

Mental Health Commission
MHSA-Finance and Quality of Care Committees Joint Meeting
Thursday, March 19, 2020, 3:00-5:00pm
At: 1220 Morello Avenue, Suite 101 Conference Room, Martinez, CA

AGENDA

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. APPROVE minutes from December 19th, 2019 joint meeting**
- V. DISCUSS Hope House Grievance Process Review with invited Dr. Jan Cobaleda-Kegler, Adult/Older Adult Mental Health Program Chief**
- VI. DISCUSS Feedback on PES Remodel Options and other PES ideas and concerns with invited Dr. Matthew P. White, Medical Director, BHS**
- VII. DISCUSS 2019 MHSA-Finance Committee Accomplishments and 2020 Goals**
- VIII. DISCUSS 2019 Quality of Care Committee Accomplishments and 2020 Goals**
- IX. Adjourn**





Complaint and Grievance Procedure

TELECARE CORPORATION
Hope House Crisis Residential
300 Ilene Street, Martinez, CA 94553

Telecare Corporation Programs provide individuals served, their families/support persons, and other stakeholders, a procedure to make complaints to the Administrator of the program or to the Corporate Regional Director. Program staff protect the rights of consumers and families to file complaints, grievances and appeals. Clients and their families and caregivers have the right to express concerns related to treatment/services provided.

Complaints

- Informal Complaints can be resolved easily and promptly at the program level.
- The program administrator /designee is designated as the contact person responsible for receiving complaints, and has established a process for receiving, investigating, and responding to client/family complaints.
- Please inform a staff member immediately of your need to speak with the administrator or designee.
- The administrator will attempt to resolve the complaint with the client and/or family and/or caregivers within one working day of receiving a complaint.

Grievance

- Grievances are expressions of dissatisfaction with services, which can be oral or written.
- You may submit your concerns, complaint, or grievance in writing, verbally, or by telephone. **Business cards, and contact information for the Administrator, Clinical Director, and Clinical staff are located in the program lobby.**
- Enclosed are Telecare Complaint/Grievance forms or local payor source required forms. **Forms are also located in the program lobby or a copy can be obtained from a staff member.**
- A log for complaints, grievances, and appeals is maintained and monitored by the program. Action plans are developed based on recurring problems.

Resolution

- If the Administrator is unable to resolve the complaint or grievance to the satisfaction of the client, and/or family, the client and/or family may appeal by making an anonymous complaint by contacting Hope House Regional Director, Shannon Taylor at staylor@telecarecorp.com or Telecare's Complaint Hotline at (510) 337-7952 ext. 1421.
- If you are unsatisfied with the resolution with Telecare, you can file an appeal with the Contra Costa Behavioral Health Services Quality Improvement Coordinator at (925) 957-5131, and/or the Executive Assistant to the Mental Health Commission at (925) 957-2617.
- NAMI Contra Costa is available as a resource for family members at (925) 942-0767.

Contra Costa Hope House Stakeholder Complaint Information Procedure Flow

Telecare Corporation, CC BH Administration, Mental Health Commissioners

Type of Complaint

Procedure Flow

Current Resident, Family/Support persons, and/or other stakeholders with complaints about patient care and quality of care

1. Encourage resident, family member, or stakeholder to follow Telecare Complaint/Grievance Procedure
2. Telecare reports complaint to Jan Cobaleda-Kegler, Program Chief, CCBH
3. Jan will report this to CCBH Quality Improvement
4. CCBH Quality Improvement will notify CCBH Provider Services

Past Resident, Family/Support persons, and/or other stakeholders with complaints about patient care and quality of care

1. Encourage resident, family member, or stakeholder to follow Telecare Complaint/Grievance Procedure
2. Telecare reports complaint to Jan Cobaleda-Kegler, Program Chief, CCBH
3. Jan will report this to CCBH Quality Improvement
4. CCBH Quality Improvement will notify Provider Services

Former Employee
Complaint about Employment/Personnel issues

1. Encourage person to call Telecare HR

Current Employee
Complaint about Employment/Personnel issues

1. Encourage person to call Telecare HR



**Contra Costa
Regional Medical
Center**

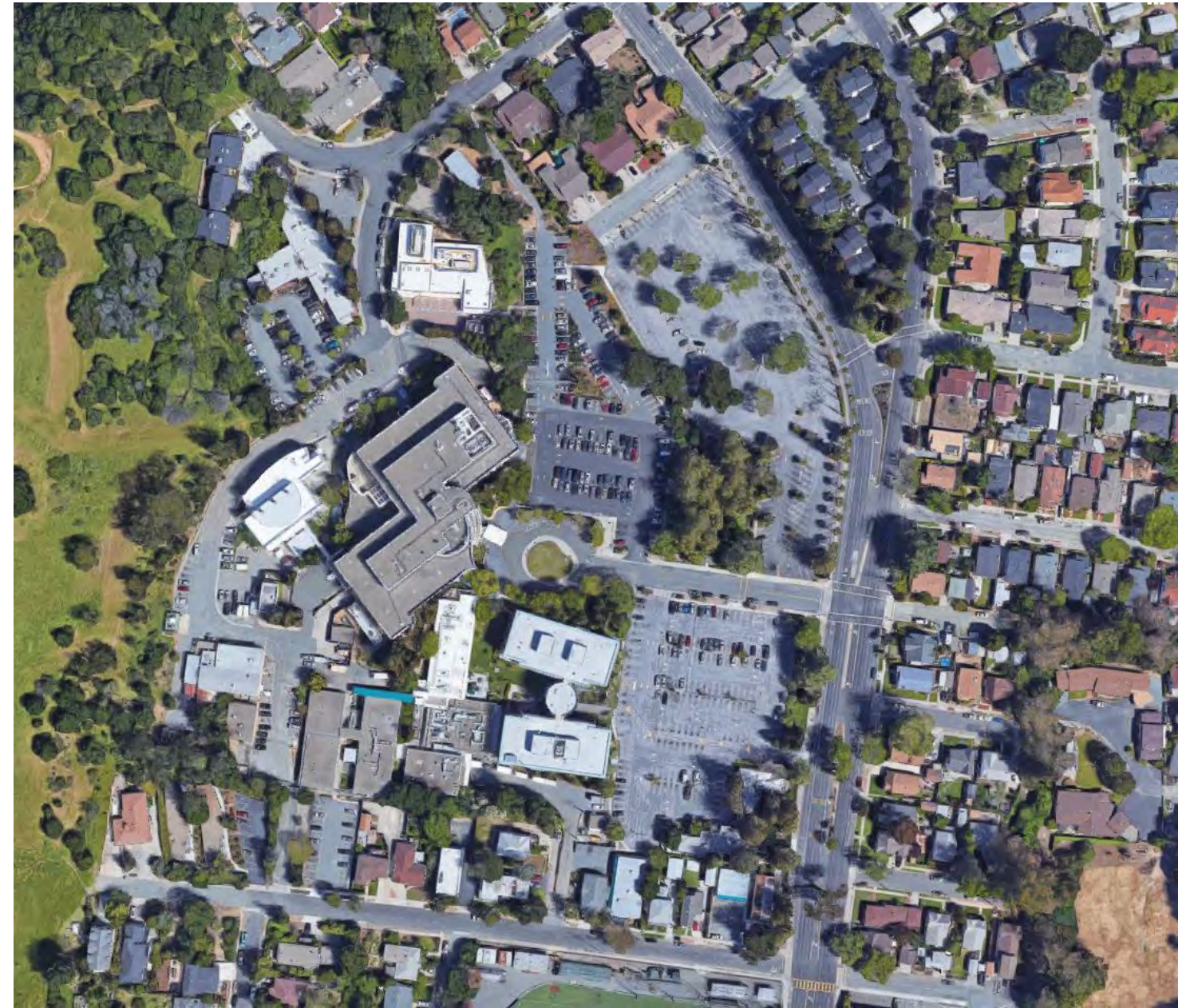
**Psychiatric Emergency
Services
Remodel Plan Options**

Report to JCC

February 3, 2020

Agenda

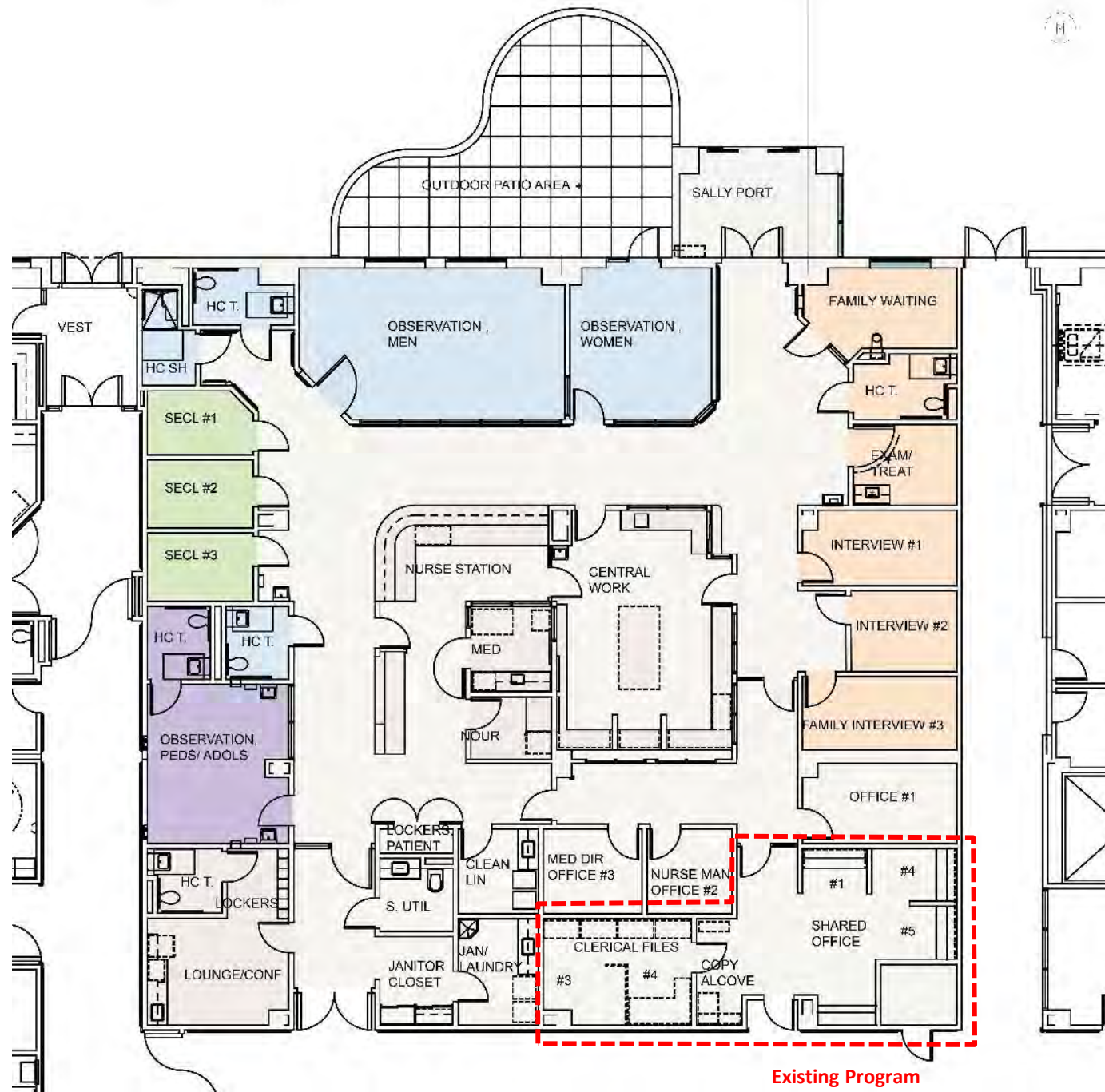
- **Project Goals**
- **Existing Layout**
- **Option 1**
- **Option 2**
- **Option 3**





Project Goals

- Explore options that will safely separate pediatric and adolescent patients from adult patients
- Enlarge Psychiatric Emergency Services (PES) space
- Provide for additional patient support space

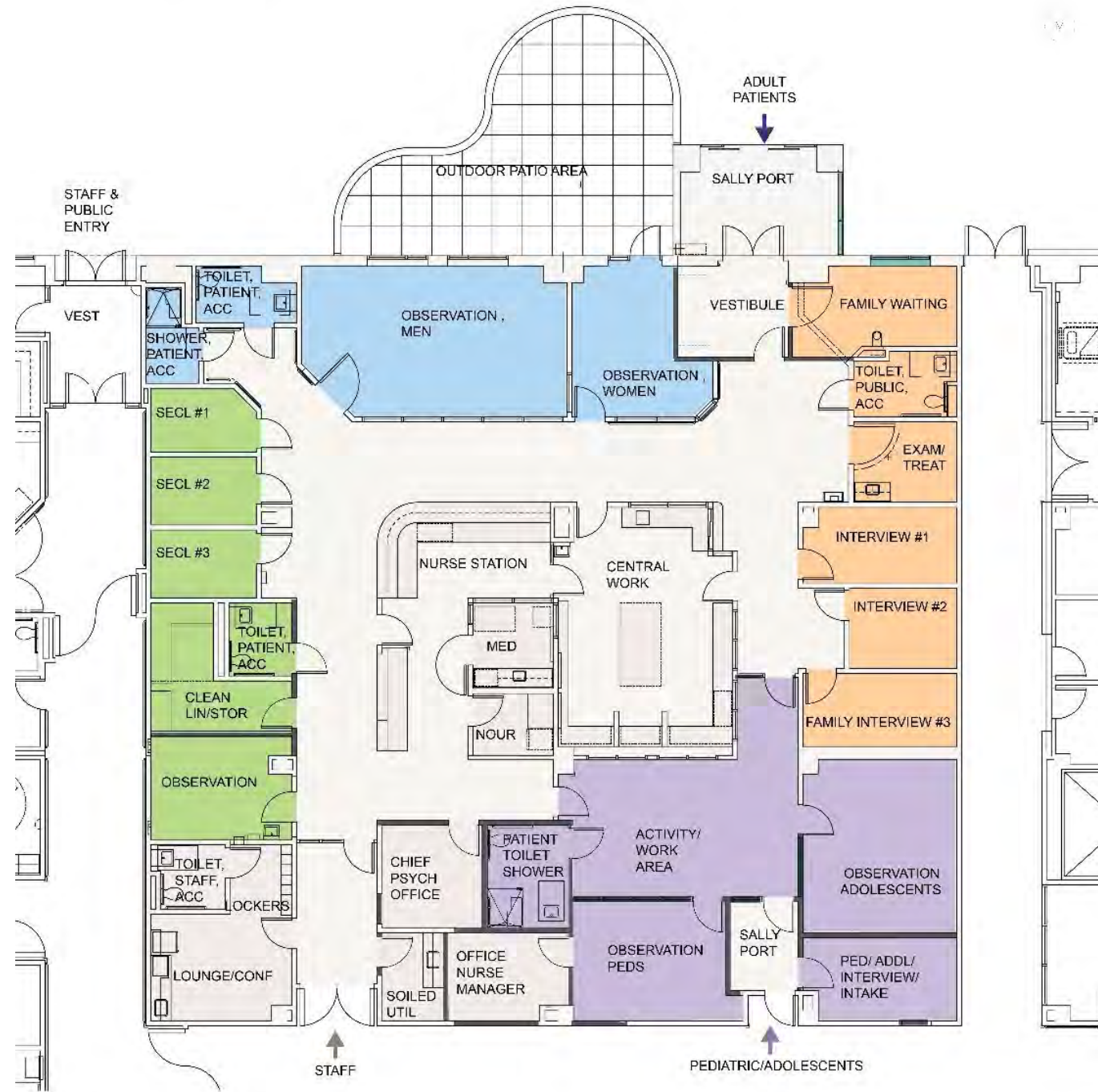


Existing Program
to be Relocated

Existing Floor Plan

- Enlarge footprint by relocating existing, non-psych space

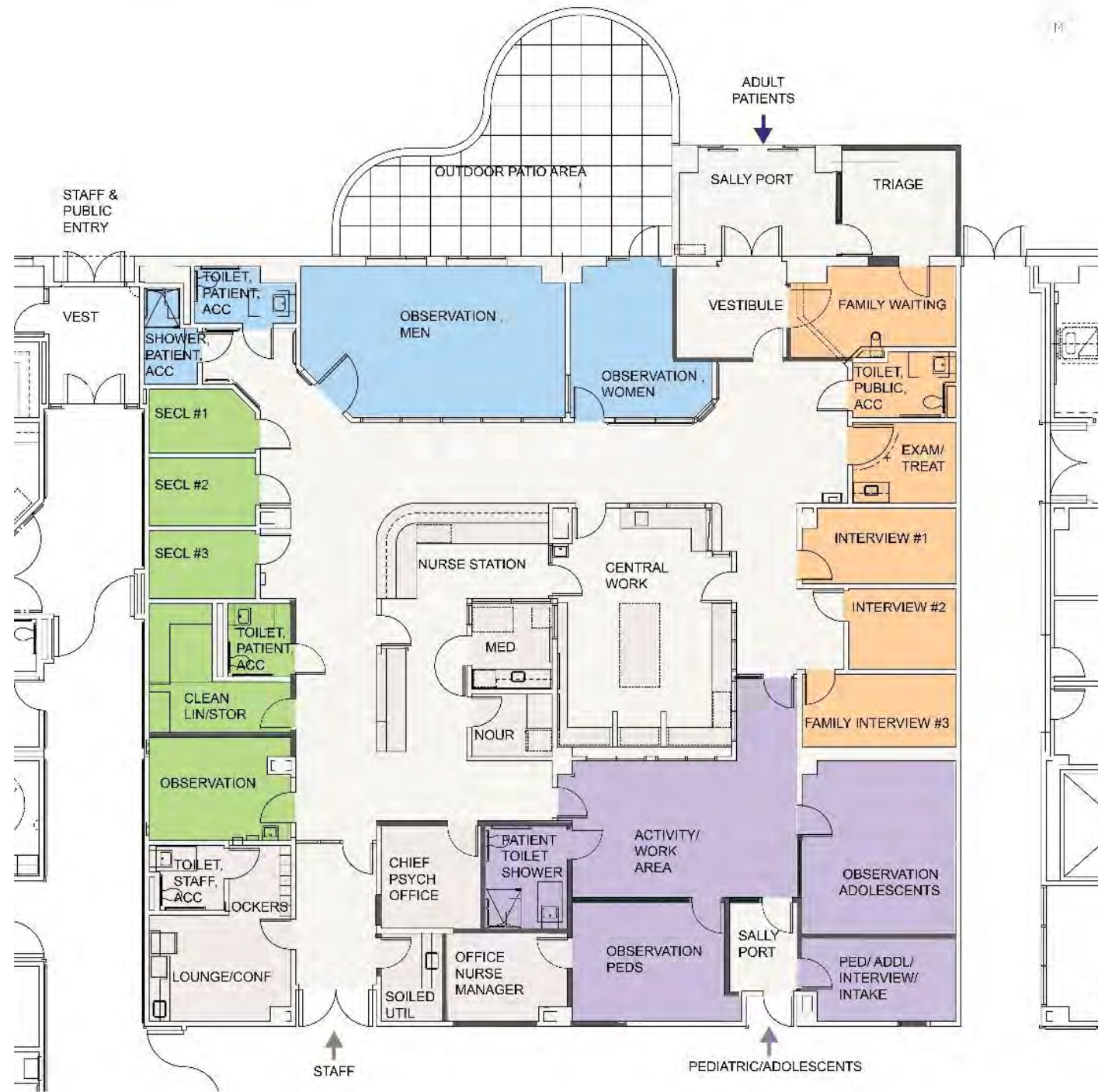
Blue - Adult Observation
Green - Seclusion and Observation
Tan - Interview Rooms
Purple – New Pediatric and Adolescent Space



Option 1

- Creates separate area for pediatric and adolescent patients away from adult patients with dedicated entrance and circulation
- Adds a Vestibule with direct access to Family Waiting Room
- Provides for additional support spaces

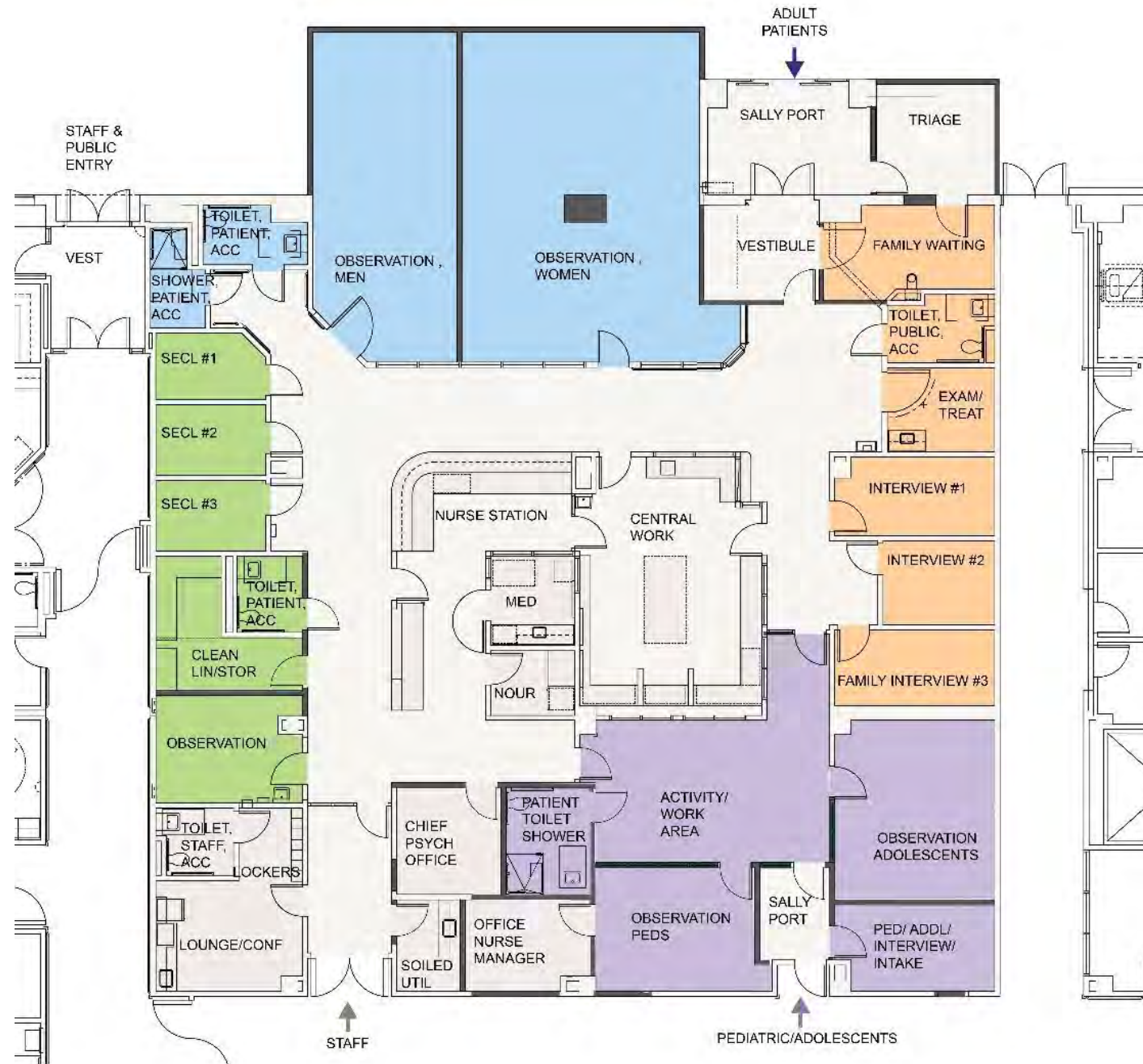
Blue - Adult Observation
Green - Seclusion and Observation
Tan - Interview Rooms
Purple – New Pediatric and Adolescent Space



Option 2

- Builds on Option 1
- Adds Triage Room to the exterior of the building which is accessible from the Sally Port and Family Waiting Room

Blue - Adult Observation
Green - Seclusion and Observation
Tan - Interview Rooms
Purple – New Pediatric and Adolescent Space



Option 3

- Builds on Option 2
- Expands the Adult Male and Female Observation Rooms

Corrected

Cost Estimate

	Current	Added Sq Ft	Total Sq Ft	Construction Cost	Project Mgt Cost	Total	\$/Sq Ft
	5,370						
Option 1		2,101	7,471	\$2,296,783	\$689,030	\$2,985,813	\$1,421
Option 2		2,265	7,635	\$3,092,272	\$927,682	\$4,019,954	\$1,775
Option 3		3,499	8,869	\$5,416,607	\$1,624,982	\$7,041,589	\$2,012

- Expansion options (Options 2 and 3) include a high cost per square foot for the building additions due to scale
- Due to the current volatility of the construction industry, the following percentages were included
 - Design Contingency – 15%
 - Bidding Contingency – 20%
 - Annual Escalation – 5%

Questions ?

Mental Health Commission MHSA-Finance Committee 2019 Accomplishments

\$7-\$10M Adult Locked Facilities Budget “Overage”

Due to the Ad Hoc Data Committee work, found out reasons Adult System Locked Facility Care has been running \$7M-\$10M over budget:

- Lack of available Institute of Mental Diseases (IMD) beds due to explosion of Incompetent to Stand Trial (IST) cases in Contra Costa County. Result:
- State Hospital beds for forensic patients (persons involved in criminal justice system) (20 beds at \$5.5M yr./\$754/day—Napa State Hospital (Napa, CA) and Metropolitan State Hospital (Downey, CA)
- LPS (mental health) out-of-county locked facility Conservatorship beds (120-150 at \$300-\$600/day based on level of treatment). Also, longer Conservatorship stays because of lack of appropriate “step down” community based programs.
- Forced high use of non CCRMC psychiatric ward beds at \$1,500 or more/day.

Regulatory Financial reasons for adult Locked Facilities budget “overage”:

- IMD Medi-Cal reimbursement exclusion for persons 21-64 years of age
- Up to 30 day Federal waiver currently available. Dept. of Health Care services must be persuaded to file for this waiver in its upcoming 1115 Waiver application.
- National Assn. of Attorneys General (NAAG) letter signed by 39 state AG’s (incl. Xavier Bacera of CA) asking Congress to permanently repeal the IMD Medicaid (Medi-Cal) reimbursement exclusion.

Financial result of federal IMD Medi-Cal reimbursement Exclusion

- Adult locked facility overage paid from state budget limited Realignment funds.
- When budgeted Realignment funds exhausted, additional county general funds will be needed to pay for this “overage.”

Housing—Kept abreast of:

- 5 filed building applications for 62 units, so far, of Permanent Supportive Housing totaling \$62M of available 2 rounds, so far, of No Place Like Home competitive bid funding.
- Use of \$1.73M in state returned MHSA Special Needs Housing funds to preserve 29 units of Special Needs Housing in central county.

Children, Adolescent, and Transition Age Youth (TAY) Mental Health: Kept abreast of:

- Changing Short-Term Residential Treatment Program (STRTP) Youth Homes refurbishing plans for 6 county very high acuity youth (ages 13-17) using \$3M of MHSA to do so.
- At the county Oak Grove property in Concord, moving forward with plans to demolish and then reconstruct on the existing foundation 20 units of Permanent Supportive Housing for very high acuity youth. Using \$6.2M in competitive No Place Like Home Funding to do so.
- Moving forward with establishing a 75 person Assertive Community Treatment (ACT) program for very high acuity youth at the county Concord Oak Grove site using an existing building.

Mental Health Commission MHSA-Finance Committee 2020 Goals

AB 1810/SB 215 “At Risk of Incompetency” Pre-Trial Jail Diversion Program

- Monitor establishment and operation of up to 25 person pre-trial diversion \$.1.25M/year Forensic Assertive Community Treatment (FACT) program. Track the costs and the number of persons admitted to this program. Also track classes of persons (self-identified gender and ethnicities) admitted and length of stay (up to 2 years) for each.

\$7-\$10M Adult Locked Facilities Budget “Overage”

Work with county Behavioral Health leadership to explore treatment and services enhancing ways to reduce and then eliminate this budget “overage.” Ideas:

- Continue to strongly advocate for the Board of Supervisors, through the California State Assn. of Counties (CSAC), to encourage DHCS to file for the up to 30 day federal IMD Demonstration Medi-Cal Reimbursement Waiver in its Sept., 2020 1115 Waiver application renewal.
- Strongly advocate for the Board of Supervisors to ask the California State Assn. of Counties (CSAC) to encourage the Dept. of Health Care Services (DHCS) to ask the federal government to permanently repeal the IMD Medicaid (Medi-Cal) Reimbursement Exclusion for persons 21-64 years of age.
- Using existing as well as new state and possible MHSA funding (SB 389), for persons coming from locked criminal justice facilities or state hospital parole or competency restoration situations, establish well designed “step down” diversion Forensic Assertive Community (FACT) programs with Supportive Housing.
- Using MHSA funding, for persons discharging from locked LPS conservatorship facilities, establish well designed “step down” Assertive Community (FACT) programs with Supportive Housing.

Adult No Place Like Home applied for projects: Monitor

- Progress of the 5 filed building applications for 62 units, so far, of Permanent Supportive Housing.
- Progress in using \$1.73M in state returned MHSA Special Needs Housing funds for preserving 29 units of housing in central county.

Children, Adolescent, and Transition Age Youth (TAY) Mental Health: Monitor:

- Establishment and setup of the 6 person Short-Term Residential Treatment Program (STRTP).
- Oak Grove \$10-11M 20 unit apartments reconstruction project (using No Place Like Home [NPLH] funds for high acuity youth (ages 13-16).
- Program Design and setup of the Oak Grove 75 person Assertive Community Treatment (ACT) program.

Juvenile Hall and Byron Ranch Mental Health Care

- Financial effect of SB 439 on level of Juvenile Hall and Byron Ranch Mental Health operations.
- Mental Health care effect of Juvenile Hall and Byron Ranch staff cutbacks.

1115 Federal Waiver Extension Application Process

- Track the state Dept. of Health Care Services application and Substance Use Disorder (SUD) funding as it relates to future MHSA funding, especially if it involves co-occurring mental health issues. The federal Dept. of Health & Human Services (HHS), because of its budget neutrality requirements, will not provide more funding the ongoing Whole Person Care program. Therefore, ongoing financial support needed.
- Find out the financial impact of using MHSA funding.
- Track and advocate for filing of federal IMD Demonstration Waiver as well as permanent IMD Medi-Cal Reimbursement Exclusion repeal.
 1. IMD Demonstration Waiver: \$1.5-\$2.5M/yr. help to Contra Costa Behavioral Health Services.
 2. Complete Repeal of IMD Medi-Cal Reimbursement Exclusion: \$25M available for other CCBHS services.

1915b Specialty Mental Health Extension Application Process

- Track the Healthier Medi-Cal for all Initiative and the 1915b state Waiver extension application process for Specialty Mental Health.
- Track and discuss financial impact of changes, particularly for Medical Necessity, Billing, and system integration (Mental Health and Alcohol and Other Drugs).

Track the Governor's office proposals to use how \$500 million in MHSA reserves (apparently Unspent Funds?) for its desired initiatives:

- Substance Use Disorder Treatment. This is very important because the federal Dept. of Health & Human Services (HHS), due to its current budget neutrality requirements, will not provide more funding the ongoing Whole Person Care program. Therefore, we need to track the potential impact to Contra Costa's MHSA budget for future years. .
- Persons w/mental illness experiencing homelessness or involved w/criminal justice system.
- Early Intervention for Youth.
- Notes counties still have more than \$500 in reserves, including Unspent Funds.
- \$161M must be shifted to Prevention and Early Intervention (PEI) by 6/30/2020.
- Proposed MHSA Reforms in May, 2020 Revised Budget proposal.
- Advocate to include local stakeholder input and feedback in this process.

Quality of Care Committee 2019 Annual Report

- Hope House: The majority of work performed by the Quality of Care Committee in 2018 related to Hope House. Over the past few years, members of the public have repeatedly reported a significant number of unresolved problems with Hope House quality of care by consumers, family and caregivers, and employees. The Committee determined that a key issue underlying the systemic lack of problem resolution was the lack of a clear and comprehensive grievance process.

The Committee tackled this problem by working with Dr. Jan Kobaleda-Kegler, Chief of the BHS Adult Division to form a workgroup to develop a new comprehensive and robust grievance process. This process needed to address grievances from consumers, family members and caregivers and employees, including employee disputes with Hope House management, which heretofore did not have a formal avenue for resolution; handle a broad range of situations ranging from grievances related to the quality of living conditions to issues related to discharge and staff interactions; and involve the contract agency, Telecare, in problem resolution when escalation was necessary, something that was not happening before. After many iterations the process is entering the test phase, which will take existing grievances and put them through the new process to see how well the process results in a satisfactory resolution.

- Psych Emergency Services: The Committee's second major focus was continuing to track on problems regarding PES quality of care. Committee members toured PES and reviewed the Grand Civil Jury 1909 report on PES published in May. It also participated in several discussion forums (e.g. the large community meeting re: PES in June and meetings of the Behavioral Care Partnership Program), and hosted meetings focusing on PES. Committee agenda items moved beyond descriptions of problems to considering potential solutions, issues of funding, and identifying the role of various decision-makers. The Committee also inspired the idea of the MHC taking a leadership role in collating and presenting community input regarding PES, including recommendations, to the Board of Supervisors. This effort will be shepherded by the Committee on behalf of the MCH and will continue into the spring or early summer of 2020. The Committee will work closely with the leadership at CCRMC and BHS in its analysis.
- Joint meetings with Finance/MHSA Committee: Many of the Quality of Care meetings in 2020 were held in conjunction with the Finance Committee, in particular on the topics of Hope House and PES. Other topics were shared as well, including the discussion led by Commission Douglas Dunn on questions regarding the \$7.1M overage of the locked facilities budget.
- Anka bankruptcy: The Committee tracked on the bankruptcy of Anka, a major contractor to BHS. The Committee's focus was primarily on the issue of continuity of care and stakeholder concerns.
- Tour of the Ranch: Members of the Committee joined the Justice Systems Committee in a tour of the juvenile custody facility known as the Ranch. The tour gave a fairly comprehensive look

at life at the Ranch. While one could always want more for such an environment, overall the quality of the facility seemed adequate. The Committee was already aware that the quality of psychological services is high at the ranch based on previous meetings with Dr. Dan Batiuchok, who oversees Ranch behavioral health services. One issue regarding mental health care that was identified by the tour is the question of whether or not controlled substance medications are given to juveniles when they are in locations lacking suitable storage and adequate medical staffing. This issue will be explored further over the next few months. The Quality of Care Committee, along with Finance, will also take a look at the reasons behind a 2019 budget cut at the Ranch and what potential impact it may have on quality of care.

- Site visits: The Committee recently took on the task of developing a site visit policy for the Commission. This is a task that has had several fits and starts over the past three years but gained momentum in 2019 by preliminary work performed by the Executive Committee. A site visit policy, procedure and guidelines will be a major goal for 2020.

Quality of Care Committee 2020 Goals

1. Hope House:

- Participate in the completion and testing of the new Hope House grievance review process.
- Review mid-year how well the process is performing according to the experiences of consumers, family members and care-givers, employees, Hope House management, Telecare Management, and BHS staff.

2. PES:

- Continue to participate and provide leadership in community and MHC efforts to collate, analysis and develop recommendations for improvement of PES quality of care.

3. Site visits:

- Develop process, policy and guidelines for MHS Commissioners to perform site visits.

4. Juvenile Detention:

- Understanding how and when mental health-related medications are dispensed at the Ranch and implications for quality of care.
- Understand the quality of care implications for 2019 budget cuts.

5. Mental health care for older adults:

- Explore the challenges of obtaining mental health care for older adults with disabilities who are on Medicare.