

# Minutes



## Mendocino County



### Behavioral Health & Recovery Services MHA Forum/QIC Meeting Minutes

Date: 3-22-18

Location: Manzanita Services Ukiah

Time: 3:30-5:30 pm

#### Attendance:

De-Anne Hooper – MHSA Program Administrator	Barbie Svendsen – BHRS Program Administrator	Scott Abbott – BHRS Compliance Officer	Rebekah Anthony – BHRS Admin. Support
Yvonne Welsh – Community Member	Sarah Walsh – RQMC Contracts & Data Analyst	Wynd Novotny – Executive for Manzanita	Andre Epstein – RQMC Admin.
Celeste Singh -Manzanita	Sharon Govern-Manzanita	Mimine Ambrois-MCYP	Kaly Rule-Comm.Prov.
Zack Crossman-RCS Stepping Stones	Lois LaDelle-Daly - RQMC	9 Consumers	

	Discussion Item	Action/Next Steps/Who	Date
1.	<p><b><u>Agenda &amp; Minutes:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Approve Prior Meeting Minutes:</b></li> <li>• <b>Additions to Agenda:</b> <ul style="list-style-type: none"> <li>○ N/A</li> </ul> </li> </ul>	-Minutes Approved	
2.	<p><b><u>Introductions [QIC/MHSA]:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Intro:</b> <ul style="list-style-type: none"> <li>○ Scott Abbott and Barbie Svendsen introduced QIC and thanked Wynd Novotny for opening Manzanita services as a venue for the meeting.</li> <li>○ Robin Meloche introduced MHSA and explained the various handouts.</li> </ul> </li> <li>• <b>Handouts:</b> <ul style="list-style-type: none"> <li>○ Agenda, previous meeting minutes, QIC Workplan slides, Issue Resolution Forms (English/Spanish), MHSA Snapshot, and MHSA Forum surveys.</li> </ul> </li> </ul>		
3.	<p><b><u>Member Reports &amp; Recommendations [QIC/MHSA]:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Follow Up from Prior Meetings:</b> <ul style="list-style-type: none"> <li>○ The last forum did not have any consumers present, so there are no comments to carry forward.</li> </ul> </li> <li>• <b>Report of Changes/News:</b> <ul style="list-style-type: none"> <li>○ Andre Epstein went over Whole Person Care (WPC) and a grant Redwood Quality Management Company (RQMC) received to serve over 200 people via WPC. He said that WPC is where providers work together to care for a client's various needs (such as coordinating physical and mental health needs). Providers and care managers will have referrals that they can make for clients to receive WPC.</li> <li>○ A consumer mentioned there will be a health fair at the Ukiah Fairgrounds on April 5<sup>th</sup>. They will be providing dental,</li> </ul> </li> </ul>		

	<p>general health, and vision related services free of cost.</p> <ul style="list-style-type: none"> <li>● <b>MHSA Service Provider Reports:</b> <ul style="list-style-type: none"> <li>○ None at this time.</li> </ul> </li> </ul>		
4.	<p><b><u>Consumer &amp; Public Feedback [QIC/MHSA]:</u></b></p> <ul style="list-style-type: none"> <li>● <b>What is working?:</b> <ul style="list-style-type: none"> <li>○ Robin Meloche mentioned that the Oversight and Accountability Commission (OAC) staff were impressed by the work that is being done at Manzanita services.</li> <li>○ A consumer said that they were happy that Manzanita provided services like showers so that people could have dignity and feel clean.</li> <li>○ A consumer said that they were grateful for the smoking section at Manzanita because it made them feel like they were welcome.</li> <li>○ A community member said that it is impressive that providers in Mendocino County work together to provide care to as many people as possible rather than arguing about how things should be done.</li> <li>○ A consumer said that they were pleased about the yoga classes being offered at Manzanita.</li> <li>○ A consumer said that they enjoyed the music program at Manzanita.</li> </ul> </li> <li>● <b>Comments &amp; Questions:</b> <ul style="list-style-type: none"> <li>○ A consumer asked if they could have washing machines at the provider locations, because it is difficult to take a shower then have to get into the same dirty clothes.</li> <li>○ A consumer asked if there could be a combined yoga and music class provided by MHSA or through a provider.</li> <li>○ A consumer asked if they could have an updated resource guide for the county. They remember there being an orange and blue flyer for people to see locations of providers.</li> <li>○ A participant asked how they could be issued free phones.</li> </ul> </li> </ul>	-Barbie Svendsen will follow up on resource flyers.	
5.	<p><b><u>Program Update [MHSA]:</u></b></p> <ul style="list-style-type: none"> <li>● <b>Housing Project:</b> <ul style="list-style-type: none"> <li>○ Robin Meloche explained that the housing project is aimed for people who are severely mentally ill, homeless/at-risk of homelessness, and will be permanent. They are breaking ground for the property on Gobbi street. There will be approximately 38 single housing units, and a full-time manager on the property.</li> <li>○ A consumer asked if there was going to be a public laundry facility on the property, and Robin Meloche explained it would only be for residents there.</li> </ul> </li> <li>● <b>WET:</b> <ul style="list-style-type: none"> <li>○ No new updates.</li> </ul> </li> <li>● <b>Innovation:</b> <ul style="list-style-type: none"> <li>○ Robin Meloche explained that the purpose of the current innovation project is to bring services to the outer lying areas</li> </ul> </li> </ul>		

	<p>around Mendocino County such as Covelo. The MHSA team is working with Round Valley Indian Health Center (RVIHC) and Yuki trails to make a crisis response that meets Round Valley’s needs. The project was approved last October.</p> <ul style="list-style-type: none"> <li>○ The purpose of the innovation project is to expand access to the underserved community of Round Valley by improving trust, addressing historical trauma, and institutional distrust to develop community driven crisis response.</li> </ul> <ul style="list-style-type: none"> <li>● <b>MCSPC:</b> <ul style="list-style-type: none"> <li>○ Next week Robin Meloche will be conducting ASIST and SafeTalk Trainings. These are currently at full capacity for registration.</li> </ul> </li> <li>● <b>Issue Resolutions:</b> <ul style="list-style-type: none"> <li>○ The purpose of Issue Resolutions was explained.</li> <li>○ No new issues to report.</li> </ul> </li> <li>● <b>Priorities:</b> <ul style="list-style-type: none"> <li>○ No new priorities.</li> </ul> </li> </ul>	<p>-Robin will keep a list of those who tried to register, as well as who are interested, and incorporate them into future trainings.</p>	
6.	<p><b><u>Quality Improvement Work plan [QIC]:*</u></b></p> <ul style="list-style-type: none"> <li>● <b>1.A Client Population Report:</b> <ul style="list-style-type: none"> <li>○ The total number of persons admitted to outpatient services is 287, and the total admitted to crisis services is 118 (see PowerPoint for demographic breakdown).</li> <li>○ The total number of unduplicated persons served in January at RQMC is 1,186, and the total Fiscal Year to Date (FYD) is 1,991.</li> <li>○ The total number of Full Service Partnerships (FSPs) served is 84, and the total number of emergency crisis assessments is 184.</li> <li>○ The total number of inpatient psychiatric hospitalizations is 56.</li> <li>○ The total number of crisis line contacts is 438.</li> </ul> </li> <li>● <b>2.A Initial Request to First Kept Appointment:</b> <ul style="list-style-type: none"> <li>○ The goal is a completion rate of 90% within 10 business days. The goal of business days was not met in all categories. The average was 84% for all services with 76% for Adult Services and 88% for Children’s services.</li> </ul> </li> <li>● <b>2.B Initial Request to First Psychiatric Appointment:</b> <ul style="list-style-type: none"> <li>○ The goals is a completion rate of 90% within 15 business days. The goal for business days was not met in all categories. The average was 64% for all services with 63% for Adult Services and 66% for Children’s services.</li> </ul> </li> <li>● <b>2.C Service Request for Urgent Appointments to Actual Encounter (Business Hrs):</b> <ul style="list-style-type: none"> <li>○ The goal is to have the actual encounter within 60 minutes during business hours (9a-5p) at 95%. The number of minutes was met in all categories with an average of 12 minutes, and the percentage was met in all categories at 98%.</li> </ul> </li> <li>● <b>2.D Service Request for Urgent Appointment to Action Encounter</b></li> </ul>		

**(Non-Business Hrs):**

- The goal is to have the actual encounter within 120 minutes during after business hours (5p-9a) at 95%. The number of minutes was met in all categories at an average of 20 mins until actual encounter and the percentage was met in all categories at an average of 99%.
- **2.E Test Calls Report:**
  - There were six test calls, which were broken into two categories: Access and Crisis. (Please see PowerPoint for comprehensive results)
- **2.G Outpatient Timeliness to Authorizations (Adults/Youth):**
  - The goal is to have all authorizations made within 14 days, with a completion rate of 100%. Both goals were met for both Adults and Youth.
- **2.H Initial Request to First Offered Appointment:**
  - The goal is to have the first offered appointment within 10 business days at a completion rate of 100%. The number of days was met, however the average completion was 92% for all services, 82% for adult services, and 97% for Children’s services.
- **2.I Follow-Up Post Psychiatric Discharge:**
  - The goal is to have a 100% completion rate in all categories. The current average is 99% overall, 100% for Adult services, and 97% for Children’s services.
- **3.D & 4.C Appeals, Grievances, Change of Provider:**
  - There has not been any provider appeals or client appeals in the last 45 days.
  - There have been two client grievances in the last 60 days, which have both been completed, and the clients have received letters from the QI department.
  - There have been three client requests for change of provider in the last 10 business days, all of which have been complete, and each client has been sent a letter from QIC. (See PowerPoint for more detailed information)
  - The goal was to respond to change of provider requests within 10 business days at a completion rate of 100%. There was only one request, which was withdrawn by the client the next day. The current completion rate is 100%.
- **4.E Monitoring Stakeholder Involvement:**
  - This is an ongoing process of analysis. QIC did a focus group (a Performance Improvement Project (PIP)) to increase the number of attendees.
  - The meetings have now combined QIC and MHSA and these meetings are sometimes broadcasted. This has not increase attendance, so Peer Advocates have been invited to the meetings for more input and the meetings will now be held in Wellness Centers.
  - There has been some technical difficulties with webcasting,

	<p>but that is being worked on for future use.</p> <ul style="list-style-type: none"> <li>● <b>4.G Authorized vs. Billed Services:</b> <ul style="list-style-type: none"> <li>○ The QIC department sends out letters to consumers to check that the services that they have been billed for are the services which they received. There have been no calls received by the QIC department indicating that someone was billed for a service wrongly.</li> <li>○ Consumers have called inquiring what the letters mean.</li> </ul> </li> <li>● <b>4.H Psychiatric Inpatient Readmission Rates:</b> <ul style="list-style-type: none"> <li>○ The goal is to have no more than 10% of patients be readmitted within a 30 day period. The average percentage in all categories of readmissions is currently 13%: 11% for Adult services and 16% for Children’s services.</li> </ul> </li> <li>● <b>4.I Psychiatrist and Clinician No Show Rates:</b> <ul style="list-style-type: none"> <li>○ The goal is to have 10% or less of client no-shows. The average no show rate for psychiatrists is 15% in all categories. The average no show rate for clinicians is 8% in all categories: 11% for Adult Services, and 10% for Children’s services.</li> </ul> </li> <li>● <b>7.A Latino Clients Admitted by Month:</b> <ul style="list-style-type: none"> <li>○ Please see PowerPoint for graph.</li> </ul> </li> <li>● <b>7.B Percentage of Progress Notes Entered Late By Month:</b> <ul style="list-style-type: none"> <li>○ Please see PowerPoint for graph.</li> </ul> </li> </ul>		
7.	<p><b><u>Other Questions/Conclusion:</u></b></p> <ul style="list-style-type: none"> <li>● RQMC’s QIC representative explained that all of RQMC’s administrative staff are eventually moving to the Orchard Street location so that they can be together.</li> <li>● There will be new campuses for RQMC in Potter Valley and Lakeport. The Upper Lake and Lower lake campuses will be consolidating into one campus in Lakeport.</li> <li>● A consumer said that they thought the meeting went well, and that the MHSA/QIC forums are one of the better meetings that they have attended for county meetings.</li> <li>● A consumer mentioned that they would like to see Manzanita reinstate the clothing closet so that people could have clean/new clothing to choose from.</li> <li>● A consumer asked if they could have free phones like the ones issued from the Hospitality Center. <ul style="list-style-type: none"> <li>○ Lois LaDelle-Daly explained that the phones were not issued from Hospitality Center, but from a separate agency. Lois provided contact information on the agency, so that the individual could contact the agency to obtain information on the free phone options.</li> </ul> </li> <li>● The meeting was then concluded and the members dismissed.</li> </ul>		

\*For a more detailed and comprehensive breakdown of the numbers reflected in the QIC Workplan, please see the PowerPoint attached, which contains the information in full with graphs.