

Minutes



Mendocino County



Behavioral Health & Recovery Services MHSA Forum/QIC Meeting Minutes

Date: 5/31/18

Location: Manzanita, Ukiah

Time: 3:30 – 5:30

Attendance:

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| Rebekah Anthony, Staff Assistant, BHRS | Debra Rogers, Manzanita Svcs Inc |
| Michael Dodge, Prog. Analyst, QIC/BHRS | Samantha Wisey, Redwood Community Services |
| Scott Abbott, Prog Manager, QIC/BHRS | Celest Singh, Manzanita Svcs Inc |
| Debra Dockins, Prog Admin, BHRS | Juan Rubio, Manzanita Svcs Inc |
| Sarah Walsh, Redwood Quality Management Corp. | Coni Shephard, Redwood Quality Management Corp. |
| Lucy Esralew, PsyD, Redwood Coast Regional Ctr | Total Number of Consumers: 6 |

| | Discussion Item | Action/Next Steps/Who | Date |
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| 1. | <u>Agenda & Minutes:</u> <ul style="list-style-type: none"> Approve Prior Meeting Minutes: <ul style="list-style-type: none"> Approved Additions to Agenda: <ul style="list-style-type: none"> Tabled Intro/Handouts: <ul style="list-style-type: none"> Scott Abbott handed out the new resource directory for Inland Mendocino County. Scott Abbott explained that the purpose of combined MHSA/QIC meetings is to give consumers ample opportunity to express their thoughts and concerns to improve services. Debra Dockins explained the purpose of Issue Resolutions and showed everyone in the room what the form looked like. | | |
| 2. | <u>Member Reports & Recommendations [QIC/MHSA]:</u> <ul style="list-style-type: none"> Follow Up from Prior Meetings: Scott Abbott handed out the new resource directory for Inland Mendocino County. Report of Changes/News: <ul style="list-style-type: none"> Connie Shephard from RCS would like to report that Transitional Aged Youth (between ages of 18-25) can no go to the Arbor to socialize on Saturdays from 10 am-4 pm. A provider from Manzanita reported that NAMI (National Alliance on Mental Illness) Mendocino County is sharing a campus with Manzanita Ukiah. MHSA Service Provider Reports: <ul style="list-style-type: none"> A provider from Manzanita stated that she would like to see more feedback from clients at Manzanita regarding classes. | -We will look into a resource directory for the coast and North County. | -TBD |
| 3. | <u>Consumer & Public Feedback [QIC/MHSA]:</u> <ul style="list-style-type: none"> What is working?: <ul style="list-style-type: none"> Debra Dockins asked whether these forums should be held throughout the county, be held in the same location every | | |

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| | <p>time, or be held in the same location and broadcast to different parts of the county.</p> <ul style="list-style-type: none"> ▪ A consumer mentioned that the monthly meetings were helpful for them because they felt more connected. ▪ Scott Abbott said that he would like the meetings to be broadcast in the future, and mentioned that Behavioral Health has had success using Polycom for BHAB (Behavioral Health Advisory Board) meetings. ▪ A provider from RCHDC (Rural Communities Housing Development Corporation) said that their locations have a polycom. They also recommended using a software called “Zoom” because it seemed to be more user friendly than the general Polycom program. ▪ A community member said that they would like the flyers to be advertised more in advance and in more places so that more people can form connections and attend the forums. <ul style="list-style-type: none"> ○ Debra Dockins asked what people thought would attract more family member attendance to these meetings. <ul style="list-style-type: none"> ▪ A consumer suggested that the meetings could be held earlier in the day more around lunch time. ▪ A community member mentioned that a survey might be helpful for perspective attendees. <ul style="list-style-type: none"> • Comments& Questions: <ul style="list-style-type: none"> ○ A community member mentioned that they have appreciated the work that Manzanita is doing, and likes having a place to be without being accosted. They said that they feel safe and hope that services keep going. ○ A different consumer mentioned that they appreciate that Manzanita is open, and they do not have to worry about doors being closed behind them. ○ One member mentioned that they appreciate that you can come into Manzanita’s classes whenever you want, and they work with you where you’re at. They appreciated that the workers do not get upset if someone arrives to a class late. ○ A provider asked if there was any help for people who are uninsured and/or undocumented. <ul style="list-style-type: none"> ▪ Sarah Walsh explained that there were services available for people who are uninsured and/or undocumented, and that Crisis workers are aware of the procedure associated with those circumstances. | | |
| 4. | <p><u>Program Update [MHS]:</u></p> <ul style="list-style-type: none"> • Housing Project: <ul style="list-style-type: none"> ○ Debra Dockins presented the news that MHS has about Willow Terrace, the new housing development. She said that | | |

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| | <p>the projected date of opening will be Spring 2019, with a capacity of 38. Full Service Partnerships (FSPs) will take priority for housing, however, anyone interested can ask for a referral through their care manager.</p> <ul style="list-style-type: none"> • WET: <ul style="list-style-type: none"> ○ Debra Dockins briefed everyone about the recent training at Consolidate Tribal Health Project with Hufsa Ahmed. She said that MHSA is hoping to have more trainings like that in the future, and would love consumer feedback about what kinds of trainings people want. • Innovation: <ul style="list-style-type: none"> ○ Debra Dockins explained that all services have not been defined at Yuki Trails for the first Innovation project, but they are making progress. ○ MHSA is also working on what the other Innovation projects (Friends for Health and Virtual Reality Services) will look like, and gathering feedback from the public. • MCSPC: <ul style="list-style-type: none"> ○ Tabled • Issue Resolutions: <ul style="list-style-type: none"> ○ Debra Dockins explained that there were a couple of Issue Resolutions brought to the MHSA team's attention. One is complete, and the other is with Sarah for follow through. • Priorities: <ul style="list-style-type: none"> ○ Tabled | | |
| 5. | <p><u>Data Report [MHSA]:</u></p> <ul style="list-style-type: none"> • Tabled | | |
| 6. | <p><u>Quality Improvement Workplan [QIC]: Results for March 2018</u></p> <ul style="list-style-type: none"> • 1.A Client Population Report: <ul style="list-style-type: none"> ○ The total number of persons admitted to outpatient services is 189, and the total admitted to crisis services is 109. ○ The total number of unduplicated persons served during March 2018 at RQMC is 1,246, and total for the Fiscal Year to Date is 2,335. ○ The total number of Full Service Partnerships (FSPs) served is 91, and the total number of emergency crisis assessments is 164. ○ The total number of inpatient psychiatric hospitalizations is 50. ○ The total number of Crisis Line contacts is 503. • 2.A Initial Request to First Kept Appointment: <ul style="list-style-type: none"> ○ The goal is a completion rate of 90% within 10 business days. The goal of business days was met in all categories, however only 83% of services met the standard: 78% for Adult Services and 85% for Children's services. • 2.B Initial Request to First Psychiatric Appointment: <ul style="list-style-type: none"> ○ The goal is a completion rate of 90% within 15 business days. The goal for business days was close but not met. Children's Services reached 86% and Adult Services reached | | |

the goal of 90% for an average of all services of 89%.

- **2.C Service Request for Urgent Appointments to Actual Encounter (Buisness Hrs):**
 - The goal is to have the actual encounter within 60 minutes during business hours (9a-5p) at 95%. The goal was met in all categories.
- **2.D Service Request for Urgent Appointment to Action Encounter (Non-Buisness Hrs):**
 - The goal is to have the actual encounter within 120 minutes after business hours (5p-9a) at 95%. The number of minutes was met in all categories at an average of 20 mins till the actual encounter, and the percentage was met in all categories at an average of 99%.
- **2.E Test Calls Report:**
 - There were five total calls made to the Access Line, three of which came from Redwood Quality Management Company, and two from Behavioral health.
 - All five calls passed, however two were not logged.
 - All calls were made in English.
- **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 83% for all services, 92% for adult services, and 79% 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, 98% for Adult services, and 100% for Children's services.
- **3.D & 4.C Appeals, Grievances, Change of Provider:**
 - There have been zero provider appeals, and zero client appeals.
 - There have been two grievances, both relating to requesting services for the Redwood Valley Fire. Both clients have received letters and are receiving services.
 - There have been three change of provider requests, all requests have been completed, and clients have been sent letters regarding the change.
 - All services were completed on time.
 - Year to Date: There have been 17 total requests for change of provider, 16 of which were completed on time, and one that was late due to County oversight. However, that client has since cancelled the request.
- **4.E Monitoring Stakeholder Involvement:**
 - This is an ongoing process of analysis. QIC did a focus group (a Performance Improvement Project or PIP) to increase the number of attendees.

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| | <ul style="list-style-type: none"> ○ The meetings have now combined QIC and MHSA, and these meetings are sometimes broadcasted. This has not increased attendance, so Peer Advocates have been invited to the meetings for more input, and the meetings will now be held in Wellness Centers. ○ There will be webcasting in place for the next forum in July. ● 4.G Verification of Service: Authorized vs. Billed Services: <ul style="list-style-type: none"> ○ The Fiscal 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 services wrongfully. ○ Consumers have called inquiring what the letters mean. ● 4.H Psychiatric Inpatient Reassignment Rates: <ul style="list-style-type: none"> ○ 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 12%: 11% for Adult services and 13% for Children's services. ● 4.I Psychiatrist and Clinician No Show Rates: <ul style="list-style-type: none"> ○ The goal is to have 10% or less of client no-shows. The average no show rate for psychiatrists is 29% in all categories. The average no show rate for clinicians is 6%: 10% for Adult Services, and 6% for Children's services. ● 6.B Provider Suggestions for Improvement: <ul style="list-style-type: none"> ○ The suggestions that QIC has received are to distribute local Ukiah brochures with corrected telephone numbers (done), and to follow up with North County and the Coast. ● 7.A Latino Clients Admitted by Month: <ul style="list-style-type: none"> ○ Tabled ● 7.B Percentage of Progress Notes Entered Late By Month: <ul style="list-style-type: none"> ○ Tabled | | |
| 7. | <p><u>Meeting Updates [QIC/MHSA]:</u></p> <ul style="list-style-type: none"> ● Sarah Walsh mentioned that RQMC (Redwood Quality Management Services) will be expanding the telepsych services to Fort Bragg in the near future. | | |