Coastside Community Service Area Planning Workshop

REPORT OUT
November 8, 2013
Planning Preparation Process

• Core Planning Team:
  – **Team members:** Keith Clausen, Paul Sorbo, Linda Simonsen, Clara Boyden, Selma Mangrum, Terry Wilcox-Rittgers, MaryEm Wallace, Kerry Lobel, Mary Taylor Fullerton, Diane Tom, with guidance from Stephen Kaplan, Executive Sponsor.
  – **Process:** Several planning meetings over three months.
  – **Goal:** To design a CSA planning process for Coastside and upcoming CSA’s
SPONSOR REMARKS
THE WELLNESS DIAMOND

COMMUNITY SERVICE AREAS — ORGANIZATIONAL STRUCTURE

MANAGEMENT STRUCTURE

WHO WE SERVE
- CHILDREN
- FAMILY
- YOUTH
- TRANSITION AGE YOUTH
- ADULTS
- OLDER ADULTS

COMMUNITY PLANNING COMMITTEE
Function: Input to manager (needs, services, etc.)
Composition:
- Consumers and family members (51%)
- Contracted agencies
- Other private agencies
- Relevant public agencies
- Advocacy groups

COMMUNITY
PREVENTION
AND HEALTH
Promotion
COMMUNITY
EVEN INTERVENTION
RECOVERY
TREATMENT
(LOW TO HIGH INTENSITY)
COMMUNITY

WELLNESS DIAMOND

MANAGER
- Single point of accountability
- Oversight of county-operated services
- Oversight of contracted providers
- Includes contracts monitoring
- Community relations
Introduction to lean

LEAN in a nutshell

Head, Heart, Hands

HEAD

Scientific Method
- PDSA: Measurable; small tests of change

The PDSA Cycle

Heart

Empathy and Humility
- Clients
- Peers ➤ Staff-Leaders
- Partners
- The adage: Walk in their Shoes

Hands

Community
- Collective Intelligence
- Collaboration
- Problem Solving
# PROJECT CHARTER

## COASTSIDE COMMUNITY SERVICE AREA CHARTER

### TEAM CHARTER

**Date:** November 4-8, 2013

<table>
<thead>
<tr>
<th>Current state</th>
<th>Future state</th>
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<td><strong>CLIENTS &amp; COMMUNITY FOCUSED SERVICES</strong></td>
<td><strong>WELLNESS DIAMOND</strong></td>
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<tr>
<td><strong>CHILDREN</strong></td>
<td><strong>YOU AREN'T ALONE</strong></td>
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<tr>
<td><strong>ELDERLY</strong></td>
<td><strong>PATHWAYS TO TRANSITION</strong></td>
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<td><strong>YOUTH</strong></td>
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<td><strong>ADULTS</strong></td>
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<td><strong>HOPITALS</strong></td>
<td><strong>SUCCESS</strong>, <strong>RESOURCES</strong></td>
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### CURRENT STATE

- **Client Needs:**
  - **Children:**
    - Identification of developmental disability and learning issues.
    - Support services identified.
  - **Elderly:**
    - Identification of physical disabilities and needs.
  - **Youth:**
    - Identification of emotional health and treatment needs.
  - **Adults:**
    - Identification of mental health and treatment needs.

### FUTURE STATE

- **Wellness Diamond:**
  - **You Aren't Alone:**
    - Identification of emotional health and treatment needs.
  - **Pathways to Transition:**
    - Identification of physical disabilities and needs.
  - **Advocacy:**
    - Identification of developmental disability and learning issues.
  - **Recovery:**
    - Identification of mental health and treatment needs.

### TARGET STATEMENT

**Business Statement:**

- Improvement in the delivery of health and wellness services to the community.

**Business Impact:**

- Increased access to health and wellness services.

**Business Benefits:**

- Improved health outcomes.

**Costs:**

- Decreased healthcare costs.

**Risks:**

- Difficulty in implementing new services.

**Mitigation Strategies:**

- Training and support for service providers.

### RESOURCES

- Visioning workshop participants
- **Other Resources**

### CHECK AND ACT

- Planning workshops with a focus on:
  - Understanding the community's needs.
  - Developing strategies to address those needs.

### PROPOSED ACTION

- **Product Definition and Mission Statement:**
  - Clarify the mission for the community service area.
  - Identify key performance indicators for success.

- **Implementation:**
  - Identify key stakeholders and their roles.
  - Develop a timeline for implementation.

- **Evaluation:**
  - Establish metrics for success.
  - Conduct regular evaluations to assess progress.

**Key Focus Areas:**

- **Primary Focus:**
  - Identifying and addressing community needs.
  - Developing strategies to meet those needs.

- **Secondary Focus:**
  - Enhancing existing services.
  - Developing new services.

**Conclusion:**

- The community service area will be a vital resource for the community, providing support and resources to meet the needs of all residents.
Every day we checked-in with each other: HANSEI

REFLECTION
Group Exercise: Team Building and PDSAs
The Community Service Area Model
EDUCATION AND EXERCISE

Core Services and Strategic Goals

Recipe for a Healthy Community
(National Council for Community Behavioral Health)

**Serving Size:** Your entire community, especially the 1 in 5 who live with mental illness and addictive disorders.

**Ingredients:**
- 1 bottle: 24 hour crisis response
- 1 can: Suicide prevention
- ½ cup: Integrated primary care and behavioral health
- 8 oz.: Mental health first aid
- 1 package: Prisoner re-entry treatment
- 1 bushel: Research on trauma and brain science
- 2 bunches: Job training and employment services
- 1 quart: Alcohol and Drug Treatment

**Directions:**
2. Pour Primary Care into behavioral health clinics to lower health system costs.
3. Add Mental Health First Aid to teach your community to recognize and help persons with mental illness and addictions.
4. Fold in community re-entry treatment for prisoners to keep neighborhoods safe.
5. Add research to push forward the newest therapies.
6. Sprinkle in job training and employment to build a stronger local economy.
7. Finish off with alcohol and drug abuse treatment to keep people sober.
8. Properly plate with adequate funding and enjoy a healthy community.
CORE SERVICES
Strategic Goals

• Same Day Assistance Outpatient Care MH/SU/PC
• Cultural Competence
• Robust Peer & Family Support
• Community Resources/Basic Needs
• Client/Family Centered Care
• Clients/Consumers as Stakeholder/Leaders
• Continuous Quality Improvement (metric driven/SMART)
EDUCATION AND EXERCISE
Client Flow and Current State

Behavioral Health and Recovery Services
Coastside Community Service Area (CSA)

Your Wellness ◆ Your Way ◆ Your Community

need access Prog Spec. App. Reminder Call Reception Access/PIN MD Welcome Schedule
CLIENT FLOW AND CURRENT STATE
One example:

1. 17 year old male from Pescadero is 5150’d and brought to psych emergency with significant symptoms, and may or may not be held for hospitalization.

2. Referred to Youth Case Management (YCM) at BHRS.

3. YCM refers to Coastside Mental Health.

4. Coastside MH consults with school, provides therapy, meds support, refers to NAMI, etc.

5. Services are available, but how can this youth and family from Pescadero access services that are not available at Puente or at school?
EDUCATION SESSION

Community Planning Group

Same Day Assistance
GROUP EXERCISE

What do “Same Day Assistance” and “Community Planning Group” look like for the Coastside CSA?
WHAT THE GROUP SAID
“Community Planning Group”

• Provide incentives and reduce barriers (transportation as engagement, childcare/eldercare, meals, stipends)
• Meetings held in various geographic locations & times of day
• Includes diverse and fair representation
• Identify connectors, leaders, influencers in broader community
• Includes ALL of coast (connects south-coast to mid-coast community)
• Clear mission, value, vision
• Clear role and results oriented
WHAT THE GROUP SAID

“Same Day Assistance”

• Convenient Access Points: Churches, Schools, Medical Centers, Grocery Stores, Libraries, affordable housing sites, core service agencies, CBOs
• Develop centralized directory of same day resources and educate agency staff
• Create outreach materials & appointment hotline
• Daytime hospitality center (showers, laundry, basic needs)
• Offer domestic violence resource support
• Consider Puente’s single point of service model
• Peer workers to serve as navigators/consumer rights/problem resolution and support Medi-Cal/SS entitlement outreach.
Family Members Panel

Facilitated by MaryEm Wallace

- “I have a hard time finding my way in the system”
- “I don’t speak English – this has made it hard”
- “When someone comes with me from the clinic to school meetings – it is much better. They listen to me.”
- Issues with adult children – desire to be involved in their treatment and having input
- Confusion over treatment of Mental Health and Substance Abuse. Education around treatment and how it effects them/us.
- Need to help families of children with special needs.
- Want open and helpful communication
- Better consistencies in treatment and coordination between different agencies providing services, including legal.
Family Members
Post-Panel Team Discussion

• How we can be available when people need us (i.e. evening and weekend hours)?
• Need to educate providers/law enforcement on what options are available due to limited # of resources and collaboration.
• Build more support roles in system such as case manager to free up clinician’s time for counseling.
• Provide training to service providers on active listening skills, not have own agenda.
• Support of client and family member through school and community peer support.
EDUCATION SESSION

Family Involvement

Families (as defined in Recovery Services) are included in every stage of the Continuum of Care. The Rule rather than the Exception is that timely and efficient collaboration is key to success.
GROUP EXERCISE

What does “Family Involvement” look like for the Coastside CSA?
Family Involvement Exercise

- Train Ed for providers about what can be done about family involvement
- Message to client: we care about family involvement
- Include family in TX plan
- Offer classes
- Peer support
- Warm hand-offs w/ agency
- Actively involve the family w/ case planning by their own goals/activities
- Education system navigation & support
- Examine HIPAA / release limited conversation
- Therapeutic support for family
- Keep it simple & accessible
WHAT THE GROUP SAID

“Family Involvement”

- Enable clients to identify their “family” who are actively involved in case planning and allow family to have their own goals and activities.
- Re-evaluate release of info auth form/process to involve family members at point of entry/intake.
- Orient the family to the system and services in a clear and consistent manner.
- Develop targeted materials for providers and family about participation and options.
- Warm hand offs within and between agencies.
GROUPS REVIEW CORE SERVICES AND BRAINSTORM IDEAS FOR IMPROVEMENT OF EXISTING SERVICES AND RANKING OF PRIORITIES
Consumers Panel

- “Everyone at the clinic helps me work through my problems and to see myself as capable and independent. They are my cheerleaders.”
- “I always feel like I’m covered and I’m safe.”
- “A hug from my therapist reminds me she is a human being and that is so important in my recovery.”
- “Youth and teenagers need help at school with drug problems and gangs. More outreach and education to youth and their parents is needed.”
- “My assistance dog helps me with my feelings and those lonely nights. He is not a big dog, he is just enough to fit over my heart.”

Facilitated by MaryEm Wallace
Consumers Panel
Post-Panel Team Discussion

• We need to ask our clients more frequently how we are doing.

• Working with the homeless, I don’t hear a lot of compliments about mental health, I hear a lot of complaints. I wish we had a less satisfied client on the panel.

• Providing individual treatment services seemed to make a difference for these consumers.

• Problems with family members impacts the consumer’s well being and we need to serve/provide supports to entire family.

• Concerns addressed gaps within the broader community.

• We need to improve our listening and reflecting on an ongoing basis of the consumer’s voice.

• Struck by little things, like the need for water in the lobby.

• Shifting our frame from us and them – to we’re all in this together.
DRAMATIZATION OF CLIENT FLOW IN FUTURE STATE
Charting the Future State

- Action Plan
- Communications
- Map of Coastside CSA Resources
Charting the Future State:

**ACTION PLAN**

- **Quadrant 1**: Possible
- **Quadrant 2**: Implement
- **Quadrant 3**: Challenge
- **Quadrant 4**: No Go

Easy

Low

High Payoff

Hard To Implement
Charting the Future State: ACTION PLAN

Q2-HIGH PAY OFF, EASY TO IMPLEMENT:

• Increase accessibility & welcoming environment of Coastside BHRS (signage, water, service hours, etc.)
• Increase sharing & knowledge of existing services
• Increase youth engagement (connect with schools, employment programs, mentoring program, 0-5 supports, ).
Charting the Future State: ACTION PLAN

Q3-HIGH PAY OFF, HARD TO IMPLEMENT:

• Increase presence of AOD treatment
• More effective cross-agency communication (i.e., universal I.D.)
• Comprehensive Community Centers (“one-stop hub”- health & wellness, hospitality, groups, resources) in HMB & So. Coast
• Housing: shelter, increase affordable housing, AOD residential – located near Centers
• Improve transportation & accessibility on coast
Charting the Future State: COMMUNICATIONS

Themes:

- Hope
- Respect
- Community
- Individual Responsibility
- Empowerment
- Heart
- Cultural Diversity

Themes - Got Passion?

- Respect, Hope, Community
- Individual Responsibility & Identification
- Relationships add effectiveness, security & safety
- Heart, Hope, Empowerment
- Meeting needs/troubleshooting "ON THE MOMENT"
- Longevity
- Appreciation/understanding of people needing help
- Family (cultural) involvement
- "Re-assessing the circumstances"
- "UNION"
- "Listening"
- "Celebrate progress!!!"
- "Special Needs/Vulnerable Populations With Power/Learning/Seniors"

Coastside Community Service Area (CSA)
“From the redwoods of La Honda and the ranches of Pescadero to the sandy beaches of Montara, hope and empowerment grow from respect and community. Along the journey we discover real solutions to real challenges.”
Charting the Future State: COMMUNICATIONS

TAGLINE: People, Planning, Progress...Coastside
Charting the Future State: MAP OF Coastside CSA
Charting the Future State: Mapping the Coastside CSA

Housing:
- Shelter (HMB)
- Daytime Hospitality Center (HMB)
- Affordable Housing

Transportation:
- Bus along Hwy 1 transporting clients
- Mobile clinic/services
- Expand providers’ work in the field

Prevention/Recovery Services:
- AOD at Coastside Clinic and Puente
- Violence: schools, home, community
Final Summary