

**DATA COMMITTEE MONTHLY MEETING  
MINUTES October 3, 2018 – Final**

<b>Agenda Item / Discussion</b>	<b>Action /Follow-Up</b>
<p><b>I. Call to Order / Introductions</b> Committee Chair, Cmsr. Joe Metro, called the meeting to order @ 3:27pm</p> <p><u>Members Present:</u> Chair- Cmsr. Joe Metro, District V Cmsr. Sam Yoshioka, District IV Cmsr. Barbara Serwin, District II Cmsr. Doug Dunn, District III</p> <p><u>Members Absent:</u> Cmsr. Duane Chapman, Vice-Chair, District I</p> <p><u>Other Attendees:</u> Cmsr. Leslie May, District V Cmsr. Julie Neward, District III Kenneth Gallagher, Behavioral Health Services Research and Evaluation Manager Warren Hayes, Mental Health Services Act (MHSA) Program Manager Sarah Kennard, Executive Assistant to the Mental Health Commission</p>	<p>Complete Audio Recording available from Executive Assistant</p>
<p><b>II. PUBLIC COMMENTS- none</b></p>	
<p><b>III. COMMITTEE CHAIR ANNOUNCEMENTS/COMMENTS- none</b></p>	
<p><b>IV. Approval of September 13th, 2018 minutes.</b></p> <ul style="list-style-type: none"> <li>• <b>S. Yoshioka moved to approve the minutes, seconded by Serwin.</b></li> <li>• <b>Vote: 3-0-0</b></li> </ul> <p><b>Ayes: S. Yoshioka, B. Serwin, J. Metro (Chair)</b> <b>Abstain: none Absent: D. Dunn(Delayed Arrival), D. Chapman</b></p>	<p><b>Agendas and minutes can be found at:</b> <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>V. DISUCSS Access to Care section of current draft of data dashboard model-</b> with Warren Hayes, MHSA Program Manager</p> <ul style="list-style-type: none"> <li>• W. Hayes initiated the discussion by reviewing the last data committee meeting and the initial seven domain model overview. He discussed that in the materials added to the meeting packet, that there had been progress made in developing an initial one-page Access to Care draft with Kenneth Gallagher, present.</li> <li>• In this draft Access to Care area, W. Hayes noted that this was a working copy that mimicked and reflected the most relevant data currently available, but that it was not real-time and may not be the most accurate data for public consumption and distribution at this time. Once the model is refined to a point where it would be implementable and sustainable, the data will be continually updated by the MHC EA. This model aims to package much of the information available in county behavioral health services so that any constituent may understand resources.</li> <li>• J. Metro, Chair, advised the committee that his intent was to allow W. Hayes to present the information currently available in the Access to Care materials and then allow the committee to further discuss relevant items if time permitted. W. Hayes directed the committee to the tables on the Access to Services page which looked at the number of days from initial request to offered psychiatric appointment and utilized the national and state standard guidance for reference in regards to the stratification of appointment severity (routine, urgent, and psychiatry). He stated that the significance in reporting</li> </ul>	

<p>the current and future metrics and their measure against the standard is in the ability to recognize trends and determine correlation.</p> <p><u>Comments/Questions:</u></p> <ul style="list-style-type: none"> <li>-B. Serwin inquired as to how frequently the data would be updated and if it would be continually manually updated in lieu of using an electronic management information system. <ul style="list-style-type: none"> <li>- W. Hayes explained that in the process of information seeking, reporting, and comparison that eventually the cclick system will be able to provide these reports through an ad-hoc service request.</li> </ul> </li> <li>- S. Yoshioka noted that he did not feel comfortable with reporting and distributing data that was not standardized and may not allow comparison to other counties or public entities. <ul style="list-style-type: none"> <li>- W. Hayes noted that where standards are set by high bodies, that data will be present and reported; however, he noted that not all domains being considered have standardization measures or expectations in-place, which may leave some areas as stand-alone metrics.</li> </ul> </li> <li>- J. Metro inquired if the data would always be compared against the state standards. B. Serwin added that this would only be achieving the minimum. <ul style="list-style-type: none"> <li>- K. Gallagher stated that he receives extensive information from all clinics but that it may be too busy for this report. W, Hayes explained that this model would only serve as a face sheet that would display indicators for further data inquiry and evaluation.</li> </ul> </li> <li>- B. Serwin inquired if there was a way to provide all current areas that are available for metrics recording.</li> </ul>	
<p><b>VI: REVIEW remaining proposed areas of interest (Staffing Capacity, Finance, Services Provided, Performance Indicators, Quality Assurance, and Topical Areas of Interest)</b></p> <ul style="list-style-type: none"> <li>• J. Metro noted that he would like all committee members should bring selected areas that they would like evaluated/reported to the next data committee meeting</li> </ul>	<p><b>Next Data Committee Meeting:</b>  Wednesday November 7<sup>th</sup>, 2018  3:00-4:30pm  San Ramon Regional Medical Center  South Conference Room  6001 Norris Canyon Road  San Ramon, CA</p>
<p><b>VII: Adjourned Meeting at 4:26pm</b></p>	