Contra Costa
Health Services

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

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MISSION STATEMENT: To assist Contra Costa County mental health consumers, family members and the general public in advocating for the highest quality mental health services and supports delivered with dignity and respect

QUALITY OF CARE COMMITTEE

Thursday, March 15, 2018
AT: 3:15 pm-5pm
1340 Arnold Drive, suite 200, Martinez, CA
Large conference room

AGENDA

I. **Call to order/Introductions**

II. **Public comments**

III. **Commissioner comment**

IV. **Chair announcements**

V. **APPROVE minutes from November 16, 2017 meeting**

VI. **INTRODUCE the Quality of Care Committee to new members**

VII. **REVIEW Committee annual report and Motion Tracker for the Quality of Care Committee**

VIII. **DISCUSS Goals for 2018**

IX. **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) 957-5140

Mental Health Commission
Quality of Care Committee Minutes
November 16, 2017- DRAFT

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	Agenda Item / Discussion	Action / Follow-up
I.	**Call to Order / Introductions @3:33pm** **<u>Members Present</u>**: Chair- Barbara Serwin, District II (arrived @3:31pm) Gina Swirsding, District I (arrived @3:33pm) **<u>Members Absent</u>**: Meghan Cullen, District V **<u>Others Present</u>**: William Edwards, Reentry Specialist –Reentry Success Center Lynnette Watts, MSOD-Health Services Administrator, Patient-Family Advisory @CCRMC Margaret Netherby, (pending applicant) Sam Yoshioka, District IV Doug Dunn, District III Lauren Retagliatta, District II Jill Ray, Field Rep for District II Supervisor Andersen Adam Down-MH Project Manager Liza A. Molina-Huntley, Executive Assistant (EA) for MHC	**Executive Assistant:** • **Transfer recording to computer.** • **Update Committee attendance** • **Update MHC Database**
II.	**Public Comment** • Discussed NAMI newsletter, copy not provided, interested in outcomes for consumers.	
III.	**Commissioner Comments** • Also discussed NAMI'S current newsletter, copy not provided- view on NAMI's website at: https://www.nami.org/ - did clarify that although some need treatment, not all consumers accept treatment and encourages others to advocate for the seriously mentally ill. Referred public member to contact Assisted Out Patient Treatment (AOT) program to inquire regarding personal family issue • Shared concerns regarding a possible correlation with social media and the increase in the suicide rate among teens	
IV.	**Chair announcements/comments:** • None	
V.	**APPROVE Minutes from October 19, 2017 meeting** • **Gina Swirsding moved to motion to approve the minutes, without corrections, Barbara Serwin seconded the motion** • **VOTE: 2-0-0** • **YAYS: Gina and Barbara** • **NAYS: 0 ABSTAIN: 0 ABSENT: Meghan Cullen**	• **Executive Assistant will correct the minutes, finalize and post the minutes on the Mental Health County website.**
VI.	**DISCUSS Contra Costa Regional medical Center (CCRMC) CONSUMER ADVOCACY, EMPOWERMENT AND GRIEVANCE RESOLUTION PROGRAM- with *Lynnette Watts*, MSOD-Health Services Administrator, Patient-Family Advisory Council/patient Experience at CCRMC** • The purpose of the office is to provide all patients, with the information regarding their rights and the grievance process and connect patients to the right resources. The information is provided in a welcome packet, in the hospital lobby, clinics and offered in person as well. • Provided and distributed copies of the "Patient Relations Department Grievance Summary and Guidelines" • The department is a regulatory department, commissioned by CMS, the State and joint Commission- the department is mandatory, to provide a process for patients to file grievances • As referenced in the guidelines, a 30 day period is provided to respond to a patient's	• **See attachment provided at meeting** • **Patient Relations Department can be contacted at CCRMC: Phone (925) 370-5144** • **MOTION –forward to the Mental Health Commission to write a letter to the Patient Relations Department, requesting or**

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grievance • The difference between a complaint and a grievance is that a complaint is a verbal discontent of services rendered, that is easily resolved; a grievance is a written formal, filed complaint, via email, fax or verbal, from the patient or the patient's representative related to the patient's care that is not resolved with a staff member at the time the complaint is made. • The department investigations, collect findings and provides a response and sent to the patient, the patient can choose to be satisfied with the resolution offered, or appeal/reject the resolution • Grievance forms are readily available at all units in the hospitals, inpatient, Psych Emergency Services (PES), all staff is made aware of the forms and can provide forms to patients upon request. On the website, patients can enter their comments and it will be sent to the communications team and they will forward the comments to the department • The Patient Relations Department staff does make rounds, throughout the hospital, they are visibly accessible and all staff can contact the department directly for the patient. • The number one priority is to resolve all issues as quickly as possible and assure that all patients are satisfied with their care and services received • Reports are done biannually. • The total amount of grievances received, for all areas in 2016, was approximately 300; which has declined from previous years receiving 700 to 600 grievances. • The decline in grievances filed is due to the improvement and effectiveness of the program. One of the improvements to services is instituting "Patient's Experience Rounds" at the hospital, daily, in the second day of admission into the hospital. Connecting with patients, talking to patients, asking questions, documenting- any patients having any concerns are dealt with immediately to resolve the issue. Follow up is done to assure that the issue is resolved, if not- the department will provide the patient with the form and inform the process for filling a grievance • Service recovery has also been instituted and principles that are being applied towards patient care, the new procedure has not been implemented in the PES/4C units, as of this moment. All staff in PES is aware of the program and can contact the department or provide the patient, family member or care giver with the department's contact information and forms • The role of the department is to advocate for the patient and their wellbeing • The Commission members and Committee members encourage that the department include PES/4C in their "Patient's Experience Rounds (PER)" and request to motion to recommend the action be taken. Request to forward to the Mental Health Commission to write a letter that the action is incorporated as a practice for PES/4C • Department head will consider and update the Committee regarding incorporating such action and staffing availability. • Currently, the department has a total of three staff members to cover all the hospital. The department handles all grievances for the hospital, with a total of 169 beds, Miller Wellness Center and all outpatient clinics and 4C. The department staff only provides the PER to patients staying at CCRMC, not including PES/4C. • **Barbara makes a MOTION that the Committee recommends to forward the issue to the Mental Health Commission to write a letter to CCRMC to recommend to incorporate the practice for PES/4C, Gina seconds the motion** • **VOTE: 2-0-0 YAYS: Barbara Serwin and Gina Swirsding NAYS: none ABSTAIN: none ABSENT: Mehgan Cullen**	**recommending for the department to incorporate the PER practice in PES/4C** • **Department head will consider to follow up regarding the Committee's suggestion to implement PER at PES/4C**
VII. DISCUSS updates from Psych Emergency Services (PES) with PES Program Chief, Victor Montoya • Unavailable due to schedule. Reschedule for next meeting.	***Invite PES for the next meeting**
VIII. REVIEW and DISCUSS the Quality of Care Committee 2017 activities for purposes of drafting the Committee's 2017 Year End Report • Goal #1- Continue to address gaps in medical, psychiatric, social and cultural services- "Respond on an ad hoc basis to issues brought to the Committee's attention- the Chair	***Committee decided not to meet on December 21, due to the holidays**

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	will write a brief description regarding the discussion w/Dr. Barham in August of 2017 • Goal #2- Started the dialogue regarding the need for a children/adolescent inpatient unit • Goal #3- Consumer Advocacy, Empowerment and Grievance Resolution program- Lynnette Watts • Goal #4- "Research specialty mental health services for consumers who have chronic health difficulties and/or dual diagnosis of developmental disabilities and mental illness (goal for 2018?) • Goal #5- work with the Criminal Justice Committee and full Commission to advocate for improvements in the care of inmates who are mentally ill- (was done at the Commission level and will be ongoing) • Goal #6- External Quality Review Organization (EQRO) and Consumer quality care focus groups- Priscilla Aguirre and Ann Isbell ** will report the findings, to the full Commission, possibly in January 2018? The MHSA/Finance Chair claimed that both Committees worked together, in the creation of the White Paper/Grand Jury Report and the meetings and reports that followed. • Goal # 7- Gathering information regarding consumer advocacy and grievance policies and forms- several meetings were focused on the presentations of the following, throughout 2017: - Department of Consumer Grievances- Bernadette Banks - Office of Consumer Empowerment (OCE)- Jennifer Tuipulotu and Roberto Roman - Quality Improvement and Grievance Compliance Coordinator- Steven Wilbur - Difficult to assess the services being delivered without reaching out to the community - Committee member stated that they had directed several consumers to the various department and all had positive outcomes and the departments did follow through with the consumers, addressed their grievances and worked on resolving their issues or concerns - Committee Chair suggests that members collectively continue to dialogue regarding their different experiences and perspectives • The Chair of the Committee would like to recruit more members for the Committee	
IX.	**REVIEW and DISCUSS Committee's Mission Statement** • **Changes will be as follows:** **"To advocate for the highest quality mental health services to be delivered with dignity and respect"**	***EA will make changes and attach new Mission Statement to the next meeting's agenda packet and incorporate statement on all agendas**
X.	**DISCUSS potential committee goals for 2018 as follows:** **1. Goals not completed or addressed in 2017** • During 2017, the second goal, "Continue to advocate for the creation of crisis inpatient and residential facilities for children and adolescents"- was a focus, during several meetings throughout the year, including the meeting with the Chief Operating/Financial Officer regarding the financial feasibility of creating a children/adolescent inpatient unit. The unit was deemed financially unfeasible and a state/federal wide problem. It was identified that there is a need to lobby, both at the state and federal levels, to advocate for funding for the unit project. • Other Commissioners in attendance clarified that if the Committee, or Commission, would develop the concept of what is needed for the residents/unit, along with a proposal with potential scenarios/solutions regarding how the unit can operate. • Will the Committee/Commission advocate for the development of the proposal, to other local Mental Health Commissions and other advisory boards, to gather their support to jointly advocate for funding for the unit; or will the Committee/Commission request surrounding counties, Behavioral Health Administration Divisions, to collectively commit to the	***Forward to the November meeting**

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need and use of the beds in the proposed unit, to raise the funding needed to create the unit? • Commissioners present, suggested to investigate the matter further and look into what the surrounding counties are doing regarding the issue and if it was resolved, how? Maybe write a letter, to neighboring county's Commissions and advisory boards, to obtain a response regarding their needs for an inpatient crisis unit for children and adolescents. Maybe collectively, the counties can advocate for funding and developing a proposal for, how to create the inpatient unit for children and adolescents • Another suggestion was to start a dialogue and collaborate with the Behavioral Health Services division, to move the ideas forward- the development should start at the administration department level, first. **2. Potential new goals for 2018**	
XI. Adjourned at 5:09 pm	

Submitted by
Liza Molina-Huntley
ASA II- Executive Assistant for MHC
CCHS- Behavioral Health Administration

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Quality of Care Annual Report for 2017

February 14th, 2018

Problems Maintaining a Quorum

The Committee lost Committee members this year and at one point was down to three members. We did not have a quorum for two (or was it three) meetings. We were able to salvage this in part in one (or was it two) cases by holding an informational meeting. Regardless, with adequate membership it is very difficult to conduct business, research, site visits and other activities that are essential to the Committee's mandate. This feeds into the membership problem for the Commission overall – this is a high priority problem to solve.

Revised Committee Mission Statement

The Committee's Mission Statement now reads: "To advocate for the highest quality mental health services to be delivered with dignity and respect."

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Reviewed Consumer Advocacy, Empowerment and Grievance Resolution Programs

A major focus of the Quality of Care Committee was to review consumer advocacy, empowerment and grievance resolution programs at Behavioral Health Services (BHS) and Contra Costa Regional Medical Center (CCRMC) to learn about how these functions operate within our System of Care and to identify potential gaps in the system.

We met with:

- Lynnette Watts, MSOD-Health Services Administrator, Patient-Family Advisory
- Council/Patient Experience, CCRMC.
- Bernadette Banks, Department of Consumer Grievances
- Steven Wilbur, Quality Improvement and Grievance Compliance Coordinator, BHS
- Jennifer Tuipulotu and Roberto Roman, Office of Consumer Empowerment (OCE), BHS

<u>Findings re: CCRMC Programs</u>:

We found the CCRMC program to be particularly robust and integrated with a clear mandate and priorities. The purpose of the office is to provide all patients with the information regarding their rights and the grievance process and connect patients to the right resources. The number one priority for the department is to resolve all issues as quickly as possible and assure that all patients are satisfied with their care and services received. Of particular note is the department's "Patient's Experience Rounds" at the hospital, except for PES, starting in the second day of admission into the hospital. If a patient has concerns they are dealt with immediately to resolve the issue. The total amount of grievances received, for all areas in 2016, was approximately 300, down 600 to 700 in previous years. This new procedure has not as of yet been implemented in the PES/4C units.

The Quality of Care Committee motioned to recommend that CCRMC incorporate "Patient's Experience Rounds (PER)" as a practice for PES/4C. This action has not yet been taken.

Findings re: BHS Programs:
The Committee saw that BHS program providers felt confident about their ability to meet the needs of BHS consumers. There is a relatively low number of grievances and they are almost all "resolved." The question is what percentage of real and serious grievances do the programs actually hear about. We can never know this but we have to find ways to better understand the extent to which we reach and hear from users of our system to ensure that we are doing the best job possible of resolving problems and continuously improving our system based on lessons learned from grievances.

The Committee heard from Committee members and members of the public regarding their experiences with the BHS programs and found that there were both positive and negative outcomes. We noted that the bottom line is that it is difficult to assess the services being delivered without reaching further out to the community – we are hearing primarily from program providers.

With three different programs, it was somewhat difficult to sort out how comprehensive the coverage is that the BHS programs provide and whether there is overlap across programs. Do the programs provide all of the necessary services? Do the two grievance programs work together or do they overlap? Another question is the extent to which the programs interface with BHS staff in the field (outside of the clinics) who are working directly with consumers and their family members and care-givers, e.g. the mobile-response teams and family advocates who visit consumers in their homes.

These are all questions that the Committee should continue to research through further discussions with BHS and ideally by reaching out to the community.

Reviewed EQRO 2016 Report

The Committee performed an in-depth review the External Quality Review Organization (EQRO) Report for 2016. The Committee raised questions about the limited number of focus groups, suggesting that at least two groups per category of consumers and family members of both adults and children would provide more valid and exhaustive findings. The Committee noted other concerns e.g. regarding wait times at clinics for initial treatment appointments and the problem of non-existent legacy planning.

Continued Research on the Creation of a Children and Adolescent Inpatient Unit

- The Committee met with Pat Godley from Finance to understand the high level analysis that his department performed to determine the feasibility of a County Children and Adolescent Inpatient Unit. The outcome was that a facility owned and operated by the County would not be able to cover its expenses. The discussion helped clarify key factors and risks.

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- The Committee met with BHS staff members Warren Hayes and Adam Down to discuss a basic analysis that they had performed with the more limited data that they had access to. Their analysis was more favorable that than of the Finance Department and brought a different perspective and factors to the discussion.

- The Committee discussed the idea of creating a Unit jointly with a surrounding county(ies) for risk-sharing and possible leveraging of resources. We discussed the idea of brainstorming and fleshing out a concept and plan that BHS and the Commission could share with neighboring counties with the goal of developing a partnership.

Continued to Advocate for Improvements in the Care of Mentally Ill Inmates

The Committee continued to support the Criminal Justice Committee and full Mental Health Commission to advocate for improvements in the care of inmates who are mentally ill. This work was done primarily at the Commission level and will be ongoing.

Goals not addressed in 2017

Research specialty mental health services for consumers who have chronic health difficulties and/or dual diagnosis of developmental disabilities and mental illness

Goals for 2018

We did not establish goals for 2018 due to expected early 2018 changes in Committee Membership.

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