

**QUALITY OF CARE COMMITTEE MEETING
MINUTES
May 20, 2021 - 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 @3:33 pm.</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Laura Griffin, District V Cmsr. Leslie May, District V</p> <p><u>Members Absent:</u> Cmsr. Gina Swirsding, District I</p> <p><u>Other Attendees:</u> Cmsr. Joe Metro, District V Angela Beck Akindele Omole Jason Thomas</p>	Meeting was held via Zoom platform
II. PUBLIC COMMENTS – None.	
III. COMMISSIONERS COMMENTS – None.	
IV. CHAIR COMMENTS This meeting will be adjourned at 5:00 pm today.	
<p>V. APPROVE minutes from the Quality-of-Care Committee Meeting of March 18, 2021.</p> <ul style="list-style-type: none"> • Cmsr. Leslie May moved to approve the minutes as written. Seconded by Cmsr. Laura Griffin. • Vote: 3-0-0 <p>Ayes: B. Serwin (Chair), L. Griffin, and Leslie May. Abstain: none</p>	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS HUME site visit test and timeline for starting formal site visits in August 2021, Commissioner Laura Griffin.</p> <p>Site Visit Test Team is working on the Draft Report for the HUME site visit on April 23, 2021. We hope to have it ready to present at the June 2nd full Mental Health Commission (MHC) meeting. Next steps are selection of sites to visit (June 21st) at the MHC meeting on July 7th, we will be sending out the site visit signups to the commissioners. On Wednesday, August 4th, before the MHC meeting, there will be a site visit training. This training will take place 8/4/21 3:30pm (to 4:30pm) the MHC meeting will start at 4:30pm. This will be for the commissioners that will be conducting site visits August through December (one per month).</p>	

VII. DISCUSS factors for selecting Behavioral Health Services (BHS) and Mental Health Services Act (MHSA) adult sites to visit and PROPOSE candidate sites for site visits over the next twelve months, Commissioner Barbara Serwin.

We have an updated list of sites from Behavioral Health Services (BHS) that represents all the sites that are being managed, contracted, and manage relationships with BHS. We have the list from the MHSA, as well. I would like to use this time to clarify the factors we are using to choose sites to visit; and then actually go through and choose the sites for the remainder of the year or for the next twelve months.

To recap the factors for selecting sites for site visits.

- Size of the contract – little and big are both important. Sites with large contracts, particularly those coming up for review within the coming year are important to visit.
- When was the last site review – BHS doesn't have a formal review plan and is more of a continuous review process/rapid check in on a frequent basis, as opposed to going out to the site, walking the site and formally interviewing patients and staff? MHSA does have an in-depth site visit program and we can look at the date of visit to see which sites have not been visited in the last three years.
- Sites with challenges and/or flagged for improvements – there are sites that had challenges that we are aware of and we may want to take the time to check in on now. There are sites that individual commissioners may have expressed a specific interest in visiting. We should be open to honoring that.

Those are the main drivers to selecting sites, does anyone else have factors that should be included in site selection? (Cmsr. L May / Cmsr. L Griffin) In agreement.

Contra Costa Behavioral Health (CCBH) Contracted Licensed Adult Residential Facilities (ARFs) list from Jan Cobaleda-Kegler, Mental Health Program Chief for CCBHS Adult/Older Adult Behavioral Health, sent an updated list as of May 19, 2021 was shared on screen. Questions regarding Everwell/Psynergy not included on the list initially and why we are not using more these facilities more. (There is some question of total beds vs how many CCC beds utilized). We can approach by size, license type, co-ed or not, region. It would be good to get perspective from smaller facilities. In addition to this being a service we are providing to the commission and the community; it is also a learning opportunity for commissioners and able to walk into a large site vs a really small site is constructive too.

- (Cmsr. L. Griffin) Is there a complaint service or a way for them to file grievance? (RESPONSE: Cmsr. B. Serwin) That is a very good point. There is a grievance system in place at all these facilities. BHS has a program that does grievance resolution, but I don't know if all these places have BHS grievance processes in place. If there is just a form that gives instruction on how to place a grievance and what the process is. If it is a facility that services all counties (multiple counties) they will likely have their own grievance process. If it is a place owned and operated by the county, then it would have the county grievance in place. It is a good question, and we could go to the grievance staff member and ask if there any complaints/grievances for these sites as a window into whether there are issues with them, is that what you are thinking? (Cmsr. L. Griffin) I am thinking it would be a good place to start, if we know there are some issues

at a particular site (by families, clients, or staff), we should use that information to prioritize as a site visit.

- (Cmsr. J. Metro) I agree, it begs the question, since we using grievances as a means to review, do we have a checklist or list of objectives for the commissioners when they visit these places? What it is we would like to talk about? Are those places able to provide us with that information?
(RESPONSE: Cmsr. B. Serwin) The way we have approached the site visit program, is primarily the consumer's eye and from a survey approach. The idea is to go in and interview several patients and the program director and a couple of staff. We will make an inside visit (COVID aside), in which case, we would look at the facility in a very basic way, but the overall focus is on the consumer perspective. The reason behind that is, if it is an MHSA program, they have a very detailed review and includes financials, etc. The BHS review is focused on compliance, licensing, the financial aspects. Neither looks at the consumer experience in the way we hope to do.
- (Cmsr. J. Metro) That is helpful, it separates out the operational aspects of the facility vs the 'soft' skills, the consumer perspective. Do we have an idea what the consumer matrix/expectations are, what do they look like?
(RESPONSE: Cmsr. B. Serwin) The way that information is implemented in the program is through the actual questionnaires. Each question is looking at a specific aspect of the consumer experience. Example: Do you feel the services you receive are adjusted to your specific needs, gender, ethnicity, disability? Do you feel you are getting better, and your quality of life is improving? Are there ways in which this program is different from other programs you have participated in? There are a lot of questions related to medications (the quality of care they are receiving from their doctor and nurses in terms of prescribing the medication and talking about side effects and other options). That is the approach we are taking.
- (Cmsr. L. May) When we gather this information, how are we going to line it up to evaluate? If we receive negative information, how will we determine the site is not meeting what is expected and agreed to? What the funding is going toward? If there are too many complaints and very unsatisfied patients. What happens when we discover the patients are not getting the care they should be? Where do we go from there?
(RESPONSE: Cmsr. B. Serwin) The report structure we have is broken down (primarily) by strengths, challenges, and this magic wand question. The strengths and weaknesses we are gathering if there are any specific action plans required for addressing any specific weaknesses. The reports (together with the questionnaires) will be provided to the director of BHS, the Chief of the adult/children services, to the program director of the program being reviewed and to all commissioners. The piece that has not been codified is the link between the results of the report and the actual contract. We need to work on adding the contract piece into the process. This list should have a column with the contract size and when it is up for review. The idea is to have the report in place and BHS needs to take a look at that report when they are reviewing the contract for renewal.
- (Cmsr. L. May) Once we receive the information and report is sent on to all the recipients, but the grievances are of a serious nature, the problems need to be addressed immediately. Example, when the program renewed the contract and agreed to serve (this many people) and promised to do or provide specific services, but this is where they fell short/did not make improvements. Where there is serious patient dissatisfaction, where does it

go from there? Does the county send their people out to inspect? How is the program penalized? Or pressured to resolve the issues? How are they called out on not improving or correcting issues they promised to do when they contract was initially renewed?

- (Cmsr. J. Metro) At the end of the day, what are the requirements? What is the contract requirement? What actions were put in place and did the program meet those actions? Those are very clear-cut performance questions and follow up. It shows the effectiveness overall. We want to demonstrate how effective are these facilities at, not only meeting the needs of the consumer, but also following the contract, as well as doing what they say they'll do to correct issues that come up.
- (Cmsr. B. Serwin) Right now, we fall short of that. Assuming we insert review of the contract in preparation for the site visit (which we should), the contracts themselves are not necessarily that clear, from those I have seen. Part is what is in the contract we can actually compare. Are there any action plans in place? It seems when there have been grievances with a particular site, we have gone to Jan and were told that there are staff that routinely work with the site to assign beds and discuss any operational issues. When a problem comes up, they work with the site one-on-one to resolve, rather than 'here are the requirements and you need to perform a certain way to meet them'. I have seen capacity discussed but the only factor I have seen discussed in terms of performance. We also have a situation where there are sites that have had their contract reviewed after a three-year period and unsure why there have been long gaps. Really we don't have anything in place in our process, other than reviewing the contract and identifying any problem areas we can and being mindful as we go in to conduct interviews.
- (Cmsr. J. Metro) Asking more in-depth questions regarding these questionnaires and what the survey hopes to accomplish, as far as what information and checking against the contract.
- (Cmsr. B. Serwin) Yes, we need to review contracts and ensure there are specifics added to the contracts moving forward that are more consumer based for tracking efficacy and consumer satisfaction.
- (Cmsr. B. Serwin) Let's just say we want to review four sites between August and December (one per month), do we want to just go with the large or three large and one small? Are there any on the list you have heard of and were curious about? (Cmsr. L. May) Honestly, I want to know what is going on with Nevin House (Richmond). I am still confused, I thought we would divide into teams and two would take a site each month. Then each team could do two sites a month and we could cover more sites.
- (Cmsr. B. Serwin) Well, there are other factors to consider. First, the executive assistant and the amount of work these site visits generate for her, she is just one person. We have to consider the amount of work and how it impacts her. We can vary the number of commissioners that go on these site visits. If it is a big facility, we could send more with the hopes of interviewing a larger number of consumers. We need a minimum of sites booked out through the end of the year. (Committee members reviewed and discussed both the CCBH contracted list and the MHSA list to determine / choose four sites for the last months of this year to review). Cmsr. Serwin to get clarification from Jan (Cobaleda-Kegler) regarding questions on the list that was forwarded and to forward on to the committee to review the lists and make recommendations for which sites to review. Cmsr. Serwin to

request contracts for those sites that will be scheduled through the end of the year for review.	
VIII. DISCUSS 2019-2020 EQRO recommendations and assessment of BHS strengths and opportunities in preparation for reviewing 2020-2021 EQRO report	Tabled for next meeting due to time constraints
IX. REVIEW status of identifying health care insurance company representatives for discussion of mental and physical health parity	Tabled for next meeting due to time constraints
X. Adjourned at 4:53 pm.	