

San Luis Obispo County

Psychiatric Health Facility Bylaws

December 2014

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ARTICLE I

FACILITY NAME AND OWNERSHIP

SECTION 1. NAME

The name shall be San Luis Obispo County Psychiatric Health Facility, which is located at 2178 Johnson Avenue, San Luis Obispo, California.

SECTION 2. OWNERSHIP

The Psychiatric Health Facility is owned and operated by the County of San Luis Obispo with the Board of Supervisors as governing body.

ARTICLE II

ROLE AND PURPOSE OF THE PSYCHIATRIC HEALTH FACILITY

The San Luis Obispo County Psychiatric Health Facility, administered through the County Health Agency-Behavioral Health Services, a 16-bed facility that provides twenty-four hour acute psychiatric care to all San Luis Obispo County residents consistent with policies established by the Board of Supervisors or their designee. The program emphasis is to stabilize psychiatric emergencies and restore patients to community functioning as soon as appropriate. This facility fulfills the County responsibility to provide psychiatric care pursuant to Section 5000 et seq., and 5585 et seq. of the California Welfare and Institutions Code. This facility's operation and licensing requirements are governed by Title 22, Division 5, Chapter 9 of the California Code of Regulation.

ARTICLE III

GOVERNING BODY

SECTION 1. MEMBERSHIP AND ORGANIZATION

- 3.1.1 The Board of Supervisors of San Luis Obispo County shall be the governing body of the San Luis Obispo County Psychiatric Health Facility and shall at all times be vested with ultimate authority and responsibility for the direction, control and operation of the San Luis Obispo County Psychiatric Health Facility.

SECTION 2. DUTIES AND RESPONSIBILITIES

- 3.2.1 No assignment, referral or delegation of authority by the governing body to any person or body shall impair the governing body's right to exercise its authority for the operation of the facility. The governing body retains the right to rescind any such delegation at any time.
- 3.2.2 The governing body shall ensure the fitness, adequacy and quality of the clinical and medical care rendered in the Psychiatric Health Facility. Such assurance will be monitored through the committee structure established in the Psychiatric Health Facility Bylaws.
- 3.2.3 The governing body shall ensure that Policies and Procedures and Regulations for the provision of services in the facility are reviewed, approved, and enacted; shall assure the employment of competent personnel through established personnel policies and procedures of the County of San Luis Obispo; shall provide for necessary capital improvements, long-term facility planning, ongoing financial viability of the program, and determination of expenditure and revenue plans through the annual County Budget process; and shall assign the Behavioral Health Administrator acting as the Mental Health Director/CEO to oversee the organized clinical staff, to approve policies and policies, safeguard the facility assets, oversee program operations, assure the quality of care and conform to all applicable federal and state laws and regulations, including those relating to licensure and fire inspection.
- 3.2.4 The Mental Health Director/CEO may develop committees and committee structure as necessary to address facility issues.
- 3.2.5 The governing body, through the Health Agency Director, shall ensure the annual evaluation of the performance of the Behavioral Health Administrator acting as the Mental Health Director/CEO.

SECTION 3. MEDICAL RECORDS

The governing board will review requirements for health and treatment records. These will be monitored and implemented in compliance with Title 22, Sections 77139, 77141 and 77143 of the California Code of Regulations.

ARTICLE IV

ADMINISTRATION

SECTION 1. ADMINISTRATOR OF BUSINESS AND SUPPORT SERVICES

4.1.1 JOB DESCRIPTION

- (a) The governing body shall, considering the advice and recommendation of the Health Agency Director, appoint the Behavioral Health Administrative Services Manager/Behavioral Health Chief Fiscal Officer as the Administrator of Business and Support Services. The Administrator shall report directly to the Health Agency Director or designee, who will monitor his/her, performance.
- (b) Under the supervision of the governing body and Health Agency Director, or designee, the Administrator of Business and Support Services shall be given direct responsibility to manage the business functions of the San Luis Obispo County Psychiatric Health Facility.

4.1.2 RESPONSIBILITIES AND DUTIES OF THE ADMINISTRATOR OF BUSINESS AND SUPPORT SERVICES

The Administrator shall:

- (a) Organize the fiscal business and support services of the facility, delegate duties and establish formal means of accountability on the part of the subordinates.
- (b) Implement accounting systems in accordance with rules and guidelines provided by the County Auditor-Controller.

- (c) Prepare the annual budget, detailing estimated revenue and expenditures, for the ensuing fiscal year. Budget requests shall be submitted in accordance with the County ordinances and directions from County Administration.
- (d) Approve schedules of rates and charges for facility services in accordance with the State established rates together with plans and procedures for the collection and safeguarding of facility funds.
- (e) Facilitate and monitor necessary contracts for medical and ancillary services.
- (f) Make recommendations concerning physical accommodations and equipment and maintain physical properties and operating conditions in a good state of repair, within budgetary constraints.
- (g) Designate an individual to act for him/her in his/her absence in order to provide the facility with administrative direction at all times.
- (h) Complete and send all required reports to the State of California pursuant to regulations.
- (i) Perform any other duty that may be necessary in the best interest of the facility to provide for care which meets community standards.

SECTION 2. CLINICAL DIRECTOR

4.2.1 JOB DESCRIPTION

- (a) The Behavioral Health Administrator acting as the Mental Health Director/CEO shall appoint the Division Manager for Adult Services as the Clinical Director. The Clinical Director shall report directly to the Mental Health Director, who will monitor his/her performance.
- (b) The Clinical Director shall be given the direct responsibility to operate San Luis Obispo County's Psychiatric Health Facility in all of its policies, standards, staff appointments, job assignments and program activities.

4.2.2 RESPONSIBILITIES AND DUTIES OF THE CLINICAL DIRECTOR

The Clinical Director shall:

- (a) Formulate and/or review and, after approval by the Mental Health Director /CEO and in coordination with the Medical Director, implement all policies

and objectives for operation of the Psychiatric Health Facility

- (b) Adhere to, be guided by, and ensure compliance with these Bylaws.
- (c) Establish, maintain and supervise job standards and duties particular to the Facility and oversee the execution of personnel policies governed by the County ordinances and resolutions.
- (d) Provide recommendations to the appointing authority who is responsible for the appointment, assignment, discipline, termination and re-appointment of employees to the facility.
- (e) Establish such facility committees as are indicated and provide for department and interdepartmental meetings and attend, or be represented at, such meetings.
- (f) Ensure that orientation and in-service training programs are provided in order that facility personnel may maintain their skills and learn of new developments in the health field.
- (g) Along with the Administrator of Business and Support Services, present to the governing body or its authorized representative periodic reports reflecting the professional service and financial activities of the facility, and prepare and submit special reports as they may be required by the governing body.
- (h) Promote favorable public relations and participate in planning to meet the health needs of the community with other agencies or community partners.
- (i) Designate an individual to act for him/her in his/her absence in order to provide the facility with clinical direction at all times.
- (j) Perform any other duty that may be necessary in the best interest of the facility to provide for care that meets community standards.

SECTION 2. MEDICAL DIRECTOR

4.3.1 JOB DESCRIPTION

- (a) The governing body shall, upon advice and recommendation of the Mental Health Director/CEO, appoint a Medical Director, who thereafter holds office in accordance with the San Luis Obispo County Psychiatric Health Facility Bylaws.

- (b) The Medical Director shall report directly to the Mental Health Director/CEO, who will monitor his/her performance.
- (c) The Medical Director shall be given direct responsibility of managing the Medical Staff and oversee the medical activities of the facility.

4.3.2 RESPONSIBILITIES AND DUTIES OF THE MEDICAL DIRECTOR

The Medical Director shall:

- (a) Be responsible for the implementation and monitoring of medical operations of the San Luis Obispo County Psychiatric Health Facility, including management/supervision of the Medical Staff.
- (b) Maintain effective liaison between the Medical Staff and Administration, including designation of medical staff representatives to Committees of the facility where appropriate.
- (c) Shall coordinate medical care provided by medical staff with other health care providers to insure that quality care is rendered to the patients.
- (d) Shall assist the Clinical Director in implementing all policies and objectives for operation of the Psychiatric Health Facility
- (e) Shall continually evaluate the performance and professional competence of each member of the Medical staff
- (f) Shall chair the Psychiatric Health Facility Performance and Quality Improvement Committee, adhering to the guidelines established by the state requirements set forth in Title 22, division 5 of the California Code of Regulations. A report of the findings of the Performance and Quality Improvement activities shall be made available to the governing body as deemed necessary.
- (g) Shall establish and implement a formal peer review process which, in order to improve the quality of care, will review and evaluate the adequacy, appropriateness, and effectiveness of the care and treatment planned for, or provided to, facility patients.
- (h) Shall establish a medication monitoring system that will assess the prescribing practices of the medical staff of the facility, including but not

limited to appropriateness and cost effectiveness of the medications ordered for the facility patients.

ARTICLE V
QUALITY IMPROVEMENT

SECTION 1. RESPONSIBILITIES

The Governing Body shall be responsible for, through the Mental Health Director/CEO, an ongoing Quality Improvement Program to monitor and support quality of care to the patients of the San Luis Obispo County Psychiatric Health Facility (PHF).

5.1.1 In accordance with the regulations, the Psychiatric Health Facility Performance & Quality Improvement Committee (PHF PQI) will:

- (a) Oversee the quality improvement program for the PHF
- (b) Review and evaluate patient care
- (c) Review and recommend policies and policy changes
- (d) Review and evaluate Psychiatric Health Facility data, key indicators, quality improvement project outcomes, safety issues
- (e) Identify areas for improvement and follow up on the change process
- (f) Receive and review reports from the Executive and Pharmacy & Therapeutics Committees, and Peer Review and Utilization activities
- (g) Keep records of the meetings and report to the Governing Body as needed

SECTION 2. EXECUTIVE COMMITTEE

The Executive committee shall advice and report to the governing body through an annual report on the following:

5.2.1 In accordance with the Regulations, the Committee shall:

- (a) Coordinate and implement the professional and organizational activities, including policies and procedures
- (b) Evaluate overall medical care rendered to patients and provide

recommendations for the improvement of quality of care.

- (c) Take reasonable steps to promote ethical conduct and competent clinical performance on the part of all clinical staff
- (d) Review and ensure development of appropriate policies to enable clinical staff to maintain level of practice required
- (e) Oversee Peer Review activities, system weakness, and areas of improvement, training and performance weakness and provide corrective actions to insure patient safety and maintain standards of care in rendering medical services.

5.2.2 Membership

- (a) Member of governing body or designee
- (b) Health Agency Director
- (c) Public Health Officer
- (d) Sheriff
- (e) CAO or designee

5.2.3 The Executive Committee shall meet a minimum of 2 times per year.

ARTICLE VI

FACILITY BYLAWS REVIEW AND ADOPTION

SECTION 1. REVIEW OF BYLAWS

These bylaws shall be reviewed at least every five (5) years and revised as necessary, by the Governing Body.

SECTION 2. AMENDMENT OF BYLAWS

These bylaws may be amended by an affirmative vote of a majority of the Governing Body at any meeting with proper notice of the proposed amendment contained in the notice and agenda of the meeting.

SECTION 3. ADOPTION OF BYLAWS

These bylaws may be adopted upon the affirmative vote of the majority of the Governing Body at any regular or special meeting.

