

**Mental Health Commission
Quality of Care Committee Minutes
March 15, 2018 -FINAL**

Agenda Item / Discussion	Action / Follow-up
<p>I. Call to Order / Introductions @3:25pm</p> <p><u>Members Present:</u> Chair- Barbara Serwin, District II Leslie May, District V</p> <p><u>Members Absent:</u> Gina Swirsding, District I</p> <p><u>Others Present:</u> Doug Dunn, District III Lauren Retagliatta, District II Erika Raulston, family member Joe Metro, pending appointment District V Jill Ray, Field Representative for District II Liza A. Molina-Huntley, Executive Administrative Assistant (EA)</p>	<p>Executive Assistant:</p> <ul style="list-style-type: none"> • Transfer recording to computer. • Update Committee attendance • Update MHC Database
<p>II. Public Comment</p> <ul style="list-style-type: none"> • none 	
<p>III. Commissioner Comments</p> <ul style="list-style-type: none"> • Leslie May will not be present at the next Committee meeting on April 19 	
<p>IV. Chair announcements/comments:</p> <ul style="list-style-type: none"> • none 	
<p>V. APPROVE Minutes from November 16, 2017 meeting</p> <ul style="list-style-type: none"> • Leslie- question: Will agenda item VII be rescheduled? • Question: Was the discussion of goals for 2018 completed? • Leslie May moved to motion to approve the minutes, without corrections, Barbara Serwin seconded the motion • VOTE: 2-0-0 • YAYS: Leslie and Barbara NAYS: none ABSTAIN: none ABSENT: Gina Swirsding 	<p>*EA will post finalized minutes on website at:</p> <ul style="list-style-type: none"> • http://cchealth.org/mentalhealth/mhc/agendas/minutes.php • EA will invite Victor Montoya to continue the discussion regarding PES
<p>VI. INTRODUCE the Quality of Care Committee to new members</p> <ul style="list-style-type: none"> • Chair requested that the EA confirm the members of the Committee • The EA was not present at the previous Mental Health Commission (MHC) meeting on March 3; therefore, was not updated regarding the current membership status and/or quorum status • Barbara Serwin will continue as Chair of the Quality of Care Committee and the members of the Committee are Leslie May and Gina Swirsding. • There are still two vacancies on the Committee. New Commissioners will be recruited to become members. • Currently there are three members. • As per the Chair, stated that at the previous Mental Health Commission meeting on March 3, Adam Down informed that two members will suffice to make a quorum, when only three members are on a Committee. 	
<p>VII. REVIEW Committee annual report and Motion Tracker for the Quality of Care Committee</p> <ul style="list-style-type: none"> • Chair- referencing the annual report, the report drives the goals for the incoming year. The Annual Report of each Committee, will be 	<p>* The Chair will format and correct the Committee's Annual Report and include the action items in the report and integrate with the MHC's Annual Report</p>

Agenda Item / Discussion	Action / Follow-up
<p>integrated and become part of the MHC’s Annual Report</p> <ul style="list-style-type: none"> • Lauren –was working on the 2017 Data Notebook with Diana MaKieve and Adam Down and was wondering if it had been completed and submitted to the state? Diana did complete and submitted the Notebook to Adam for synthesizing and submitting. Once completed, it is forwarded to the MHC and then forwarded to the Board of Supervisors (BOS) <p>MOTION TO APPROVE THE 2017 ANNUAL REPORT- subject to a few minor corrections and formatting issues and forward to the Mental Health Commission</p> <p>Leslie May moves to motion, seconded by Barbara Serwin</p> <p>VOTE: 2-0-0</p> <p>YAYS: Barbara and Leslie NAYS: none ABSTAIN: none ABSENT: Gina Swirsding</p> <ul style="list-style-type: none"> • Chair noted that although the Consumer Advocacy and Grievance representatives, met with the Committee, a clear sense of how the system works from the Consumer’s point of view was not achieved. However, the EQRO Coordinator Priscilla Aguirre did provide data demonstrating the outcomes of services, based on the Consumers and Family member’s point of view. Would like to continue the research and obtain information from consumers, after they have been through the grievance process. Only the provider’s view point has been obtained, not the consumer’s view point. We would have to go out and talk with consumers and that’s difficult. The Committee can work with the grievance staff to develop the questions for the survey • The wait times at clinics are an ongoing problem • Lack of legacy planning is another ongoing problem • The new External Quality Review Organization (EQRO) will provide updates and define if improvements were obtained. It evaluates the County’s services including the clinic wait times and legacy planning • Joe- The data does imply that research has been done regarding the topics demonstrated in the data, surveys or groups must have been collected to achieve the data, along with a conclusion to match the data’s findings. It would be best to utilize “Satisfaction Survey,” versus “Grievance Survey”. There has to be a way to make it convenient for the consumer to complete and submit the survey, it doesn’t have to be adversarial, just to collect the data. The Committee can dig deeper, based on the responses received • Doug- scientific evidence based data • Lauren- A reason why consumers and family members fail to file grievances is because they are fearful of behaviors of retaliation, towards the consumer/patient receiving services. The patient has to rely on the provider to receive services. The data shown is a satisfaction survey, not a grievance process, regarding the quality of care provided and only a small group is part of the survey. In the Program and Fiscal Review Reports, maybe more people can be asked. Some people have said that, in East County, people have to wait a year for an appointment for a psychiatrist • Leslie- Who is monitoring these issues in the report, how does the Committee follow up, what is the process or procedure? 	<p>*The Motion Tracker was not included in the meeting packet and will be forwarded on to the next meeting agenda for April 19. Chair will forward revised MOTION TRACKER to the EA to include in the next meeting packet</p>
<p>VIII. DISCUSS Goals for 2018</p> <ul style="list-style-type: none"> • Goals were not attached to the meeting packet • Leslie- would like to be added to the goals, the need to continue advocating for a children’s crisis residential and inpatient facilities. Do the facilities have to be on county land or can it be private? Have 	<p>*EA- invite Victor Montoya to April 19 meeting to discuss: “REVIEW plans for children and adolescent residential facility” and plans for a PES children’s crisis inpatient</p>

Agenda Item / Discussion	Action / Follow-up
<p>any Requests for Proposals (RFP's) been created?</p> <ul style="list-style-type: none"> • It was discussed in a previous meeting in 2017, that it is not financially feasible to create a children's crisis inpatient/residential facilities, unless all beds are kept full on a daily basis. The only economically feasible possibility would be to partner with surrounding counties in creating the space and for the other counties to commit to occupying the space, so that the sole financial burden is not placed only on Contra Costa County. It is not financially feasible for Contra Costa County Regional Medical Center to segment the services for children. Without a crisis residential facility, children are kept for a prolonged period of time, until placement is found, at Psych Emergency Services (PES) with the adults. • There was hope for the matter to be discussed, regionally. No updates have been provided. • The effort to reach out to neighboring counties was left to the Committee, to report back to the County, if joining forces could be financially feasible. • It was stated that the State of California has revised regulations and that foster care children cannot go to group homes, beyond a crisis, only for seriously mentally ill. In general, the Foster Care System is moving away from group homes • The Chair will update Leslie regarding the crisis inpatient children's facility, at another time • Chair would like the topic, to be discussed by Victor Montoya, to be “review plans for children and adolescent residential facility,” for April 19 • The goals that were stated during the November 16, 2017 meeting were reviewed and discussed • The first goal is to continue to advocate for the creation of crisis inpatient and residential facilities for children • The Chair will remove the remaining goals stated and place in a separate document • Joe- will goals be broken into smaller bites, and then transformed into achievable actions, instead of ongoing grandiose goals? If the goals are broken down, then they can be prioritized. It would be important to document to the progress of each goal, so successes are visible and members can follow where the Committee is at with each goal. Is the Commission the oversight for the Committee's tasks and goals? • Goal items, from the Commission, can be transferred to the Committee for an in depth look and development • The Chair will provide notes to Joe and Leslie, to update members where the Committee is at regarding their goals. A high level plan is not currently available. The Committees are quasi-independent, some overlap, but the Commission and Committees are working towards the “big picture” goals • EA provided Joe with a binder that includes: The CCC Advisory Handbook, the Mental Health Commission Bylaws, the updated Brown-Act Regulations, the CALBHBC –California State Mental Health Local Boards and Behavioral Commission Manual, and the Contra Costa County Mental Health Commission Mandated Responsibilities pursuant Welfare and Institutions (W&I) Code Section 5604.2 (a) and (b) and the W&I Code 5848 (b) and (c) • The Chair of MHC and Quality of Care will provide additional training materials for the new member and will forward additional information, via email, including the White Paper and the Grand Jury 	<p>*Adult Program Chief, Dr. Jan Cobaleda-Kegler, will work on researching specialty mental health services for consumers who have chronic health difficulties (dual diagnosis), developmental disabilities and mental illness. When she has completed and compiled the information, it will be forwarded to the EA to forward to the MHC</p> <p>*Contact Consumer grievance groups, that provide services, to assist the Committee in creating survey for Consumers and family members</p> <p>*Chair will review and compile 2018 goals into a document and forward to the EA to include for the April 19, meeting packet</p>

Agenda Item / Discussion	Action / Follow-up
<p>Report. Since the goals were not attached to the meeting packet, it is difficult to retrieve the goals from the minutes of the previous meeting on 11/16/17</p> <ul style="list-style-type: none"> • Lauren will forward email from CALBHBC, inviting Commissioners to the MHC Retreat/training in Redwood City on April 20, 2018 • During the 3/15/18 MHSA/Finance Committee, the Adult Program Chief, Dr. Jan Cobaleda-Kegler, will work on researching specialty mental health services for consumers who have chronic health difficulties (dual diagnosis), developmental disabilities and mental illness. When she has completed and compiled the information, it will be forwarded to the EA to forward to the Mental Health Commission (relevant to previously set goal #4 “Research specialty mental health services for consumers who have chronic health difficulties ...” • The Chair requested that the EA obtain copies of the 2017 goals, as a reference, and to continue on with the meeting. 2018 goals have not been compiled • Leslie- expressed a need for a licensed stabilization residential treatment facility that can provided medical treatment as well, for re-entry patients • If a person does have a disability diagnoses, along with a mental health diagnosis, it falls under the purview of the Regional Center (a state agency) • Goals should be actionable, measurable and deliverable • GOALS FOR 2018- <ol style="list-style-type: none"> 1. Continue to address gaps in whole person care, medical, mental health, psychiatric, social and cultural services provided by the County, for all ages, responding to an ad hoc basis to issues brought to the Committee’s attention 2. Continue to advocate for the creation of a crisis inpatient and residential facilities for children and adolescents 3. Complete the Consumer advocacy, empowerment and grievance resolution summary and findings. (Include presentations from all the different groups that presented to the Committee in 2017) 4. Gather information necessary to support further steps in specialty mental health services for consumers and report summary and findings 5. Continue providing support, through the full Commission, for the Justice Systems Committee 6. Provide updates to the MHC on the Committee’s key findings from EQRO 7. Continue to evaluate Consumer rights and create survey to be completed by Consumers and family members for gaps in the system 8. The Committee will continue to recruit new members to volunteer and serve on the Committee, until all vacancies are filled. Currently there are two vacancies, once Joe is appointed by District V, he would like to volunteer and serve on the Quality of Care Committee 	
<p>IX. Adjourned at 5:05 pm</p>	

FINAL MINUTES APPROVED ON MAY 17, 2018