



CONTRA COSTA
MENTAL HEALTH
COMMISSION

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**Mental Health Commission
Quality of Care Committee Meeting
Thursday, November 18, 2021, 3:30-5:30 pm**

Via: Zoom Teleconference:

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

Join by phone:

1 646 518 9805 US

Access code: 609 413 6195

AGENDA

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair comments**
- V. APPROVE minutes from October 21st, 2021 Quality of Care meeting.**
- VI. DISCUSS status of Site Visit Program**
 - Scheduling
 - Project Management
 - Process/Documentations for small board and cares
- VII. DISCUSS purpose, organization and operations of the Behavioral Health Services (BHS) Bed Review Committee; Jan Cobaleda-Kegler, Mental Health Program Chief, Adult/Older Adult Behavioral Health, BHS and Kennisha Johnson, Mental Health Program Chief of Housing Services**
- VIII. DISCUSS the "LA County Department of Mental Health Board and Care Initiatives" presentation prepared by Maria Funk, Deputy Director of Housing and Job Development for LA County**
- IX. Adjourn**



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.

Jan Cobaleda-Kegler <Jan.Cobaleda-Kegler@cchealth.org>

Mon 10/18/2021 1:01 PM

To: You; Gerold Loenicker; Kennisha Johnson; Suzanne K. Tavano

Re: Organization of placement and liason services

Hello Barbara,

How are you? My apologies for the delay in responding but I wanted to get back to you and try to answer your questions.

I would like to include Kennisha Johnson in this communication because as Program Chief of Housing Services she monitors the beds in our housing programs. I continue to monitor crisis residential programs. Kennisha and I coordinate with each other quite often. I am available to attend MHC Quality of Care in November and provide you with more information. Hopefully Kennisha could also attend in November. I have enclosed a short outline of our meeting for your review.

Bed Review meets weekly. It has multiple agendas. I chair the meeting but there are different subject matter experts who are responsible for their part of the review. It is a complicated system with numerous moving parts that need to coordinate with each other constantly.

1. Review 4C/4D inpatient clients. 4C/4D staff meet with the Adult System of Care Managers/Supervisors, Housing Coordinator, and IMD Liaison, and Conservator for clinical review and comprehensive discharge planning.
2. Review patients hospitalized in outside hospitals
3. Crisis Residential Review. Betsy Orme is Transition Team Manager and is our liaison to Crisis Res. Betsy reports to me.
4. First and third Thursday. Board and Cares. Jim Grey is Acting Housing Coordinator. He reports to Kennisha.
5. Second and fourth Thursday. MHRC step down list. DTN LPS clients. Joe Ortega is IMD/MHRC Liaison. He reports to Matthew Luu. Linda Arzio is Conservatorship Manager. She reports to Matthew Luu.

The discussions that occur in this weekly meeting are a snapshot of ongoing coordination and treatment planning that occurs throughout the week.

Bed review and placements in BH "beds" are prioritized by medical necessity and finding the appropriate bed based on the level of care needs of the client. Level of care needs are getting routinely assessed and re-evaluated as clients improve and stabilize. The goal is to place in the least restrictive level of care to enhance overall well-being, recovery, and independence and to link clients to appropriate services.

Because level of care needs change, all the levels of our system participate in the weekly Bed Review meeting to enhance our communication and coordination of care.

I hope this answers some of your questions Barbara. Please let me know if you would like me to attend Quality of Care in November.

Take care and be well.

Jan

Jan Cobaleda-Kegler, PsyD - Mental Health Program Chief

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LA COUNTY
DEPARTMENT OF MENTAL HEALTH (DMH)
BOARD AND CARE INITIATIVES

PRESENTED BY MARIA FUNK, PH.D.
DEPUTY DIRECTOR,
HOUSING AND JOB DEVELOPMENT

OVERVIEW OF PRESENTATION

DMH Enriched Residential Care Program (DMH-ERC)

LA County COVID-19 Response in Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs)

LA County DMH Board and Care Initiatives

- Bed Tracking System
- Membership Association
- Capital Improvements

Legislation in Action: Impacts of AB 1766

LA COUNTY DMH ENRICHED RESIDENTIAL CARE (DMH-ERC)

- Program was created to provide funding for DMH clients diagnosed with Serious Mental Illness with higher acuity who would benefit from the higher level of care offered by Board and Care facilities such as care and supervision
- DMH-ERC provides funding to support clients living in Board and Care facilities including:
 - Paying the full Board and Care Rate of \$1,079.34 plus Personal and Incidental (P&I) funding of \$138 for clients who have no income at the time of referral
 - Providing an Enhanced Services Rate of \$1,000 on average designed to support clients with higher acuity who need additional services and/or have complex conditions that make it difficult to find housing without the additional funding
 - This rate may be adjusted higher for clients with specialized needs such as memory care, incontinence care or other more high-risk behavioral concerns
 - The Enhanced Services Rate also serves to support facilities that are struggling financially and need the additional funding in order to stay in business and continue serving our clients
- All clients are enrolled in ongoing mental health services through DMH, ensuring that facilities have clinical support around client challenges

COVID-19 RESPONSE IN ARFs AND RCFEs

- In LA County, DMH, in collaboration with the LA County Department of Health Services (DHS), LA County Department of Public Health (DPH), Community Care Licensing Division (CCLD) and the Veterans Administration (VA), has been at the forefront of COVID-19 response in licensed facilities by providing training, technical assistance and telephonic response to outbreaks
- All licensed facilities in LA County were prioritized for vaccination through the Federal Pharmacy Partnership, which provided three onsite vaccination clinics through Walgreens and CVS Pharmacies
 - Based on a survey conducted by DPH, 80% of facility staff and 85% of facility residents have been vaccinated
 - With high vaccination rates, there has been a drastic reduction in COVID-19 outbreaks in facilities over the last few months
- Though there has been a decline in outbreaks, DMH continues to use a survey monitoring system to quickly address outbreaks and other COVID-19 related concerns as they arise
- Through this response system, bi-weekly webinars were developed
 - As COVID-19 has slowed, these webinars continue and have broadened in scope to cover a range of topics related to best practices
 - These webinars now provide free Continuing Education Units (CEUs) needed by administrators to maintain licensure

LA COUNTY BOARD OF SUPERVISOR PRIORITIES

The ARF/RCFE closure crisis drew the attention of the LA County Board of Supervisors (LAC BOS)

LAC BOS has made preserving licensed facilities a Board priority and has passed several motions directing DMH and DHS to engage in work to preserve the system

This work was informed by a stakeholder process that helped the County better understand the needs of licensed facilities

Initiatives born out of this work include:

- Mental Health Resource Location Navigator (MHRLN) bed tracking tool
- A licensed residential facility membership association
- Capital Improvements Project

MENTAL HEALTH RESOURCE LOCATION NAVIGATOR (MHRLN) BED TRACKING TOOL

- DMH developed a real-time bed tracking tool in collaboration with DHS that has real-time information about bed availability in licensed residential facilities
- MHRLN officially launched on June 10, 2021 and was introduced to service providers and administrators on that date through a joint training and demonstration
- Currently 186 facilities are included in MHRLN, 87 ARFs and 99 RCFEs
- 117 facility administrators have registered and have direct access to the system to update vacancy information in real time
- Approximately 300 case managers have registered and can use the system to find beds for clients
- Goal is to more easily find housing for clients looking for a licensed residential facility and to reduce income loss due to unfilled beds

MEMBERSHIP ASSOCIATION

- DMH allocated \$500,000 to seed the first two years of a membership association for ARF/RCFE owners and administrators of facilities that accept low-income individuals with Serious Mental Illness, with the goal of it becoming self-sustaining by engaging facility operators to build its membership
- Association will:
 - Represent and advocate for the needs of its membership
 - Keep members up to date about legislation, funding opportunities, resources and other news related to licensed facilities
 - Host trainings and educational events free of cost for facility operators
- DMH released a Request for Proposals on February 4, 2021
- On July 27, 2021, the Board of Supervisors approved DMH's contract with the National Alliance on Mental Illness Greater Los Angeles County (NAMI GLAC) to implement the association
- NAMI GLAC developed a Steering Committee of experts/stakeholders to begin the implementation process including developing an association name, mission/vision and values, establishing an organizational structure and exploring strategies around membership recruitment
- DMH is collaborating with NAMI GLAC to encourage operators to find value in and join the association

CAPITAL IMPROVEMENTS PROJECT

- \$11.2 million was allocated by DMH to address deferred maintenance and capital improvement needs in ARFs and RCFEs
- Additional resources of \$5 million were contributed by Cedars-Sinai and administered by California Community Foundation (CCF)
 - Funds will be used in part to provide physical needs assessments of prioritized facilities, which will identify the scope of the needed improvements and inform decisions on the allocation of the \$11.2 million
 - CCF hired Genesis LA as the project manager, and they are collaborating with Brilliant Corners to leverage their previous experience implementing alternative ownership structures for licensed facilities in the San Francisco Bay Area
 - DMH hopes to explore the potential of more sustainable operational structures for facilities in LA County
- This project, which had been on hold due to COVID-19, resumed this summer
- This work will prepare LA County for State funding for Community Care Expansion

LA COUNTY FACILITY CLOSURES

Figure 1. Number of Closures of Adult Residential Facilities Serving Residents with Mental Illness by Quarter - 2016 to Present

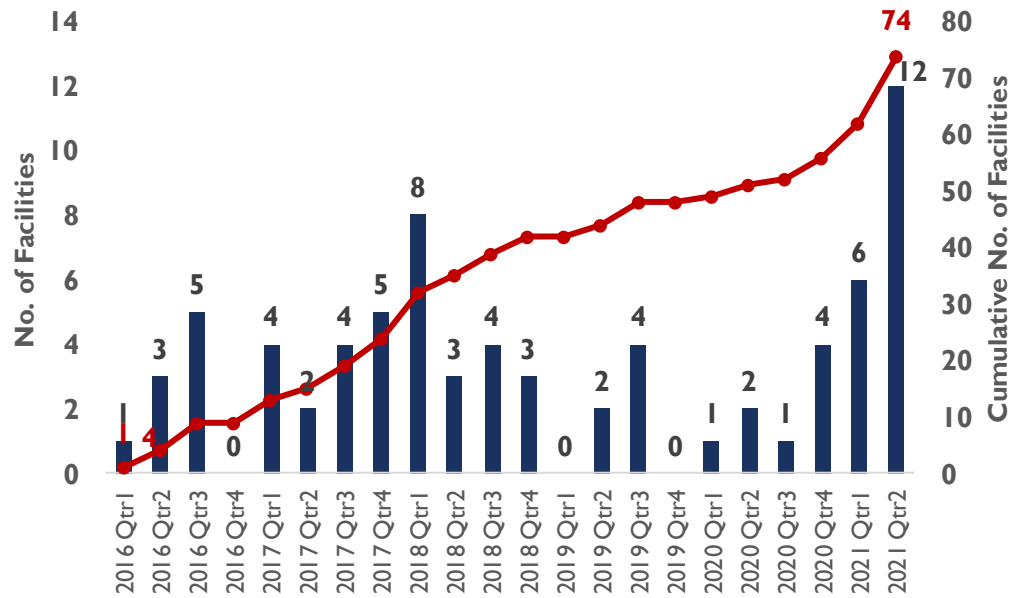
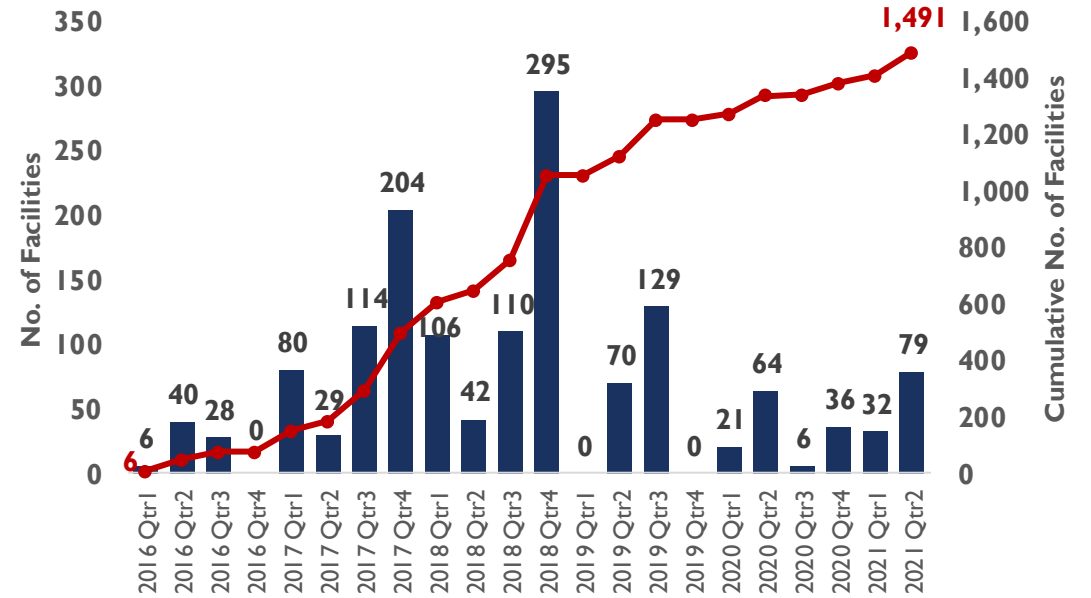


Figure 2. Number of Beds Lost in Adult Residential Facilities Serving Residents with Mental Illness by Quarter - 2016 to Present



LEGISLATION IN ACTION: AB 1766

- AB 1766 (Bloom) was co-sponsored by LA County and went into effect January 2021
 - Requires State Community Care Licensing Division (CCLD) to notify County when a facility closure occurs as well as provide a quarterly report detailing all closures
 - LA County officially started receiving these closure reports in June 2021
 - Requires CCLD to collect and provide data to Counties around which facilities accept clients with Serious Mental Illness as well as which facilities accept clients at the SSI rate
 - To date, CCLD has conducted two surveys of licensed facilities statewide

AB 1766 DATA ANALYSIS

- This survey is required by state law and asks the following voluntary but vital questions:
 1. **“Do you or would you accept a client/resident with a serious mental disorder?”**
 2. **“Do you or would you accept a client/resident whose payment for care is the SSI/SSP Non-Medical Out-of-Home Care Payment Standard?”**
- DMH provided the most current state-mandated AB 1766 dataset to The Future Organization (TFO) who did an additional analysis on the following three slides. TFO is a consultant working with NAMI-GLAC.
- Thanks to The Future Organization for allowing us to use their slides/data

SURVEY POPULATION AND METHODOLOGY

CCLD surveyed 2,886 ARFs and RCFEs in Los Angeles County in multiple phases from February 2021 through July 2021.

- The Future Organization manually filtered out survey responses from facilities that serve specific populations outside of DMH scope, such as facilities specially dedicated to clients of Regional Center and facilities serving children.
- It was discovered that CCLD had effectively conducted a “**randomized half-census**” of the Los Angeles County ARF and RCFE markets, an important statistical benchmark allowing for highly accurate estimation of the traits of the rest of the market’s populations
- CCLD’s survey attracted 593 Los Angeles County ARFs to participate, just short of 50% of the 1,203 ARFs in the County enabling high-quality statistical inference of the remaining ARF market population’s characteristics
- The CCLD survey attracted 645 Los Angeles County RCFEs to participate, just short of 45% of the 1,440 RCFEs in the County but a proportion also capable of enabling high-quality statistical inference for the rest of the market’s population

ARF INSIGHTS EXTRAPOLATED FROM THE CCLD / ABI 766 DATASET

Insight: How Many ARFs Do/Would Likely Accept a Resident with a Serious Mental Disorder?
(DMH-targeted ARFs / Los Angeles County only) (N=1,203) (Margin of error: +/- 2.9%)

YES = 50.9%
612 facilities

NO = 49.1%
591 facilities

Insight: How Many ARFs Do/Would Likely Accept a Resident Whose Payment is SSI/SSP Non-Medical Out-of-Home Care Payment Standard?
(DMH-targeted ARFs / Los Angeles County only) (N=1,203) (Margin of error: +/- 2.9%)

YES = 43.3%
521 facilities

NO = 56.7%
682 facilities

RCFE INSIGHTS EXTRAPOLATED FROM THE CCLD / ABI 766 DATASET

Insight: How Many RCFEs Do/Would Likely Accept a Resident with a Serious Mental Disorder?
(DMH-targeted RCFEs / Los Angeles County only) (N=1,440) (Margin of error: +/- 2.9%)



Insight: How Many RCFEs Do/Would Likely Accept a Resident Whose Payment is SSI/SSP Non-Medical Out-of-Home Care Payment Standard?
(DMH-targeted RCFEs / Los Angeles County only) (N=1,440) (Margin of error: +/- 2.9%)



OTHER AB 1766 CONSIDERATIONS

- LA County DMH also analyzed the data and noticed:
 - Some DMH-ERC facilities were not included in the first round of surveys
 - Some facilities that participate in the DMH-ERC program answered that they would not accept clients with Serious Mental Illness or would not accept clients with SSI income
 - DMH-ERC staff followed up with these facilities and were informed that there was some confusion around the definition of Serious Mental Illness
 - Some facilities will only accept clients for which the county is paying an enhanced rate
 - These concerns were flagged for CCLD so that this can be addressed in future reports

MOVING FORWARD

- There is still a lot of work to be done to stabilize the Board and Care System
- Primary solution is the increase of the monthly Board and Care rate to a level that would result in a sustainable business model
- The Community Care Expansion Program will bring new opportunities for these efforts
- Appreciation to the Board and Care administrators/operators that are dedicated to doing this work despite the low rates/payments, COVID-19 and other complexities that can make this work so difficult