

MENTAL HEALTH COMMISSION
QUALITY OF CARE COMMITTEE MEETING MINUTES
December 16, 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 @3:34 pm.</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Laura Griffin, District V Cmsr. Gina Swirsding, District I</p> <p><u>Members Absent:</u> Cmsr. Leslie May, District V</p> <p><u>Other Attendees:</u> Cmsr. Rhiannon Shires Angela Beck Jennifer Bruggeman Teresa Pasquini Jen Quallick Lauren Rettagliata</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS:</p> <ul style="list-style-type: none"> • (Lauren Rettagliata) Thanks and I am so proud of Teresa (Pasquini) and the work that she does and is doing. It is making a huge impact, I can see it and hear it in the remarks that people (in the past) really didn't understand the plight of family members of those with serious mental illness have, in particularly regarding getting treatment before tragedy. The understanding at having housing that brings about dignity and respect to them is such an integral part of that treatment. Thank you. It is hard to get up to Sacramento these days to give testimony in the environment we are all in today. This is before a joint committee of the assembly health and judicial committees. Thank you so much Teresa. • (Teresa Pasquini) Thank you Lauren. I will just say it was an honor and a privilege. I was invited by NAMI (National Alliance on Mental Illness) California to represent them yesterday and speak in my own voice. I carried the hearts and souls of many families like mine with me, as well as those who have no family to still fight for them. It was interesting. I do think that LPS reform is in the air. What form it will take, who knows? I do, from the comments I heard, think change is coming. We will have to wait and see. 	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. Gina Swirsding) I heard on the news about a lot of our seniors are having getting trouble getting food. Those without transportation to pick up. Some of them do not want to be in the public, so I decided I am going to volunteer. What many are doing in the bay area is, not only are they supplying seniors with meals on wheels, but they also want volunteers to help people to pick up their food. So I will be going around to visit seniors. 	
<p>IV. CHAIR COMMENTS – None.</p>	

<p>V. APPROVE minutes from the November 18, 2021 Quality-of-Care Committee Meeting.</p> <ul style="list-style-type: none"> • Cmsr. L. Griffin moved to approve the minutes with corrections. Seconded by Cmsr. G. Swirsding. • Vote: 3-0-0 <p>Ayes: B. Serwin (Chair), L. Griffin, and G. Swirsding. Abstain: none</p>	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS Site Visit plans for January through March 2022</p> <ul style="list-style-type: none"> ➤ Sites to visit and participants ➤ Administrating site visits <p>It has been difficult getting the site visit program up and running because of immediate barriers we have hit with the first small board and care we chose (Blessed Care Home) not being accessible, still. Secondly, Nierika House, our next in line choice with having the history it is having and no longer being a viable program to visit.</p> <p>At our last site visit meeting, Cmsr. Griffin, Cmsr. May and I and Angela discussed, since we can't do Nierika House what is the next Crisis Residential Program that we have? We decided to reach out to Crestwood Our House in Vallejo as the next program. We have been working on scheduling that but there are timing issues regarding dates. There is questions regarding how many clients are being interviewed and facilitating these interviews (technical equipment and private space). Crestwood will be in January and our next visit will be Hope House in February.</p> <p>We also decided, in terms of Site Visit Plans for January through March that we won't be looking at Children's sites until we have gotten the adult program underwa and we have written a few reports and have it under our belts and have fewer adminstrative bumps as we are trying to launch this, likely in mid to late spring. We did meet with Gerold Loenicker, Director of Children's Services at Behavioral Health Services (BHS) to get his input on children's site visits and the questionnaires. He was very concerned about HIPAA and how parents might respond to their children being interviewed and whether or not the parent needed to be present. We had been assuming for interviews, and really focused in on that and recommended, rather than doing a site visit along the model we have already described for the adult population, that we piggy back on an annual survey that BHS Quality Management group does, which is more like a survey. We can add on a few questions there, but we really felt like it doesn't meet the objectives that we have that only the interviews can really meet. Secondly, the idea is to be getting an objective perspective on the programs supporting these clients and going through the BHS to get that wouldn't be the objective route to take. So the team is really eager to get on to the children site visits, but we do have have a bit of a row to hoe in front of us in terms of getting agreement with Gerold on how to accomplish this. We can certainly go forward without his blessing, but obviously things always run better when we are working together.</p> <p>One thing that will be key to the successful of the running of the site visit program is that we have a clear project management process with tasks well defined and people assigned to them. We have thinking through the idea of either having a site visit liason on the quality of care committee as an annual commitment. That person would take care of the tasks that makes sense to take care of the large part of the role would be working with the teams asking</p>	

questions, filling in where needed, and act as a liaison with the Executive Director or Program Director at the site. We are trying to balance the work of that Liaison with the amount of work the site visit programs imposes on the executive assistant so that it is doable for everyone and we don't just sink under the crush of the work on one person and just have an individual be a road block to moving forward.

Questions and Comments:

- (Cmsr. Griffin) We need to make a date for the next Site Visit Team meeting and create a new schedule of the sites we will be visiting.
- (Lauren Rettagliata) In regard to the children's program. A few years ago, you remember that both of us were on a site visit to the West County Children's and the fact that we did go on that site, probably helped to relocate the west county children's site. The Children's site was supposed to be moved to the new site of the West County Behavioral Health, but we did not interface with any of the children. It was very easy to conduct the visit as we were only interfacing with the people actually delivering the services. They were so inviting and full of information, providing us feedback into how they could see their programs grow, what they needed to make the programs better. I would suggest that, maybe for the first year, this commission just take one day devoted to children and look at the traffic flow of our county, start out in West County at this big beautiful new facility. Go see it, look around, talk to the people and see what is available there and then move on to Central county. Then move to East County. In a short period of approximately six (6) hours, you are able to move through and see the availability of the clinicians and staff at each facility and listen to their hopes, dreams, what is going right and what they might like to see improved. That's where I would start with children's services.
(RESPONSE: Cmsr. Serwin) That's an excellent suggestion. It was impactful when we visited that county in West county. The other thing that occurs to me is, if we wanted to interview a few parents (we don't actually need to speak with the children) that would be helpful. That's the trickiest part and it may not be as helpful as speaking with their parents.
- (Cmsr. Serwin) Two wrap up, we have started our task list, we started defining the roles of the liaison and assigning people to these tasks and just getting that in place will be really critical. Then following it, it is a bit tough because we are launching this first site visit but still, as it rolls out, we have bumps in the road and requires more development and sorting things out while we are still trying to move forward.

VII. CONSOLIDATE knowledge regarding Behavioral Health Services (BHS) current placement system.

- **Identify gaps in knowledge**
- **Specify questions to ask in short term and longer term**

We have had a number of meetings and emails with Jan Cobaleda-Kegler and Kennisha Washington regarding the bed review committee. That really is the county's placement system, that what they represent. It is good to take a step to identify what gaps do we still have and the knowledge of our system? What questions do we need to, can we ask now? Emails to Jan or asking her to come back. I felt as if we got the outline of the bed review mission and what roles are involved and which pieces each role manages? I am wondering if we have an adequate picture of that and how clear it is? We have the perspective of BHS,

but not of the sites themselves (whether it's the small board and cares or the Crestwoods, etc.) in terms of what they experienced when they are trying to place BHS clients and what they go through.

What are our gaping holes? Does anyone have any ideas on gaps and knowledge? Or is it such a big gap that it's hard to start? I don't feel it was clear from Jan's discussion that we know where all of our clients are at any given point in time. It is not at their fingertips. It seems to be a question that has come up, where are our clients? Another question I have is: How is quality control conducted? We know there aren't annual reviews of most of the sites and seems that BHS liaisons are frequently at the sites and those visits somewhat constituent their overall review and stand in stead of formal reviews. That is a concern for me.

Questions and Comments:

- (Lauren Rettagliata) I am jumping ahead, possibly. The two things you pointed out are so huge, the gaps are so big, that it is hard to decide where to begin. One thing for month that we probably need be very aware of: The BH continuum infrastructure program. Cmsr. Dunn sent out a message on this but we need to know where. I know our county has a \$150k planning grant they were given for this. Did we receive funding? I wasn't quite sure from speaking with Suzanne, I just didn't ask the right questions. Did the mobile crisis center that they think they are building at Elk Grove, is it receiving money from this program? The BH continuum infrastructure program? That was the number one thing that was a basis to this. Phase I is the crisis and Phase II is the infrastructure stage, Stages III and IV, how are we as a county going to put our best proposals forward so that we do get money for these? As you have seen on the news, San Mateo County received \$84mil from this program (BH continuum infrastructure program). We need to get in there. We need to ensure we have done a good job. What is the next step? Where are people going who have been identified as having serious mental illness or needing housing? What are the next steps, as in what are we doing as a county? How are we preparing our providers? Our developers? Those that a cross between the two that have the capacity to be both provider and developer, to place good request for proposals before this infrastructure program? Where are we? You should have a continual update at this meeting and at the commission meeting on this.
I believe Adam Down is the person leading the grant writing and spearheading it? Jennifer (Bruggeman) may know more about that than I do, but Teresa (Pasquini) and I did speak with Suzanne Tavano briefly on this and I know the county has all the best intentions to get in there and get going, but how do we give our county all the best support and how do we work together as community advocates and MHC and BHS administrative staff to make sure we receive the amount of funding available for us to get. I don't want us leaving this great opportunity to receive money for permanent housing solutions to pass us by.
- (Jennifer Bruggeman) That is correct. I think, for whatever reason, instead of contracting an outside grant writing group, BHS is doing this internally in terms of these grants coming from the state. Of course, there is also of the No Place Like Home grants that have been available over the past year or two and I believe round IV of No Place Like Home was just put out. So, yes. That is correct Lauren. Adam Down is the point person and BHS Administration is leading the charge on the grant applications and I think he

is pulling in other internal people who may have the expertise to support the process. Also, with Measure X, there was the housing trust fund piece that was recommended by the advisory committee. I did read it had 84 units identified, which are 50 micro-housing units and 34 SRO (single room occupancy) units in West County.

- (Teresa Pasquini) I don't know about those, just that we have been hearing about those micro-units for a very long time. If they are finally getting them, great. As for SROs, not a fan for our population and, again that effort was really centered around H³ and the homeless continuum of care. To me that is not what we need to be thinking about right now. We need to be thinking beyond that. We have people that are desperate and are not going to be eligible for these opportunities being discussed. Those are the gaps. I looked back at the last meeting, there were a list of questions I raised to Jan. There has got to be needs assessments, we put out in the MHSA plans about housing be the number one priority, there was a needs assessment done in 2016 with Warren, so where did that need come from? Where is the data on that? Let's look at it. Who are we targeting?
- (Cmsr. Serwin) Your questions in the minutes, I will go back over them. There is the placement issue and then, as part of that, there is that continuum of care which is housing. In terms of within the system of supported housing, from the hospital on out to supportive housing, there placement system that we have been speaking to, that Jan described as how it works. That is where I feel is the beginning point. I don't feel, if there was dedicated resource, needs the assessment itself would be that challenging to do. Los Angeles County has done a chunk of it and other parties that have done pieces of it. I am not saying the data is all there, but what is needed and what needs to take place in terms of an operation, that seems it could be mapped in a straightforward way. What is more challenging is figuring out the quantities (how many people and how many beds are needed). That is where the San Francisco Bed Optimization program comes in, in terms of them trying to figure out what their numbers are and which area is the greatest need for more placements. <interrupt> (Teresa Pasquini) I would like to know if there is internal data? Needs assessments that aren't brought forward. That would be a question I'd like answered and would like to know what plans? <Interrupt> (Cmsr. Serwin) that's a very good question _____ situation planning for _____ we are pushing along and come to find out there is actually _____ <Interrupt> (Teresa Pasquini) I am not speaking to housing inventory (per se) but just needs assessment in terms of housing and beds, etc. There is a lot of heat on Department of Healthcare Services at the state level. There is a lot of heat on everybody. The legislature is wanting to know what the needs are, wanting data and it was a big topic yesterday. Basically, not having it. The legislature is saying 'we are giving you a lot of money and before we go out and starting this BHS infrastructure, we want to know what the needs are' I read there was supposed to be a major needs assessment from the state level. It was supposed to be out in November and that has never been publicly shared. Now there is talk about there were internal needs assessments being done, maybe in preparation for CalAIM. There was also discussion around the use of unlicensed beds for this population and the concern around that. Everyone is very well aware with the crisis with the board and cares. These two committees mentioned the <Jennifer Bruggeman via chat> The survey regarding housing inventory data (type/quantity of beds). It hasn't been

shared because counties haven't been able to retrieve a copy of what they submitted.

- (Teresa Pasquini) How do you plan without knowing what the needs are? It is not clear or transparent.
- (Cmsr. Serwin) Who requested the data for the survey? (DHCS) Bringing this down to the level of budget, for this coming year if the need assessment is done, if we want to do any optimization analysis? What kind of next step thinking do we want to do that may require a budget that could be part of our ask from the commission? We know that Value Stream Mappings (VSM) have a price tag with them, for example. A needs assessment doesn't have to be a VSM.
- (Lauren Rettagliata) I think we have a lot of this information. If we must have community participation, before COVID (in your office Jennifer) the groups that were held, somewhere along the line it was documented all those sessions. Someone didn't just roll that up and throw it in the trash, we have that data. The problem is (as I see it) that we need someone actually dedicated to putting it all together. The other thing, the Consolidated Planning Advisory Workgroup (CPAW) did the community participation (part of it) and we do have that. We have an historical record of that. We should also have the housing meetings that are conducted, they must know how many people they have placed in each of these facilities, how many people are waiting for placement. Someone needs to work with each of their providers working in FSPs, AOT and get their clients needs for housing and other items that might be needed. We have this information, we just need it organized and presented. <Interrupt> (Cmsr. Serwin) That is what I would call the needs assessment and the heart of the work.
- (Lauren Rettagliata) One thing we keep talking about (No Place Like Home), there is money and I do hope we can get a proposal before them. That is important, but No Place Like Home requires people to be well enough to hold their own lease. We know a majority of our needs are for those people whose illness is to the extent that they are incapable of having and carrying their own lease. They need a master leasing situation or possibly even better a campus-like/treatment-like center, sub-acute and step below this, such as Psynergy, community-based mental health residential. We really only have one; which is Crestwood. Yet, Crestwood will likely tell us they have great needs as far as gaining access to funding if they need it. We don't know if they need or don't and if they don't want it. Who does need it? And Who can build and provide facilities that provide for the dignity and respect people need when they are in treatment? It is a \$2.2bil program we are letting pass us by.
- (Jennifer Bruggeman) The dot exercise you were referring to, Lauren, was part of CPAW surveying the community in order to determine what the priority needs were. That is just part of our annual community program planning process that we do every year. The dot exercise was done for number of years and the aggregate info from that gets incorporated into the 3-year plan every year for the annual update. We have tried to shift (especially with COVID) to conduct a more web-based surveys, but we are always trying to illicit this type of information from the community. You are right, it always housing. Every year, housing is within the top three issues and is absolutely a priority. Based on the conversations that have been taking place with the MHC, with CPAW and others, it really seems the biggest need in the community is around supportive housing. The Psynergy

level of placements, down to master lease housing. Kennisha's team is working on hiring more staff to do that case management/care management coordination to support those folks and prevent them from potentially losing their housing.

- (Teresa Pasquini) I was looking more for system data. Personally, I think the community planning process is more of a temperature gauge. I feel strongly you need to then take the system data to match what the community wants and they have been clear for 15-20 years. How it has been broken down? We don't know. Now with the new need – the crisis with Niereka and Nevin Houses. Cmsr. Dunn has said we need a new MHRC, we don't have one so yes, we need one. We need the numbers. How many people are sitting on 4C and 4D longer than they need to be there and waiting for a stepdown bed? What kind of a step down do they need? The legislation passed last year by Assembly member Blum to have board and cares that are closing, the information from those shared with BHS directors. Are we getting that information? Is it going to DHCS or DSS and then are they sending it down to the BHS Directors? Are they sharing it with the MHC? Did we have notice when we were losing board and care beds this year? How many have lost? Have we gained any? Are we having kids sitting in PES like a couple years ago?
- (Cmsr. Serwin) That is the data I am speaking of, too when I say we need assessment. How much of what is needed? What are the wait times? Where do we excess, if any? Where do we have a shortage?
- (Teresa Pasquini) May I respectfully suggest, that you all think of making a suggestion to the Board of Supervisors (BoS) that hire someone to get this done? Like San Francisco had a consultant hired that did this for them. Los Angeles County, as we heard in these meetings, they have consultants. Adam and Kennisha are amazing, but should they hire consultants? Do we need the BoS or the _____ (phone ringing, could not hear)?
- (Cmsr. Serwin) That is what I am asking, do we need a budget ask for helping _____ <interrupt by Teresa P, over Cmsr. Serwin, could not hear> Consolidate the information we have now, do a needs assessment, do an optimization study if that is what we feel is necessary for the needs assessment, to get a price tag. I feel there needs to be an external source that is totally dedicated this objective and charged with being able to talk with these different parties.
- (Jennifer Bruggeman) We do have existing contracts with these consultants that help us on other projects such as the MHSSA and AOT. Sometimes, if attention is called to something and it is determined there is a need and everyone is in agreement, that contract can be expanded in order to take on an additional project. It would need to be approved but we do have some of these relationships already in place.
- (Cmsr. Serwin) It would be great to do an RFP progress and speak with the organizations that consulted with LA County and did the optimization for SF County, which was very specific, just to see what the range would be. I don't think we need to do that before going to the BoS to ask for those funds.
- (Lauren Rettagliata) With AOT, we worked with Roberta Chambers, who is no longer with the group she with, and believe she is on her own. She is a consultant who is very knowledgeable about our county and its needs. She knows many of the staff in BHS and may even be able to give you a ballpark

<p>of what it would cost to do such an assessment if we had the type of assessment we wanted outlined for her.</p> <ul style="list-style-type: none"> • (Cmsr. Serwin) I am wondering if you think the idea of having a Quality of Care committee liaison to the bed review committee would ever fly for a particular period of time for just understanding what they do? (RESPONSE: Teresa Pasquini) I think it would be valuable as a learning tool. It was helpful for me to be on the Executive team at the county hospital to be included in the internal meetings and see exactly what was happening. It is always good to have shared learning. • (Cmsr. Serwin) Do we want to put together a motion now? • (Teresa Pasquini) There used to be a dedicated housing committee and it was a bit unmanageable, it was public housing committee and I know that (maybe) the System of Care committee is doing some of that now. We used to have a separate committee for CPAW and everyone was invited (CBOs and all) and we would build shared agendas and understanding among the different partners in our county on what the needs were. It just feels as though things have gotten siloed again. The FSP contractors have their meetings and it is great, but it is not trickling down. We need a process to ask our providers what they need and to record these needs, is anyone doing this? • (Cmsr. Serwin) That is what I am saying, it needs assessment but going to each group and bringing the to a meeting and speaking to their specific needs, host CBOs to speak to their specific needs, and bring in some of Jan’s staff to ask what are you missing? What pieces do you not have? What are your biggest barriers? What do you need? • (Cmsr. Serwin) Would it be useful to make a motion to present at the MHC meeting in terms of what we’d like to request. The MHC meeting, we will be looking at the various requests the committees have made, or that the commission itself may identify as budget priorities. Should we work on a motion? <p>MOTION: <i>The Quality of Care Committee requests that the Mental Health Commission (MHC) advise Behavioral Health Services (BHS) and the Board of Supervisors (BoS) to fund a comprehensive needs assessment of the county’s continuum of care system of placing, tracking, treating, and housing the specialty mental health population.</i></p> <ul style="list-style-type: none"> • VOTE to APPROVE Motion to present to the Mental Health Commission at the January 5, 2022 full commission meeting. • Cmsr. G. Swirsding moved to approve the motion as read. Seconded by Cmsr. L. Griffin. • Vote: 3-0-0 <p>Ayes: B. Serwin (Chair), L. Griffin, and G. Swirsding. Abstain: none</p>	
<p>VIII. DISCUSS research, discussion topics, needed action and guests for January through March 2022</p> <p>We want to work out a plan for January through March, in terms of what questions do we want to address next and include who we want to invite as guests? What research do we want to perform as a committee?</p> <p><i>Discussion for this Agenda Item was combined with Agenda Item #VII and recorded above under that agenda item.</i></p>	

<p>IX. DISCUSS potential 2022 budget needs for improving BHS’s placement system, including data collection/tracking, and a possible placement optimization study</p> <p><i>Discussion for this Agenda Item was combined with Agenda Item #VII and recorded above under that agenda item. .</i></p>	
<p>X. Adjourned at 5:24 pm.</p>	