alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Adult Committee APPROVED Minutes
January 26, 2021 ◊ 12:00 PM – 2:00 PM
2000 Embarcadero Cove, Oakland, CA
Eden Room
Video Conference Meeting

Alameda County
Mental Health Advisory Board

Committee Members:	☒ **Marsha McInnis** *(Chair, District 1)*
ACBH Staff:	☒ **Kate Jones** *(Adult and Older Adult System of Care Director)*; **Angelica Gums** *(Administrative Liaison and Recording Secretary)*; **Asia Jenkins** *(Administrative Liaison)*

Meeting called to order @ 12:00 PM by **Chair Marsha McInnis**.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll Call completed.	
Emergency Action	None.	
Approval of Minutes	November minutes approved.	
Correspondence	None.	
Chair's Report	**A. Marsha provided her Chair's report and shared the following update:** a. We'll have Francesca Tenenbaum back later in the year to catch up on how things are going with a discussion around Covid-19 and confined facilities. We can possibly meet back in Oakland. b. In November, talked about bringing up other topics in 2021. Had one person who runs housing for the homeless through the Health Services Agency and wanted to invite her. Marsha to get me the information and possibly February or March to see how that program is going. c. IOP program, to catch the Adult Committee up, we are in the first draft of writing a letter in support of continuation of the program at Highland and Fairmont. The letter will go before the full MHAB for approval.	
Director's Report	**B. Katherine Jones from Alameda County Behavioral Health, Adult and Older Adult System of Care, provided the Director's report.**	

ITEM	DISCUSSION	DECISION/ACTION
	a. There is a more centralized federal response from the Biden Administration regarding COVID-19. But we do not know how this will impact mental health and substance use disorder programs in Alameda County. b. State of California is now allowing primary care physicians to assist individuals addicted to opioids by prescribing methadone. This is referred to Medication-assisted treatment (MAT) and Opioid Treatment Programs (OTP). c. During the recent large outbreak, several staff have been redeployed to assist with the pandemic response. We have had to respond to the outbreaks from Christmas, New Year's but this spike might have been as far back as Thanksgiving. The numbers have declined significantly. d. Our providers are still providing services, most of them in the field. Telemedicine is being used widely. Physicians and other providers are utilizing Ipads so they can see individuals, and most of the staff using are using their computers and iPhones. One provider has been successful. This provider was not seeing numbers like they have today due to shame, culturally. Telemedicine has been a boom for this provider and individuals rather prefer it. The provider has seen their numbers go up and their outreach to the people they serve has improved. e. We are hard pressed currently to provide the same units of service, the same number of services, and the same intensity of support we give to the individuals we serve. There are many reasons why, during the outbreaks, we do not see individuals. It's because staff members are ill, or they have been asked to isolate, and hiring is challenging which is a contributing factor. We want to acknowledge the finance and contract departments who are working steadily with providers to find way to support them and to look at contracts and where we can push them to work with individuals to provide services. **Questions:** **1. Do you know if the health department has an ADA person? I have been having problems with accessing the website to get information about vaccine distribution? Who can I speak to?** Kate will reach out to the vaccination rollout team and contact the committee member directly with more information. **2. How are you currently monitoring and insuring quality of service or quality assurance?**	

ITEM	DISCUSSION	DECISION/ACTION
	Statistics automatically run reports. Kate Jones, the division director, and Henning Schultz review these reports. They look for how many times and provider has seen individuals during the month? What methodology have they used (i.e. phone, video, or face to face) to see these individuals? There is also a no service 90-day report that is submitted if an individual has not been seen in 3 months. ACBH reaches out to providers on a regular basis with this information. There are quarterly meetings to go over the providers' metrics and discuss challenges they face as an organization. Organizations who do not meet their contractual obligations will be placed on a performance improvement plan. Organizations who find it challenging to provide services have been given allowances due to the pandemic. We put in a new metrics to make sure people have a medical provider to ensure individuals are getting health support. **3. How do you assess customer satisfaction? How satisfied are the customers with this new type of service?** Assessing customer satisfaction has been happening through word of mouth, through the clinics, and individuals served. Currently there is no survey about Telehealth. There is a survey given to the providers which comes out twice a year (every 6 months). It is called the MHSIP. MHSIP is required for all Medi-Cal providers that do business with ACBH. That survey is sent out and the information collected is sent to the state. It also supports to the development of a performance improvement plan, if necessary. This is not linked to reimbursements. 86% of services are contracted out and providers must interface with clients to get this information. **4. Are you planning to use the MHSIP data with the contracted programs you are now supervising?** Data has not been reviewed yet. ACBH will be looking at client satisfaction by provider. We are doing a much better job at oversight of providers by giving them constructive feedback on ways to improve. Mental Health needs to be better at providing outcomes around pay for performance. Proxy for effectiveness- hospitalizations and crisis have been reduced. One is a reduction in inpatient acute hospitalizations and a reduction in PETs utilization. *Program evaluations can show what you are doing well.* Department of State Hospital's pilot. ACBH is working on getting it up and running. The pilot is slighted to start in February. This is a diversion program	

ITEM	DISCUSSION	DECISION/ACTION
	for individuals who have committed a felony. Individuals who are 1370, who were found to be incompetent to stand trial per an evaluation by a forensic psychiatrist or psychologist. There are 6-10 individuals at Santa Rita Jail at any given time on a 1370. The program will start with this population who are waiting to go to Napa State Hospital. The program is working with the courts, District Attorney's Office, police departments, public guardian officers, and other CBOs for this pilot. The goal is to divert these individuals to MH or SUD programs in the community. Up to 24 months, if they have followed their treatment plan, they can have charges eliminated. The goal is to reduce the number of individuals going to jail. People at risk to becoming a 1370 are next in the pilot. Individuals going through diversion programs is based on the capacity of the BH system. The County is working steadily on vaccinations. Getting vaccinated is challenging right now. The county is working with some pharmacies to help distribute vaccines to more people. There has been a rollout of vaccines to board and care facilities. Nurses have volunteered for vaccination strike teams to help administer vaccines. ACBH and the Public Health Department has been working together with out-patient and in-patient programs to be vaccinated. Vaccination strike teams are set to launch next week. **5. Can you clarify what is happening at John George and Fremont not taking new patients?** There have been some closures or pause on admissions due to outbreaks. Facilities has had to stop some of their programs. Warren Baker, Villa Fairmont, Gladman, and Fremont have all had outbreaks. The residential facilities must contact the Public Health, ACBH, and DHCS on reports of outbreaks. Residential facilities or long-term care environment must go for 14 days without a positive test to re-open for admissions. The providers, both staff and clients are following these guidelines from the Public Health Department. **6. What happens to those individuals who are in crisis?** Individuals who test positive can go over to the COVID hotel, Operation Comfort. This is crisis residential facility specifically for individuals with Behavioral Health issues. Some have moved from acute facilities if they have tested positive for COVID. They can go to John George or Amber House, depending on their BH severity.	

ITEM	DISCUSSION	DECISION/ACTION
	7. How can there be a crisis residential stay inside a hotel? Is it just a room that's closer to the office? It is staffed like a crisis residential setting with behavioral health staff. They are working at the hotel. **8. Are there reduced number of people in Bonita House?** Bonita House has not had an outbreak. They are continuing as usual and our numbers have not gone down. **9. Are there any future programs on the horizon that we should know about for 2021?** There are no plans for new programs due to budget concerns. New programs related to top priorities will be identified by ACBH executives and Board of Supervisors. There have been some law suits brought against us. Right now, there is a push to hire staff at Santa Rita Jail. The DHS pilot is the main program focus. **10. Where is the pilot's location?** There is no specific location. It is individually focused. Individuals who are 1370 go to Napa Hospital competency program. They will assess them and recommend the right level of care for them, in terms of placement, and at some point, some will go to the hospital, and some may come out and go to an SSP in the community. ACBH wants to make sure the individual is stable and able to enter the community. If they are assessed and are not acute they can go to Villa Fairmont, or if they are acute they go to John George. Reduction in PES and hospital use is not the goal. In the case of the very sickest seriously mentally ill, a reduction in PES and hospital use might indicate they are out of contact, in jail, wandering the street, or deceased. Is this true? The goal is always to give the person the amount of support that they need. That is what the FSPs are supposed to do. The goal is for people to live their life in the community. We don't want to under-treat or over-treat people. **11. Where are the people at risk of being placed on a 1370?** Some will be in jail awaiting their court appearances, maybe living in the community. It depends on the felony they are accused of, some could come through a different court and be referred to ACBH.	

ITEM	DISCUSSION	DECISION/ACTION
	It is expected that 6 to 10 people that are sick may need beds at Villa Fairmont for at least part of their time in this diversion program. These individuals need some stabilization in a hospital setting. We already received individual 1370.01 referrals. The Jail has been a long-term source of referrals for our inpatient programs. **12. Do we still have just 8 beds at Bonita House?** We have 10 beds that we contract with at Bonita House. **13. Will bed purchases at Villa be increased to deal with the pilot program?** No additional beds will be purchased at this time. Financing is very challenging right now. There have been alignment changes and staff have moved to other areas of the Department. The priority is focused on quality. There have been many new programs in the last couple of years. Focusing on quality is important. ACBH will continue to step up to evaluate its programs and customer satisfaction. This will probably be quarterly updates. Katherine Jones will be back every month to keep the committee updated.	
Reports	**C. The Committee Members shared their reports.** **Hazel King from the MH Association** has been holding interviews on the phones with patients and hearings with patients and their court appointed attorneys. The facilities are experiencing staff shortages due to COVID. **Beverly Bergman** from the **MH Association** needs more callers. She is answering calls from 11:30 a.m. to 7:30 p.m. for mental health information. She has been supporting individuals through information service by Zoom and phone. **Allison Monroe from FASMI** is continuing to meet with parents and family members every few weeks, focusing attention to family members who are really sick and can't advocate for themselves and need involuntary treatment, writing letters to the editors, and attending meetings. She is participating in Decarcerate Alameda County to make process more open and fast-tracked for more seriously ill out of jail. She is also staying involved with JHIM taskforce which meets in the next couple of months.	

ITEM	DISCUSSION	DECISION/ACTION
	Warren is concerned about the economy and the quality of services. He would like to invite someone from John George to participate. Marsha agrees and wants to hear from Telecare as well. Maurice Fried, PhD, Program Manager of the Intensive Outpatient Program at Fairmont Hospital is still in the middle of the battle. They have a new CEO and Board of Trustees. They are in a better position than before. Shutting down would be devastating to MH Medi-Care patients. There is pressure to decide about the shutdown in February, but they might push it further to March because the CEO is new to the position. Marsha will present a draft of the letter to the MHAB February meeting. Hoping for the Board's approval in asking for support in the continuation of intensive out-patient programs and preventative measures for people who are trying to maintain their MH at whatever level they are at. We have the lowest hospital rate in the County for those who participate in our program. Allison will look into the IMD (Institutions for Mental Disease) exclusion and how to apply. If the county has a waiver of the IMD exclusion paying for beds at Villa and other places. The state is thinking of making the IMD waiver county by county	
Future Agenda Items	**a.** Invite someone from John George to speak at the March or April meeting. Try to get them engaged with the Committee again. How is the State and Counties relationship as it relates to adult services? Maybe reach out to Katherine Jones or Dr. Tribble. **b.** Have someone from Quality Assurance (QA) do a presentation. Angelica suggested reaching out to Kim Coady, the Interim QA Administrator for the Plan Administration Unit to discuss general efforts and initiatives around program monitoring and outcomes. Angelica suggested having members submit questions they would want answered to Kim. Linda would like a picture of what type of data is being collected by the Department that looks at quality of services. What metrics are being used? How are they collecting data? What reports are being created? Specifically, what decisions are being made in terms of data points are being used.	

ITEM	DISCUSSION	DECISION/ACTION
Committee Comment	a. **Beverly** mentioned Gloria S., head Social Worker, as a person to contact at John George. b. **Allison** suggested that MHAB should follow-up on the Criminal Justice Committee data request and make another request for a presentation to the committee. Marsha will check with Julie, the CJC Co-Chair. c. **Warren** had general concerns with overall reality about finances in the next several years. How will economic reality impact quality of care and adult services?	
Public Comment	None	
Adjournment	Adjourned at 1:42 PM	

Minutes submitted by A. Gums