

QUALITY OF CARE COMMITTEE

MINUTES

January 21, 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 @3:35 P.M.</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> Angela Beck, Mental Health Commission (MHC) Senior Clerk Candace Collier Rebekah Cooke Akindele Omole Theresa Pasquini Lauren Rettagliata Roberto Roman Dr. Suzanne Tavano Jennifer Tuipulotu</p>	
<p>II. PUBLIC COMMENTS – Theresa Pasquini and Lauren Rettagliata have been invited to present at the Yolo County Mental Health Board on Monday night. The link was shared with MHC Commission and NAMI. We were invited by the Yolo County Deputy District Attorney and asked us to present our Housing that Heals paper. It will be public, there is a ZOOM link and wanted to share.</p>	
<p>III. COMMISSIONER COMMENTS – Leslie May, concerns regarding COVID Testing. I need to share that I took a COVID test at Kaiser on 12/8, one at my job on 12/9. Kaiser test came back on 12/10 as negative, the job came back on 12/11 as positive. The job testing was through a private company. I knew I had it (exposed at work). My doctor at Kaiser stated it was too early to detect, and within 24 hours it manifested. Tested again at Kaiser the first week of January / two days later took a test at CC. Kaiser test came back negative (over the exposure), but the county test came out positive. Went back to test blood, urine and antibodies. The test results came back negative. No antibodies. I was told the antibodies can take up to 60 days to show on tests. My daughter was hospitalized and they are making her wait to test for the antibodies for 60 days. The refuse to do any testing on her. They are calling her 3 or 4 times a week for follow up but are not performing any tests for 60 days. My concern is what is going on with the County testing vs Kaiser. The second concern is the immunization. I know of someone that does not meet any of the criteria and got her immunization already. I am registered and have not</p>	

<p>heard back from the county. She just moved to the county on 1/15 to CC and is not employed and received her shot. How was she able to receive a vaccination? It was later determined this person falsified information to receive vaccination and advised Cmsr Leslie May to report this person to the county, email the screenshot of her post to infection control and the command center at CCRM. (Angela Beck) to send link to Cmsr May to register for vaccination and link to report the person that falsified information to receive vaccination.</p>	
<p>IV. CHAIR COMMENTS -- None</p>	
<p>V. APPROVE minutes from the Quality-of-Care Committee and Justice Systems Committee Joint Committee Meeting of December 17, 2020.</p> <ul style="list-style-type: none"> • Cmsr. Leslie May moved to approve the minutes as written. Seconded by Cmsr. Laura Griffin. • Vote: 3-0-0 Ayes: B. Serwin (Chair), L. Griffin, and L. May. Abstain: none 	
<p>VI. DISCUSS the experiences and issues around working with private insurance providers and health plans to obtain mental health services for people with a serious mental illness, with Dr. Suzanne Tavano (Director of Behavioral Health Services) and community family member.</p> <ul style="list-style-type: none"> • (Dr. Suzanne Tavano). <Fwd. Bill SB-855 Health Coverage: Mental health or substance use disorders> This is a piece of legislation that the Governor signed back in September and applies to all commercial policies that are initiated, amended, or continued/renewed, subsequent to January 2021. It is a lot of reading/history what was happening and what got us to this point and some description of the expectations of the health plans reaching parity and has been discussed for many years. This law was passed on the federal level over 15 years ago and is just now being implemented on the state level, including California. Strongly urge review of this document. It might be helpful, when you have representatives of the Health plans at future meeting(s), perhaps they could give a presentation on their understanding of the bill and how it impacts them and what they are doing to be in compliance. In terms of the public delivery system, people know how to reach out and have multiple forums for reaching out and discussing our services, regarding what is working and what is not. The Mental Health Commission (MHC) is one, Consolidated Planning Advisory Workgroup (CPAW) is another, as well as the Behavioral Health Community Partnership (BHCP), etc. When you look at the private sector, I am not aware of any comparable forums where beneficiaries can talk about their experiences with their benefits and what is lacking and/or needed. Often times, many people do not know how to advocate within their health plan. There is a lack of understanding what their health plan covers, how to request/receive services they are entitled to. Often either paying for services from a private provider or relinquishing their private insurance coverage to enroll in MediCal because of the broader range of services that were and continue to be available. In the legislation, there are comments included about the process that was (and is still) going on. This impacts the public behavioral health plan in two distinct places: 	

- Crisis Stabilization Unit aka Psychiatric Emergency Services (PES). Recent utilization data in the past year, 58% of the patients were MediCal beneficiaries/42% a mix of commercial health insurers. Particularly, services to youth. 16% of youth at PES are Kaiser beneficiaries. Kaiser has been a good partner with PES in terms of reimbursing some significant portions of the cost, not all. Received an extensive list of all commercial insurers with beneficiaries accessing PES – 20-25 (ranging from 1%-2%) with Kaiser being the largest percentage. Proportionally it makes sense as Kaiser is one of the major health insurance providers in the county. Unsure what the reimbursement rate is of all other insurers whose beneficiaries we are serving, but working on getting the data to have a better understanding of the complete picture.
- Local Crisis Services. There is a lot of focus on that delivery system and agree it is very important. Primarily serves MediCal beneficiaries. To the best of our financial ability, servicing those without insurance, because we don't find insurers contracting with us to provide those services to their beneficiaries. We are in the middle. If we get a call for someone with private insurance we are still going to respond, whether it is a reimbursed service or not, it is most likely it will not be reimbursed. It really limits what we are able to do in terms of community-based crisis services to all residents of the community, which is the aim that came out of the recent Value Stream Mapping process. There will need to be a lot more partnership occurring with the commercial plans and the county for it to really work effectively in order for us to have the financial resources to extend out. Currently, if someone with commercial/private insurance calls for a community-based crisis intervention, the service will be provided. What will vary is how long we will be able to stay with them following the immediate crisis. The goal is to get them connected to outpatient services. Seneca Mobile Response Team for Youth likes to stay with the Youth and Family for a period following the crisis and certainly do with MediCal beneficiaries and uninsured/low-income patients, but with commercially insured our resources are limited so they intervene in the crisis (in the moment) and provide support and work to get them connected back into their own health plan. This is where the most demand is for those with commercial/private insurance and where we have rather limited funding to expand out from what is being done currently.
- Hospitalization. Not much of an issue, the impact is at PES. Anyone on a 5150 is taken to PES regardless of payer source and we are responsible for finding placement if the beneficiary needs hospital care. Kaiser is a good partner, and steps in when they are notified to help identify a hospital within their contracted network. There are a good number of people that there is no service through their providers (not stepping in and helping locate a hospital with availability) and service that falls to the county when hospitalization is needed. Once person is hospitalized, we are out of the loop financially and it is between the commercial insurer and hospital. So, we do not always know what happens after that. It gets tricky if someone is receiving our services at PES and have commercial insurance. They might be admitted to an outside hospital. We are not the insurer of that person,

it is really difficult to get information from treating facility for follow up due to HIPPA regulations, etc. Unless the client gives authorization for the hospital to speak to us, we do not have any knowledge of what occurs/what treatment in the other facility. It is not uncommon, when discharged, there are subsequent visits to PES, so we don't always have the full clinical picture.

Questions and Comments:

- (Theresa Pasquini) (Ref CalMatters article) Regarding family members that are driven to drop insurance, or the pain and struggle as a result of private insurance not providing the right care at the right time and place. I can speak from a Kaiser perspective, that article shared a bit of my story and purposely did that article to share for people to understand the perspective. Fought to keep Kaiser as a family member, did work early on to fight for the right care at the right time, filed grievances with Kaiser and was told what/how to advocate. It was a horrific nightmare. If it wasn't for the fact that I was able to be home full time, I do not know what the outcome would have been. My son was in a Board and Care (BAC), he was hospitalized/conserved and came out into a BAC augmented by the county and Kaiser's Intensive Outpatient Program (IOP) turned him down. He was supposed to go for day treatment and was denied. That was one issue, of many. PES is hard enough to get into but it is the connections after leaving PES, the higher level of care needed and getting into those services are incredibly difficult with Kaiser (and many other families with private insurance). I wanted and could have kept my insurance. I did not want to 'dump' him into the county system but, in order to get access to that level of care, it was necessary. I did meet with the doctors and staff at Kaiser and it was good care and support but the system did not enable the access to that care.
- (Leslie May) I am echoing but not near as severe as Theresa's situation. My granddaughter has Kaiser and MediCal, but to get into Kaiser's psych services is outrageous now. When she is struggling/having an episode, she would rather John Muir (not PES) to get the county services. Kaiser services are not easily accessible with the Kaiser through MediCal services. Another question I have: Do we have a contract with the veteran's services? I just finished working with them and I am not privy to know if there is a contract through the county with the Veteran's Administration (VA). That is another population that exists in our county that really need services. There is a need for representatives from Magellan to come speak, and need to be a part of this. If they are going to utilize county services, PES, etc., they do need to reimburse the county. The VA pays for a lot for their veteran's from 30-day programs like Hope House and detox programs. I would like to encourage the Chair and Dr. Tavano to invite the VA representatives to participate in the next meeting.
- (Lauren Rettagliata). First Hope. Spoke to Dr Nancy Ebert a few months ago, same situation. It is Mental Health Services Act (MHSA) Funded and we were not going to refuse any child that needed services, with the understanding insurance would be billed (Kaiser, John Muir, Blue Shield, Blue Cross, etc.). The problem is that the ability to bill these insurance was never set up and unaware if it is now in place. The majority of her

patients were privately insured, how is this accomplished? First Hope is not set up to bill, who in the county would /should be billing these private insurance companies and how do we recapture the MHSA money that private insurers should be reimbursing the county? (Dr. Tavano response): It is not a matter how to bill, we know how to bill private insurance. It is how that program is designed, it doesn't fit into their conceptual model as one of their benefits; therefore, couldn't work out a reimbursement process. It is interesting because we recently hired a child psychiatrist that had been with Kaiser for a long time. I interviewed her and was going on about how great it is that we are servicing all these Kaiser youth. It was difficult because we don't want to say 'no', but at the same time we have not been reimbursed and have not been able to come up with a methodology that will work with Kaiser to get reimbursed. It is a real dilemma. MHSA enables us to apply those funds to provide care that is otherwise unfunded but when we serve many people that are commercially insured and cannot get reimbursed, every MHSA dollar really equates to two, if we were serving a MediCal beneficiary, it restricts our ability to grow the program.

(Lauren Rettagliato) The question is in regard to the new Parity bill (SB-855), will that open the door and shine a new light on the fact they are required to offer the service? If children need it/if I doctor has diagnosed, they are required to provide or reimburse? How do we get this corrected? (Dr. Tavano) It is unknown yet. All discussions were last year and now we have the new law in place and hoping to speak with Kaiser (in particular) about First Hope and Mobile Crisis, in order to better serve their beneficiaries, in absence of those services being available to them already. It is not a closed book and going to re-open now that the laws are in place and in effect.

(Lauren Rettagliata) Would a letter from the Mental Health Commission (MHC) to Kaiser and to the other insurers about this, and how important it is for them pay their fair share, would that help or be of any benefit?

(Dr. Tavano) Once the MHC has its next meeting and have the representatives of the different plans in attendance and they hear the concerns; I am really interested in what their interpretation of the law is and how they plan to implement and comply. That might be a better advocacy step once we better understand what they plan to do.

- (Rebekah Cooke) My experience was a bit different. Aetna never said no to anything. She would be in a hospital and the hospital would not go passed the legal limit of the 5250 / 5350, because then the insurance would have to pay for the longer stay. I would then call the insurance to request coverage. The insurance would say it was not denied, it became more of a legal situation. There seems to be a gray area that really needs to be addressed. When my daughter was going through this, I was told she has to get off private insurance otherwise the county will not be able to help her. It seems to be the law and being able to penetrate through the law without them being able to have their hands on them? My daughter would go to PES and send her to Fremont or San Jose because they were no longer accessible to help her. As recent as November, they were renewing insurance and offered to put her back on. She now has been diagnosed with Graves' disease that was not addressed and treated because they were taking so long to get her in to care. She needs treatment for her medical conditions. I would like to

get her back onto private insurance but being told not to, because they will not be able to help her. It does not make sense.

- (Theresa Pasquini) You are right, when it involves conservatorship and the level after the 5350 (30-day), it gets tricky and Kaiser will pay for the acute hospital stay and the sub-acute. It is when you need the longer care, they do not. The coordination of Assisted Outpatient Treatment (AOT) program, they are doing everything they can, but if the private insurer discharges her to the community or leaves against medical advice, they do not have a contract. In order to pay for that level of care, you need a conservatorship. (Rebekah Cooke) I couldn't get a conservatorship without getting rid of my insurance. California had a Parity Bill, one of the best in the country to support the Federal bill (since 2000), but it wasn't connecting all the dots. SB 855 has more added; however, just because we have a new bill, it doesn't mean it will get implemented properly and there won't be work arounds. First Hope is not the only program that Kaiser is utilizing from our county services. There are other great programs that private insured will be sent there. It is unacceptable, because commercial insurance rates are so high and these insurance provides could and should change their benefit package. We will see how they work around the current parity bill because they fought hard against it. Dr. Tavano can give you the information who to invite but I don't think we can invite 20 health plans in. We should find out who (from the state) that can speak to the implementation of SB 855 and how it will be implemented.
- (Rebekah Cooke) It really seems like there is a middle person between the county and the insurance that needs to implement HOW to bill. The insurance (at least some private insurers, such as Aetna) is not refusing to pay, there needs to be a system to implement billing.
- (Theresa Pasquini) I do not know of any private insurance that will pay for institution of mental disease (IMD) care. They will pay for acute and sub-acute care but it is when that longer, more intensive, locked facility is necessary. They will not pay.
- (Barbara Serwin) Who do we want to invite to the next meeting? Kaiser, Aetna, a representative from the State, Magellan, BlueCross/BlueShield, CEO of Contra Costa Health Plan (CCHP)? (Lauren Rettagliata) John Muir Foundation/Sutter Health Care are not insurers, but do know who their major contacts are to invite to the meeting, also check with the Linda Cardiff (head of the Board of Directors) of Putnam Club House and may have relationships with these people that we do not. (Theresa Pasquini) It is my understanding that Magellan is a provider for many counties just not Contra Costa (CC). CCHP does not contract with Magellan (unless it has changed). Magellan may only be contracted for therapy services. (Lauren Rettagliata) Beacon is one of the largest health plan providers, as well as the California Endowment. They may have someone that can come answer some questions. (Laura Griffin) I wanted to add Beacon to the list as well.
- (Barbara Serwin) I am interested if anyone has any other kind of question(s) we would want to pose directly to these people. When I write to them to invite them, I want to be specific with these issues. Ask them how they plan on meeting the needs of the new bill, and extending their services to meet their limitations(?). What is another question I

can ask that doesn't make it feel like we are in attack mode so that I can get them to attend? (Lauren Rettagliata). Someone mentioned contacting Senator Scott Weiner's office, maybe we should contact the senator(s) office that represent our county, not for them to come necessarily, but they have legislative staff to send an invitation to attend and give us information on this bill. We should have the senatorial and the assembly representatives for CC County, find out who is representing us in the legislature. They are aware of the legislation that was passed that is supposed to correct the problem. Invite them to listen to the mental health commission, which is saying now we have the legislation, how do we make it work? Senator Weiner, he has to pay attention to his constituency. Let's get our representatives to pay attention to us. I would suggest his office be sent the invitation to send someone. He is interested. (Theresa Pasquini) You might want to incorporate that CalMatters article as it did have two family members from CC, plus Dr. Tavano commented on that article as context to invite conversation to understand how this bill will be implemented. CC was supportive of this and wants to know how it will be implemented. (Leslie May) The two questions are enough. It is comprehensive. How are they meeting the needs of the bill? How are they disseminating the information in the bill throughout our county? Equity sharing? (Theresa Pasquini) Come from a place of partnership, our county has long-standing partnerships with several health plans, strong partnership with Kaiser on mental health? It is going to be a collaborative discussion. We know how impacted our public system is and one of the reasons we don't want to see the public system impacted as it is for people that don't have other resources. (Leslie May) Another big problem is MediCal reimbursement. The MediCal/Medicare reimbursements are way below what providers get from private insurance. The reason why it is so hard getting services, including counseling therapy, is the payment. The disparity in payment between public and private reimbursement. There is a discrimination among providers, including agencies. They don't want to take them because they will make more money. Which is a state and federal budget conversation. There is so much discrimination built into the funding that need to be addressed. We cannot have our service providers providing services to those with private insurance without reimbursement as it is overtaxing the MHSA funds that should be going to provide services for the under or non-insured.

VII. DISCUSS potential testing of the Site Visit adult questionnaire with SPIRIT team members and possible testing and/or review options for children and teen and young adult questionnaires with Jennifer Tuipulotu (Program Coordinator, Behavioral Health Office for Consumer Empowerment

Cmsr Barbara Serwin, leading discussion.

- Site Visit Test Plan with HUME, it was brought up to pre-test with SPIRIT Members, as they were very involved in developing these questionnaires. It seemed they would be a great test bed because they are living the experience and have the knowledge of all the different programs they have participated in and they know what we are doing and know the feedback we are looking for. We agreed as a

committee that it would be a good thing to do. Jennifer, does this work for you? Is this something you could see your team wanting to do?

- (Jennifer Tuipulotu) The MHC are preparing to do site visits and you are going to do a test site visit with HUME. You have drawn up questions and received input from SPIRIT Students in that process to ask of the clients that are participating. What you are asking now is if either we had some SPIRIT staff or alumni or current students that might be willing to run through the test of questions developed. We can figure a way to do that. We can start January 24th.
- (Barbara Serwin) Great, that would be really beneficial. We have too many questions. We have time constraints. How things are worded. What kind of experiences we are targeting? The questions need to be tested/reviewed. (Jennifer Tuipulotu) We appreciate the effort that you all have put into this as a commission and are very happy to take part in this. Thank you for being inclusive. (Barbara Serwin) Even if we conduct 4 to 5 test interviews and would have a few commissioners (for different perspective) and a scribe. If we conduct over a few days at separate times we could use the same scribe (Angela Beck to be the scribe). We want the SPIRIT participants to come in as cold as possible. We would have a log for issues that may come up, and would come up in real time as they come up. Then have a debriefing at the end with the commissioners and the SPIRIT member to discuss what went right, what do we need to work on. This will be a good training opportunity for the commissioners to start getting comfortable with running these interviews. We won't need very much time to update our questionnaires based on feedback and then can start the HUME Test. To start first two weeks in March. Angela to schedule with commissioners and SPIRIT (Adult) volunteers. We will start with test questionnaires for adults only and evaluate questions. Eventually moving to other age groups.
- (Leslie May) Running through the list (types of) facilities, we need to narrow down to 4 sites for youth and adolescents, or how many do we want to try to do? 4 sites solid (1) new and (1) established site in terms of the adults and not sure with the children/youth but we should make sure we test that age group. We need to get a list of providers from Behavioral Health Services, sort by Adult and age groups to identify potential test sites and sites for review over the year. Concern is it has been so long we have worked on this; it is being implemented. We need to get this started.
- (Barbara Serwin) It is not that much work to conduct interviews for a day or half day, it is the actual report writing. This is the concern. We need to create a report template. How long is that going to take? Executive Assistant perspective / involved in the overall operation as we need to reach out to the programs, inform of intent to visit, schedule, provide the documentation to the program in terms of notices, letters to consumers and the actual scheduling of the interviews.
- Time commitment for the trial run would be 1.5 hours total. Running through the questionnaire, stopping to document any issues, debrief (review of questions). The test run is the first week of February, 4-5 participants. Focus on adults for this test run. It would be great to

<p>have a range of services, if possible. Intensive, moderate, out-patient, residential. To give a spectrum to see if our questions are covering the total scope of experiences.</p> <ul style="list-style-type: none"> • Laura on process side (create script), Angela on Coordination side. Barbara Serwin, Laura Griffin and Leslie May to conduct interviews. • Interviews are anonymous / private. No identifying information will be given out. Just data on review of questions to edit / clarify questions. 	
<p>VIII. Adjourned Meeting at 5:28 P.M.</p>	