**QUALITY OF CARE COMMITTEE MEETING**
**MINUTES**
**March 18, 2021 - FINAL**

| Agenda Item / Discussion | Action /Follow-Up |
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| **I. Call to Order / Introductions**<br>Quality of Care Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @3:33 P.M.<br><br><u>Members Present:</u><br>Chair- Cmsr. Barbara Serwin, District II<br>Cmsr. Laura Griffin, District V<br>Cmsr. Gina Swirsding, District I<br><br><u>Members Absent:</u><br>Cmsr. Leslie May, District V<br><br><u>Presenters:</u><br>Gerold Loenicker, BHS Children and Adolescent Program Chief<br>Jennifer Bruggeman, MHSA Program Manager<br><br><u>Other Attendees:</u><br>Cmsr. Alana Russaw<br>Angela Beck<br>Rebekah Cooke<br>Akindele Omole<br>Teresa Pasquini<br>Dom Pruett<br>Stephanie Regular<br>Lauren Rettagliata | Meeting was held via Zoom platform |
| **II. PUBLIC COMMENTS**<br>• (Teresa Pasquini) First, I continue to have multiple concerns across the system of care, whether somebody is house or homeless or in a program. I know Lauren posted in the chat regarding the gentleman that was killed in Danville so this is the fourth or fifth in three years. I have some strong feelings on that and I know everyone is focused on crisis reform efforts, but from what I understand the mobile crisis team has already been out to this location to help get this person evaluated and services.<br>Second, I wanted to raise concerns about two people I personally know that I helped get them into programs. One woman was the first Laura's Law participant in Contra Costa County and the subject of a lengthy investigative report and became a success story for that program. Come to find out she is not living at home, her mother had to file multiple restraining orders and we now have an assisted outpatient treatment (AOT) client that is missing and it is concerning.<br>Lastly, another young woman who was homeless and my husband and I took into our home with our son, lived with us, she is now in a program in Pleasant Hill and has (three times) this facility been without the proper medications. I have raised awareness to leadership and have responded and there are quality assurance reports being filed, but I just want the commission to understand that these are the people I am hearing about… how many others is this happening to that don't know about? It is huge concern. There is a facility charged with treating our most seriously mentally ill people and facility has run out of their medications? I'm getting the calls | |

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| and intervening. I am doing this respectfully and sharing this respectfully but it really concerns me.<br>• (Lauren Rettagliata) The remarks from the public to the Mental Health Commission (MHC) that actually brought the mobile crisis unit out of 'mothballs' Remember during COVID, they weren't considered essential enough to be out on our streets and now they are. Our mobile crisis team needs to have teeth. I monitor the comments in the 'Next Door' app that were being posted for over two weeks before the gentlemen in Danville was shot. There was community discussion about how they were calling out the mobile crisis center, how the police were aware and yet this man has been living on the streets of Danville for a long, long time. People were doing everything they should do, calling out the mobile crisis team, but the mobile crisis team needs to have backing. The crisis intervention (CI) training that the MHC needs to be better. Obviously we need to invest more money to ensure this training infiltrates the academy, not just a one-day event that officers the department chooses to send to.<br>• (Rebekah Cooke) There is a lot of work that needs to be done. It is so ambiguous trying to figure out where to begin. It is huge, what needs to be done. Our family tried for years to get help from 211. It seems like they have stepped it up but I think it is because I was able to get connected with Suzanne Tavano and she was able to make things happen, which I am so grateful for. This man should have been picked up and in a hospital but there are no beds. | |
| **III. COMMISSIONERS COMMENTS** – None.<br>• (Cmsr. Gina Swirsding) Many consumers on medications for lengthy periods of time start developing physical problems due to the medications they are on. I find many consumers are not under medical care. They faithfully go to their psychiatrist but not getting regular physicals and bloodwork to check on other issues. If you have other physical ailments, it makes your depression and other mental health issues worse. | |
| **IV. CHAIR COMMENTS** – None. | |
| **V. APPROVE minutes from the Quality-of-Care Committee Meeting of February 18, 2021**<br>• Cmsr. Gina Swirsding moved to approve the minutes as written. Seconded by Cmsr. Laura Griffin.<br>• Vote: 3-0-0<br>Ayes: B. Serwin (Chair), L. Griffin, and G. Swirsding.<br>Abstain: none | **Agendas and minutes can be found at:**<br>https://cchealth.org/mentalhealth/mhc/agendas-minutes.php |
| **VI. REVIEW and DISCUSS list of Mental Health Services Act (MHSA) funded facilities and programs, Behavioral Health Services (BHS) owned and operated facilities, and contracted facilities for children and transitional age youth (TAY). Topics to include priorities for site visits, size of facilities and typical number of county clients. Jennifer Bruggeman, MHSA Program Manager and Gerold Loenicker, BHS Children and Adolescent Program Chief**<br>(Cmsr B. Serwin) The Committee is continuing to build out on the list of sites as part of the Site Visit program. A preliminary list for the Adult sites was completed but there are some follow up questions to address. This agenda item | |

is to go through the same process with facilities and programs related to children and transitional age youth (TAY). The committee were working from two lists at this meeting: Non-MHSA programs and the MHSA programs.

The question posed to Gerold Loenicker: What were his priority sites visits. Which sites are overdue for a review? Or what sites have issues going on that would be helpful to get the consumer perspective?

- (Gerold Loenicker) How many sites (in a quarter)? (Cmsr. B. Serwin) 12 in a year. (Gerold Leonicker) That is very realistic. In order for the Commission to get a good overview on a variety of programs, a target of eight (5) programs with different age ranges:
  - 0- to 5-year-old age range:
    - ◊ Early Childhood Mental Health in West county (Richmond).
  - School-based programs:
    - ◊ Lincoln Child Center in East County (Antioch)
    - ◊ Child Therapy Institute, two sites (**San Pablo** and Antioch)
    - ◊ Seneca – has several programs and suggested the Therapy Out-Patient (TOP) program
  - Residential program:
    - ◊ Youth Homes, which is centralized in Pleasant Hill

**Questions and Comments:**

- (Cmsr. B. Serwin) The list provided is by Agency, would it be possible for us to get a list of programs under these agencies? (Gerold Leonicker) It is agencies and contracts. Example: Seneca, we have two contracts – one contract can encompass several programs. It would only be the larger agencies that have several programs under one contact. Email with specifications of those programs to follow.
- (Lauren Rettagliata) Two additional items I would like to see on this spreadsheet for transparency and knowledge for the MHC. The amount of the contracts, the amount the county spends on each of these agencies, as well as the number of children. This would provide a clearer picture of exactly what is happening. One contract (as a commissioner) I was always concerned, but never really got to see St. Vincent's Home for boys. I do not know how many children are at this site. I understand we have had this contract for many years. I believe it is caring for some very difficult / hard to manage cases. I believe it is important to know, are we spending a $100,000 a year at St. Vincent's home for boys and serving one person or $300,000? Even on the smaller contracts, we don't really see in our county and for transparency, we should know the population and what the facility is like. How often is this facility reviewed? And by whom? In order for the commission received feedback from the one performing oversight. (RESPONSE: Gerold Loenicker) I have actually been to St. Vincent's Home for Boys. They are a long-standing good provider in Marin County. They are a short-term residential treatment program (STRTP) and you would be very impressed. It is a beautiful setting with pastures in the hilly part of Marin County with a horse stable where the residents have access to equestrian therapy with the animals. There are four houses on site and each house is its own STRTP and is quite impressive. I was able to spend a good amount of time with the clinical director. They everything an STRTP is supposed to provide therapy, medication services, behavioral support services, and has a relationship with the school district. Some programs we utilize as needed. Mental Health (per se) does not refer there, but rather child welfare and

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| probation. If the youth cannot be safely placed in family-based care, foster homes, resourced homes and need a high level of care, then they are placed in STRTPs.<br>• (Lauren Rettagliata). I had a feeling; how do we advocate? This place is very good and can places like this be envisioned for our own county? Are other children who are not being placed there receiving less treatment and care? The reason, I believe, this would be a good place for Commissioners to visit is for comparison, this is would be the 'gold star' standard, to evaluate other sites. (RESPONSE: Gerold Loenicker) I agree and would definitely recommend taking a field trip to St. Vincent's, I would definitely recommend.<br>• (Lauren Rettagliata) I would still like to see the contract amount and number served. (RESPONSE: Cmsr. B. Serwin) That is definitely our intent. Part of this Planning a Site review is understanding the size of the site, how many served and, as part of the MH mandated responsibilities, is to be reviewing contracts. This is the right time to review the site and services and compare the dollar amount to the services we are actually seeing. Gerold, can you provide the contact information or do I need to reach out to contracts to provide that? (RESPONSE) I will definitely be able to provide.<br>• (Cmsr. B. Serwin) What does TBS mean? (RESPONSE) Therapeutic Behavioral Services. It is a specialty service within children's services to provide intensive behavioral support to children who are at risk of placement in a higher level of care due to significant behavioral issues.<br>• (Cmsr. A. Russaw) It is my understanding those services are provided more in the home (TBS).<br>• (Cmsr. B. Serwin) How many residential programs (for children/youth) do we have? Five or so? (RESPONSE) We have a contract within our county with three and then St. Vincent's, Mountain Valley, Chamberlain and Fred Finch (in Oakland), so seven. La Cheim School is an STRTP.<br>• (Cmsr. B. Serwin) The West Contra Costa Unified School District (WCCUSD), do we have other school district we have a contract with? (RESPONSE) we have relationships with several districts, but there are two districts that have created their own counseling programs and have (in a way) become occasional providers to us. WCCUSD is one and Mt. Diablo is another. In addition to districts being additional providers, we have numerous organizations that provide school-based services. For example, in West Contra Costa, there is Bay Area Community Resources (BACR), Familias Unidas, Fred Finch. Community Health for Asian Americans (CHAA), Lincoln Child Center provides school-based services in East County. Seneca has a school-based day treatment program in both West and East County, as well as one in Martinez USD.<br>• (Cmsr. B. Serwin) Just to clarify, the county contracts with a program like Fred Finch to go into a school setting? (RESPONSE) Yes, that is correct.<br>• (Cmsr. B. Serwin) That is in the case of school districts that have gone back to the county for their services as opposed to providing their own? (RESPONSE) Mt. Diablo is a huge district, so they run their own counseling clinic and their own mental health enrichment day classes. We contract with them to provide the mental health components but since they are such a big district, there is room for other providers (Fred Finch in this case) to provide mental health treatment programming in other schools that the district does not. | |

- (Cmsr. G. Swisrsding) El Cerrito High School has a mental health center in the school. (RESPONSE) Yes it is an MHSA program, the James Morehouse Project.
- (Cmsr. G. Swirsding) I do know with La Cheim, the schools do refer children to that program. (RESPONSE) That is correct. In addition to a residential treatment program, the also have a non-public school-based day treatment program. There are mental health services on-site.

Moving on to the MHSA-funded programs, and the program review schedule for 2017 to 2020 provided by Jennifer Bruggeman. (Cmsr. B. Serwin) You seem to be the lead staff on a lot of the programs. (RESPONSE) Yes, I was the supervisor at the time, but we usually went out as a team of two or three and there were multiple people involved.

This list is right around the time I started with the program in 2017. This is approximately three years. We had to stop due to COVID. The MHSA site visits take place on site and focused on the Fiscal, as well as the program added piece. The last visit was Rainbow in February 2020. Once we are able to perform in-person again, we will pick back up with COPE and First Five. From this list, you will notice there is overlap with Gerold's list because some of these community-based organizations (CBOs) have multiple contracts with the county. The questions you had for Gerold, are included in the packet.

Appendix B of the three-year plan has all the program files that lists exactly who they serve, what they do and all are or partially funded by MHSA and would not include any programs that are locked treatment (MHRCs), as MHSA does not fund that type of program. Many of these are under prevention and early interventions, some are under workforce and training and community support and services. All range in contract size quite a bit. Some are very small contracts (under $100,000) and paying for one small initiative within a much larger organization. Then some are quite large (over $1mil).

**Questions and Comments:**

- (Cmsr. B. Serwin) Do you have these numbers and the contract information on a database? (RESPONSE) Yes, and I can email you directly that whole Appendix B to make it easier. I can tell you, glancing through, Fred Finch is a TAY full-service partnership (FSP) program and a larger contract. The RYSE contract is under prevention and early intervention (PEI) but fairly sizeable as well. The Rainbow Contract is large. James Morehouse is very tiny. The largest for MHSA is the HUME contract.
- (Cmsr. B. Serwin) Focusing on the large contracts seems like the obvious place to start, but there may be some contracts you feel need to be reviewed or would like to know more about the consumer experience and we are open to working with you on that, as well, in choice of our priorities. (RESPONSE) I think it would be great to start with the larger, FSP contracts. I would like to mention, if you look through Appendix B, you will see a program profile for all programs the MHSA is involved with funding. However, this program review schedule is a bit smaller. Part of the reason is there are some programs we have never reviewed, which are the small board and cares (BACs), as well as the larger (like Synergy and Everwell). Some contracts are newer and we have not had the chance to visit yet, but I do not know the reason behind not putting them on to the list. Before Warren left, he informed me there was effort to get leadership to start a different program review process for all BACs. Then COVID hit and it did not

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| happen. I wanted to put that out there as something to consider when creating the calendar.<br>• (Cmsr. B. Serwin) Considering a new and different process, what is the driver? Are the nature of the questions, how you are reviewing going to be different than what and how it is being reviewed now? (RESPONSE) Not necessarily. I believe Dr. Tavano is implementing more of a review process for all the Behavioral Health projects, not just the MHSA side, a broader effort going on. Then COVID hit and priorities shifted.<br>• (Lauren Rettagliata) During the first years of fiscal review, we did go out and visit the adult residential facilities and smaller BACs. This is how I met Joe Ortega who was at a small BAC in the Pittsburg / Antioch area. It was a huge learning process and helped this BAC become much better. Also, a lot was learned from this BAC to help other BACs. Also, we visited Pleasant Hill Manor (unsure if that is the correct dba), the adult residential facility that takes many of our elderly clients across from theater. Because of this fiscal review, we became aware of the shaky financial ground that facility was under and the county was then able to help this facility stabilize and keep it open. It was doing a good job and would have been tragic if they had gone into bankruptcy. It is very important to review these facilities. Crestwood Pleasant Hill and the Courtyard are the larger augmented BAC and these should be reviewed. I encourage the commissioners to go out and review as well. Sometimes we ask questions that are outside the box and help keep these facilities viable and improved because we ask questions about medications and diet. We ask from the perspective of placing a family member in the facility. (RESPONSE) I did not know that. It must have been before my time. I agree that we need to reintegrate them into the review process.<br>• (Teresa Pasquini) I think it is wonderful HUME is going to be the first test for the Commission. Looking at the TAY and FSP programs is a great idea. The idea was to combine some of these with the reviews so you are not duplicating efforts (commission and staff are not duplicating efforts). I only participated in a couple reviews. I did several site visits, but did a couple program and fiscal reviews before leaving the commission. They are invaluable. I am not understand the process for selection. (RESPONSE: Cmsr. B. Serwin) That is what we are trying to develop with our criteria for putting together a list. One of the main reasons I wanted the committee to meet with Jan Cobaleda-Kegler and Jennifer and Gerold to see what they recommended as priorities. Gerold's team is not review the programs regularly but the MHSA Team is.<br>• (Teresa Pasquini) It was also, always the intent, these program and fiscal reviews were created in the MHSA/Finance – meaning all other financial and was never supposed to just be MHSA programs. I understand there are some program review processes available for other programs. It is all important for the commission to know. (RESPONSE: Cmsr. B. Serwin) We can coordinate the review schedule for the year as we are trying to schedule. We have tried to carve out a niche in terms of the focus on the site visit being the consumer experience, where we are not performing a technical or fiscal review (no audits, or budget utilization), just interviewing the consumers. | |
| **VII. REVIEW and DISCUSS Site Visit report instructions and template. Update by Cmsr. Barbara Serwin** | |

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| • The idea is that not every commission will be able to sit down and look at the questionnaire responses and put together a concise report. There is a lot to ask that needs to be done. I thought we could provide a template and walk people through the process of writing the report by calling out the most important items the readers will want to know. There are instructions that go along with it to how to put the report together, have it reviewed and edited and sent off to Angela for distribution.<br>• In the early stages of research on the Site Visit Program, we did a survey of other relevant reviews - MHSA was one, in addition to San Francisco and other counties. (Report template shared on screen). We want to ensure that for every question we ask, there is a place in the report for the response or there is no point in asking the question.<br>• After reviewing the template, comments and input was solicited, if there were additional questions, headings, other observation categories, etc.<br>• (Cmsr. L. Griffin) When finding issues or 'challenges' and making suggestions and recommendations, what is our role? Can we recommend things? How aggressive can we be? (RESPONSE: Cmsr. B. Serwin) That would be under 'Recommended areas for action' an Action Plan.<br>• (Lauren Rettagliata) The one thing I am not seeing on here, are you going to be able to interview staff that you pick out to interview? I think the most important would be the direct care staff. (RESPONSE) Yes, it is a balance of keeping it consumer focused, but the committee feeling there is so much valuable information provided by staff that we want to include a percentage. Will we be able to choose was not something we had considered. I don't know how we would go about choosing which staff members but leaving to the program director. The issue there would be if there were negative reviews, the director could recommend staff that would not make negative comments or point out challenge areas. We could go by role and interview the Program Director or the staff we feel are most important to interview. | |
| **VIII. DISCUSS HUME site visit test status. Updated by Cmsr. Barbara Serwin**<br>• In progress, the scheduling and providing the administration with a letter of our intent, letter intended for clients to solicit clients and client notification that goes up the public area. We are testing all the documentation in addition to the process, as well as the documentation for each phase of the test. The site actual site review is April 23. We will report on this in May. Hopefully we will have a report written everyone's review. | |
| **IX. DISCUSS sources and strategies for identifying health care insurance company representatives for discussion of mental and physical health parity**<br>• (Cmsr. B. Serwin) Researching sources for health care insurance company representatives for a discussion of mental and physical health parity has been difficult. There are a lot of community outreach type contacts. This is not what we are looking for and believe more research looking at advocacy, as they may know who these people are. Is there a government agency that provides oversight to use as a resources? Does anyone have any suggestions or ideas on what direction to research?<br>• (Lauren Rettagliata) In California, Health insurance is regulated by the California Department of Insurance. URL: www.insurance.ca.gov and there is the health insurance section you could find information. You can get a | |

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| referral to person in the area the county. Complaints are filed there. State you are privately insured and you feel you are not receiving compensation for mental health or for an issue in mental health that you can file a complaint through them and try to get some information from there.<br>• (Cmsr. G. Swirsding) And Medicare/MedCAL has their own place to complain and I will get that number to you.<br>• (Rebekah Cooke) Are you referring to you can't be conserved if you have private insurance or something completely different?<br>(RESPONSE: Cmsr. B. Serwin) We are speaking to insurance parity and if there was parity, we wouldn't have as much of an issue. There was a big bill passed in California on this issue and the discussion started from families with private insurance were dropping their insurance in order for their family member to be conserved.<br>• (Teresa Pasquini) I would suggest finding out how the county will be working with the private insurance providers to implement this law? I would suggest contacting the authors of the bill (Senator Weiner's office). Reach out to Dr. Tavano, Michelle Cabrera and maybe someone from John Muir and Kaiser.<br>(Cmsr. B. Serwin) I had these people down and spoke to them, Dr. Tavano had no one to suggest/referrals. | |
| **X. Adjourned** at 5:35 pm. | |