

**MENTAL HEALTH EXECUTIVE COMMITTEE  
MONTHLY MEETING MINUTES  
October 24, 2017 – Final**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b> Duane Chapman called meeting to order at 3:15pm.</p> <p><b><u>Members Present:</u></b> Duane Chapman, District I Diana MaKieve, District II Sam Yoshioka, District IV Gina Swirsding, District I Barbara Serwin, District II (arrived at 3:31pm)</p> <p><b><u>Commissioners Absent:</u></b> none</p> <p><b><u>Other Attendees:</u></b> Captain Tom Chalk, West County Sheriff's Office Amanda Dold, MFT Integration Services Manager for BHS Administration Margaret Netherby, NAMI member Leslie May, (MHC pending applicant) Erika Raulston (MHC pending applicant) Jill Ray, Board of Supervisor field rep, District II (left @4pm) Adam Down, MH Project Manager for BHS Administration (left @4:19pm) Liza A. Molina-Huntley, Executive Assistance</p>	<p><b>EA-Transfer recording to computer</b></p>
<p><b>II. Chair comments:</b></p> <ul style="list-style-type: none"> <li>• <b>Reminded Commissioners to please forward all emails to the Chair, first, do not send emails directly to Behavioral Health staff members, as previously agreed at the beginning of 2017</b></li> <li>• <b>Too many committee meetings are being cancelled due to a lack of quorum. If a member has volunteered to be on a committee, please keep in mind that it is the volunteer's responsibility to attend the committee meetings, or remove themselves from the committee if they cannot attend.</b></li> <li>• <b>Reminder that commission members can complete a travel demand for mileage reimbursement ( approximately.52 cents per mile),as assistance for volunteers, so they can commit to attending meetings</b></li> <li>• <b>Mental Health Commission's November 1 meeting will be at the: San Ramon Regional Medical Center, in the South Conference room, 6001 Norris Canyon Road in San Ramon</b></li> </ul>	<p><b>*Commissioners will send emails to the Chair, first- not to BHS staff members</b></p>
<p><b>III. Public Comments:</b></p> <ul style="list-style-type: none"> <li>• Captain Chalk updated the committee regarding the West County expansion for the treatment housing facility, currently consulting firm, (J. Barbsstein and Associates), specialized and working on developing the finalized facility space plans. Dr. Elizabeth Falcon is currently working with the Sheriff's office, as a mental health expert, to assist in the treatment portion of the facility.</li> <li>• Other facilities were visited to obtain an overview of an operating facility.</li> <li>• Currently, developing space plans for the health housing unit with a primary focus on maximizing a safe, social interaction and</li> </ul>	<p><b>* Invite CCRMC's Chief Operating Officer and of Detention Mental Health; and Sheriff's office to MHC West County's meeting in 2018</b></p>

<p>normalization with high risk inmates. Including providing access to treatment areas, incorporate more physiological factors (natural lighting) which is a challenge.</p> <ul style="list-style-type: none"> <li>• Once space plans are completed, the next phase will be to meet with the architect and engineers to finalize plans, all before starting construction</li> <li>• Treatment plans have not initiated. At this moment, all plans are in a preliminary phase</li> <li>• Health Services Department, Detention Division, did a value stream mapping of the process, from intake through release, to determine health services delivery within the detention system. There will be a rapid improvement event and will take a look at how the systems align, with Martinez detention.</li> </ul>	
<p><b>IV. Commissioners Comments:</b></p> <ul style="list-style-type: none"> <li>• Will the Commission have another meeting in West County soon?</li> <li>• Can subcommittees provide updates at the Executive Committee or at the full commission meeting?</li> <li>• The Executive Committee needs to include an item to provide the committee's input to develop the MHC agenda and will add for the November meeting</li> <li>• The Executive Committee will add an item to build the agenda for the next month's EC meeting-</li> <li>• Subcommittee's add agenda item to build the following month's meeting</li> </ul>	<p><b>*Subcommittees will update the commission at monthly meetings</b></p> <p><b>*EC will include agenda item to develop MHC and EC agenda</b></p> <p><b>*Subcommittees include agenda item to build next month's agenda</b></p>
<p><b>V. MOTION to APPROVE the minutes from the September 26, 2017 meeting.</b>  <b>Sam Yoshioka moved to motion, Gina Swirsding seconded the motion. *No corrections</b>  <b>VOTE: 5-0-0</b>  <b>YAYS: Duane Chapman, Barbara Serwin, Diana MaKieve, Gina Swirsding, Sam Yoshioka</b>  <b>NAYS: none ABSTAIN: none Absent: none</b></p>	<p><b>*Post approved final minutes to website</b></p>
<p><b>VI. RECEIVE updates regarding the launch of the new electronic records system- Amanda Dold, MFT Integration Services Manager</b></p> <ul style="list-style-type: none"> <li>• The Electronic Health Record (EHR/ER/CCLINK/EPIC) went live on September 26, 2017</li> <li>• Hospitals and clinics have been using EPIC</li> <li>• Now the health system will include, behavioral and mental health information to be able to provide one health record, per patient, providing better coordinated care across all divisions and systems, including different entry points of care</li> <li>• Phase one of "go live" included the three regional adult clinics, three regional children's clinics, older adults, juvenile hall, transition team, forensics and First Hope for a total of 11 different sites</li> <li>• Over 500 employees have been trained to meet the 9/26/17 deadline date. The training required many months of preparation, going from paper charting to electronic charting, implementing a help desk and onsite support, via "super users" expert trouble shooting for newly trained staff</li> <li>• The implementation, overall, was very successful</li> <li>• Currently in the process of identifying individuals who may require additional training</li> </ul>	<p><b>*Quarterly updates will be requested for the full commission meeting</b></p> <p><b>*Presenter will research questions further and respond to individuals directly. Including the contact number for HIM</b></p>

<ul style="list-style-type: none"> <li>• Since 9/26/17, over 6500 notes have been added into the ER, in one month and almost the same amount of appointments have been scheduled utilizing the new system</li> <li>• CCLINK is a full service electronic health record system, that can help coordinate appointments, do documentation, coordinate providers- various different modules within the system allows more flexibility and will help increase efficiency</li> <li>• Helps coordinate more effectively with primary health providers as well as specialty providers</li> <li>• The timeline and scope for phase II have not yet been identified; but will include Alcohol and Other Drugs (AOD), and it will also include Community Based Organizations (CBO's). Some CBO's do have their own system, so other considerations will need to be taken into account regarding compatibility for interfacing with EPIC, or CBO's may choose to incorporate EPIC. Phase II will take more time to initiate due to the complexities</li> <li>• Optimization will help improve the system, overtime, and will start sometime in 2018</li> <li>• There is a long way to go. Revisions will continue to be made for continuous, ongoing improvements of the system by creating a governing structure. As the users become more comfortable in using the system, there will be more notable improvements</li> <li>• <b>Questions:</b> can prescriptions be provided using the system? How reliable is the system regarding confidentiality? Can errors be corrected easily? Can patients use the system to manage their appointments, prescriptions and contact their doctors?</li> <li>• Responses: On the hospital side there is a department called Health Information Management (HIM), that assists in developing workflow and methods for making corrections to errors, efficiently. Will research the questions further and respond directly</li> <li>• EPIC has been running in the inpatient side for five years, including health centers</li> <li>• What are the costs of the system and implementation (for past five years, yearly)? Response- no, only involved in the implementation and training portion. That information would be provided by the Finance department</li> <li>• What are the cost benefits of the new system?</li> <li>• CCLINK is a provider tool that was implemented approximately two years, to help providers to provide better services for their patients. MYCCLINK will be a patient portal so patients can communicate with their doctors, which is currently be used in the hospital and clinics, not with the Behavioral Health Division, yet. Once all phases have been implemented and completed, then the divisions or departments can conduct satisfaction surveys. At this time it is too soon to start surveys but it is definitely something very important to know. Patients will not be able to email doctors or requests refills of prescriptions at this time, if they are psychiatric doctors or medications. At this time, patients can only communicate with primary care doctors. All appointments are utilizing the new system and detention has been utilizing the system, prior to 9/26/17</li> </ul>	
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**VII. DISCUSS developing a procedure for providing input and the possibility of reviewing the Mental Health Services budget**

- Vice Chair- states that it is the responsibility of the commission to be reviewing the budget, on an ongoing basis and has had difficulties in obtaining requests. A process has not been achieved.
- The MHSA/Finance committee has viewed the MHSA budget
- MHC has made several requests, through the Behavioral Health Services Division regarding the entire Behavioral/Mental Health Divisions budget to view and analyze expenditures.
- Obtaining input from the stakeholders, should be part of the budget process
- MHC should be able to view the draft, which should allow input from again, the stakeholders
- MHC needs to be able to work with Behavioral Health and the Finance department to get a process in place and implement it, moving forward in 2018
- There is a set of internal milestones for the budget and the Deputy Director has offered to provide a contact to inform and discuss what the milestones are, to obtain a greater understanding of the department's budget
- If the budget were to be presented to the full commission, as questions are identified, the MHSA/Finance Committee would then take a deeper dive into the questions to obtain responses for the commission
- The MHSA/Finance Committee just set the goals for 2018 and they included reviewing and learning more about the entire Mental/Behavioral Health budget, looking at all the sources of funding and all the expenditures. The focus and the goal are to expand to the entire budget, not just view the MHSA budget.
- There are additional services that consumers need, not necessarily the services being provided, and consumers should be able to provide input regarding the programs and expenditures.
- MHC should be able to evaluate and provide input regarding the budget
- Commissioners can look on the Health Services website to obtain a lot of the budget information that has been posted on line and read the documents that have been provided. Budget updates and key issues, presented to the Board of Supervisors, are available online for the entire county. Can the same be provided for the Behavioral/Mental Health budget, final fiscal year, updates and key issues?
- Power Points online are summary of the budget and are sometimes done by outside consultants, including economic forecasts. Power Points do not provide all the budget information
- The Chief Financial Officer (CFO) will be attending the MHSA/Finance Committee meeting, on November 16, to discuss and provide budget information to the committee
- The MHSA/Finance committee has been working on formulating questions for the November meeting for the past two months
- The MHSA budget is built including stakeholder's participations, through the CPAW meetings. Why cannot the same be done with the entire Mental/Behavioral Health budget to discuss key issues with stakeholders and presented to the full commission
- Chair suggestions to add to the commission agenda for December to create a "to do list for 2018".

**\* Provide online website link to the MH budget and process**

**1) PROCESS link:**

<http://www.cccounty.us/1326/Budget-Process>

**2) FINAL BUDGET FOR 2017-18 link:**

<http://www.cccounty.us/DocumentCenter/View/47424>

**3) To obtain additional budget documents:**

<http://www.cccounty.us/770/Budget-Documents>

<ul style="list-style-type: none"> <li>• The MHSA/Finance committee hopes to engage the CFO, in a way that will help to identify how and where the commission might fit into the budget process. Looking at the entire budget, it is very difficult to be able to identify key issues. What is the expectation from the commission, for the Finance department?</li> <li>• The budget is presented to the Board of Supervisors (BOS) and part of the process should be to present the budget, in a digestible manner, to the commission, before it goes to the BOS, so that the commission can evaluate the budget and provide feedback to the BOS and the Finance department</li> <li>• Maybe the starting point in creating a partnership is the MHSA/Finance meeting in November to start the dialogue and maybe all the commissioners can come to the meeting and be part of the discussion and figure out how to make useful information for a commission presentation.</li> <li>• The Vice Chair made a request for the County's Finance department to present the entire budget, to the full commission, in a digestible format. Then the commission can develop questions, jointly and pass them on to the MHSA/Finance committee to take a deeper dive and obtain the responses</li> </ul>	
<p><b>VIII. REVIEW and DISCUSS a draft of the Mental Health Commission's site visit policy and procedure</b></p> <ul style="list-style-type: none"> <li>• After discussing draft of the site visit policy, procedures and report/questionnaire, with the Behavioral Health Services Division, it will be presented to the full commission for approval</li> <li>• Would like the finalized site visit policy and procedures to be presented to the full commission on December 6</li> <li>• The Chair will forward the link to the CALBHBC</li> <li>• The Vice Chair and Chair would like to meet with BHS staff as soon as possible. EA will request meeting</li> <li>• Committee members agreed that site visits should be scheduled and attended, jointly, with BHS staff</li> </ul>	<p><b>*Chair and Vice Chair will meet with BHS Director and Program Chiefs to discuss and finalize the site visit protocol, to initiate site visits in 2018</b></p>
<p><b>IX. REVIEW the Mission statements of each Committee to reinforce each committee's commitment to inclusivity and cultural competency</b></p> <ul style="list-style-type: none"> <li>• <b>Each committee will review and edit their mission statements accordingly to demonstrate inclusivity and cultural competency</b></li> </ul>	<p><b>*Forwarded to committee Chairs to discuss with their committee members and submit to MHC for the 12/6/17 agenda, along with each committee's goals</b></p>
<p><b>X. Adjourned at 4:33 pm</b></p>	

Submitted by:  
Liza Molina-Huntley  
Executive Assistant to the Mental Health Commission  
CCC- Behavioral Health Services Administration  
Final minutes approved 11/28/17