

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
April 5, 2017 – FINAL**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Commission’s Vice Chair, Barbara Serwin, called the meeting to order at 4:39pm.</p> <p><u>Members Present:</u> Vice Chair- Barbara Serwin, District II Supv. Candace Andersen, District II Sam Yoshioka, District IV Diana MaKieve, District II Gina Swirsding, District I Douglas Dunn, District III (arrived @4:43pm) Connie Steers, District III Meghan Cullen, District V</p> <p><u>Commissioners Absent:</u> Chair- Duane Chapman, District I Lauren Rettagliata, District II Jason Tanseco, District IV Mike Ward, District V</p> <p><u>Other Attendees:</u> Cynthia Belon, Director of Behavioral Health Jill Ray, Field Rep Supv. Andersen’s Office, District II Patrick Wilson, Chief Information Security Officer (CISO) Megan Rice, CCLink Behavioral Health Project Manager Amanda Dold, MFT-Integration Program Manager Liza A. Molina-Huntley, Executive Assistant for MHC</p>	<p>EA-Transfer recording to computer</p>
<p>II. Chair Report, Announcements, and Comments:</p> <ul style="list-style-type: none"> • Barbara- read letter created by Commissioner Lauren Rettagliata and MHSA/Finance Chair whom was not present. The letter was distributed has a handout, prior to the meeting. No comments or discussion was allowed. Statements were noted as a comment only. 	
<p>III. Commissioner’s comments: -</p> <ul style="list-style-type: none"> • NONE 	
<p>IV. PUBLIC COMMENTS:</p> <ul style="list-style-type: none"> • April Langro, RI (Recovery Innovations International) Administrator, informed public of up and coming training for those interested in Peer Counseling. The PET training is a Peer Employment Training, an 80-hour educational course designed to prepare students for peer employment opportunities in the 	

<p>workforce. Graduates become Certified Peer Specialists. The training will be held at 3701 Lone Tree Way, in Antioch. Training will start May 8 and continue through May 19, from 9am to 3pm. Cost is \$556, which includes materials. Any interest in RI International can contact April, via email at, April.Langro@riinternational.com</p>	
<p>V. APPROVE minutes from March 1, 2017 meeting Motion to approve the minutes was made by Sam, Gina seconded the motion</p> <ul style="list-style-type: none"> • No corrections required • VOTE: 8-0-0 • YAYS: Supervisor Andersen, Barbara, Gina, Diana, Sam, Doug, Connie and Meghan • NAYS: none ABSTAIN: none • ABSENT: Duane, Lauren, Jason, and Mike 	
<p>VI. RECEIVE presentation regarding the Electronic Health Record project plan- by Megan Rice, Amanda Dold and Patrick Wilson</p> <ul style="list-style-type: none"> • Regarding the cLink update, a brief summary was given regarding the implementation plan of the new electronic patient records, the goals and the benefits of the plan, scope, guiding principles, and rollout along with the support plan. • Presenters gave a background of the previous paper clinical documentation and the new cLink (Epic), electronic record integrated system. Integrated because previously Behavioral Health Services (BHS) and Medical records were completely separate. BHS clinicians were still utilizing paper documentation. Hospital and primary care clinics are using cLink (Epic) an electronic record keeping system. • BHS has taken steps in integrating to the hospital system, such as: clinician referrals via Epic, in basket message communication and coordination of patient care and medication management, problem listing and diagnosis, intake information model use, integrated appointment centering and E- prescribing. • The plan is to implement the cLink (Epic) electronic health record for clinical documentation in all of the Behavioral Health clinics throughout the county. The vision is to have a single patient health record, integrating medical and mental health records, for better patient care. • The goals and benefits of cLink (Epic) is patient centeredness care, provide more holistic care to improve patient outcomes, enable patients to become more actively involved in decision making regarding their own care, enable patients to access their electronic health record, improve communication among all providers involved in each patient's care, improve data collection and research, and allow network providers the 	<p>Patrick Wilson will try to provide information regarding the implementation budget and costs of the system</p>

<p>ability to view the patient’s health history through the ccLink Provider Portal.</p> <ul style="list-style-type: none"> • The first phase of the work’s scope is to have all 12 clinics, operating with ccLink by September 26 of this year. The proposed second phase will be to have Discovery House and AODS on board, BHS patient “MyChart” access, The Network Provider Portal Access and the integration with “ShareCare” for billing by February 1 of 2018. • After all implementation has been integrated and completed, optimization of phase one will commence. • The phase one scope of facilities include: West County Adult, West County Children’s, East County Adult, East County Children’s Central County Adult, Central County Children’s, Older Adult, Forensics, Transition team, First Hope, Juvenile Hall, and Conservatorship will not be able to chart, only view • The guiding principles of the system is to be patient centric, safety and quality care, support the vision of the Contra Costa Health Services and the Behavioral health Services Division’s mission and vision for facilitating and optimizing patient care, better collaboration and communication between doctors, clinicians and patients, standardization, accountability, usability, continuous performance improvement, optimize financial outcomes, change management, training and adoption, business continuity and contingency planning, and compliance with state and government regulations and practices. • The “rollout” approach is to have all 12 clinics starting to use ccLink on the same day. • Regarding training and support- there will be a comprehensive in-class training followed by at-the-elbow support in the clinics. Meaning that those users that are well versed in the system will be available, on site, at each clinic, training and troubleshooting on the spot. The “Super Users, Subject Matter Experts, Champions, Trainers and IT analysts will provide support continuously throughout and during the phase one process. • Gina- asked if the system is the same as the Epic system at Kaiser and informed that she is concerned about misdiagnosis. • Megan-assured that they are aware of other similar systems and ccLink will have fail safe features to try to prevent such issues. • Patrick- added that although there will be safeguards; there is always human error on behalf of the patient, doctors and clinicians at times. Part of the system will be for the patient to be able to access their own record and inform of the error immediately so it can be corrected. The goal is for the patient to have optimum care. 	
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<ul style="list-style-type: none"> • Connie- How can a caregiver be involved and have access to schedule appointments and obtain prescriptions, if only the patient can access the record? • Patrick- A proxy can be accessed online, or at the next medical visit, the patient can sign the proxy to allow their immediately family member or caregiver to have access to their medical records. It is important not to have too many proxies, one or two, should be enough. • Doug- What about the patient’s medical history? Will that be included in the new system? • Patrick- the best way to assure that all of the patients medical history has been downloaded into the new system is to access the system and inform the doctors of any discrepancies and have available any medical records that maybe pertinent to the appointment on hand, to assure a better outcome for the patient. Going forward, the system will have history, but some patients with a more historical record may not have everything completely transferred, at first, the goal is to have everything under one record. • Sam- Is seems unfathomable to have all 12 clinics completed simultaneously- how can you assure accuracy, security of the records, proper implementation and adequate training? • Amanda- The process has been ongoing for the last few years. Of course implementation will have some snags but there is a staff of approximately 40 members that are dedicated to training their peers. • Cynthia- There has been staff in the day to day implementation of the system from day one. • Barbara- can you elaborate regarding the budget, the team and projects? • Megan- a government structured was followed by an Executive Steering Committee including the Director of Behavioral Health and the Chief Financial Officer, Pat Godley. The two simultaneous projects are EPIC, which is the electronic medical record system and the second is the billing part known as “ShareCare,” which is utilized to bill MediCal. I am the IT analyst that will continue on as a staff member and consultant, until the process is completely implemented. Patrick is the Chief Information Security Officer to assure that all the records are safe and firewalls are in place to assure confidentiality and protect patient’s records. Amanda will help coordinate the system “Champions” and Mr. David Runt, whom reports to Pat Godley. As far as the budget, does not recall the overall amount for all costs involved. The goal is to have a patient centered, electronic medical record for better overall access for the patient, the clinicians and doctors and be able to provide better care under one single medical 	
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	<p>record. The cLink, Epic, will be the same as the Kaiser system, it allows the patient to make appointments, consult with their doctors and request prescriptions- all online.</p> <ul style="list-style-type: none"> • Doug- What is the learning curve? Is there a budget timeline? • Patrick- Yes to both. The system is meant to provide better care by minimizing miscommunications, building better collaboration and shortening medical visits due to appointment reminders and notifications to reschedule. 	
VII.	<p>DISCUSS the Behavioral Health Services Strategic Plan for 2017- Director Cynthia Belon-</p> <ul style="list-style-type: none"> • The update, regarding the strategic plan for 2017 for Behavioral Health Services is focused on cLink (Epic) being implemented at all clinics and all the staff trained and the system operating successfully at all sites. • Requests for specific questions or comments can be forwarded to the Executive Assistant for the Mental Health Commission, Liza. 	
VIII.	<p>RECEIVE update from MHSA/Finance meeting on March 16, 2017- by Committee Chair- Lauren Rettagliata</p> <ul style="list-style-type: none"> • Absent 	
IX.	<p>DISCUSS resolution, to recognize May 2017 as Mental Health Awareness Month in Contra Costa County</p> <ul style="list-style-type: none"> • Barbara- Jill, can you elaborate on the process of declaring May as the Mental Health Awareness month? • Jill- the Chair, of the Mental Health Commission, can call the Chair of the Board of Supervisors and ask the office to assist in creating the proclamation. Once the proclamation has been created, the proclamation is agendized, and then the Board will approve the proclamation and present it to the Commission, declaring May as Mental Health Awareness month in Contra Costa County. The Advisory Bodies of the County can take it a step further and distribute the proclamation to each city throughout the county, by asking the City Council, of the city where they reside to do the same and proclaim May as Mental Health Awareness month for that city. • Supervisor Andersen- the proclamation is one sheet, stating the Mental Health Commission as the ambassadors of Mental Health Awareness Month. Ask for assistance if no response is received. • Barbara- Duane or I will call Supervisor Glover’s office to get the proclamation done. I will call you if I need help. 	
X.	<p>RECEIVE the Commission Representative Reports</p> <ul style="list-style-type: none"> • AOD= Alcohol and Other Drugs Advisory Body- • Sam Yoshioka- the AOD Advisory Body did not change their name to SUD (Substance Use Disorders), they will continue to use “AOD.” AOD is currently planning their annual awards for 	

<p>people who make a difference in the community.</p> <ul style="list-style-type: none"> ● CPAW= the Community Planning Advisory Workgroup- Lauren Rettagliata -Absent ● CPAW, Children’s Committee- ● Gina Swirsding- -Did not attend meeting ● Barbara- I will commit to attending the Children’s meeting. ● Council on Homelessness- Lauren Rettagliata- -Absent ● Doug- Next month the commission will host the public hearing for the MHSA 3 year plan. 	
<p>XI. Adjourn Meeting</p> <ul style="list-style-type: none"> ● The meeting was adjourned at 6:10pm. 	

Respectfully submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration
Final minutes approved on May 3, 2017