Yolo County Department of Alcohol, Drug and Mental Health Services

## Local Mental Health Board Minutes

January 24, 2005

**PRESENT MEMBERS:** Tom Pinizzotto, Irma Rodriguez, Joan Beesley, Susan Gallow, Albert Weiss, Eric Roberts, Helen Thomson, John Provost, Marilyn Moyle, Joanne Welty, Carolyn Reiff, Hla Shwe

**STAFF GUESTS:** Melissa Cullotty (Pine Tree Gardens), Leslie Carroll (NAMI- Yolo), Nancy Callahan (I.D.E.A. Consulting)

Call to order 7:00 pm
Introductions Completed

Approval of December 13, 2004 minutes	Approved Minutes for December 13, 2004.
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Announcements	<ul> <li>Carolyn Reiff recommended that in addition to emailing the "Agendas" we should also send them out via US Postal Service.</li> </ul>
Approval of today's Agenda (Monday) November 24, 2005	<ul> <li>Motion has been made to accept tonight's "Agenda"</li> <li>Agenda approved.</li> </ul>
ADMH Director's O	uality Improvement Committee Structure (QIC)
Report-	• For the last 10 – 12 weeks we have been doing a
Tom Pinizzotto	<ul> <li>"system review" of the agency, one of the primary areas that we are looking at is Quality Improvement. We have revised our Quality Improvement structure; (see attachment). The Quality Improvement Committee will meet every month while we transition to the new structure.</li> <li>Every month we will review the inpatient census, the utilization, and the length of stay of the consumers etc. (see attached)</li> <li>Act team will be used so that we can report back to the Quality Improvement Committee.</li> <li>The Quality Improvement Committee is composed of</li> </ul>

ADMH Directors Report- Tom Pinizzotto	a number of members of the staff, consumers and family members, that committee will do the detailed work on a variety of items, then the information will be passed through to the next committee which is called the "Quality Leadership Committee", that is were program change will take place, it gives us an opportunity as providers, CBO's and family members to come into the agency before there are concerns. We will focus on a number of quality indicators such as; Access about the amount of time from initial call to first appointment. We have started to measure that time, so that we can see the movement of how long it takes to get into the department for the first appointment. The plan here is to reduce the length of time, going through a Quality Improvement Committee that information will be discussed monthly, and actions will be taken accordingly. This will lead into the other committee, which is the "Quality Leadership Committee"; we will be able to implement program change, policy change and program structures.
Quality	QUALITY IMPROVEMENT COMMITTEE (QIC)
Improvement	The Quality Improvement Committee (QIC) is responsible for
Committee (QIC)	overseeing the effectiveness of planning, designing, measuring,
Nancy Callahan	assessing and improving client care and service within ADMH.
	The QIC recommend policy changes, reviews and evaluates the results of Quality Improvement (QI) activities, institutes needed
	QI actions and ensures follow-up of QI processes. The QIC
	conducts an annual evaluation of the overall effectiveness of the
	QI program. This evaluation helps to demonstrate the QI
	activities, including performance improvement projects
	contribute to meaningful improvement in clinical care and consumer services.
Quality	QUALITY LEADERSHIP COMMITTEE (QLC)
Leadership	The Quality Leadership Committee (QLC) is responsible for
Committee	reviewing and assessing information and documentation
(QLC) Nanay Callahan	regarding access, quality and outcomes with ADMH. Various
Nancy Callahan	units and sub-committees provide reports and feedback to the Quality Improvement Committee (QIC). The QIC, in turn,
	prepares a Quarterly Summary Report forwarded to the QLC, the
	Director and other entities as necessary. This report as well as
	other documents, reports and surveys provides necessary data
	and information to the QLC, allowing the committees to responsibly make recommendations.

Emergency Risk Pool (SCERP) Tom Pinizzotto	In Yolo County, over the past several years the number of inpatient days has been increasing (see attachment). In the year 2001 there were 848 days, 01-02 it was 908 days, 02-03 it came to 1,093.00. Specific actions are being implemented to address the increase in patient days.
ACT Team- Tom Pinizzotto	We are filling two new positions from our discharge planning functions, IMD's as well as the acute care hospital, the majority of this function falls under "ACT". We made an offer to one candidate she has eight years experience at Crestwood, and a number of years at Stanislaus County, and many years experience at Psychiatric Hospitals. Her start date will be February 1, 2005.
Proposition 63 Joan Beesley Nancy Callahan	Joan Beesley was selected to be our county contact person for Proposition 63. She will help us distribute the Proposition 63 information, and will be the point person to avoid any confusion in regards to Proposition 63. Joan will be present at all LMHB meetings (see attached).
Next Meeting Date:	February 28, 2005 at the DESS Community Room in Woodland California

Meeting Adjourned: 9:00 pm