarding Blessed Care, I sent the SVP Team copies of the report I had pulled from the Department of Social Services on Blessed Care Home. There are a lot of concerns in terms of complaints. In 2017, there was only one; but in 2018 there were five, all were substantiated; in 2019, there was one. That is seven 	<p>Documentation regarding this agenda item was shared to the Quality of Care Committee on-screen and included as handouts in the meeting packet and is available on the Mental Health Commission (MHC) website under meeting agenda and minutes:</p> <p>https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

complaints. The last visit was on 4/20/2019 and no one has gone out since until my visit last week. I did receive calls back from the state and federal government confirming receipt of the report I sent in and would be going out, but due to COVID they were trying to say it would not be soon. I informed both representatives that I had COVID, but I managed to suit up with proper PPE and go out to visit the site and that their departments more money than I do and informed them they could very well put on a HazMat suit on, booties and go visit see this site. I have not heard back since, but it concerns me that Blessed Care Home is on this list and they received (per the contract) \$38,193 for the term 10/1/2020 to 9/30/2021. The contract review date was March 1, 2021. My concern is, were they reviewed? How were they reviewed? Was this a physical review by the county? I don't see approving this location from my own observation and continuing to grant them MHSA funds.

(RESPONSE: Jennifer Bruggeman) Yes, a lot of the housing programs, particularly the community based housing programs such as board and care homes, most are funded through MHSA. In terms of who to contact to move forward with setting up site visits, I was just trying to connect Angela to the contract monitor. Each contract has their own 'monitor' and that person follows the program, is in touch with the program, does the monthly invoicing.

- (Cmsr. Barbara Serwin) Who oversees the all the contracts in general? .

(RESPONSE: Jennifer Bruggeman) There are a lot of different people in Behavioral Health Admin. It is really divided up, depending on the type of contract and there is no general oversight. When Warren Hayes was the Chief, he was over operations and all contracts were under him. When he retired, it changed a bit and they don't exactly replace his position and so all the contract monitors and there are a few different Chiefs or Managers that the various contract monitors report to. I would say they ultimately report to the Adult Program Chief.

- (Cmsr. Barbara Serwin) Just to be clear, we can't get in touch with the Blessed Care Home site Manager at all, despite Angela's efforts. Along with Cmsr. May having pointed out these issues, it makes me feel we really do need to visit this site. Yet, at the same time, we need to keep to a schedule of moving Commissioners through. We can't just stand still. We spoke on moving it out until we can get in touch with them, which means December (or in the Spring) and moving forward to the next site on our list for October and get that moving. What does everyone think about that? This is Niereka house and it is a big job.

(RESPONSE: Cmsr. Leslie May) I agree with Cmsr. Serwin. When something like this comes up, we NEED to go see this place. I was looking at the proposed schedule and I am wondering if we manage to reach somebody, that we go there in October. I don't feel it would be a problem as it is a smaller site (6 beds). And there are issues with Niereka House, as well. There are two separate teams and we could double up in October.

- (Cmsr. Barbara Serwin) My question would be to Angela, do you feel that is manageable or not. (RESPONSE: Angela Beck) Yes. We could do that if we can connect with Blessed Care Home.

- (Cmsr. Laura Griffin) I agree and, if it is not too much a problem for Angela, I think it is really important to not skip over Blessed Care to see if we can do both next month if we can get a hold of them.

<NOTE:> some back and forth regarding scheduling and site visit team members for Blessed Care (September), Niereka (October) and

Crestwood (November), with Cmsr. May suggesting a possible alternate site in Pittsburg that is a 6 bed site, as well. The decision was made to continue to try to schedule both sites in October. The site just needs adequate notice and time to notify clients and coordinate interview scheduling. Should be 21 days but the smaller site might be able to be scheduled 14 days out. Also clarifying the 'Mentor' Role.

- (Cmsr. Leslie May) Reminding the team about the Retreat in November and to be mindful of over scheduling the next few months to not overload the schedule.
- (Cmsr. Leslie May) Discussing the aspect of putting a limit on the number of interviews conducted with some of the larger facilities, particularly Crestwood in Pleasant Hill (Bridges and Pathways) scheduled for February. We need to likely try to get another interviewer or two, dependent on the percentage of interviews per beds.
- (Cmsr. Joe Metro) Suggested interviewing a quarter of the population.
- (Cmsr. Leslie May) 64 and 16, that is 80 clients that would be 20 interviews which means four to 5 interviewers.

(Cmsr. Barbara Serwin) Suggested going through one of the larger sites and get feedback what kind of response there is and have the mentors available to step in. If we made that commitment, will it be easy to line people up and there will be some no shows.

- (Angela Beck) To address Cmsr. Metro, Cmsr. Serwin and Cmsr. May's comments regarding size (number of beds), when the SVP Team was choosing the facilities, prioritizing and scheduling, this was all discussed and the number of commissioners set for each site to interview was based on a percentage goal and including the usual percentage of no shows.
- (Cmsr. Leslie May) Nierika House needs to be contacted as soon as possible. It is no longer an 18 bed house anymore, it is more like an 8 bed house and they are supposed to be moving from there. I would strongly suggest we get a letter out to them by the first of next week to try to set the site visit up as soon as possible.

(RESPONSE: Cmsr. Barbara Serwin) The letter/packet we sent out to HUME, we should review those documents and revise as appropriate for the individual sites (by size) as they were authored for mid- to larger-sized sites, not for small six to eight bed care facilities and might be overwhelming. I will commit to doing this over the weekend.

- (Cmsr. Barbara Serwin) Reviewing the process with HUME Center as a test site and what process we used. Initially, Cmsr. Serwin reached out to the Program Director via email. The idea was to test the entire process, all the communications and the report at the end. We completed most of the process up to completed all steps up to the draft report, shared with the Program Director at HUME center, received feedback and incorporated into the report. Now we need to finalize and share with the Chief of the Adult Division and the Behavioral Health Services Director, as well as the Chair and Vice Chair of the commission for any questions and then it would go out to the full Commission. My question is: Do we want to treat this as the HUME Center Site Visit? It was thorough, but it was also our first round. I feel we did a good job and we can just say this is the report until we visit the site again in the next cycle. Or we look at it again and see if there any way we want to augment it. (RESPONSE: Cmsr. Laura Griffin) Well, HUME was really good, so why not go ahead with it and see if we need to make any changes as we go on to our second and third sites.

- (Cmsr. Leslie May) We need to focus on the Children’s sites starting in March. Not sure if it will be Jennifer or Gerold but we have all the sites scheduled through February and starting in March, we need to focus on the children’s sites. There is a lot of research and reading regarding complaints and contracts. (Cmsr. Barbara Serwin) We do have a list from Gerold, but we should review with Jennifer and the SVP Team and identify what the process will be since we ran into so roadblocks regarding HIIPA and potential parental concerns when we met with the Children’s Division Chief.

Questions and Comments:

- (Cmsr. Michael Hudson) Children, are they interviewing parents, as well? (RESPONSE: Cmsr. Serwin) Yes, we have a questionnaire specifically designed for the children and one for their guardian (parent, family member or other) and there is the assumption that the family member would be present for the children’s interview. I am unsure if we discussed the situation where they are young adults. We have different questionnaires for different age groups.
- (Cmsr. Leslie May) Not sure, because (putting my other hat on as a therapist), if they are 12 or order, they don’t even have to let their parents know they are going to therapy.
- (Cmsr. Laura Griffin) Just as a reminder, we still need to go through and review/revise and finalize the questionnaires for the different age groups and parent/guardians.
- (Lynda Kauffman) I just wanted to mention that any licensed facility is going to have a resident counsel and not sure if this was already mentioned but asking the administrators to have the resident counsel talk about it, so the clients know this is an opportunity to chat and more of an invitation to meet with you. I think the resident counsel is a good place to circulate that is going to be happening. We have had a lot of individuals in and out of our programs, doing something outside (for some reason), it makes people feel more comfortable. If there is an opportunity to do something outside, as opposed to in an office, it takes away that formality a bit, making it a little more friendly. A resident counsel is usually made up of six clients and they represent the clients. They take suggestion from their peers regarding a number of issues (menus, activities, etc.). Then the resident council meets and give suggestions to the administrator. So, if you are sending a letter to the Administrator, maybe put in a notice to present to the resident counsel so there are no surprises and inviting them to participate.
- (Cmsr. Gina Swirsding) RYSE Center and those types of programs, the older kids are living at home. It is a whole different setting vs. those housed at the programs. One is stricter because they are under the care of the facility. I just wanted to share that, as far as meeting and getting permission from the parent/guardian.

VII. DISCUSS *San Francisco Bed Optimization Report* authored by Dr. Anton Bland, currently Clinical Consultant at California Department of Health Care Services, formerly Director of Mental Health Reform, San Francisco Department of Public Health and Lauren Brunner, Program Coordinator of Mental Health Reform, San Francisco Department of Public Health

I had hoped to have this topic, as well as our initial talk about our county Behavioral Health System that placement, who makes the decisions about who needs a bed at what point in time and which type of treatment bed and what to

do when there are constraints on the beds available. I wanted to first have a conversation with the 'bed' committee. This is not on the agenda but I did want to preface before moving into this agenda item:

What exactly this committee is? What roles? Who fills those roles? What exactly do they do?. We need to nail that down and I have been trying to get Dr. Tavano lined up for this, as well as Kennisha Johnson who fills a new role of overseeing this for behavioral health services and ensure that Dr. Tavano is a part of that decision making process. This committee meets on a very regular basis. Kennisha is on extended leave and we are unaware of when she will return and Dr. Tavano has no openings in her schedule.

For the next meeting, I am going to start trying to line up Dr. Tavano and reach out to past/present commissioners to see what we do know in terms of what the roles are and who is filling those roles. Then go to the next stage I had planned, to reach out to PES, 4C and 4D, as they are the primary placement staff. There are holes in that process. I cannot address this more, I just wanted to preface because what is missing and we need these members here to address.

(Cmsr. Leslie May) Most bed placement for this county are Betsy Orme and Hazel Lee and have been doing this for the last 4 years or so and Kennisha has likely moved up to be their boss and works with other staff that work on IMD placements and court forensics, etc.

San Francisco Bed Optimization Report authored by Dr. Anton Bland, currently Clinical Consultant at California Department of Health Care Services, formerly Director of Mental Health Reform, San Francisco Department of Public Health and Lauren Brunner, Program Coordinator of Mental Health Reform, San Francisco Department of Public Health. Dr. Bland was on staff (head of PES) at USCSF. The Mayor of San Francisco appointed him as the Director of Mental Health Reform for the SF Department of Public Health, which was a consulting role. He is now working at the state level with California Department of Healthcare Services.

This report is addressing the same problem we are trying to address: What is the optimum number of beds to have for the number of people we have moving throughout system at any point in time? They did have a consultancy perform an optimization simulation, using computer technology and came out with some interesting information about the people who go into the SF Behavioral Health system and had some interesting conclusions. <Screenshare> System of Care chart by Dr. Suzanne Tavano.

(Jennifer Bruggeman) The Chart shows treatment levels from most intensive to lowest level. This is not a totally comprehensive list, it is just an outline that was prepared for another presentation over a year ago but it is helpful showing the different levels and what types of facilities.

(Cmsr. Joe Metro) Do these facilities require clients be on conservatorship? Are these all locked facilities? This list is not clear. (Jennifer Bruggeman) Depending on the type of facility and the level of care, some many do not need to be conserved but some do require clients to be conserved. Again, depends on level of care and the treatment facility.

(Lynda Kauffman) Primarily conserved, only because our clients are coming from locked settings. Just from the nature of where they are coming from, naturally,

most are conserved. Some that are not conserved are coming from Crisis Residential Programs, hospitals, etc. I would say 90% of our clients are LPS Conserved but can be dropped while in or program. By no means do they need to leave immediately but they can be dropped during stay.

(Cmsr. Leslie May) Discovery House, only takes men and veterans with very serious diagnosis and stay for a certain amount of time. Wondering if they closed, as I don't see them on the list (Jennifer Bruggeman) Are they a dual diagnosis or substance use issue? The AOD programs are not listed here.

(Cmsr. Barbara Serwin) The SF Optimization Report. Looking at the categories of bed placement (not listed from most to least intensive), we see how many beds are available for each category. This would be great if we had the same sort of data as a starting point. We are talking about optimizing our needs vs what we have, of course we need to know what we have.

(Cmsr. Joe Metro) I recall (at an earlier meeting) you had presented a spreadsheet with this information and thinking it would be nice to use these categories (crisis / acute) to add to that spreadsheet. Using that, this additional identification and overview / categorizing those homes on that list based on these categories would add a lot of context to the homes, what they offer and what their capacity is and status. (RESPONSE: Cmsr. Serwin) Yes, thank you. We would need to define our categories (or go with these) and adding up the beds available. (Jennifer Bruggeman) Is this the list from Jan? I am familiar with that list, I did see it and know the county has approximately 330 and I think it's a great idea and I would be happy to help support that process and building out the list and identifying the different categories. This list from SF is a mix of behavioral health and treatment beds and is a much broader category.

(Cmsr. Barbara Serwin) Conclusions:

- Invest in additional bed capacity
- complement all behavioral health bed investments one-to-one with long-term housing placements
- Address the unique needs of specialized populations.
- Create a robust wait time and patient placement data-tracking system
- Invest in facilities with fixed beds dedicated for use in DPH clients
- Repeat bed simulation annually

(Jennifer Bruggeman) what it boils down to is there is this log-jam and the problem is there is a lack of beds at the community level, so people get stuck in these much higher levels of care than they need to be. There is nowhere for them to go because there is not enough beds in the community. There are various levels within the community setting that people need and there are different levels of support. That is really where the problem lies.

(Lynda Kauffman) Log jam at the state level, it is due to the board and care closure and what does it take to keep them open so you have more movement. I think this is a result of those closures as well.

(Cmsr. Gina Swirsding) John Muir was closed so people in West County have to go far and the biggest problem is with the kids because a lot of parents, it is hard for them to go and visit their kids in the hospital when they are hospitalized, especially if they are sent to St. Helena or farther. Some places are hard to get to without a car and many don't have vehicles. Mostly the TAY population.

(Cmsr. Jennifer Bruggeman) Permanent supportive housing is a slightly different category, different from the board and care. Those are apartments (Hope

<p>Solutions) and operate permanent supportive housing. The largest is Garden Park apartments on the Martinez/Pleasant Hill border. They have that whole complex and they are all permanent supportive housing units. (https://www.hopesolutions.org/resources-for-community-development/)</p>	
<p>VIII. Adjourned at 5:28 pm.</p>	