

**Mental Health Commission
Quality of Care Committee Meeting
Thursday, August 20, 2020, 3:30-5:30 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. Chair comments**
- V. APPROVE minutes from the July 16, 2020, July 29, 2020 and August 13 Quality of Care Committee meetings**
- VI. RECAP August 13, 2020 Quality of Care Committee meeting highlights**
- VII. CONTINUE TO REVIEW drafts of guidelines and surveys worked on by the Quality of Care Committee Mental Health Commission Site Visit program development team including: Children and Young Adults survey, Parents/Caregiver survey, Staff survey, Program Director survey, program description and guidelines**
- VIII. IDENTIFY next steps for an early September Quality of Care Committee meeting (date to be determined) on developing the Mental Health Commission Site Visit program.**
- IX. Adjourn**



MHC Site Visit Policies, Guidelines and Process Fall, 2020

PHILOSOPHY/PURPOSE:

- Goals are to:
 - help programs improve their level of success
 - to deepen Commissioners' knowledge of Contra Costa Behavioral Health Services (CCBHS) programs and system of care and thereby help Commissioners to be more informed and effective advocates
 - better assist BHS, Contra Costa Regional Health Center (CCRMC) and Mental Health Services Act (MHSA) in making program and system decisions, including continuation of funding
- Focus is on client satisfaction and the client's view of the strengths and weaknesses of programs

SCOPE: The scope of sites is any and all mental health-related treatment facilities operated or contracted out by CCBHS, including those operated by CCRMC, e.g. Psychiatric Emergency Service (PES) and 4C. (*Forensics too difficult.*)

MANDATORY RESPONSIBILITY FOR THE COMMISSIONER: Site visits are a mandatory responsibility of all Mental Health Commissioners, not just leadership or Quality of Care Committee members.

REQUIRED NUMBER OF SITE VISITS PER COMMISSIONER PER YEAR: There are **ONE or TWO** site visits required per year for every Commissioner.

TARGET NUMBER OF SITES TO VISIT PER YEAR: On average we have 13 Commissioners on board at any point in time. There should typically be two Commissioners per site visit, sometimes three, depending on the number of interviews to be completed.

- *If we require two site visits per Commissioner per year, then we could visit 13 sites per year.*
- *If we require one site visit per Commissioner per year, then we could visit 6 sites per year.*
- *If we assume that some Commissioners will elect to visit more than one site per year, say one fourth (3), then we could visit 10 sites per year.*

RATIONALE AND METHOD FOR SITE SELECTION: Each year, the Commission needs to compile a list of sites to visit. Sites may be chosen for a variety of reasons to ensure that the site visit program remains flexible and able to meet a range of Commissioner interests and concerns. Sites may be selected that are:

- Programs of strategic interest e.g. a test site for a new treatment or a type of program addressing a particularly significant mental health need
- Programs that are known to be doing particularly well (how can their strengths be shared by other programs?)

- Programs that are known to be struggling in some way (what kind of support does the program need?)
- Programs of particular interest to individual Commissioners
- Programs that the Commission would like to learn more about
- Programs that have not been visited within the past three years by the Commission

The work of compiling the target site list should be carried out by a small team of Commissioners who are collectively familiar with many sites and are knowledgeable about quality of care concerns, with the support of the MHC Executive Assistant. Either the Executive Committee or the Quality of Care Committee is well suited for this task. The target list should contain a few extra in case some targeted sites are not available or do not have clients who are willing to be interviewed.

RATIONALE AND METHOD FOR ASSIGNING COMMISSIONERS TO SITES: Ideally, Commissioners will choose or be assigned to the sites that interest and motivate them the most. Sites should be matched with Commissioners on a first-serve, sign-up basis, with Commissioners indicating their first, second and third choices. The Executive Assistant can oversee this process and make final assignments.

NUMBER OF COMMISSIONERS PERFORMING A SITE REVIEW: *There should be a minimum of two Commissioners to participate in a given site visit.* The number can be higher if warranted by the size of the site and the number of clients available for interview. Two Commissioners can share the work load and provide two different perspectives. Having two can also make the site visit feel less intimidating.

REPORTING: The site visit reports should be shared out to the entire Commission; CCBHS, CCRMC and MHSA staff, depending on the site that was visited; and the Public. *Twice a year (or quarterly),* Site Visit reports should be shared with the Commission via email, presentation at a Committee meeting, and/or presentation at a full Commission meeting. They should be sent to the appropriate administration—CCBHS, CCRMC and/or MHSA. They should be posted on the CCBHC website for the Public.

PROCESS FOR SITE IMPROVEMENTS: When a site agrees to a site visit, they are also agreeing to make improvements that the site visit identifies, if any, and that CCBHS, CCRMC and/or MHSA, the site, and the MHC mutually agree to. In the event that a site review identifies challenges that require improvement, an action plan should be defined by the site Program Director working with CCBHS, CCRMC or MHCA administration, with input by the MHC. The MHC should be provided with regular reports until the improvements have been successfully made. The action plan should include: 1) Problem to be solved; 2) Recommended change; 3) Steps for implementing the change; 4) A target time-frame and check-point dates; 5) A measurement(s) for determining the success of change; 6) Responsible parties. Note that CCBHS, CCBHS and/or MHSA should be immediately notified of any issues requiring an immediate response that are identified during a site visit.

TRACKING: The MHC site visit process should track which sites have been visited, when and by whom. It should track how many sites each Commissioner has visited and when. The MHC Executive Assistant will do the tracking and will keep the Executive Committee informed of progress; he or she will also remind individual Commissioners of their commitment.

CCBHS/MHSA COMMUNICATIONS/COORDINATIONS: The MHC site visit process must include steps for keeping MHSA and CCBHS staff apprised of the MHC site visit schedule, e.g. when visits will occur, when visits are complete. Specific site visit dates should be coordinated with BHS/MHSA to avoid conflicts.

SITE COMMUNICATIONS: Site visits should entail effective communication and coordination with the Program Director of the site to be visited. Communications should include objective of the visit, an introduction the MHC and it's role; assurances of privacy of the clients, and agreed upon steps to be taken in the case of any significant challenges being experienced by the site.

STAFF SUPPORT REQUIREMENTS: The need for staff support is considerable. The MHC Executive Assistant will carry out the bulk of the main responsibilities. Every effort should be made to minimize work to be conducted by the Program Direct of the site to be visited. The main responsibilities are:

- Oversee the annual creation of a target site list
- Schedule site visits with sites and Commissioners
- Coordinate site visit logistics
- Informing site and Commissioners of the process, interview guidelines and forms.
- Tabulating interview responses that are quantitative, if any
- Assist Commissioners in writing their reports, if needed
- Packing site visit documentation and dreports
- Distributing site visit reports and posting them on the MHC website
- Training Commissioners and, if desired, CCBHS, CCRMC and MHSA staff on the MCH Site Visit program

TRAINING: Commissioners will need basic training on the Site Visit Program, including rationale, guidelines and process. There can be many ways to do this and the goal should be to get Commissioners ready and comfortable with conducting a site review and minimizing the load on the Executive Assistant. The training can be provided in person or via tele-video with the Executive Assistant, through a document specifically written for Commissioners, be a part of the semi-annual Commission Orientation and Training curriculum, and/or could be recorded for online viewing.

STANDARDIZED PROCESS: The MHC Site Visit program should include a standard process and forms that specify what information should be collected and how.

II. PROCESS (Should this be separated out? I think so!)

DRAFT

CONTRA COSTA MENTAL HEALTH COMMISSION

CLIENT SATISFACTION SURVEY

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 have to tell us his or her name.

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, other, etc.). **Do they provide services in your preferred language?**

4. **Do you feel the staff works with you to determine the services that are most helpful to you? (MHSA Question)**

5. 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.)?

6. How does this program support your family members? What services does the program offer that have a positive impact on your family member's?

7. 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?)

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

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

10. Do you feel the staff respects you?

Yes No

Comment:

11. What does the program do well?

12. What does the program need to improve on?

13. What challenges have you faced in this program?

14. Do you feel safe in this program?

Yes No

Comment:

15. 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?

No

Yes

Comment:

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

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

Yes

No

Comment:

18. 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:

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

Yes No
Comment:

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

Yes No
Comment:

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

22. Are you satisfied with the meals you are receiving here?

No
Yes
Comment:

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

Yes No
Comment:

24. Are you taking medications? If Yes, go to #25. If No, skip ahead to # 26

Yes No

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

Did you sign any papers agreeing to take medications?

Yes No

Did you understand them?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

For male clients: Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes No

For transgender clients: Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes No

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

Yes No

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: _____

26. Think of the documents you've signed:

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

Comment: _____

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

Yes No
Comment:

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

Yes No
Comment:

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

Yes No
Comment:

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

Yes No

31. Do you have a WRAP plan?

Yes No

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

Yes No

33. 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.

DRAFT

**CONTRA COSTA MENTAL HEALTH COMMISSION
CHILD AND YOUTH SATISFACTION SURVEY**

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 have to tell us his or her name.

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

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 the program is the right one for you?

Yes No

Comment:

11. What challenges have you faced in this program?

12. What do you think the program needs to improve on?

13. 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:

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

Yes No

Comment:

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

Yes No

Comment:

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

17. Are you satisfied with the meals you are receiving here?

No

Yes

Comment:

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

Yes

No

Comment:

19. Are you taking medications? If Yes, go to #20. If No, skip ahead to # 21.

Yes

No

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

Did you sign any papers agreeing to take medications?

Yes No

Did you understand them?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

For male clients: Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes No

For transgender clients: Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes No

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

Yes No

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: _____

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

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

Comment:

22. Did you feel the 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.

Contra Costa Mental Health
MENTAL HEALTH SERVICES ACT SURVEY

Program:

Date:

We would like your help in making our services better. We would most appreciate you taking a few minutes to tell us about your experiences with the above program by completing and returning this short survey. Your answers will be confidential, and will not affect any current or future services.

a. Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you.

1. Help me improve my health and wellness.

strongly agree agree disagree strongly disagree don't know

2. Allow me to decide my own strengths and needs.

strongly agree agree disagree strongly disagree don't know

3. Work with me to determine the services that are most helpful.

strongly agree agree disagree strongly disagree don't know

4. Provide services that are sensitive to my cultural background.

strongly agree agree disagree strongly disagree don't know

5. Provide services that are in my preferred language.

strongly agree agree disagree strongly disagree don't know

6. Help me in getting needed health, employment, education and other benefits and services.

strongly agree agree disagree strongly disagree don't know

7. Are open to my opinions as to how services should be provided.

strongly agree agree disagree strongly disagree don't know

b. Your response to the following questions is appreciated:

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.

very important important somewhat important not important

12. Any additional comments?

c. I would like to be contacted in order to provide further input:

Name:

Phone:

Email:

Thank You!

Questions for Program Directors

1. Does your Program have a brochure, written description or website which is available to the public?
2. Can you provide an overview of services delivered for the program?
3. How many clients do you serve? How many staff do you have?
List staff roles and general responsibilities.
4. How do you provide culturally sensitive services and ensure equality for all clients served?
5. What Evidenced based practices are you using? (examples-Cognitive Behavioral, Harm reduction for substance abuse, trauma informed care, etc)
6. How does the program measure success? What outcome measures do you have?
7. Are there any challenges the program has in providing direct services?
(Include both client centered and operationally)

8. How do you receive referrals? Can Clients refer themselves?
What is the average length of stay for a client?
9. What other types of agencies do you collaborate with for your clients needs?
10. Do you have a method for obtaining staff feedback on improving the program?
11. In what ways can a client's family or caregiver be involved in their treatment?
12. Do you offer clients the option to sign a release for their families/caregiver's to be a support to the clients.
13. Does your program utilize volunteers? (Examples are peers, interns, others).
If so, how are they involved?
14. Does the diversity of your staff reflect the community you serve? (ethnic, age, gender, language, culture, socio economic).
15. In an effort to improve your program, what support would be helpful from Community Behavioral Health Services? (examples- advocating for equipment, additional office space, additional funding for staff raises)
16. Any additional comments you would like to add?

Program Staff Questions

1. Who do you work with, what services do you provide, and how do you provide these services?
 - Deliver services according to the values of MHSA.
 - Serve the agreed upon population.
 - Provide the services for which funding was allocated.

2. Are you meeting the needs of the individuals you work with; if not, what could be improved, and what service gaps are you experiencing?
 - Meet the needs of the community and/or population.

3. Are you serving the number of individuals that have been agreed upon, and are you getting the desired results? How do you measure success?
 - Serve the number of individuals that have been agreed upon.
 - Achieve the outcomes that have been agreed upon.

4. What training, technical assistance, staff development do you receive or need in order for you to provide the best quality of service possible?
 - Quality Assurance..

5. What staff contribute their time to this program, and how is this time tracked and reported?
 - Staffing sufficient for the program.

6. What systems are in place to address incident reporting and other means of ensuring quality of service review?

Contra Costa Mental Health

Program Family Member Interview Questions

1. How long has your family member been with the program?
2. How did your family member get involved?
3. How does the program support you and your family member? (What services does the program offer... that have a positive impact on your family member's and/or your life?)
4. What impact do program services have on your or your family member's life?
5. What does this program do well?
6. What does this program need to improve upon? What is missing?
7. What does the program do to be responsive to the unique needs of consumers? (cultural linguistic, LGBTQ community related,...)
8. What systems are in place to address incident reporting and other means of ensuring quality of service review?
9. What does the program do to get input from consumers and their family members around program design and service delivery?
10. How important is the program in helping your family member improve his/her health and wellness?

Dear Program Director,

The Mental Health Commission of Contra Costa County is conducting annual consumer reviews with Behavioral Health Programs that are a part of the Community Mental Health System to assess consumer's experiences with behavioral health programs. We conduct from five to ten reviews per year and would like to schedule a time with you in the next 60 days to review your program.

Here is what you can expect:

1. Behavioral Health Administrator will contact you via phone to schedule the review.
2. Upon a date being confirmed, MHC 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 choose. b). Notices to post at your center to inform clients/caregivers of the opportunity to participate.
3. On the day of the review a member of MH Commission will meet with the Program Director at a specified time at the program site to gather general information about the program before meeting with the 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.
4. To conduct the interviews, please have a private space available as the interviews are confidential and will include the board member and client only. Each interview will take from a few minutes to a half an hour, depending on how much feedback the client offers. The interview can be an empowering experience for the client as it is a chance for them to have direct, personal input into the process of improving our mental health system.
5. Staff may also have their own opportunity (contingent on time) to provide feedback on how the program works.

Key things to remember:

Client interviews are **voluntary**. We appreciate it if you encourage your clients to participate, however, no client should be “forced” to participate.

1. All information gathered in the client interview is confidential. The reviewer from the MH Commission will not be able to tell you what was discussed in the interview.
2. The MH Commission reviewer is only conducting the interview with the client, and will not attempt to intervene on individual treatment plans or offer to “fix” any problems or complaints a client may disclose.
3. The MH Commission reviewer will not request to look at client charts, billing records, financial documents or any other areas covered by Behavioral Health Services. Our goal is to focus on the client experience with the services they receive and gather feedback on how they feel about services offered.
4. The reviewer from MH Commission will write a summary based on their findings of the interviews. The summary will be presented to the Director of Community Behavioral Health Services with a copy provided to you and your contract monitor.

*In the event you disagree with any of the findings or recommendations of the Mental Health Commission, you will have an opportunity to respond to the CBHS and we urge you to do so.

We appreciate your participation in this review process, as it is invaluable to MHC and CCBHS in an effort to advocate to the Board of Supervisors and mayoral staff for continued mental health funding and improvement of Behavioral Health Services. The gathered data also helps us to understand what’s happening on the front lines of the mental health system, which then adds urgency and depth to the recommendations we make in our annual report to the Board of Supervisors.

If you have any questions about the review process, please feel free to call (phone # inserted here) at any time. Thank you for support of this effort!

Dear Client/Consumer,

Contra Costa Behavioral Health Commission is a group of individuals in your community who volunteer their time to support and improve Behavioral Health initiatives and programs at the local level. The Behavioral Health Commission is implementing a yearly program site review for all Behavioral Health Programs to enhance the consumer experience and we need your participation and feedback to be successful! There will be an opportunity for all consumers of Behavioral Health Programs to anonymously provide their feedback about their program's direct services, through an interview that will be conducted by a Mental Health Commissioner who does not work for the Behavioral Health program or for the Mental Health System in any manner.

Prior to the Mental Health Commission site review, there will be a CLIENT PARTICIPATION NOTICE posted at your program site to inform you of the date and time of the upcoming review. The interviews will be conducted in a private space at the program or via telehealth and you will not be required to share your name, unless you prefer to. These interviews are completely voluntary on your part and are not considered a part of your treatment. Again, our goal is to gather information on the client's experience within their programs to improve direct client experience as well as family/caregiver's experience.

Upon completion of the consumer interviews, the Behavioral Health Commission will consolidate the client experience data and generate a report to be disseminated to the site Program Director along with providing it to the Community Behavioral Health Services Director for Contra Costa County. As a reminder, all information will be presented in an anonymous format.

We look forward to your participation and believe in the importance of "hearing from the consumer" firsthand on what treatment areas are "working" along with identifying areas of needed improvement. Together, we can work collaboratively to ensure our loved one's experiences are of the upmost highest quality.

Should you have any questions about the above site review process, please don't hesitate to reach out to (name)

**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 | | | |

| 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 |

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 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 | | | “ |
| 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 |
| 2. Referral agency records are requested and utilized. | | X | | | See B1. |

| 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 |

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

| | | | | | |
|--|--|---|--|--|--|
| | | | | | 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. | | X | | | Corporate protocol to provide a plan which is attached to final discharge report, but CCC MHA responsibility 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 hospitalized since admission to the program (during the most recent quarter)? What percentage were readmitted/continued in the program following hospitalization. | | | X | | Not a reflection on the 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**** |

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| 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**** |

| 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. | | | | | |
| 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 |

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| | | | | | |
|--|--|---|--|--|--|
| 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 |
| 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. |

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?