



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Psychiatric Health Facility (PHF) Governing Board Meeting
Wednesday, January 25, 2017
3:00 PM - 4:00 PM
PHD Auditorium
300 North San Antonio, Santa Barbara
Minutes

Staff: Alice Gleghorn, Behavioral Wellness Director, PHF CEO; Leslie Lundt, MD, PHF Medical Director; Gerardo Puga, PHF Clinical Director; Deana Huddleston, Quality Care Management Manager; Karen Campos, Administration, Office Professional Senior; Aylin Bilir, Deputy County Counsel; Rachel Van Mullem, Chief Assistant County Counsel; Yaneris Muñiz, Policy and Project Development Coordinator.

Facilitator: Terri- Maus-Nisich, Assistant CEO, Health and Human Services.

Roll Call

Carrie Topliffe, Interim Director of Public Health
Terri Maus-Nisich, Assistant CEO, Health and Human Services
Supervisor Lavagnino, Santa Barbara County Board of Supervisors, Fifth District
Janette Pell, Assistant Director of Support Services, General Services
Vincent Wasilewski, Chief Deputy for Custody Operations, Sheriff's Department

General Public Comment: none at this meeting.

1. Welcome and Overview

- **Introduction of Staff** – Deana Huddleston, Quality Care Management Manager.
- **Review and Approve revised PHF GB Bylaws (Exhibit 1a)** – Ms. Bilir provided a brief overview of the updates made to the PHF GB bylaws.

Action: Ms. Topliffe made a motion to approve the presented PHF GB Bylaws with the recommendation to the Board of Supervisors to add two new Board members to the PHF GB: 1. Public Guardian Representative; and, 2. Public Health Doctor. Ms. Pell seconded. No objections. Motion carried.

2. Review and Approve Minutes of the PHF Governing Board Meetings listed below:

Action:

- **November 30, 2016 (Exhibit 2a)** – no quorum to approve at this meeting, item to be added to next meeting agenda.
 - **January 4, 2017 (Exhibit 2b)** – Ms. Pell made a motion to approve the January 4, 2017 meeting minutes with the following addition to section 6, last paragraph, last sentence, add *to QAPI* after *she will provide an update*. Ms. Topliffe seconded. No objections. Motion carried.
 - **January 13, 2017 (Exhibit 2c)** - no quorum to approve at this meeting, item to be added to next meeting agenda.
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3. Staff will provide a report on the following Compliance:

- **Staff Credentialing/Privileging** – none at this meeting.
- **Patient Complaints and Grievances** – Ms. Huddleston reports that there is no trend shown in the last quarter as it was identified that clients are categorizing complaints as grievances. Patient Rights will now follow up with patient complaints- if they determine that it meets grievance level they will provide and assist the client in submitting a grievance form.
- **Medical Staff Bylaws**
 - Dr. Lundt presented an updated PHF Organizational Chart (exhibit 3a) and briefly went over the updates.

Action: Ms. Pell made a motion to acknowledge that the report was received and to approve the updated PHF Organizational Chart in the Medical Staff Bylaws with the following amendments; change *MPT* to *MFT* under Leah Kearny; add *Clinical Director* title to Gerardo Puga; add an *RN Vacancy* under *RN Team Supervisor IV* and remove *Clinical Director* title under Leslie Lundt, MD. Ms. Topliffe seconded. No objections. Motion Carried.

4. Staff will report on Infection Prevention and Control:

- **Report** – no discussion.
- **Infection Control Committee meeting minutes** – none at this meeting.

Action: No action.

5. Staff will report on the following Patient Services, Care and Safety:

- **Seclusions and Restraints** – Mr. Puga reports on seclusions and restraints and shares that PHF staff is doing a great job in minimizing them.
 - **Patient Injuries** – Mr. Puga reports no injuries in the months of December and January.
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- **Social Work Services**
 - **1370 Update** – Dr. Lundt provided an update on the number of 1370s (Incompetent to Stand Trial) currently at the PHF.
- **Adverse Outcomes in Patient Care** – no discussion.
- **Nursing Services, Treatment Planning** – no discussion.

Action: No action.

6. Staff will report on the following Quality Assessment and Performance Plan and Indicators (QAPI):

- **QAPI Update** –Ms. Huddleston reported on data collected July through December 2016 on the following QAPI indicators: significant adverse outcomes, complaints and grievances, patient services, care and safety, laboratory services, food and nutrition issues, infection prevention and control, restraint/seclusion (violent/self-destructive behavior), medication use/pharmacy services, environmental services, environment of care and Physician and Allied Health Professionals (AHP). The report includes data on measures and outcomes during this period.

Ligature Risks – Ms. Huddleston reports that the Department is on target to meet the January 31st deadline to have all identified ligature risks completed.

- **Significant Areas/Key Events occurring at the Psychiatric Health Facility (PHF) such as patient care:**
 - Dr. Lundt provided an brief update on the recent CMS Audit Survey and Plan of Correction.

Action: No action.

7. Staff will report on the following Medication Use/Pharmacy Services:

- **Update in current contract for pharmacy services** – Dr. Gleghorn reports that Behavioral Wellness has set up a meeting with Public Health Department to discuss the issue.

Action: No action.

8. Staff will report on the following Food and Nutritional Services:

- **Update on current contract for food provider** – no discussion.

Action: No action.

9. Staff will report on Physician and Allied Health Professionals Related Services:

- **Report** – no discussion.

Action: No action.

10. Staff will report on the following Environment/Facilities

- **Report** – Dr. Lundt reports on the status of ligature risks and is happy to share that the PHF just got new furniture.

Action: No action.

11. Budget Development

- **Report** – Dr. Gleghorn reports that budget revision plan will be presented to the Board of Supervisors in two weeks.

Action: No action.

12. Policy Revisions as Needed on Existing Policies

Consider new policies and revisions to the policies and other items listed below:

New

- None for this meeting

Revised

- **Client Problem Resolution Process** (exhibit 12a) - Ms. Muñiz presented an overview of the revisions made to the policy.

Action: Ms. Topliffe made a motion to approve the revised policy on Client Problem Resolution Process as presented above. Ms. Pell seconded. No objections. Motion carried.

13. Review of Future Meeting Agenda Items

Ms. Maus-Nisich provided direction to staff regarding items to add for the next PHF Governing Board meeting.

14. Adjournment

Next meeting date, February 22, 2017
