

**Mental Health Commission
Quality of Care Committee Meeting
Thursday, October 1, 2020, 3:30-5:30 pm
Via: Zoom Teleconference:**

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

Join by phone:

1 646 518 9805 US

Access code: 609 413 6195

AGENDA

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair comments**
- V. APPROVE minutes from September 17, 2020 meeting at the October 15, 2020 Quality of Care Committee meeting**
- VI. RECAP last meeting highlights**
- VII. REVIEW drafts of documents for the Mental Health Commission Site Visit Program including:**
 - a) Program Director Questions**
 - b) Staff Questions**
 - c) Introduction to Questionnaires**
 - d) Program Director Letter**
 - e) Client Letter**
 - f) Client Notification**
 - g) Project Plan**
- VIII. IDENTIFY next steps for October 15, 2020 Quality of Care meeting**
- IX. 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

DRAFT Project Plan for Development of MHC Site Visit Program

I. Implementation Milestones

- *Schedule site visits for November and December by October 1st, 2020.*
- *Complete the definition of the Site Visit Program, including scope, policy and procedures by October 1st, 2020.*
- *Create an initial list of sites to visit by middle of October, 2020.*
- *Complete strong drafts of all surveys and administrative documentation by middle of October, 2020.*
- *Create Site Visit packet for site managers and Commissioners by*
- *Present the program to the MHC at the November (or December) MHC meeting.*
- *Test the program at a site by mid-November and make necessary changes prior to the November Quality of Care meeting.*
- *Continue scheduling into 2021 in early December, 2020.*
- *At the December, 2020 MHC meeting, report on site visit that occurred in November, 2020.*
- *Obtain approval of the program by the MHC at the December 2020 meeting.*
- *Conduct site visit in early December 2020.*
- *Implement Commissioner and site feedback from December meeting prior to the December Quality of Care meeting.*
- *Track on November and December site visits.*
- *Continue refinement of program during 2021.*

II. Site Visit Program Definition

- Review site visit programs of other California counties and choose closest model (San Francisco) DONE
- Define objectives, including purpose, scope and focus DONE
- Research site visit program components of BHS, MHSA and San Francisco County: identify types of institutions included, templates, who attends, timing of visits, frequency of visits, scheduling of visits, reporting, sharing of results with site and with BHS, remediations DONE
- Determine how the MHC site visit program will be similar and different from the BHS, MHSA and San Francisco programs DONE

III. Policies and Process

- Define policies including criteria for sites to visit; number, frequency and timing of visits; requirements for reporting out to MHC, BHS and MHSA; NEARLY COMPLETE
- Define process for selecting sites to visit; scheduling; the actual visit; documentation of visit; follow up with site; reporting; IN PROGRESS
- Define how program will be managed and maintained including who will do scheduling and act as point person; distribution of reports; maintain electronic files; update program materials IN PROGRESS

IV. Draft Surveys, Letters, Notices, Report Template

- Design interview/question templates IN PROGRESS
 - Review BHS site review interview/question template DONE
 - Review MHSA Program and Fiscal Review interview/question templates DONE
 - Review San Francisco County interview/question templates DONE
 - Draft client, family/caregiver, program director and staff surveys and program administrator letter and client letter and notice DRAFTS EITHER COMPLETE OR IN FINAL STAGE REVIEW
- Design report template and remediation plan NOT STARTED
- Draft orientation letter to Commissioners NOT STARTED
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V. Test Phase (NOT STARTED)

- Define test plan for Zoom visits
- Perform mock-up test within site visit team and modify test plan
- Perform December test visit
- Incorporate feedback into surveys and other materials; policy, procedure

VI. First Phase Implementation

- Establish list of sites to visit
- Schedule visits with site Program Administrators and Commissioners through February, 2021
- Conduct visits
- Complete reporting
- Distribute reports
- Complete follow up with site
- Schedule site visit report-outs on MHC agendas
- Track on any remediation steps with the appropriate BHS staff

VII. Detailed Schedule For Site Visit Program Development

- 7/29: Create first draft of surveys and 50% of administration letters/notice DONE
- 8/13: Review first drafts of consumer and family member surveys DONE
- 8/20: Implement changes to first drafts of consumer and family member surveys and begin review of second drafts of these surveys DONE
- 9/3: Continue to review second drafts of consumer surveys and review first draft of family member survey; review schedule for dev phase DONE
- 9/17: Continue to review second drafts of surveys;
- 10/1: Review first drafts of administration surveys and administration letters/notice;
- 10/15: Review first draft of orientation letter to Commissioners and first draft of report template (which includes remediation plan or is this a separate document?);
- 10/29 Review second draft of letter to Commissioners and report template; review initial list of sites to visit;
- 10/29: Review contents of site visit packet for Commissioners; Review tracking report format; Review test site visit plan;
- 11/12 Test site visit (Hume) via Zoom;
- 11/19: Debrief on test site visit and determine changes; review presentation of site visit program for MHC
- 12/2: Present site visit program to MHC at full Commission meeting;
- 12/3: Debrief on Commission meeting feedback; review plan for first site visit;
- Early Dec: Conduct first site visit;
- 12/17: Review write up of site visit; plan second site visit;
- 1/6: Report out on first site visit and recap of how the process went at full Commission meeting
- 1/21: Update site visit process and any other materials based on first site visit experience; review first draft of training module for site visit program;

Late Jan: Conduct second site visit and write report;

2/3: Conduct first training session before Commission meeting; report out on second site visit;

Mid Feb: Conduct third site visit with non-team member Commissioners; write up report;

3/3: Conduct second training session before Commission meeting; Report out on third site visit report at full Commission meeting;

3/18: Review updated training module changes; review write-up of third site visit report; review site visit schedule (schedule should be defined as far out as possible), e.g. sites identified, Commissioners signed up

4/7: Report out on third site visit report at full Commission meeting;

4/15 Check-in on overall site visit program administration

Today's Date

Dear Client/ Consumer,

Do you have anything you would like to say about this program and the service you receive here? There will be a chance to be interviewed, anonymously, by someone who does not work for this program or the mental health system, and say anything you want to about your treatment. We are volunteers from the community who are members of the Contra Costa County Mental Health Commission, which advises the county on behavioral health care. Many of us are consumers or family members.

We will be coming soon to your program to do a review. There will be a CLIENT PARTICIPATION NOTICE posted to let you know the date and time of the review. The interviews will be conducted in private and you don't have to tell us your name if you don't want to. These interviews are completely voluntary on your part, and are not considered part of your treatment. We only want to talk to people who want to talk to us. We hope, though, that you will want to. The report we will write gets reviewed by your Program Director (no names are mentioned in the report), and the Community Behavioral Health Services Director, who oversees all mental health services in the county. We think the information we get from you is important and can result in better services.

We look forward to talking with you about your program and services.

Sincerely,

Chair Name

Chair, Contra Costa County Mental Health Commission

Dear Client/Consumer,

Contra Costa Behavioral Health Commission is a group of individuals in your community who volunteer their time to support and improve Behavioral Health initiatives and programs at the local level. The Behavioral Health Commission is implementing a yearly program site review for all Behavioral Health Programs to enhance the consumer experience and we need your participation and feedback to be successful! There will be an opportunity for all consumers of Behavioral Health Programs to anonymously provide their feedback about their program's direct services, through an interview that will be conducted by a Mental Health Commissioner who does not work for the Behavioral Health program or for the Mental Health System in any manner.

Prior to the Mental Health Commission site review, there will be a CLIENT PARTICIPATION NOTICE posted at your program site to inform you of the date and time of the upcoming review. The interviews will be conducted in a private space at the program or via telehealth and you will not be required to share your name, unless you prefer to. These interviews are completely voluntary on your part and are not considered a part of your treatment. Again, our goal is to gather information on the client's experience within their programs to improve direct client experience as well as family/caregiver's experience.

Upon completion of the consumer interviews, the Behavioral Health Commission will consolidate the client experience data and generate a report to be disseminated to the site Program Director along with providing it to the Community Behavioral Health Services Director for Contra Costa County. As a reminder, all information will be presented in an anonymous format.

We look forward to your participation and believe in the importance of "hearing from the consumer" firsthand on what treatment areas are "working" along with identifying areas of needed improvement. Together, we can work collaboratively to ensure our loved one's experiences are of the utmost highest quality.

Should you have any questions about the above site review process, please don't hesitate to reach out to (name)

To all Clients and Family-Members/Caregivers:

Do you have anything you would like to say about *enter name of program* and the services that you receive here? You have the chance to be interviewed, anonymously, by a volunteer who does not work for this program or the mental health system, and say anything you want to about your experience.

WHEN: DATE OF VISIT (enter date of visit)

INTERVIEW TIME: STARTING AT TIME (enter start time) THROUGH END TIME (or enter an end time)

LOCATION: CHECK-IN AT PROGRAM DIRECTOR'S OFFICE

By now you should have received a letter about this opportunity. If not, or if you have any questions, please contact your Program Director or the Contra Costa County Mental Health Commission at enter current number of Executive Assistant here.

Thank you! We look forward to meeting you!

Dear Program Director,

The Mental Health Commission of Contra Costa County is conducting annual consumer reviews with Behavioral Health Programs that are a part of the Community Mental Health System to assess consumer's experiences with behavioral health programs. We conduct from five to ten reviews per year and would like to schedule a time with you in the next 60 days to review your program.

Here is what you can expect:

1. Behavioral Health Administrator will contact you via phone to schedule the review.
2. Upon a date being confirmed, MHC will send you: a). Letters to distribute to your clients or parents of clients, for programs serving children, inviting them to participate in the review if they so choose. b). Notices to post at your center to inform clients/caregivers of the opportunity to participate.
3. On the day of the review a member of MH Commission will meet with the Program Director at a specified time at the program site to gather general information about the program before meeting with the clients. For larger programs where it's likely that a larger number of clients will volunteer to be interviewed, two board members may come as a team.
4. To conduct the interviews, please have a private space available as the interviews are confidential and will include the board member and client only. Each interview will take from a few minutes to a half an hour, depending on how much feedback the client offers. The interview can be an empowering experience for the client as it is a chance for them to have direct, personal input into the process of improving our mental health system.
5. Staff may also have their own opportunity (contingent on time) to provide feedback on how the program works.

Key things to remember:

Client interviews are **voluntary**. We appreciate it if you encourage your clients to participate, however, no client should be “forced” to participate.

1. All information gathered in the client interview is confidential. The reviewer from the MH Commission will not be able to tell you what was discussed in the interview.
2. The MH Commission reviewer is only conducting the interview with the client, and will not attempt to intervene on individual treatment plans or offer to “fix” any problems or complaints a client may disclose.
3. The MH Commission reviewer will not request to look at client charts, billing records, financial documents or any other areas covered by Behavioral Health Services. Our goal is to focus on the client experience with the services they receive and gather feedback on how they feel about services offered.
4. The reviewer from MH Commission will write a summary based on their findings of the interviews. The summary will be presented to the Director of Community Behavioral Health Services with a copy provided to you and your contract monitor.

*In the event you disagree with any of the findings or recommendations of the Mental Health Commission, you will have an opportunity to respond to the CBHS and we urge you to do so.

We appreciate your participation in this review process, as it is invaluable to MHC and CCBHS in an effort to advocate to the Board of Supervisors and mayoral staff for continued mental health funding and improvement of Behavioral Health Services. The gathered data also helps us to understand what’s happening on the front lines of the mental health system, which then adds urgency and depth to the recommendations we make in our annual report to the Board of Supervisors.

If you have any questions about the review process, please feel free to call (phone # inserted here) at any time. Thank you for support of this effort!

Date:

Program Name:

Reviewer Name:

Questions for Program Directors

1. How do you make your Program known to the public? For example, do you have a brochure, written description or website?
2. What services does your Program offer?
3. How many Clients do you serve annually? What is your average daily census?
4. What is the average length of stay for a Client?
5. How does the Program measure success? What outcome measures do you have?
6. What Evidenced-Based practices are you using (e.g. Cognitive Behavioral, Harm reduction for substance abuse, trauma-informed care)?
7. Do you offer any alternative treatments (e.g. ???)?
8. Do you use peers in treatment or other support to Clients?
9. How do you receive referrals? Can Clients refer themselves?

10. What other types of agencies do you collaborate with for your Client's needs?

11. Do you offer Clients the option to sign a release for their families/caregivers to be a support to the Clients?

12. How can a Client's family or caregiver be involved in their treatment?

13. What kind of supports do you offer families and caregivers (e.g. support groups, family therapy, community events)?

14. How many Staff do you have?

15. What are the Staff roles and general responsibilities?

16. What kind of training do you provide to Staff?

17. Does your program utilize volunteers (e.g. peers, interns, others)? If so, how are they involved?

18. How do you provide culturally sensitive services and ensure equality for all Clients served?

19. Does the diversity of your Staff reflect the community you serve (e.g. ethnic, age, gender, language, culture, socio-economic)? What is your process for addressing Client concerns and grievances?

20. What is your process for addressing Staff concerns and grievances?

21. What is your process for obtaining feedback from Staff on improving the Program?

22. Are there any challenges the Program has in providing direct services (including both client-centered and operations)?

23. In an effort to improve your program, what support would be helpful from Behavioral Health Services (e.g. advocating for equipment, additional office space, additional funding for staff raises)?

24. If you had a magic wand and could change anything about this program, what would that be?

25. Any additional comments that you would like to add?