

MENTAL HEALTH COMMISSION
QUALITY OF CARE COMMITTEE MEETING MINUTES
June 20th, 2024 - DRAFT

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Quality of Care Committee Chair, Cmsr. Barbara Serwin, called the meeting to order @3:36 pm</p> <ul style="list-style-type: none"> • Cmsr. L. Griffin moved to approve the motion requesting approval for Cmsr. Barbara Serwin to participate remotely based on “emergency circumstances” for the MHC Quality of Care Committee meeting today, June 20, 2024 (In accordance with AB2449 -Teleconferencing options allowed under the Brown Act, dated March 1, 2023). Seconded by Cmsr. J. Towle • Vote: 5-0-0 • Ayes: L. Griffin (Chair), Y. Burrell, V. Rogers, G. Swirsding and J. Towle. • Abstain: none • <p><u>Members Present:</u> Chair - Cmsr. Barbara Serwin, District II* Cmsr. Y’Anad Burrell, District I Cmsr. Vanessa Rogers, District IV Cmsr. Gina Swirsding, District I* Cmsr. Jenelle Towle, District IV *Remote/Zoom</p> <p><u>Other Attendees:</u> Cmsr. Laura Griffin, District V Angela Beck Alejandra Escobedo, Family Services Coordinator, Adult Mental Health Ellen McDonnell, Public Defender (4:35pm) Lucy Nelson, Family Services Coordinator-Children’s Mental Health Jen Quallick, Supv. Andersen’s Ofc.</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"> • (G. Swirsding) Discussed prescription refill issues. Problems stemming from AI (Artificial Intelligence software) the pharmacy and insurance is insisting on using instead of human customer service. Prescriptions are being filled one at a time, and alerting the refill is ready; therefore causing multiple trips to the pharmacy. Created problems with MediCare and receiving treatment. Feels it is very important to alert both the pharmacy and medical personnel of the problem. Cmsr. Was able to receive and take all her meds for a week (which is a really big problem). It is not just Walgreens (her pharmacy), but other pharmacy’s as well. Her situation is not unique, she is concerned for other seniors and those constituents with mental health medication needs. • (Y. Burrell) Would like to add the Cultural Humility Plan (2023/26) to the agenda to have a conversation on this at the committee meeting in August. 	
<p>IV. CHAIR COMMENTS: None</p>	

<p>V. APPROVE minutes from the April 18th, 2024 Quality-of-Care Committee Meeting.</p> <p>Cmsr. G. Swirsding moved to approve the minutes. Seconded by Cmsr. Y. Burrell.</p> <ul style="list-style-type: none"> • Vote: 4-0-1 <p>Ayes: B. Serwin (Chair), Y. Burrell, V. Rogers and G. Swirsding. Abstain: J. Towle</p>	<p>Agendas and minutes can be found at:</p> <p>https://contra-costa.legistar.com/Calendar.aspx</p>
<p>VI. DISTRIBUTE a copy of the External Quality Review Organization (EQRO) 2023-24 report and a copy of questions regarding the EQRO 2022-23 report prepared by the Quality of Care Committee for Behavioral Health Services (BHS) Quality Improvement/Quality Assurance (QI/QA)</p> <p>This External Quality Review Organization (EQRO) Report is performed in every county and is a third party review, organized by the California Department of Health Care Services (DHCS). This report covers MediCal specialty care only on big picture topics such as access to care, who is able to receive and timeliness, how long the wait list, quality of care. There are a couple quality of improvement projects that departments work on every year. Another big topic is information systems performance, measurements and impact on healthcare for the county. We spent the latter part of 2023 reviewing the 2022 EQRO report and developed a host of questions. The April meeting we met with the Quality Improvement/Quality Assurance (QI/QA) team and Informatics to receive response to many of our questions. The next meeting, we will dive into the 2023/24 report and begin documenting our questions and hoping to get through that review in the next two meetings and document our questions. We will combine the questions for the new report with any remain 2022 questions. <i>Please reference Attachment A 'EQRO 2023/24 report' and Attachment B 'Quality of Care questions for 2022-2023 EQRO Report' and the EQRO Report</i> (https://www.cchealth.org/home/showpublisheddocument/28588/638333969768052065)></p> <p>Cmsr. Serwin's suggested a place to start would be to review the Executive Summary; Reviewing "Response to 2022 Recommendations" section; comparing that to the "Response to 2023 Recommendations". Each year, the report identifies challenges, strengths and recommendations. It is helpful to jump to the recommendations to see how the department did over the past year. After digesting the recommendations, it is helpful to navigate the review of the full report, as you have an overview of what you will be reading.</p> <p>Cmsr. Serwin went through the packet review.</p> <p>Questions and Comments</p> <ul style="list-style-type: none"> • (Cmsr. Swirsding) Why people on MediCare are not able to participate? (RESPONSE: Cmsr. Serwin) The state offers public services to people with a certain level of need and it that is the group this is focused on. This is a review of public behavioral health services that BHS provides. This is not looking at total private/public insurance. • (Cmsr. Burrell) Page 8, there are listings of opportunities for improvement and recommendations. It looks more focused on career/professional development. One states shortages of 30%, another speaks to working with contracted providers. Drop down to recommendations and it is retention and the third bullet is about review process; it appears to be just in those pages without going through the rest. More professional development focused. The full report may have other information but it is really unfortunate, when looking at it for the overall summary, those two areas focus on professional development and there is no actual quality. 	<p>Agendas and minutes can be found at:</p> <p>https://contra-costa.legistar.com/Calendar.aspx</p>

Also, Page 7 regarding focus groups (Table D) they have eight or nine participants and it seems excruciatingly low for a yearlong report. We understand the world is different now based on everything that has happened since 2020. There is a lot of trust to rebuild in the health systems and getting individuals to participate. Eight and nine participants is not really representative of such a dynamic report.

(RESPONSE: Cmsr. Serwin) Thank you for those observations. Regarding the second one, I whole-heartedly agree. Recruitment is always difficult and I am unaware of their recruitment process so that is a good question to ask.

Regarding the first, also a great question to ask. There are a lot of questions for the past report as to why/how the reviewers prioritize? Some of the prioritization didn't feel what our thoughts on priorities. This is an example of that – in terms of your thoughts about it. Additionally, the work of BHS has definitely been quite compromised by the inability to recruit adequate number of staff and a major reason why there would be a focus on this. Have they done the right things, enough of the right things in the past to meet their requirements. We will want to ask why this is the focus as opposed to other care issues we think are more important.

- (Cmsr. Towle) Just to piggyback, we can read this and take it into consideration but I don't like we don't know, it is a very small sample and don't actually know the composition of the sample. How to they intend on training across cultures? It seems like a great opportunity since they are short staffed to fix that problem.
- (Cmsr. Serwin) We are meant to be an objective viewer of this report. So, before calling into question the number of people in the focus groups, being circumspect about the kinds of conclusions that are drawn from these focus groups is a reasonable thing to do. The question of hiring staff that can work with the various constituencies of the BHS clients. I don't know if this is covered in the report or not. In past there has been some coverage but not a lot.
- (Cmsr. Burrell) Can you define difficult time hiring? (Cmsr. Serwin) Finding enough people that speak Spanish, Farsi, a lot of it is the language competency.
- (Lucy Nelson) If we have questions, should we share them? (Cmsr. Serwin) We will go through the formal process of review and documenting our questions.
- (Lucy Nelson) We are part of the work, providing individuals for the EQRO and have been part of this process for the last year or so and supporting the process. They say we need about 12 members of the community receiving services. They ask for 12, I will invite 20 or more. In the end, we have about eight people show up even providing transportation, etc. (Cmsr. Serwin) That is typical and you need to have certain incentives. Lucy Nelson ran through thru a lit of difficulties in getting people to participate.
- (Cmsr. Burrell) As a former ED, Nonprofit that served TAY (Transitional Aged Youth), one thing we would while in program already, the focus group for them would happen. We would take them out and have them come on Tuesday 3-5 but then come at this date to do this other program. That is where they fell off, so while they were in program and already there, this is was part of the program. We have to get them while we already have them and add another layer of stipend. That is where we get a tremendous amount of participation.

<ul style="list-style-type: none"> • (Cmsr. Swirsding) Being a registered nurse, I make contact with a lot of them, and also speaking for myself, I am a part of Stanford Health-all of my physicians are of color. The big problem in the health care system is the shortage, both in the private and public health center. There has been a definite shift due to the shortage. • (Cmsr. Rogers) Regarding provider shortages, I am surprised everything was met with that 30% people shortage but still access was 100% met. Unsure how that works but I am excited to learn about that. Second comment, two small focus groups would be able to complete a report like this so I thought there might be a survey and it looks like there is a survey. Consumer perception surveys, being a MediCal member and my mother also, never have seen a survey before. Do we have access to the survey data? Or is it something we can locate? (Cmsr. Serwin) we can certainly ask. I would be surprised if we couldn't have access. We would ask for that through QI/QA and could be one of our immediate requests. <p>Questions and Comments</p> <ul style="list-style-type: none"> • (Cmsr. Swirsding) I have a concern after reading through all these reports. It bothers me that West County did not receive their funds because they were late because the School District in West County as there was some malfeasance. Now the State of California is overseeing West County's finances. There are a lot of kids that are exposed to gun violence. <point of order, interrupted not on topic with agenda> • (Cmsr. Burrell) Clarification, is the \$4.7B for the SBHIP or \$72.3M reduction this year and the \$349M reduction next year just specific to the CYBHI? (RESPONSE: Cmsr. Serwin) it's the CYBHI is the larger umbrella project. SBHIP is one of the projects under the CYBHI. No specific information on the SBHIP reduction amounts at this time. 	
<p>VII. REVIEW Student Behavioral Health Incentive Program (SBHIP) December 2023 (bi-annual) reports from SBHIP school districts</p> <p>Reviewed the semi-annual reports. Quick summary, it is a MediCAL program and managed by the county's public health plan. All counties in the state have their own program so we are speaking only two Contra Costa county. It is all focused on Behavioral Health and Wellness programs. There are four school districts participating, selected to participate in this pilot program: Antioch, Pittsburg, West County, and John Sweet Unified school districts. The projects are interventions being implemented at these schools. Each report has a summary of overall accomplishments and each district is covered separately within each report. Every six months there are ongoing stakeholder status meetings.</p> <p>The big challenges of the project were hiring staff or contract resources to deliver new behavioral health services and wellness programs.</p>	<p>Documentation on this agenda item can be found:</p> <p>https://contra-costa.legistar.com/Calendar.aspx</p>
<p>VIII. DISCUSS potential cuts to the Children and Youth Behavioral Health Initiative (CYBHI) and SBHIP budgets.</p> <p>Discussion from last commission meeting (June 5) regarding the provisional May 2023/24 Budget for next year. One of the items discussed was cuts to the Children and Youth Behavioral Health Initiative (CYBHI). The program we are watching carefully (SBHIP) is a part of CYBHI. The CYBHI is a \$4.7B initiative over five years. SBHIP is a three-year program that is a part of the CYBHI. Reviewing the budget reductions (summary provided by CALBHB/C), one of the items was the cuts to the CYBHI was a proposed one-time reduction of \$72.3M from the</p>	<p>Documentation on this agenda item can be found:</p> <p>https://contra-costa.legistar.com/Calendar.aspx</p>

<p>general fund this year; \$349M from the general fund next year; then \$5M from the general fund in 2025/26. These are funds for schooling, health partnerships, and capacity grants for higher education institutes, etc. all under the umbrella of the CYBHI. Without doing the math, it is estimated that a little over \$400M (close to \$425M) so that is a significant cut percentage-wise. So it's about 8% which is significant.</p> <p>Cmsr. Serwin reviewed the various reports.</p> <p><i>There was a lot of interruptions and talking out of turn / commenting not on topic of this agenda item, participant muted and eventually dropped from Zoom call due to point of order being violated multiple times.</i></p>	
<p>IX. DISCUSS 2024 goals and priorities – complete previous discussion</p> <p>There was not much time to go through the list of projects but There is a long list and we must consider what the priorities are and what we are able to accomplish with only six months of the year left and which we can realistically accomplish. Also consider we will be merging with the AOD Advisory Board and we don't know exactly what will transpire with this committee, whether it will combine with any kind of Quality of Care committee that AOD has or continue to operate as we are. We have been advised to proceed with business as usual and continue with the projects as usual and not get bogged down with what ifs.</p> <p>(Cmsr. Griffin) They have created a committee in BHS that is putting this all together for us. Basically, they will dismantle the MHC and AODAB and will create a new BHC (Behavioral Health Commission) and there will be a Board Order created and voted on. I was told no one will lose their position and there will be a survey they will send out in the month of September (likely during our commission meeting) and will give us a report out on how it will look, what it encompasses. The survey letters/forms will ask if we want to continue with the new combined Board as well as other questions. We will have to have Veteran, a student (or under 25), someone that works for educational services and a few other categories to touch upon all groups. The Board of Supervisors (BOS) said to continue business as usual until the end of the year. I have been working with Logan Campbell (the chair of AODAB) who has received basically the same information.</p> <p>(Cmsr. Serwin) Did you say BHS is inventing this or that is the BOS?</p> <p>(Cmsr. Griffin) The BOS has assigned a group of individuals that are in BHS, not sure who they are, what departments they are in, but it is the BOS calling the shots.</p> <p>(Cmsr. Serwin) Are you and Logan on this committee?</p> <p>(Cmsr. Griffin) We were supposed to be an ad hoc committee and work a bit more in depth than what we have been asked to do so far and then it was changed to this new group handling it within BHS. We are volunteers, not county employees but we are kept in the loop.</p> <p>(Cmsr. Serwin) So I have strong feelings about that the commission should have a role in this and I wonder, is this something we would express as individuals? Is there a way we can express it as a commission? Or do you feel it is a train that rolling and there's no way to stop it.</p> <p>(Cmsr. Griffin) It's a train that's rolling and emphatically, it will be in place January 1, 2025. The governor is pushing all counties that have not done so yet. Suzanne Tavano and Fatima Matal Sol are the point persons and they would get together with us and give us more detail on what we could do and what feedback they needed from us. At this point, I have not heard anything back yet</p>	

<p>except for the surveys going out. They will be creating the board order. They could have went two ways: combine and reorganize; or dismantle and create a new board order. The law states it must be 15 people but with the criteria and combining both the current members are guaranteed to be on and not lose their positions.</p> <p>(Cmsr. Serwin) That's very helpful, I just think another way would be for individual commissioners to speak with their appointed supervisor to express an opinion. There is a concern about conflict of interest with who is doing the reorganization.</p> <p>(Cmsr. Griffin) Colleen Awad (with Supv. Carlson's office) is the point person for the BOS but the one thing they advised is that the strongly urge all commissioners to attend an AODAB meeting to start seeing how their board runs. As I learn more, I will be updating everyone.</p>	
<p>X. Adjourned at 5:04 pm.</p>	<p>ZOOM recording available at: https://zoom.us/rec/share/zqTyP1q1qH9ERDJTKwipEwz0QQGho PHARTMAa-gv9fsd08O6qGE9ulMZdmde.SSYOPxlKyxib8FdO [zoom.us] Passcode: kuk65^V7 Passcode: P@8r%6Y%</p>

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