Northwest Community Service Area Planning Workshop

REPORT OUT
June 20, 2014
Planning Preparation Process

- **Core Planning Team:**
  - **Team members:** Keith Clausen, Paul Sorbo, Clara Boyden, Selma Mangrum, Tim Holechek, Chummy Sevilla, Doug Fong, Paul Chang, 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 the Northwest area.
SPONSOR REMARKS
THE WELLNESS DIAMOND

COMMUNITY SERVICE AREAS — ORGANIZATIONAL STRUCTURE

CLIENTS & COMMUNITY-FOCUSED SERVICES

COMMUNITY SERVICE AREAS — ORGANIZATIONAL STRUCTURE

MANAGEMENT STRUCTURE

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

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

WELLNESS DIAMOND

COMMUNITY
PREVENTION AND HEALTH PROMOTION
EARLY INTERVENTION
TREATMENT LOW TO HIGH INTENSITY
RECOVERY
RECOVERY
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
Community Service Area Charter

### Current state

#### CLIENTS & COMMUNITY

- Youths
- Transition
- DT Services
- Adults
- Older Adults

### Future state

#### WELLNESS DIAMOND

- Whole Wellness
- Physical Wellness
- Psychological Wellness
- Social Wellness
- Spiritual Wellness

### PROPOSED ACTION

1. **3P Deliverables:** Define the parameters of operation of CSA North, by: 1) Identifying optimal ways to meet the community's established behavioral healthcare needs using all staff, all contracted resources, and untapped community resources; 2) Integrate the core services developed in the November 2012 3P, and identify additional CSA North-specific service needs that will become core for that particular CSA; 3) Describing the process by which the connections will be made by the community partners within the CSA; 4) Identifying areas where standard work and processes will be required in the new model. In addition, 5) creation of an Action Plan (including implementation steps and communication strategy); 6) Adopt and tailor the recommendations of the workgroups established at the November 2012 3P relevant to the CSA North.

### TARGET STATEMENT

- Identifying a community’s core services, ensuring a comprehensive set of programs, and ensuring that all staff are involved.
- Identifying areas where standard work and processes will be required.
- Identifying areas where standard work and processes will not be required.
- Identifying areas where standard work and processes will be required.

### RESOURCES

- Workshop participants
- Other resources

### CHECK AND ACT

- Workshop schedule
- Responsibility
- Date

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Behavioral Health and Recovery Services

Northwest Community Service Area (CSA)
Every day we checked-in with each other: HANSEI
Mary Ann Nihart, Mayor of Pacifica

Acknowledging the importance of our work in the community
Group Exercise:
Team Building and PDSAs
DATA

StarVista: Early Childhood Community Team

Home Language

- English: 42
- Spanish: 10
- Bilingual: 3
- Other (unspecified): 2

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

Your Wellness ◆ Your Way ◆ Your Community
DATA

Daly City Youth Center

Who we serve:

District Enrollment

- 0.2 American Indian or Alaska Native
- 13.4 Asian
- 1.7 Native Hawaiian or Pacific Islander
- 28 Filipino
- 28.7 Hispanic or Latino
- 2.7 Black or African American
- 14.8 White
- 10.6 Two or More Races
- 0.1 None Reported
The Community Service Area Model
Map Exercise
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 healthy community
CORE SERVICES
Strategic Goals

• Mobile Intervention/Field based services
• Adult Dental
• Detox
• LGBTQ Program/Services
• Transportation
• Family Involvement
• Youth Outreach (bullying, truancy)
• Urgent Care
• Housing/Shelters
• Coordination/Collaboration Universal Assessment
• Culturally Competent Outreach (stigma reduction, increase access, etc.)
EDUCATION AND EXERCISE
Client Flow and Current State
CLIENT FLOW AND CURRENT STATE

One example:

School requests evaluation for 8 year-old with disruptive behavior in classroom

- Refer to onsite mental health services if available.
- Determine level of intervention needed.
- If possible, link to parent liaison.
- If no onsite services available, refer to clinic for psychiatric assessment and case management.
- Family partner linkage for mom.
- Get back to school for mental health consultation.
- Develop behavior plan.
EDUCATION SESSION

Community Planning Committee

Same Day Assistance

Behavioral Health
and Recovery Services

Your Wellness ◆ Your Way ◆ Your Community

Northwest Community
Service Area (CSA)
GROUP EXERCISE

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

“Community Planning Committee”

- Support for family members/consumers: transportation, food, stipend, accessible & convenient location, child care, engagement.
- Infrastructure: mentoring, training & support, orientation, pre-planning committee (consider cultural factors and get consumer input).
- Clear focus, goal and structure.
- Makes an impact (consumer/family member).
- Contributes to change (provider - i.e. improves service coordination).
- Bottom up approach – providers/agencies encourage clients to participate.
WHAT THE GROUP SAID

“Same Day Assistance”

• How does the “story” travel with the client when making referrals to other agencies?

• Shared concept of what is a warm handoff with all information and appropriate referrals to the right place at the right time.

• Multi-disciplinary Mobile Unit with trained clinicians who have ALL resources/forms to meet the client where they are. (Pyramid offered their site).
Family Members Panel

- “All services needed and a lot of support from staff were provided.”

- “It was a challenge with an adult son. It took 10 years to get him diagnosed. There’s not a lot of control when they’re an adult. It was absolute anguish.”

- Very easy to get services. I was spoiled working with the Pathways program case manager and family partner.

- “My kids have a lot of needs and my case manager made it easy.” (fost-adopt mom)
Family Members
Post-Panel Team Discussion

• Different experience getting into the system vs. services provided once in the system.
• Challenges for parents with adult clients due to confidentiality issues.
• Offer parent and family support groups.
• Provide family intake.
• Having a Family Partner that stayed involved made a huge difference.
• Don’t want families to get to point of desperation before they get services.
• Important to listen to parents of adult clients and honor their involvement.
EDUCATION SESSION

Family Involvement
GROUP EXERCISE

What does “Family Involvement” look like for the Northwest CSA?
WHAT THE GROUP SAID

“Family Involvement”

Adult

• Consent (encourage client to give consent).
• Support client to include family members in their recovery.
• Use technology to bridge geographical gaps.
• Staff Training – cultural shift in treatment to holistic view regarding family involvement.
• Empower families to be their own advocates.
• Communications in their families’ language(s).
WHAT THE GROUP SAID

“Family Involvement”

Youth

• Offer family WRAP/family assessments.
• Welcoming (child care, food, easy access, etc.).
• Peer-led family support group.
• Continuation of support throughout, including before/after.
• Outreach - Promotores model (culture, language).
• Family Intake – client defines family.
GROUPS REVIEW CORE SERVICES AND BRAINSTORM IDEAS FOR IMPROVEMENT OF EXISTING SERVICES AND RANKING OF PRIORITIES
Consumers Panel

- “North County Clinic is very welcoming, friendly, helpful and supportive; services have always been great; they never gave up on me.”

- “Helpful to have a Filipino therapist who could relate to my culture and how my family may not totally understand.”

- “Couldn’t hold down a job, too stressful. Would be nice to have help with finding a job that’s right for me. Consistency is important in my recovery even if it’s as a volunteer.”

- “Lacking in LGBT mental health/AOD related services (all over).”

- “The thought of going back to school after a long absence and facing my teachers was overwhelming.

- “Spirituality and clergy was very important in my recovery.”

Facilitated by
Tim Holechek
Consumers Panel
Post-Panel Team Discussion

- We tend to focus in the middle (treatment); services and supports *before* (linkage/resources) and *after* treatment (reintegration) are needed.

- Importance of educating the community and reducing stigma; create a more understanding community and workplace. ("When I’m out in the community I feel like I need to hide") ("At my workplace, I heard what my co-workers said about someone else who had bi-polar…so I don’t want to say I have a mental illness.")

- Missing group at the table is the business community; we should partner with them to provide service opportunities.

- If client is religious, use it as a source of support in their treatment rather than excluding it.
DRAMATIZATION OF CLIENT FLOW
IN FUTURE STATE
Charting the Future State

- Community Supports
- Map of Northwest CSA Resources
- Action Plan
- Communications
- Future State Scenario
Charting the Future State: COMMUNITY SUPPORTS

Prevention

• Outreach and Education
  – Employers, businesses, faith, non-traditional partners, local officials, community, schools – to reduce stigma
  – Delivered in culturally responsive manner

• Housing Support
  – Drop in/respite care, Transitional living, Board & care/sober living
  – Landlord acceptance

• Employment/Volunteering, mentoring support
  – Skill development, past probation support – address isolation

* Transportation and accessibility
Charting the Future State: COMMUNITY SUPPORTS

Post Treatment Community Integration

- Housing
- Mentoring
- Education for clients
- Increase in quality/sustainable/ongoing post treatment integration (shift in how we look at post treatment integration).
- Common reintegration policy and procedures that are in the best interest of client.
Charting the Future State: MAP OF THE NORTHWEST CSA
Charting the Future State:
MAP OF THE NORTHWEST CSA

- Identification of current services
- Identification of service gaps and needs
- Transportation loop
Charting the Future State:

ACTION PLAN

Quadrant 4
Quadrant 3

No Go
Challenge

Quadrant 1
Quadrant 2

Possible
Implement

Easy
Hard To Implement

Low
High Payoff
Charting the Future State: ACTION PLAN

Q2-HIGH PAY OFF, EASY TO IMPLEMENT:

- Improve coordination of care among providers
- Stigma reduction
- Same Day Assistance
Charting the Future State: ACTION PLAN

Q3-HIGH PAY OFF, HARD TO IMPLEMENT:

- Family-centered services/parent support
- Increased physical access
- Expansion of services into full continuum of care
Charting the Future State: COMMUNICATIONS

- Written communications: poster, brochure, social media, website
- Outreach at community meetings – start with our own agencies
Charting the Future State: Elevator Speech

“We are a network of community members from the northwest region of San Mateo County, working collaboratively to promote the well-being of our residents. We do this by providing prevention, safety and care seamlessly to any member of our community in need. We listen with our hearts and join hands together to serve. It is our belief that partnership can bridge gaps, break barriers, and enhance the spirit of our community.”
Charting the Future State: COMMUNICATIONS

TAGLINE:

“Supporting a vibrant community through our collective strength”
Future State Scenario
Final Summary
OUR INCREDIBLE TEAM!