

**Mental Health Commission
Quality of Care Committee Meeting
Thursday, July 16, 2020, 3:00-5:00 pm
Via: Zoom Teleconference:**

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

**Join by phone:
1 646 518 9805 US
Access code: 609 413 6195**

AGENDA

- I. Call to order/Introductions
- II. Public comments
- III. Commissioner comments
- IV. APPROVE minutes from June 18, 2020 joint meeting
- V. REVIEW AND DISCUSS objectives, including purpose, scope and focus
- VI. REVIEW AND DISCUSS Site Visit Program elements of Behavioral Health Services (BHS), the Mental Health Services Act (MHSA) and San Francisco County. Identify types of institutions that are visited, templates, who attends visits, timing of visits, frequency of visits, reporting, remediations
- VII. DISCUSS how the Mental Health Commission Site Visit program should be similar and different from the BHS, MHSA and San Francisco programs
- VIII. Schedule additional Quality of Care Committee meetings for continuing work on the MHC Site Visit program
- 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) 957-2619

DRAFT Project Plan for Development of MHC Site Visit Program

I. Implementation Milestones

- *Schedule site visits for October, November and December by September 1st, 2020. Continue scheduling into 2021 in November, 2020.*
- *Complete the definition of the Site Visit Program, including scope, policy and procedures and initial list of sites to visit by October 1st, 2020.*
- *Test the program at a site in October and make necessary changes.*
- *Obtain approval of the program by the MHC at the November 2020 meeting.*
- *Implement Commissioner and site feedback before November site visits.*
- *Conduct site visits in November and December 2020.*
- *At the December, 2020 MHC meeting, report on site visits that occurred in October and November.*
- *Implement Commissioner and site feedback from December meeting by end of December, 2020.*
- *Continue refinement of program during 2021.*

II. Site Visit Program Definition

- Define objectives, including purpose, scope and focus
- Review site visit programs of other California counties and choose closest model (San Francisco)
- Research site visit program components of BHS, MHSA and San Francisco County: identify types of institutions included, templates, who attends, timing of visits, frequency of visits, scheduling of visits, reporting, sharing of results with site and with BHS, remediations
- Determine how the MHC site visit program will be similar and different from the BHS, MHSA and San Francisco programs
- Design interview/question templates
 - Review BHS site review interview/question templates for quality of care related questions
 - Review MHSA Program and Fiscal Review interview/question template for quality of care related questions
 - Review San Francisco County interview/question templates
 - Analyze all quality of care related questions from reference interview/question templates and select those that best meet the objectives of the MHC program; draft any necessary additional questions
- Design recommendations and remediation plan

III. Policies and Procedures

- Define policies including criteria for sites to visit; requirements of Commissioners; number, frequency and timing of visits; requirements for reporting out to MHC, BHS and MHSA
- Define procedures for selecting sites to visit; scheduling; the actual visit; documentation of visit; follow up with site; reporting;

- Define how program will be managed and maintained including who will do scheduling and act as point person; distribution of reports; maintain electronic files; update program materials

IV. Testing

- Define test plan
- Perform test visit(s)
- Integrate feedback

V. Implementation: October – December, 2020

- Establish list of sites to visit
- Schedule visits with site managers and with Commissioners through March, 2021
- Create and distribute Site Visit orientation packet for site managers and Commissioners
- Conduct visits
- Complete documentation/reporting
- Complete follow up with site
- Schedule site visit report-outs on MHC agendas
- Track on any remediation steps with the appropriate BHS staff

Mental Health Commission Executive Committee Meeting 8/27/19 *Transitioning the MHC Site Visit Project to the Quality of Care Committee*

The Mental Health Commission Executive Committee has performed foundation work on creating a policy for MHC site visits on and off for the past two years. It's a challenging issue and it's been difficult to sustain momentum. Regular site visits, however, are a mandated responsibility of the Mental Health Commission, and as such we need an active program of site visits in place. Executive Committee has gathered enough background information that it is possible to transfer the project to the Quality of Care Committee for full development.

To date, the Executive Committee has reviewed the site visit policies of the counties of San Francisco, Napa, Orange and Ventura. It has also discussed the issue of BHS site visits with past director of BHS, Cynthia Belon, director of BHS Adult Services, Jan Kobaleda-Kegler, and of MHSA site visits with the director of MHSA, Warren Hayes. It also has discussed past site visit practices with prior Commissioner Lauren Rettagliata.

The key take-aways from this research are:

Background:

- In the past there have been periods of regular MHC site visits and periods of ad hoc site visits. For the past five years at least there has not been a formal MHC site visit program in place.
- MHSA has a mandated and very structured site review process. Each MHSA site is reviewed every three years in a very detailed, proscribed way.
- BHS does not have a standard site visit policy and does not have an annual site visit schedule.
- Two years or so, under prior director of BHS Cynthia Belon, BHS drafted a site visit form for use by the MHC. It was not, however, adopted by the MHC.

Recommendations:

- To maximize efficiencies, the MHC site visits should complement the BHS and MHSA site visits rather than compete with them
 - The MHC should not attempt to duplicate certain efforts by BHS and MHSA in their own site reviews, especially reviews of more technical issue, e.g. compliance and financials.
 - The MHC should focus instead on the consumer experience and the family and caregiver experience. Other reviews do not focus their energies on this topic.
- The scope of sites is any and all mental health related treatment facilities, including those operated by CCRMC, e.g. PES, 4D.
- MHC site visits need to be a mandatory responsibility of all Commissioners, not just leadership or Quality of Care Committee members.

- MHC site visits should be part of the educational process for Commissioners, at least one occurring early in the period of duty of Commissioners.
- There should be a minimum of two Commissioners to participate in a given site visit. The number could be higher but at least two is recommended.
- The MHC site visit policy should include a method and rationale for selecting which sites will be visited each year. It should also include a stated means for assigning sites to individual Commissioners—whether sites are actually assigned to Commissioners or whether Commissioners choose sites from a list.
- The MHC site visit policy should include a standardized form and process that specifies what information should be collected and how.
- The approach to collecting information from consumers and family members and caregivers should allow for some free-flow conversation rather than being solely a list of short answer questions or ratings
- The process of an MHC site visit needs to ensure that consumers feel trusting and anonymous so that they can speak their minds without fear of reprisal.
- Formal MHC site visits should be scheduled with the facility in advance so that staff can be prepared and enough consumers and family members and caregivers can be available to conduct a worthwhile visit.
- The formal site visit program doesn't preclude ad hoc informal site visits.
- The results of site visits should be shared out to other Commissioners; BHS, CCRMC and MHSA staff; and the Public.

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CHILD AND YOUTH SATISFACTION SURVEY

1. Tell me a few things about this program or service that you like the best?

2. Do you know why you are here?

3. Do you have anyone you take care of (elderly parents, sibling, child)

4. Does the staff ask you for your ideas about services you might need?

Yes No

Comment:

5. Do you feel the staff listens to or uses your ideas about services you might need?

Yes No

Comment:

6. Do you feel the staff respects you?

Yes No

Comment:

7. Do you feel safe in this program?

Yes

No

Comment:

8. How do you get to and from this program? How long does it take you to get here from where you live? Do you feel safe in this program's neighborhood?

Yes

No

Comment:

9. How long have you been getting these services? How long do you expect to be in this program?

10. Do you feel this program is the right one for you?

Yes

No

Comment:

11. Does the staff recognize your individual strengths, skills, and capabilities? (for example, your leadership abilities, compassion for others, artistic talents, musical ability, etc.)

Yes

No

Comment:

12. Does the staff help you use these strengths in your recovery?

Yes

No

Comment:

13. Does the staff help you connect with other resources? (for example, programs in your school and neighborhood, medical needs, vision, dental, legal, housing, male/female issues, etc)

Yes

No

Comment:

14. What could be added to this program or service to make it work better for you?

15. Is the staff willing to make appointments that are convenient for you?

Yes

No

Comment:

16. Are you taking medications? If Yes, ask questions a to i. If No, go to question 17.

Yes

No

a. Did a doctor or staff person talk to you about what the medications were for?

Yes

No

b. Did a doctor talk to you about the side effects of the medications?

Yes

No

c. Did a doctor or staff talk to you about alternatives to medication, such as other kinds of treatment programs?

Yes

No

d. Did the doctor or staff answer all of your questions about your medications?

Yes

No

e. [For female clients](#): Did a doctor talk to you about the impact of medication on your hormones, menstrual cycle, pregnancy or sexual function?

Yes

No

f. [For male clients](#): Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes

No

g. [For transgender clients](#): Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes

No

h. Do you feel the medications you are taking are helping you?

Yes No

i. If you had a problem with your medications, did the doctor or staff listen to your concerns? What did they do about your concerns?

Yes No

Comment:

17. Has the staff shared with you the documents your parents signed?:

j. Did you have the chance to look them over? Yes No

k. Did you read them? Yes No

l. Could you read them? (for exp. Can't read) Yes No

m. Do you understand what they signed? Yes No

Comment:

18. Do you feel that staff keeps your treatment records confidential?

Yes No

Comment:

19. Do you know what WRAP is? (Wellness and Recovery Action Plan)*

Yes No

20. Do you have a WRAP plan?

Yes No

21. Is there anything else you would like to tell me about?

*WRAP is a self-designed plan to help people with mental health conditions stay well and to help individuals to feel better when not feeling well, increase personal responsibility, and improve quality of life. WRAP consists of the following: Wellness Toolbox, Daily Maintenance Plan, Identifying Triggers and an Action Plan, Identifying Early Warning Signs and an Action Plan, Identifying When Things Are Breaking Down and an Action Plan, and Crisis Planning and Post Crisis Planning.

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CLIENT SATISFACTION SURVEY

1. Tell me a few things about this program or service that you like the best?

2. In what ways does this program, or these services help you the most?

3. Do you feel that your needs are being met? (examples: culturally, gender responsive, language, other, etc.)

4. Do you have children, elderly parents, or anyone else whom you are responsible to care for? What are some ways that this program supports you in balancing your needs and your caregiving needs (for example, providing toys and a play space for children, discussing how to bring up treatment with relatives, etc)?

5. Are there ways in which this program or service is new and different for you than other programs or services you have been involved with? (for example, is it better or is it worse?)

6. Does the staff ask you for your ideas about services you might need?

Yes

No

Comment:

7. Do you feel the staff listens to or uses your ideas about services you might need?

Yes

No

Comment:

8. Do you feel the staff respects you?

Yes

No

Comment:

9. Do you feel safe in this program?

Yes

No

Comment:

10. How do you get to and from this program? How long does it take you to get here from where you live? Do you feel safe in this program's neighborhood?

Yes

No

Comment:

11. How long have you been getting these services? How long do you expect to be in this program?

12. Do you feel this program is the right one for you?

Yes

No

Comment:

13a Does the staff recognize your individual strengths, skills, and capabilities? (for example, your leadership abilities, compassion for others, artistic talents, musical ability, etc.)

Yes

No

Comment:

13b. Does the staff help you use these strengths in your recovery?

Yes

No

Comment:

14. Does the staff help you connect with other resources? (for example, medical needs, vision, dental, legal, housing, male/female issues, etc)

Yes

No

Comment:

15. What could be added to this program or service to make it work better for you?

16. Is the staff willing to make appointments that are convenient for you?

Yes

No

Comment:

17. Are you taking medications? If Yes, go to #21. If No, skip ahead to question 22

Yes

No

18. Where do you get your medications? Is it convenient for you?

- a. Did you sign any papers agreeing to take medications?
Yes No
- b. Did you understand them?
Yes No
- c. Did a doctor or staff person talk to you about what the medications were for?
Yes No
- d. Did a doctor talk to you about the side effects of the medications?
Yes No
- e. Did a doctor or staff talk to you about alternatives to medication, such as other kinds of treatment programs?
Yes No
- f. Did the doctor or staff answer all of your questions about your medications?
Yes No
- g. [*For women clients*](#): Did a doctor talk to you about the impact of medication on your hormones, menstrual cycle, menopause, pregnancy or sexual function?
Yes No
- h. [*For male clients*](#): Did a doctor talk to you about the impact of medication on your hormones, or sexual function?
Yes No
- i. [*For transgender clients*](#): Did a doctor talk to you about the impact of medication on your hormones, or sexual function?
Yes No
- j. Do you feel the medications you are taking are helping you?
Yes No
- k. If you had a problem with your medications, did the doctor or staff listen to your concerns? What did they do about your concerns?
Yes No

Comment:

19. Think of the documents you've signed:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| l. Did you have the chance to look them over? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| m. Did you read them? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| n. Could you read them? (for exp. Can't read) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| o. Did you understand what you were signing? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Comment:

20. Did you ever sign a document you didn't want to sign?

Yes No

Comment:

21. Do you know that information about you cannot be given to anyone unless you sign a release?

Yes No

Comment:

22. Do you feel that staff keeps your treatment records confidential?

Yes No

Comment:

23. Do you know what WRAP is? (Wellness and Recovery Action Plan)*

Yes No

24. Do you have a WRAP plan?

Yes No

25. Do you have a Mental Health Advanced Directive? (also known as Psychiatric Advanced Directive)

Yes No

26. Is there anything else you would like to tell me about?

*WRAP is a self-designed plan to help people with mental health conditions stay well and to help individuals to feel better when not feeling well, increase personal responsibility, and improve quality of life. WRAP consists of the following: Wellness Toolbox, Daily Maintenance Plan, Identifying Triggers and an Action Plan, Identifying Early Warning Signs and an Action Plan, Identifying When Things Are Breaking Down and an Action Plan, and Crisis Planning and Post Crisis Planning.

** MENTAL HEALTH ADVANCED DIRECTIVE: Document developed voluntarily by a person with a mental health condition when the person is doing well to ensure that during periods, when the person lacks the capacity to make an informed decision about mental health care, their choices regarding treatment and services shall be carried out.

The potential benefits of Mental Health Advance Directives include increasing treatment collaboration by improving communication between the individual and his/her treatment team; allowing for consumer-centered care and treatment planning; expediting crisis interventions; preventing unnecessary guardianship procedures; and promoting individual autonomy and empowerment in the recovery from mental illnesses.

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Dear Client/Consumer,

Do you have anything you would like to say about this program and the service you receive here? There will be a chance to be interviewed, anonymously, by someone who does not work for this program or the mental health system, and say anything you want to about your treatment. We are volunteers from the community who are also members of the Mental Health Board. *Many of us are consumers or family members.*

We will be coming soon to your program to do a review. There will be a *CLIENT PARTICIPATION NOTICE* posted to let you know the **date and time** of the review. The interviews will be conducted in private and you don't have to tell us your name if you don't want to. These interviews are completely voluntary on your part, and are not considered part of your treatment. We only want to talk to people who want to talk to us. We hope, though, that you will want to. The report we will write gets *reviewed by your Program Director (no names are mentioned in the report), and the Community Behavioral Health Services Director.* We think the information we get from you is important and can result in better services.

We look forward to talking to you about your services.

Sincerely,


Kara Ka Wah Chien, Chair



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Dear Program Director,

The Mental Health Board of San Francisco is charged with reviewing programs that are a part of the Community Mental Health System. We review from five to ten programs a year. Your program has been chosen for this special type of review.

Here are the steps involved:

1. Helynna Brooke, Executive Director of the Mental Health Board (MHB), or Loy Proffitt, Administrator, will call you to schedule the review.
2. Once the date is set, the MHB will send you:
 - a. Letters to distribute to your clients or parents of clients for programs serving children, inviting them to participate in the review if they so chose.
 - b. Notices to post at your center to inform clients or parents of clients for programs serving children, of the opportunity to participate in the review.
3. On the day of the review:
 - a. A member of the MHB will come to your program and will meet with you to get some background information about your program before interviewing clients. For larger programs where it's likely that a larger number of clients will volunteer to be interviewed, two Board members may come as a team.
 - b. Client interviews will begin. Please have a private room or space set aside. The interviews are totally confidential. Each interview will take anywhere from a few minutes to half an hour, depending on how much the client has to say. The interview can be an empowering experience for the client. It's a chance for them to have direct, personal input into the process of improving our mental health system.
 - c. If there is time, the reviewer from the MHB may want to interview a staff member or two about how the program works.

Key things to remember:

1. The client interviews are voluntary. We appreciate it if you do everything you can to make sure clients know about the interviews and what they are for, but no client should be told that they have to participate.
2. All information gathered in the client interview is confidential. The reviewer from the MHB will not be able to tell you what was said in the interviews.
3. The MHB reviewer is only doing an interview with the clients, and will not attempt to intervene in individual treatment plans or offer to fix any problems or complaints a client might bring up.
4. The MHB reviewer will not look at client charts, billing records, financial documents, or any of the other things covered by the reviewer from CBHS. Our focus is on the clients, the services they receive, and how they feel about it.
5. The reviewer from the MHB will write a summary based on the findings of the interviews. The summary will be presented to the Director of Community Behavioral Health Services with a copies to you and the program's CBHS monitor.

In the event you disagree with any of the findings or recommendations of the MHB, you'll of course have an opportunity to respond to CBHS and we urge you to do so.

We like to emphasize that this is a friendly review rather than an investigation. Not only is this process of value to CBHS and DPH in their evaluation of programs, but it helps make the Mental Health Board stronger and more articulate advocates for mental health funding when we meet with Supervisors and mayoral staff at City Hall during the course of the year. Also, the reviews help us understand what's happening on the front lines of the mental health system, which then adds immediacy and depth to the recommendations we make in our Annual Report to the Board of Supervisors.

If you have questions about this review process, we'll be glad to answer them. Please feel free to call 255-3474 at any time.

Sincerely,



Kara Ka Wa Chien
Chair

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Parent Satisfaction Survey

1. How are the services provided here helping you and your child?

2. Are you and your child treated with respect by the staff? Y N

- Are you satisfied with how this programs deals with you and your child's unique needs (with regard to race, sexuality, gender, language, culture, etc.)? Y N

3. Have the treatment staff asked for your ideas about the services your family needs?
? Y N

4. Were you and your child involved in creating the treatment plan, including goals? Y N

- Do you understand and agree with the goals? Y N

5. Did a doctor or staff member discuss with you and your child the purpose of any prescribed medications, their side effects and interactions? Y N

- My child doesn't get medications here. Y N

- Were your questions answered to your satisfaction? Y N

- Do you think the medications your child is taking are right for him/her Y N

6. Were you given informed consent papers to sign regarding prescribed medications and did you understand what they said? Y N

Does your child does not get medications here? Y N

7. Has the staff assisted you or your child with other services, such as legal housing, financial, educational, or other things? Y N

8. Did you sign any documents reluctantly?

9. Do you believe that your child's treatment records are kept confidential? Y N

10. Does the staff try to accommodate your schedule? Y N

- If you need to cancel an appointment, can you get another one? Y N

11. Do you think this program, and services it provides, are right for you and your child? Y N

12. Do you feel staff helps you and your child work together? Y N

13. Is your extended family allowed to participate if they wish? Y N

14. Is your child part of a blended family? If yes, does the program include all of your child's blended family members in his or her recovery? Y N

15. Do you and your child feel comfortable here? Y N

16. What do you like best about this program?

17. What do you think needs to be improved that would help make this program better for other families?

18. Is there anything else you would like to share with me about this program?

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Questions for Program Directors and Staff Members

1. Does your program have a brochure, written description or website which is given to the public? May I have a copy?

2. Can you give me an overview of your program?

3. Do you provide gender responsive programs? If yes, please give me an example.

4. What evidence based recovery programs are you using? (For example, for clients with substance abuse, dual diagnosis, trauma or other mental health issues.)

5. How do you measure your success and what challenges have you had?

6. What has been successful?

7. Who refers clients to you? _____. To whom do you refer clients? _____ Can clients refer themselves to your program? Yes No

How long is your waiting list? (currently)_____ (on average)_____

8. What other agencies do you work with regarding your clients' needs?

9. Do you have a way of seeking staff input on how the program is working? Yes No

10. Do you work with clients' families or significant others? Yes No

11. Do you refer family members to support groups? Yes No

12. Do you ask clients if they want to sign a release of information form so that families or significant others can inquire about them? Yes No

13. Do you use psychiatric directives with your clients? Yes No

14. Do you use volunteers? (For example, peers, interns or others)
 Yes No

15. Does the diversity of your staff reflect the community you serve? (For example, ethnic, age, language, culture, gender, gender orientation, socio economic) Yes No

16. Do you have any peers managing programs? ____yes ____ no
If yes, what programs? _____

17. Do you use input from client's ideas for programs? If yes, please give an example.

18. In order to improve services, what support do you need from Community Behavioral Health Services?

19. Are there additional comments that you would like to make?

MENTAL HEALTH ADVANCED DIRECTIVE: Document developed voluntarily by a person with a mental health condition when the person is doing well to ensure that during periods, when the person lacks the capacity to make an informed decision about mental health care, their choices regarding treatment and services shall be carried out.

The potential benefits of Mental Health Advance Directives include increasing treatment collaboration by improving communication between the individual and his/her treatment team; allowing for consumer-centered care and treatment planning; expediting crisis interventions; preventing unnecessary guardianship procedures; and promoting individual autonomy and empowerment in the recovery from mental illnesses.



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GUIDELINES for PROGRAM REVIEWS

INTRODUCTION

“Program reviews are one of the most important things our Board does every year.”

“Program reviews are one of the most interesting and rewarding things we do as Board members.”

What is a program review?

Every year Community Behavioral Health Services (CBHS) does a program review or monitoring report of every program. The reason this is done is summarized in the following policy statement:

It is the policy of the Department of Public Health to conduct monitoring and evaluation activities which ensure that programs are meeting their service objectives, following required procedures and meeting established standards of care. Within Community Behavioral Health Services (CBHS) this policy applies equally to city-operated and contractor-operated program, and emphasizes the satisfaction of consumers in evaluation of service programs. (Policy 2.05-9)

When each review is completed a monitoring report is filled out and tabulated by CBHS and it is then forwarded to the Health Commission. Each year when the Health Commission approves contracts and budgets, the monitoring report for each program is attached to their contract or budget. The Commission looks at the strengths and challenges of each program before approving them for continuing funding, so the monitoring report is quite a serious and effective part of the quality assurance process in the Department of Public Health.

What is the Mental Health Board’s role?

CBHS does a review of the charts, the budget, the number of service units completed, and issues of compliance with regard to policy and legal mandates. CBHS also reviews the level of client satisfaction for each program through the CSQ-8 Survey, which is a written evaluation form filled out by clients.

The Mental Health Board does in-person interviews with clients, the only such interviews that are done, so the MHB plays a very important role indeed. In the case of children's programs, we talk with parents about their satisfaction of their child's and family's experience of treatment.

How much does the MHB review matter?

Mental Health Board members are volunteers, many of whom have had personal experiences with CBHS or other community mental health systems. The one-to-one interviewing by a board member provides the opportunity for consumers to share a range of feelings and experiences they have had with CBHS. The summaries of the programs completed by board members provide CBHS with a unique perspective about how clients feel about their treatment. Over the years both highlights and exceptional aspects of programs have been mentioned as well as concerns or problem areas. For example the large number of clients who expressed the need for more group therapy options led to a change in CBHS to providing more groups for clients. This suggestion would not likely have come out in the Client Satisfaction Surveys done by the department. So the work we do in the review process is taken quite seriously by the decision makers in Community Behavioral Health Services and in the Department of Public Health.

Why was our Board chosen to do the client interviews?

Our Board is made up of independent citizen advisors who are not being paid by the mental health system. Also a majority of our members are clients and family members, and the Board as a whole is dedicated to making sure that the best interests of the clients are being served. We have a history of putting the client first.

So the MHB is the right group for this very sensitive type of review. We have found in the past that clients respond well when our Board members announce, "I am a community volunteer from the Mental Health Board." It helps put people at their ease during the interview.

What are the challenges and benefits of doing a review?

Reviews can be a little intimidating at first, but we know from past experience, that once you've done 2-3 reviews, you will find yourself sailing through most of them. It's only in the minority of cases that we run into special problems or complications either with the review itself or with writing up the report.

Once you get the hang of them, reviews are really quite enjoyable. They are great learning experiences. You get to find out first hand about key programs in the mental health system. You get to meet very impressive and dedicated staff. You get to meet clients who are often quite courageous in the work they are doing to heal and to create a stable life of opportunity for themselves. The interviews can sometimes be quite inspiring.

How do reviews contribute to our advocacy work?

Each review we do gives us a deeper, more personal understanding of mental health programming, which in turn makes us more articulate and effective advocates when we are talking with members of the Board of Supervisors, or with Health Commissioners, or staff from the Mayor's Office. We're able to talk knowledgeably about specific programs and report first hand on the quality of the services we've visited. Doing reviews also gives the Board information about the needs of the mentally ill that are not being met.

What should I know about conflict of interest?

Our reviews are part of the legal record about the performance of the programs in the system, therefore, they are of special importance. In order to make the system fair, and to keep the reputation of the program reviews high, it is Board policy that you not sign up to review a program if you are or have been:

- a client
- the family member of a client
- a staff person
- a volunteer
- a close friend of someone who works there.

It doesn't matter whether your experience was positive or negative, just your close association with the program is enough to make you ineligible to review that program. And even if you feel sure you can be objective, it's important to the Board that we not have even the appearance of bias or hidden agendas, because that would hurt the reputation of the review process.

Why do we care so much about doing the reviews in a fair and professional way?

The Mental Health Board is not the legal authority which actually runs the mental health system. We have no power to hire or fire the mental health administrators. We have no authority to order the system to institute policies or terminate policies. We have no direct control over the budget. All of those duties and responsibilities belong by law to the Health Commission.

Instead of operating by authority, the Mental Health Board operates by influence. This means we influence decision makers by relationship building, by knowing what we are talking about, by the respect people have for us, and by the power of our reputation. So we work hard to maintain an excellent reputation for our work on program reviews.

We want the programs to know that when someone from the Mental Health Board comes to do a review, it will be a fair, respectful, and objective process. We want programs to receive us with an open and welcoming attitude rather than getting defensive. No program has ever volunteered to be reviewed, and that's because the reviews are time consuming and something extra to do when they already have more than enough to do every day. However, once programs are chosen, we find the majority of the directors do take a positive attitude, and take pride in showing off their programs. We want that tradition to continue.

Therefore, you'll see policies in this handbook designed to keep the reviews scrupulously fair, and to keep the process successful. At the same time, we want programs to know that we mean business, that we have a mission, which is to insure that consumers are getting respectful, effective, quality services. And they need to know we will not compromise on our mission.

So it comes down to trust. We want the programs to trust that we will always be fair, and also to trust that we will always be dedicated to assuring quality.

SETTING UP A REVIEW

How are programs chosen?

1. Programs we're personally interested in.

Some Board members simply pick a program just because they are interested in learning more about it firsthand.

2. Programs we've heard good things about.

There are programs we've heard are doing a great job. Sometimes we'll choose to review them to find out if what we've heard is true, and if so, then we can help promote that program or that type of program.

3. Programs we're concerned about.

Sometimes Board members have heard things about a program that concern them and they'd like to look into what's going on. Sometimes CBHS will recommend a program to us that they have concerns about.

4. Programs which have a special strategic importance.

For example, Mental Health Services Act programs are relatively new, and it's absolutely essential to the success of the overall system under managed care

that these programs succeed. This is one example of a type of program the Board follows closely.

5. Programs which cover the range of services.

We try to get a broad representation of programs to review each year, looking at such categories as inpatient and outpatient, city-operated and contractor-operated, or children's, adult, and older adult programs.

How do the reviews get scheduled?

The MHB staff will call the programs directors to find out when clients are involved in their programs and would be there for interviews. Clients have busy lives so we don't ask that special separate times from when they are coming for treatment be arranged for the interviews. Then staff calls the board members who have expressed interest in the program to find a time in their schedule that coincides with times clients are available for interviews. Once the time is set, staff will send you the interview and summary forms and send the program a Client Letter to post describing the review process and a notice showing the date and time of the review.

How much time do they take?

The total time for a review depends on the number of clients you interview and how much those clients want to talk. Typically reviews take a minimum of 2 hours and can run to 3 hours, and on occasion, longer. Usually the interview of the director takes a half an hour and most client interviews take about fifteen minutes each.

What kind of support will I get?

The MHB sometimes provides training, often at the full Board meeting, or at a special meeting to which all Board members are invited.

MHB staff are also quite glad to provide individual training for Board members who cannot make it to one of the meetings for training, or if training was not provided that year.

Staff are also very happy to field calls and questions at any point in the review process. Please don't be shy about calling on them for assistance. Again, these reviews are sophisticated, there's a lot to them. We believe every question is an important question, no matter how large or small.

If it is your first time to do a program review, the staff will go with you to the program to be personally available to you if you have any questions during the process. We want to help make your first program review an enjoyable experience.

What happens if I can't do a review I have been scheduled for?

Once in a while this happens. Please just call the staff right away and let them know so they can see if they can quickly find someone else to go in your place. Reviews are not easy to re-schedule, because of the notification requirements, so the staff will do their best to find a substitute, even at the last minute.

DOING THE REVIEW

STEP ONE: Director Interview

1. Meet the director
2. Ask the questions on the staff questionnaire.
3. Ask to see:
 - o Grievance poster
 - o Clients Rights Advocates Poster
 - o Client Notice from the Mental Health Board

Remember that an experienced director will not reveal anything they don't really want to reveal, so it's not your job to pin them down or try to catch them off guard. The interview with the director is only to provide background for the interviews of the clients. Some of the most serious problems in the programs can be personnel problems which the director is not allowed to discuss with you.

Many directors will be happy to have the chance to talk with you about the challenges and struggles involved in running their program, such as not enough funding and not enough staff. They'll also be very glad to talk about the strengths and successes of their programs.

You may also interview one or two additional staff members if you have time, but remember that the main focus of the MHB program review is on the client interviews.

If the director is not available for some reason, ask to do an interview with the staff member who is in charge.

STEP TWO: Client Interviews

1. Conduct each interview in private.
2. Introduce yourself as a member of the Mental Health Board and explain that you are a community volunteer and do not work for Community Behavioral Health Services.

3. Explain that the purpose of the interview is to find out both the strengths and weaknesses of the program in order to make programs better. Let the client know that you want to hear the true story about his or her experiences.
4. Let the client know that the interview will be confidential and you will not be putting their name on the form. The client does not even have to tell us his or her name.
5. Let the client know that the interview is voluntary, and it will not affect their treatment plan. Ask how they found out about the interviews. If they were told they have to come, that misinformation needs to be corrected.
6. Ask the interview questions. It's okay to ask follow up questions or additional questions that you think are important to ask.
7. Be sure **not** to tell clients that you will fix any problems they present. We can't give any assistance around medications or problems with staff. We can only encourage them to talk with someone at the program who can help them.

Remember that the point of the interview is to elicit the whole truth—both the strengths and the problem areas of the program. Calling forth the whole truth is what will make the interview empowering and healing for the client, as well as useful for improving programs. We want this to be a real evaluation. We especially want to make sure the clients are honoring their own progress and courage, instead of just indulging in an old fashioned gripe session.

COMPLETING THE REPORT

STEP THREE: Complete the report

Fill in the name of the program, your name, and the date of your review. It can be filled out by hand.

1. List a few strengths you see in the program.
2. List any concerns you have about the program.
3. Put any recommendations you have for the program based on things you heard from the director or clients.
4. Add any additional comments you might have about the program.

The report does not need to be a long one. What matters is to capture the essence of what you've observed and discovered. Submit the report form to the MHB staff. Staff can help you with writing the report, and can type your handwritten reports. Return all client surveys and director surveys with your notes to MHB staff.

What can we put in our program reports?

1. Staff examples:
 - a) is reflective of client population (ethnicities, other demographics), or not reflective.
 - b) training includes instruction in improved relationship with clients, interpretation of Administration policies on client's rights and care, or training is not emphasized.
 - c) understands purpose, mission, and goals of CBHS as well as their individual programs, or doesn't seem to.
 - d) Director maintains good relationship with other programs within and outside of DPH, which works to the benefit of their clients and enhances the continuum of care or doesn't.
 - e) is enthusiastic and committed.
2. Clients feel:
 - a) service is helping them or not.
 - b) services provided are culturally competent or not.
 - c) that the program respects principles of consumer guidance or does not seem to.
 - d) that facility/atmosphere is conducive to getting better, and provides a helpful, healthy environment, or if not, the weaknesses.

What if we have other concerns about the program such as how the facility looks or staffing shortages that are not part of our review process?

In addition to submitting our reports on individual programs, it is the right of the Mental Health Board to submit a report to the Director of CBHS on things we've discovered and observed about programs or the system as a whole in the process of doing our reviews. Here are two examples of such items:

a. A system-wide limitation that programs are not individually responsible for.

Our mental health system has been underfunded for years. And when we go out to individual programs we may well see the results of this. Perhaps we think the program we're visiting is doing great work, but the staff are being run ragged, case loads seem too large, and clients could use more individual attention. This is not a good thing, but the program is not to blame and it cannot change the situation by itself. This is really a political and budgetary problem, and we need to focus on advocacy at City Hall for the solutions.

b. A problem discovered in one program that can lead to new policy for the entire system.

Since the advent of managed care, CBHS has put a major focus on the way the system of care works as a whole. So during the program review process, they are looking not only at the quality of each individual program, but at the quality of the working relationships between all the different programs in the system.

If we notice in the course of doing our reviews that there is a problem that has to do with the interface between programs, we might take an in-depth look at the problem, not from the program perspective, but from the system perspective.

For example, in the early 1990's when the cluster or coordinated system was instituted, it was discovered that the process of referring clients from inpatient units to outpatient community based programs was often not working well at all. That's an example of a problem that no program can solve on its own. But CBHS did develop strategies, such as intensive case managers, to bridge that gap and make significant improvements.

FINAL THOUGHTS

What should I do if I go to a review and find I'm not expected?

It's rare that this happens, but on occasion it does. Please call the staff at the MHB office right away to let us know so we can find out why this has happened. If it's a genuine communication error, that's one thing, but if we've set up a review and there has been no notification to clients as well as no notification to staff, then the program has clearly failed the review process, and that will be the key part of the report we submit.

If there are no clients to interview.

This is a challenge. But the interviews are totally voluntary. So if no clients want to be interviewed then we can't fault the program. However, we do want to know that the program has made a clear and determined effort to inform all clients of the review, its purpose, and the date and time when it is taking place.

If you believe they have sincerely done this, then you can't fault them.

You may then decide to interview a staff member or two and write a short report on what you've seen and heard. Or you may decide not to submit a report at all.

The importance of making judgment calls.

Our in-person interviews are invaluable for collecting significant information about programs, however, the clients who volunteer for these interviews are self-selected, so this is by no means a scientific survey.

There are people who are into complaining, and don't like to say something appreciative, even if lots of good things are going on. There are also people who are so polite that they won't mention it, even if really bad things are going on.

These are two reasons why doing the interviews in person is so important. We get so much more information than with a written survey. We can read facial expressions and body language as well as hearing what the clients are saying. We can ask for specific details on a compliment or complaint to make sure we know how to best judge what we are hearing. We can ask follow up questions to make sure we're hearing the whole story.

We cannot interfere with treatment or medication issues or provide any kind of service for a client.

This is one of our most important rules. In program reviews we have to separate advocacy from evaluation. For the most part clients understand that we are only there to do a review. But once in a while, a client will ask us to get their medication changed or to make a change in their treatment plan. Sometimes we feel a tug on our hearts and want to be able to help the client directly.

But we are not authorized to intervene in any way in their treatment, nor do we know them well enough to do so effectively. And any such personal intervention might invalidate the whole review.

But we can encourage the person to talk with their assigned staff or the program director about their concerns. If they have serious complaints, we can also notify them about the grievance process and point out the grievance poster that should be posted in a very visible place at the program.

DON'T FORGET THIS—

**THE GRAND FINALE OF A
PROGRAM REVIEW**

When you are all done with the review and your report is submitted to the MHB office, take a minute to acknowledge yourself for doing something really important for the sake of mental health clients and their families and loved ones. Before rushing off to the next thing on your schedule, honor the fact that you are someone who is volunteering your time, because you care about people who are so often discriminated against, and left behind by the larger society.

SAN FRANCISCO MENTAL HEALTH BOARD



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Program Review Summary Form

Name of Program _____

Mental Health Board Reviewer _____

Date Program Reviewed _____

1. Describe some of the strengths you see in this program.

2. Describe any concerns you have about this program.

3. Recommendations

4. Additional Comments

Mental Health Services Act (MHSA)

Program and Fiscal Review

- I. **Date of On-site Review:**
Date of Exit Meeting:

- II. **Review Team:**

- III. **Name of Program/Plan Element:**

- IV. **Program Description.**

- V. **Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act (MHSA). Toward this end a comprehensive program and fiscal review was conducted of _____ (name of program). The results of this review are contained herein, and will assist in a) improving the services and supports that are provided; b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan; and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

- VI. **Summary of Findings.**

- VII. **Review Results.** The review covered the following areas:
 1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSA General Standards). Does the program/plan element collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, is it culturally competent, and client and family driven?
Method. Consumer, family member and service provider interviews and consumer surveys.
Discussion.
Results.

Questions	Responses:				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you: <i>(Options: strongly agree, agree, disagree, strongly disagree, I don't know)</i>	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
	4	3	2	1	0
1. Help me improve my health and wellness					
2. Allow me to decide my own strengths and needs					
3. Work with me to determine the services that are most helpful					
4. Provide services that are sensitive to my cultural background.					
5. Provide services that are in my preferred language					
6. Help me in getting needed health, employment, education and other benefits and services.					
7. Are open to my opinions as to how services should be provided					
8. What does this program do well?					
9. What does this program need to improve upon?					
10. What needed services and supports are missing?					
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential? <i>(Options: Very important, Important, Somewhat important, Not Important.)</i>	Very Important	Important	Somewhat Important	Not Important	
	4	3	2	1	
12. Any additional comments?					

2. **Serve the agreed upon target population.** For Community Services and Supports, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance? For Prevention and Early Intervention, does the program prevent the development of a serious mental illness or serious emotional disturbance, and help reduce disparities in service?

Does the program serve the agreed upon target population (such as age group, underserved community)?

Method. Compare the program description and/or service work plan with a random sampling of client charts or case files.

Discussion.

Results.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon?

Method. Compare the service work plan or program service goals with regular reports and match with case file reviews and client/family member and service provider interviews.

Discussion.

Results.

4. **Meet the needs of the community and/or population.** Is the program or plan element meeting the needs of the population/community for which it was designed? Has the program or plan element been authorized by the Board of Supervisors as a result of a community program planning process? Is the program or plan element consistent with the MHSa Three Year Program and Expenditure Plan?

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews. Review client surveys.

Discussion.

Results.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years?

Method. Match program description/service work plan with history of monthly reports and verify with supporting documentation, such as logs, sign-in sheets and case files.

Discussion.

Results.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending?
Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as case files or charts. Outcome domains include, as appropriate, incidence of restriction, incidence of psychiatric crisis, meaningful activity, psychiatric symptoms, consumer satisfaction/quality of life, and cost effectiveness. Analyze the level of success by the context, as appropriate, of pre- and post-intervention, control versus experimental group, year-to-year difference, comparison with similar programs, or measurement to a generally accepted standard.
Discussion.
Results.

7. **Quality Assurance.** How does the program/plan element assure quality of service provision?
Method. Review and report on results of participation in County's utilization review, quality management incidence reporting, and other appropriate means of quality of service review.
Discussion.
Results.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act, and how well does staff comply with the protocol?
Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program/plan element's implementation of a protocol for safeguarding protected patient health information.
Discussion.
Results.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support?
Method. Match history of program response with organization chart, staff interviews and duty statements.
Discussion.
Results.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings?
Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.
Discussion.
Results.
11. **Fiscal resources sufficient to deliver and sustain the services.** Does the organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element?
Method. Review audited financial statements (contractor) or financial reports (county). Review Board of Directors meeting minutes (contractor). Interview fiscal manager of program or plan element.
Discussion.
Results.
12. **Oversight sufficient to comply with generally accepted accounting principles.** Does the organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles?
Method. Interview with fiscal manager of program or plan element.
Discussion.
Results.
13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing?
Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or plan element.
Discussion.
Results.
14. **Documentation sufficient to support allowable expenditures.** Does the organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program or plan element?
Method. Match random sample of one month of supporting documentation for each fiscal year (up to three years) for identification of personnel costs and

operating expenditures charged to the cost center (county) or invoiced to the county (contractor).

Discussion.

Results.

15. **Documentation sufficient to support expenditures invoiced in appropriate fiscal year.** Do the organization's financial system year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows)?

Method. Reconcile year end closing entries in financial system with invoices. Interview fiscal manager of program or plan element.

Discussion.

Results.

16. **Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program or plan element commensurate with the benefit received by the program or plan element?

Method. Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program or plan element.

Discussion.

Results.

17. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract?

Method. Review insurance policies.

Discussion.

Results.

18. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise?

Method. Interview contract manager and contractor staff.

Discussion.

Results.

VIII. Summary of Results.

IX. Findings for Further Attention.

X. Next Review Date.

XI. Appendices.

Appendix A – Program Description/Service Work Plan

Appendix B – Service Provider Budget (Contractor)

Appendix C – Yearly External Fiscal Audit (Contractor)

Appendix D – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member Surveys

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Progress Reports, Outcomes

Monthly Invoices with Supporting Documentation (Contractor)

Indirect Cost Allocation Methodology/Plan (Contractor)

Board of Directors' Meeting Minutes (Contractor)

Insurance Policies (Contractor)

MHSA Three Year Plan and Update(s)

Attachment 2

Program Review Sample Agenda

***Please note, agenda order can be modified as needed.**

1. Date of Site Visit:

- a. Review Team meets with Director/Manager and reviews schedule.
- b. Tour (optional).
- c. Interview with Management Staff/ Board
- d. Interview with program staff – group session
- e. Interview consumers/family members – group session
- f. Review financial documents – interview with financial manager
- g. Review consumer/ client files, information - review protocol for safeguarding confidential information.

2. Date of Review Team Exit Interview with Program (Can be determined after Program Review visit):

Site Visit, Crestwood Angwin 11-2-2011

Having visited Angwin Crestwood many times over the past 15 years, I was pleasantly surprised to see that improvements have been made.

The members of the MHC that reviewed the site did not have the in-depth discussions with clients like we did at the Pleasant Hill site, we were not there when a meal was being served or prepared, and we did not have the opportunity to observe client/staff interactions at a group. We did, however, have meaningful discussions with staff about changes at the site, and we received a tour by one client.

Staff reported that the use of restraints (3x/year) was way down this year in comparison to 40/month 8 years ago. The change was attributed to increased crisis management and staff training, and DBT was cited as a major contributor to this training and consumer improvement.

Buffet style meals are now the way food is served as it is more “normalizing” than serving on trays that was done previously. The facility is no longer using processed food and the fact that they employ a dietician on contract who reviews the menus and food preparation quarterly is a contributing factor to improvements. Staff reported that they are no longer seeing weight gains by residents, and cholesterol along with hemoglobin A1c/blood sugar levels are also going down. The chef, Jay, receives a printout of each client’s weight and lab values monthly to monitor. All clients are on a heart healthy diet and desserts are served only at 8 pm.

It was disturbing to hear how the economy and financial restraints have changed outcomes. While the use of DBT has improved the outcomes, a huge negative factor is decreased stays in acute care, which means that clients are admitted in a less stable condition than in previous times. There now is an increase in clients who fail and have to return to hospitalization. Additionally, due to changes in the

economy, clients are leaving too soon after shorter stays, which increases risk of failure again in community placement.

Management staff experience was reviewed. The Program Director has 23 years of experience. Additionally there is a Director of Nursing (UCLA), a dietician, and a Director of Recreation. Staffing levels were also reviewed. During the day there are 5 staff members on site plus 1 RN. On graveyard shift there are 3 mental health workers and 1 RN.

Follow up information:

I did not have notes on several items which might have been noted by other members of the inspection team, or might need follow up.

1. Is there a cart that can be wheeled out of the facility that has a 3-day supply of medications and charts like the one at Pleasant Hill?
2. Did not ask if there are consumer providers on staff and the ratio.
3. REVIEW COUNTY CONTRACT (placement, costs per unit)
4. What is the age range of clients at the facility? To age 59?
5. Discussions with Patient's Rights—housing shortage for stepdown
6. Increased acuity on admission and also on discharge, impact on outcomes
7. Questions for dietary staff---nutritious snacks available when appropriate? Vegetarian/ethnic foods? Ability to provide gluten-free meals?
Additionally, did not have the opportunity to question residents about their thoughts on quality of foods provided
8. Review current site visit document ---? incorporate standards with scorecard so there is just one document for ease of use?

**CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)**

CONTRACT PROVIDER: Crestwood Angwin

CONTRACT NUMBER: _____

TERM OF CONTRACT: From: _____ To: _____

ADDRESS/LOCATION OF CONTRACTOR: Crestwood Angwin, 295 Pine Breeze Drive, Angwin, CA 94508 707-965-2461 Fax 707-965-2700

Contact person = Pamela Norris, Facility Administrator

REVIEWER NAME: Annis Pereyra

REVIEW DATE: 11-2-2011

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY A – FACILITIES AND COMMUNITY ACCESS					
1. Physical plant is comfortable, physically and psychologically, for the population served.		X			Thoughtful remodel. Facility in process of being painted.
2. Facility is clean and well maintained.		X			Appeared to be well maintained. Noted that outside recreational area for volleyball or badminton were on uneven soil surface that could risk injury to clients. Pantry/kitchen area clean and well maintained but did not visit during meal prep time to see in use.
3. Facility is situated within reasonable proximity to public transportation.				X	
4. There is adequate parking for consumers and/or clients.		X			
5. Facility is visible from the street and is situated in such a way as to be clearly identified.		X			

CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY B – POLICIES AND PROCEDURES					
1. There is a client Admission Policy.		X			Supplied for review by CCC MHA staff. Anita, Program Director, reviews admit packets.
2. There are emergency protocol in place for personnel and client safety.		X			Protocol in meds room and with fire and disaster supplies. Reviewed at Crestwood Patterson and found to be adequate. See additional written notes.
3. There is a written Grievance Policy and Process.		X			* To be reviewed with Patient's Rights. My notes indicate written document is in door of exam room. 5 grievances this period, on from a roommate assault that resulted in resident transfer.
4. There are emergency protocol in place regarding medications.					ASK if cart with 3 day supply is available for disasters like PH

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY C – ORGANIZATION AND OPERATIONS					
1. Psychiatrist/physician services are available on the premises or by referral.		X			Psych visits 1x/month. Available on-call 24/7. Meds available by taxi within 4 hours from Santa Rosa if needed.
2. There is a job description in place for each employee position.		X			Reviewed corporate policy after site visit to P. H. facility
3. The agency meets the minimum qualifications for the positions utilized.		X			“

**CONTRACT EVALUATION: Adult Mental Health Program
Annual Site Review Score Card
(Excludes Medi-Cal Certification Survey Criteria)**

4. The agency maintains personnel records for its employees.		X			“
5. There is a system for regular performance appraisals of all staff.		X			“
6. The agency adheres to an established Employee Orientation procedure.		X			“
7. The agency employs, or actively recruits, culturally and linguistically competent staff members.		X			Staff include African Americans and Hispanics.
8. Staff training is required and documented.		X			Training policy reviewed during P.H. site visit. Videos and binder provided with inservices at site. Staff reviews 3x/year.
9. Staff training include culturally relevant components.		X			See above
10. Consumer providers are employed by the agency.					NOT REVIEWED

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY D – UTILIZATION OF STAFF TIME					
1. 70% of direct service staff time is spent in client contact.					
2. Family members are involved in the client’s treatment as appropriate.					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY E – CLIENT INTAKE PROCEDURES					
1. Agency complies with County requirements for referral sources.					Review CCC MHA 72 page document for county requirements

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2. Referral agency records are requested and utilized.		X			See B1.
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EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY F – CASELOAD INFORMATION					
1. The population served is described in Agency’s Service Work Plan.		X			Placement by CCC MHA referral. Is age to 59?
2. Population groups excluded by policy?		X			Refer to contract provided by CCC MHA. Facility does determine which clients it will accept. Facility restricts placement of sex offenders, AWOL offenses, and stated that the site does not do well with bullies or those who damage property, verbal threats, or very large males.
3. Average admission and discharge rates are reported to the contract monitor.		X			Monitored by CCC MHA.
4. The average length of time in treatment for clients discharged is reported to the contract monitor.		X			Managed by CCC MHA. Joyce Fultz, RN, visits 2x/mo to monitor quality. Conservator is Marie Mann, visits 2x/mo Step down to lower level remains heavily impacted by inadequate safe, affordable, supported housing. ***Follow up w/Patient Rights***
5. Clients are discharged to follow up services as outlined in the service work plan.		X			Reviewed at PH site visit---plan kept in resident’s chart
6. There is a plan to assure smooth client transition to follow up services.					Corporate protocol to provide a plan which is attached to final discharge report, but CCC MHA responsibility

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		X			to assure that appropriate appts, medications, etc. are in place. Again note extreme shortage of supported housing as a barrier to smooth transition.
7. There is a process to assure that the client is followed up on by the agency when client is referred to another agency.					CCC MH staff responsibility to provide monitoring.

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY G – CLIENT RECORDS					
1. There is an assessment and service plan in place for the client.		X			Stated as such, not reviewed.

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY H – PROGRAM OUTCOMES					
1. When clients have terminated, 95% of them completed service plan goals.					Stated average stay = 3-6 months.
2. Of the clients terminated, less than 5% have dropped out of the program.					
3. There is a plan in place to assess, and follow up on, the reasons for client terminating the program.					
4. How many clients were			X		Not a reflection on the

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hospitalized since admission to the program (during the most recent quarter)? What percentage were readmitted/continued in the program following hospitalization.					facility as stated that the number sent back for re-hospitalization in last 6 months has increased due to shorter stays in acute care therefore clients less stable on admission.
5. What factors are seen as contributing to success and lack of success with clients?		X *****			DBT and increased staff training has increased success BUT clients leaving too soon which negates this success. Monitor this aspect closely in future****

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY I – UNITS OF SERVICE					
1. Annual individual billable contacts of services for each program element are documented in the Service work plan of the contract, and reported to the contract monitor.					Review contract****
2. Cost per unit of service in each program element is documented in the Service Work Plan and reported to the Contract Monitor. Compare with the State’s maximum allowable costs (where applicable).					Review contract****

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EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY J – PLANNING CAPABILITY					
1. There is an annual planning process.		X			Quarterly facility process, which includes dept. heads, both doctors, and a pharmacist report.
2. The agency sets annual goals and objectives.		X			* Thurs. meeting of dept. heads to review changes coming, problems etc., plus quarterly meetings with CARF---provides useful tools for improvement.
3. The goals and objectives are periodically reviewed.		X			Quarterly

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY K – GRIEVANCE PROCESS					
1. The grievance policy and process includes posting telephone numbers for Patients' Rights Advocate.		X			Noted posting at facility

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY L – PHARMACEUTICAL SERVICES					
1. Staff are regularly trained on New medications and their side Effects.					
2. Clients' medications and side effects are regularly evaluated.					

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3. Clients received assistance for the side effects of medications.					
4. Medications of clients are reviewed regularly.					
5. Procedures are in place to insure medication compliance.					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY M – NUTRITION					
1. There is a system in place to plan nutritionally balanced menus, which follow the guidelines of the ACS & AHA.		X			Copies of menus obtained. Staff member rec'd some dietary training.
2. There are vegetarian and ethnic alternatives available.					***did not specifically ask due to time limitations
3. Meals are attractively served in a pleasant atmosphere.					Did NOT see meals being served or prepared
4. Regular meal hours are established (when applicable).		X			
5. Nutritious snacks are available when appropriate.					***did not review
6. Clients are provided with nutritional training.					

EVALUATION CRITERIA	Excellent	Adequate	Poor	N/A	Comments:
CATEGORY N – PHYSICAL HEALTH CARE					
1. Health evaluations are made at intake when appropriate.		X			NP visits 1x/week. New admits and 1x/year physicals

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2. Client referred to dental care as appropriate.			X	Not a reflection of facility care. Dental hygienist comes for superficial cleanings and extractions are done as necessary, but no other services such as fillings are provided.
3. Physical fitness program is provided when appropriate.		X		Walking class in am 8:30 to 9 am. Zumba. Volleyball & basketball. See note in facility safety review about volleyball field
4. Clients are encouraged to establish regular exercise habits.		X		Encouraged but choice of client dictates participation.