

MISSION STATEMENT: To assist Contra Costa County mental health consumers, family members and the general public in advocating for the highest quality mental health services and supports delivered with dignity and respect

**Mental Health Commission
Quality of Care Committee Meeting
Thursday, January 16, 2020, 3:30-5:00pm
At: 1220 Morello Avenue, Suite 101 Conference Room, Martinez, CA**

AGENDA

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. APPROVE minutes from December 19th, 2019 joint meeting**
- V. DISCUSS 2019 Quality of Care Committee Accomplishment**
- VI. DISCUSS 2020 Quality of Care Committee Goals**
- VII. PROVIDE overview of the Mental Health Commission site review project to date, walk through existing documentation, and determine next steps**
- VIII. Adjourn**



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. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute time limit. If special accommodations are required to attend any meeting, due to a disability, please contact the Executive Assistant of the Mental Health Commission, at: (925) 957-2619



**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:* _____
- 7) *Contact information-phone/email: (Business cards attached)*

Starred (*) Items may not apply to some programs

8) *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*

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



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

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

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

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



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

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?

16) Any additional aspects or comments regarding the program?



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?*

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

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

Mental Health Commission Executive Committee Meeting 8/27/19

Transitioning the MHC Site Visit Project to the Quality of Care Committee

The Mental Health Commission Executive Committee has performed foundation work on creating a policy for MHC site visits on and off for the past two years. It's a challenging issue and it's been difficult to sustain momentum. Regular site visits, however, are a mandated responsibility of the Mental Health Commission, and as such we need an active program of site visits in place. Executive Committee has gathered enough background information that it is possible to transfer the project to the Quality of Care Committee for full development.

To date, the Executive Committee has reviewed the site visit policies of the counties of San Francisco, Napa, Orange and Ventura. It has also discussed the issue of BHS site visits with the prior director of BHS, Cynthia Belon, director of BHS Adult Services, Jan Kobaleda-Kegler, and of MHSA site visits with the director of MHSA, Warren Hayes. It also has discussed past site visit practices with prior Commissioner Lauren Rettagliata.

The key take-aways from this research are:

Background:

- In the past there have been periods of regular MHC site visits and periods of ad hoc site visits. For the past five years at least there has not been a formal MHC site visit program in place.
- MHSA has a mandated and very structured site review process. Each MHSA site is reviewed every three years in a very detailed, proscribed way.
- BHS does not have a standard site visit policy and does not have an annual site visit schedule.
- Two years or so, under prior director of BHS Cynthia Belon, BHS drafted a site visit form for use by the MHC. It was not, however, adopted by the BHS.

Recommendations:

- To maximize efficiencies, the MHC site visits should complement the BHS and MHSA site visits rather than compete with them
 - The MHC should not attempt to duplicate certain efforts by BHS and MHSA in their own site reviews, especially reviews of more technical issue, e.g. compliance and financials.
 - The MHC should focus instead on the consumer experience and the family and caregiver experience. Other reviews do not focus their energies on this topic.
- The scope of sites is any and all mental health related treatment facilities, including those operated by CCRMC, e.g. PES, 4D.
- MHC site visits need to be a mandatory responsibility of all Commissioners, not just leadership or Quality of Care Committee members.

- MHC site visits should be part of the educational process for Commissioners, at least one occurring early in the period of duty of Commissioners.
- There should be a minimum of two Commissioners to participate in a given site visit. The number could be higher but at least two is recommended.
- The MHC site visit policy should include a method and rationale for selecting which sites will be visited each year. It should also include a stated means for assigning sites to individual Commissioners—whether sites are actually assigned to Commissioners or whether Commissioners choose sites from a list.
- The MHC site visit policy should include a standardized form and process that specifies what information should be collected and how.
- The approach to collecting information from consumers and family members and caregivers should allow for some free-flow conversation rather than being solely a list of short answer questions or ratings
- The process of an MHC site visit needs to ensure that consumers feel trusting and anonymous so that they can speak their minds without fear of reprisal.
- Formal MHC site visits should be scheduled with the facility in advance so that staff can be prepared and enough consumers and family members and caregivers can be available to conduct a worthwhile visit.
- The formal site visit program doesn't preclude ad hoc informal site visits.
- The results of site visits should be shared out to other Commissioners; BHS, CCRMC and MHSA staff; and the Public.

SITE VISIT GUIDELINES

IMPERIAL COUNTY MENTAL HEALTH BOARD

PURPOSE/GOAL:

- A. For the individual Board Member to obtain an understanding and knowledge of a single program offered by their region.
- B. To provide a verbal report to their board and a written report available to all boards with sufficient detail to allow the other board members to obtain a general knowledge of the program.
- C. To become the contact person/liaison on the board for that specific programs needs or promotion.

PROCESS & PORCEDURE:

Selection and Assignment of Programs

- 1) Once a year the Chairperson will request 3 program preferences from each Board Member, of those programs they would be interested in visiting.
- 2) The Executive Committee will review the requests and assign each board member to a program based on the preference noted. Please note—board members may not be assigned to a program in which they are participating or have a family member participating.
- 3) A copy of the assignments will be given to the Manager who will notify the Supervisors of the programs.

Scheduling the Visit

- 4) The Board Member should make the first call to begin the site visit process.
 - a. Call the Program Supervisor to schedule the site visit. This should be done at least two weeks prior to the time you would like to make the site visit. The site visit will take a minimum of one hour and may last two or three hours depending on the particular program and timing of the visit.
 - b. When you call, introduce yourself by name and as a member of the Mental Health Board.
 - c. The Supervisor should already be aware of why you are calling, however you should mention the reason for your call. Explain that you would like to arrange an appointment to meet with them and visit the program and/or facility on behalf of the Board.
 - d. Make sure to provide the Supervisor with your phone number, in case the appointment needs to be rescheduled.
 - e. It is a good idea to call and confirm the appointment the day before the visit.

The Visit

- 5) Appropriate business style attire should be worn, along with your ID badge.
- 6) Follow the questions on the Site Visit Form to obtain the basic information. The board member must fill out the form from their notes taken during the meeting. This form should not be given to the program director to fill out.
- 7) Please remember that you are representing the entire board. If you have a specific personal issue with the program that you are interested in, make sure it is applicable to this review. (Other personal interests should be addressed at a separate meeting.)

The Reports – Written and Verbal

- 8) Use the official Report Form and fill it out by typing or printing with black ink.
- 9) Be as brief and concise as possible. Emphasize the key aspects of the program in the written report.
- 10) You will be required to present your review at one of the monthly board meetings. During your verbal report you may want to mention some of the ore minor details from your site visit notes that could not be included in your written report due to lack of space.
- 11) Your written report will be distributed to the board during the meeting you present your verbal report. On that day please bring in enough copies for all board members plus a few extra. If you have no means to create these copies, notify the Board Liaison ahead of time and they will print them for you.
- 12) The verbal report should give the board basic understanding of the program even without the written report.