Mental Health Commission
Quality of Care Committee Minutes
May 17, 2018- FINAL

Agenda Item / Discussion	Action / Follow-up
I. Call to Order / Introductions @3:15pm **Members Present**: Chair- Barbara Serwin, District II Gina Swirsding, District I (arrived at 3:47pm) Leslie May, District V **Members Absent**: none **Others Present**: Cindy Gibbons, family member Denise, family member Teresa Pasquini, family member Margaret Netherby, family member Doug Dunn, District III Lauren Retagliatta, District II Joe Metro, District V Erika Jenssen, Assistant to the Director of Contra Costa Health Services Dr. Matthew White, Acting Director and Medical Director for Behavioral Health Services Jan Cobaleda-Kegler, Adult and Older Adults Program Chief Jill Ray, Field Representative for District II Liza A. Molina-Huntley, Executive Administrative Assistant (EA)	**Executive Assistant:** • **Transfer recording to computer.** • **Update Committee attendance** • **Update MHC Database**
II. Public Comment • Margaret- mentioned her current annoyance with the Assisted Outpatient Treatment (AOT) program due to, another person's experience with procedures regarding medications and miscommunications with the courts. Would like for the leadership of Behavioral Health Services (BHS) to remedy the issues that the program is currently exhibiting • Cindy- present to listen to the procedural changes, pertaining to mental health services, that have been made since the loss of her son last year	
III. Commissioner Comments • none	
IV. Chair announcements/comments: • none	
V. APPROVE Minutes from March 15, 2018 meeting • **Leslie May moved to motion to approve the minutes, without corrections, Barbara Serwin seconded the motion** **VOTE: 2-0-0** **YAYS: Leslie and Barbara NAYS: none ABSTAIN: none** **ABSENT: Gina Swirsding (arrived @3:47pm)**	***EA will post finalized minutes on website at:** • **http://cchealth.org/mentalhealth/mhc/agendasminutes.php** •
VI. DISCUSS recommendations to/by Behavioral Health Services (BHS) regarding delays, in the availability and delivery of patient care- with Dr. Matthew White, Acting Director of Behavioral Health Services and Medical Director of Behavioral Health Services • **Dr. White-** due to HIPPA Regulations, in a public forum, all names will be omitted. Will discuss the review process and issues that were identified in the review process, changes that have happened, changes that need to happen	

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• A seminal event review that occurred, primarily led by the Adult Program Chief, Jan Cobaleda-Kegler • Tragedies illustrate gaps in the system and the changes that are needed, for people with co-occurring substance issues, mental health issues and especially cross-systems issues when people move from different types of care and locations • Will address several of the issues: fist, a lack of co-located substance abuse treatment, both in Psych Emergency Services (PES) and in the clinics. • Another was the discharge from both PES and from 4C, the inpatient unit, without real verification of a place where a patient might be going • A better connection to a substance treatment program • Denial of care at a residential treatment facility without identification of an alternate plan or a warm handoff • A lack of support for the family, in the clinic and from the system, both during and after • Issues regarding a wait list for a Case Manager • In the context of the wait list, a triage process to identify those most urgently in need of case management • Issues of communication liaising between, the inpatient environment before 4C, the inpatient unit and PES, the emergency room and the outpatient system of care • The sentinel review process itself, needs to occur in a more timely manner • Identifying situations when to proceed, some uncertainty of the standard process, issues with enforcement and follow up, after the review is done • Cross-system communications with both the inpatient hospital system and the outpatient Behavioral system have their own distinct processes on how to complete a sentinel review • Address some of the changes that have happened and some of the changes that need to happen • Recommendations, for the identification of, or a lack of a co-located substance abuse treatment. Efforts have been made, particularly in the clinics, in the Concord Adult Clinic there is now a substance abuse counselor, co-located in the clinic. There remains the issue of substance abuse connection and referral from the hospital environment, both 4C and PES. Both the Acting Director of BHS and the Director of Alcohol and Other Drugs (AOD) are currently discussing to piloting to have two days per week, a substance abuse counselor in PES. This new change will help identify individuals that enter the hospital/PES, intoxicated, exhibiting behavioral and psychiatric symptoms exasperated by the intoxication. Having a substance abuse counselor, two mornings per week, at the moment is what the budget can sustain. Will continue to make efforts towards improving connections with those clients with actual treatment services, as well as educating the staff at the hospital, regarding the availability of the services. This is a pilot program, if the program proves to be useful to identifying substance abuse issues and getting people connected to substance abuse treatment, then it will be expanded. This is still an issue, and an area where leveraging is needed, to address the increased need for services, due to the Drug MediCal Waiver • Regarding discharging patients from PES, as stated previously, a substance abuse counselor will be on staff two days per week at PES, to identify issues and help connect patients to substance abuse services and provide resources and educate staff regarding the	

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availability of services. Further progress needs to be made regarding getting patients connected to the services, specifically substance abuse treatment services • Issues pertaining to referring to housing, the CORE Team, part of the Health, Home and Homelessness (H3) division, have improved their services and is a resource that will develop more for homeless clients that have substance abuse issues. Before patients would be discharged to the streets, that has decreased and the CORE Team is being engaged so a person has a place to go • As for 4C in the hospital environment, due to the incidents, changes have been made to improve communication between discharged patients and getting to the next phase of care. One of the changes is to have a member from the Transition Team, physically present at PES on Thursdays, to discuss with the team and anticipate needs and try to provide better communication and connection to services • The Co-Chief Lead Psychiatrist, Patrick W (?) is partnering with BHS and attending the Bed Review meetings, with Dr. Jan Cobaleda-Kegler, to discuss the next stage of care. • Further considerations are being discussed regarding how to improve PES • The EPIC system is now connected to the outpatient clinics, as of last fall, the system implementation started and now in the inpatient and outpatient environment. This has improved communications in both areas. • Documentation requirements have increased, increasing the accountability behind efforts to link patients that are being discharged, to a case manager, or to outpatient appointments • Attempting to find alternate plans for patients, when faced with a denial from a residential facility. Sometimes, when patients are deemed too acute for a residential facility, it will result in a denial • The residential treatment facility in the incident, has implemented a number of reviews at Nevin House, including a number of policy changes, and what is known as a "warm handoff" policy. The policy means that if someone is denied care, that there will be a direct connection to the outpatient system of care to discuss the next step. Prior to this, they have developed that if a patient is in the process of being denied, it is discussed with management first, then the warm handoff comes into place, including efforts to find an alternate placement and an alternate level of care. More active efforts are being made to identify what are the most appropriate next steps. Also, a written notice of declamation, if the person is not approved for that care, it is declared quickly and communicated so that other arrangements can be made or identified. • There is a Family Support Worker in the Antioch clinic and in all adult clinics, to provide support to the families, during and after • At the Concord clinic there continues to be a way list for case management • There is a triage system in place, for case managers to prioritize the list, according to those with the most urgent needs and continued efforts towards improvements. • A **Value Stream Mapping Event is planned for the second week of June, to take place at the East County clinic**. It will involve a systemic review of following a client through the system, regarding access to care, from calling the mental health ACCESS Line, to getting an appointment, to being in a clinic, going through an appointment, through the referral process, and use the information to identify flow systems issues, bottlenecks, vulnerabilities in the system. The event will include process issues, as well as identifying	

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staffing issues. • Erika Jenssen, Assistant to the Director of CCC Health Services and Anna Roth, CCC Health Services Director, have offered their Improvement Process Redesign Team, that work towards making things better. It is a week-long event, in East County, since it possesses the most challenges. The team comes to the clinic, all day every day, for four days, following people through the system and mapping out how the system works. The team identifies where improvement could be, where stress points are, where bottlenecks are, and develop an idea from that point where specific future, more targeted Rapid Improvement Events are. During the Rapid Improvement Event a specific area is chosen, and the team will work on short-term and long-term intensive improvement projects. The team will develop the framework for thinking about how best to do the redesign and if things need to be changed, what kinds of things need to be changed. This event will lay out a road map for self-introspection and improvement. The first event will be followed by a serious of other events, a part of the process is bringing in stakeholders, patients, and the patient's families and lots of members of the community to participate in the process • Regarding the PES outpatient communication, as stated previously, EPIC has been helpful. There is not a formalized process for notifying managers of patients in PES that are being discharged. Currently, a list of patients is being faxed to a group of Program Managers in the Adult System of Care, from PES. It is a step, towards improving the process; additional ways are being considered to best utilize EPIC and other technology, to communicate more efficiently and effectively. • The most valuable piece is the introspection about the review process itself. It does take a community to learn from our mistakes, identify gaps and find ways to improve**.** • As a Medical Director, across systems, is to begin to bridge the system and become one system of care. There is an evolution towards approach, thoughts and improvements • The hospital base, Quality Committee, managed by Shelly Whalon and Priscilla Aguirre, Quality Management and Program Coordinator from the Behavioral Health Services Division are collaborating, to learn how both systems work. • The process did a great service in identifying and naming the issues. It is not currently great in applying to do items and enter the accountability for the items. This allows for a reexamination of the process and how to hold ourselves accountable to the results of this process • Lauren- is there a way that the system can capture denials, stressing the acuity of the patient? Can the County contract with other facilities to provide more options for patients, outside the county, because tomorrow is too late? If there is a wait list for Case Managers, what do we do as a community, to assure that there is enough money to hire more Case Managers? • Dr. White- the Value Stream Mapping Event will help identify what is happening throughout the system, then the issues can be addressed including staffing. With a needs assessment, comes greater clarity. • Teresa- expressed gratitude for sharing experience to help make improvements in the system. Noted that was part of the change process at the hospital and worked in partnership with the hospital team. Appreciates Dr. White's transparency of the system. Made note that she has confidence in the improvement process and in the authentic sharing and in the transparency exhibited. Also expressed	

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concerns regarding the denial process and the lack of cross-system communication. It is not acceptable to be discharged from PES, without support or a placement. PES cannot turn down people, contractors can, for various reasons and it happens a lot and it is a problem. If a person is too acute, that means the person needs help. • Cindy- the denial and the lack of communication across the system, was the biggest problem • Doug- if a person is a potential harm to others, or to themselves, they have the greatest need and if it is a funding issue to hire more case managers, that will be an issue for us as advocates to focus on • Jill- reinforced regarding the Value Stream Mapping. Learned at the Rapid Improvement Events that it may take reassigning people, or figuring out where the stops are in the system and redistributing maybe time or personnel. It is important to go through the process of discovering and identifying what the problem is • Lauren- in order to be on the wait list, a person has to be severely mentally ill. It leaves people at risk, when they are left unaddressed • Jan- this is a really difficult and hard process for everyone. To everyone in the system, we do work very hard to try to prevent tragic events and it does affect us. We chose this work because we want to make things better and help people that are in pain. We do have fractures in the system, we have many great pieces but sometimes not all of the pieces communicate well. The Value Stream Mapping is an opportunity to look at identifying the gaps and help solve the issues. Now we have substance abuse counselors in the clinics, we didn't last year; we do have new things happening in clinics to offer more to patients. We do need to reorganize and prioritize the types of services that we do offer our consumers and their families and we do need more funding. We have experienced an increase in patient numbers, since the implementation of the Affordable Care Act. The Regional clinics have had to increase their capacity and patients are requiring more services. Is looking forward to the process redesign • Gina- believes that there should be a county facility that a patient can be discharge from PES, for an extended period of time (15-30) days, if the patient is acute, a partial hospitalization program, to monitor medication reactions and harm to self. It is important for consumers to have other consumers, to talk to and understand them • Leslie- it is difficult for families with adult children, due to HIPPA regulations, the health care system cannot discuss anything with parents and loved ones and it is lonely for the parents too. It is frustrating because the parents have no rights to find out about their loved ones- the HIPPA handcuffs, they should have the ability to discuss what is best for their child when their child is incapacitated and unable to make decisions for themselves • Cindy- the only time we had an issue with communication, regarding HIPPA, was at PES. Glad to hear about the changes, does feel that more changes are needed, especially with Nevins House. If a patient is too acute to be accepted at a facility, there should have been a stabilization unit ready to accept a patient, instead of PES discharging a patient to the streets. Glad to hear about the increases in communication and that all systems are on EPIC, there needs to be more to save lives, one step at a time, and this is a step. • Lauren- does a sentinel case review happen every time that a patient dies? I believe it should happen on a more frequent basis and I truly appreciate everything that came forward and believe that it will save lives • Dr. White- a death that is not to be a suicide, and one of the modifications made in the policy is that reviews are done when there	

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is a suspected overdose. It is not just about doing more reviews, more important is the follow up	
VII. REVIEW motions, made by the Quality of Care Committee over the past year-with Chair, Barbara Serwin • Chair, Barbara- There is only one motion that is open, number two: "the Committee recommends forwarding the issue to the MHC to write a letter to the hospital, to CCRMC, to recommend incorporating the practice for PES/4C to check on patients and inquire about service and provides assistance in filing or resolving grievances". This process has been very successful to resolve problems, in the hospital, patients outside of PES/4C. The Committee has not initiated this action and it needs to move the issue forward. The Chair wants either Committee member, Gina or Leslie, to work on developing the letter over the next month. The Chair will review and Committee will forward to the Commission. Gina volunteered to develop the letter. The person in charge of the grievance process at the hospital is Lynnette Watts.	*** Gina and Chair will develop a letter, to advocate that the hospital extends grievance procedure to PES/4C and forward to the MHC for approval, before sending to CCRMC**
VIII. Proposal to conduct a customer satisfaction survey to measure consumer and family satisfaction within the Behavioral Health Services problem resolution process- with Chair, Barbara Serwin • Chair, Barbara- feels that consumers have shied away from the process due to perceptions' about the process and processes the Committee develop a customer satisfaction survey, it is something that will take some time and needs to be coordinated with BHS and the staff at the hospital. There is a lot of change occurring right now in the division is not sure that this is time to act on this endeavor. • EA- Priscilla Aguirre is the Quality Manager and Program Coordinator, and her team develops and conducts the customer satisfaction surveys, it would be best to coordinate the Committee efforts with her and her team, before starting the work. • Chair, Barbara- will contact Priscilla and discuss the matter further, to collaborate. The goal is to hear from the consumers receiving the services. • Gina- has noticed that there are grievance forms for consumers to complete, but not at all locations or areas • Erika- the team does collect consumer and family input and experience, during the Value Stream Mapping. The process includes team members that are family members and are part of the Leadership Advisory. A lot of information will be delivered from the event. Looking at the system and what does it mean to be consumer driven, person driven and client driven. What are we doing well in the system and the different parts and how can we share across. It is important to listen to the perspective, from the people that are receiving services. We want to make the system work, together • Chair- sounds like we will wait until the June event	*** The Committee will wait, until after the Rapid Improvement Event to take place in June, to learn more about consumer's experiences**
IX. Adjourned at 4:40 pm	