Contra Costa
Health Services

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The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

Current (2017) Members of the Contra Costa County Mental Health Commission
Duane Chapman, District I (Chair); Barbara Serwin, District II (Vice Chair); Meghan Cullen, District V; Douglas Dunn, District III; Diana MaKieve, District II; Lauren Rettagliata, District II;); Connie Steers, District IV; Gina Swirsding, District I; Jason Tanseco, District III; Michael Ward, District V; Sam Yoshioka, District IV; Candace Andersen, BOS Representative for District II, Diana Burgis, Alternate and BOS Representative for District III

QUALITY OF CARE Committee Meeting

March 16, 2017 ⬩ 3:15 p.m.-5p.m. ⬩ 1340 Arnold Drive, Room 112, Martinez

I. **Call to order/Introductions**

II. **Public comments**

III. **Commissioner's comments**

IV. **Chair announcements**

V. **APPROVE minutes from February 16, 2017 meeting**

VI. **DISCUSS, Behavioral Health Services DRAFT- Methodology of Children's Inpatient Facility Feasibility Analysis**

VII. **DISCUSS overview of Behavioral Health Services Office of Consumer Empowerment**

VIII. **DISCUSS 2017 committee goals- incorporating consumer empowerment goals**

IX. **DISCUSS and CREATE action plan for 2017**

X. **Adjourn**

In accordance with the Brown Act, if a member of the public addresses an item not on the agenda, no response, discussion or action on the item may occur. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute time limit.
If special accommodations are required to attend any meeting, due to a disability, please contact the Executive Assistant of the Mental Health Commission, at: (925) 957-5140

Mental Health Commission
Quality of Care Committee Minutes
February 16, 2017- First Draft

Agenda Item / Discussion	Action / Follow-up
I. Call to Order / Introductions The meeting was called to order by Committee Chair Barbara Serwin at 3:24 p.m. Members Present: Vice Chair- Barbara Serwin, District II Connie Steers, District IV Gina Swirsding, District I Members Absent: None Others Present: Duane Chapman, District I Douglas Dunn, District III Jill Ray, Supv. Andersen's office, District II Adam Down, CCBHS Liza A. Molina-Huntley, Executive Assistant for MHC	**Executive Assistant:** • **Transfer recording to computer.** • **Update Committee attendance** • **Update MHC Database**
II. Public Comment Doug announced the EMS 5150 SUMMIT will be on 2/22/17, at John Muir in Walnut Creek at the Ygnacio Valley facility, from 8am to 4:30pm. Chair will not be attending, defers ticket to colleague, Commissioner Connie Steers, who will be attending in her place	
III. Commissioner Comments Connie – a person known to her disappeared on a legal hold, gone for two weeks. Would like more to be done regarding the effects of psychiatric medications and other medications. More research needs to be done regarding the effects of mixing medications and how they affect the brain/behavior. Would like data to be obtained	
IV. Chair announcements/comments: • Requests questions for Vern Wallace, regarding children and adolescents programs and/or facilities, to be directed to the Chair of this committee, before the full commission meeting on March 1, 2017. The Chair will forward all questions to Vern, Program Chief of Children's and Adolescents for Mental Health • Last meeting there was not a quorum due to Connie and Gina being absent. There was an informational meeting with Vern Wallace regarding new legislation affecting long term care for children. • Gina will inform the Chair if she cannot attend the meeting	
V. APPROVE Minutes from November 17, 2016 meeting Chair reviewed and made corrections prior to the meeting. Gina moved and Connie seconded to approve the minutes as presented. **VOTE: 3-0-0 YAYS: 3 NAYS: 0 ABSTAIN: 0** **Present: Barbara, Connie, Gina** **Absent: 0**	

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	Agenda Item / Discussion	Action / Follow-up
VI.	**RECEIVE and DISCUSS feasibility analysis to create a children's inpatient treatment facility. – Warren Hayes** • **Motion to move item to March committee meeting** • **Gina moved, Connie seconds** • **VOTE: 3-0-0 YAYS: 3 NAYS: 0 ABSTAIN: 0** • **Present: Gina, Barbara, Connie Absent: none** • Chair continues with agenda • Not present for presentation, although confirmed, conflicting schedules did not allow him to be present for the presentation. Sent apologies to Chair and attendees.	**The 4D document will be request, by the Chair, to Warren**
VII.	**DISCUSS needs for quality review of county facilities- Adam Down** • A list of 54 contract facilities, were provided to the attendees Only a few of the adult and children contractors, are not listed and some are not physical sites • Members of the Commission have visited some facilities in the past, not all commissioners on a regular basis • Chair proposes a proactive role in reviewing facilities on a regular basis, and the Committee conducting its own review of the facilities to provide valuable input regarding the quality of care and what services are being provided in the facilities listed • Consider for all Commission members to visit sites to educate and contribute to the process • Designate a person to keep track of facilities and identify primary focus sites • Create or locate a standardized checklist of items to review at sites. It is believed that the MHSA Finance Committee has one in place • Presented a comprehensive list of the contract facilities, utilized in Contra Costa County, that are MHSA program funded and are reviewed by MHSA. • Medi-Cal provides: consumer advocacy, obtain complaint forms and other services to the public and recipients. Website: http://www.medi-cal.ca.gov/ which will be included in the "Welcome" packet, being prepared by Behavioral Health Administration • Behavioral Health Administration does track some complaints and can provide information, if requested. • Behavioral Health Administration does conduct consumer surveys, several times throughout the year; although, the procedure for collecting data at clinics and at CCRMC at discharge, is unknown • Noted by Gina- at the Adult clinics in both Central and West County, discharge surveys were not distributed, although they were distributed at other centers and clinics • The most recent survey was conducted by the County, approximately a month ago • Noted by Duane- Shelter Inc. received funds from MHSA, why? Would like to obtain updated information regarding what facilities were reviewed recently, confirmation and outcome of review, and how often is the facility reviewed • Noted by Adam- it is important to provide a purpose to obtain or request information from Behavioral Health Administration. The Behavioral	**Adam will try to provide the data from the most recent "Customer Satisfaction" surveys at the next meeting and will provide a list of renewals of contracts from January to June and continue to provide on a quarterly basis**

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Health division does not currently have a consolidated contract unit that can obtain information in a readily manner • Noted by Jill- information regarding Board agenda items cannot be released to the public, until 96 hours prior to the meeting, in accordance to the Brown Act so everyone obtains the information at the same time. This is for all items and all meetings. Suggestion is that a designated Commissioner reviews the Board's agenda on Thursdays, when the agenda is published, to search for items that might be of interest to the commission/ers. Not a Behavioral Health staff member, it would need to be a Commissioner. There are a large amount of items on every agenda. Every office is on the same schedule. Questions can be made to either the pertaining department, entity, or the Clerk of the Board, prior to the meeting. Items can be removed from the agenda, if deemed necessary. MHC reviews items to be entered into. • Adam conveyed that not all information can be provided upon request or within the time requested, not because BH does not want to provide the information but because it is not accessible or readily available. The Executive Assistant stressed the difficulty in accessing internal information as well. There is a desire to provide information; it just takes time to obtain. Announced that a new position was posted as a Mental Health PROGRAM CHIEF that will be responsible for directing administrative activities at Behavioral Health Administration. The new position will help solve the complexity of obtaining information and be able to consolidate, connect and coordinate the department's resources information. • Commissioner Connie inquired how to search items on the BOS agenda? • Jill suggested viewing a prior agenda, to become familiar with the format, and search items that have an "MH" (acronym for Mental Health); this identifies the funding stream (MHSA, realignment I/II, hospital). Then Connie can check where the funding source is from. The BOS agenda items that are highlighted are current and have an agenda, the agenda items, noted in black ink, do not have an agenda posted • The Chair referenced the attached legislation: **CALIFORNIA'S CHILD WELFARE CONTINUUM OF CARE REFORM**. At the February meeting, although no quorum, Vern discussed the legislation and how our county is implementing it and provided the information for review, along with the SUMMARY ATTACHED, regarding the two new legislations AB403/AB1299	
VIII. REVIEW and ACCEPT the 2016 Year end committee report **ALL documents must have "DRAFT" until final vote** • **Gina moved to motion, Connie seconds** **VOTE: 3-0-0 YAYS: 3, NAYS: 0, ABSTAIN: 0** **Present: Barbara, Connie, Gina** **Absent: none** • Gina noted that consumers are having a difficult time to obtain medical devices that are needed, a mask, which is vital to her. Contra Costa County does not have a consumer advocacy to assist in obtaining information, medicines or devices. It is very overwhelming for those who have disabilities to obtain what they need and are mentally ill,	

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	lose services. • Connie also noted others that have informed her of miscommunication or errors being made against consumers, not for consumers. The department has been contracted out to Sacramento- "Self Help". How to serve consumers better. Some information cannot be disclosed, in full detail, due to HIPPA codes. Only generalized information can be provided regarding a population, not specifics.	
IX.	**REVIEW and DISCUSS goals and action plan for 2017:** **Gina moved to motion, Connie seconds** **VOTE: 3-0-0 YAYS: 3, NAYS: 0, ABSTAIN: 0** **Present: Gina, Connie, Barbara** • Chair created report and reviewed all minutes and meetings including the prior goals set. • **Some of the goals are:** • A general statement that covers for Ad Hoc issues that appear in addressing gaps • Researching specialty mental health services • Monitoring PES • Continue to work with the criminal justice community to advocate for the improvement of care for the inmates who are mentally ill • Adam- suggests a deep dive into EQRO, will probably take two whole meetings, the way the state looks at quality of care. • **Other options for goals were discussed**: • Investigate drug and alcohol programs for mental health consumers • Investigate the deaths of the mentally ill consumers who are living in county homes and shelters	**CHAIR will email EA the goals for 2017**
X.	**Adjourned at 4:58pm**	

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Respectfully submitted,
Liza Molina-Huntley
ASA II- Executive Assistant for MHC
CCHS- Behavioral Health Administration

Methodology of Inpatient Facility Feasibility Analysis

-- Important Note --

This document provides preliminary data collected for a "draft" program feasibility proposal. It is being shared with the Mental Health Commission to provide context to the methodology used by the Behavioral Health Department in advancing this and other proposals. Figures from this document are from a variety of sources and need to be vetted more thoroughly for accuracy and completeness. These figures should not be relied on for any purpose other than for discussion of methodology and do not necessarily represent the views, priorities, and/or recommendations of the Behavioral Health Services Division or the Health Services Department.

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Background

For the twelve month period of January through December of 2013 Contra Costa placed 392 children for a total of 3,214 bed days in out of county facilities, with an average stay of 8.2 days. This represents the equivalent of utilizing 10 beds of in-patient care on an ongoing basis. At an average cost of $1,200 per day it is estimated that $3.8 million is spent in placing children in facilities outside of Contra Costa County. **(Table 1 – In-Patient Bed Costs)** The County contracts on a per person per day basis with the 14 facilities throughout California providing this type of care.

Table 1 – In-Patient Bed Costs

# Acute Care Facilities	Number of Admissions	Average Length of Stay	Average bed cost per day	Total Cost to County
14	392	8.2	$1,200	$3,857,280

Notes:

- Figures derived from PSP Insyst data claims for calendar year 2013.
- Total estimated cost to the County derived by multiplying number of admissions times average length of stay times average bed cost per day.
- For FY 2014-15 CCRMC operated the adult in-patient psychiatric unit at an average bed cost per day of $1,293 – source CCC Expenditure Detail Report #DG3854.1102, cost center 6313.
- 392 X 8.2 = 3,214 bed days contracted out. 10 beds operating 365 days per year = 3,650 bed days available.

Table 2 - Medi-Cal Revenue Lost

	# children in PES > 23 hrs.	Total Days	Cost Per Day	Total Cost	FFP @ 50%
FY 2012-13	92	119	$2,050	$243,950	$121,975
FY 2013-14	135	187	$2,050	$383,350	$191,675
FY 2014-15	175	312	$2,050	$639,600	$319,800

Notes:

- Derived from PSP Insyst claims data.
- Revenue lost calculated by multiplying total bed days in PES longer than 23 hours times $2,050 cost per day multiplied by .5 (50%).

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Table 3 – CCRMC Ward 4-D Budget

Classification	**Annual Salary+Benefits**	**# FTE For 10 Beds**	**Annual Cost**	**# FTE For 20 Beds**	**Annual Cost**
Psychiatric Technician	87,391	4	349,564	6	524,346
MH Clinical Specialists	109,561	2	219,122	3	328,683
CSW II	63,745	3	191,235	3	191,235
Clerk Senior Level	71,196	3	213,588	3	213,588
Reg. Nurse Advanced	177,456	4	709,824	6	1,064,736
Nurse Coordinator	179,592	1	179,592	1	179,592
MH Project Manager	145,137	1	145,137	1	145,137
Psychiatrist	250,604	1	250,604	2	501,208
Total Staffing Costs		19	**$2,258,666**	**25**	**$3,148,525**
Total Operating Costs			**$1,100,441**		**$2,200,882**
		Total	**$3,479,682**		**$5,349,407**

Notes:

- Staffing based upon 10 bed or 20 beds operating at full capacity utilizing three shifts.

- Staffing pattern based upon minimum treatment staff required as per WIC Title 9 Division 1 Section 1112, and augmented by administrative support and program needs adapted for children. Indirect administrative costs are not included.
- Salary and benefits calculated at mid-range salary plus .66 for benefits.
- Annual operating costs for 10 beds are estimated by dividing total FY 14-15 operating cost for adult in-patient Ward 4-C in half. ($2,200,882 X .5 = $1,100,441) - source CCC Expenditure Detail Report #DG3854.1102, cost center 6313. Rationale is that 4-C has 23 beds operating; proposal is for 10 beds operating. Annual operating costs for 20 beds are estimated to be comparable to FY 14-15 operating costs for adult in-patient Ward 4-C.
- Does not include one-time start-up costs, such as retrofitting and purchase of durable goods and supplies. MHSA Capital Facilities component funds can be utilized to pay one-time start-up costs – subject to Community Program Planning Process as per section WIC 5848(a).
- Does not include revenue offset from Federal Financial Participation (FFP) for Medi-Cal reimbursement – 10 filled beds FFP estimated at $1,341,752 for 80% Medi-Cal eligible patients ($3,354,380 X .8 = $2,683,504 X .5 = $1,341,752). Estimated revenue offset for 20 filled beds similarly calculated ($5,098,803 X .8 = $4,079,042 X .5 = $2,039,521).
- Does not include any revenues derived from contracting with other counties to utilize either unused beds or expansion of ward from 10 beds to up to 20 beds.

Table 4 – Cost Effectiveness – Preliminary Estimate

	Cost to Contract Out Beds	Cost to Operate 4-D Ward	Estimated FFP generated	Estimated Cost Savings to County
Operate 10 Beds	$3,857,280	$3,479,682	$1,341,752	$1,719,350
Operate 20 Beds	$3,857,280	$5,349,407	$2,039,521	$547,394

Notes:

- Cost savings calculated by subtracting estimated Medi-Cal Reimbursement of $1,341,752 from $3,479,682, the cost to operate 10 beds on Ward 4-D, and subtracting the net cost (3,479,682 – 1,341,752 = 2,137,930) from the $3,857,280 cost currently borne by the County to contract for comparable beds outside of the County system (3,857,280 – 2,137,930 = 1,719,350). Estimated cost savings for operating 20 beds calculated similarly.
- Does not include one-time start-up costs, such as retrofitting and durable goods and supplies. However, this cost is not factored because MHSA Capital Facilities component funds can be utilized to pay one-time start-up costs.
- Does not include any revenues derived from contracting with other counties to utilize unused beds.

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Quality of Care Committee 2016 Action Plan goals

I. Continue to advocate for the creation of crisis in-patient and residential facilities for children and adolescents

II. Continue to address gaps in medical, psychiatric, social and cultural services
- Explore and address concerns regarding time allotted for initial psychiatric exam
- Continue to monitor repairs at Crestwood to meet standard of care
- Advocate for a partial hospitalization program (PCP) for the severely mentally ill
- Respond on an ad hoc basis to acute issues brought to the Committee's attention

III. Continue to advocate for specialty mental health services for consumers who have chronic health difficulties, dual diagnosis of developmental disabilities & mental illness, and/or seniors with mental illness

IV. Continue to work with the Criminal Justice Committee to advocate for improvements in the care of inmates who are mentally ill

V. Investigate the deaths of the mentally ill consumers who are living in county homes and shelters

VI. Investigate drug and alcohol programs for mental health consumers, especially for youth (TAY population)

VII. Work with Behavior Health Services (BHS) and Contra Costa Regional Medical Centers (CCRMC) to define information needs and implement regular and adhoc reports that will answer questions regarding consumer usage and treatment, services, costs and other areas of concern and due diligence