

**QUALITY OF CARE COMMITTEE MEETING
MINUTES
July 15, 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 @3:36 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. Alana Russaw, District IV Jennifer Bruggeman Angela Beck Teresa Pasquini</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS– None.</p>	
<p>III. COMMISSIONERS COMMENTS</p> <ul style="list-style-type: none"> • (Cmsr. L. May) I have asked Angela to place the following links in the comments (chat). This is an article I read today and posted on my social media. In northern California, the three counties the new COVID Variant is running rampant – the numbers or going up extremely fast – Contra Costa, Sonoma and Alameda Counties. One of the signs of this new variant is pus coming out of your eyes. There have been five deaths here since June and the hospitalizations are way up. I forwarded an email with the actual article on to Anna Roth and asked why this isn’t being publicized. We need to know, regardless of the Governor wanting California open. People need to know that it is time to mask up, face shield and gloves. <p>The second item: July is Disabled Pride Month, physical and mental disabilities. This was not advertised or put on any county pages.</p> <p>(Jennifer Bruggeman) I wonder if this is happening more in the unvaccinated or fully vaccinated breakthrough cases. (Cmsr. L. May) This is occurring in both vaccinated and unvaccinated. There was another article in SFGate and in the NY Times regarding an area in the country one would not think it would explode 331 deaths out of 4,300 cases; 3,000 were fully vaccinated.</p>	<p>Article shared in chat comments: https://www.audacy.com/kcbsradio/news/local/three-counties-hit-hardest-by-rising-bay-area-covid-19-cases</p>
<p>IV. CHAIR COMMENTS – None.</p>	
<p>V. APPROVE minutes from the June 17, 2021 Quality-of-Care Committee Meeting.</p> <ul style="list-style-type: none"> • Cmsr. Laura Griffin moved to approve the minutes as written. Seconded by Cmsr. Leslie May. • Vote: 3-0-0 <p>Ayes: B. Serwin (Chair), L. Griffin and L. May. Abstain: none</p>	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

VI. DISCUSS Site Visit Program updates and upcoming steps

- BHS Board and Care site list updated with contract amount / review dates
- Recommended sites to visit through end of 2021
- Process for Commissioners to sign up for site visits
- Commissioner site visit training content and delivery
- What needs to be in place and/or updated administratively for these initial site visits
- Prioritization of suggested site visit elements, including site visit program objectives, evaluation of grievances, evaluation of contracted objectives and targets, scope to include non-licensed board and cares.
- (Cmsr. B. Serwin) BHS Board and Care site list file updated with contract amount and review dates, beds contracted by the county, the size of the contract. That has enabled us to narrow down to six (6) candidate sites for commissioners to sign up for site visits over the next four (4) months. The next calendar year, we will look at 12 – 14 sites to visit over the coming year.
- (Cmsr. L. May) Recommended sites to visit through end of 2021:
We have chosen
 - Blessed Care Home, Pittsburg, CA
 - Crestwood Our House, Vallejo, CA
 - Harmony Home, Walnut Creek, CA
 - Nevin House, Richmond, CA
 - Crestwood Bridge, Pleasant Hill, CA
 - Nerika House, Concord, CA

The way we narrowed down sites was to choose residential care for the elderly, adult residential facilities and we have social rehab. We tried to choose a facility in each region (north, south, east, west) and ensure a good mix of type of facilities. It was a combination of what type of treatment facility, mixed clients, size and funding. We also wanted to ensure we had a mix of age groups and why we chose Residential Care for the Elderly, along with the adult residential facilities.

- (Cmsr. B. Serwin) Process for Commissioners to sign up for site visits: We need to start the process for site visit sign ups. This will be via email, commissioners to choose first, second and third choices and would go with the sites with the majority of signups. The site team will be made up of at least one more experienced commissioner with a less experienced commissioner (if possible) and one of the Site Team would be attached to each team as mentors. This email will go out with a week turn around response time, in order to assign and have the assignment notifications out and received availability to schedule site visits.
- (Cmsr. B. Serwin) Commissioner site visit training content and delivery: One hour prior to the commission meeting with the first training in September proceeding the site visit.
- (Cmsr.) What needs to be in place and/or updated administratively for these initial site visits:
 - The sign-up email needs to be written/sent – send out by Wednesday of next week (7/21) deadline to respond by 7/28 for us to have all the information and scheduling completed by the next main MHC meeting (8/4).
 - Once the responses are received, send out assignments, aiming for Friday 7/30 and able to discuss during the next MHC meeting on 8/4).
 - Request schedule availability in order to schedule site visits.

Documentation regarding this agenda item was shared to the Quality-of-Care Committee on-screen and included as handouts in the meeting packet and is available on the Mental Health Commission (MHC) website under meeting agenda and minutes:

<https://cchealth.org/mentalhealth/mhc/agendas-minutes.php>

- (Cmsr. B. Serwin) Prioritization of suggested site visit elements, including site visit program objectives, evaluation of grievances, evaluation of contracted objectives and targets, scope to include non-licensed board and cares: We decided we wanted to stay focused at the beginning with the B&Cs and the MHSA programs that we have the most information about and know we can influence because they are licensed/directly funded by MHSA. We decided not to include children's sites at this point. We met with Gerold Leonicker and there were so many issues around parental/care giver permission and HIPAA, etc. that we are likely looking at very different approach to how we evaluate those sites.

Comments and Questions:

- (J. Bruggeman) Housing is such a focus right now, I think it's a good place to start with the variety of places and think you have a great start.
- (T. Pasquini) I know the Commission has been criticized over the years for not focusing on children enough. I know you said you tried. I am really curious to know what other counties are doing regarding site visits to children's programs. I know when I was first a commissioner, there was a strong children's focus contingency for the commission. I know they did a lot of site visits to programs. I just wanted to throw that out because there has been criticism. When we stopped doing the age group committees, there was criticism about the lack of focus on children and older adults. I commend you all for your criteria. Just wanted to toss that out there to think about. (RESPONSE: Cmsr. B. Serwin) We did look at several other counties when we came up with this program. Secondly, Gerold Leonicker has a very important point of view, and he was the main person we spoke with when reviewing the program. There are other ways to approach the issue; however, there are some specific changes to the surveys as well as permissions. There are many other factors to this site visit program and just getting new commissioners acclimated that have not been involved in site visits and assessing the workload for our Executive Assistant (EA). We needed to start off focusing on the adult's side first. We will start with Children's facilities next year.
(RESPONSE: Cmsr. L. May) I think we have done very well, designing our instruments to conduct these surveys. We took our time, removed redundant questions and have been very thoughtful and put together a very structured document. Our surveys will be different from the counties, as they should be. We want certain questions answered, so when we do the children's sites, we will be focused and mindful from an advocacy standpoint. Following the County's structure and lead does not make us an autonomous part of the county process as an advisory entity. Our reputation to the county people we serve can feel confident in turning to the MHC for questions and concerns due to our strong reputation that we actually advocate for the members of the community.
- (T. Pasquini) I would personally like to see Pleasant Hill elevated in its current concerns (Pathways and Bridge). We have visited the Crestwood facilities and the Pleasant Hill site, there has been information shared and it is troubling. I have seen pictures; it needs to be visited.

VII. REVIEW Executive Summary of "Housing That Heals" document authored by prior Commissioners Teresa Pasquini and Lauren Rettagliata.

- (Cmsr. L. May) What if there were facilities that were more like dorms, fully staffed with the services residents need, activities (fishing, hiking, etc.) and then a 'next step' facility on same property but separate where each person has their own individual apartment but monitored 24/7. When we speak of housing that heals, when I read this, we are looking at stepdown programs and trying to create independence. What if those type of facilities were available where they could receive the wrap around services with staff present? The goal is to move to the next step (the apartment) where you have your autonomy as you have shown you are able to handle cleaning, cooking, etc. What do you feel about that?

(RESPONSE: T. Pasquini) You are basically describing a dream campus. The paper 'Housing that Heals' is self-explanatory, it speaks of continuum of care, housing that heals is more than a room key, it is a system. The term came from the commissions white paper back several years ago. We speak on focus on the continuum. It was an attempt to see what options are available and dream what should be. We didn't have contracts with Synergy and Everwell, now we do. The Value Stream Mapping (VSM) request was to move from wishes hopes and dreams to actual data that shows the need create these different programs for our community. One thing in the packet we shared that was not in the paper, was the Gray Haven site visit we just went on in Napa County. That was our first tour out and about a couple weeks ago. It was inspirational and truly a Housing that Heals model. It is not an impossible dream, but it is possible because it is happening in different communities. There are visionaries out there that are creating these programs and are really trying to imagine, pull dignity and respect in every part of the housing. I will also say; however, there are 'stop gray haven expansion' signs up and down one side of the block trying to stop the program from expanding. So, nimbyism is real and it is also something we have experienced in Contra Costa several times and we, as a commission, fought on other projects.

I do not know how to guide you all anymore than I have already. I understand the pushback you all received but there is nothing more of a priority than housing. I will say that I have attended the four meetings of the Measure X committee and housing has touched every conversation/every person that has presented, housing has come into the conversation, not just for the seriously mentally ill, which is why we have been giving them all of our information. I refuse to not continue to lift this population up that has been sent out of county for too long. I think, when you look at CCC on paper, we look really good. We are really good, but like the document in the packet today, you don't know how much is being utilized of those facilities. It looks like we have a lot of opportunities and options but is that a reality? We don't know the answer to that. How long are people waiting? How long are people waiting on 4C for a step-down bed? How long are people waiting in a locked facility to step down to Synergy or to Crestwood Pleasant Hill? We don't have access to that information and, to me, that is important information. I know it exists, but where?

- (Cmsr. B. Serwin) We need this through the factfinders. The commission, we have the authority to bring into the commission and questions members of BHS, providers. That is something I can see us doing: building a database of the questions we need to get answers to. Go through the process of interviewing to get those questions answered.

<p>I feel like that is an enormous task but that it is something we are positioned to do (tasked with doing that).</p> <ul style="list-style-type: none"> • (Cmsr. G. Swirsding) How many people are in that kind of housing and kicked out due to an inability to function (because of their mental health). Now they are homeless? • (Cmsr. L. May) There is one more myth and I just want to say this: People with serious mental illness, once they become stabilized (because when they go into PES/4C, there is no choice, they have to be stabilized), they really look around and see someone else who is far worse than them, there is fear and they want to get out. They are afraid to be around others, in reality there is staff around, but by the time there are enough staff to break up a physical altercation or an attack, people can get really hurt. When they are on the street, it is because they would rather be on the street than in the hospital ward. They really want a safe place to live but want to be respected and not feel they are a burden or in danger. They do want the help. We really need to work on the way others look at this population, remove the stigma and the inaccurate reality. Those with serious mental illness are also the most brilliant people walking the earth but have a mental illness and there is an internal fight in their brain. But they deserve respect and to be treated with dignity. This is where we have a problem, so many would rather be on the street than stay in a hospital. • (T. Pasquini) I know it is a big task and that is why we wrote the paper. 	
<p>VIII. DISCUSS objectives and strategy for advancing the “Housing that Heals” agenda.</p> <p>(Cmsr. B. Serwin) For the commissioners, what do you think of being fact finders for the county on these high priority questions?</p> <ul style="list-style-type: none"> • Cmsr. G. Swirsding: I’m for it, I think we need to do something for accountability. They are receiving money, where is it going? • Cmsr. L. Griffin: I also agree, I am on board 300%. • Cmsr. L. May: Yes, firmly. • (Cmsr. B. Serwin). Our next step is to build our database of questions and the next step would be where are we going to get the information. • (Cmsr. L. May) and we don’t want the same people because trust level goes down when it is the same person I don’t trust the answers as they have a job to do and are paid to answer according to protocol, rather than real information. • (T. Pasquini) that is the reason we requested and need a VSM Event. That is a process that builds trust into it. If we are not able to do that now. • (Cmsr. B. Serwin) I am wondering, through this process and what it reveals is it would be an effective step into a VSM project. The need to identify, there are questions in the report, who is making these decisions and a list of bullet points. We need very specific questions and answers and what is revealed from that, tells the story. If it is specific about our county and have numbers, ACTUAL Data, then it opens up the door more than what you have been able to accomplish through laying out what is going on. 	
<p>I. Adjourned at 5:37 pm.</p>	