Contra Costa
Health Services

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

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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.

QUALITY OF CARE Committee Meeting

September 21, 2017 ♦ 3:15 pm-5pm

2425 Bisso Lane, in Concord

Second floor conference room

AGENDA

I. Call to order/Introductions

II. Public comments

III. Commissioner's comments

IV. Chair announcements

V. APPROVE minutes from July 20, 2017 meeting

VI. REVIEW and DISCUSS update on the Family and Human Services committee meeting regarding the Grand Jury - Duane Chapman and Barbara Serwin

VII. DISCUSS updates from Psych Emergency Services (PES) with PES Program Chief, Victor Montoya

VIII. DISCUSS Contra Costa County Regional Medical Center's programs for consumer advocacy, grievance resolution and empowerment

IX. 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
July 20, 2017, First draft

Agenda Item / Discussion		Action / Follow-up
I.	**Call to Order / Introductions @3:26pm** **<u>Members Present</u>**: Chair- Barbara Serwin, District II Gina Swirsding, District I Meghan Cullen, District V **<u>Members Absent</u>**: Connie Steers, District IV **<u>Others Present</u>**: *Margaret Netherby, NAMI member (District V) *Haley Wilson, CPAW & Co-Chair of Systems of Care (District III) May Regan, NAMI member Doug Dunn, District III Lauren Retagliatta, District II Jill Ray, Field Rep for District II Supervisor Andersen Duane Chapman, District I Pat Godley, Chief Operating/Financial Officer for Contra Costa Health Services Warren Hayes, MHSA Program Manager Adam Down, BHS Admin Liza A. Molina-Huntley, Executive Assistant (EA) for MHC	**Executive Assistant:** • **Transfer recording to computer.** • **Update Committee attendance** • **Update MHC Database** *interested in applying to become Mental Health Commissioners for District V and District III
II.	**Public Comment** • None	
III.	**Commissioner Comments** • **Gina-** Two comments: 1) speaking to youth in West County, several consumer youth spoke favorably regarding the Family wraparound services that they received. Concerned about foster care youth not being able to receive Family wraparound services. 2) If youth, in detention, become suicidal they are sent to Psych Emergency Services (PES), then they are sent back to either Juvenile Hall or the Ranch, without hospitalization, this is a grave concern. • **Barbara-** the current Data Notebook is focused on foster care. Duane and I are working on our portion and it will be interesting to see there is a place that your comment can be documented.	
IV.	**Chair announcements/comments:** • None	
V.	**APPROVE Minutes from May 18, 2017 meeting** • **MOTION VOTE: 3-0-0** • **Gina moved to motion to approve the minutes, without corrections, and Meghan seconded the motion** • **YAYS: Barbara, Meghan, Gina NAYS: 0 ABSTAIN: 0 Absent: Connie Steers**	• **Executive Assistant will correct the minutes, finalize and post the minutes on the Mental Health County website.**
VI.	**DISCUSS consumer advocacy and grievance resolution programs and identify any possible gaps within the current County resources and summarize for further consideration-**	• **Summary of presentations made by Executive Assistant was distributed to attendees**

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• **Barbara-** the Quality of Care Committee is in the process of reviewing consumer advocacy and the grievance resolution programs in the County. The purpose is to identify the strengths and possible gaps within the current county's resources. The Committee will summarize the findings for the Commission for further consideration. In previous months, several program representatives presented information to the Committee regarding the services they provide for consumers. A summary, of these presentations, was made by the Executive Assistant which was distributed to the attendees. (See attachments) Would like an opportunity to hear, from the consumer's voice, what the strengths and gaps are of the programs presented. Possible identifying a proxy for interviewing consumers. Dr. Ann Isbell, is the contact, overseeing consumer research for the County's Behavioral Health Division, conducting focus groups regarding consumer satisfaction groups and supports the EQRO. • **Barbara-** another item to consider is to contact Contra Costa Regional Medical Center (CCRMC) to inquire regarding the quality assurance information and data. • **Gina-** asked if the Consumer Grievance form is available at all hospitals and clinics. Staff should help in providing the form. • **Adam-** It is available, in a different format. The form presented is from the Department of Health Care Services. It is available at all our clinics, Community Based Organizations (CBO's), providers, in waiting areas or upon request. • **Lauren-** the Consumer Grievance Request forms are not in 4C or available to patients in the ER (Emergency Room). Although the form appears to be simple, consumers under medication or experiencing a psychotic episode, may not be able to ask for the form or complete the form, maybe the "Office of Patient's Rights" would be able to help the consumer, by asking if the consumer has any grievances and also assist in completing the form and submitting it. Noted that question three on the form can be intimidating to a patient. • **Duane-** noted that the phone number, stated on the form, is incorrect. **Adam -**informed that all forms are in the process of being updated and corrected. The Office of Patients' Rights should be the correct office to contact and the phone number is: (925) 293-4942. If a person does call the number on the current forms, they will be directed to the Consumer Grievance Coordinator or his supervisor, the Program Manager for Quality Improvement. • **Barbara-** the available staff, for consumer grievances is minimal, wonders how they are able to handle the case work for all of Contra Costa County. • **Gina-** informed that additional information is given to consumers. A booklet called "Patients' Rights, Bill of Rights" that gives consumers contact information for filing grievances. Some consumers may not file grievances for fear of retaliation from the hospital, clinic, doctor or staff. • **Lauren-** Regarding the "Consumer Grievance Request Form," at some locations visited, during site visits, only the old forms were available with the incorrect contact information. Materials, regarding patients right's and grievances, should be available at all hospitals, clinics, PES, ER, augmented board and cares, shelters and any other facilities where	**along with materials provided by presenters.** • ***Chair will contact Dr. Ann Isbell in regards to any data that might be of interest pertaining to consumer satisfaction surveys.** • **EA- will contact quality rep at CCRMC** • **See summary** • **Next QC meeting, obtain additional data from CCRMC regarding consumer policies**

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consumers are present. • **Doug-** Connie Steers helps consumers, since the prior "Consumer Self Help Center" closed in 2012, as best she can. The scope does not include housing, which seems to be a primary gap	
VII. DISCUSS the expansion of the West County Jail facility and identify potential considerations in the planning process of the new treatment center • **Barbara- no discussion, moved to the Executive Committee for discussion**	• **Item moved to the Executive Committee agenda to be discussed further at the full commission meeting on August 2**
VIII. RECEIVE and DISCUSS the financial analysis to evaluate the feasibility of a children's inpatient treatment facility within the County- with Pat Godley, Chief Financial and Operating Officer for Contra Costa County Health Services • **Barbara-** the commission as a whole, in particular the Quality of Care Committee, has had a deep concern relating to the fact that in our county there is not a children's inpatient facility available. Vern Wallace, the Children's Program Chief and Victor Montoya, Program Chief for Psychiatric Emergency Services (PES) have attended previous meetings, to discuss this issue and the current situation. This is an important issue, and the Commission feels it is a need in the county. Both, Behavioral Health Services and the county's financial departments, created an analysis, to analyze the feasibility of converting the 4D facility, at Contra Costa Regional Medical Center (CCRMC) into a children's inpatient facility. Mr. Pat Godley was invited to discuss the feasibility further or what are the available options to consider in resolving the issue. Qualitatively there is a possible need. • **Pat-** The 4D has been analyzed for a while, the facility has remained closed for several years. There have been several reviews done regarding how to best utilize the square footage, looking into several options, including expanding surgery capabilities. The expansion was not feasible, due to the lack of volume. The issue is volume. There has to be sufficient volume to bring in enough patients to quantify the staffing of a 24/7, 365 days a year unit to be financially feasible. Volume of patients creates the need, and a sufficient volume is needed to quantify the need and make the project viable. In considering both projects, neither one had enough volume to make the project feasible to quantify the staffing. Should the volume increase in the future, it can be reconsidered, at this point in time, it is not feasible. Most recently, the children's inpatient project was reconsidered and analyzed, to see if there was enough volume to quantify a 24/7, 365 days a year unit. Again, the answer was no, the project is not feasible. On average, there is a current need for five to six beds for children's, that volume will not fill a 20-22 bed unit. There are several considerations including the initial startup costs to renovate the unit, the staffing regulations that are needed for a children's unit and the staff requirements for the size of the unit, all were calculated in the analysis, the project is still not feasible. • **Barbara-** there was other options, regarding different number of required beds, that might make it feasible • **Pat-** Whether it is 10 beds or 20, the volume need is too low, it does not support the quantification for the requirements of the project. Including	***invite PES for the next meeting** ***invite Quality Assurance rep, from CCRMC, to discuss process**

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basic housekeeping needs throughout the day, construction costs, food and other needs that would be required. Without the volume, we cannot support the staffing, back up staffing, their salaries, benefits, pensions and an entire hosts of things that are self-evident that do not make the project feasible. In an effort to consider an alternative perspective, Santa Clara County was contacted; they had just put out a "Request For a Proposal" (RFP) to do a standalone facility within their County, searching for a way for us to partner with another County. Santa Clara could not obtain a RFP to be feasible either. Santa Clara wound up contracting, outsourcing, with another facility due to the insufficient volume. Santa Clara County has an average of seven patients per day. If the neighboring counties can create a partnership, find a centralized location and consolidated funding, then the project could be feasible. It is not feasible for individual counties to create an inpatient children's facility, at least not for Contra Costa and Santa Clara Counties, at this time. Not to say that the project might be feasible in the future, if the need and the volume increase. • **Gina-** there is a need for Transitional Age Youth (TAY); is there a possibility that children and TAY divide and share the facility. Alameda County shares and divides their facility with children and TAY. Would that increase the volume enough? • **Pat-** the County is open to all options. The specific area that was considered was children (ages 0 to 18 years old,) that have acute, licensed, care facility. If there is another program, beyond what was considered that could share staffing, that might be a possibility. The option to divide and share with TAY has not been requested to be considered. To summarize and clarify- the infrastructure is available, to consider any feasible program. Renovations will be necessary and will be a onetime expenditure. The key is that there needs to be sufficient volume, whether it be a singular or combined programs, that can share staffing, (24/7- 365 days a year), to make the project financially feasible. • **Duane-** Is there a children's inpatient facility within Contra Costa County? How many beds are contracted out per day? If the facility became available, additional programs would have to be allowed in to make up for the costs, correct? • **Pat-** the County has contracted with John Muir and other different agencies. There are approximately five beds, contracted out, daily. There is a need but it is a small volume. The infrastructure is not the issue; it's the volume that is the issue. The project must be both, feasible and rational, to justify the staffing. • **Doug-** According to the California Hospital Association, there are approximately only 100 children's psychiatric beds, for ages 0-12, statewide. Children that have psychiatric needs, especially the ages 0 to 5, incur a very high cost due to the intensity of services. For adolescents and children, there has been a 30% decline in beds. With a decline in children's beds, what ages were considered in the analysis? • **Barbara-** to broaden the question- how was volume defined? • **Pat-** the number of children that have a need and are currently placed into psychiatric facilities, there is not a growth factor. The basic matrix was considering all placements, outside the county, if brought to the county would it be enough volume to quantify the project? The existing volume was considered. The current actual billing, or what is paid to	

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other facilities, is what was taken into consideration to define the volume. • **Barbara-** when the committee discussed the situation with the Children's Program Chief, it was stated that 300 children require a psychiatric facility, per year, approximately 30 per month, it can vary up to 40 per month. • **Pat-** That is correct. That is the number of children that was divided by 365 days, per year. • **Doug-** I would like to know if the children are being sent to PES because the criterion is too strict and there is nothing else available for children? • **Lauren-** this project has been discussed for the past three years. To my understanding, the project has to go through the utilization and review process, for children's acute care in a hospital. Children are admitted into a hospital and ideally, may need a two week stay in the hospital, but what happens is that the utilization and review team to get reimbursed through Medi-Cal that the hospital needs, the team member may state that the child needs a more minimal stay (24-48 hours) instead of two weeks of care. As a county, we need to be careful within the Behavioral Health Care system is the children need to be stabilized and it is not covered under acute care, by Medi-Cal. If the child is at PES and there is no availability elsewhere, then the County can become bankrupt by the administrative day costs. The county is only reimbursed the day rate to keep the child for a limited amount of days. The day rate is not enough to compensate for the costs. If 4D is opened, what will happen is that only the administrative day rate will be paid. Two different scenarios of a child being stabilized for 24 to 48 hours or receiving intensive treatment program, over a longer period, which is really what is needed for children. A step down, from the hospital acute care, is the void that is needed. Children are in PES, for an extended period of time, because Contra Costa is a caring county that doesn't want to throw anyone out on the street. PES is not the right place for children, but there is not an alternative within the county. If we are not careful about the feasibility of projects, it could bankrupt the County hospital. **Gina-** Could there be a step down unit at a skilled nursing facility or at doctor's hospitals? Use part of the facility for housing, skilled facility, a step down unit. **Pat-** The County does not own the Doctor's Medical Center; it is in bankruptcy and will be closing. We do have "Whole Person Care" program, which will be receiving $40 million per year, to hit social needs and assistance. The program will assist with non-billable assistance, not health care or mental health; it will cover social needs including housing, case management and resource assistance. The program is just getting started, hiring staff and should be fully functioning in six months or so and will be addressing some of the items that were brought up. Whole Person Care/Community Connect will be addressing a lot of issues and needs, within the county. It is a robust program that is currently in development. **Doug-** Apparently, Santa Clara did open an adolescent unit **Pat-** Santa Clara did put out an RFP and to my knowledge, it did not go through. They ended up contracting with Redwood Behavioral. To my knowledge, none of the counties are operating their own facility. **Barbara-** asked if contracting out six beds, to other counties, would	

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make the project feasible? **Pat-** once it was analyzed that our county's volume was insufficient, inquiries were made with other counties and unfortunately, none of the other counties stated an interest in partnering or committing. Our county would commit to contracting to one place but other counties would not commit to do so. **Barbara-** so that is still a possibility, if our county could obtain a commitment from another county or partner? **Pat-** yes, if our county can partner or get another county to commit, we can reconsider the possibility. Each county has their own vested interest on where they want their facility to be located. **Barbara-** has there been a cost comparison of what it would costs to have dedicated facility versus contracting out. Does the county know the costs related to contracting out? **Pat-** Yes, we have the contract rates for all facilities. I do not have them with me. **Barbara-** I am wondering what the scale of rates are, is the magnitude quite distinct? **Pat-** and again, the county having a dedicated facility, would cost double or triple, of what it would costs to contract out because we only have a need for four or five beds per day, versus staffing an entire unit for five, costs would be immense. **Barbara-** there are so many compelling qualitative factors and they have a cost and a human cost, I am wondering if in the overall analysis, is the financial part will be only factor considered, will the county look at the qualitative issues, bundled with the costs. **Pat-** the county looks at all aspects. From the children's mental health stand point, the county has put in over $12 million, into children's mental health this year. Priorities were set, match was found in programs and new programs that are being established. There is a partnership, to expand the mobile crisis unit, for both kids and adults. There is a whole host of programs and part of the budget process is included. Adults' mental health care did not receive any additional monies, only children received the added funding because it is a county priority. I am not here to say that it is enough; I am just stating that children's mental health received an increase for their programs and priorities. **Jill-** Laura's Law, was considered qualitative and as well as quantitative, and the funding was available. The jail expansion grant for mental health treatment, the county invested in the project because of the quantitative issue. The county does make decisions on based on both qualitative and quantitative, but the county cannot pretend that the money will be there. Funding sources have to be identified to keep the project going. Due to the changes at the State level, our county is investing more in children, to insure that the children are taken care of. **Lauren-** Maybe questions should be asked from the State, it seems that it is not a county problem; it appears to be more of a State problem. The Mental Health Commission needs to ask our State government. Doug has done great research. If the State only has 100 acute care beds available, in the entire State that is unacceptable. We have asked the questions from the Chief Financial Officer and he has shown us that the project is not feasible, the project can actually harm the financial stability of the County, and if we did what we know needs to be done for children. We	

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cannot make any other county partner with us or commit. But maybe the state assembly and the state senate can. This committee and the children's Program Chief and the CPAW group, have all done a lot of work and it needs to go to the next level and present it to the assembly. We need to get together and write a well written plan and inform our State that this is a problem and figure out who will help solve this problem. That is what the Mental Health Commission do. **Jill-** work with the county's legislative platform to ensure that it is in line with the county legislative platform. As individuals anyone can talk to their state electives regarding any issue. **Lauren-** agrees, as a committee and as a Commission, if we all agree and decide to bring the issue before the State- **Jill-** the Commission will bring it before the Board of Supervisors and the County's Legislative Committee. The Commission is an advisory body to the Behavioral Health Director and the Board of Supervisors. NAMI is a lobbying body. **Doug-** one last question- regarding all the uncertainty going on the Federal level regarding Medicaid and Medi-Cal, this process seems that it will get more daunting, depending on certain scenarios. Has the financial office considered any of the different scenarios? **Pat-** Not at this point, with that said it has put the brakes on any new programs. There are many uncertainties, due to the many changes, and the county needs to be cautious not to overspend. Funding sources need to be identified to maintain the program.	
IX. DISCUSS the opportunity in discovering key factors to be considered in a feasibility analysis for an inpatient children's treatment facility for Contra Costa County- **Barbara-** I think it would be interesting to know, if there are 100 beds statewide, what is the volume of the need, statewide? Since there are lots children being diverted to fit the need? **Doug-** to get back to Lauren's point, it is a State issue. **Lauren-** we need to find the stats and the data and do some research **Gina-** as Commissioners, meeting with our State electives, is important and there are some that are willing to work on these issues. If there is a child that is psychotic, releasing a child, on medications before they are stabilized can be a liability to the county. **Warren-** these meetings are important to discuss the important issues and bring them to light. The county is sympathetic to the issues that the people are passionate about and will try to help, when possible. It is important to bring the issues to light. Contra Costa County, relative to other counties, invests more money for children than the other counties. **Lauren-** our county is fortunate to have Pat as our Financial Officer, we can harm what we are trying to help, if we don't think it all the way through. Maybe we can find inexpensive ways to operate and see what other department heads come up with? Maybe make the stay more beneficial for our children that go to the Psych Emergency (PES). CPAW is discussing possible changes to the waiting area to Psych Emergency or the Behavioral Health Care Partnership one of the groups is looking into how to make PES a better place for healing for children and adults to recover and stabilize. **Barbara and Duane agreed-** maybe a representative from Utilization Review can explain to the Committee the process and costs from	• **Attendees forward suggestions to the Executive Assistant of the Mental Health Commission**

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admission to discharge. The last day of discharge is not reimbursed; it is a cost that the county absorbs. **Doug-** agrees the day of discharge the hospital doesn't get paid. Would like to find out how many children would be 5150/5250 holds, use the same analysis that is done for adults to clearly define the reimbursement costs. **Gina-** PES does not have an inviting atmosphere; there is a feeling of being imprisoned in a locked ward. That can be frightening for people having an episode or a breakdown and it can heighten their emotions and make things worse for the person. Some people, do voluntarily, admit themselves into PES and it can have a negative impression. **Barbara-** noted that the number of billing days, for inpatient acute care is only eight days. The services have been reduced to primarily only medication. Maybe we should look into billing out to PES. **Lauren-** the children being held, past the initial 23 hours, the county only receives an administrative day rate which is nothing, compared to what it costs the county to keep the child in psych emergency. Our County is keeping the children there because the County cannot find a placement for the children. **Barbara- any additional ideas, please forward to Liza (Executive Assistant) and the Committee will continue to discuss the issue and start figuring out how to restructure our next conversation.**	
X. Adjourned at 5:06 pm	

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