

Contra Costa Mental Health Commission
Monthly Meeting
Date 8/12/10
Minutes – Approved 9/9/10

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:30 pm by Chair Mantas. Introductions were made around the room.

Commissioners Present:

Peter Bagarozzo, District V
Evelyn Centeno, District II
Peggy Kennedy, District III
Dave Kahler, District IV
Peter Mantas, District III, Chair
Carole McKindley-Alvarez, District I
Colette O’Keeffe, MD, District IV
Floyd Overby, MD, District II
Teresa Pasquini, District I, Vice Chair
Annis Pereyra, District II
Sam Yoshioka, District IV

Commissioners Absent:

Supv. Gayle Uilkema, District II

Attendees:

Quentisha Davis
Rick Crispino, Bonita House
Tom Gilbert, Shelter, Inc.
Ralph Hoffmann
Mariana Moore, Human Services Alliance
Janet Marshall Wilson, MHCC
Connie Steers, MHCC
Willie Wong

Staff:

Donna Wigand, MHA
Sherry Bradley, MHA
David Cassell, MHA
Susan Medlin, MHA
Marsha McInnis, MHA
Jennifer Tuipulotu, MHA
Dorothy Sansoe, CAO
Nancy Schott, Staff to MHC

Chair Mantas welcomed everyone to the new location at John Muir Behavioral Health and introduced the 3 new Commissioners: Peter Bagarozzo, Evelyn Centeno -and Peggy Kennedy.

2. PUBLIC COMMENT

Janet Marshall Wilson: She handed out flyers for Spirit graduation 8/13 at Contra Costa College. Spirit Program graduates are consumers who have gone through intensive training to become mental health providers. Everyone is more than welcome to attend. She announced the County and City of Antioch sponsored Project Homeless Connect 6 to be held on 9/16 at the Contra Costa County Fairgrounds from 9:00 am – 3:00 pm. Project Homeless Connect connects people experiencing homelessness with food, medical and dental care, substance abuse programs, shelter and other services. The success of the day depends on volunteers; anyone interested can get more information at 925-313-6124.

Ralph Hoffman: He appreciated the selection of the new location. Attendees who take bus route #17 should leave at 6:25 pm. Judge Walker announced his decision regarding Proposition 8 and denied the stay. Same sex marriages can begin 8/18, subject to appeal.

3. ANNOUNCEMENTS

A. Commissioner Pasquini was notified by Gloria Hill that Steve Rothschild, a former Family Member Commissioner from Dist. III passed away. Services are tomorrow 8/13 at Oakmont Cemetery in Lafayette.

B. Update on new meeting location: Due to budget cuts, the Concord Police station is not staffed past 5:00 pm and the monthly meetings are not finished by that time so a new location was required. The Concord Police Station is available during the day for Workgroup meetings subject to availability. Any other locations of interest for consideration for monthly meetings, please notify Nancy Schott.

4. CONSIDER APPROVAL OF MINUTES

- **ACTION:** Motion made to approve the July 8, 2010 Monthly Meeting minutes: (M- Pasquini/S-Overby/Passed, 7-0-0, Y- Kahler, Mantas, McKindley-Alvarez, Overby, Pasquini, Pereyra and Yoshioka/A- Bagarozzo, Centeno, Kennedy and O'Keeffe (not present at 7/8/10 meeting).

5. REPORT ON POLICIES AND PROCEDURES SURROUNDING SENTINEL EVENTS - David Cassell, Quality Improvement Coordinator (Sentinel Event Review Policy and PowerPoint slide handout follows minutes)

Commissioner O'Keefe asked if sentinel event reviews are processed for county facilities only or Contract agencies as well? David Cassell said most of the contract agencies have their own processes and he will address that later in the presentation.

He reviewed the Quality Improvement structure; he is on the ad hoc Sentinel Event Review Subcommittee – the subcommittee is specifically called when a sentinel event occurs and requires review. Incidents are unexpected occurrences that may indicate the quality of care may not be what it should be. Sentinel Events are a subset of incidents. They are the most serious of the incidents. All incidents are reviewed, but Sentinel Events are reviewed in significantly more depth.

In a large and complex system such as Contra Costa's, there will be problems. Incidents should be reported to learn from poor outcomes and identify system improvements, to note things that could have been prevented or how to do things differently. There are different regulations that govern inpatient and outpatient reviews. In the outpatient system, the state requires a system for identifying possible incidents of poor care. These incidents would be included in the unusual occurrence category, but other incidents, such as a staff injury or vandalism, are also incidents, but not occurrences of poor care. Occurrences of poor care would be another subset of the broader category of unusual occurrence. The term "unusual occurrence" can be used interchangeably with "incident".

Quality of care issues can be an impression by a staff person not related to a specific incident such as

communication difficulties between two departments and therefore care isn't optimal. Sentinel events are the most serious types of incidents and the term is borrowed from inpatient hospitals/medical setting. The structure of an inpatient hospital review is more detailed than one for an outpatient review. For outpatient reviews, DMH has general language in the contract, but structural details are left up to the Mental Health Plan. Both inpatient and outpatient processes have protection for the process and the discussions held within the sentinel event review. In CCC the review happens within the QM and QI structure rather than going through County Counsel first. Quality Improvement (QI) is both an overall program as well as a concept and process for making sure that things that aren't ideal are addressed. Quality Management (QM) in our system is a committee which manages QI and related activities.

Items discussed in a peer review/quality improvement/sentinel event type of review are immune from discovery and cannot be subpoenaed. Hospitals must report to the state, but outpatient systems do not to avoid disclosure upstream outside the system. Protections are so people feel safe in reporting and the system can be improved.

Prior to the actual review, all available information is gathered, possibly from interviews, outside reports, incident reports, arrest reports, lab reports, etc. A timing balance is attempted between conducting reviews while memories are still fresh and obtaining all appropriate outside reports which can take months (ie. a Coroner's report). Appropriate participants in the review are determined including county staff with direct responsibility or clinical oversight for provision of care. During the review details are reviewed and issues raised then an action plan is created. After the review, different types of details are passed up through the QI/QM structures that stay within the structure, although aggregate information will be reported up the Committee stream. Issues and actions plans can be brought to QM for direction for potential system wide recommendations that QM delegates as appropriate.

Commissioner O'Keeffe asked for clarification of what aggregate data means. David Cassell said numbers and types of incidents without individual identifiers.

Commissioner McKindley-Alvarez asked if there was a specific time frame for an action plan to be developed. David Cassell said the investigation begins immediately, but an action plan is developed at the review; he attempts to conduct reviews within several months, but is dependent on information from outside sources (ie. autopsy report, physician reports, lab reports).

Commissioner Yoshioka asked if any hospital activity comes under MHA QI. David Cassell is part of the Mental Health Plan reviewing outpatient care and does not review hospital incidents. The mental health clinics are certified by the state Department of Mental Health (DMH); DMH delegates certification of contract clinics to Contra Costa Mental Health Division. Commissioner Yoshioka asked if the Assessment Recovery Center includes a CSU, who would license it. David Cassell thought it would be part Community Care Licensing and part DMH certified. He said it depends on if it is county owned and operated or contracted out.

Willie Wong asked who determines if a sentinel event has occurred. David Cassell said all incidents get reported and receive some level of review. A small subset of these incidents would be considered sentinel events, and be subject to sentinel event review. Unusual occurrences/incidents are categorized into different classes. Incidents in some classes may or may not necessarily be considered a sentinel

event. The determination of whether an incident should be considered a sentinel event is somewhat discretionary on a case by case basis, so it's not automatic because it belongs to a specific class of incident. He conducts a chart review, may consult a physician, the program manager or other sources then determines if the incident qualifies as a sentinel event.

Commissioner McKindley Alvarez asked if there is a policy with criteria to determine if an incident is a sentinel event. David Cassell said if the incident occurs in a hospital setting there is established criteria, but the procedure for an outpatient incident is not as defined. He is a member of a statewide group of county QI Coordinators and there is commonality in their determination procedures. His determination can be based on years of experience or criteria that may not be written down and indicators of potential poor care. Commissioner McKindley-Alvarez noted aggregate data goes to QM Committee and asked if there a way to provide that information to MHC. David Cassell said generally it is kept within the QM structure and counties have some discretion in determining availability data, but that decision would need to come from someone other than him.

Commissioner O'Keeffe asked who makes decision to report. David Cassell said he tries to set up an environment to report everything and he will make a determination on what level of review is appropriate. There is a policy to report any unusual occurrence. It is difficult to police if people are actually reporting or not. If he hears of issues, he requests they be reported if only to begin the tracking process. Because Unusual Occurrence Reports are protected, they are not included in patient charts.

Commissioner Overby said hospitals have QI Committees that review surgical accidents complications and do their best to be objective.

Vice Chair Pasquini recalled the February 2009 event with attempted suicide of her son and also the suicide in October 2009 that was brought to the BOS. She looks at sentinel events differently now that she has participated in Kaizen events and recently sat in on the value stream mapping event for Safety Alert Detection/Quality Management Review at CCRMC. She understands staff need to be protected and the creation of a safe QI environment, but where is independent oversight reviewing the system? For her personal issue, she participated in the issue resolution process from the local level to state level, but didn't feel any satisfaction or relief when it was finished. How can the MHC do its job and participate in this process? David Cassell said those decisions are made at a level different from him. Chair Mantas said a very positive change is happening and Donna Wigand will have a Commissioner participating in the QI process. Beyond that, he would like to discuss how the MHC can obtain feedback on the review process when a sentinel event is presented to the Commission. The MHC should be aware of any follow up and corrective action taking place.

Vice Chair Pasquini asked if the inpatient review process has fewer protections than the outpatient process. David Cassell responded the inpatient protections are different in structure. Peer reviews and quality improvement dealing with sentinel events are all protected, no matter what the setting. Since her approval to sit on the CCRMC QM Review team was granted by County Counsel, she wondered why the same County Counsel wouldn't approve a Commissioner sitting in on the MHA QM Review team. Donna Wigand said different County Counsel representatives are assigned for MHA and CCRMC issues.

Commissioner Bagarozzo asked if Item 3E on the Sentinel Event Review Policy, "The reviewing

manager should assure that follow-up/future prevention has been addressed on the form”, means the manager is requested, but not required to follow-up on reports. David Cassell said although the word “should” is used rather than “shall”, managers are expected to follow-up. There is some degree of discretion on his part on the amount of follow-up he does with managers, but it is based on the seriousness of the incident. Some things that happen may not be significant by themselves, but if they happen over and over again, he will address the trend and there will be additional follow-up.

6. REPORT: MENTAL HEALTH DIRECTOR – Donna Wigand

A. A Community Meeting on the 20 Allen St. project will be held Tues. 8/31, Pleasant Hill Community Center, 5:00 – 7:00 pm. The CC Times picked up the press release and there is an article in today’s paper. Although the ending time is stated as 7:00 pm, if required it can go past that time. The purpose is to give people a chance to comment on the 2 different program options on the table and discuss preferences and priorities. (*Newspaper article follows minutes*)

B. Federal Healthcare Reform update : The California Mental Health Directors Association (CMHDA) is becoming more active not only in the state Department of Mental Health (DMH), but the State Department of Health Care Services (DHCS). DHCS is doing most of the work with the Center for Medicaid Services (CMS), the entity that will shape national healthcare reform. DMH has been the intermediary between the County mental health organizations and DHCS, who have the contact with the Feds. CMHDA is now talking directly to DHCS and the federal Center for Medicaid Services (CMS)/Substance Abuse & Mental Health Services Administration. They feel California Behavioral Health (including Mental Health and Alcohol and Other Drugs) has been left out of the discussion. At the state level, California has a narrow definition of federal health care reform that includes only physical health. CMHDA determined federal legislation does include Behavioral Health and want to make sure they are included in the planning process. CMHDA is also very concerned Alcohol and Drug reform has not been included in healthcare discussions so far either at the state or federal level. In 38 out of 58 CA counties, Alcohol and Other Drugs and Mental Health are integrated (although not in CCC) into one Behavioral Health system. Alcohol and drug prevention/treatment availability is critical in order to manage and curtail overall health care costs. Prevention is the key to reducing acute care costs. She may be asking the MHC for advocacy assistance on this issue and feels having the MHC collaborate with the Alcohol and Other Drugs Advisory Board may be an idea worth considering.

The Federal Medical Assistance Percentage (FMAP) increase was extended on 8/11/10 by Congress. When Medi-Cal services are billed, the County contributes a portion through Realignment dollars provided by the state to draw down FMAP funding. FMAP used to be .50 for every dollar, but an increase was passed to assist states hit hard by economic conditions (such as California); it went to .62 for California, allowing the County to put up less Realignment funding and allowing Realignment dollars to provide more services. The increase revenue will be declining: 7/1/10 – 1/1/11 it will be approx .615, then it decreases again in March and June so there will be an overall reduction in funding for the fiscal year. For CCC the reduction is manageable and there should not be any reductions in the system of care. FMAP is due to sunset 7/1/11.

Commissioner McKindley-Alvarez asked if we are collaborating with other states on federal healthcare reform in addition to other counties. Donna Wigand said California belongs to the National Association of Behavioral Healthcare Directors and the group is very active in Washington D.C.

7. MHC COMMITTEE / WORKGROUP REPORTS

Chair Mantas indicated item 8A.i (consider recommendation on support for Knightsen Bonita House facility) should have been placed under item 7A (MHC Capital Facilities and Projects/IT Workgroup) and will be discussed now.

A. MHC Capital Facilities and Projects/IT Workgroup –Annis Pereyra

i. At the 7/27/10 CPAW Cap Facilities and IT meeting, hard data reports were requested to be available before the Community Meeting (list of requested data reports on pg. 29 of the 8/12/10 MHC meeting packet). In order to substantiate comments made around at the CPAW Cap Facilities and IT meeting, the MHC Capital Facilities and Projects/IT Workgroup requested additional data reports from MHA listed on pg. 27 of the 8/12/10 MHC meeting packet.

Vice Chair Pasquini said MHA has rolled out a new Data Request Form discussed at the CPAW Data Committee meeting. She feels the MHC needs to rely more on data and less on anecdotal, emotional evidence. She asked if data requests need to be approved by the QI Committee as stated on the form? Donna Wigand said she did not believe so. David Cassell has already been approached to revise the policy.

The CPAW Housing Committee met. Although interviews have been conducted, clarifications on roles and responsibilities for the Housing Coordinator and Asst. Housing Coordinator have yet to be received from Vic Montoya. He will meet with CPAW Housing Committee next week to clarify and Commissioner Pereyra will report back to the MHC. The application from Bonita House for the Knightsen project was approved by the CCC Planning Commission in July and an appeal was filed soon after by neighbors. She requests the MHC write a letter advocating for the project to the BOS.

Rick Crispino, Exec. Director for Bonita House provided background information on the project. Bonita House has been in business for 40 years. They are located in Alameda County and primarily serve adults with co-occurring psychiatric and substance abuse disorders. They provide intensive residential treatment, transitional to permanent socialization programs, supported housing, homeless outreach, transitional programs, medication and outpatient services to approx. 850 people a year. A Beautiful Night (ABN) is a non-profit organization founded by CCC and Alameda county families with a dream to open a residential facility in a rural setting modeled after successful programs in other parts of the country. The group was successful in raising funds and purchasing a property in Knightsen (east CCC); ABN requested Bonita House take over the property/funds and carry on the vision. Bonita House applied in 8/08 to open the facility and are still working through the planning process. The project has been approved by the Planning Commission and the appeal to BOS by neighbors should be heard in October. The proposed project is a 10 bed adult residential facility for men and women overseen by Community Care Licensing and set up as a recovery focused program. Commissioner O'Keeffe asked if clients with Medi-cal insurance only would be accepted? Rick Crispino said yes. Donna Wigand asked Rick Crispino to let us know when the hearing is.

Marsha McInnis was involved in A Beautiful Night; she is concerned stigma has gotten in the way of recovery. She feels caring for animals and growing things in a rural setting such as Knightsen, would be very beneficial to clients. Clients who would be placed there are not unstable or in crisis, but rather on a journey of wellness and recovery. She also requests the MHC support the project.

- **ACTION: Motion made to have the Chair write a letter from the MHC to BOS in support of the Bonita House Knightsen facility. (M-Pereyra/S-Kahler/Passed, 11-0-0, Bagarozzo, Centeno, Kahler, Kennedy, Mantas, McKindley-Alvarez, O’Keeffe, Overby, Pasquini, Pereyra and Yoshioka.**

Discussion:

Commissioner Pereyra suggested each the Commissioners their supervisors to advocate for the project.

Vice Chair Pasquini asked Commissioner Pereyra if she would like to add the visits to the supervisor’s offices regarding the project to the motion. Commissioner Pereyra said since Commissioners are supposed to be visiting their supervisors offices anyway, it does not need to be included.

The Crestwood Pleasant Hill facility site visit originally scheduled for 8/24/10 10:00 am, will need to be rescheduled because the CPAW Capital Facilities and IT Committee meeting that she and Commissioner Pasquini is at the same time. The Crestwood director is on vacation for 2 weeks. The 2nd choice was 8/24/10 in the afternoon; 8/26 AM and 8/27 AM were third and fourth choices. She will let Nancy Schott know once a new date has been determined.

B. Quality of Care Workgroup – Carole McKindley-Alvarez

i. The Workgroup will be meeting 8/13. At the previous meeting, all the presentations to date were discussed and how to move forward with that data. A key area of proposed involvement is in the QI and QM components of MHA. Because Sam Yoshioka and Peggy Kennedy were not able to attend the meeting, discussions will continue at tomorrow’s meeting.

C. Diversity and Recruitment Workgroup – Peggy Kennedy

i. Commissioner Kennedy was announced as the new Workgroup Chair. The Workgroup wasn’t able to meet on 8/10 and they hope to meet 8/23 at 1:00 pm; staff to confirm location availability.

Commissioner O’Keeffe said she spoke with 2 consumers at Behavioral Health Court with experience in the forensic system who are interested in applying to the MHC. There is a third person as well.

Chair Mantas said when the Workgroup met on 7/23, not all members were present and although Peggy Kennedy was elected Chair, they agreed to elect a Vice Chair at next meeting. The Workgroup’s focus is to reach out to the community and through education on the process, encourage participation in the MHC.

Commissioner Kennedy said the Commission is currently lacking in Consumer and Hispanic representatives.

Susan Medlin, Office of Consumer Empowerment works with consumers through the SPIRIT program and offered her assistance in recruiting consumers.

Chair Mantas said the Clubhouse has also offered to assist in recruitment efforts.

8. MHSA UPDATE – Annis Pereyra and Teresa Pasquini

A. CPAW – See Vice Chair Pasquini’s Report on the monthly 8/5/10 meeting. (*Report follows minutes*) The 8/5/10 Monthly Meeting was 3 hours long as a test. Commissioner Kahler was also in attendance and suggested streamlining the meeting allowing better use of MHSA funds.

Donna Wigand said there will be a loss of \$144 million in MHSA funds because revenue was less than anticipated. The shortfall will be divided between all the counties; CCC’s share is a \$2.5 million reduction; due to the prudent reserve, it will not have a negative programming impact.

Ralph Hoffmann requested Peter Mantas be chair of CPAW and reduce the use of facilitators.

9. REPORTS: ANCILLARY BOARDS/COMMISSIONS

None provided.

10. Consider approval of Candidates recommended by Executive Committee

A. William Wong, District V, At Large Member, through 6/30/11

- **ACTION: Motion made to recommend Dr. William Wong for District V At Large Member seat to Supervisor Glover (M-Kennedy/S-Bagarozzo/Passed, 11-0-0),**

Evelyn Centeno asked if the Executive Committee could tell the MHC about the candidate since he is not here. Commissioner Pereyra said the Executive Committee is allowed to ask only the questions on the interview sheets. Commissioners received copies of the applications and interview sheets. If there is a specific question though, feel free to ask.

Ralph Hoffman said statutorily the MHC is to be balanced by district and by Consumer/Member At Large/Family Members. He recommends continuing to recruit Consumers.

B. Lori Hefner, District IV – possible out of district placement for consumer seat.

Chair Mantas said the Executive Committee is recommending Lori Hefner for a possible out of district placement for a Consumer seat.

- **ACTION: Motion made to recommend Lori Hefner for an out of district Consumer seat to (M-Pasquini /S-Overby/Failed, 5-5-1)**

Chair Mantas asked Commissioner Pereyra why she wouldn’t offer a second to the Motion when she recommended her at the Executive Committee. Commissioner Pereyra said after the meeting she had reservations about Lori Hefner being appointed to a Consumer seat rather than a Family Member or At Large Member seat. Commissioner Pereyra has herself struggled with whether or not she is better suited to a seat other than a Consumer seat though she feels she does bring the Consumer voice to the table.

Commissioner O’Keeffe said her activities are lacking in the consumer realm; no activity or training in consumer run groups as a consumer. She does provide financial overview services. Her application is oriented more toward staff than a consumer. Since there are other consumers in the pipeline, possibly we could postpone voting on her application.

Commissioner McKindley – Alvarez is concerned about an out of district placement. What are we doing to promote a consumer person from within West County? She would like to see a District 1 Consumer with experience within the system and specific to West County. West County has specific challenges that should be represented.

Commissioner Kennedy asked about the precedent for an out of district placement. Vice Chair Pasquini said the W&I code states if a Commission is out of balance, out of district placements can be considered. She said Brenda Crawford stated at the last IOC meeting there was concern and a possible investigation around the fact that the MHC was out of compliance for balance and diversity. Vice Chair Pasquini would prefer same district representatives, but there have been challenges with searching out consumers. The issue of “real” consumers is a delicate issue; there is not a definition in the W&I code for a consumer. She is concerned about applicants declaring as consumers and then the MHC declining to recommend them because they are not truly a “consumer” or there are other “better” consumers in the pipeline.

Commissioner Centeno said she can’t support someone she hasn’t seen or heard from and could we postpone the vote until Lori Hefner can attend the meeting. She would abstain.

Chair Mantas said the process is that the Executive Committee interviews the candidates then makes a recommendation to the full MHC. If a Commissioner has questions, he/she is free to contact the candidate to discuss prior to the meeting

Commissioner O’Keeffe said she has been recruiting for 3 weeks and found 3 possible applicants. She understands if an applicant declares he/she is a consumer, he/she is, but she would like applicants who have quality consumer experiences including consumer advocacy and participation in consumer run organizations.

Chair Mantas said if an applicant states he/she is a consumer, no additional clarification is required or allowed. Through the interview process, if there are multiple candidates, the qualities Commissioner O’Keeffe describes would be desirable. However, if there are not multiple applicants, the best decision must be made with the candidates on hand.

Vice Chair Pasquini said Lori Hefner recently joined CPAW; she is not sure if that is a problem. Chair Mantas said too many Commissioners on CPAW may result in consensus building and a Commissioner may have to resign. Currently there are 5 Commissioners on CPAW so there is no issue as quorum is 7. Dorothy Sansoe said Commissioners on CPAW should be careful of conversations with others outside the CPAW meetings to avoid the perception of serial meetings.

Vice Chair Pasquini asked if County Counsel has commented on this issue? Sherry Bradley said no.

11. CHAIRPERSON’S COMMENTS – Peter Mantas

A. Consider length of meetings: He would like to propose going to a 2-1/2 hour meeting with a streamlined agenda (like today). It’s challenging to get everything accomplished in 2 hours. Commissioner Kahler doesn’t think the meetings should be longer and suggested the MHC can move a lot faster in meetings than we do now. Commissioner O’Keeffe is concerned if the meetings are scheduled to end at 7:00 pm, the meeting will end at 7:30 pm. Chair Mantas said if we keep the agenda

focused we should be able to end at 7:00 pm. He can keep meetings to 6:30 pm, but presentations and agenda items will have to be stopped precisely on time. He gave an example that David Cassell's presentation went over by 12 minutes; if he'd stopped it on time, all the questions wouldn't have been asked and answered. Commissioner McKindley-Alvarez is concerned about meetings longer than 2 hours. She proposed extending meetings on a quarterly basis; longer monthly meetings would be pushing it for attention span and the ability to get things accomplished. Commissioner Yoshioka recommended with 3 new members to keep to 2 hours for next meeting; let them attend a meeting and then possibly make a change. Chair Mantas agreed to keep meetings at 2 hours and liked Commissioner McKindley-Alvarez's suggestion of longer quarterly meetings.

B. Consider touring County operated programs: If more than 7 Commissioners are interested in attending, the tours must be publicly noticed. The tours will be scheduled based on Suzanne Tavano and Donna Wigand's availabilities. Donna Wigand said the Adult and Children's Program Chiefs and staff would also be involved. Sam suggested Commissioner interest may be based on location of the facility (east, west or central). Commissioner O'Keefe asked if a list of specific sites could be submitted. Donna Wigand said yes, both county run and contracted facilities are options. She asked if the MHC wanted to break up into groups based on interest. Commissioner McKindley-Alvarez suggested keeping the group size small since we are visiting sites that deliver care; it would also take care of the issues of noticing and members of the public attending. Chair Mantas stated the MHC has oversight county wide not only regionally; he would like to sites all over the county. Commissioner Centeno would like to see all the sites. Most Commissioners were interested in seeing facilities countywide rather than regionally. Donna Wigand said to accommodate the interest in seeing facilities in all parts of county, there will be a series of tours.

Chair Mantas reminded Commissioners to please have their photo taken for the MHC name badge before the tours. The name badges are to be used for official MHC business only.

C. Consider nominations for Healthcare Reform Workgroup and Quality Improvement

Chair Mantas said Donna Wigand has issued an invitation to the MHC to participate in the Quality Improvement (QI) Committee. Anyone wishing to nominate herself/himself or anyone else should do so at the September MHC meeting. For now, Commissioner McKindley-Alvarez will take on responsibility. If no one else is interested, the Chair will appoint her permanently, probably for a year term. If others are interested, the MHC will elect a primary and alternate MHC representative at the October meeting.

As Donna Wigand stated in her report, counties are beginning to address federal healthcare reform and she requested a MHC representative participate on the Committee. Vice Chair Pasquini will take lead unless there are other volunteers at the September MHC meeting. If no one else is interested, the Chair will appoint her permanently. If others are interested, the MHC will elect a primary and alternate MHC representative at the October meeting. Chair Mantas thanked Donna Wigand for the opportunity for MHC participation.

Donna Wigand said Marsha McInnis, the new Family Coordinator for East County, comes with experience as a former chair of the Alameda County MHB, Tri-Valley NAMI, has a loved one in the CCC mental health system, is a trained Family-to-Family teacher and has been on the board of Bonita House.

Public Comment:

Quentisha Davis requested the MHC place a discussion item on a future meeting agenda regarding consumer abuse in the workplace and employment sustainability which would allow people to come to the MHC, be heard and begin to work on solutions. She is an associate clinical social worker and has seen abuses within County mental health programs and services. She would like this issue to be public knowledge. Chair Mantas suggested she send Nancy Schott specifics on what she is interested in discussing.

12. **FUTURE AGENDA ITEMS**

Any Commissioner or member of the public may suggest items to be placed on future agendas.

A. Suggestions for September Agenda [**CONSENT**]

1. Steve Hahn-Smith, Research and Evaluation Mgr. – Report on Data Request Form

B. List of Future Agenda Items:

1. Rose King Presentation on MHSA
2. Behavioral Court Presentation
3. Case Study
4. Presentation from The Clubhouse
5. Creative ways of utilizing MHSA funds
6. TAY and Adult's Workgroup
7. Conservatorship Issue
8. Presentation from Victor Montoya, Adult/Older Adult Program Chief
9. Presentation from Crestwood Pleasant Hill
10. Presentation on Healthcare Partnership and CCRMC Psych Leadership
11. Presentation on non-traditional mental health services under the current PEI MHSA programs

C. List of Future Action Items:

1. Develop MHC Fact Book to be used in review meetings with appointing Supervisors
2. Review Meetings with appointing Supervisors

13. **ADJOURN MEETING**

- **ACTION: Motion made to adjourn the meeting at 6:55 pm (M-McKindley-Alvarez/S- Pasquini/Passed, 11-0-0, unanimous)**

The next scheduled meeting will be Thursday, Sept. 9, 2010 from 4:30- 6:30 pm at the John Muir Behavioral Health Center, 2740 Grant Ave., Classroom A, Concord.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours

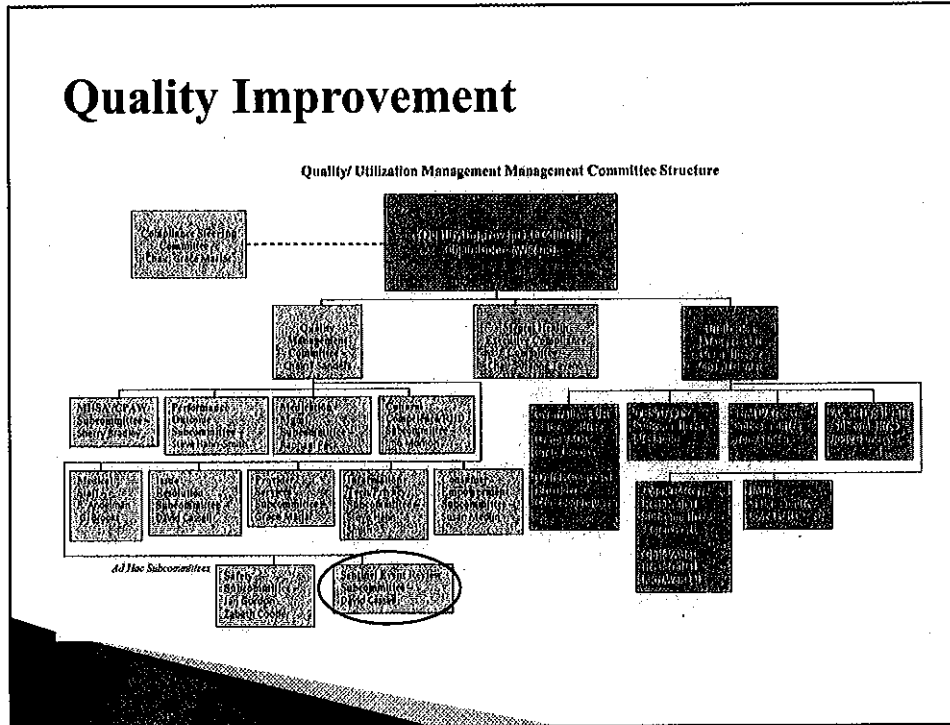
Meeting Handouts

**The following documents were presented
at the 8/12/10 MHC monthly meeting
(and not included in the meeting packet).**

**For all other materials reviewed and
discussed at the 8/12/10 meeting, please
see the agenda packet on the MHC
Meeting Agendas and Minutes webpage
at**

http://www.cchealth.org/groups/mental_health_com/agendas_minutes.php

Quality Improvement



Why there is a reporting process

- ▶ **Client care – Supporting the goal to provide best care possible**
- ▶ **Incidents – in a complex system with complex issues, there are unfortunate things that are bound to happen.**
- ▶ **When bad outcomes happen, we need to learn from them and identify possible system improvements to prevent recurrences**

Quality Improvement

- ▶ **If there is no mechanism for reporting and reviewing problems, including bad outcomes, it increases the probability that mistakes will be repeated.**
- ▶ **Regulatory – there are legislative bodies and professional standards organizations that to different degrees recommend, put into contract language, or mandate that there is a process for reviewing and ameliorating bad outcomes.**

Terminology

Different terms in different systems:

Incidents,

Occurrences of poor care,

Quality of care issues,

Sentinel events

the latter usually being reserved for the most serious.

Structural Similarities and Differences

- ▶ **Hospitals – structure more detailed under Joint Commission, includes reporting to the State**
- ▶ **Outpatient MH – DMH provides general language in contract, leaves structure to the mental health plans.**
- ▶ **Commonality – protection**
- ▶ **QM /QI Structure within CCMH where sentinel events are reviewed**

Protections

- ▶ **California Evidence Code 1157 – immunity from discovery –**
 - **Case law: reaffirmed to apply to both civil and criminal proceedings.**
- ▶ **Federal Regulations: CFR 42, Part B § 1320c-9**
Unlawful to disclose outside of the review proceedings; not subject to subpoena or discovery
- ▶ **Hospitals – Joint Commission revised procedures to close confidentiality gaps and minimize risk of liability exposure**

Reasons for Protection

- ▶ Without protection, staff and programs would be reluctant to report events
- ▶ Provides a safe environment for frank discussion of event
 - What might have been done to avoid
 - What can be done differently in future
 - What can be learned
- ▶ Avoid exposure to legal and other risk

Review Functions

- ▶ Gather available information
- ▶ Establish appropriate participants for specific event
- ▶ Convene the review
- ▶ Review pertinent details
- ▶ List issues raised
- ▶ Recommend an action plan

Quality Improvement Processing

- ▶ Aggregate data only reported to Quality Management
- ▶ Issues and action plans may be reported to Quality Management if system issue identified
- ▶ Quality Management identifies, prioritizes, delegates issues and action plans
 - Delegates to appropriate QI subcommittee
 - Delegates up to QI Counsel for policy decisions

Contra Costa County Health Services Department Mental Health Division	POLICY NO. 805
	Review Date: January 2005
POLICY: <u>SENTINEL EVENT REVIEW</u>	Date Initially Approved: February 1999 Date Reviewed and Approved: April 4, 2003
	By: <u>D. M. Wigand, LCSW</u> Donna M. Wigand, LCSW Mental Health Director

POLICY: SENTINEL EVENT REVIEW

I. PURPOSE:

The purpose of this policy is to ensure the appropriate investigation, review and assessment of all sentinel events that occur within the Contra Costa County Mental Health Plan's range of services. A sentinel event is a highly significant unusual occurrence which might involve natural death, suicide, murder, serious injury or other events that pose highly significant risk to the health or safety of consumers, staff or the community.

II. POLICY:

It is the Mental Health Division's policy that all sentinel events are:

- A. Documented in writing on a Mental Health Unusual Occurrence form by all Mental Health staff and contracted providers.
- B. Reported in a timely manner to the Mental Health Director and Quality Improvement Coordinator.
- C. When there is a serious staff injury, use form AK 30 in accordance with Health Services Department Policy 234P.
- D. Analyzed as a mechanism to improve the quality of care by identifying possible need for new procedure development, in-service education, facility improvement, etc.
- E. Treated as highly protected information.

III. PROCEDURE:

The *Unusual Occurrence Notification Form* should be completed as soon as is practical after an incident occurs or becomes known.

Contra Costa County Health Services Department Mental Health Division	POLICY NO. 805
	Review Date: January 2005
POLICY: <u>SENTINEL EVENT REVIEW</u>	Date Initially Approved: February 1999 Date Reviewed and Approved: April 4, 2003

- A. Forms should be completed by the person most closely involved or most knowledgeable about the circumstances.
- B. Notwithstanding the above provision, forms may be completed and filed by any other knowledgeable staff.
- C. The Program Supervisor or Director (if applicable) should be notified immediately by the involved staff.
- D. The form should be hand-delivered to the Mental Health Director as soon as written. In cases of death, serious injury, allegations of a crime, or other serious incident, the Mental Health Director should be notified by phone or pager immediately. However, this phone call does not remove the requirement for an immediate written report. In the absence of the Mental Health Director, the Quality Improvement Coordinator should be notified.
- E. The completed report should be reviewed and initialed by appropriate supervisors (i.e., program supervisor, facility manager, program director, program chief, medical director). The reviewing manager should assure that follow-up/future prevention has been addressed on the form.
- F. The completed form should be delivered to the Mental Health Director within one (1) working day of the initial documentation of the incident.
- G. The Quality Improvement Coordinator will review the report and convene a meeting of all key individuals to review the event.
- H. This committee will review the sentinel event for Quality Improvement/Risk Management issues and a report of this meeting will be stored in a locked file with other protected material.
- I. The Quality Improvement Coordinator will make referrals to any appropriate state and local regulatory or enforcement agencies regarding this incident.
- J. The Quality Improvement Coordinator will ensure follow-up on issues identified in the review.
- K. The report will never be filed or referenced in a client's chart.
- L. The report will never be filed in a personnel record.

CPAW Report for August, 5, 2010
Commissioner, Teresa Pasquini

The Meeting was a three hour meeting which was a test to determine if we could accomplish our agenda items in that time frame and allow for more thoughtful discussion. During CPAW's existence, there have been periods of time where we were meeting twice a month in order to meet our goals. This was abandoned. The 3 hour test will be commented on by CPAW members for its effectiveness.

Conflict of Interest Discussion:

A report was given to CPAW about the IOC meetings of August 2, 2010. CPAW continued a discussion on the Conflict of Interest policy for CPAW with no final decisions. Some of the comments included:

- Need a balance of perspectives per MHSA mandate.
- Everyone has an interest.
- There are conflicts other than fiscal.
- At what point does an interest become a conflict of interest?
- Advisory v Planning role of CPAW and due to the fact that CPAW makes only recommendations to Donna and the final decisions are hers, does that remove the concern/perception of conflict of interest by the stakeholders?

Nominating Committee:

A Committee will be formed in spite of the dissenting argument that adding another Adhoc Committee could be an unnecessary expense of time and resources. Sherry addressed the need to consider reducing meeting hours and use of facilitators contract. An email was sent to CPAW members, after the 8-2-2010 meeting to request input on this issue for all CPAW committees.

Donna's Report:

Donna reported that she learned in Sacramento that the State received \$144 million less in MHSA revenue than had been included in budget. That 144 million will be divided among the counties and Donna estimated that CCC would receive an adjusted allocation 2% or approximately \$3million. Donna did not feel that this would create a negative programming impact due to our Prudent Reserve which we have not had to access.

cc: [unclear]

CONTRA COSTA TIMES

ContraCostaTimes.com

Contra Costa sets hearing on mental health facility

By Sandy Kleffman
Contra Costa Times

Posted: 08/11/2010 01:04:25 PM PDT

An Aug. 31 public hearing will be one of the last major chances for Contra Costans to weigh in on what type of mental health facility should be built next to the county hospital in Martinez.

County leaders are considering two proposals:

- A 16-bed crisis residential unit for adults, where people would stay voluntarily an average of two to four weeks. Many would come after being released from the psychiatric unit at Contra Costa Regional Medical Center. Others would use the facility to avoid hospitalization.
- An urgent care mental health clinic, open 8 a. m. to midnight, where people of all ages could get prescriptions refilled, talk to a counselor and receive other help. Local families have long complained that people who develop mental health issues have few options for early intervention beyond an office visit or hospitalization. The clinic would have separate areas for children and older or frail adults. "The two proposals are both things that this county badly needs," said mental health director Donna Wigand. "We want to get as much public input as we can." For two years, county leaders have explored the best way to expand mental health services on a site that became available next to the hospital emergency room. The county health department bought the 20 Allen

Street property last year. The hearing will take place 5-7 p.m. Aug. 31 in the Parkside Room at the Pleasant Hill Community Center, 320 Civic Drive, Pleasant Hill. Initially, mental health leaders planned a \$25 million psychiatric pavilion that would have included a 16-bed locked facility, a 16-bed unlocked residential crisis unit and an around-the-clock urgent care center. But Wigand said that "Cadillac model" has been scaled back to something more affordable. County leaders decided to reconsider options after members of the Mental Health Commission and others complained that the public did not have adequate opportunity to comment. Now, mental health officials are trying to choose between the 16-bed crisis residential unit and the urgent care clinic, otherwise known as an assessment and recovery center. Many community members are torn because both proposals would fill gaps in services, Wigand said. The new facility will be funded in part through money from Proposition 63, the mental health services act that state voters approved in 2004. This makes it possible for officials to proceed despite the county's tight finances. "There is not a dime of county money in either of these proposals," Wigand said. To help people get to the hearing, the county will provide shuttle vans that will leave the Pleasant Hill BART station at 4:30 and 4:40 p.m., and the Concord BART station at 4:17 and 4:27 p.m. Anyone wanting to arrange shuttle transportation from east or west county should call Mental Health Consumer Concerns at 925-521-1230 or Putman Clubhouses at 925-691-4276. After the hearing, mental health leaders will recommend one option to the Board of Supervisors, which will have the final decision. **Contact Sandy Kleffman at 925-943-8249. MENTAL HEALTH HEARING**

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CONTRA COSTA TIMES

ContraCostaTimes.com

Contra Costa County residents can comment on which type of mental health facility should be built next to the county hospital in Martinez during an upcoming meeting.

- The public hearing will be held 5-7 p.m. Aug. 31, in the Parkside Room at the Pleasant Hill Community Center, 320 Civic Drive, Pleasant Hill.
- The county will provide shuttle vans departing from the Pleasant Hill BART station at 4:30 and 4:40 p.m., and the Concord BART station at 4:17 and 4:27 p.m.
- Anyone wishing to arrange shuttle transportation from east or west county should call Mental Health Consumer Concerns at 925-521-1230 or Putman Clubhouses at 925-691-4276.

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