

**Mental Health Commission
Quality of Care Committee Meeting
Thursday, September 17, 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 August 20, 2020 and September 3, 2020 Quality of Care Committee meetings**
- VI. CREATE an agenda for a case study analysis of a family attempting to obtain care for an adult child with an “untreatable” serious mental illness through an LPS Conservatorship with the factors of private insurance, multiple co-occurring illnesses, privacy considerations, mental health history, and availability of conservatorship beds in play. Consider:**
 - Challenges of private insurance with AOT (Assisted Outpatient Treatment)**
 - Communication challenges of HIPAA and WIC 5328**
 - Communication challenges among the family, AOT, PES (Psychiatric Emergency Services), Detention staff, Forensic staff, Behavioral Health Services**

(Agenda Continued on Page Two)





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- **Challenges of multiple co-occurring illnesses in a system that is integrated**
- **Barriers of anosognosia**
- **Barriers to the implementation of AB 1194 – having mental health history complete, accessible and utilized**
- **Challenges of obtaining and implementing LPS Conservatorships**

VII. REVIEW Site Visit program Family Member / Caregiver questions, Program Director questions and Staff questions

VIII. SCHEDULE next Quality of Care Committee Site Visit program meeting for October 1, 2020, 3:30-5:30 pm

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 Questions for Family Member / Care-giver of Children and Youth

Overall Satisfaction

How long has your family member been with the program? (MHSA)

Do you and your child feel comfortable here?

How are the services provided here helping you and your **child's life**?

What impact do program services have on your or your family member's life? (MHSA)

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

OR [Are you satisfied with the support and services staff provides to your child?](#)

How important is the program in helping your family member improve his/her health and wellness?
(MHSA)

Are you treated with respect?

Are you satisfied with how this program addresses you and your child's specific needs with regards to race, sexuality, gender, language, culture, etc.?

Does your child have friends here?

Are the staff helpful, approachable, open to your questions, responsive?

What do you like best about this program?

What does this program do well? (MHSA)

What do you think would make this program better?

Participation in Treatment Planning

Do you understand your child's diagnosis?

Has the treatment staff asked for your ideas about the services your child needs?

Were you and your child involved in creating your child's treatment plan, including goals?

Do you understand and agree with the goals of your child's treatment plan?

Are these goals new or have they been modified to fit your family member's behavioral patterns now?

If / when you believe that the plan needs to change, do staff listen and respond accordingly?

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

My child doesn't get medications here.

Were your questions answered to your satisfaction?

Do you think the medications are helping your child?

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

Does the program help you and your child work together?

Are you and your child familiar with *WRAP and does your child have one?

Family Support:

How do the treatment team members provide support to you as the family member or care-giver?"

Psychiatrist____ Psychologist____ Therapist/Clinician____

Case Manager____ Social Worker____ CPS____

Foster Care Agency____

Peer Support____

How often do you and family members receive these services?

Weekly____ Bi-weekly____ Monthly____

What help you feel more supported as a parent/care-provider?

Grievances

If you have had concerns with the care your child receives, have you been able to address your concerns successfully?

What systems are in place to address incident reporting and other means of ensuring quality of service review? (MHSA)

Scheduling and Administrative Support

Does the staff try to accommodate your schedule?

If you need to cancel an appointment, can you get another one easily?

Are your telephone calls returned promptly?

Do you receive assistance with other services, such as legal help, housing services, financial resources medical cost resources, educational services, SNAP benefits, or other services?

Closing Thoughts

If you had a magic wand and could change anything about this program, what would that be?

Is there anything else you would like to share about this program?

*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.

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 LPS Holds Chart

LPS HOLDS	CRITERIA			COURT PROCEEDINGS
	Gravely Disabled	Danger to Self	Danger to Others	
Up to 72 Hours WIC 5150 EVALUATION AND TREATMENT Standard of Proof: Probable Cause	One or all may apply			1. No Probable Cause Hearing. 2. May request Riese (Medication Capacity) Hearing (Decision regarding Riese carries through the 5250 and 5270 holds).
Up to 14 Days WIC 5250 Standard of Proof: Probable Cause	One or all may apply			1. Probable cause hearing must be held during first 4 days of hold (“Gallinot”) unless patient requests by-pass writ of habeas corpus, 48-hour postponement, signs voluntary or is discharged. 2. Patient may request one writ of habeas corpus hearing at any time during 14-day hold.
Up to 30 Days WIC 5270 <i>Maximum of 47 days of consecutive hospital involuntary holds: (5150+5250+5270)</i> Standard of Proof: Probable Cause	Only Criteria Which Applies			1. Physician signs Declaration of patient’s need for continuing treatment up to 30 days. 2. Patient may request writ of habeas corpus any time during the 30 day period.
Temporary Conservatorship WIC 5352 (T-con) 30 days to 6 months <i>Referral Made to the Superior Court</i> Stand. of Proof: Preponderance of the Evidence	Only Criteria Which Applies			1. Requires application by the treating physician to the Public Guardian’s Office. Physician might have to testify in court. 2. Petition must be filed with the court within the first 15 days & hearing/decision rendered w/in the 30 days of the 5270 hold. 3. Judge reviews application and determines whether to grant hearing or deny temporary conservatorship (T-Con). Standard of proof =Preponderance of the Evidence. 4. Court will assign Public Defender to the client...
“Permanent” Conservatorship WIC 5350 Up to 1 Year Renewable <i>Referral Made by the Superior Court</i> Standard of Proof: Beyond a Reasonable Doubt	Only Criteria Which Applies			1. Requires court hearing. Physician may be required to testify in court. 2. Patient has right to trial/standard of proof=beyond reasonable doubt. 3. Patient may request re-hearing on conservatorship, rights denied, restrictiveness of placement, disabilities imposed up to every 6 months depending on their evaluated condition.
Re-appointment of “Permanent” Conservator Up to 1 year Renewable <i>Referral Made by the Superior Court</i> Standard of Proof: Beyond a Reasonable Doubt	Only Criteria Which Applies			1. Requires conservator petitioning for reappointment and a court hearing. 2. Requires a Physician Declaration conservatee remains gravely disabled.
Murphy Conservatorship WIC 5008 and Penal Code 1370 Up to 1 Year Renewable <i>Referral Made by the Superior Court</i> Standard of Proof: Danger-Beyond a Reas. Doubt IST—Preponderance of the Evidence	Criteria Applies +	Felony indictment: Death, Bodily Harm, or Serious Threat to another person’s well-being.		1. Involves District Attorney—Criminal Justice Felony charges. . 2. Incompetent to Stand Trial (IST) Penal Code 1370 3. All LPS Conservatorship standards apply + First priority is a placement in facility promoting treatment and protection of the public. Usually sought if the if the person’s competency has not been restored for 2 consecutive years.

Contra Costa LPS Holds Chart: 05/08/2020 **NOTE: All LPS Conservatorship Petitions, except for Murphy, originate from the psychiatric ward.**

AB-1194 Mental health: involuntary commitment. (2015-2016)

Approved by Governor and Filed with Secretary of State October 7, 2015.
Effective January 1, 2016.

SECTION 1.

Section 5150 of the Welfare and Institutions Code is amended to read:

5150.

(a) When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. At a minimum, assessment, as defined in Section 5150.4, and evaluation, as defined in subdivision (a) of Section 5008, shall be conducted and provided on an ongoing basis. Crisis intervention, as defined in subdivision (e) of Section 5008, may be provided concurrently with assessment, evaluation, or any other service.

(b) When determining if a person should be taken into custody pursuant to subdivision (a), the individual making that determination shall apply the provisions of Section 5150.05, and shall not be limited to consideration of the danger of imminent harm.

~~(b)~~ (c) The professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county shall assess the person to determine whether he or she can be properly served without being detained. ~~If~~ *if*, in the judgment of the professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, the person can be properly served without being detained, he or she shall be provided evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis. Nothing in this subdivision shall be interpreted to prevent a peace officer from delivering individuals to a designated facility for assessment under this section. Furthermore, the assessment requirement of this subdivision shall not be interpreted to require peace officers to perform any additional duties other than those specified in Sections 5150.1 and 5150.2.

~~(c)~~ (d) Whenever a person is evaluated by a professional person in charge of a facility designated by the county for evaluation or treatment, member of the attending staff, or professional person designated by the county and is found to be in need of mental health services, but is not admitted to the facility, all available alternative services provided pursuant to subdivision ~~(b)~~ (c) shall be offered as determined by the county mental health director.

~~(d)~~ (e) If, in the judgment of the professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or the professional person designated by the county, the person cannot be properly served without being detained, the admitting facility shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, and stating that the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county has probable cause to believe that the person is, as a result of a mental health disorder, a danger to others, or to himself or herself, or gravely disabled. ***The application shall also record whether the historical course of the person's mental disorder was considered in the determination, pursuant to Section 5150.05.*** If the probable cause is based on the statement of a person other than the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, the person shall be liable in a civil action for intentionally giving a statement ~~which~~ *that* he or she knows to be false.

~~(e)~~ (f) At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person taking him or her into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person taking him or her into custody shall then furnish to the court a report generally describing the person's property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211, except that if a responsible relative or the guardian or conservator of the person is in possession of the person's property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person taking him or her into custody for that property shall terminate. As used in this section, "responsible relative" includes the spouse, parent, adult child, domestic partner, grandparent, grandchild, or adult brother or sister of the person.

~~(f)~~ (g) (1) Each person, at the time he or she is first taken into custody under this section, shall be provided, by the person who takes him or her into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. The information shall be in substantially the following form:

My name is _____ .
I am a _____ (peace officer/mental health professional) _____ .
with _____ (name of agency) _____ .
You are not under criminal arrest, but I am taking you for an
examination by mental health professionals at _____
_____ (name of facility) _____
You will be told your rights by the mental health staff.

(2) If taken into custody at his or her own residence, the person shall also be provided the following information:

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken.

~~(g)~~ (h) The designated facility shall keep, for each patient evaluated, a record of the advisement given pursuant to subdivision ~~(f)~~ (g) which shall include all of the following:

- (1) The name of the person detained for evaluation.
- (2) The name and position of the peace officer or mental health professional taking the person into custody.
- (3) The date the advisement was completed.
- (4) Whether the advisement was completed.
- (5) The language or modality used to give the advisement.
- (6) If the advisement was not completed, a statement of good cause, as defined by regulations of the State Department of Health Care Services.

~~(h)~~ (i) (1) Each person admitted to a facility designated by the county for evaluation and treatment shall be given the following information by admission staff of the facility. The information shall be given orally and in writing and in a language or modality accessible to the person. The written information shall be available to the person in English and in the language that is the person's primary means of communication. Accommodations for other disabilities that may affect communication shall also be provided. The information shall be in substantially the following form:

My name is .
My position here is .
You are being placed into this psychiatric facility because it is our professional opinion that, as a result of a mental health disorder, you are likely to (check applicable):
<input type="checkbox"/> Harm yourself. <input type="checkbox"/> Harm someone else. <input type="checkbox"/> Be unable to take care of your own food, clothing, and housing needs. We believe this is true because
(list of the facts upon which the allegation of dangerous or gravely disabled due to mental health disorder is based, including pertinent facts arising from the admission interview).
You will be held for a period up to 72 hours. During the 72 hours you may also be transferred to another facility. You may request to be evaluated or treated at a facility of your choice. You may request to be evaluated or treated by a mental health professional of your choice. We cannot guarantee the facility or mental health professional you choose will be available, but we will honor your choice if we can.
During these 72 hours you will be evaluated by the facility staff, and you may be given treatment, including medications. It is possible for you to be released before the end of the 72 hours. But if the staff decides that you need continued treatment you can be held for a longer period of time. If you are held longer than 72 hours, you have the right to a lawyer and a qualified interpreter and a hearing before a judge. If you are unable to pay for the lawyer, then one will be provided to you free of charge.
If you have questions about your legal rights, you may contact the county Patients' Rights Advocate at _____ (phone number for the county Patients' Rights Advocacy office) _____. Your 72-hour period began _____ (date/time) _____.

(2) If the notice is given in a county where weekends and holidays are excluded from the 72-hour period, the patient shall be informed of this fact.

(i) For each patient admitted for evaluation and treatment, the facility shall keep with the patient's medical record a record of the advisement given pursuant to subdivision (h), (i), which shall include all of the following:

- (1) The name of the person performing the advisement.
- (2) The date of the advisement.
- (3) Whether the advisement was completed.

- (4) The language or modality used to communicate the advisement.
- (5) If the advisement was not completed, a statement of good cause.

SEC. 2.

If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

AB 1194

- ▶ AB 1194 adds two significant considerations for a 5150. In addition to:
 1. Danger of harm to self
 2. Danger of harm to others
 3. Grave Disability

- ▶ AB 1194 explicitly requires that law enforcement, clinical evaluators, and discharge personnel:
 - **Actively consider the person’s mental health history. Proper documentation is critically important**
 - **Not limit themselves to just considering danger of imminent harm (to self or others).**

- Governor Brown signed into law October 7, 2015
Became effective January 1, 2016

Key AB 1194 language

Section 5150 of the Welfare and Institutions Code is amended to read:

- ▶ **“(b) When determining if a person should be taken into custody pursuant to subdivision (a), the individual making that determination shall apply the provisions of Section 5150.05, and shall not be limited to consideration of the danger of imminent harm.”**

- ▶ **“(e)...The application shall also record whether the historical course of the person’s mental disorder was considered in the determination, pursuant to Section 5150.05. “**