

**Mental Health Commission  
Quality of Care Committee Minutes  
June 21, 2018**

**FINAL minutes approved on July 19, 2018**

Agenda Item / Discussion	Action / Follow-up
<p><b>I. Call to Order / Introductions @3:15pm</b></p> <p><b><u>Members Present:</u></b> Chair- Barbara Serwin, District II Gina Swirsding, District I</p> <p><b><u>Members Absent:</u></b> Leslie May, District V</p> <p><b><u>Others Present:</u></b> Sam Yoshioka, Commission Member Victor Montoya, Mental Health Chief, Contra Costa Regional Medical Center Duffy Newman, Assistant to the Director of Contra Costa Health Services Dr. Matthew White, Acting Director and Medical Director for Behavioral Health Services Jill Ray, Field Representative, Supervisor Andersen's office Warren Hayes, Acting as Executive Administrative Assistant</p>	<p><b>Executive Assistant (EA):</b></p> <ul style="list-style-type: none"> <li>• <b>Transfer recording to computer</b></li> <li>• <b>Update Committee attendance</b></li> <li>• <b>Update MHC Database</b></li> </ul>
<p><b>II. Public Comment:</b> none</p>	
<p><b>III. Commissioner Comments:</b> none</p>	
<p><b>IV. Chair announcements/comments:</b> none</p>	
<p><b>V. APPROVE Minutes from May 17, 2018 meeting Gina Swirsding moved to motion and Barbara Serwin seconded the approval</b></p> <ul style="list-style-type: none"> <li>• <b>Minutes approved without corrections</b> <b>VOTE: 2-0-0</b> <b>YAYS: Barbara Serwin and Gina Swirsding</b> <b>NAYS: none ABSTAIN: none ABSENT: Leslie May</b></li> </ul>	<p><b>EA will post finalized minutes on website at:</b></p> <ul style="list-style-type: none"> <li>• <a href="http://cchealth.org/mentalhealth/mhc/agendas/minutes.php">http://cchealth.org/mentalhealth/mhc/agendas/minutes.php</a></li> </ul>
<p><b>VI. RECEIVE updates on Psych Emergency Services (PES) - Dr. Matthew White, Acting Director of Behavioral Health Services and Medical Director of Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>• Dr. White reported that PES has been averaging 875 admissions each month for the last two years, with a range of 750-1,000 cases. These numbers have been pretty stable.</li> <li>• Starting last week CCBHS has placed a substance use disorder counselor at PES on Tuesday and Thursday mornings. This clinician will be assisting with identifying and then connecting individuals to detoxification services, as it has been observed that a number of individuals come to PES under the influence, which exacerbates their mental health issues. The first morning the counselor was able to connect two individuals to the proper treatment.</li> <li>• This new service appears promising to better connect dually challenged individuals to services and avoid hospitalization, and will be carefully monitored.</li> <li>• Dr. White has appointed a head psychiatrist to bring together and coordinate the psychiatrists working at both CCBHS and CCRMC and the clinics. Commission members underscored the need to screen for health issues, especially older adults who have</li> </ul>	

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<p>complications from prolonged psychotropic medications.</p> <ul style="list-style-type: none"> <li>It was noted that the federal reimbursement system still has not merged the behavioral health and AOD service deliveries. This poses a challenge for hospital personnel to document AOD services for federal reimbursement. Having a substance abuse counselor at PES will help greatly, as they are certified to be able to submit billable services.</li> </ul>	
<p><b>VII. REVIEW letter to Contra Costa Regional Medical Center (CCRMC) regarding the extension of the hospital’s quality assurance process to 4C and PES – Gina Swirsding, Mental Health Commissioner</b></p> <ul style="list-style-type: none"> <li>Barbara Serwin read into the record a draft letter (<b>attached</b>) written by Gina Swirsding that recommends incorporating into PES and 4-C the current practice at CCRMC to proactively check on medical patients and inquire about service and provide assistance in filing or resolving grievances. This process has been noted to be successful to resolve problems in hospital patients outside of PES/4C.</li> <li>Vic Montoya encouraged the submission of the letter to Lynnette Watts at CCRMC, and suggested that the Committee invite the Patient Rights Advocate, Bernadette Banks, to come and describe her role in assisting psychiatric patients resolve issues with their care. He noted that the process for medical care patients and psychiatric patients are different, and that this would be an opportunity to visit this issue and see what improvements can be incorporated from CCRMC’s practices.</li> <li><b>The Committee voted to bring the letter to the full Commission with the recommendation to send the letter to the CCRMC leadership.</b>  <b>Barbara Serwin moved to motion and Gina Swirsding seconded the motion</b>  <b>VOTE: 2-0-0</b>  <b>YAYS: Barbara Serwin and Gina Swirsding</b>  <b>NAYS: none ABSTAIN: none ABSENT: Leslie May</b></li> </ul>	<p><b>EA to record on motion tracker and put this motion on the next Mental Health Commission agenda.</b></p>
<p><b>VIII. REVIEW 2016-17 CalEQRO report summary findings in preparation for review of 2017-18 CalEQRO report in July-Chair, Barbara Serwin</b></p> <ul style="list-style-type: none"> <li>The Committee reviewed last year’s External Quality Review recommendations in preparation for this year’s report.</li> </ul>	<p><b>EA to obtain this year’s report in preparation for next month’s Committee meeting and invite Priscilla Aguirre from CCBHS to come and present and discuss the report.</b></p>
<p><b>IX. BRAINSTORM questions to provide to the Ad Hoc committee that will identify information needs of the MHC to provide to Behavioral Health Services – Barbara Serwin, Chair and Warren Hayes, Program Manager of MHSA</b></p> <ul style="list-style-type: none"> <li>Warren Hayes led the discussion by suggesting areas, or domains, in which the Commission and CCBHS senior leadership could communicate on a regular basis that would enable constructive discussions pertaining to the state of care delivery in public mental health. These included: <ul style="list-style-type: none"> <li><u>Access to Services</u> – how long it takes for someone to get a first appointment for mental health care. An example of a possible metric might be percentage of routine, urgent and psychiatry appointments made within a prescribed time standard.</li> <li><u>Staffing Capacity</u> – how many people CCBHS has to serve the public. An example of a possible metric might be the number of staff available in key staffing</li> </ul> </li> </ul>	

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<p>classifications.</p> <ul style="list-style-type: none"> <li>- <u>Finance</u> – how much money CCBHS has to spend. An example of a possible metric might be how much revenues and expenditures are budgeted, spent and generated.</li> <li>- <u>Services Provided</u> – how many persons are being served. An example of a possible metric might be number served by level of care, such as locked facilities, full service partnerships and clinic services.</li> <li>- <u>Key Performance Indicators</u> – key data not otherwise covered in the rest of the domains that speak to the impact of service delivery. An example of possible metrics might be number of PES admissions per month, number of persons connected to care by PEI programs, consumer/family member survey results.</li> <li>- <u>Quality Assurance</u> – information that speaks to compliance with state and federal requirements for quality assurance. Examples of possible metrics might be DHCS audit results, External Quality Reviews, number and type of grievances/complaints filed and status.</li> <li>- <u>Topical Areas of Interest</u> – a report on topical areas of interest, such as the electronic health record system, tele-psychiatry, continuum of care implementation, the 24/7 mobile crisis response team, supportive housing planning.</li> </ul>	<p><b>EA to provide these draft areas of interest for consideration at the first ad hoc Data Committee held by the Commission.</b></p>
<p><b>X. Adjourned at 5:00 pm</b></p>	