

## EXECUTIVE COMMITTEE

Tuesday, August 28th, 2018

**AT: 3:30pm to 5pm**

**1220 Morello Ave, Suite 100 Martinez, CA  
Large conference room**

### AGENDA

- I. Call to order/Introductions
- II. Public comments
- III. Commissioner comments
- IV. Chair announcements
- V. APPROVE minutes from July 25, 2018 meeting
- VI. UPDATE on Commission Retreat planning – Barbara Serwin, MHC Chair
- VII. UPDATE on next update to the Board of Supervisor’s Family and Human Services Committee by Behavioral Health Services and the Mental Health Commission
- VIII. DISCUSS site protocol visit next steps – Committee
- IX. UPDATE on process for developing a final draft of the Behavioral Health Services “dashboard” information – Warren Hayes, MHSA Program Manager
- X. UPDATE on Commission and Committee membership –
  - a) Districts II, III and V are in interviewing process for vacancies
  - b) District IV- pending
- XI. DISCUSS potential October 3, November 7 and December 5, Commission meeting topics/presentations – Committee
- XII. Adjourn



**MENTAL HEALTH EXECUTIVE COMMITTEE  
MONTHLY MEETING MINUTES  
July 25, 2018 – First Draft**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b> Chair Barbara Serwin meeting called to order at 2:34pm</p> <p><b><u>Members Present:</u></b> Chair- Barbara Serwin, District II Vice Chair- Duane Chapman, District I Diana MaKieve, District II</p> <p><b><u>Commissioners Absent:</u></b> none</p> <p><b><u>Other Attendees:</u></b> Sam Yoshioka, District IV Jennifer Quallick, Field Representative for District II Liza A. Molina-Huntley, EA for MHC</p>	<p><b>*EA-transfer recording to computer</b></p>
<p><b>II. Public Comments: none</b></p>	<p><b>**new adult mobile crisis team, county wide, access number is: 833-443-2672</b></p>
<p><b>III. Commissioners Comments: none</b></p>	
<p><b>IV. Chair comments: none</b></p>	
<p><b>V. MOTION to APPROVE the minutes from the May 22, 2018 meeting</b> <b>Duane Chapman moved to motion to accept the minutes, Diana MaKieve seconded the motion</b> <b>VOTE: 3-0-0</b> <b>AYES: Barbara Serwin, Diana MaKieve and Duane Chapman</b> <b>NAYS: none ABSTAIN: none Absent: none</b></p>	<p><b>*Post approved final minutes to MHC website:</b> <a href="http://cchealth.org/mentalhealth/mhc/agendas-minutes.php">http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>VI. Mental Health Commission (MHC) retreat updates, with Barbara Serwin, Chair of the MHC.</b></p> <ul style="list-style-type: none"> <li>• Barbara and Duffy Newman have been collaborating, in regards to the facilitator, specialized in team building skills</li> </ul>	<p><b>*MHC Retreat will be on Wednesday September 26, from 3pm to 6:30pm, at: Vincent/Briones High School on 925 Susana street, in Martinez</b></p>
<p><b>VII. RECEIVE updates Behavioral Health Services support to the City of Richmond and the Greater Richmond Interfaith Program in the June 25 abatement of homeless encampment, with Duane Chapman, Vice Chair of the MHC</b></p> <ul style="list-style-type: none"> <li>• Duane – Due to previous event on 6/25/18, would like for the MHC Chair and Vice Chair, to be notified when a homeless encampment is planned to be vacated, throughout the county. Will discuss matter further with H3 Director, Lavonna Martin, and Behavioral Health Director, Dr. Matthew White, to find a better way to collaborate and communicate regarding the above.</li> <li>• Stated that according to the state law, a three day notification is required</li> <li>• Health Services Department, with police department and stakeholders, meet first- prior to abatement of a homeless encampment.</li> <li>• An ambulance should be present, in case someone is ill.</li> <li>• Shelter space should be readily available, food, water</li> <li>• Clinicians should be available, or someone from the CORE team, for individuals with mental health issues.</li> <li>• Stakeholders should be present to assure that these individuals are treated with respect and dignity</li> <li>• Is there a policy? If not, there should be a policy</li> </ul>	<p><b>* Vice Chair will meet with Executive Leadership to discuss procedure</b></p>
<p><b>VIII. UPDATE on the development of a site visit protocol, status</b></p>	

**and next steps, with Duane Chapman, Vice chair of the MHC**

- Duane- Commissioners are mandated to do one site visit per year
- Barbara and Duane would like to develop a protocol for site visits, and work collaboratively with Behavioral Health Services (BHS). Previously, the Chair and Vice Chair were going to meet with the BHS Director and the Adult's and Children's Program Chiefs, to discuss and revise the protocols- the meeting never happened in 2017
- Previous protocol was created by Duane, mirroring the Napa County's protocol
- Diana/Sam- the MHC should be clear on the purpose and goal of the site visit
- Duane- as stakeholders, assure that the patient's needs are being met, with dignity and respect
- Diana- **"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."**
- Duane- will review the draft site visit protocol and revise and figure out next steps
- Duane- the Commission needs to develop policies and procedures for the MHC.
- Diana- we can start working on defining the policies and procedures with the new Executive Assistant, Sara Kennard

**IX. DISCUSS MHC election process for the 2019 Chair, Vice Chair and Executive Committee- Liza M-Huntley, Executive Assistant to the MHC**

- Liza- distributed copies of page five of the MHC Bylaws, article VI//section 1. - which reads as follows: ***An Ad Hoc Nominating Committee shall be appointed in the month of August. During the September meeting, the Nominating Committee shall announce the solicitation of nominations from the Commission members and obtain the nominee's consent to serve. At the October meeting, a slate of nominees will be announced.***
- Section 2. Election: reads: ***the Commission shall elect a Chairperson, Vice Chairperson and three members of the Executive Committee at the November or next regular meeting of the Commission following the announcement of nominations***
- ***The newly-elected Chairperson, Vice Chairperson and Executive Committee shall assume office January 1 and serve through December 31 of that year***
- Diana- recap: August form the nominating committee, in September the ad hoc committee asks for nominees, in October the committee announces the slate of nominees and nominees accept role, in November the vote/ballot
- Sam- what happened to filling the vacancies on the Executive Committee? One Commissioner left in January and its July, going into August and the seat has been vacant all this time. According to the Bylaws, announcement should have been done at the next MHC meeting
- Chair- EA forward to the MHC agenda, will provide additional items for the MHC agenda to the EA

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X. **CONSIDER the option of electing two new Executive Committee members to fill vacated positions- with Barbara Serwin, Chair of the MHC**

- Liza- according to the MHC Bylaws, on page 5, article VI, section 1.2 reads: ***Nominations- in the event of a vacancy in the office of the Chairperson, Vice Chairperson or an Executive Committee member, during the term of office, nominations will be taken, nominees' consent to serve will be obtained, and nominees will be announced at the next regularly scheduled Commission meeting***
- Duane- the Bylaws does not state who will obtain the nominees, does the MHC have to wait for the Board of Supervisors to remove the person from the seat, (vacate). Previously, a Board of Supervisor did not agree with how the MHC nominates people to be on the Commission. This is part of the reason for creating the Bylaws Committee, to review the Bylaws and cover everything, because they are not up-to-date, or not really clear, and this is one of the issues. What if someone vacates their seats, who do we wait for, how do we replace that person. As things stand now, until the Board of Supervisor removes them, the person remains on the Commission
- Jen Q (District II office) - the person's seat usually carries over for 30-60 days, or until the person is formally removed, or someone else is appointed. If someone resigns, the term would end when they resign. I want to make sure that I am able to help.
- Duane- the problem is that it is not in writing. Where is the procedure written at? Each Supervisor operates differently and it should be the same and in writing. Not "we've done this in the past." This is again, why we set up the Bylaws Committee, to make sure that they are clear and fits our needs.
- Barbara- the Commission has experienced that a person resigns, but the seat is not vacated for months, by the Board of Supervisor. We cannot replace the person and we are at the mercy of the Board of Supervisors. Like Lauren, her term expires and she is required to stay another 90 days. It does give direction, but it does not give the responsibility, it does not say who is supposed to do it.
- Barbara- we can reformulate the nominating committee, now- or we can take the one in August, next week and have a new nominating committee pulled together and ask them to try to replace for the remainder of the year, the two Executive members. The soonest that we would be able to vote on this would be October/November.
- Liza- two members are missing from the Executive Committee. The only members, currently, are: Duane, Barbara, Diana. Last year, we did not have a full commission meeting in September, because of the retreat. So the nominees were announced and asked if they consent to serve at the October meeting. Then in November the Commission voted.
- Diana- restated above Bylaws section and suggested to do all activities, pertaining to the election of the new membership, in August
- Sam- just leave it and do it all in November for 2019
- Barbara- so my understanding **we will be bypassing electing replacement officers for the Executive Committee, in favor of following through the regular process for 2019**

<ul style="list-style-type: none"> <li>• Barbara- in the MHC Bylaws it states that a Commissioner whose term ends, it ends on June 30, of the year. In the past, if they wanted to move forward, the Commissioner would simply indicated it to their Supervisor, if they wish to continue, in the past they have moved it forward. This year, interest in opening up the seat.</li> <li>• <b>Jen Q (District II office)</b> – The District II Supervisor, opens up all the vacant seats of all the Committees and Boards and interview, regardless if it is a new or renewal of a seat.</li> <li>• <b>Barbara-</b> what if the seat is not vacant and the incumbent expresses interest in continuing? I was not asked to reapply.</li> <li>• <b>Diana-</b> the District II office had her complete an application to continue and reapply</li> <li>• <b>Duane- neither was I; I did not have to complete an application. I was unsure if I was coming in as new person. There is confusion around the whole process and it needs to be cleared and in writing.</b></li> <li>• <b>Barbara-</b> is there a period of time that a Supervisor has to make a determination if there is already an application in place? The MHC Bylaws states that the term ends June 30. Jill stated that there is a three month grace period and that candidate is required to stay on board. I want to know where that is written, because it is not in our bylaws. It puts the Commissioner in an odd bind, they're done. It seems like the grace period is for the Supervisor, to remain until the replacement is in place. <b>MHC should work with the Board of Supervisors on this topic and clarify the process.</b></li> <li>• <b>Jen Q-</b> The seat may be able to sit empty, not sure for the Commission. The Bylaws and the Board Order should be in sync. Will refer this to the Supervisor, to discuss further.</li> <li>• <b>Liza/EA-</b> District I Supervisor did ask Duane and Gina to complete applications. The EA completed the application, had the applicant sign, gave the applicant a copy and forwarded it to the Supervisor to reapply to continue</li> </ul>	
<p><b>XI. Provide updates pertaining to Commission and Committee membership and vacancies- Liza M-Huntley, Executive Assistant to the MHC</b></p> <ul style="list-style-type: none"> <li>• Liza- informed Committee of the vacancies, all Consumer seats, in District III, District IV and District V. Supervisors have been informed of all vacancies. Supervisor Burgis is recruiting for the District III seat. Contacted Vincent Manuel, from District V, vacating seat, and office is recruiting applicants. District IV has been recruiting for the vacant seat.</li> <li>• Duane- again, this needs to be pointed out to the Supervisors, not only is there a vacancy but show them how long the vacancy has been. Will follow up with the Supervisor of District IV, office. There is a different application, to become a member, on the Board of Supervisors site and on the Behavioral Health site</li> <li>• Barbara- I will do that, and forward a request to fill the seats, to the Supervisors</li> <li>• <b>Diana- The SPIRIT Program, has a graduating class contact Jennifer</b></li> </ul>	<p><b>*Barbara- will list the vacancies and how long the seats have been vacant and forward a request to the Supervisors, to fill the seats.</b></p> <p><b>**EA- will request for old application to be removed from the Behavioral Health site and replaced with a link to the Board of Supervisor site – to apply for MHC seat</b></p> <p><b>*EA- will contact Jennifer Tuipulotu, OCE Program Coordinator, to help send request of Consumer seat vacancies in District III, IV and V and cc/Chair.</b></p>
<p><b>XII. DISCUSS potential August topics: Trauma Informed Care</b></p>	<p><b>Amanda Dold will be presenting- Trauma Chair will forward agenda items to EA</b></p>
<p><b>XI. Adjourned meeting at 4:01pm</b></p>	

## **Site visit purpose, policies, procedures and protocol**

### **1. PURPOSE:**

*Site visits provide an opportunity to review the community's mental health needs, the services being provided, and the program facilities and obtain a better understanding and knowledge regarding the County's services that are being provided. Mental Health Commissioners will identify potential areas for growth and make recommendations to Behavioral Health Services, with the objective to partner in improving and strengthening the lives of the residents of Contra Costa County.*

### **2. POLICY, PROCEDURES and PROTOCOL:**

- 2.1 Each Commissioner should participate in at least one site visit per year
- 2.2 A maximum of three Commissioners, per site visit
- 2.3 Commissioners should wear their identifying Commission name badges
- 2.4 An updated list of programs will be provided by Behavioral Health Services staff annually.
- 2.5 The Executive Committee and Behavioral Health Services will approve site visit schedule and attendees.
- 2.6 The site visit schedule will be done in collaboration with Behavioral Health Services upper management and with approval of the Director of Behavioral Health Services.
- 2.7 An annual site visit calendar will be created, by the Executive Committee, at the beginning of each year, and forwarded to the Behavioral Health Services Director for review and after to the full commission for approval.
- 2.8 The Executive Assistant, Chair and Vice Chair of the Mental Health Commission will confirm the appointment for the site visit, with the appropriate contact person and forward the confirmation to the attendees.
- 2.9 After the site visit, each attendee will complete the program observation form and forward the report to the Executive Committee and the Behavioral Health Services Director for review
- 2.10 Site visit attendees will adhere to the purpose of the site visit and the observation form, in an unbiased and respectful manner.





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

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

1) *Attending Commission member(s):* \_\_\_\_\_  
\_\_\_\_\_

2) *Behavioral Health Services attending staff:* \_\_\_\_\_  
\_\_\_\_\_

3) *Date Of Site Visit:* \_\_\_\_\_

4) *Program/Facility Name:* \_\_\_\_\_

5) *Physical Address:* \_\_\_\_\_

6) *Program Director & Supervisor/Contact:* \_\_\_\_\_

**Contact information-phone/email: (Business cards attached)**  
\_\_\_\_\_

*Starred (\*) Items may not apply to some programs*

\*7) *How does the staff interact with individuals? Example: Does staff appear compassionate, patient, caring, rushed, indifferent frustrated, or overwhelmed?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) *Are individual grievance procedures prominently posted? Are grievance forms readily available for individuals? Yes/No*

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9) *Is the current Patients' Rights Advocate's Contact information posted? Yes/No*

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10) *What are the treatment goals for individuals in the program? How are they achieved?*

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11) *What are the primary obstacles of the program and/or staff, which may make it difficult to achieve these goals?*

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12) *Does the program's Board Of Directors include any Mental Health Commission members?  
Yes / No (please state name/s) :*

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13) *How does the program determine when an individual no longer requires services or requires other services or referrals?*

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**14) Does the program have a turn over rate or waiting list?**

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**15) Within a one year period, how many individuals get turned away due to limited capacity and/or because the individual does not meet the criteria of the program?**

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**16) Any additional aspects or comments regarding the program?**

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**SITE VISIT SUMMARY**

*Mental Health Commissioner please complete this form, after the site visit.  
\*\*If additional space is needed, please attach page to form*

1) *What is your overall impression of the facility and/or the program?*

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2) *What are some of the strengths, weaknesses and limitations?*

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3) *Recommendations for facility and/or program?*

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# Contra Costa Behavioral Health Services Quarterly Report to the Mental Health Commission

August 2018

Preliminary DRAFT Concept Outline

# Concept

- A quarterly Director's report that depicts domains and indicators to enable a common understanding of the state of CCBHS with stakeholders
- Enables attention to performance indicators within CCBHS to facilitate continuous improvement
- The following report format is preliminary and any listed data is illustrative only

# Domains

- Access to Services
- Staffing Capacity
- Finance
- Services Provided
- Key Performance Indicators
- Quality Assurance
- Topical Areas of Interest

# Access to Services

- Concept: how long it takes for someone to get a first appointment for mental health care in our clinics
- Possible Performance Indicators: percentage of routine, urgent and psychiatry appointments made within a prescribed time standard
- Example: the percentage of appointments offered - routine (within 10 business days), urgent (within two business days), and psychiatry (within 15 business days), and average length of time from first request for service to appointment – can be depicted by adult and children’s services in each region
- Context: could depict previous time periods to indicate trends

# Staffing Capacity

- Concept: how many people we have to serve the public
- Possible Performance Indicators: numbers of staff by classification, such as clinicians, psychiatrists, community support workers, administrative staff
- Example: could show number of staff available in staffing classifications, what the County has authorized, and number in staffing classifications that are vacant and being actively recruited to fill – could be depicted by program and region
- Context: could depict previous time periods to indicate trends

# Finance

- Concept: how much money we spend versus how much revenue is provided
- Possible Performance Indicators: how much revenues and expenditures are budgeted, spent and generated, and how much revenues and expenditures are projected by the end of the fiscal year
- Example: could depict the above by cost center each quarter
- Context: could depict previous time periods to indicate trends in revenues and expenditures



# Services Provided

- Concept: how many persons are being served and consumer movement between levels of care – are people recovering as a result of our care
- Possible Performance Indicators: number served by level of service, such as locked facilities, unlocked facilities, full service partnerships, case management, clinic services, provider network, self care
- Example: could depict the above each quarter
- Context: could depict previous time periods to indicate over time possible changes in numbers served from higher to lower levels of care

# Key Performance Indicators

- Concept: key data not otherwise covered in the rest of the domains that speak to the impact of service delivery
- Possible Performance Indicators:
  - number of psychiatric emergency service (PES) admissions per month
  - reduction in PES admissions, in-patient hospitalizations, homelessness after full service partnership participation
  - number of persons connected to care by prevention and early intervention programs
  - consumer/family member survey results
- Examples: could update the above as data becomes available
- Context: could depict previous time periods to indicate impact over time

# Quality Assurance

- Concept: information not otherwise covered in the rest of the domains that speak to compliance with state and federal requirements for quality assurance
- Possible Performance Indicators:
  - Selected Department of Health Care Services Triennial Audit results
  - Selected Annual External Quality Review results
  - Medi-Cal billing disallowance rate
  - Penetration rates by age group, race/ethnicity, region
  - Number and type of grievances/complaints filed and status
- Examples: could provide key data points on the above as available
- Context: could provide previous data to depict trends

# Topical Areas of Interest

- Concept: a report on emerging issues, initiatives or programs of interest
- Possible Performance Indicator: current status of issue, program or initiative
- Examples:
  - Electronic Mental Health Record System
  - Tele-psychiatry
  - Continuum of Care Reform Implementation
  - 24/7 Mobile Crisis Response Team
  - Family Volunteer Support Network
  - First Hope Expansion
  - Mental Health Supportive Housing Plan

# 2018 Commission and Committee members

<b>Mental Health Commission (MHC)</b>  1 <sup>st</sup> Wednesday 4:30–6:30 pm (full membership-16 + 1 BOS alternate)	<b>MHSA/Finance Committee (FIN)</b>  3 <sup>rd</sup> Thursday 3:30-5pm (3-5 members)	<b>Quality of Care Committee (QC)</b>  3 <sup>rd</sup> Thursday 5:00-6:30pm (3-5 members)	<b>Justice Systems Committee (JS)</b>  4 <sup>th</sup> Tuesday 2:00-3:30pm (3-5 members)	<b>EXECUTIVE Committee (EC)</b>  4 <sup>th</sup> Tuesday 3:30-5:00pm (3-5 members- voted)	<b>DATA Ad Hoc Committee</b>  (3-5 members)	<b>BYLAWS Task Force</b>  (3 -5 members)
1- MHC Chair Barbara Serwin Consumer District II	Chair- Douglas Dunn	Chair- Barbara Serwin	Chair- Diana MaKieve	Chair- Barbara Serwin	Barbara Serwin	Barbara Serwin
2- MHC Vice Chair Duane Chapman Member-at-Large District I	Sam Yoshioka	Gina Swirsding	Vice Chair Gina Swirsding	Vice Chair- Duane Chapman	Duane Chapman	Duane Chapman
3- Supervisor Diane Burgis District III	Leslie May	Leslie May	Duane Chapman	Diana MaKieve	Gina Swirsding	Gina Swirsding
4- Alternate BOS Supervisor C. Andersen District II	(VACANCY)	(VACANCY)	Geri Stern	(VACANCY)	Joe Metro	Sam Yoshioka
5- Gina Swirsding Consumer District I	(VACANCY)	(VACANCY)	Julie Ann Neward	(VACANCY)	Julie Ann Neward	Leslie May
6- Geri Stern Family Member District I						
7- Diana MaKieve Member-at-Large District II						
8- District II ** Family Member (vacant)						
9- Douglas Dunn Member at Large District III						
10-Julie Ann Neward Family member District III						
11-Consumer** District III (vacant)						
12-Sam Yoshioka Family Member District IV						
13-Consumer (?) District IV (vacant)						
14-Tasha Kamegai-Karadi Member-at-large District IV						
15-Consumer** District V (vacancy)						
16-Leslie May Family Member District V						
17-Joe Metro Member at Large District V						

\*\* Interviewing process, not appointed