

**QUALITY OF CARE COMMITTEE and MHSA FINANCE COMMITTEE
JOINT MEETING
MINUTES
May 21, 2020 – Draft**

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 @ 3:06pm</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Douglas Dunn, District III Cmsr. Leslie May, District V Cmsr. Gina Swirsding, District I Cmsr. Laura Griffin, District V</p> <p><u>Absent:</u> Cmsr. Sam Yoshioka, District IV</p> <p><u>Other Attendees:</u> Jennifer Bruggeman, MHSA Program Manager Alexander Ayzenberg, EA for MHC Cmsr. Graham Wisman, District II Jennifer Tuipulotu, Office of Consumer Empowerment Program Coordinator, CCBHS April Loveland, OCE, Community Support Worker, CCBHS Lauren Rettagliata Carolyn Goldstein</p>	<p>Complete Audio Recording available</p>
<p>II. PUBLIC COMMENTS :</p> <ul style="list-style-type: none"> • None 	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> • G. raised the issue of the situation in Skilled Nursing Facilities (SNF) in West County with the shortage of personal protective equipment (PPE) and the need to re-use the face masks by staff. There are a lot of visitors to SNF, including the older adults. B. Serwin suggested contacting District I Supervisor, John Gioia about those issues. • L. May brought an article she read about the recovering addict, who worked as the nurse (RN) and normally had AA sponsor; however, he was not able to reach the sponsor due to the pandemic. RN was found dead in his place of Swirsding living. L. May urged for more outreach for mental health support, including the essential workers. Governor signaled in his agenda to put money into mental health services for homeless – what about agencies and hospitals that serve people with mental health issues in general? There is a need to find out more about where money is going. 	
<p>IV. APPROVE minutes from December 19th, 2019 MHSA-Finance/Quality of Care Committees joint meeting: D. Dunn moved to approve the minutes, seconded by L. May Vote: 5-0-0</p>	

Ayes: B. Serwin (Chair), D. Dunn (Chair), L. May, G. Swirsding, L. Griffin

- V. REVIEW and DISCUSS MHSA Program and Fiscal Reviews: Contra Costa Interfaith Housing (now called Hope Solutions); Hume Center East and West county Full Service Partnership programs; Mental Health Systems Assisted Outpatient Treatment (AOT) program:**
- J. Bruggeman introduced the concepts/review process i.e. talking to the senior management, line staff, consumers, and conducting quantitative surveys. The report on **Hope Solutions** program and fiscal review was discussed first. Hope Solutions provides permanent supportive housing throughout County, mainly Central and East Counties. The report was done last April. Eighteen components were reviewed: nine covered the program itself and nine others covered the fiscal part; all objectives and goals were met. The review team was able to visit one of Hope Solutions' sites and held two focus groups at the community center of that site. 15 residents were interviewed as part of these focus groups conducted in both English and Spanish. Looking forward Hope Solutions was hoping to partner more with County and to collaborate with other CBOs on housing issues. L. Rettagliata said that Hope Solutions' Gardens Park Apartments was a remarkable facility. She expressed hope that BHS would partner with Hope Solutions so that Hope Solutions got all the funds they need. B. Serwin suggested inviting Hope Solutions to present at the future MHC meeting. L. May added that having the racial background of the clients mentioned in the report would be good. J. Bruggeman agreed and said that the programs should have that info so that MHSA team could include this information into the future reports. D. Dunn added that more financial data and information needed to be included in the report. J. Bruggeman agreed and said that MHSA team should have access to this information and could include it in the future reports. The **Mental Health Systems (MHS)** report was discussed next. The review team had followed the exact same format as all the other reviews and visited two of MHS sites. L. Rettagliata prefaced her comments by disclosing that her loved one was a client of MHS AOT program. L. Rettagliata drew attention to the staff irregularities, namely high turnover. It would be good to know the reasons for the turnover – is it pay or stress? She mentioned that on page 13 of the report four items were listed as needed correction. The program and fiscal review is a tool to help the programs to improve. When anything needs improvement upon the review, call for action plan should be devised – she suggested for MHS to follow up in such cases. She said that were issues with AOT component of the program because the overall program needed help. There is a need to meet few times a year to make AOT component better. D. Dunn made the same disclosure about the loved one being the client of MHS. He said that there needed to be a family member survey or questions in the existing survey. He also suggested having questions about grievance/complaint protocol. This idea was supported by few other Commissioners. D. Dunn urged for the improvements on four items mentioned on page 13 to be implemented as soon as possible. J. Bruggeman would check with County liaison to MHS programs how the improvements have been implemented. She said that County staff works with the program on implementing improvements where such needs were identified. J. Bruggman added that family members have always been welcome to participate in the focus groups

Agendas and minutes can be found at:
<https://cchealth.org/mentalhealth/mhc/agendas-minutes.php>

and fill out the surveys. The last report discussed was about **Hume Center**. J. Bruggeman said that the review team visited several of Hume's sites. The biggest issue found was the fiscal issue, in particular the money shortage. Hume Center did not meet the target for the number of individuals to be served. She would check with County liaison to Hume Center's Full Service Partnership (FSP) program. J. Bruggeman then went over the suggestions for improvement, which were listed toward the end of the report. L. Rettagliata said that she was saddened by this report as Hume Center was called to improve in delivering more housing solutions, better nutritional and money management support for its FSP clients. There were glaring holes in its FSP program relating to the things mentioned. Hume Center took over a lot Anka clients and needs to look into doing more assertive community treatment (ACT). County might need to step in its work with Hume to develop an action plan to improve Hume's FSP program and implement ACT. D. Dunn added that Hume was granted more staffing (MHSA funds were used for that) to become FSP and to get up to standards of ACT. He also said that the referral process from County to Hume FSP needed to be looked at. L. May said that to her knowledge as of February this year, Hume had a psychiatric nurse opening for a while. She asked around to find out that Hume was offering low pay for this position. A lot of Hume's employees were dissatisfied and enough were leaving. The other issue was people working out of class, which could create all kind of issues. L. Rettagliata raised the issue of Hume Center lack of housing solutions. Hume used the coordinated entry system and does not have the master leasing program. The other issue was that people who were in ACT program were ineligible to sign leases. B. Serwin suggested the housing issue and solutions should be part of the contract negotiations with County. J. Bruggeman said MHSA team worked closely with Hume on the housing piece during the contract negotiations (MHSA funds have been authorized for that) and as part of the improvements per the review report. D. Dunn mentioned that Hume Center hired a 'housing' person – Hume was definitely working on the housing piece. L. Rettagliata suggested that Hume should contact other CBO who experience with the housing and especially with the master leasing. G. Swirsding brought up the transportation issues for East Hume clients (transportation was a general issue for East County not limited to Hume) and money management and food shopping as the things to improve for Hume West County clients. C. Goldstein (MHS representative) appreciated all the feedback about their program and they could talk further with MHC about MHS AOT program. She added that MHS was already in talks with Hume Center about the master leasing program – both organizations were cooperating and working together. Two motions came out of the discussion: The first motion is *To receive the Program and Fiscal Review report within three months of the exit meeting (the final step in the review process when MHSA team meets with the program representative to discuss the final report)*. L. May moved to accept and approve the motion; seconded by G. Swirsding. **Vote: 5-0-0; Aye:** B. Serwin, D. Dunn, L. May, G. Swirsding, and L. Griffin. The second motion is *When the Program and Fiscal Review report call for recommendations for improvement, the action plan, which includes the timeframe and guidelines to achieve the improvement, is drawn up. The overall improvement timeline needs to be*

<p><i>negotiated with the program and could be 6 months, 12 months, or 18 months depending on the scope of improvements. B. Serwin moved to accept and approve the motion; seconded by L. May. Vote: 5-0-0; Aye: B. Serwin, D. Dunn, L. May, G. Swirsding, and L. Griffin.</i></p>	
<p>VI. DISCUSS the potential financial effects of the of the California State Budget May, 2020 revise as well as further potential stakeholder responses and advocacy:</p> <ul style="list-style-type: none"> • D. Dunn updated the Commission on two important things that came out of Governor’s May Budget Revise. First, MHSA funds do not need to cover AOD services and second, both realignment funding streams are affected. 1991 realignment funds, which is the most flexible of the funding streams, would be down the minimum required of \$1 billion to all counties. 2011 realignment funds would be down to the minimum required of \$1.5 billion to all counties. The federal participation (mostly via MediCal reimbursements) has been down 42% since mid-March. Counties’ general funds are the most likely backup to compensate for the loss of federal participation. It is important to try to get dollar for dollar match in federal participation (for each MediCal dollar claimed, federal reimbursement is a dollar). MHSA funds are down \$300 million state-wide. 2021-2022 and 2022-2023 years of the next three year plan would bear the most economic impact. Contra Costa County has \$32 million in MHSA unspent funds plus \$7 million in the prudent reserves so should be ok. The big unknown is whether BOS would be able to authorize the contribution of \$17.3 million to BHS (highly expected to be less; however, the extent of the deduction is unknown). L. Rettagliata raised the issue of how the conservatorships are given out – there fewer than usual are given out. And if the person is conserved, one is sent to IMD. She suggested looking into possibly placing and treating conserved individuals in less expensive places than IMD. D. Dunn said that he would follow up on how conservatorships are awarded and continue to work to convince State Health Department to apply for 30 day waiver extension so that the federal participation money can be applied to IMD stays. 	
<p>VII. Adjourn at 4:58pm</p>	