East Palo Alto & East Menlo Park Community Service Area Planning Workshop

REPORT OUT
February 28, 2014
Planning Preparation Process

- **Core Planning Team:**
  - **Team members:** Keith Clausen, Paul Sorbo, Clara Boyden, Selma Mangrum, Carlos Morales, Talisha Racy, Dr. Faye McNair-Knox, Kava Tulua, Diane Tom, Kelly Sheridan with guidance from Stephen Kaplan, Executive Sponsor.
  - **Process:** Several planning meetings over three months.
  - **Goal:** To design a CSA planning process for East Palo Alto & East Menlo Park.
SPONSOR REMARKS
THE WELLNESS DIAMOND

COMMUNITY SERVICE AREAS — ORGANIZATIONAL STRUCTURE

WHO WE SERVE
- Children
- Youth
- Transition Age Youth
- Adults
- Older Adults

WELLNESS DIAMOND

MANAGEMENT STRUCTURE

- Single point of accountability
- Oversight of county-operated services
- Oversight of contracted providers (includes contracts monitoring)
- Community relations

- Community Planning Committee
- Consumers and family members
- Contracted agencies
- Other private agencies
- Advocacy groups

COMMUNITY SERVICE AREAS — ORGANIZATIONAL STRUCTURE

CLIENTS & COMMUNITY FOCUSED SERVICES

- Prevention and Health Promotion
- Early Intervention
- Treatment (Low to High Intensity)
- Recovery

COMMUNITY

- Early intervention
- Treatment (Low to High Intensity)
- Recovery

- Prevention and Health Promotion

MANAGEMENT STRUCTURE

- Function: Input to Manager (needs, services, etc.)

COMMUNITY PLANNING COMMITTEE

- Composition:
  - Consumers and family members (SEEM)
  - Contracted agencies
  - Other private agencies
  - Advocacy groups
Introduction to lean

**LEARN in a nutshell**
- **Head**: Scientific Method
  - PDSA: Measurable, small tests of change
- **Heart**: Empathy and Humility
  - Clients
  - Peers ➔ Staff-Leaders
  - Partners
  - The adage: Walk in their Shoes
- **Hands**: Community
  - Collective Intelligence
  - Collaboration
  - Problem Solving

**HEAD**

**HEART**

**HANDS**
Your Wellness, Your Way, Your Community.
Every day we checked-in with each other: HANSEI

REFLECTION
Group Exercise: Team Building and PDSAs
## DATA

**San Mateo Kinship Edgewood: Demographics for Selected Caregivers**

Date range: 2/20/2014 - 2/20/2014  
Zipcode: 94025  
Report criteria: Caregivers in cases open in the date range, meeting the above criteria.

<table>
<thead>
<tr>
<th>Caregiver count: 25</th>
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</thead>
<tbody>
<tr>
<td>Age at start of range</td>
</tr>
<tr>
<td>30 - 39</td>
</tr>
<tr>
<td>40 - 49</td>
</tr>
<tr>
<td>50 - 59</td>
</tr>
<tr>
<td>60 - 69</td>
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<tr>
<td>70 - 79</td>
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<tr>
<td>80 and older</td>
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</table>

<table>
<thead>
<tr>
<th>Caregiver ethnicity</th>
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</thead>
<tbody>
<tr>
<td>Black/African-American</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
</tr>
<tr>
<td>White/Caucasian</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Caregiver gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
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### Child Dependency Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Court dependent</td>
<td>8</td>
<td>8%</td>
</tr>
<tr>
<td>Declared to state</td>
<td>4</td>
<td>1%</td>
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<tr>
<td>Not court dependent</td>
<td>95</td>
<td>90%</td>
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### Child Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Males</td>
<td>52</td>
<td>50%</td>
</tr>
<tr>
<td>Females</td>
<td>103</td>
<td>55%</td>
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</table>

### Child Legal Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Adoption by caregiver</td>
<td>8</td>
<td>8%</td>
</tr>
<tr>
<td>Declared to state</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>Formal foster placement</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>Informal arrangement</td>
<td>29</td>
<td>37%</td>
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DATA

BHRS Mental Health (MH) Services* Delivered to Residents of EPA CSA x Ethnicity - FY 12/13

Health Indicators for East Palo Alto* Compared to County Averages

<table>
<thead>
<tr>
<th>Indicators</th>
<th>East Palo Alto</th>
<th>San Mateo County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Income</td>
<td>$49,146</td>
<td>$82,748</td>
</tr>
<tr>
<td>Age at Death</td>
<td>61.8</td>
<td>75</td>
</tr>
<tr>
<td>Less than High School Education (Adults over 24 yrs)</td>
<td>38.7%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Liquor Stores x 10,000 (package liquor retailers)</td>
<td>8.2</td>
<td>6</td>
</tr>
<tr>
<td>Tobacco Stores x 10,000</td>
<td>8.3</td>
<td>10.5</td>
</tr>
<tr>
<td>Ratio of Fast Food to Fresh Food Outlets (Ratio ≤ 3 is ideal)</td>
<td>1.0</td>
<td>4.5</td>
</tr>
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</table>

BHRS AOD Services* Delivered to Residents of EPA CSA x Age FY 11/12

* Total AOD Services Provided by Entire BHRS System
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 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:
1. Combine 24 hour crisis
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 health 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

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

38 year old male released from prison walks into the Barbara Mouton Wellness Center asking for help with housing and employment. He appears under the influence and has a long history in/out of prison and substance use treatment.

1. What does the client want?
2. Client concerned about current substance use issues and wants help.
3. Check with Parole Agent to get consent for release of information.
5. Get client into treatment.
6. Address housing and employment as part of treatment plan.
EDUCATION SESSION

Community Planning Committee

Same Day Assistance

Behavioral Health and Recovery Services
Your Wellness ♦ Your Way ♦ Your Community

East Palo Alto & East Menlo Park Community Service Area (CSA)
GROUP EXERCISE

What do “Same Day Assistance” and “Community Planning Committee” look like for the East Palo Alto & East Menlo Park CSA?
WHAT THE GROUP SAID

“Community Planning Committee”

• Provide incentives & reduce barriers (transportation, childcare/eldercare, meals, stipends, interpretation).
• Meetings held in various community friendly locations & times of day.
• Diverse and fair representation; culturally sensitive.
• Provide education on the system, training, relationship building opportunities and mentors.
• Values: safe place, respect, welcoming, no hierarchy, empowerment.
• Meaningful meetings; voices are heard.
• Clear vision & purpose; action oriented.
• Regular follow-up/check-in.
WHAT THE GROUP SAID

“Same Day Assistance”

Assistance Points

• Ravenswood Family Health Center
• Ravenswood/Charter schools
• Youth Programs
• Churches
• Project WeHOPE
• Ecumenical Hunger Program
• The Barbara A. Mouton Multicultural Wellness Center
• Free At Last
• El Concilio of San Mateo County
Family Members Panel

- Family members not informed about what’s going on (process, effects of meds, treatment, etc.)

- Needing help to transition client from hospital setting to being at home in the community.

- “Taboo topic in our culture - we were raised to sweep issues under the rug and not talk about it…ashamed to talk about my father’s condition.”

Facilitated by Carlos Morales
Family Members Panel

• “I talked to my child’s therapist and he/she said ‘he’s ok.’ I said, ‘Wait, you don’t see what I need to deal with. The weekend is coming…what am I supposed to do?’”

• “All cultures need the things and tools that are important to them.”

• “My son has schizophrenia and I have a daughter and a 7 year old granddaughter who wanted to commit suicide.”

• “The 3rd floor is a gloomy place and not welcoming.”
Family Members Post-Panel Team Discussion

- Didn’t hear how families were part of the treatment.
- We need to do a better job of educating and communicating to family members.
- Important to appropriately address language barriers.
- What is the goal of treatment – to keep a person on medication or to prepare the person for life?
- Need to include the voices of substance use family members – it was not complete for this CSA.
- There needs to be a place for people to tell their stories on a regular basis, on a system level.
EDUCATION SESSION

Family Involvement
GROUP EXERCISE
What does “Family Involvement” look like for the East Palo Alto & East Menlo Park CSA?
WHAT THE GROUP SAID

“Family Involvement”

1. Increasing outreach
   - **Where**: Resource Center, Community Center, preschools and day cares,
   - **Who**: yard duty staff, visible person(s) at schools
   - **How**: youth mental health first-aid

2. No wrong door – welcoming, warm handoff, extraordinary customer service, humanistic approach,

3. Create an intake/education orientation process for family/clients.

4. Create a resource directory.

5. Family member involved in developing “Family Involvement” policies and procedures.
GROUPS REVIEW CORE SERVICES AND BRAINSTORM IDEAS FOR IMPROVEMENT OF EXISTING SERVICES AND RANKING OF PRIORITIES
Consumers Panel

“\textit{I was afraid to get mental health services - afraid of how they would look at me.}”

“I was very scared to get mental health services. Then I thought to myself ‘how am I scared to get help but I’m not scared to smoke crack?’

“My therapist at 2415 makes me feel comfortable. She lets me run the who session how I like. I get a lot off my chest.”

“I love my Alcohol & Other Drug (AOD) program – it is always there for me and really help put faith back in myself.”

“I lost three family members to this disease (alcohol addiction) - my mom, dad and brother. I’m grateful to the MH and AOD programs for helping me in my recovery.”

“I want to work but because I’m a felon, I’m unable to get a job, I feel worthless.”

Facilitated by Talisha Racy
Consumers Panel
Post-Panel Team Discussion

• Challenges with getting housing in San Mateo County.
• 2415 is a part of the CSA but not a focal point of the CSA.
• Families seemed to be left to navigate system on their own vs. AOD clients who easily obtained access.
• What about voices of those not heard?
• Eligibility challenges in serving undocumented individuals/families.
• Inability to access housing/employment due to criminal history.
• Identified successful warm hand offs from the community based organization’s (CBO).
• Review polices that discriminate against people who have been incarcerated.
Faith Based Community

“Each church has their own calling, which may not include outreach to the community at large. We must allow them to fulfill their calling.”

- Pastor Mary Frazier
DRAMATIZATION OF CLIENT FLOW IN FUTURE STATE
Charting the Future State

- Action Plan
- Community Planning Committee
- Communications
- Map of EPA & EMP
- CSA Resources
Charting the Future State:

<table>
<thead>
<tr>
<th>Quadrant 1</th>
<th>Quadrant 2</th>
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<tbody>
<tr>
<td><strong>Possible</strong></td>
<td><strong>Implement</strong></td>
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<table>
<thead>
<tr>
<th>Quadrant 3</th>
<th>Quadrant 4</th>
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<tbody>
<tr>
<td><strong>Challenge</strong></td>
<td><strong>No Go</strong></td>
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**Action Plan**

Low  →  High Payoff

Easy  →  Hard To Implement
Charting the Future State: ACTION PLAN

Q2-HIGH PAY OFF, EASY TO IMPLEMENT:

• Address the trauma in the community.

• Include EPA & EMP programs and resources in Community Information Handbook.
Charting the Future State: ACTION PLAN

Q3-HIGH PAY OFF, HARD TO IMPLEMENT:

- Create AOD youth treatment services in this CSA.
- Create Resource Directory organized by areas for CSA.
Charting the Future State: COMMUNICATIONS

• CSA members stay connected and continue to move forward.

• Communicate our experiences back to our agencies, colleagues and partners.

• Present on CSA at established community events, collaboratives and meetings.
“The East Palo Alto & East Menlo Park CSA is a committed group of community members and service providers working together to improve the quality of life and accessibility to services for the people of East Palo Alto & East Menlo Park. We hold as our highest value our community’s history of creating hope out of struggles and honoring resiliency and self determination.”
Charting the Future State: COMMUNICATIONS

TAGLINE:

"Creating Hope Out of Struggle"
Charting the Future State: MAP OF THE CSA
Charting the Future State: Map of the CSA

- Mobile Services Groups for outlying areas - Feet on the Ground.
- Increase lighting in dark areas.
- Family outreach area focus could be outlying areas.
- Adopt a Block.
Charting the Future State: COMMUNITY PLANNING COMMITTEE

Operations vs. Advocacy/Policy

Operations:
Consumer/Client/Member/Family Members (CCFM)
- Culturally and linguistically diverse.
- CCMFM Participant Strategies to build a Cadre of Leaders
  - Outreach
  - Application
  - Selection
  - Training
  - Incentives
- CCMFM and service provider representatives collaboration.
Charting the Future State: COMMUNITY PLANNING COMMITTEE

Advocacy/Policy

• Leverage the East Palo Alto Behavioral Health Advisory Group (EPABHAG) to lead CSA’s focus on advocacy/policy functions.

• EPABHAG will partner with the CSA manager to facilitate development of a charter document for the CSA
  – Outline the autonomy of the CSA’s decision making processes
  – Nurture the development of the CSA over a one year period

• EPABHAG will expand to include more AOD partners.
Future State Scenario
Final Summary
OUR INCREDIBLE TEAM!