

**Mental Health Commission
Quality of Care Committee Meeting
Thursday, October 15, 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 the September 17, 2020 meeting**
- VI. Discuss objective, challenges, potential speakers and other resources for Case study: Gap analysis of a Family seeking an LPS conservatorship and the right care for its seriously mentally ill adult loved one**
- VII. Review highlights of October 1, 2020 meeting and work outside of meetings**
- VIII. REVIEW first draft Program Director letter, first draft Client letter, first draft Client Notice, other document(s) time permitting**
- IX. Review Site Visit Project Plan for next steps and overall schedule**
- X. 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

Today's Date

Dear Client,

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. The interviewers 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.

Your interview responses will be included in a report about your program. The report we will be 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 that the information we get from you will be important and can result in better services.

We look forward to talking with you about your program.

Sincerely,

Chair Name

Chair, Contra Costa County Mental Health Commission

To all Clients and Family Members and Caregivers:

Do you have anything you would like to say about 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 TIMES: 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!

The Contra Costa County Mental Health Commission

Today's date

Dear Program Director,

The Mental Health Commission (MHC) of Contra Costa County is conducting annual consumer reviews with Behavioral Health Programs that are a part of the Mental Health System to assess consumer's experiences with behavioral health programs. We conduct around 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 MHC 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 MHC 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 MHC reviewer 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. Note: In the event you disagree with any of the findings or recommendations of the MHC, 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 the MHC and CCBHS in an effort to advocate to the Board of Supervisors 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!

Best Regards,

Chair, Contra Costa County Mental Health Commission

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. Yoga, meditation, acupuncture, therapy)

8. Do you use peers in treatment or other support to Clients? If so, how are they integrated into the treatment and support team?

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?

Date:

Program Name:

Reviewer Name:

Program Staff Questions

1. What age group do you work with and what do type of services do you provide?

2. Do you feel the program is meeting the needs of the individuals you serve?

3. What are areas of improvement for the services you deliver?

4. How well does the treatment and support team work together? Is there mutual respect, cooperation, and cooperation?

5. What staff development training have you or are you receiving to ensure you can provide the best quality of service possible?

6. What systems are in place to address incident reporting and other means of ensuring quality of service review?

7. Do you feel fulfilled in your role, if not, why not?

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