

**ALAMEDA COUNTY MENTAL HEALTH BOARD  
ADULT COMMITTEE  
April 21, 2008  
1:00PM-2:40PM  
Alvarado Niles Room**

**MINUTES**

Meeting called to order at 1:20PM by Alane Friedrich

**Present:**

*MHB Members:* Alane Friedrich

*Attendees:* Mary Suilmann (Telecare), Francesca Tenenbaum (PRA),  
Beverly Bergman (MHAAC), Martha Guilbeaux (RN-ER Dept.)  
Pat Buchanan (MHB), Clive Chambers (Washington Hosp.),  
Jim Sondecker (JGP) and Haeyong Sohn (JGP)

*BHCS staff:* Barbara Becker and Michael Lisman

**Welcome, Introductions and Announcement:**

The meeting went off the agenda and had discussions on the following:

- Ms. Tenenbaum clarified the difference between Level I and Level II designations:  
Level I -Herrick, Alta Bates-Ashby, Heritage, Highland, John George, Villa Fairmont and Willow Rock PHF.  
Level II-Sausal Creek and John George

Ms. Friedrich asked Ms. Tenenbaum to provide a written list of Level I and II definition to be distributed to everybody.

Ms. Suilmann asked for the 5150 form.

- Several complaints were addressed re: Herrick
  - Voluntary patients are being 5150'd, instead of taking them on a voluntary basis because there are some cases such as medical insurance can be billed.
  - A voluntary patient was charged with ambulance rides-the patient had family with her willing to drive her to Alta Bates and bring back to Herrick but staff insisted that she rides the ambulance as a result her insurance is questioning her re: the need for multiple ambulance rides.
  - Patients who were 5150'd but were released before their hearing but were reported to the Dept. of Justice and they received notices that they no longer had their constitutional rights i.e. to have a gun which ended up affecting their criminal record and employability for any job that asked for a criminal justice report.

John George did not think that the employer had the right to medical information re: the 5150 and questions re: medical confidentiality. The Dept. of Justice will be having a training re: patients not having a hearing; the training would be offered to other hospitals and other committee members.

- Mr. Chambers addressed that 5150's are being dropped off at Washington Hospital instead of being taken to John George and their understanding is that the psychiatric evaluation has to take place at John George but since beds are full at John George patients are sent to Washington Hospital which delays patients' evaluation. Ms. Friedrich got the impression that the ambulance crew had been told to divert patients to Washington; the drop off at Washington Hospital was not because of primary care needs but because of information received that there are no available beds at John George.

Ms. Friedrich encouraged Washington Hosp. and John George Representatives to talk to each other.

## REPORTS:

**Sausal Creek (SC) Report:** Ms. Suilmann provided Sausal Creek highlights as follows:

	March	April 1-18, 2008
Admissions	387	221
Discharges	387	221
Average daily census	13	12

No new issues or trends reported

**Patients' Rights Advocates (PRA) Report:** Ms. Tenenbaum provided PRA report for Feb. and March that showed the following info:

1. Calls Received (complaints, information and messages)
2. Investigations Conducted
3. Facility Monitoring Visits
4. Training/Educational and/or Consultation Sessions
5. Source of Patient Calls
6. Type of Calls
7. Patient Representation
8. Number of Patient Certified
9. Number of Petition Filed

Ms. Tenenbaum stated that she is trying to do a comprehensive report to be able to see how the figures change.

Mr. Lisman asked to clarify definitions of complaints, information and messages.

Ms. Tenenbaum responded that *complaints* are the serious allegations/complaints from form 1020 and they really had to do some serious actions i.e. when somebody got hurt; need to approach the Hospital Administrator will a little bit of advocacy. *Messages*-are the calls that they received but there's no actual conversation yet; *Information*-there's an actual back and forth conversation, they are kind of complaint as public see them but PRA don't call it complaint i.e. "no blanket", "don't have toothbrush", etc.

Mr. Lisman hoped to distinguish between information and minor versus major complaints.

Ms. Tenenbaum responded that with the work that they are doing right now breaking the figures any further will be difficult to make.

It was suggested to just change the title.

Ms. Tenenbaum responded that they will change the title to give clear info.

Mr. Lisman would like to know where the serious complaints are coming from.

Ms. Tenenbaum felt that there will be a risk in providing info re: where the serious complaints are coming from because of confidentiality laws.

**JGPP Report:** Mr. Sondecker provided a report on JGPP Monthly Departmental Statistics that showed the following info:

- PES Average Daily Census
- PES Over 24 hour patients
- Admission/Discharge
- Inpatient Average Length of Stay
- Inpatient Average Daily Census
- Total Discharge Days
- JGPP Referrals to Other Hospitals
- Inpatient Discharge Disposition
- Consults
- Consult Productivity by Location
- Restraint & Seclusion (R&S) Patients by Unit
- R&S Episodes by 100 Patient Days
- R&S Daily Average
- Inpatient Admin. Utilization
- Inpatient Denied Days

Ms. Friedrich asked Mr. Sondecker to explain the safety team issues.

Mr. Sondecker stated that if the patients are becoming agitated, yelling, may be throwing things and become sort of assaultive JGPP staff can call safety team code to come and to try to deescalate the patient's behavior by trying to talk i.e. find out what is concerning the patient, what can the staff do to help, ask if they need medication etc. The safety team could also be called if a patient already assaulted someone and need to mobilize support to prevent them from assaulting anyone else.

Ms. Friedrich asked if JG use a procedure for their safety team.

Mr. Sondecker responded that the protocol they use is CPI-Crisis Prevention Institute.

Ms. Tenenbaum related that she appreciated that PRA were able to attend the CPI Training.

Mr. Sondecker mentioned that Ms. Tenenbaum will be coming to JGPP general orientation for new hire and for annual recertification of staff.

Ms. Friedrich asked re: JGPP's referrals to other hospitals.

Mr. Sondecker responded that referrals to other hospitals are due to the following:

- individuals who are having difficulty being placed or
- clients might be out of county clients or
- clients might have insurance and the insurance company is requesting that clients go to a contracted facility or
- it might be because JGPP is full and they try to place clients as soon as possible

Mr. Sondecker stated that they are very proud of their team re: Discharges; it's a credit to the whole team particularly to Haeyong Sohn's team in getting patients back in to the community that is a high level function.

Mr. Sondecker mentioned that they are really pleased with the services at Cherry Hill and that they are sending a lot more individuals to Cherry Hill.

**Safe House and Cherry Hill Update:**

- Safe House-Ms. Becker stated that Safe House is such a different operation, it is a 4-6 hour stay which is the average stay; they are beginning to expand to involve Highland, Alta Bates and expanding to Washington Hosp and Eden starting in April; they started to involve people from law enforcement; it is very slow to build relationships at Safe House because of its different service; they are being careful in this first year of services and making sure that community understands and that both the staff and consumers are safe as they started the in-services; they are in-charge of all the discharges and all the departure transportation which is a lot to coordinate. Ms. Becker felt that Safe House will be at capacity in a short time but that it is hard to keep the staff when there are not enough people to serve which is a real challenge.
- Cherry Hill-Ms. Becker stated that Cherry Hill is pretty much at capacity serving 22-24 people a day; it is working very well; they had 7 referrals from Safe House 5 were admitted.

Ms. Becker stated that the work within the AOD and MH community is increasing continuously; the word is out on the streets that the services are available; info is accessible on the website; both providers are going out to a lot of meetings. Ms. Becker stated that she is trying to get the providers to write their procedure manuals to make things easy and she felt that it will take a full year to have a report that meets what people need.

Ms. Friedrich related that the MHB will be conducting a public hearing for PEI and that the next MHB meeting will be held on May 12<sup>th</sup>.