

MENTAL HEALTH COMMISSION
QUALITY OF CARE COMMITTEE MEETING MINUTES
September 15th, 2022 - 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 @3:45 pm.</p> <p><u>Members Present:</u> Chair - Cmsr. Barbara Serwin, District II Cmsr. Laura Griffin, District V Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Cmsr. Gerthy Loveday Cohen, District III Cmsr. Douglas Dunn, District III Cmsr. Pamela Perls, District II Cmsr. Rhiannon Shires, District II Angela Beck Jennifer Bruggeman Teresa Pasquini Jen Quallick, Supv Andersen’s ofc. Lauren Rettagliata</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. Perls) Wondering if the new Care Court will have a role in directing people to treatment, which would fall back on the county and resources. (Cmsr. Dunn) Care Court will, but then the issue becomes county facilities. The state says you must provide, there will be push/pull. Housing is a big issues but also staffing because BHS staffing is a big issue around the state. • (Cmsr. Swirsding) Peer Support – The only place I have experienced or witnessed really good peer support is Rainbow House. My peer support prior to COVID has been not through county or through insurance. We need to encourage more peer support. 	
<p>IV. CHAIR COMMENTS – None.</p>	
<p>V. APPROVE minutes from the August 18th, 2022 Quality-of-Care Committee Meeting. Cmsr. L. Griffin moved to approve the minutes. Seconded by Cmsr. G. Swirsding.</p> <ul style="list-style-type: none"> • Vote: 4-0-0 <p>Ayes: B. Serwin (Chair), L. Griffin, J. Metro and G. Swirsding. Abstain: none</p>	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. UPDATE on the Department of Health Care Services (DHCS) Behavioral Health Continuum Infrastructure Program (BHCIP) Round 5: Crisis Continuum, August 4th, 2022, Listening Session, Commissioner Douglas Dunn</p>	

(Cmsr. Douglas Dunn) Roberta Chambers of Indigo Consulting just gave a fabulous presentation in our Finance Committee meeting about 45 minutes ago. Regarding Round 5, it is \$480mil statewide. It is basically covering the continuum of crisis care and can include (for adults) the Mental Health Rehabilitation Centers (MHRCs) for LPS conservatees we are trying to bring back to the county; and (for children) it could mean an inpatient psychiatric unit, although that is not happening. Roberta let us know that Contra Costa Behavioral Health Services (CCBHS) filed a letter with the DHCS supporting John Muir Behavioral Health's efforts to greatly expand its children's behavioral health services, especially the inpatient unit for children and adolescents.

There are a lot of things they hope will be accomplished with Round 5, the full detail of what will be involved in each application that is allowed will be published by DHCS by early to mid-October and; therefore, counties will have time to submit it before the end of the year.

Round 6 will basically catch the leftover from previous rounds and Dr. Chambers expects that round will likely be the most competitive submission rounds of all as that is the last chance for counties to have BHCIP fund facilities that were not included in the first five rounds. That is the information I have.

Comments and Questions:

- (Cmsr. Griffin) I am giving an update on the steering committee report meeting and I might as well just merge it into this, because it covers most of it. The only thing I would add is that at the committee meeting held on September 2nd, the same information was covered. We were told we could talk about the one project they were definitely submitting in Round 5, Brookside. I think that would make a lot of people happy to know that was pretty well in the works. The only other thing she said was changed, since the steering committee is that there are two to three projects they are looking at submitting Round 5 and two to three projects that will be submitted in Round 6. We know the Brookside project is ready to submit as soon as Round 5 opens, sometime in October.
- (Cmsr. Dunn) There also will be another for the 45-bed MHRC. They have a property in West County they are looking at.
- (Cmsr. Griffin) The Brookside property is county owned and a planned MHRC with the capacity of 45 and will have an admin wing, extra exam room, interview rooms, North and West wings, client rooms and activity space, lobby, day room, nursing station, yard and exercise area and gardening and seating area as well as offices. They are planning to submit that Round 5. Public Works is actively working on that and getting all the paperwork done to guarantee the prompt submission.
- (Cmsr. Swirsding) Is the rehab dual diagnosed patients? (RESPONSE: Cmsr. Dunn) That is one of the <interrupted by Cmsr. Serwin, cancelled out Cmsr. Dunn> when all that information becomes available to the county.
- (Teresa Pasquini) My recollection was that the Concord property was going to be some dual diagnosis beds added. I don't know about the dual diagnosis capacity at the other, but I would think so.
- (Cmsr. Perls) I wondered, dual diagnosis in this case, is substance abuse and a mental health condition. Might it also be a mental health condition and a disability? (Cmsr. Swirsding) I meant drug addiction when I said that.
- (Teresa Pasquini) I don't think that population was considered, but who knows. Didn't Roberta mention 'not for regional clients'? I thought she may have.

Documentation on this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes:

<https://cchealth.org/mentalhealth/mhc/agendas-minutes.php>

VII. REVIEW MHC Finance Committee discussion of K-12 school district contracts with Behavioral Health Services (see attached contracts and Finance Committee June meeting minutes), Commissioner Douglas Dunn

A. Seneca Outpatient Contract

B. Seneca Therapeutic Behavioral Services (TBS) Contract

Ms. Donohue who did the presentation was there and is the Executive Director for all programs for Seneca family of agencies for CCC. She spoke about the mobile response team (MRT) and the therapeutic behavioral services (TBS) contracts. She had some very interesting and excellent statistical information that I can forward on to this committee regarding suicide threats for FY 2021-22: which was almost 2300; aggression was over 1000 incidents; suicide attempts were just under 950 incidents; physical aggression (760); self-injury (672); panic attacks (80); hallucinations (179); follow-up calls (nearly 2000); crisis referral (10). In terms of the various sections of the county involved: East County had the most (2381); Central County (2188) and West County (1693); outside/unincorporated (538).

TBS, which can be a follow-on to the MRT, 210 clients continued to be served and there were 215 new enrollments, 27 persons discharged into another program.

Comments and Questions:

- (Cmsr. May) Seneca outpatient contract, how many from East County? (Cmsr. Dunn) They were divided by regions and this was the MRT contract that had 2381 MRT calls in East County.
- (Cmsr. May) Speaking to the TBS, Seneca is speaking to just CCC, correct? (Cmsr. Dunn) this contract serves just CCC.
- (Cmsr. Serwin) I looked through the contracts, but it wasn't clear to me except for what you are describing now for the MRT how many are served.
- (Cmsr. Dunn) We are talking about 7000 plus calls. These could have been multiple calls. (Cmsr. Serwin) I mean the non-mobile crisis response... (Cmsr. Dunn) 210 clients served through the TBS contract. There were also 215 new enrollments and 227 persons discharged and went to another program after the nine months.
- (Cmsr. Swirsding) I am surprised how little, I'm concerned about South County because I know several military that have medicare and are homeless in the area leaving in the Danville hills. There are a lot of people in the area that, I am concerned about reaching out to them. When you say reaching out, does it also mean follow up?
- (Cmsr. Dunn) Seneca's program, for families with children (0-18), there is one month follow up within the Seneca program for families on mediCAL. They also will accept crisis calls, like the Adult MRT / CRT does for families privately insured, but they help them handle the worst of the crisis and try to get them connected back to their private insurance. (Cmsr. Swirsding) In West County, a lot of people are being sent to Kaiser. (Cmsr. Dunn) this applies for mediCAL too, but <int Cmsr. Swirsding> they are on MediCAL but sent to Kaiser instead of Martinez <Contra Costa Regional Medical Center (CCRMC)> I just wanted to state because we have neighbor who that overdosed and was sent to Kaiser several times. I feel that for mental health issues, we need to look into that a bit more. I went to Kaiser when I broke my arm, they didn't send me to CCRMC and I'm not a Kaiser member. (Cmsr. Dunn) Unfortunately, I'm not surprised. We are all aware of the KP issues with mental health issues and lack of staff. (Cmsr. Swirsding) Alta Bates has a shortage as well, what about the County? All the hospitals are short.

<ul style="list-style-type: none"> • (Cmsr. Serwin) The only other thing I would ask is, based on our conversation with Gerold Leoniker, I am wondering from the jist of that conversation, how did you feel about the contracts, in terms of the \$\$ involved and the services and kinds of problems addressed? Or just the nature of the contract itself. (RESPONSE: Cmsr. Dunn) The feeling I have is that they feel they have sufficient funding to do the MRT. The TBS contract is very intent and would like to serve them longer if they could, but the specificity of the term ‘medICAL regulations’ and here is where Cal-AIM could be of some help. The max length of these contract could go for a client nine months. As I understand it, that isn’t a county requirement, it is a current federal requirement. • (Teresa Pasquini) It is troubling to hear this report as it feels like there has been no forward movement from the time I joined the commission in 2006 and don’t want to sound negative, but it’s just been a long running concerns about the support for families dealing with crisis. We used to have people coming to CPAW and sharing stories that were horrible. Is the commission tracking information like the number of *5150* youth. Is Seneca preventing kids form going to crisis? Is that the purpose of their contract? Isn’t that part of it? They try to de-escalate as much as they can and they say they are usually pretty successful. • (Teresa Pasquini) The data is showing that? The other comment I had, it sounds so barren and I don’t know and am just curious. What is the data showing? Is there enough going on and getting the support they need at schools? Last comment is regarding the private insurance. At one time Kaiser did really great work with families, even if they had mediCAL. I don’t think that is going on anymore. • (Teresa Pasquini) There is a huge behavioral health initiative (\$4.?bil) that the governor has put out for kids, not sure if anyone is tracking (RESPONSE: Cmsr. Serwin) I am tracking on that, unfortunately it is going to schools, a big chunk is, but not very much has been actually earmarked for mental health. It is for schools to decide how they want to use and they are encouraged to use for Mental Health. (Teresa Pasquini) There used to be really great programs here for kids and youth. John Muir was providing some services, as well. I know Robert just shared that John Muir was going to expand their contract with BHCIP • (Cmsr. Swirsding) Callie House? Does this not exist? It was before COVID. Prior to COVID I visited these places. • <Cmsr. Serwin trying to move the agenda on, out of time on this agenda item> (Cmsr. May had a question/comment not addressed) 	
<p>VIII. REVIEW high-level summary of BHS contracts reviewed to date by MHC Finance Committee, Jennifer Bruggeman, Program Manager, Mental Health Services Act (MHSA)</p>	
<p>IX. REPORT on the Behavioral Health Continuum Infrastructure Program (BHCIP) Steering Committee September 2, 2022 meeting, Commissioner Laura Griffin</p>	<p><i>Incorporated into Agenda Item VI.</i></p>
<p>X. REVIEW/DISCUSS Hope House Site Visit Report; Commissioners Joe Metro and Barbara Serwin</p> <p>Hope House Site Visit Report (included in the packet) there is an overall sight description, it is a 15 bed facility averaging 10 to 12 clients a week (ages 18-59).</p>	<p>Documentation on this agenda item were shared to the</p>

The average length of stay is 14 days with a max of 30 days. If you look at the staff, I am waiting for information back from the Program Director on a few questions regarding the staffing but overall, there are 23 staff members for 10-12 clients which is not a bad ratio. There are licensed vocational nurses on staff. Those with co-occurring substance use disorder are admitted, which is not always the case. Client disabilities are not supported, they must be ambulatory. Pamela, I don't know about intellectually/developmentally disabled.

Cmsr. Serwin ran through the list of programs offered by Hope House, but not all of the programs were commented on. We interviewed five clients for this site and two staff members, plus the Program Administrators. The questionnaires that were used were specific to these roles. In terms of the client stay, two had only been there less than two days and one had been there six months prior and did not see information on the fourth client.

We separated responses into strength and challenge areas. Overall, clients indicated they were sufficiently cared for, they felt safe and considered to be in a safe, supportive and helpful environment. The overall site administration was consistently positive in their views regarding how the team functions affectively within the organized structure of operational policies and practices. The program manager was very new at the time of the interviews and is he is a very upbeat person. I don't know how long the other two staff had been on board, but the three, together, as a team were very positive and focused on service.

One real strength was in staff training. We have not seen this as much at other sites. The clients spoke to how they enjoyed the available resources, like the library and use of television, etc. as well as the classes. They also mentioned their appreciation for the variety of groups, including therapy, meditation, yoga, coping exercises. There was a nearly a unanimous positive response to the questions related to the staff support for treatment (Cmsr. Serwin runs through questionnaire list). As we know, there are a lot of documents the patients need to review and sign off on including patients' rights, medication and side effects. They all felt this was explained and they understood.

Challenges are a lack of stepdown facilities. As expected there is a need for more funding to help with housing, more staff, increased staff compensation, additional beds and laptops for clients as we hear this repeatedly across the board. They also spoke to the need to have BHS communicate better with the facility on a regular basis and wish there was a direct line.

The site visit was conducted on April 17th and families were still not permitted meet with clients due to the COVID policy. The program director did not know where the policy came from and is questionable if the level of COVID presently is warrant the no visit policy. Staff would like more mental health crisis team to be able to intervene rather than having to call the police to intervene.

Comments and Questions:

- (Teresa Pasquini) It is a very informative report, thank you. I think the report, along with the presentation that Hope House gave last month was really informative and I enjoyed that also. I think the minutes for today's meeting from last month's meeting give a lot of good insight into the functioning of how things are going and it was such a great group of people at that facility. It is a key important facility for our system. They are the only CRT now. I was stunned by the lack of knowledge of 'peer support' and it is interesting but something to think about. We are in a county that is supposed to be known for its peer support programs, it is a bit curious why we have people that don't know what it is. It sounds like an opportunity to

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<p>educate. The denial of family visits was a red flag, denial of visits is a denial of your rights. I know that we as a family were not allowed due to COVID to visit our son's facility for several months and we understood that. Then it moved to outside visitation and there were certain protocols. Denying family/client visits is a denial of rights and it is very not okay.</p>	
<p>XI. CONFIRM K-12 Project Committee volunteers</p> <p>Volunteers are: Cmsr. May, Cmsr. Swirsding, and Cmsr. Perls, as well as Cmsr. Serwin and Cmsr. Griffin. Are they still interested? Anyone else?</p> <p>(Cmsr. Serwin) Cmsr. Griffin and I met yesterday to consolidate the brainstorming ideas we have had regarding goals and a high-level strategy for the K-12 project.</p>	
<p>XII. DISCUSS goals and high-level strategy for the K-12 project; Commissioners Laura Griffin and Barbara Serwin</p> <p>(Cmsr. Griffin) We were hoping we could brainstorm with our committee on our first meeting to get feedback. Our goal with the K-12 project is to understand how funding is being used, whether school based program services needs are being met with all our K-12 students. To identify if there is any gaps in delivery of Mental Health Services to the kids in our schools. I know this is going to be difficult to do but (like I've learned being on this commission) there is so much to our mental health issues here in this county, they are so complex, maybe we can dig deep enough and find something of use to help bring this to the forefront. We want to advocate to the county Board of Education, to school boards, District Superintendents and principals, and the BHS, the influence from BHS delivers contracts. We want to be able to advocate once we find out what the status is.</p> <p>How are we going to start? Some ideas initially thought of include: What makes a good school-based mental health care system? Include budget, dollar amount spent to each student, what is being offered to them, the number of counselors per student. Criteria for evaluating the performance of school-based services and systems, as well as a comprehensive list of components for school-based programs. Review contracts for those receiving mental health funds, do they have a needs assessment in place?</p> <p>We need to decide where to start and do we want to get research a district that something well in place already. Is it a role model we can look at and compare it and suggest what they are doing to other districts. We will have to do a deep dive into how we will do this. There is a lot of investigative work to be done. Possibly some interviews. Go on the websites to see if there is a plan and budget, what has been allocated...it is doing investigative work. Part of that is conducting interviews with superintendents, teachers, principal, school-based mental health experts. I really want to be able to speak to teachers and counselors and those with direct daily access to the students and we can get truthful information most of the time. We can talk to wellness centers to learn of gaps and successful programs, as well as the Wellness In Schools Program (WISP) team members. We spoke of developing a matrix, school districts and descriptors such as budget and per student allocation, program components, etc.</p> <p>It may not seem like much but could be more than one thinks. So we thought we would advocate to District Superintendents to whatever we found out and to the board of education.</p> <p>Comments and Questions:</p>	

<ul style="list-style-type: none"> • (Cmsr. Loveday Cohen) I am counselor at Liberty Union High School District and we just now hired mental health counselor because we received an allocation. We have been trying to different things but we need to have a turn around counselor. We have counselors that are with us and just starting the program. We don't have many applying. I know that Heritage High School is doing wonderful things. They have a NAMI group and this has been since last year. • (Cmsr. Perls) Clarification on advocating with BHS and mentioned the contracts and I just didn't catch it. (Cmsr. Griffin) Yes, we could advocate with BHS, not sure how we would do that but influence where BHS delivers contracts. 	
<p>XIII. Adjourned at 5:04 pm.</p>	