

**MENTAL HEALTH COMMISSION
QUALITY OF CARE COMMITTEE MEETING MINUTES
July 18th, 2024 - 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 @3:38 pm</p> <p><u>Members Present:</u> Chair - Cmsr. Barbara Serwin, District II* Cmsr. Y’Anad Burrell, District I Cmsr. Vanessa Rogers, District IV Cmsr. Jenelle Towle, District IV</p> <p><u>Members Absent:</u> Cmsr. Gina Swirsding, District I (excused)</p> <p><u>Other Attendees:</u> Angela Beck Audrey Montana Jen Quallick, Supv. Andersen’s Ofc. Theresa Russell</p>	<p>Meeting was held at: 1340 Arnold Drive, Ste 126 Martinez, CA and via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None</p>	
<p>III. COMMISSIONERS COMMENTS:</p> <ul style="list-style-type: none"> (J. Towle) Commented on the disruptive nature of the previous meeting last month and how stressful it was for everyone. 	
<p>IV. CHAIR COMMENTS:</p> <ul style="list-style-type: none"> Cmsr. Serwin welcomed Cmsr. Burrell as Vice-Chair of the committee, thanking her for the help. 	
<p>V. APPROVE minutes from the June 20th, 2024 Quality-of-Care Committee Meeting. Cmsr. J. Towle moved to approve the minutes. Seconded by Cmsr. Y. Burrell.</p> <ul style="list-style-type: none"> Vote: 4-0-0 <p>Ayes: B. Serwin (Chair), Y. Burrell, V. Rogers and J. Towle. Abstain: J. Towle</p>	<p>Agendas and minutes can be found at: https://contra-costa.legistar.com/Calendar.aspx</p>
<p>VI. DISTRIBUTE the 2023-2026 Contra Costa County Behavioral Health Services (BHS) Cultural Humility Plan to be discussed at August 15th, 2024 Quality of Care meeting Distribution of the Report so that all committee members have a copy to review prior to next month’s meeting as we will be discussing and create a list of questions for the Quality Improvement/Quality Assurance (QI/QA) staff.</p>	<p>Agendas and minutes can be found at: https://contra-costa.legistar.com/Calendar.aspx</p>

VII. DISCUSS External Quality Review Organization (EQRO) 2023-24 report and a copy of questions for Behavioral Health Services (BHS) Quality Improvement/Quality Assurance (QI/QA)

Please reference Attachment B 'EQRO 2023/24 report' and Attachment C 'Quality of Care questions for 2022-2023 EQRO Report' and the EQRO Report

<https://www.cchealth.org/home/showpublisheddocument/28588/638333969768052065>>

The committee continued review of the report and compiling questions. There was mention of the small data sets and how these small focus groups had feedback, that isn't incorporated into the report. These focus groups asked for specific things they need and it nowhere else in the report is it mentioned of the recommendation.

- (Cmsr. Burrell) Inquired if there was an explanation given as to why this was not incorporated or even mentioned.
- (Cmsr. Serwin) It was asked but not addressed in the list of questions as we ran out of time in the meeting. There was at least one question from a focus group's feedback that there be a greater focus on independence and employment, with less emphasis on governmental assistance (as it was seen as dependence and reliance on the system). How will BHS respond to this critical beneficiary input? It wasn't about benefits, financial aid or therapy, it was the bigger picture of how this was reflected back was just not in this document.
- (Cmsr. Rogers) The focus group asked/addressed wait times was what really jumped out at me in the report overall, particularly on Pg 35. It also came up, the focus group asked to have concerns addressed regarding wait times after assessment for youth therapy services. They asked to be able to leave messages at the center in times of crisis. Requested animal therapy. There appears to be an opportunity to examine the results and improve wait time to psychiatry, esp. for foster care youth: 65 days as a wait time for first service and that seems extreme.
- (Cmsr. Serwin) I am having a hard time with this report in reviewing the Executive Summary (pg. 6) 'Summary of Key Components' and how well they did (B+) and they are not addressing the areas of concern. It should be elevated and hammered and get a B+.
- (Cmsr. Rogers) Well they want to keep their business, their vendor. That's why we are here, to be the accountability factor. We will highlight these things then.
- (Cmsr. Towle) If a person is waiting 65 days for care, they are more likely to end up in an emergency situation. We need to know how many are ending up in emergency care services while they are waiting for care through the first visit. Could we light a fire to get that data? How do we find that information?
- (Cmsr. Rogers) Why is it 25 days longer for a foster care? It is longer for children in general-almost 60 days for children for urgent services. It is 30 days for an adult. Children also have a much shorter time for first delivered psychiatry compared to foster care. Why aren't they able to reach Foster Care?
- (Cmsr. Towle) Is it the system they are going through? Do they have to go through guardian/social worker? Is that where the hold up is? It should be posed that when a child in foster care needs services, what is the process?
- (Cmsr. Burrell) Those diagnoses are determined well before foster care placement so it isn't about them being in foster care, it has been determined. That is another issue but we should push to review protocol.

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<ul style="list-style-type: none"> • (Cmsr. Serwin) How could we approach the questions for the data/lacking qualitative analysis? • (Cmsr. Burrell) If there is that overarching statement and then say ‘here are three examples in the report; on pages (list pages)’ • (Cmsr. Serwin/Rogers) Foster care claims have decreased for the county but increased each year statewide. The breakdown on pg. 23/28 “average approved claims” are decreasing per member. Why is that? What is the reason behind that trend? Foster care youth got over 25% less approved claims than the year before. • (Cmsr. Towle) Are they actually getting the care and it is not being paid for? Who ends up paying? It is only speaking to the claims approved, not how many were submitted? Are they getting care? If so, where / who is paying? • (Cmsr. Burrell) And do those numbers also impact our funding, ultimately? • (Cmsr. Rogers/Serwin) <i>Recommendation on 37 that said examine wait time? There is cross talk and cannot make out what Vanessa is commenting on.</i> 	
<p>VIII. DISCUSS questions for Detention Behavioral Health Services at the West County Detention Facility and the Marsh Creek Detention in preparation for visits to these sites by Commissioners</p> <p>(Cmsr. Serwin) The Justice Systems committee is organizing visits to the detention facilities. West County Detention Facility (WCDF) is the newest, built in 1991. Medium security, more like a campus with separate buildings and is much more open. One of these buildings was held aside during initial build specifically for mental health services with housing for those inmates needing to be separate from others due to their mental health services needs. The buildout for this portion slowed/stalled for unknown reasons.</p> <p>It is a good time for us to find out status. How much of the plan is still on course? I heard the full plan was not applied/backing off part of the initiative and unsure why. That is what I’d like to know. Open for more questions.</p> <p>Questions and Comments</p> <ul style="list-style-type: none"> • (Cmsr. Towle) Are the funds we are working with, tied up in that project? Just being held there? Is there funding held back to address? And if not building, could the funds be reallocated? (Detention has it’s own budget). • (Cmsr. Serwin) Detention mental health and Behavioral Health Services (BHS) staff in jails-it is confusing and we can ask to clarify budget and staffing for Detention and BHS. • (Cmsr. Rogers) I will be participating in the visit and wondering what I could do to prepare, unsure what questions to ask? • (Cmsr. Serwin) our questions will be combined with the three committees questions so that we have one comprehensive list. There will be question & answers onsite, as well. • (Angela Beck) Point of Order re: visits. The email with all the forms and information, please fill out and return as soon as possible. There is a background check and it takes a while. It might also helps spur questions. • (Cmsr. Burrell) It will be a Friday. Are these Juvenile or Adult Detention? • (Cmsr. Serwin) It is adult detention. I will follow up with Cmsr. Payne. 	<p>Documentation on this agenda item can be found:</p> <p>https://contra-costa.legistar.com/Calendar.aspx</p>

IX. DISCUSS 2024 goals and priorities – complete previous discussion

Cmsr. Serwin reviewed the Quality of Care Committee projects for 2024 to determine what goals and priorities to focus on now, with time remaining until our merge with AOD. What is realistic? What is the most impactful? What is far enough along that we can wrap? What can be carried forward after the merge?

What we have been most focused on is the schools projects including:

- Background literature review on mental health issues, needs and services in K-12 schools
- Learning/tracking Student Behavioral Health Incentive Program (SBHIP)
- Tracking on Wellness in Schools Program (WISP)

The SBHIP has been priority for the commission for three years and can see it moving forward and still have general support. We have worked on different parts, but I think the SBHIP-piece we could put together a report out on what occurred over the last two years because the project/grants wrap up at the end of this physical lab (at the end of the year). There is one group, that will go into the first quarter of next year because they did not receive funding at the same time as the rest. We could put together a report on the project: what was accomplished; our assessment; and recommendations moving forward.

The various school sites have benefitted, services are better delivered and ensure there is continued funding. How is this program going to continue?

Governor Newsom’s cuts include the SBHIP, so not only are the grants ending, there are some cuts but not specified.

The External Quality Review Organization Report (EQRO) is to be reviewed every year; which works best at the committee level for a thorough review (then present to the fuller commission). The questions from last year (much are similar) to review and ensure the questions are not repetitive. This commitment will continue through the end of the year and (hopefully) beyond.

Continued advocacy for treatment beds.

Continue to track Children’s Crisis Response Stabilization Unit (CCSU); Expansion of Psych Emergency Services (PES); as well as A³ (Anyone, Anytime, Anywhere) Crisis Response. Site visits and presentations on updates for each of these.

Questions and Comments

- (Cmsr. Towle) Is there a way to collect data on success rate? How do we measure success on the program(s)?
- (Cmsr. Serwin) There is what they defined as success for their projects: getting through implementation? More downstream- how many children were helped? How did that compare to prior years serviced? If that data is available.
- (Cmsr. Burrell) West County, they were in some ‘buckets’ and not others (info from last meeting). There was conversation here around the funding being late based on the district performance level academically and being under state audit. I am in West County and putting it on their agenda as one of their items. Would that be coming from me or as the commission? How does that work?
- (Cmsr. Serwin) We are doing this work as a committee and it comes from the commission. Certain political issues the county doesn’t want one of it’s organization or advisory board to take a stand, but you as an individual can go talk to the press and represent your opinions.

<p>ACTION ITEM: Cmsr Serwin to Contact Robert Auman, Program Manager, Contra Costa Health Plan (CCHP) looking for information/data and how they are measuring their success.</p>	
<p>X. Adjourned at 5:04 pm.</p>	<p>ZOOM recording available at: https://zoom.us/rec/share/R9AxuubRPHK8mejBIV2GTgije_b9duuc_1aVvjSkPogykbsM8tAjo9Q1B15kDBj6.Ztb9opVDoE6h46IP [zoom.us] Passcode: d8X5P%aw</p>