

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

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

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

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<p>will write a brief description regarding the discussion w/Dr. Barham in August of 2017</p> <ul style="list-style-type: none"> • Goal #2- Started the dialogue regarding the need for a children/adolescent inpatient unit • Goal #3- Consumer Advocacy, Empowerment and Grievance Resolution program- Lynnette Watts • Goal #4- “Research specialty mental health services for consumers who have chronic health difficulties and/or dual diagnosis of developmental disabilities and mental illness (goal for 2018?) • Goal #5- work with the Criminal Justice Committee and full Commission to advocate for improvements in the care of inmates who are mentally ill- (was done at the Commission level and will be ongoing) • Goal #6- External Quality Review Organization (EQRO) and Consumer quality care focus groups- Priscilla Aguirre and Ann Isbell ** will report the findings, to the full Commission, possibly in January 2018? The MHSA/Finance Chair claimed that both Committees worked together, in the creation of the White Paper/Grand Jury Report and the meetings and reports that followed. • Goal # 7- Gathering information regarding consumer advocacy and grievance policies and forms- several meetings were focused on the presentations of the following, throughout 2017: <ul style="list-style-type: none"> - Department of Consumer Grievances- Bernadette Banks - Office of Consumer Empowerment (OCE)- Jennifer Tuipulotu and Roberto Roman - Quality Improvement and Grievance Compliance Coordinator- Steven Wilbur - Difficult to assess the services being delivered without reaching out to the community - Committee member stated that they had directed several consumers to the various department and all had positive outcomes and the departments did follow through with the consumers, addressed their grievances and worked on resolving their issues or concerns - Committee Chair suggests that members collectively continue to dialogue regarding their different experiences and perspectives • The Chair of the Committee would like to recruit more members for the Committee 	
<p>IX. REVIEW and DISCUSS Committee’s Mission Statement</p> <ul style="list-style-type: none"> • Changes will be as follows: <p style="text-align: center;">“To advocate for the highest quality mental health services to be delivered with dignity and respect”</p>	<p>*EA will make changes and attach new Mission Statement to the next meeting’s agenda packet and incorporate statement on all agendas</p>
<p>X. DISCUSS potential committee goals for 2018 as follows:</p> <p>1. Goals not completed or addressed in 2017</p> <ul style="list-style-type: none"> • During 2017, the second goal, “Continue to advocate for the creation of crisis inpatient and residential facilities for children and adolescents”- was a focus, during several meetings throughout the year, including the meeting with the Chief Operating/Financial Officer regarding the financial feasibility of creating a children/adolescent inpatient unit. The unit was deemed financially unfeasible and a state/federal wide problem. It was identified that there is a need to lobby, both at the state and federal levels, to advocate for funding for the unit project. • Other Commissioners in attendance clarified that if the Committee, or Commission, would develop the concept of what is needed for the residents/unit, along with a proposal with potential scenarios/solutions regarding how the unit can operate. • Will the Committee/Commission advocate for the development of the proposal, to other local Mental Health Commissions and other advisory boards, to gather their support to jointly advocate for funding for the unit; or will the Committee/Commission request surrounding counties, Behavioral Health Administration Divisions, to collectively commit to the 	<p>*Forward to the November meeting</p>

Agenda Item / Discussion	Action / Follow-up
<p>need and use of the beds in the proposed unit, to raise the funding needed to create the unit?</p> <ul style="list-style-type: none"> • Commissioners present, suggested to investigate the matter further and look into what the surrounding counties are doing regarding the issue and if it was resolved, how? Maybe write a letter, to neighboring county's Commissions and advisory boards, to obtain a response regarding their needs for an inpatient crisis unit for children and adolescents. Maybe collectively, the counties can advocate for funding and developing a proposal for, how to create the inpatient unit for children and adolescents • Another suggestion was to start a dialogue and collaborate with the Behavioral Health Services division, to move the ideas forward- the development should start at the administration department level, first. <p>2. Potential new goals for 2018</p>	
XI. Adjourned at 5:09 pm	

FINAL MINUTES APPROVED 3/15/18