MENTAL HEALTH COMMISSION
QUALITY OF CARE COMMITTEE MEETING MINUTES
October 20th, 2022 - FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Quality of Care Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @3:41 pm. Members Present: Chair - Cmsr. Barbara Serwin, District II Cmsr. Laura Griffin, District V Cmsr. Joe Metro, District V Cmsr. Gina Swirsding, District I Members Not Present: Cmsr. Leslie May, District V Other Attendees: Cmsr. Gerthy Loveday Cohen, District III Cmsr. Douglas Dunn, District III Cmsr. Pamela Perls, District II Angela Beck BJay Jones, Program Director, Hope House Chandra Thomas, Telecare/Hope House	Meeting was held via Zoom platform
II. PUBLIC COMMENTS – None.	
III. COMMISSIONERS COMMENTS: • (Cmsr. Pamela Perls) Comment regarding the meeting minutes, not a correction but a comment on the discussion regarding Hope House. There was a discussion about what qualified as dual diagnosis. Someone had asked Cmsr. Serwin whether substance abuse was one of the diagnosis for mental health and I don't recall how it was resolved but I asked was if a dual diagnosis with developmental disabilities and there was no definitive answer. My first question is if we could inquire of Behavioral Health Services (BHS) to find out if it qualifies for crisis residences and crisis centers. The other thing I wanted to say was that I think someone had mentioned Regional Center clients might be excluded and wanted to clarify, that Regional Center provides very minimal services for the most extremely severe mental health issues, i.e., schizophrenia and serious diagnosis. Even then, they barely have room for them at the new center out here. The other thing is they really don't provide any services for the mild to moderate. Our community is just in the general population and they're in need of services just like anyone else. I would love to find out about that. I'd like disabuse people of the idea that regional center provides services. They don't. They refer out. If you have ever been bounced MediCAL and MediCare, there is no one that wants to take responsibility. I have yet to figure that one out.	
IV. CHAIR COMMENTS – None.	
V. APPROVE minutes from the September 15th, 2022 Quality-of-Care Committee Meeting.	**Agendas and minutes can be found at:**

Cmsr. L. Griffin moved to approve the minutes. Seconded by Cmsr. J. Metro. • Vote: 4-0-0 Ayes: B. Serwin (Chair), L. Griffin, J. Metro and G. Swirsding. Abstain: none	https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VI. DISCUSS Site Visit activity and strategy for remainder of 2022 and early part of 2023, Commissioner Laura Griffin The sub-committee meeting had to be postponed and we need to schedule a meeting to strategize. What do we want the site visits to look like next year? We definitely want to do more than this year. We only conducted two (2) this year and we can build on what we learned, what worked, what didn't work. This is what the committee will be looking at for 2023. How many? What sites are we going to zero in on? Children's. Hopefully we can conduct these in person to get a really good all around view of what is going on. There will be more information forthcoming. We will debrief on the experiences to date. What worked, what was a challenge, how can we make the reporting easier for the team? The more detailed the report is, the more benefit it provides to the reader. We need to find a balance. We are looking for another volunteer as our Site Visit Team is just Cmsrs. Griffin, May and Serwin. This is an important committee that we could use a couple more people to help.	
VII. REVIEW summary of Behavioral Health Services (BHS) Education contracts reviewed to date by MHC Finance Committee and Quality of Care Committee, Jennifer Bruggeman, Program Manager, Mental Health Services Act (MHSA) The document summarizes the contracts being reviewed during this meeting. This document will be maintained as a living document as contracts are reviewed by the Finance and Quality of Care committees. In the contracts themselves, there is not a lot of detail what services are provided, there is a high level summary but no work plan information. Some cases there are rates being charged and/or fees broken down by services but this information is very limited. These summaries are the information the MHC is interested in extrapolated from the contract by Ms. Bruggeman.	***Cmsr. Serwin reviewed summary. J. Bruggeman not in attendance.***
VIII. REVIEW MHC Finance Committee discussion of K-12 school district contracts with Behavioral Health Services (see attached contracts and Finance Committee July meeting minutes), Commissioner Douglas Dunn **A. La Cheim School Contract and Amended Agreement** **B. West Contra Costa Unified School District Contract** **C. Martinez Unified School District Vicente Continuation High School Contract** **D. James Morehead Project at El Cerrito High School Contract** (Cmsr. Serwin) Cmsr. Dunn's committee did a thorough review of these contracts (Review of minutes starting on Page 5). Cmsr. Dunn reviewed the following: <u>La Cheim School Contract and Amended Agreement</u> 6-bed short-term residential treatment facility in West County, a Therapeutic Behavioral Services (TBS) program with a robust program they run (schools work with them), and there is also a school-based day treatment program between Contra Costa Unified and Mt. Diablo Unified School Districts. They have a place for an education where they have a hard time functioning in the normal school environment. It is a very low student to teach ration (maybe 12). There are	

children and adolescents that have needs elementary to get the kind of education they really need.

West Contra Costa Unified School District (WCCUSD) Contract
This is a school to county, county to school direct contract. School-based, wrap around clinic, but basically a school district-wide type of program. Yes, it has been virtual during the pandemic but trying to get back to school-based in person learning.

Martinez Unified School District Vicente Continuation High School Contract
This contract is basically for Vicente Continuation and most of the funding (a little under $200k) is for the counselor (not totally). I have been to this school individually and when there has been MHSA community planning forums held. It's a very good school and it's non-traditional, it isn't really continuation high school. What I have witnessed is that student's really like going to this school. They seem to have a good report with their teachers and the school counselor. It seems to be a very good program and doing their best to get it back to pre-pandemic levels.

James Morehead Project at El Cerrito High School Contract:
This is centered around the school wellness center located at El Cerrito High School. One of the foundational MHSA programs. Pre-pandemic it was working very well. Great ethnic diversity in this particular school and the aftermath of COVID, they are trying to get it back to pre-pandemic.

Comments and Questions:

- (Cmsr. Serwin) For the purposes of this committee and our project to review K-12 public school spending, we wouldn't be looking at the therapeutic behavioral health services. Out of all their services, this is what we want to focus on (the TBS at school sites). (RESPONSE: Cmsr. Dunn) It goes on as-needed basis into the schools. It is like a third-party. It is not direct county to school district, but a third party community-based organization (CBO) to the school district as far as the TBS program. Non-public school sites is a specialized school situation where they have high behavioral health needs and it isn't a public school setting but not quite private school but an intense behavioral specialized school situation.
- (Cmsr. Swirsding) My understanding, when a child is having problems in the elementary school, they transfer them to Pinole Elementary school. If they do okay there, they don't transfer but if they don't do well, then they transfer them to La Cheim. Is that your understanding? (RESPONSE: Cmsr. Dunn) To a degree, yes. They are in process of trying to get this population back into in-person learning.
- (Cmsr. Swirsding) RE: WCCUSD. The problem with this program is that they removed the police officers from the school, so they were an assistant to those who had mental health problems and having problems in the classroom. The officer on campus would come in and remove the child to help. They had specialized training. The program was very good, but now they have defunded Richmond police and the officers are not allowed in the schools. Many of those students, in communication with them, are upset and doing virtual just because they feel they have no support. Some of the parents are choosing it to be virtual. Some are the school because they don't want that child back in school because of the problems. It is a huge mess.
- (Cmsr. Serwin) RE: WCCUSD, Did you get a sense of the number of people served? (RESPONSE: Cmsr. Dunn) Approximately 180 students.
- (Cmsr. Serwin) RE: James Morehead. What are their restorative justice practices. Jennifer Bruggeman called out there is trauma informed and

restorative justice practices. I am wondering what restorative justice practices means in the sense of the mental health support/wellness. (RESPONSE: Cmsr. Dunn) Restorative justice is trying to make student aware of historical trauma that may contribute to their awareness where issues may come up within their families of origin and to work on the trauma issues together.	
IX. REVIEW/DISCUSS Hope House Site Visit Report containing recommended changes by BJay Jones, Hope House Program Administrator; Commissioner Barbara Serwin The report is essentially complete. The last step was for Mr. Jones to have the opportunity to review the report and provide answers to questions or any additional comments. Those corrections and additions were incorporated into the report and highlighted where the changes were for our review. I thought we could quickly look over that final draft, look at the highlights in particular and give BJay and Chandra any opportunity they would like to comment. *<Screenshare report; texted highlighted in yellow are from Hope House>* Hope House is a crisis residential treatment facility and Mr. Jones clarified the mission: To deliver excellent and effective behavioral health services that engage individuals with complex needs in recovering their health, hopes and dreams. This is a 16-bed facility and I had questions regarding the staff and all staff types. The entry reads as having a multidisciplinary team including psychiatrists, licensed vocational nurses, clinicians/social workers, residential counselors, peer professionals, a clinical director, an administrator and administrative support staff. Added: psychiatrists are currently providing telehealth services and that interns are used by Hope House. The next comment from Mr. Jones, Hope House is working with NAMI (National Alliance for Mental Illness), looking to partner with them for training and assisting clients connect to resources in the community. You noted that you have recently accepted a position on the NAMI Board. Admission criteria was qualified as a voluntary program. Facility visiting rules related to COVID. Mr. Jones clarified (currently) Hope House allows visiting and follows CDC (Centers for Disease Control and Prevention) guidelines, as well as the public health directives in relation to visitors during the pandemic. This will be referenced by the date of audit and current guidelines. Challenges, Needs, and Opportunities: Originally, it was pointed out in the report that a really high percentage of clients walked away. It was clarified the data prior to 2021 and, then 201-22 that is a steep decline in that behavior. The comment was that it is a major improvement, yet still a critical issue to understand address. Is there any insight as to why there is such a decrease in people not staying with program? I would like to add that there are more clients that are informed. The collaboration with Hope House and BHS and the hospital, in combination of really educating the residence and those we serve on what Hope House is and what to expect, is why it has shifted. Staff appreciates the interventions from the county Mental Health Crisis Team and the staff are trained on crisis situations. Hope House has said they prefer to call the mobile crisis response team (MCRT) as they feel they do a better job than having the police intervene. Hope House clarified they prefer to call the MCRT, but due to staffing issues, situations usually end up being de-escalated by the staff.	Documentation on this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

Responses to program staff questions that wanted clarification on the range and we are speaking of a crisis residential treatment facility.

Under Question 3 (Program Manager) there was some clarification regarding discharge. They follow the lead of the client to discharge to their preferred place of shelter and the staff does not have control of where they are going, but provide follow up suggestions and resources.

Under Question 4 (Staff) there is a comment regarding the COVID visitation and we clarified for everyone. This is a snapshot in time when this report/interviews were completed and we need to be careful not to make too many edits as these changes are constant.

Comments and Questions:

- (Cmsr. Metro) Can we put quotes around the mission statement? (Cmsr. Perls) Agreed.
- (Cmsr. Metro) Are the psychiatrists providing services now via telehealth at the time of the audit? Were they on site? Was there a periodic visit from the psychiatrist at the time of this audit? (RESPONSE: Cmsr. Serwin) The audit was carried out on April 22nd (Chandra Thomas) it was telehealth at that time. Prior to the pandemic, we had someone who was onsite, but moved to telehealth once COVID hit and has remained as such.
- (Cmsr. Serwin) Is there an expectation they will be back in person or any reason they are staying on telehealth? (RESPONSE: Chandra Thomas) Our preference is to have in person, for a variety of reasons. The way the market is with psychiatrists, we have not been able to recruit for an in person psychiatrist. Thus, in working with the county, we have used the telehealth option, but again, we continue to look for someone, as our preference would be in person.
- (Cmsr. Swirsding) I am surprised this has beds, how come a psychiatrist doesn't visit in house? If you are in a regular hospital, they are required to visit. (Cmsr. Serwin) Chandra just explained that post COVID, they are having a hard time finding psychiatrists and utilizing telehealth contracts. (Chandra Thomas) There is no regulation stating that a psychiatrist has to visit in house. I absolutely in agreement that our preference is to have someone in person, but there is no regulatory requirement.
- (Cmsr. Perls) To tighten this up, we could just add interns after the administrator in the paragraph about staff. If we could just say interns and administrative support staff. Just to shorten. I had a comment regarding admission.
- (Cmsr. Serwin) I have a question regarding NAMI. I understand they provide training. Who are the staff being trained? What skills is NAMI training them for? I didn't realize NAMI had a specific function for assisting clients connect to resources in their community. Could you (Chandra/BJay) enlighten us on that, please? (RESPONSE: Chandra Thomas) NAMI helps us in providing resources/experiences, they would be providing support. They don't necessarily train, there is no responsibility to give us resources, but we rely on them and partner with them as they are a rich resource for us to provide information, such as areas for housing or care. (Cmsr. Serwin) Then maybe I should update that to 'informal training' as it sounds more appropriate. (BJay Jones) Yes, they have a lot of resources. I did not know they have translators, as well.
- (Cmsr. Perls) I wonder, instead of reading as 'assisting clients' as it suggests a direct service, correct it to read 'training and identifying resources in the community' and keep it that simple. (Chandra Thomas) I agree.

• (Cmsr. Perls) The admission criteria, I wonder if it might be clearer to stated Admission criteria (after residents of the county) is that it is a voluntary program. Admission is voluntary, or something like that. It doesn't seem as though it belongs (for clarity) as it is one of the criteria, it is choice driven. • (Cmsr. Swirsding) Where do older adults (60 yo and over) go? (RESPONSE: Chandra Thomas) Based on our license, we are only allowed a certain amount of individuals over the age of 59. It is a super interesting license requirement and I honestly do not know why that it is. We have never had to turn anyone away in my tenure at Hope House based on this. So we still service individuals over age 59, just based on our license, there are only so many we are allowed at one time. It is a licensing requirement. • (Chandra Thomas) As to CDC guidelines that was hard for us as we reviewed, we were trying to be succinct. Since COVID hit, it has constantly change and we, of course, followed the CDC guidelines. On top of that, sometimes public health from Contra Costa County (CCC), would go above and beyond what CDC recommends and then we follow public health. Then trying to update this, we were trying to make this really succinct, so just the caveat that there is a lot of information we debated on putting in the report, we just tried to make it very brief. *<BJay to send the exact date(s) to Cmsr. Serwin>* • (Cmsr. Serwin, in regard to Challenges, Needs and Opportunities) Is there any insight as to why there is such a decrease in people not staying with program. (RESPONSE: BJay Jones) I would like to believe it is working directly with the hospital and creating great relationships, where they are really sending us people that are appropriate and ready, has played a big part in bringing that number down. I know for a time, there was just constant discharge to the program but not necessarily really making the clients understand what Hope House is, what we do and so now there is no confusion. I would like to think that is one of the main reasons. • (Cmsr. Perls) I am wondering if we couldn't just have that paragraph read "Prior to FY 2022, Fifty percent (50%) of clients left prior to completion of program." (Cmsr. Serwin) I think that BJay/Hope House wanted to clarify that the staff is doing their best. (Cmsr. Perls) No, I meant to keep the first sentence but to just get rid of that being said "prior to the …; However, this percentage has dropped" etc.	
X. REPORT on the Behavioral Health Continuum Infrastructure Program (BHCIP) Steering Committee September 2, 2022 meeting, Commissioner Laura Griffin	***Old Item/Not Applicable***
XI. Adjourned at 5:01pm.	