

The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

QUALITY OF CARE Committee Meeting
August 17, 2017 ♦ 3:15 pm-5pm
2425 Bisso Lane, in Concord
Second floor conference room

AGENDA

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner's comments**
- IV. Chair announcements**
- V. APPROVE minutes from July 20, 2017 meeting**
- VI. DISCUSS updates from Psych Emergency Services (PES) with PES Program Chief, Victor Montoya**
- VII. DISCUSS, REVIEW and UPDATE regarding the Family and Human Services meeting regarding the Grand Jury- Duane Chapman and Barbara Serwin**
- VIII. COMMITTEE DISCUSSION: CONSIDER and DISCUSS the next steps for the development of a children's inpatient treatment facility.**
- IX. Adjourn**



**Mental Health Commission
Quality of Care Committee Minutes
July 20, 2017, First draft**

Agenda Item / Discussion	Action / Follow-up
<p>I. Call to Order / Introductions @3:26pm</p> <p><u>Members Present:</u> Chair- Barbara Serwin, District II Gina Swirsding, District I Meghan Cullen, District V</p> <p><u>Members Absent:</u> Connie Steers, District IV</p> <p><u>Others Present:</u> *Margaret Netherby, NAMI member (District V) *Haley Wilson, CPAW & Co-Chair of Systems of Care (District III) May Regan, NAMI member Doug Dunn, District III Lauren Retagliatta, District II Jill Ray, Field Rep for District II Supervisor Andersen Duane Chapman, District I Pat Godley, Chief Operating/Financial Officer for Contra Costa Health Services Warren Hayes, MHSa Program Manager Adam Down, BHS Admin Liza A. Molina-Huntley, Executive Assistant (EA) for MHC</p>	<p>Executive Assistant:</p> <ul style="list-style-type: none"> • Transfer recording to computer. • Update Committee attendance • Update MHC Database <p>*interested in applying to become Mental Health Commissioners for District V and District III</p>
<p>II. Public Comment</p> <ul style="list-style-type: none"> • None 	
<p>III. Commissioner Comments</p> <ul style="list-style-type: none"> • Gina- Two comments: 1) speaking to youth in West County, several consumer youth spoke favorably regarding the Family wraparound services that they received. Concerned about foster care youth not being able to receive Family wraparound services. 2) If youth, in detention, become suicidal they are sent to Psych Emergency Services (PES), then they are sent back to either Juvenile Hall or the Ranch, without hospitalization, this is a grave concern. • Barbara- the current Data Notebook is focused on foster care. Duane and I are working on our portion and it will be interesting to see there is a place that your comment can be documented. 	
<p>IV. Chair announcements/comments:</p> <ul style="list-style-type: none"> • None 	
<p>V. APPROVE Minutes from May 18, 2017 meeting</p> <ul style="list-style-type: none"> • MOTION VOTE: 3-0-0 • Gina moved to motion to approve the minutes, without corrections, and Meghan seconded the motion • YAYS: Barbara, Meghan, Gina NAYS: 0 ABSTAIN: 0 Absent: Connie Steers 	<ul style="list-style-type: none"> • Executive Assistant will correct the minutes, finalize and post the minutes on the Mental Health County website.
<p>VI. DISCUSS consumer advocacy and grievance resolution programs and identify any possible gaps within the current County resources and summarize for further consideration-</p>	<ul style="list-style-type: none"> • Summary of presentations made by Executive Assistant was distributed to attendees

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<ul style="list-style-type: none"> • Barbara- the Quality of Care Committee is in the process of reviewing consumer advocacy and the grievance resolution programs in the County. The purpose is to identify the strengths and possible gaps within the current county’s resources. The Committee will summarize the findings for the Commission for further consideration. In previous months, several program representatives presented information to the Committee regarding the services they provide for consumers. A summary, of these presentations, was made by the Executive Assistant which was distributed to the attendees. (See attachments) Would like an opportunity to hear, from the consumer’s voice, what the strengths and gaps are of the programs presented. Possible identifying a proxy for interviewing consumers. Dr. Ann Isbell, is the contact, overseeing consumer research for the County’s Behavioral Health Division, conducting focus groups regarding consumer satisfaction groups and oversees the EQRO. • Barbara- another item to consider is to contact Contra Costa Regional Medical Center (CCRMC) to inquire regarding the quality assurance information and data. • Gina- asked if the Consumer Grievance form is available at all hospitals and clinics. Staff should help in providing the form. • Adam- It is available, in a different format. The form presented is from the Department of Health Care Services. It is available at all our clinics, Community Based Organizations (CBO’s), providers, in waiting areas or upon request. • Lauren- the Consumer Grievance Request forms are not in 4C or available to patients in the ER (Emergency Room). Although the form appears to be simple, consumers under medication or experiencing a psychotic episode, may not be able to ask for the form or complete the form, maybe the “Office of Patient’s Rights” would be able to help the consumer, by asking if the consumer has any grievances and also assist in completing the form and submitting it. Noted that question three on the form can be intimidating to a patient. • Duane- noted that the phone number, stated on the form, is incorrect. Adam -informed that all forms are in the process of being updated and corrected. The Office of Patients’ Rights should be the correct office to contact and the phone number is: (925) 293-4942. If a person does call the number on the current forms, they will be directed to the Consumer Grievance Coordinator or his supervisor, the Program Manager for Quality Improvement. • Barbara- the available staff, for consumer grievances is minimal, wonders how they are able to handle the case work for all of Contra Costa County. • Gina- informed that additional information is given to consumers. A booklet called “Patients’ Rights, Bill of Rights” that gives consumers contact information for filing grievances. Some consumers may not file grievances for fear of retaliation from the hospital, clinic, doctor or staff. • Lauren- Regarding the “Consumer Grievance Request Form,” at some locations visited, during site visits, only the old forms were available with the incorrect contact information. Materials, regarding patients right’s and grievances, should be available at all hospitals, clinics, PES, ER, augmented board and cares, shelters and any other facilities where 	<p data-bbox="1170 170 1511 233">along with materials provided by presenters.</p> <ul style="list-style-type: none"> • *Chair will contact Dr. Ann Isbell in regards to any data that might be of interest pertaining to consumer satisfaction surveys. • EA- will contact quality rep at CCRMC • See summary • Next QC meeting, obtain additional data from CCRMC regarding consumer policies

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<p>consumers are present.</p> <ul style="list-style-type: none"> • Doug- Connie Steers helps consumers, since the prior “Consumer Self Help Center” closed in 2012, as best she can. The scope does not include housing, which seems to be a primary gap 	
<p>VII. DISCUSS the expansion of the West County Jail facility and identify potential considerations in the planning process of the new treatment center</p> <ul style="list-style-type: none"> • Barbara- no discussion, moved to the Executive Committee for discussion 	<ul style="list-style-type: none"> • Item moved to the Executive Committee agenda to be discussed further at the full commission meeting on August 2
<p>VIII. RECEIVE and DISCUSS the financial analysis to evaluate the feasibility of a children’s inpatient treatment facility within the County- with Pat Godley, Chief Financial and Operating Officer for Contra Costa County Health Services</p> <ul style="list-style-type: none"> • Barbara- the commission as a whole, in particular the Quality of Care Committee, has had a deep concern relating to the fact that in our county there is not a children’s inpatient facility available. Vern Wallace, the Children’s Program Chief and Victor Montoya, Program Chief for Psychiatric Emergency Services (PES) have attended previous meetings, to discuss this issue and the current situation. This is an important issue, and the Commission feels it is a need in the county. Both, Behavioral Health Services and the county’s financial departments, created an analysis, to analyze the feasibility of converting the 4D facility, at Contra Costa Regional Medical Center (CCRMC) into a children’s inpatient facility. Mr. Pat Godley was invited to discuss the feasibility further or what are the available options to consider in resolving the issue. Qualitatively there is a possible need. • Pat- The 4D has been analyzed for a while, the facility has remained closed for several years. There have been several reviews done regarding how to best utilize the square footage, looking into several options, including expanding surgery capabilities. The expansion was not feasible, due to the lack of volume. The issue is volume. There has to be sufficient volume to bring in enough patients to quantify the staffing of a 24/7, 365 days a year unit to be financially feasible. Volume of patients creates the need, and a sufficient volume is needed to quantify the need and make the project viable. In considering both projects, neither one had enough volume to make the project feasible to quantify the staffing. Should the volume increase in the future, it can be reconsidered, at this point in time, it is not feasible. Most recently, the children’s inpatient project was reconsidered and analyzed, to see if there was enough volume to quantify a 24/7, 365 days a year unit. Again, the answer was no, the project is not feasible. On average, there is a current need for five to six beds for children’s, that volume will not fill a 20-22 bed unit. There are several considerations including the initial startup costs to renovate the unit, the staffing regulations that are needed for a children’s unit and the staff requirements for the size of the unit, all were calculated in the analysis, the project is still not feasible. • Barbara- there was other options, regarding different number of required beds, that might make it feasible • Pat- Whether it is 10 beds or 20, the volume need is too low, it does not support the quantification for the requirements of the project. Including 	<p>*invite PES for the next meeting</p> <p>*invite Quality Assurance rep, from CCRMC, to discuss process</p>

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<p>basic housekeeping needs throughout the day, construction costs, food and other needs that would be required. Without the volume, we cannot support the staffing, back up staffing, their salaries, benefits, pensions and an entire hosts of things that are self-evident that do not make the project feasible. In an effort to consider an alternative perspective, Santa Clara County was contacted; they had just put out a “Request For a Proposal” (RFP) to do a standalone facility within their County, searching for a way for us to partner with another County. Santa Clara could not obtain a RFP to be feasible either. Santa Clara wound up contracting, outsourcing, with another facility due to the insufficient volume. Santa Clara County has an average of seven patients per day. If the neighboring counties can create a partnership, find a centralized location and consolidated funding, then the project could be feasible. It is not feasible for individual counties to create an inpatient children’s facility, at least not for Contra Costa and Santa Clara Counties, at this time. Not to say that the project might be feasible in the future, if the need and the volume increase.</p> <ul style="list-style-type: none"> • Gina- there is a need for Transitional Age Youth (TAY); is there a possibility that children and TAY divide and share the facility. Alameda County shares and divides their facility with children and TAY. Would that increase the volume enough? • Pat- the County is open to all options. The specific area that was considered was children (ages 0 to 18 years old,) that have acute, licensed, care facility. If there is another program, beyond what was considered that could share staffing, that might be a possibility. The option to divide and share with TAY has not been requested to be considered. To summarize and clarify- the infrastructure is available, to consider any feasible program. Renovations will be necessary and will be a onetime expenditure. The key is that there needs to be sufficient volume, whether it be a singular or combined programs, that can share staffing, (24/7- 365 days a year), to make the project financially feasible. • Duane- Is there a children’s inpatient facility within Contra Costa County? How many beds are contracted out per day? If the facility became available, additional programs would have to be allowed in to make up for the costs, correct? • Pat- the County has contracted with John Muir and other different agencies. There are approximately five beds, contracted out, daily. There is a need but it is a small volume. The infrastructure is not the issue; it’s the volume that is the issue. The project must be both, feasible and rational, to justify the staffing. • Doug- According to the California Hospital Association, there are approximately only 100 children’s psychiatric beds, for ages 0-12, statewide. Children that have psychiatric needs, especially the ages 0 to 5, incur a very high cost due to the intensity of services. For adolescents and children, there has been a 30% decline in beds. With a decline in children’s beds, what ages were considered in the analysis? • Barbara- to broaden the question- how was volume defined? • Pat- the number of children that have a need and are currently placed into psychiatric facilities, there is not a growth factor. The basic matrix was considering all placements, outside the county, if brought to the county would it be enough volume to quantify the project? The existing volume was considered. The current actual billing, or what is paid to 	

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<p>other facilities, is what was taken into consideration to define the volume.</p> <ul style="list-style-type: none"> • Barbara- when the committee discussed the situation with the Children’s Program Chief, it was stated that 300 children require a psychiatric facility, per year, approximately 30 per month, it can vary up to 40 per month. • Pat- That is correct. That is the number of children that was divided by 365 days, per year. • Doug- I would like to know if the children are being sent to PES because the criterion is too strict and there is nothing else available for children? • Lauren- this project has been discussed for the past three years. To my understanding, the project has to go through the utilization and review process, for children’s acute care in a hospital. Children are admitted into a hospital and ideally, may need a two week stay in the hospital, but what happens is that the utilization and review team to get reimbursed through Medi-Cal that the hospital needs, the team member may state that the child needs a more minimal stay (24-48 hours) instead of two weeks of care. As a county, we need to be careful within the Behavioral Health Care system is the children need to be stabilized and it is not covered under acute care, by Medi-Cal. If the child is at PES and there is no availability elsewhere, then the County can become bankrupt by the administrative day costs. The county is only reimbursed the day rate to keep the child for a limited amount of days. The day rate is not enough to compensate for the costs. If 4D is opened, what will happen is that only the administrative day rate will be paid. Two different scenarios of a child being stabilized for 24 to 48 hours or receiving intensive treatment program, over a longer period, which is really what is needed for children. A step down, from the hospital acute care, is the void that is needed. Children are in PES, for an extended period of time, because Contra Costa is a caring county that doesn’t want to throw anyone out on the street. PES is not the right place for children, but there is not an alternative within the county. If we are not careful about the feasibility of projects, it could bankrupt the County hospital. <p>Gina- Could there be a step down unit at a skilled nursing facility or at doctor’s hospitals? Use part of the facility for housing, skilled facility, a step down unit.</p> <p>Pat- The County does not own the Doctor’s Medical Center; it is in bankruptcy and will be closing. We do have “Whole Person Care” program, which will be receiving \$40 million per year, to hit social needs and assistance. The program will assist with non-billable assistance, not health care or mental health; it will cover social needs including housing, case management and resource assistance. The program is just getting started, hiring staff and should be fully functioning in six months or so and will be addressing some of the items that were brought up. Whole Person Care/Community Connect will be addressing a lot of issues and needs, within the county. It is a robust program that is currently in development.</p> <p>Doug- Apparently, Santa Clara did open an adolescent unit</p> <p>Pat- Santa Clara did put out an RFP and to my knowledge, it did not go through. They ended up contracting with Redwood Behavioral. To my knowledge, none of the counties are operating their own facility.</p> <p>Barbara- asked if contracting out six beds, to other counties, would</p>	

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<p>make the project feasible?</p> <p>Pat- once it was analyzed that our county’s volume was insufficient, inquiries were made with other counties and unfortunately, none of the other counties stated an interest in partnering or committing. Our county would commit to contracting to one place but other counties would not commit to do so.</p> <p>Barbara- so that is still a possibility, if our county could obtain a commitment from another county or partner?</p> <p>Pat- yes, if our county can partner or get another county to commit, we can reconsider the possibility. Each county has their own vested interest on where they want their facility to be located.</p> <p>Barbara- has there been a cost comparison of what it would costs to have dedicated facility versus contracting out. Does the county know the costs related to contracting out?</p> <p>Pat- Yes, we have the contract rates for all facilities. I do not have them with me.</p> <p>Barbara- I am wondering what the scale of rates are, is the magnitude quite distinct?</p> <p>Pat- and again, the county having a dedicated facility, would cost double or triple, of what it would costs to contract out because we only have a need for four or five beds per day, versus staffing an entire unit for five, costs would be immense.</p> <p>Barbara- there are so many compelling qualitative factors and they have a cost and a human cost, I am wondering if in the overall analysis, is the financial part will be only factor considered, will the county look at the qualitative issues, bundled with the costs.</p> <p>Pat- the county looks at all aspects. From the children’s mental health stand point, the county has put in over \$12 million, into children’s mental health this year. Priorities were set, match was found in programs and new programs that are being established. There is a partnership, to expand the mobile crisis unit, for both kids and adults. There is a whole host of programs and part of the budget process is included. Adults’ mental health care did not receive any additional monies, only children received the added funding because it is a county priority. I am not here to say that it is enough; I am just stating that children’s mental health received an increase for their programs and priorities.</p> <p>Jill- Laura’s Law, was considered qualitative and as well as quantitative, and the funding was available. The jail expansion grant for mental health treatment, the county invested in the project because of the quantitative issue. The county does make decisions on based on both qualitative and quantitative, but the county cannot pretend that the money will be there. Funding sources have to be identified to keep the project going. Due to the changes at the State level, our county is investing more in children, to insure that the children are taken care of.</p> <p>Lauren- Maybe questions should be asked from the State, it seems that it is not a county problem; it appears to be more of a State problem. The Mental Health Commission needs to ask our State government. Doug has done great research. If the State only has 100 acute care beds available, in the entire State that is unacceptable. We have asked the questions from the Chief Financial Officer and he has shown us that the project is not feasible, the project can actually harm the financial stability of the County, and if we did what we know needs to be done for children. We</p>	

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<p>cannot make any other county partner with us or commit. But maybe the state assembly and the state senate can. This committee and the children’s Program Chief and the CPAW group, have all done a lot of work and it needs to go to the next level and present it to the assembly. We need to get together and write a well written plan and inform our State that this is a problem and figure out who will help solve this problem. That is what the Mental Health Commission do.</p> <p>Jill- work with the county’s legislative platform to ensure that it is in line with the county legislative platform. As individuals anyone can talk to their state electives regarding any issue.</p> <p>Lauren- agrees, as a committee and as a Commission, if we all agree and decide to bring the issue before the State-</p> <p>Jill- the Commission will bring it before the Board of Supervisors and the County’s Legislative Committee. The Commission is an advisory body to the Behavioral Health Director and the Board of Supervisors. NAMI is a lobbying body.</p> <p>Doug- one last question- regarding all the uncertainty going on the Federal level regarding Medicaid and Medi-Cal, this process seems that it will get more daunting, depending on certain scenarios. Has the financial office considered any of the different scenarios?</p> <p>Pat- Not at this point, with that said it has put the brakes on any new programs. There are many uncertainties, due to the many changes, and the county needs to be cautious not to overspend. Funding sources need to be identified to maintain the program.</p>	
<p>IX. DISCUSS the opportunity in discovering key factors to be considered in a feasibility analysis for an inpatient children’s treatment facility for Contra Costa County-</p> <p>Barbara- I think it would be interesting to know, if there are 100 beds statewide, what is the volume of the need, statewide? Since there are lots children being diverted to fit the need?</p> <p>Doug- to get back to Lauren’s point, it is a State issue.</p> <p>Lauren- we need to find the stats and the data and do some research</p> <p>Gina- as Commissioners, meeting with our State electives, is important and there are some that are willing to work on these issues. If there is a child that is psychotic, releasing a child, on medications before they are stabilized can be a liability to the county.</p> <p>Warren- these meetings are important to discuss the important issues and bring them to light. The county is sympathetic to the issues that the people are passionate about and will try to help, when possible. It is important to bring the issues to light. Contra Costa County, relative to other counties, invests more money for children than the other counties.</p> <p>Lauren- our county is fortunate to have Pat as our Financial Officer, we can harm what we are trying to help, if we don’t think it all the way through. Maybe we can find inexpensive ways to operate and see what other department heads come up with? Maybe make the stay more beneficial for our children that go to the Psych Emergency (PES). CPAW is discussing possible changes to the waiting area to Psych Emergency or the Behavioral Health Care Partnership one of the groups is looking into how to make PES a better place for healing for children and adults to recover and stabilize.</p> <p>Barbara and Duane agreed- maybe a representative from Utilization Review can explain to the Committee the process and costs from</p>	<ul style="list-style-type: none"> • Attendees forward suggestions to the Executive Assistant of the Mental Health Commission

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<p>admission to discharge. The last day of discharge is not reimbursed; it is a cost that the county absorbs.</p> <p>Doug- agrees the day of discharge the hospital doesn't get paid. Would like to find out how many children would be 5150/5250 holds, use the same analysis that is done for adults to clearly define the reimbursement costs.</p> <p>Gina- PES does not have an inviting atmosphere; there is a feeling of being imprisoned in a locked ward. That can be frightening for people having an episode or a breakdown and it can heighten their emotions and make things worse for the person. Some people, do voluntarily, admit themselves into PES and it can have a negative impression.</p> <p>Barbara- noted that the number of billing days, for inpatient acute care is only eight days. The services have been reduced to primarily only medication. Maybe we should look into billing out to PES.</p> <p>Lauren- the children being held, past the initial 23 hours, the county only receives an administrative day rate which is nothing, compared to what it costs the county to keep the child in psych emergency. Our County is keeping the children there because the County cannot find a placement for the children.</p> <p>Barbara- any additional ideas, please forward to Liza (Executive Assistant) and the Committee will continue to discuss the issue and start figuring out how to restructure our next conversation.</p>	
<p>X. Adjourned at 5:06 pm</p>	

Respectfully submitted,
Liza Molina-Huntley
ASA II- Executive Assistant for MHC
CCHS- Behavioral Health Administration



Consumer advocacy and grievance resolution summary 2017

*By: Liza Molina-Huntley
Executive Assistant for the Mental Health Commission*

An overview of previous presenters, at the Quality of Care meetings in April and May of 2017, regarding offices and/or programs that are focused on consumer advocacy and grievances.

1) Office of Patient's rights/Consumers Self Help Center

The Director of the "Office of Patient's rights in Contra Costa County," Bernadette Banks, presented at the Quality of Care Committee meeting in April of 2017.

The **Mission is to develop and implement Consumer driven programs and services based on the self-help philosophy to empower individuals with psychiatric disabilities.** The agency also advocates to protecting the legal rights of all mental health patients, guaranteed to everyone by the Constitution and other State and local laws. As citizens, patients do not lose their rights by being hospitalized or receiving services. Patients' rights can be found in statutes, regulations and case law, assisting in the patients' rights to "due process".

The **focus and priority is to provide services regarding:** "Certification Review Hearings Representation" and in "Riese Capacity Hearings Representation," for both John Muir Behavioral Health and for the Contra Costa Regional Medical Center.

Training is provided for select County employees, also for acute care facilities, transitional housing, residential treatment facilities and care homes staff members. Provide consulting services regarding patients' rights and attend all State mandated trainings. The agency also assists with grievance managed care by assisting patients obtain their medication upon discharge and/or assisting with requesting a change in provider.

As of 2013, the **Office of Patients' Rights took over the previous contract held by the "Mental Health Consumers Concerns" office, which was incorporated in 1989, starting as a "Consumer Self Help Center,** in Sacramento and it is a non-profit agency for consumers, by consumers. The agency started in Contra Costa County in November of 2014, providing advocacy services and provides services to Sacramento, Yolo and San Joaquin Counties. RI, or Recovery Innovations, took over some of the responsibilities of the previous, "Mental Health Consumers Concerns" office.

The current **office staff, for Contra Costa County, consists of one Director and two full-time advocates.**

The Contra Costa County Office of Patients' Rights is located at 1350 Arnold Way in suite 203 in Martinez and the phone number is (925) 293-4942 or 1-844-666-0472. The Administrative office is located at 1851 Heritage Lane in suite 187 in Sacramento; the phone number is (916) 333-3800 their website is: <http://www.consumersselfhelp.org>.

In regards to advertising services, the agency distributes flyers to PES, (Psychiatric Emergency Services), to all clinics and to all hospitals within the county. The office also assures to provide patients' rights posters and handbooks, monitors hospitals and other mental health facilities have patients' "list of rights" notifications posted, monitor mental health facilities, services and programs for compliance with statutory and regulatory requirements, including providing notifications to all previously mentioned, and in addition to, inpatient, outpatient, sub-acute and residential facilities.

“The greatest challenge is to protect the patients’ rights, including from family, and maintain HIPPA regulations and to having more staff to help more consumers,” as stated by Bernadette Banks on April 20, 2017, during the Quality of Care Committee meeting.

Unable to locate any data or documentation regarding the number of consumers served or any information regarding budgets and/or allocated funds/grants.

A noticeable strength is the 22 years of knowledge and experience that the Director Bernadette Banks holds, which is invaluable to the agency. A weakness noticed is the small number of staff. With a total of only three staff members, it is difficult to cover the needs of all consumers throughout the entire County with an insufficient amount of staff.

2) OCE = Office of Consumer Empowerment:

The mission is to educate, empower, and motivate mental health consumers to engage in their own individual recovery and become active in the community.

OCE date of official change is June, 2015. The program is part of Behavioral Health Services. **OCE has been established since 1997.**

Their location has recently moved to 1330 Arnold Drive in Martinez and the phone number for one of their representatives is Roberto Roman, Team Lead, (925) 957-5105 and you can email him at: Roberto.Roman@hsd.cccounty.us.

The services provided by OCE are: the SPIRIT educational program, teaching consumers skills necessary to become peer counselors. The SPIRIT (Service Provider Individualized Recovery Intensive Training) program has a dual approach to educating consumers both in classroom and on the job internship, in addition to the SPIRIT VOCATIONAL program which assists graduates obtain employment, create resumes, typing skills and other services to help consumers become independent and empowered. Another part of the OCE family of services is the WREACH provides wellness, recovery education for acceptance to choice and hope. WREACH focuses on training staff and contract providers in the practical implementation of recovery principles and consumer-centered approaches. PHOTOVOICE EMPOWERMENT PROJECT is another part of OCE and it features photography and narrative from persons living with mental illness highlighting how stigma affects their lives. OVERCOMING TRANSPORTATION BARRIERS is another program that OCE is engaged in, to assist consumers in fostering transportation independence. The essence of OCE is to collaborate with consumers, family members and providers around stigma and discrimination reduction at monthly Committee for Social Inclusion meetings and helps equip consumers and family members with peer and family provider skills to extend opportunities to consumers for volunteer work and employment.

Currently, OCE is in the process of updating their brochure, alongside their interim Director, Jennifer Tuipulotu. Once the new brochure is readily available, they will be distributed at all county clinics, hospitals, providers for mental health consumers and at non-profit organizations.

3) Contra Costa County Office of Quality Improvement

The Office of Quality Improvement Program is managed by Priscilla Aguirre and the County Coordinator for Quality Improvement, handling consumer grievances, is Steve Wilbur. The purpose is beneficiary protection, as listed in the Medi-Cal beneficiary guide.

The office is located at the Contra Costa County Behavioral Health Services Administrative offices at 1340 Arnold Drive, in Martinez, and the phone number to contact regarding grievances is: (925) 957-5131, during regular office hours.

Grievances are defined as an expression of dissatisfaction. Grievances are a closed system. Once resolved, that is it. The dissatisfaction can be regarding the provided service and can be pertaining to any of the following areas: billing, care, provider, staff, changes, clinic services, confidentiality, medication services, clinic services, money management, quality of care, residential staff, and others areas.

The blue “Consumer Grievance Review Request Form” can be found on line on the Behavioral Health website, at all clinics, hospitals, residential care facilities, CBO’s (Community Based Organizations) and at the administrative office of Behavioral Health Services or can be requested by phone or email.

The Office of Quality Improvement Program collaborates with the Office of Patients’ Rights Director, Bernadette Banks. She assures that the consumer is aware of and understands their rights. Once the form is received, there is a 60 day time frame that initiates, to respond. The person or department mentioned in the grievance is contacted to jointly respond with a resolution what would be satisfactory to the beneficiary. If needed, an extension can be filed to extend the process an additional 14 days to resolve the issue. Appeal and expedited appeal decision of any adverse action related to beneficiary’s services can be taken to State Fair Hearing after county level process has been exhausted. The appeal is unrelated to grievances. Only consumers, receiving direct services, and designated representatives of the beneficiary can file a grievance, a consent form must be signed by the beneficiary to allow someone to “speak” on their behalf, which can be found next to the grievance forms.

In the past three years, a total of 85 grievances have been received by the program and the grievance areas vary.

4) Office of Quality Improvement – continued Contra Costa County Quality Management

Quality Management is managed by Priscilla Aguirre, the Quality Management Program Coordinator. Another aspect of Quality Management, in addition to the County’s Office of Quality Improvement is collecting consumer satisfaction data. Consumer satisfaction data are mainly collected in 3 ways: state mandated Consumer Perception Surveys administered twice a year; County-designed Improvement Surveys that aim to collect data on current quality improvement efforts so each survey version varies in the questions asked; and focus groups.

Focus groups, which are coordinated by Dr. Ann Isbell.

The purpose of focus groups is to learn more about mental health consumers and their satisfaction regarding the services they are being provided.

In August - October of 2016, a series of seven focus groups were started-held throughout the County’s seven clinics. The goal was to collect more detailed and vital consumer satisfaction information that compliments which is mandated by the State of California, “Consumer Perception Surveys and Improvement Surveys.”

For the surveys, Bboth adult mental health and children mental health services were surveyed. The name of the survey distributed, was called –“The Consumer Perception or Satisfaction Survey is a standardized 4-page survey that asks respondents to rate their satisfaction with services across multiple domains.”

Surveys are conducted to identify gaps and areas for improvement and are ongoing on an bi-annual basis and part of the auditing process, both internally and State. Improvement Surveys vary in length and topic depending on data needs.

The above is a summary pertaining to the presentations at the Quality of Care Committee meetings in April and May of 2017. All four of the previously stated offices and/or programs work hard to assist consumers in providing needed services and identifying gaps in services. For further information, contact the respective office or program directly.

2016 Consumer and Family Member Focus Groups Summary

Background

Consumer and family member/caregiver satisfaction is an important factor when considering the quality of our mental health services. There are two main ways that Contra Costa Behavioral Health assesses satisfaction. Twice a year for a one week period, consumers and parents/caregivers of youth consumers receiving services at an outpatient mental health clinic are given the opportunity to complete a consumer perception survey of closed-ended and open-ended questions that collects demographic information, service history, and consumer satisfaction across several domains. Another means to gather satisfaction data is through focus groups. A focus group is a facilitated group discussion that allows for in-depth input on a select number of issues. In 2016, a focus group was held at each of 7 County-operated clinics. At our 4 Adult or Older Adult clinics, the focus groups were conducted with consumer participants. At our 3 Children's clinics, focus groups were held with parents and caregivers of consumers. Two focus groups were conducted in Spanish, one each at an Adult and Children's clinic. In addition, one of the Adult clinic focus groups was held specifically for transition aged youth (TAY) consumers ages 18-25.

Methodology

Facilitator Guide Development

To develop the Facilitator Guide, the Research and Evaluation Team began by reviewing the domain findings from recent consumer perception surveys and considered current quality improvement efforts. A list of potential questions was compiled and presented to the Quality Management Committee. The questions were narrowed down and reviewed by the Children's Chief and Adult and Children's Family Services Coordinators before being vetted again by the Quality Management Committee. The Guide is comprised of the following sections:

- Welcoming Participants
- Getting Consent
- Introductions

- Questions
- Closing and Distribution of Incentives

About the Participants

Adult consumer participants ($n = 27$) ranged in age from 20 to 76 years old ($mean = 43$ years old). The majority of adult participants was female (59%) and was White (52%) or Hispanic (37%). Youth ($n = 24$) of parent/caregiver participants ($n = 21$) ranged in age from 8 to 19 years old ($mean = 13$ years old). The majority of youth was male (58%) and was White (45%) or Hispanic (25%).

Themes

Question 1: What is Contra Costa Mental Health currently doing to help you [your family] achieve your goals and make progress?

Common Themes¹

- In General Received Needed Services
- Individual Therapy / Counseling
- Peer Provider Support
- Quality Staff

Question 2: What else can Contra Costa Mental Health do to help you achieve your [their] goals and make progress?

Common Themes

- More Social Activities / Groups
- Provide Education on Medications
- Educate on How to Advocate
- Transportation Support
- Educate Other Agencies on Mental Health
- More Case Management / Therapy

Question 3: How can we better communicate services and programs offered by the mental health system?

Common Themes

Note that at all focus groups, participants shared information on resources with each other. It was also noted that participants tended to hear about services through word of mouth.

- Provide Written Materials on Services
- Staff Provide Information on Services

¹ Common Themes are themes that emerged in at least 4 or the 7 focus groups.

Question 4: What has the Contra Costa staff done to show you that they are aware and sensitive to you and your [child's] background? Are you included in decisions?

Common Theme

- See Them as a Person, Not Just a Case

Question 5: What have [has] you [your family] done to better connect to your [their] families or community?

Common Themes

- Family Is Supportive
- Need Family / Relationship Counseling

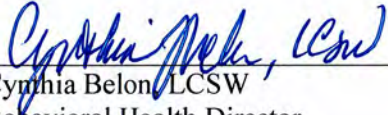
Recommendations

The focus groups are intended to lead to improvements in the services that individuals receive. Based on the results of the focus groups, it is recommended that the following areas be addressed.

- Welcoming Environments
 - Pilot Welcoming Packet materials
 - Ensure that informational materials like brochures on diagnoses are available in waiting rooms
- Overcoming Transportation Barriers
 - Compile transportation resources
 - Assess consumer readiness to use public transit and set up necessary supports for use
- Groups
 - Communicate groups to both staff and consumers (e.g., consider distributing monthly calendar)

- Attain consumer and caregiver feedback on what group topics they are interested in
- Staff Training
 - Mandatory orientation for all staff emphasizing division structure and trauma-informed care
 - Consider trainings on active listening techniques, non-judgmental language, rapport building, and available resources for consumers
- County and Community Education
 - Coordinate with other agencies to educate non-behavioral health staff on mental health issues
 - Attend community events to distribute materials and convey services
 - Convene a Community Communication Workgroup to plan how to raise public awareness of behavioral health and increase community involvement
- Peer Expansion
 - Consider how peers can initiate new consumers to the mental health system
 - Pair consumers / families with peer(s) so they are a part of the treatment team from the start of treatment
- Family Connection
 - Consider modes to educate families on mental health issues such as producing written materials or hosting seminars similar to EES
 - Grow Family Support Workers positions

In closing, individuals are appreciative of services received but are looking for ways to better engage in treatment.

Contra Costa County Health Services Department Behavioral Health Division	POLICY NO. 804
POLICY: <u>MENTAL HEALTH CONSUMER GRIEVANCE PROCEDURES</u>	Date Reviewed/Revised: September 9, 2016 Date Initially Approved: February 1999 Next Review Date: September 9, 2019 By:  Cynthia Belon, LCSW Behavioral Health Director

POLICY: MENTAL HEALTH CONSUMER GRIEVANCE PROCEDURES

I. PURPOSE:

The purpose of this Consumer Grievance Policy is to:

- A. Promote consumers' access to medically necessary, high-quality, consumer-centered mental health services by responding to consumers' concerns in a sensitive and timely manner.
- B. Provide consumers with an easily accessible problem resolution process for resolving issues whenever possible.
- C. Provide consumers with an easily accessible grievance resolution process.
- D. Protect the rights of consumers during the grievance process.
- E. Monitor, track and analyze consumer grievances.

II. REFERENCES:

- CFR, Title 42, Chapter IV, Subchapter C, Part 438, subpart F
- CCR, Title 9, Section 1850.205
- Contra Costa Health Plan, *Guide to Medi-Cal Mental Health Services*

III. POLICY:

- A. The Behavioral Health Division shall maintain written procedures for tracking, addressing and resolving consumers' grievances.
- B. All consumers receiving or seeking mental health services shall be informed of the procedures for grievance resolution.
- C. All consumers receiving mental health services shall be informed of their rights to access Grievance Advocate assistance during the grievance process.

IV. AUTHORITY/RESPONSIBILITY:

Contra Costa County Health Services Department Behavioral Health Division	POLICY NO. 804
POLICY: <u>MENTAL HEALTH CONSUMER GRIEVANCE PROCEDURES</u>	Date Reviewed/Revised: September 9, 2016 Date Initially Approved: February 1999 Next Review Date: September 9, 2019

Quality Improvement Coordinator
 Mental Health Program Chiefs
 Mental Health Program Managers/Supervisors
 Contracted Practitioner Providers
 Grievance Advocates

V. PROCEDURE:

A. Informing the Consumer of the Grievance Processes

1. A consumer of mental health services shall be informed, via the *Guide to Medi-Cal Mental Health Services* and posted notices, of the process for the reporting and resolution of grievances.
 - a. Every effort shall be made to provide the written procedures for reporting and resolving grievances to each consumer during the initial assessment.
 - b. Consumers shall receive grievance procedure information through written or verbal means upon request during the provision of services.
 - c. Each county direct service provider facility (inclusive of contracted organizational providers) shall exhibit all of the following in a visible, public area:
 - i) Signs describing consumer grievance procedures;
 - ii) An easily accessible suggestion box;
 - iii) *Guide to Medi-Cal Mental Health Services*;
 - iv) Grievance Request and Change of Provider forms;
 - v) Self-addressed Contra Costa Mental Health Plan envelopes for consumers to use for submitting grievances.
 - d. All private individual and group providers are required to distribute to consumers the following:
 - i) *Guide to Medi-Cal Mental Health Services*
 - ii) Print copies of Suggestion, Request for Change of Provider, and Consumer Grievance forms for consumer use;

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iii) Self-addressed Contra Costa Mental Health Plan envelopes for consumers to use for submitting grievances.

- e. Although consumers may be encouraged to pursue an informal process for resolving issues, they shall be informed of their option to file a grievance at any time they are dissatisfied about any matter other than those covered by an Appeal, as defined below. Consumers shall be informed of their option to file a grievance if they are dissatisfied with the result of their informal attempts to resolve the issue. Consumers are not required to pursue any informal process for resolving issues before filing a grievance.

An appeal is defined as a request for review of an action, which denies, reduces, suspends or terminates a previously authorized service. The appeal process is described in Policy 804.1.

- f. Consumers shall be informed of their right to request and receive, at no charge, assistance from a Grievance Advocate at each step in the grievance process:

Grievance Advocate
925-293-4942 (collect calls accepted)

- g. Twenty-four (24) hour a day telephone access to grievance information and assistance shall be provided to consumers by calling:

Mental Health Access Line
1-888-678-7277

- h. In addition to English, consumer grievance information shall be posted and made available and utilized for additional language and translation needs.

B. Filing Grievances (Consumer Role)

1. Consumers or their representatives may either report a **verbal** or file a **written** grievance.

- a. Consumers may report a verbal grievance to the Grievance Advocate, any mental health services staff or direct service provider. They may also report a grievance to Consumer Assistants, who are available at service sites to assist consumers with grievances. Consumer Assistants are designated staff who are familiar with the Problem Resolution Process and who can assist consumers by answering general questions about the process and

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assisting in the completion and/or submission of related forms. Verbal grievances may also be made by calling:

Office of Quality Improvement
925-957-5160

- b. Consumers or their representative may file a written grievance at any time. Consumers file a written grievance by completing the *Consumer Grievance Review Request* form. Assistance in writing the grievance is available through the Consumer Assistants or the Grievance Advocate. Requests for grievance reviews may be deposited in any facility's Suggestion Box or mailed by using the self-addressed envelopes provided at each facility, or may be addressed to:

Quality Improvement Coordinator
 Contra Costa Behavioral Health Division
 1340 Arnold Drive, Suite 200
 Martinez, CA 94553

C. Submission of Grievances (Staff Role)

- 1. Any Consumer Assistant, mental health staff, direct service provider, or private provider shall offer the consumer aid in filing a request for a grievance hearing. Additionally, every attempt will be made to have Consumer Assistants available at each mental health clinic and organizational provider service site. Consumers will be assisted and responded to in their primary language, either through written or verbal communication, as appropriate.
- 2. Requests received by providers or program staff for grievance reviews shall be submitted to the QI Coordinator at:

Quality Improvement Coordinator
 Contra Costa Behavioral Health Division
 1340 Arnold Drive, Suite 200
 Martinez, CA 94553.

D. Processing of Grievances

- 1. A centralized log will be maintained for all grievances. This log shall contain at least the following:
 - a. Name of consumer
 - b. Date of receipt of the grievance

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- c. Date acknowledgment of receipt sent
 - d. Nature of the problem
 - e. Final disposition of a grievance
 - f. Date written decision sent to consumer or
 - g. Documentation of the reason(s) that there has not been final disposition of the grievance.
2. Grievances will be recorded in the log within one working day of the date of receipt of the grievance.
 3. The Quality Improvement Coordinator shall be the primary person responsible for tracking, reporting and monitoring consumer grievances. Responsibilities include:
 - a. Ensuring that procedures are implemented to inform consumers of how to initiate a grievance
 - b. Reviewing grievances for resolution in a timely manner
 - c. Reporting grievances to the Quality Improvement Council and the Quality Management Committee.
 - d. Monitoring actions taken to resolve grievances
- E. Grievance Resolution Procedures and Timeframes:
1. The Quality Improvement Coordinator will provide for a resolution of a consumer's grievance as quickly and as simply as possible.
 2. The Quality Improvement Coordinator will ensure that the individuals making the decision on the grievance were not involved in any previous level of review or decision-making. If the grievance is regarding clinical issues, the Quality Improvement Coordinator will ensure that the decision-maker has the appropriate clinical expertise, as determined by the Mental Health Plan and scope of practice considerations, in treating the beneficiary's condition.
 3. Within sixty (60) calendar days of receipt of a grievance, the Quality Improvement Coordinator will review the grievance and provide a decision on the grievance. This time frame may be extended by up to fourteen (14) days if the consumer requests an extension, or if the Mental Health Plan determines that there is a need for additional information and that the delay is in the consumer's interest.

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4. A letter summarizing the decision on the grievance will be mailed to the consumer or the consumer's representative by the end of the timeframe in the above section. If unable to contact the consumer or his/her representative, documentation of the efforts to contact the consumer will be maintained.

F. Other Operating Principles:

1. Confidentiality: All grievance procedures shall ensure the confidentiality of consumer records as defined by State and Federal laws.
2. Discrimination: Consumers shall not be subject to any discrimination, penalty, sanction, or restriction for filing a grievance.
3. Rights of a direct service provider who is the subject of a grievance: When a concern regarding a direct service provider's practices or performance is identified as a result of a complaint or grievance, the concern shall be addressed in accordance with Contra Costa County Personnel Policies and/or Program or Administrative Procedures.

GRIEVANCE REVIEW REQUEST

OFFICE USE ONLY	
Grievance No. _____	
Date Received _____	

Consumers who are unable to adequately resolve a decision, complaint or who disagree with a decision, including a request for a change of provider, may file a grievance by filling out this form.
Your current Contra Costa County Mental Health services will NOT be adversely affected in any way by filing a grievance.
SEE REVERSE SIDE OF THIS FORM FOR IMPORTANT INFORMATION YOU SHOULD KNOW.

Please Print or Type

1. The following information is required to proceed with a grievance hearing: **TODAY'S DATE** _____

CLIENT NAME _____ **BIRTHDATE** _____

NAME OF LEGAL GUARDIAN IF ON BEHALF OF MINOR _____

ADDRESS _____

CITY _____

PHONE _____ **BEST TIME TO CALL** _____

2. Describe the reason(s) for filing a grievance. Be specific by including names, dates, and time whenever possible. (Attach additional sheets if necessary.)

3. Have you tried to resolve the problem(s) before filing a grievance?
 Yes. Please describe what you have done to try to resolve the problem and include the results.

No. I have not made any prior attempt to resolve the problem(s).

4. What would you like to happen to resolve the grievance?

5. Please add anything else you would like us to know. You may attach additional pages.

SIGNATURE OF PERSON MAKING REQUEST _____ DATE _____

RETURN THIS FORM TO:

QUALITY MANAGEMENT & IMPROVEMENT COORDINATOR
MENTAL HEALTH ADMINISTRATION
1340 Arnold Dr., #200, Martinez, CA 94553

GRIEVANCE REVIEW REQUEST

OFFICE USE ONLY	
Grievance No. _____	
Date Received _____	

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QUALITY MANAGEMENT & IMPROVEMENT COORDINATOR
MENTAL HEALTH ADMINISTRATION
1340 Arnold Dr., #200, Martinez, CA 94553



O.C.E.

Office for
Consumer Empowerment

Recovery is Real!



Program Overview

- The Office for Consumer Empowerment (OCE) is a unit of Contra Costa Behavioral Health Services Administration that encourages greater participation by consumers in advocacy, training, and employment.
- The OCE staff is comprised of people with lived experience, meaning that they have had personal interaction with the behavioral health system of care.
- OCE was created in 1997 when then Mental Health Director Donna Wigand hired Jay Mahler as Coordinator.
- OCE equips consumers and family members with peer and family provider skills through the Service Provider Individualized Recovery Intensive Training (SPIRIT).
- OCE collaborates with consumers, family members and providers around stigma and discrimination reduction at monthly Committee for Social Inclusion meetings.
- The PhotoVoice Empowerment Project features photography and narrative from persons living with mental illness highlighting how stigma affects their lives.
- OCE extends opportunities to consumers, family members, and providers to share their experiences with the behavioral health system through its speakers' bureau, Wellness and Recovery Education for Acceptance, Choice, and Hope (WREACH).
- OCE is now engaged in a new Mental Health Services Act Innovation Project called Overcoming Transportation Barriers, which is dedicated to "fostering transportation independence among our consumers."
- OCE remains focused on helping consumers use their voices on behalf of themselves and their peers.


For more information about OCE, please call (925) 957-5105

Consumers Self Help Center

Office of Patients' Rights Contra Costa County



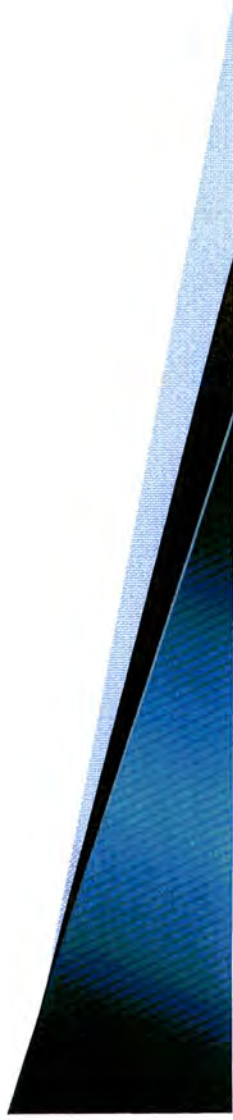
Office of Patients' Rights

- ▶ Incorporated in 1989, Consumers Self Help Center is a private non-profit agency that is consumer run and consumer driven.
 - ▶ Consumers Self Help Center has provided Patients' Rights Advocacy services to Sacramento County since 1992.
 - ▶ Currently, our agency provides Patients' Rights Advocacy services to Sacramento, Yolo, and San Joaquin Counties.
 - ▶ In November, 2014 we anticipate providing Patients' Rights Advocacy Services in Contra Costa County.
- 

Patients' Rights Advocates

Advocacy for Contra Costa County will be provided by Consumers Self Help Center Office of Patients' Rights.

- The staffing for these services will be provided by 1 Program Director and 2 Full-Time Advocates.
- Each advocate will be familiarized with Contra Costa County's mental health service system and able to respond to client questions/concerns or complaints.



How to Contact an Advocate?

Contra Costa County Office of Patients' Rights:

1350 Arnold Way, Suite 203

Martinez, CA

925-293-4942

(1-844-666-0472)

Our Administrative Office is located at:

1851 Heritage Lane, Suite 187

Sacramento, CA 95815

916-333-3800

(1-844-666-0472)



Patients' Rights

Mental health patients have the same legal rights guaranteed to everyone by the Constitution and other laws. As citizens, patients do not lose their rights by being hospitalized or receiving services. Patients' rights can be found in statutes, regulations and case law.



Service Plan

- ▶ Information and Referral:
 - Provide patients' rights posters and handbooks
 - Monitor designated facility's to ensure patients' rights notification.
 - Monitor Patients' Rights "List of Rights" postings in all mental health facilities as required.
 - Monitor Mental Health Facilities, services, and programs for compliance with statutory and regulatory requirements.
 - Includes, In-patient, Out-patients, Sub-Acute, and Residential

Advocacy Services:

Investigate and resolve complaints received from clients, responsible relatives, and interested parties.
Report unresolved complaints to County or State.



► Certification Review Hearings Representation

- Contra Costa Regional Medical Center
- John Muir Behavioral Health Center

Riese Capacity Hearings Representation

- Contra Costa Regional Medical Center
- John Muir Behavioral Health Center

Training

Provide training for County–selected staff

Provide training upon request for staff of acute care facilities, transitional housing, residential treatment facilities, and residential care homes.


Provide Consultation upon request on Patients’ Rights

Attend all State–Mandated trainings

Grievance Managed Care:


Assist clients get medication upon discharge

Requesting a change of provider



Undeniable Rights

Under California law, the following rights may NEVER be denied:


- ▶ The right to treatment services which promote the potential of the person to function independently. Treatment should be provided in ways that are least restrictive of the personal liberty of the individual.
 - ▶ The right to dignity, privacy, and humane care.
 - ▶ The right to be free from harm, including unnecessary or excessive physical restraint, isolation, medication, abuse, or neglect. Medication may not be used as punishment, for the convenience of staff, as a substitute for, or in quantities that interfere with the treatment program.
 - ▶ The right to prompt medical care and treatment.
 - ▶ The right to religious freedom and practice.
 - ▶ The right to participate in appropriate programs of publicly supported education.
 - ▶ The right to social interaction.
 - ▶ The right to physical exercise and recreational opportunities.
 - ▶ The right to be free from hazardous procedures.
- 

Inpatient Rights

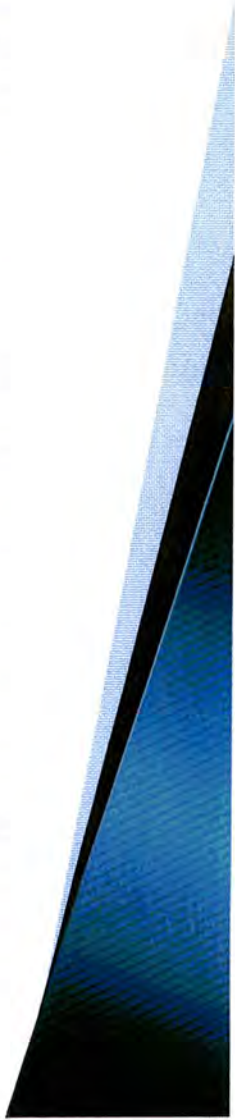
Psychiatric facilities must also uphold the following specific rights, which can be denied only when "good cause" exists:

- ▶ The right to wear one's own clothing.
- ▶ The right to keep and use one's own personal possessions, including toilet articles, in a place accessible to the patient.
- ▶ The right to keep and spend a reasonable sum of one's money for small purchases.
- ▶ The right to have access to individual storage space for one's own use.
- ▶ The right to see visitors each day.
- ▶ The right to have reasonable access to phones both to make and receive confidential calls.
- ▶ The right to have access to letter-writing materials, including stamps.
- ▶ The right to mail and receive unopened letters and correspondence.

Patients' Rights Continued

- ▶ Every mental health client has the right to see and receive the services of a Patients' Rights Advocate.
 - ▶ The right to give or withhold informed consent to medical and psychiatric treatment, including the right to refuse antipsychotic medication, unless specific emergency criteria are met or there has been a judicial determination of incapacity.
 - ▶ The right to participate in the development of individualized treatment and services planning.
 - ▶ The right to refuse psychosurgery.
 - ▶ The right to confidentiality.
 - ▶ The right to inspect and copy the medical record, unless specific criteria are met.
 - ▶ The right to have family/friends notified of certain treatment information with patient's permission.
 - ▶ The right to an aftercare plan.
- 

Rights in Licensed Residential Facilities

- ▶ To dignity, privacy, and humane care.
 - ▶ The right to transportation to medical and dental services.
 - ▶ 24 Hour Supervision.
 - ▶ To Keep and spend a reasonable sum of your own money.
 - ▶ Freedom from discrimination.
 - ▶ A right to have safe, healthful and comfortable accommodations.
 - ▶ A right to leave or return to the facility at any time and not be locked into or out of the building, day or night.
 - ▶ A right to have visitors.
 - ▶ A rights to move in accordance with your agreement.
- 

Rights in ALL Settings

All mental health facilities MUST:

- ▶ Post a list of patients' rights.
- ▶ Inform patients of their rights in a manner in which they understand.
- ▶ Inform patients of the rules, regulations and admissions procedures of the facility.
- ▶ Tell patients how they can contact the Patients' Rights Advocate and how they can file a complaint.



Certification Review Hearings

A Certification Review Hearing is an administrative hearing to determine if a doctor had probable cause for involuntarily detaining a mental health consumer for treatment.

The doctor/facility must provide evidence that as a result of a mental disorder that the consumer is:

Unwilling or Unable to accept treatment Voluntarily

AND

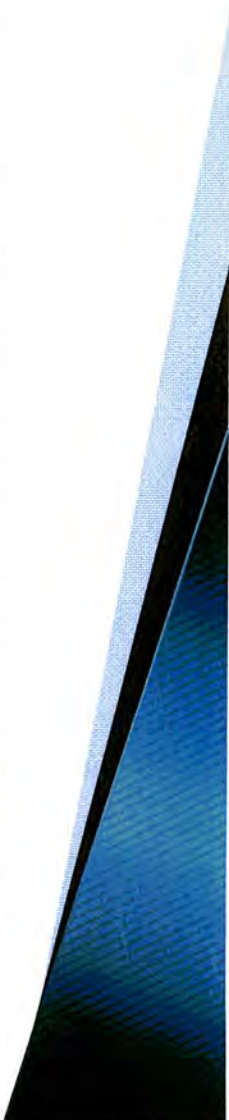
A danger to others

A danger to self

Gravely disabled

(unable to provide for food, clothing and shelter)

(The person can meet one or more of the criteria)



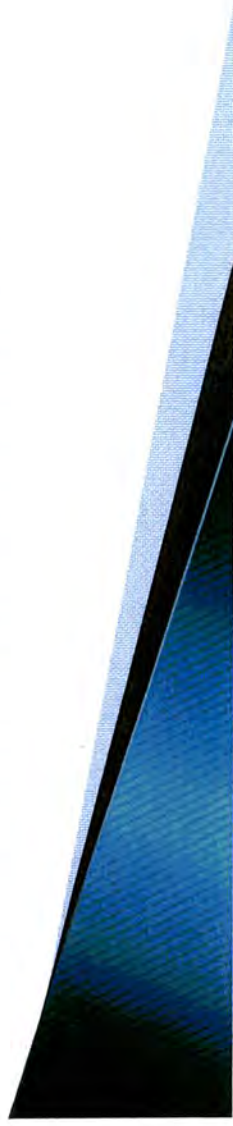
Certification Review Hearings

- ▶ Advocates ensure that the consumer is informed about the involuntary detention.
- ▶ Advocates interview the person being detained involuntarily to determine if the consumer either agrees or disagrees with the doctor.
- ▶ Advocates assist the consumer in preparing for the Certification Review Hearing.
- ▶ Advocates represent the EXPRESSED wishes of the consumer at the Certification Review Hearing.



Certification Review Hearings

- ▶ If the Hearing Officer decides that there is sufficient evidence to support probable cause then the consumer will continue to be detained up to the maximum length of the certification.
 - 5250 – 14 Day Certification
 - 5270 – 30 Day Certification
- ▶ If there is not sufficient evidence to continue holding the consumer on an involuntary basis then the consumer must either sign in to the hospital voluntarily or be released.



Riese Hearings

- ▶ In Contra Costa County Riese Hearings are also conducted administratively and the client is represented by the Patients' Rights Advocate.
- ▶ *Riese* was the 1987 judicial decision recognizing mental health patients' rights to give or refuse consent to medication.
- ▶ In 1991, the California legislature enacted SB 665, mandating informed consent, emergency medications and capacity hearings procedures to implement *Riese*.
- ▶ At the core of *Riese* is the legal presumption that all mental health clients are competent. Under the law, "No person may be presumed incompetent because he or she has been evaluated or treated for a mental disorder, regardless of whether such evaluation or treatment was voluntarily or involuntarily received." (Cal. Welf. & Inst. Code § 5331).



Riese Hearings (cont.)

To assess capacity, the Riese court stated the decision maker should focus on whether the patient:

- ▶ Is aware of his or her situation (e.g. diagnosis/condition);
- ▶ Is able to understand the benefits and risks of, and alternatives to, the medication; AND,
- ▶ Is able to understand and evaluate the medication information and participate in the treatment decision through a rational thought process.

The court stated that it should be assumed that a patient is using rational thought processes unless a clear connection between the patient's delusional or hallucinatory perceptions and the patient's decision can be shown. In addition, the court held that even where there were irrational fears about the treatment, the presence of some rational reasons for refusal of the treatment was enough to require the conclusion that the patient had capacity to make treatment decisions.

The court concluded that the evidence showed a disagreement between the doctor and the patient, but such a disagreement did not show that the patient lacked capacity. Conservatorship of Waltz 180 Cal. App. 3d

722, 227 Cal. Rptr. 436 (1986)

Standard of Proof for Riese

- ▶ The standard of proof at Riese Hearings is "clear and convincing evidence."
- ▶ This means that the evidence is "so clear as to leave no substantial doubt, sufficiently strong to command the unhesitating assent of every reasonable mind." (*Lillian F. v. Superior Court*, 160 Cal. App. 3d 314, 320, 206 Cal. Rptr. 603, 606 (1984)).
- ▶ This is a very high standard, considerably higher than "probable cause" and beyond what is required in most other civil proceedings, "preponderance of evidence."

Investigations


Patients' Rights conducts investigations of complaints made by consumers or any member of the community

- Every effort is made to resolve complaints at the lowest level possible.
- Patients' Rights Advocates use complaints as vehicles to educate both consumers, providers and other members of the community.
- Investigations can result in contact with the Public Defenders Office, Licensing agencies and other regulatory agency when warranted.



Conducting an Investigation

Advocates have authority to investigate problems if a client is unable or unavailable to register a complaint. "Section 5522 of the California Welfare and Institutions Code provides that Advocates "may conduct investigations if there is probable cause to believe that the rights of a past or present recipient of...services have been, may have been or may be violated."

- ▶ Investigations usually include interviews and document review.
 - ▶ Interviews will usually start with the specific client and often include staff and witness interviews.
 - ▶ Records to be reviewed include the patient's charts, facility policy and procedure, correspondence and memoranda relating to the issue, licensing or other reports.
 - ▶ In determining who to interview and what records to review, the Advocate should be creative and open-minded to additional sources of information.
- 

Monitoring

Patients' Rights Advocates monitor mental health facilities to ensure compliance with all applicable Laws and Regulations.

- Acute
- Sub-Acute
- Residential
- Board and Care



Training and Education

Patients' Rights Advocates are available to provide training and education to:

- Consumers
- Providers
- Community

Please contact us to make arrangements

