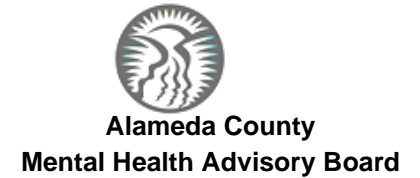




Adult Committee **UNAPPROVED Minutes**
Tuesday, March 28, 2023 ♦ 4:00 PM – 5:30 PM
*This meeting was conducted exclusively through
 videoconference and teleconference*



Committee Members:	<input checked="" type="checkbox"/> Thu Quach (Co-Chair); <input checked="" type="checkbox"/> Terry Land (Co-Chair)
ACBH Staff:	<input checked="" type="checkbox"/> Dainty Castro (<i>MHAB Liaison</i>)

Meeting called to order at 4:02 PM PST by Co-Chair Terry Land

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll call completed	
Approval of Minutes	Previous Meeting’s Minutes were approved.	
Discussion Item:	<p>Collaborative Report Presentation from Matthew Madaus on Compensation Analysis and CalAIM focusing on the workforce in relevance to recruiting and retaining staff.</p> <ul style="list-style-type: none"> Survey results were reviewed from 2021 and 2022 reflecting data collected on collaborative program agencies comparing three clinical positions and three non-clinical positions: (Collaboratives vs. ACBH; Collaboratives vs. ACBH vs. Kaiser Permanente), for 	

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	<p>positions including: Counselors, Paraprofessionals and Clinician Supervisors (registered, waived, or licensed).</p> <p>Turnovers and changes in employee dynamics and continuing practices based on restructuring staff due to:</p> <ul style="list-style-type: none"> • The COVID-19 Pandemic, inflation, budget cuts, salary bargaining along with ladder promotional positions, changing practices and the trend of workflows, as well as higher desired pay rates, educational requirements with a BA levelled background from a relatable scope or field, and the lack of funds for affordable education and the lack of allotted time for continued education. • Expansions for recruitment included an increase in Mental Health Services due to the COVID-19 Pandemic, incentivized opportunities to those who possess scope related degrees and valid lived experiences or cultural competencies relevant to a particular job opening. <p>Reducing system complexities and health disparities to innovate payment reforms by using integrated care:</p> <ul style="list-style-type: none"> • 2022 impacts were from access criteria, audit and recoupment changes, documentation redesign. • Drug Medi-Cal System Permanence and No Wrong Door. • Payment reform = changes about the State DHCS and ACBH. 	

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	<ul style="list-style-type: none"> • Alameda County (FSP Pilot) – apply pilot to all providers. • Cost-settlements → Informational rates → Categorized according to service populations, service types and intensity of services. • Funding based on need for services. • Unintended consequences with balancing payroll and incentives between professionals with education-specific backgrounds and those with lived-experiences to meet the educational competency and cultural competency aspects of the broad professional fields. <p>Updates regarding the pilot-programmed Healthcare Request for Proposals (RFPs):</p> <ul style="list-style-type: none"> • Washington Hospital’s Emergency Department will be focusing on monitoring the engagements between familiar faces and their desired and necessary services deemed as effective. • (In-reach/in-house, community-outreach and engagement. • Fine-tuned services: intensive outreach for high-utilizer visits and for those who visit the hospitals less than 20x a year). <ul style="list-style-type: none"> ○ RFP & PES (Provider Enrollment Services) & Emergency Department numbers. ○ Freeing Hospital Staff by connecting PES and Emergency visits to resources specific to their wants and needs ○ RFPs – Fall Start. 	

ITEM	DISCUSSION	DECISION/ACTION
	<ul style="list-style-type: none"> ○ Adult and Older Adult System has committed to ensure that RFP process works with Health Equity Division for new proposals; making sure staff is representative of the community that it is serving. 	
Public Comment	Public comment given.	
Adjournment	Meeting adjourned at 5:06 PM.	

DRAFT