



**Executive Committee Meeting**  
**Tuesday October 24, 2017 ♦ 3:15pm to 5pm**  
**2425 BISSO LANE, CONCORD- 1<sup>st</sup> floor conference room**

**AGENDA**

**I. Call to Order / Introductions**

**II. Chair announcements:**

**Mental Health Commission's November 1 meeting will be at:  
SAN RAMON Regional Medical Center, in the South Conference Room, 6001  
Norris Canyon Road in San Ramon**

**III. Public Comments-**

**\*Please note that all members of the public may comment on any item of public interest within the jurisdiction of the Mental Health Commission, in accordance with the Brown Act, if a member of the public addresses an item, not on the agenda, no response, discussion or action on the item may occur. Time will be provided for public comment on the items on the agenda, after commissioners comments, as they occur during the meeting.**

**IV. Commissioner Comments**

**V. APPROVE minutes from September 26, 2017 meeting**

**VI. RECEIVE updates regarding the launch of the new electronic records system - Amanda Dold, MFT Integration Services Manager**

**VII. DISCUSS developing a procedure for providing input and the possibility of reviewing the Mental Health Services budget**

**VIII. REVIEW and DISCUSS a draft of the Mental Health Commission's site visit policy and procedure**

**IX. REVIEW the Mission Statements of each Committee to reinforce each committee's commitment to inclusivity and cultural competency.**

**X. Adjourn**



**MENTAL HEALTH EXECUTIVE COMMITTEE  
MONTHLY MEETING MINUTES  
September 26, 2017 – First Draft**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b> Diana MaKieve called meeting to order at 3:18pm.</p> <p><b><u>Members Present:</u></b> Diana MaKieve, District II Sam Yoshioka, District IV Gina Swirsding, District I</p> <p><b><u>Commissioners Absent:</u></b> Chair- Duane Chapman, District I Barbara Serwin, District II</p> <p><b><u>Other Attendees:</u></b> Margaret Netherby, NAMI member Jill Ray, Board of Supervisor field rep, District II Adam Down, BHS Administration Liza A. Molina-Huntley, Executive Assistance</p>	<p><b>EA-Transfer recording to computer</b></p>
<p><b>II. Chair and Vice Chair reports-</b> Not available since both the Chair and Vice Chair were absent. Item will be moved to the Commission agenda on 10/4/17</p>	<p><b>* Item moved to the full commission meeting -10/4/17</b></p>
<p><b>III. Public Comments: none</b></p>	
<p><b>IV. Commissioners Comments:</b></p> <ul style="list-style-type: none"> <li>• Concerns regarding the previous Assisted Outpatient Treatment (AOT) meeting in September. A discussion during the meeting stated that Consumers will present themselves before a judge. It was understood that AOT was created as an option for Consumers to seek treatment versus being in detention, in hopes to reduce recidivism.</li> <li>• The Mental Health Commission is participating and partnering in co-chairing, the AOT workgroup quarterly meetings, with a Behavioral Health staff representative. The Mental Health Commission does not make any decisions regarding the AOT programing. The Workgroup is not for making decisions.</li> <li>• The purpose of the workgroup is to give an opportunity to receive an overview and updates, gives transparency of the program and allows for public comment. It also allows, the partner agencies, to hear the concerns from the community.</li> <li>• It was noted that in agreement with the Board of Supervisor's- AOT reports will be presented to Family and Human Services department, then to the AOT Workgroup and finally to the Mental Health Commission. Warren will be invited to clarify the statement.</li> <li>• Commissioners did agree that better collaboration and transparency needs to be achieved with regards to making the agenda for the Mental Health Commission. The agenda for the Commission meeting should be discussed and created at the Executive</li> </ul>	<p><b>*Invite Warren Hayes to discuss AOT Workgroup and clarify misconceptions along with presenting updates in a report that will be presented to the Board of Supervisor's</b></p>

<ul style="list-style-type: none"> <li>• Committee, so no one is blindsided regarding agenda items.</li> <li>• Items on agendas, requesting report, information or a presentation from others, should not be placed on the agenda, without asking first the presenter, to not blindside anyone.</li> <li>• Commissioners present propose that all meetings should discuss, at the end of the meeting, what will be discussed at the next meeting</li> </ul>	
<p><b>V. MOTION to APPROVE the minutes from the August 22, 2017 meeting.</b>  <b>Gina Swirsding moved to motion, Sam Yoshioka seconded the motion. *No corrections</b>  <b>VOTE: 3-0-0</b>  <b>YAYS: Diana MaKieve, Gina Swirsding, Sam Yoshioka</b>  <b>NAYS: none ABSTAIN: none</b>  <b>Absent: Duane Chapman and Barbara Serwin</b></p>	<p><b>*Post approved final minutes to website</b></p>
<p><b>VI. REVIEW and DISCUSS the proposed draft for the Commissioner's site visit policy and procedures</b></p> <ul style="list-style-type: none"> <li>• Clarification regarding how the proposed draft was created and if other counties are engaging in establishing standardized protocols and procedures was requested</li> <li>• The proposed draft states that a list of programs will be provided- what programs will be on the list and who will be responsible for providing them?</li> <li>• The proposed policy of Commissioners going on site visits, with a Behavioral Health Services (BHS) staff member, and the visits will be scheduled by BHS, is a good policy. It will allow an orderly and respectful manner of conducting business, while completing the mandate of the Commission.</li> <li>• The purpose of the site visits is to advocate for mental health consumers and the visit should be positive</li> <li>• The purpose serves to identify gaps and help providers/contractors improve on the services as a partnership</li> <li>• The purpose of the site visit is not to be an auditor but to be respectful of the consumers and the providers and employees of each location.</li> <li>• Unannounced visits are not helpful, deters transparency and is not respectful to consumers, staff or the relationship built between BHS and their providers/contractors</li> <li>• It is up to State Licensing boards, Department of Health Care Services and Community Care licensing and other oversight agencies that do investigations of sites</li> <li>• Compassion towards the provider/contractor and staff, at the site, should be part of the visit</li> <li>• The purpose of the protocol policy is to standardize and set up the following: <ol style="list-style-type: none"> <li>1. Steer commission members away from unannounced visits</li> <li>2. Deter fault finding at sites</li> <li>3. Document the Commissioner's site visit</li> </ol> </li> <li>• Having site visit protocols will increase the transparency of the process and the visit. Respects the location of the program, management and their staff.</li> </ul>	<p><b>*Item moved to the next Executive Committee meeting on 10/24/17</b></p>

<ul style="list-style-type: none"> <li>• Protocols, policies and procedures can be considered as a new program, setting boundaries can be very positive</li> <li>• The purpose is to create a structure, so that previous site visit practices stop</li> <li>• Commissioners can give feedback, to enhance the services being provided, as advocates for the community, not as a regulatory agency.</li> <li>• The proposed protocol is to have one to two Commissioners that will be accompanied with a Behavioral Health Services staff member on every visit. The schedule, or appointment, will be made by designated BHS staff members, assigned by the Program Chiefs and/or management.</li> <li>• It is a great opportunity, to change the current image of the Commission, towards the providers, their staff and BHS staff, helps create trust.</li> <li>• MHSa sets up the appointments for the program reviews with the providers, they do not go unannounced and it seems to work better, a more inviting process. The provider should know who and when a visitor is coming and the purpose. It is a good first step.</li> <li>• The Behavioral Health Director has offered to have a meeting with management and the Commission representatives to discuss the proposed draft of protocols and procedures</li> <li>• Providers should be informed of visits, to create trust and show respect. If something is neglected, it will show, regardless if the visit is announced or not.</li> <li>• There is duplication in the proposed documents and the drafts need to be revised and cleaned up. There are two different versions, that need to be condensed into one document</li> <li>• The process has been in discussion for a long time and by establishing protocols, it will help to increase transparency and team work with the BHS department, the providers/business partners/contractors, clinics and the Mental Health Commission to enhance all relationships.</li> <li>• Other counties do site visits and have protocols and procedures in place.</li> <li>• Site visits will be attended by all members of the Commission, not a selected few members</li> <li>• Due to the extensive questions and discussion, it will be continued at the next Executive Committee meeting on October 24 and placed on the agenda</li> </ul>	
<p><b>VII. DISCUSS deadlines regarding the completion and submission of the 2016 Data Notebook and the assignment of tasks for the completion of the 2017 Data Notebook</b></p> <ul style="list-style-type: none"> <li>• The Data Notebook is created by the Mental Health Planning Council, focusing on different programming and services. It is a workbook; it provides data and direction, along with questions to ask. The work book can be assigned and divided into groups.</li> <li>• The process assist with building policies that reflect the data provided by the State and identify trends and needs</li> <li>• Commissioners volunteer to do complete a section and are provided with contacts, to complete their section. Each section is collected</li> </ul>	<p><b>* Item moved to the full Commission meeting 10/4/17 to request 4 to 5 volunteers to be assigned the 2017 Data Notebook</b></p>

<p>and brought together to submit, from the Mental Health Commission of each county, to the State, for public viewing and data/record keeping.</p> <ul style="list-style-type: none"> <li>• The Data Notebook is a great opportunity for Commissioners to learn more about the programs, services and the people providing them, from the county that they represent</li> <li>• The 2016 Data Notebook was focused on mental health programing for children and Transitional Aged Youth (TAY)</li> <li>• The 2017 Data Notebook is focused on programing/services for older adults.</li> <li>• Maybe the 2017 Notebook can be shared with the older adult committee? It is a specific duty that is part of the Mental Health Commission.</li> <li>• To assist the Commission in completing their mandates to review performance and data for the County's mental health services and report on the performance, annually. The Data Notebook is a tool to serve the identified population, to serve as an educational resource on behavioral health data, for local boards.</li> <li>• Volunteers are requested at the full Mental Health Commission meeting, annually</li> <li>• It was suggested that ideally it is best to have more than three people, four or five, or people can work in pairs.</li> </ul>	
<p><b>VIII. DISCUSS the Commission's Annual Report and completion of reports deadline for 2017</b></p> <ul style="list-style-type: none"> <li>• Each Chair of a committee is to create an annual report. The accomplishments and goals should be stated for the year and the incoming year, approved by the committee, and then submitted to the Commission to be incorporated in the Mental Health Commission's annual report, which will be submitted to the Board of Supervisors for approval. Each committee Chair can do a one page report of a summary of what when on throughout the year</li> <li>• The Commission should submit the annual report, to the board, by the end of each year, in December, or in January.</li> <li>• It is mandated by the guidelines of each advisory body is to submit an annual report to the Board of Supervisors, by January</li> </ul>	<p><b>*Item moved to MHC meeting on 10/4/17 to request that committee Chairs complete and submit annual reports in November, to the Commission</b></p>
<p><b>IX. DISCUSS Commissioner's thoughts regarding the 2017 Mental Health Commission retreat/training on 9/16/17: what was learned, areas for improvement and moving forward in 2018</b></p>	<p><b>*Item moved to the full commission meeting for 10/4/17</b></p>
<p><b>X. DISCUSS inviting county school districts to discuss current mental health awareness programs and services in schools, along with possible gaps and needs and how to assist schools in reducing mental health stigma on campus</b></p> <ul style="list-style-type: none"> <li>• Ask the staff working with the various school districts, within the county, what are the identified gaps in the system, to identify gaps/needs to advocate for, at the County or State level</li> <li>• Ask about school based mental health programs/services/needs</li> </ul>	<p><b>*Item moved to the full commission meeting for November- (Vern Wallace and/or other BHS staff)</b></p>
<p><b>XI. Adjourned at 4:48 pm</b></p>	

Submitted by:  
*Liza Molina-Huntley*  
 Executive Assistant to the Mental Health Commission  
 CCC- Behavioral Health Services Administration

## **PURPOSE**

Site visits provide an opportunity to “review and evaluate the community’s mental health needs, services, facilities and special problems”. (*Statutory Duties: WIC 5604.2*)

The purpose of this protocol is to define the policy and procedures for Mental Health Board members to complete site visits.

## **POLICY & PROCEDURE**

1. Each member shall participate in a minimum of one site visit per year.
2. Site visits can be performed by a maximum of four Board members.
3. The Mental Health Board (MHB) Chair and Executive Assistance provides current facilities lists on an annual basis to be reviewed by the Executive Committee. These lists will include both county run services and contracted services.
4. The Executive Committee, with input from the MHB, chooses which sites to visit and provides this list to the MHB Executive Assistant. **Note: Additional sites can be considered throughout the year at the request of MHB members and approval by the Executive Committee.**
5. The MHB Chair and Executive Assistance identifies targeted months that site visits could be held and canvasses which board members are available during those months. The MHB Chair and Executive Assistance will then develop the schedule of site visits.
6. The site visit calendar for each year will be distributed during a MH Board meeting, and one person of each team will serve as the Lead Reviewer.
7. Approximately one month prior to a site visit, the MHB Chair and Executive Assistance will provide:
  - a. The “Site Visit Questionnaire” (to Facility/Program)
  - b. Site Contact (name/email/phone) (to Lead Reviewer)
  - c. Current Contract (to include Scope of Work and Budget) Information (to Site Visit Team)

8. The Lead Reviewer will contact the Site Contact and Site Visit Team to schedule the site visit.
9. Prior to the site visit, the MHB Executive Assistance will forward to the Site Visit Team:
  - a. The completed “Site Visit Questionnaire” (completed by Facility/Program)
  - b. Copies of Program Quarterly Reports
  - c. A blank “Facility/Program Observation Report” form (for use during visit.)
10. After conducting the site visit, the Lead Reviewer will provide the Site Visit Team’s completed “Facility/Program Observation Report” to the MHB Chair and Executive Assistance to be included for review at the next Executive Committee meeting. After approval by the Executive Committee, the report may be scheduled for presentation at the next MH Board meeting.
11. Concerns raised from site visits should be addressed by the Behavioral Health Director and/or MH Division staff with written document follow-up information reported to the Contra Costa County Mental Health Board.

**CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION  
FACILITY/PROGRAM OBSERVATION REPORT**

BY: \_\_\_\_\_  
Commission Member Names

Date: \_\_\_\_\_

**This Report Is Based On A Personal Visit From One Or More Members  
Of The Contra Costa County Mental Health Commission**

DATE OF SITE VISIT:

PROGRAM/FACILITY NAME:

LOCATION:  
STREET ADDRESS:

PROGRAM SUPERVISOR/CONTACT  
(NAME & PHONE #):

**OBSERVATIONS (STARRED (\*) ITEMS MAY NOT APPLY TO SOME PROGRAMS)**

1. \* HOW DOES THE STAFF INTERACT WITH INDIVIDUALS? FOR EXAMPLE, DOES THE STAFF APPEAR COMPASSIONATE, PATIENT, CARING, RUSHED, INDIFFERENT OR PERFUNCTORY?
2. ARE INDIVIDUAL GRIEVANCE PROCEDURES PROMINENTLY POSTED? ARE GRIEVANCE FORMS READILY AVAILABLE TO THE INDIVIDUAL? Y/N IS THE CURRENT PATIENTS' RIGHTS ADVOCATE'S CONTACT INFORMATION POSTED? Y/N
3. WHAT ARE THE TYPICAL TREATMENT GOALS FOR INDIVIDUALS IN THIS PROGRAM? HOW OFTEN ARE THESE ACHIEVED?
4. WHAT ARE TWO OR THREE OBSTACLES YOUR PROGRAM, STAFF, AND INDIVIDUALS FACE WHICH MAY MAKE IT DIFFICULT TO ACHIEVE THESE GOALS?



5. DOES YOUR AGENCY'S BOARD OF DIRECTORS INCLUDE ANY MENTAL HEALTH CONSUMER MEMBERS? **YES / NO**

6. HOW DO YOU KNOW WHEN AN INDIVIDUAL NO LONGER NEEDS THE SERVICES YOU PROVIDE?

7. HOW MANY PEOPLE SEEKING SERVICES DID YOUR ORGANIZATION TURN AWAY BECAUSE THE PERSON DID NOT QUALIFY FOR THE PROGRAM? (OVER THE COURSE OF A YEAR)

8. IS THERE ANY OTHER ASPECT OF THE PROGRAM YOU'D LIKE TO SHARE WITH US TODAY?

## SITE VISIT SUMMARY

MENTAL HEALTH COMMISSION MEMBERS TO COMPLETE THESE QUESTIONS AFTER VISITING THE PROGRAM

1. WHAT IS YOUR OVERALL IMPRESSION OF THE FACILITY/PROGRAM, INCLUDING STRENGTHS AND LIMITATIONS?

2. ANY RECOMMENDATIONS FOR THIS FACILITY OR PROGRAM FOR THE MENTAL HEALTH COMMISSION TO CONSIDER?