CONTRA COSTA
MENTAL HEALTH COMMISSION

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cchealth.org/mentalhealth/mhc

Mental Health Commission (MHC)

Wednesday, August 3rd, 2022, ◊ 4:30 pm - 6:30 pm

VIA: Zoom Teleconference:

https://cchealth.zoom.us/j/6094136195
Meeting number: 609 413 6195
Join by phone:
1 646 518 9805 US
Access code: 609 413 6195

AGENDA

I. Call to Order/Introductions (10 minutes)

II. Public Comments (2 minutes per person max.)

III. Commissioner Comments (2 minutes per Commissioner max.)

IV. Chair Comments/Announcements (5 minutes)

i. **Review of Meeting Protocol:**
   - **No Interruptions**
   - **Limit two (2) minutes**
   - **Stay on topic**

ii. **September MHC Orientation Topic is tentatively "Financing Mental Health Services"**

iii. **Mandatory meeting attendance for full Commission meetings and Committee meetings**

iv. **Mandatory membership on at least one standing committee (two in the case of Executive Committee members)**

v. **Welcome newest Commissioners:**
   - **Gerthy Loveday Cohen, District III**
   - **Kerie Dietz-Roberts, District IV**

V. APPROVE July 6th, 2022 Meeting Minutes (5 minutes)

VI. "Get to know your Commissioner" – Commissioner Tavane Payne (5 minutes)

VII. UPDATE on letter to the Board of Supervisors (BOS) regarding the Quality of Care Committee's motion relating to applications for Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion (CCE) grants (5 minutes)

(Agenda Continued on Page Two)

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Mental Health Commission (MHC) Agenda (Page Two)

Wednesday, August 3rd, 2022 ◊ 4:30 pm - 6:30 pm

VIII. REVIEW/DISCUSS letter to the BOS regarding the Justice System Committee's motion requesting BOS legislative platform support for a State-level Director of Conservatorship (15 minutes)

IX. REVIEW/DISCUSS letter to Anna Roth (Health Services Director), Lavonna Martin (Deputy Director to Health Services and Chief of Detention Mental Health), and Dr. Suzanne Tavano (Behavioral Health Services Director), regarding denial of the Justice System Committee's request for data from Detention Health on mental health diagnosis in the detention population (15 minutes)

X. REVIEW/DISCUSS Crestwood Our House Site Visit Report (5 minutes)

XI. Update on Commission Membership and open seats, Angela Beck, Exec. Assistant (5 minutes)

XII. Behavioral Health Services Director's report, Dr. Suzanne Tavano (15 minutes)

- **UPDATE on BHCIP Stakeholder meeting on Friday 7/15/22**
- **Update on applications for BHCIP grants**

XIII. Adjourn

ATTACHMENTS:

A. Letter to the BOS regarding the Quality of Care Committee's motion relating to Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion (CCE) grants
B. Letter to the BOS regarding the Justice Systems Committee's motion for a State-level Director of Conservatorship
C. Letter to Anna Roth (Health Services Director), Lavonna Martin (Deputy Director to Health Services and Chief of Detention Mental Health), and Dr. Suzanne Tavano (Behavioral Health Services Director), regarding denial of the Justice System Committee's request for data from Detention Health on mental health diagnosis in the detention population
D. Crestwood Our House Site Visit Report
E. Behavioral Health Services BHCIP Project Development Update

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July 13, 2022

Dear Contra Costa County Board of Supervisors:

The Contra Costa County Mental Health Commission (MHC) passed a motion, (8 to 1) on July 6, 2022 that we respectfully urge you to consider. The goal of the motion is to inspire the greatest efforts possible to win California State grants that will be used to build infrastructure for the Behavioral Health Care system in California counties. The Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion (CCE) grants ($3B in total) provide the ability to construct, acquire and rehabilitate real estate assets on an extraordinary scale.

Contra Costa County (CCC) must not miss out on this opportunity to reduce unnecessary hospitalizations, incarceration and failed treatment due to inadequate housing. Acquiring BHCIP and CCE funding will improve outcomes for those with a serious mental illness (SMI) who are the most underserved population in our state and in our county. The unprecedented rise in their presence in the homeless population attests to this.

Here is the MHC motion**:**

> ***"Toward the goal of capitalizing on an historic opportunity to build infrastructure essential to the delivery of mental health services in Contra Costa County, the Mental Health Commission advises the Board of Supervisors to encourage Behavioral Health Services to continue its strong efforts to apply for all relevant Behavioral Health Community Infrastructure Program and Community Care Expansion grants, that Behavioral Health Services meet the deadlines for the grant applications, and that all necessary resources are made available to and employed by Behavioral Health Services to write the most competitive grants possible."***

The Commission recognizes and is thankful for the great efforts being made by the County's Behavioral Health Services (BHS) department to develop competitive grants. We believe that the department understands the County's needs (please see attached CCC BHS BHCIP and CCE Needs Assessment report). We understand that the department believes it has all of the resources needed to create building projects and write grants for them in time for grant deadlines at the end of this year.

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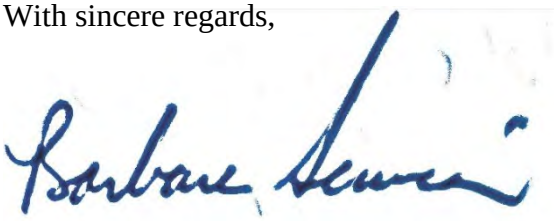
The point of the Commission's motion is to underscore the historic opportunity of the BHCIP and CCE grants and to make certain that absolutely everything that CAN be done IS done to capture a significant portion of these funds. This could mean more analysts or more grant writers, fewer barriers to reviewing and green-lighting projects, and/or greater commitments of County dollars to fund treatment programs that will be housed by the new infrastructure. Additional grant writers in particular could make a significant difference. Every possible advantage should be considered, every step of the way.
Thank you for your careful consideration of this motion.

With sincere regards,



Barbara Serwin
Chair, Contra Costa County Mental Health Commission

Laura Griffin
Vice Chair, Mental Health Commission

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July 1, 2022

Dear Board of Supervisors,

I am writing to you as the Chair of the Mental Health Commission (MHC) to bring to your attention a motion that was passed by the Commission's Justice System Committee on February 22, 2022 and by the full Commission on March 2, 2022. The motion requests an addition to the Board of Supervisors (BOS) legislative platform that will introduce oversight of *Lanterman-Petris-Short (LPS) conservatorships at the State level by the establishment and funding of a State-wide Conservatorship Director. My purpose is to urge you to support the motion and to forward it to the BOS Legislative Committee for consideration.

MOTION

Here is the motion:

> *"Advise the Board of Supervisors to add to its legislative platform the goal that the State appoint and fund a Statewide Conservatorship Director, whose job it would be to provide uniform guidelines to all counties in the state, under which all counties would operate and conform. The position should be funded and mandates that the State require of the Office of the Public Guardian should be funded."*

The motion was passed by the MHC unanimously, 12 to 0, with no abstentions.

RESEARCH

This motion grew out of a year-long evaluation by the MHC's Justice Committee of the Contra Costa County Conservatorship Program in 2020-2021. The Commission was already very aware from Commissioner personal experience and from experiences shared by family members and care-givers in the community that there were serious challenges to obtaining, monitoring and safely exiting conservatorships. The Committee decided to evaluate the County's Conservatorship program when it heard testimony regarding the tragic story of yet another family failing to obtain a conservatorship for their young daughter who was gravely disabled from mental illness and who had a concomitant physical health problem that also needed to be addressed immediately.

The evaluation was conducted through interviews with staff from departments involved in the Conservatorship process (Behavioral Health Services, the Office of the Public Guardian, the Public Defender's Office) and families and other care-givers. The only group that the Committee did not speak with was the Judicial Court that oversees Conservatorships or County Counsel (judicial staff

could not be scheduled despite multiple attempts to reach them). The Committee was able to get different constituencies in the room together, possibly for the first time, which resulted in very fruitful conversations.

Research culminated in a presentation by Dr. Alex Barnard from New York University on his 2021 comprehensive and authoritative analysis of the state of Conservatorships in California entitled: *Absent Authority: Evaluating California's Conservatorship Continuum.* Dr. Barnard's research showed that the challenges of Contra Costa's Conservatorship program were to be found in counties all over the state. Dr. Barnard recommended fixing the over-arching problem of an "Absent Authority" by establishing a state-wide position for overseeing all Conservatorship programs.)

FINDINGS

A major finding of the interviews and group discussions was the near unanimous belief that the County's Conservatorship system is inadequate, if not deeply flawed. There were the constant themes of a lack of communication, coordination, accountability, consistent policies and procedures, recourse for families who are not receiving adequate care for their loved ones, and an overwhelmed system of care deeply impacted by the lack of appropriate placements (treatment beds) for conserved clients. Staff were ready and committed to do their part but they were failed by the system structure.

The County system, moreover, exists within a broader system of counties that provide our County with placements. Without an inventory of suitable placements, Contra Costa County must place ALL of its conserved clients out of county, which introduces yet another layer of problems. The process of finding placements for Contra Costa clients in another county, monitoring these clients, and discharging these clients is tremendously challenging. The Committee learned that incomplete communications and information transfer across county systems often leaves providers, conservators, family members and conservatees in the dark. They often lack information about a client's status as a conservatee, a client's mental health history, and what would be appropriate discharge plans. Clients are sometimes discharged without the Conservator even being notified. Imagine the breakdowns that occur when two counties must coordinate but don't have compatible communication, policies and procedures, data tracking, mandates and authority, and other critical infrastructure for supporting conserved clients.

The fundamental drivers of these deep and systemic problems are primarily 1) the lack of a state-wide oversight role with responsibility for the success of county Conservatorship programs; and 2) the lack of explicit state or federal funding for county Conservatorship programs. Without a state-wide authority for county Conservatorship programs, there won't be the common infrastructure, regulations, and best practices in place to ensure successful programs. Without adequate funding to fully staff departments involved with coordinating and managing Conservatorship programs, the promise of providing treatment and care to the gravely disabled will not be met.

There are, of course, other issues that torpedo Conservatorship programs. There is a severe lack of appropriate placements; insurance companies have decreased reimbursements to providers to the

extent that providers switch their businesses to more profitable opportunities; lower profitability results in the common occurrence of conservatees being pushed out of their placements before they are ready, then decompensating and ending up back on the streets or in jail; providers have too much control over who they accept, cherry-picking the easiest conserved clients to deal with; there is inconsistent interpretation of what the criteria is for granting an LPS conservatorship; and more. Granted, it is a complicated picture.

RECOMMENDATION

The place to start, however, is at the top. A funded, state-level position that oversees Conservatorships in California is the first step. This role must provide accountability and responsibility for putting all of the elements of a successful Conservatorship administration into place. This position can make the case for the essential funding of the county Conservatorship programs.

It is important to note that this motion does NOT recommend changes to the judiciary system, the body that is responsible for determining whether or not an individual shall be placed in or released from a conservatorship. The motion recommends a coordinating role that would ensure that the judiciary system and the bodies that it routinely interacts with are interfacing effectively. This coordinating role would likewise ensure that all bodies that play a role in conservatorships are interfacing effectively.

People really do die when they can't get or keep a conservatorship in a timely way, or when their conservatorship fails due to faulty communication, incomplete information, or an inadequate placement. Please join the Mental Health Commission in advocating for a California State-wide Conservatorship Director.

Thank you for your consideration.

Sincerely,

Barbara Serwin,
Chair, Mental Health Commission

Commissioner Geri Stern
Chair, Mental Health Commission Justice Systems Committee
BS/GS:alb

Attachment: Absent Authority: Evaluating California's Conservatorship Continuum, 2021, Dr. Alex Barnard

*Lanterman-Petris-Short (LPS) Conservatorship is the legal term used in California which gives one adult (conservator) the responsibility for overseeing the comprehensive mental health treatment for an adult (conservatee) who is gravely disabled (as defined by the subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008 of the California Welfare and Institutions Code.

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July 29, 2022

Dear Anna, Suzanne, and Lavonna,

Thank you for your letter concerning your and County Council's rationale for why the Mental Health Commission (MHC) requested data cannot be collected.
The MHC has questions regarding your response to our request.

- How is it that the MHC should be constrained to public domain information?
- How and why will this data be *mined* by others who will potentially discover the identity of the individuals who are identified as having a particular Mental illness?
- Who would finance this procedure to determine who is being identified and how would that party or entity gain access to those records in order to do so?
- Why does extracting data have to result in the creation of new records versus a report based on existing data?
- Why is Detention Health (DH) not compelled, or in fact greatly interested, to discover and process information that will be useful to identify specific indicators which will potentially assist with treating people in the community before they enter Detention Health?

Firstly, please keep in mind that the MHC is an appointed body, responsible to the Public, and designed to provide oversite to Behavioral Health Services. California Mental Health Commissions are not limited to public domain information.

Secondly, we need to focus on realistic concerns. For over two years, we have requested this information. Each time we are met with "privacy concerns". We believe that the betterment of mental health treatment prior to incarceration surmounts the minuscule chance that some bad actor in the community might be able to identify an individual from a collective body of evidence gathered. This premise is a particularly large stretch and a poor argument at best.

Thirdly, your response is based on legal justifications. We have seen in other contexts this behavior of deferring to "County Council" when BHS refuses a request for information. Please send the specific court documents that state that Detention Health is not required to provide this information. We would like to know precedent in this matter and how the County Council has arrived at this conclusion, in particular without consulting with the MHC regarding the particulars of our request and the rationale for this data collection. The Mental Health Commission will be respectfully requesting from the appropriate governing body that we have an opportunity to consult with County Council ourselves regarding this matter. We will present our side and offer our rationale separately from Behavioral Health and Detention Health. If necessary, we may need to escalate this request to a higher level and be represented by other council to further our cause.

We also request to know the individual in the County Council's office who is making the statement that the Mental Health Commission cannot request this data and that we have a chance to present our case to this individual. It is insulting that we are offered an anonymous group who rejects this, rather than identifying who this individual is. Why is there a lack of transparency? Why are we not all sitting at the table together, including County Council staff?

The Commission encourages DH to look more closely at our data request. There are previous studies that look at the number of incarcerated individuals who have a substance abuse diagnosis (see attachment to this letter). We are open to modifying our inquiry to limiting the information gathered to larger groups of DSM V diagnosis and not indicating every specific diagnosis discovered. It would be helpful to see if there are significant clusters of diagnoses in Axis I diagnoses versus those with only character disorders and Axis II diagnosis. If it is determined that current incarcerated individuals are holding mental health and substance abuse diagnosis, then we can look further into how these might be addressed in the community at large. Without reviewing the wealth of data that exists, we lose an important opportunity to potentially make significant changes in how we institute treatment pre-incarceration.

The MHC believes that County Health Services, DH and BHS recognize and support the collection of data to potentially reduce the incarcerated population. We continue to believe that it can partner successfully with DH and BHS to evaluate pertinent mental-health related DH aggregated information. Let's work together to meet the Commission's information need.

Respectfully submitted,

Geri Stern, Commissioner, District 1
Chair, Justice Committee
Contra Costa County Mental Health Commission

Barbara Serwin, Commissioner, District 2
Chair, Mental Health Commission
Contra Costa County Mental Health Commission
GS/BS:alb

Attachment: "Special Report: Drug Use, Dependence and Abuse Among State Prisoners and Jail Inmates, 2007 – 2009", U.S. Department of Justice 2017, revised 2020

ANNA M. ROTH, RN, MS, MPH
HEALTH SERVICES DIRECTOR
PATRICK GODLEY, MBA
CHIEF OPERATING OFFICER
CHIEF FINANCIAL OFFICER

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July 22, 2022

Commissioner Stern,

Thank you for allowing Contra Costa Health the time to review your request for data on psychiatric and substance use disorder diagnoses of persons incarcerated in our adult detention facilities.

The information you requested is not available for the following reasons.

1) The record you requested does not exist. Even though information such as mental health and/or substance use disorder diagnosis may be contained in individual health records of incarcerated persons, records reflecting the collection and reporting of this information in aggregate form do not exist. The County is not obligated to create a record that does not exist in order to respond to a request for records or information. (*See Sander v. Superior Court* (2018) 26 Cal. App. 5th 651, 665.)
2) Mining individual health records of incarcerated persons for diagnosis raises significant privacy concerns. Pulling individual data to aggregate does not guarantee that persons are not identifiable within the detention population. When the information in the data set is rare or matched up with publicly available information, then the person(s) can become identified, and their privacy compromised. The County is obligated to protect the privacy interests of those persons incarcerated in our adult detention facilities and must decline your request. (Gov. Code, ' 6254(c), (k); Cal. Const., art. I, § 1; 45 C.F.R §164.500 *et. seq*; Cal. Civ. Code §§ 56.10 *et seq*.; 17 CCR 2500 *et seq.*)

We know the Commission may find this decision disappointing, but Contra Costa Health has and will continue, upon request, provide data that is publicly disclosable and reasonably can be produced. Over the last two years, a significant amount of data on persons incarcerated in our adult detention facilities has been shared with the Commission including,

- Track Level data
- Number of persons books
- % Receiving MH services
- # self-reporting SUD
- # Persons released
- # Persons with/without insurance

Additionally, other potentially relevant data can be found on the BSCC's jail populations trends dashboard that includes average daily population, average daily populations of felony and misdemeanor, as well as money spent on medications, including psychotropic medications.

Please know that Contra Costa Health shares the Commission's dedication to ensuring persons with behavioral health issues receive the care and treatment they need while detained and beyond their release from incarceration.

Sincerely,

Anna Roth, RN, MS, MPH Health Director	Lavonna Martin, MPH, MPA Deputy Director	Suzanne Tavano, PhD Behavioral Health Director

RE: Letter to those who care about Behavioral Health in our County Jail System

Lavonna Martin <Lavonna.Martin@cchealth.org>

Wed 6/8/2022 3:49 PM

To: Geri Stern <geristern@gmail.com>

Cc: Rajiv Pramanik <Rajiv.Pramanik@cchealth.org>;Suzanne K. Tavano <Suzanne.Tavano@cchealth.org>;Anna Roth <Anna.Roth@cchealth.org>;lesile May <may.leslie@ymail.com>;douglasdunn1@outlook.com <douglasdunn1@outlook.com>;Joe Metro <jmetro3@icloud.com>;Yanelit Madriz Zarate <yanelitmz@berkeley.edu>;Gina Swirsding <gdm2win@me.com>;Laura Griffin <nynylag@att.net>;Angela Beck <Angela.Beck@cchealth.org>;David Seidner <David.Seidner@cchealth.org>;jen.quallick@bos.cccounty.us <jen.quallick@bos.cccounty.us>;Candace Andersen <candace.andersen@bos.cccounty.us>;John Gioia <john.gioia@bos.cccounty.us>;Supervisor Diane Burgis <supervisor_burgis@bos.cccounty.us>;Jill Ray <jill.ray@bos.cccounty.us>;tcpasquini@gmail.com <tcpasquini@gmail.com>;Lauren Rettagliata <rettagliata@gmail.com>

Good afternoon, Commissioner Stern.

Thank you for your email. Contra Costa Health shares the Commission's desire to ensure incarcerated individuals with behavioral health issues receive the care, treatment, and community support they need prior, during, and after they leave our detention facilities. We will review your requests for information and determine whether there is information we can provide in response, consistent with our legal obligations and technological capabilities.

Warmest regards,

Anna Roth, RN, MS, MPH Health Director	Suzanne Tavano, PhD Behavioral Health Director	Lavonna Martin, MPH, MPA Deputy Director

_____

Lavonna Martin, MPH, MPA
Deputy Director
Contra Costa Health Services
(925) 957-2671
www.cchealth.org

From: Geri Stern <geristern@gmail.com>
Sent: Tuesday, June 7, 2022 5:43 PM
Cc: Rajiv Pramanik <Rajiv.Pramanik@cchealth.org>; Lavonna Martin <Lavonna.Martin@cchealth.org>; Suzanne K. Tavano <Suzanne.Tavano@cchealth.org>; Anna Roth <Anna.Roth@cchealth.org>; lesile May <may.leslie@ymail.com>; douglasdunn1@outlook.com; Joe Metro <jmetro3@icloud.com>; Yanelit Madriz Zarate <yanelitmz@berkeley.edu>; Gina Swirsding <gdm2win@me.com>; Laura Griffin <nynylag@att.net>; Angela Beck <Angela.Beck@cchealth.org>; David Seidner <David.Seidner@cchealth.org>; jen.quallick@bos.cccounty.us; Candace Andersen <candace.andersen@bos.cccounty.us>; John Gioia <john.gioia@bos.cccounty.us>; Supervisor Diane Burgis <supervisor_burgis@bos.cccounty.us>; Jill Ray <jill.ray@bos.cccounty.us>; tcpasquini@gmail.com; Lauren Re agliata <re agliata@gmail.com>
Subject: Letter to those who care about Behavioral Health in our County Jail System

---

Dear Fellow Commissioners, Supervisors and Supervisor Staff, and Other Colleagues Who Are Concerned With Individuals Involved With the Justice System That Have a Mental Health and/or Substance-Abuse Diagnosis:

I'm writing as Chair of the Justice Committee of the Contra Costa County Mental Health Commission regarding the collection of psychiatric/substance abuse diagnosis data from inmates at the West County and Martinez Detention facilities.

I have exchanged several emails with Rajiv Pramanik, in the IT Department of CC Health, regarding the collection of this data. Dr. Pramanik is not inclined to give an opinion on how to obtain the data without the inclusion of the Director of Detention Health. Therefore, I am including members of the Mental Health Commission and my Supervisor, to make a case for why this information is needed.

A couple of weeks ago, a group of Mental Health Commissioners and Board of Supervisors' staff visited the Martinez Detention Facility. We asked questions about the psychiatric evaluation process at intake, including the question of whether diagnoses are tracked. A Board of Supervisors staff member stated that this information is in the "electronic record". This was very surprising and exciting to hear.

For over two and a half years, the Justice Committee has been requesting that someone collect the diagnoses of those who are being admitted to the county jails and placed in the Behavioral Health modules. We want to know what types of psychological issues are driving people to either commit crimes or decide to commit a crime to get shelter or treatment.

Unfortunately, my Committee has been given many reasons why Detention Health cannot accommodate our request, including the catch-all reason of privacy issues. Now we know the data exists and we know that it is documented electronically. Since we are asking for data in aggregate, there are no privacy issues. **There should therefore be no legitimate reason why this data is not being provided**. Having other priorities is not a reason to deflect and ignore this request withoutbeing given a time when this information can be provided.

Diagnosis data is needed to obtain a clearer picture of what types of diagnoses are prevalent, which clients would have perhaps avoided ending up in jail if they had been Conserved or received appropriate treatment, and the bigger picture, of how we can bettserve our citizens outside of the jail system. Without data, we have *nothing* to go on except hear-say and circumstantial evidence of the types of diagnoses that are most prevalent.

We are all aware that the office of the Public Guardian is an unfunded mandate, that there is not enough housing, and there is a substantial lack of in-patient psychiatric beds in our community and in the State. While these issues are being addressed with new funding, we still don't have any data on where this money could be better focused.

There seems to be a plan to build more housing, and create more treatment centers, but we don't know where the money should be directed because *we don't have the data.* If for instance, it is discovered that many of these individuals should have been Conserved prior to being incarcerated, *then we have a stronger case for directing more resources to the Office of the Public Guardian.*

With actual data, we can bring to our legislators concrete information on how to be er address these issues rather than defaulting to building more treatment modules inside the jails. If we are ever to begin to fix our overwhelmed Mental Health system, we need to have the data that shows what are the most common causes of individuals landing in jail in the first place.

I am proposing a Zoom or Town Hall meeting to reach an agreement on our way forward leading to the collection and analysis of this critical data. With the resulting information in hand, we can build a road map that explores more deeply why and how individuals with a mental illness and/or substance abuse problem are entering the jail system, where they are coming from, and where and when they need treatment. Ultimately, it will inform more effective approaches to reducing entry into the Justice System and reducing recidivism.
Thank you and sincere regards,
Geri Stern
Chair, Justice Committee
Commissioner, District 1
Contra Costa Mental Health Commission

Report Date: July 14, 2022

Site Visit Date: January 19, 2022

Site Name: *Our House, Crestwood Solano (Our House) Adult Residential Facility*

Site Visit Team: Commissioners Douglas Dunn, Alana Russaw, Kathy Maibaum

Site Visit Team Mentor: Commissioner Leslie May

I. Method

a. This is a qualitative survey consisting of confidential one-on-one interviews.
b. Commissioners interviewed a total of six persons-served from over forty persons-served, two staff members, and the Program Director.
c. There were three questionnaires used to conduct the interview, designed by the Site Visit Team: Program Director survey, Staff survey, and Client survey.
d. The length of stay varied. Three persons-served were at Crestwood for two and a half months or less; one person-served was at the facility one year; and two persons-served had been at the facility for five years.
e. No physical site visit was made due to COVID-19.

II. Site Description

Crestwood Our House is a licensed enhanced board and care with 46 beds that offers a comprehensive range of treatment and supports in a home-like setting. The typical daily census is 44 to 46 persons-served. The majority of placements are filled by Contra Costa County residents (31 on January 19, 2022.) The length of stay varies from one month to six months to one year;

some clients stay longer. Quarterly meetings are held every ninety days to discuss discharge, progress, and other areas to work on. Notably, staffing includes an on-site Psychiatrist and Clinical Nurse, a medical doctor, Personal Service Coordinators (who facilitate all aspects of individual treatment, assessment and recovery) and Recovery Coaches (assist with independent living skills, medication management). In total there are 19 staff. This includes the Program Director, Activity Director, Service Coordinators, Recovery Coaches, a Vocational Coordinator, and a Clinic Nurse. Medical needs are met on site as well as in the community at specialty clinics and Emergency Room.

The goal of Crestwood Our House is to empower persons-served to take responsibility for their recovery efforts, stabilize their mental health, and learn life skills so that they are able to reduce symptoms, improve their quality of life, and live independently in their community. This goal is met in a variety of ways. Crestwood offers Dialectical Behavior Therapy (DBT) and Wellness Recovery Action Plan (WRAP) treatment models and has a strong Dual Recovery Program for persons-served who have a co-occurring mental health and Substance-Abuse Disorder (SUD) conditions.

The facility provides eight to ten hours of programming a day, including such classes as Cooking and Baking, Money Management, Budgeting, Personal Hygiene, and Independent Living skills, with many classes taught by Peer Providers. The Cooking and Baking classes are good examples of Crestwood classes. For the Cooking class, persons-served go with Dietary Staff to the store with a budget to pick out ingredients for a meal. They return and cook the

meal and then enjoy it. This teaches persons-served how to shop on a budget and still make healthy food. The Baking class teaches persons-served how to make simple, delicious desserts and exercise their creativity.

Computers are available for personal use. Persons-served receive personal needs money from their county. They also have community integration as they are in an unlocked setting; persons-served sign-out in the passbook and go out as they choose. They are offered as many outdoor outings as possible, e.g. picnics, outdoor sports activities such as swimming, walking and hiking, persons-served also self-administer their own medications with staff support (encouraging, educating and prompting.) There are also many Recovery Groups offered through out the day on-site and off-site.

As the name Crestwood **Our House** implies, the facility strives to create a "home style" experience for persons-served. For example, persons-served are encouraged to decorate their rooms to be home-like, all holidays and birthdays are celebrated, and there is a common area with sofas, a refrigerator, microwave and TV.

In terms of individual goals, the Program Director interviews each person-served before in-take. During the interview process, persons-served create goals, e.g. related to medication management and maintaining sobriety; this helps with the transition from their previous placement to Crestwood Our House. Progress on these goals is tracked during the person-served's stay. A Service Coordinator is assigned to each person-served; their role is to

accompany their person-served through their journey, from orientation through treatment planning, assessments and discharge planning. Planning for discharge is discussed regularly through-out the person-served's stay, to help keep eyes trained on the ultimate goal of living successfully in the community.

The overall impression of Crestwood Our House is that persons-served are happy and satisfied with the environment and services offered by the program. Likewise, staff interviewed enjoy and feel fulfilled with their work. One staff noted that staff "esprit de corps" and mutual support is fantastic. The Program Director expressed that she feels blessed to be working with the people that Crestwood Our House serves.

III. Strengths

a. Person-served perspective:

- The majority of persons-served feel that they are getting better -- four out six. One person doesn't feel that they are getting better and one person was unclear in their response.
- Four persons-served believe that Crestwood Our House is different from other programs in some ways: People are able to go out; they get paid and can spend their money at a store; they have mandatory meetings, which provides structure; they can sleep in; the food is very good and persons-served can participate in cooking; and the program "looks out for you."

- All but one persons-served believe that staff asks for their input on services that they might need, with one person saying “all of the time”.
- Several persons-served believe that staff helps to use their strengths, skills and capabilities in their recovery. They mentioned help through Cognitive Behavioral Therapy (CBT), Dialectic Behavioral Therapy (DBT) and Peer Groups. One person has been encouraged to focus on their strength as a hard worker and is able to do landscaping work. Another person said input is requested “all of the time.”
- In terms of social and recreational activities, persons-served identified many opportunities, including use of computers, volleyball, ping pong, movie night, bingo night, barbeques, and celebrating main events.
- Persons-served are all comfortable and like their accommodations.
- Persons-served feel safe and believe that the facility is secure.
- Persons-served all mention how much staff help them in many ways and show that they care. One person-served expressed this well with “They care, know our name.” and “Yes, the program takes care of us, hopes we all get what we need, get sober, and get right with yourself.”
- Some persons-served participate in DBT, with three saying that they like it, and one calling out DBT in particular as helping her.
- In terms of the Patient’s Rights and the Grievance Procedure, persons-served said the documents are posted on the wall throughout the facility but none of them reported any need to file a

grievance. They all say that say that any grievance that they've had has been dealt with satisfactorily.

- Persons-served state that they are treated with respect and dignity.
- All persons-served know what a Patient's Right Advocate is and half know how to access one.
- Persons-served said that they can easily get an appointment with their psychiatrist, therapist, social worker or whomever else they want to meet with. All persons-served feel that their medications are helping them although one person pointed out that they do have a bothersome side-effect that the doctor has not helped them address. Persons-served also feel that the doctor listens to their concerns. Four out of six said that the doctor or staff talk to them about alternatives to medication. All persons-served believe that their medication is very easy to get because Crestwood manages it and has it delivered.
- Food is consistently mentioned as a highlight. Meals and snacks are very good, with one person stating that meals are on time every day and there is a great meal for Thanksgiving.
- Four out of six persons-served say their specific needs are met; two didn't answer the question. One person commented that their special needs are met in terms of meals. Note that no one responded about needs specifically related to gender, disability, ethnicity, and language.
- Three persons-served are satisfied with the other services that Crestwood offers, including money management, assistance dealing

with probation, assistance with attending Vallejo Adult School and Solano Community College (pre-COVID).

- All persons-served say that they know their rights and believe that their rights are respected.

b. Crestwood Our House involves Peer-Providers in empowerment and recovery. Peer-Providers provide person-served support and facilitate group classes, i.e. coping games, peer-to-peer recovery, peer support, and Client Government. Note that any person-served can facilitate a class.

c. Crestwood Our House offers comprehensive DBT. The DBT approach assists clients in learning skills to help them regulate their emotional responses to situations that occur in their lives that they may have previously responded to in a self-destructive or aggressive manner. Individuals participating in this therapy are assigned a DBT coach, who they meet with weekly. They attend a DBT class once a week, where they discuss a skill from the four-module curriculum and are assigned homework. There is a DBT Homework Help class to assist persons-served with completing their homework, as well as staff support. There is DBT For Everyone (community DBT) offered twice a week for all persons-served. There is also Morning Mindfulness during Morning Meeting, where persons-served receive the skill of the week. The skills training classes focus on emotional regulation skills, mindfulness skills, interpersonal effectiveness skills, and distress tolerance skills. Staff receive ongoing training.

d. One service of Crestwood Our House is to support persons-served with obtaining in-house work experience. Persons-served get connected with Dream-Catchers and gain employment in different departments at Our House, e.g. dish washing, food prep, laundry, yard maintenance, house-keeping, clerical, dining room.
e. Pre-COVID, Crestwood Our House has had nursing students come in for rotations to learn more about the psychiatric field.

IV. Challenges

a. In terms of medication, four out of six persons-served find that their doctor talks to them about what their medication is for and talk with them about medication side-effects and contra-indications.
b. Only one out of six persons-served clearly understood what a Peer Provider is. That person responded that Peer Providers help her all of the time. Three persons-served didn't know what a Peer Provider is and two didn't understand the question, which could possibly mean that they don't know what a Peer Provider. Perhaps new persons-served could be introduced to a Peer Provider early in their stay so that they could understand right away the value of engagement with Peer Providers and to take Peer-led classes, of which there are many. (Note that terminology may be an issue here; there are Peer Providers working in many different roles at Crestwood that are not referred to specifically as Peer Providers.)

c. Upon admission, staff review with persons-served their Admission Agreement, HIPPA rights, Orientation Check-list/Packet (e.g. what to know at Our House, patient rights, copy of Admission Agreement, schedule, house rules, discharge planning.) At different times through-out the year, information from the Orientation packet is reviewed with the person-served. Patient's Rights posters are located throughout the facility. HIPPA is reviewed whenever persons-served want it updated. None-the-less, at least half of the persons-served were unfamiliar with the forms and could not recall whether they signed the forms or not. Persons-served may not have recognized the terms used to reference these documents by interviewers or may not have recalled "in the moment". However, it's worth reviewing familiarity with the documents when they are described by staff during orientation, and to consider a way to help with understanding the documents.

d. Five out of six persons-served were not familiar with the Mental Health Advanced Directive. This document is reviewed with the person-served at their orientation with staff. (Note that the Advanced Directive preference is included on face sheets, which contain all essential information about the persons-served.) It's worth reviewing the Advanced Directive on an annual basis.

e. The Program Directs says that one of Crestwood's biggest challenges is the difficulty that persons-served have moving on to lower level of care due to community housing availability.

V. Ideas For Improvement or Increased Awareness Among Persons-Served

These ideas were offered by interviewees. Some items are actually already in place and one is outside the control of the program.

a. Persons-served suggested the following improvements:
   - A larger allowance (note that this is county-controlled)
   - The ability to earn money (there is the opportunity through the Dream Catchers service)
   - Longer computer time (there are structured computer hours but computers are essentially available at all times upon request)
   - More one-to-one conversations
   - More sports equipment
   - A persons-served government (there is a Client Government group)

b. Staff suggested the following improvements:
   - More activities to assist persons-served to integrate back into the community, such as:
     - Possible delivery service work
     - Setting processes to allow them to enroll for community college courses, COVID permitting
     - And supported employment opportunities in local businesses, especially once COVID-19 finally subsides.

VI. Magic Wand Question

The last question on participant surveys is, *"If you had a magic wand and could change anything in this program, what would that be*?" The answers below are direct quotes from the survey participants.

a. **Program Director**: "Community housing for when persons-served are ready to be discharged."
b. **Staff 1**: "More funds to take clients to outside events, especially in light of the ongoing COVID-19 pandemic. Unfortunately, most of these outings, especially to such places at a Giants or A's game cost $60.00 per client, including transportation. Currently, our very limited events budget cannot absorb this cost."
c. **Staff 2**: "Nothing."
d. **Client 1**: "I want a different schedule and to be able to make my own schedule."
e. **Client 2**: "Financial help! I need more than $20 a week."
f. **Client 3**: "More time to be outside, 2 to 3 hours a day." (Note that Crestwood is an unlocked setting)
g. **Client 4**: "To change everybody."
h. **Client 5**: "To continue with my sobriety."
i. **Client 6**: "I don't have anything to add."

VII. Premise Inspection

Due to COVID-19 restrictions per CDSS Department of Social Services, Community Care Licensing Division, we were unable to conduct a physical site visit. Crestwood has specific guidelines which address vaccination and booster

requirements, mask wearing, and other updated visitation requirements. Once COVID-19 restrictions are lifted, an on-site visit will be scheduled and an Addendum will be made to this report

VIII. Final Thoughts

Crestwood Our House is an exceptional program that is well-designed to address the needs of the people they serve. It is characterized by a preponderance of strengths, many expressed by persons-served. A few challenges were identified, and several of these are around lack of awareness of documentation, Peer Providers, other resources, and services that may be already available already. In terms of quality of life, persons-served are pleased with the services they are receiving and report that they do not want to leave until they feel that they can succeed, have permanent housing, and all of their outpatient services are in place.

In Housing That Heals: A Search for a Place Like Home for Families Like Ours, the authors Teresa Pasquini and Lauren Rettagliata (May 2020) state: "*It is said that "home is where the heart is." We agree, as two moms who have trauma tattoos on our hearts from years of watching our sons suffer because of a serious mental illness (SMI). A health care system that includes a tiered array of Housing That Heals as part of a full continuum of psychiatric care will help mend our broken hearts and bend the harm curve for families like ours."* Crestwood Our House fulfills the wish of these two mothers and many more families who love their loved ones and want them to be cared for in a healthy and loving environment, so that they can thrive.

Contra Costa Behavioral Health Services

Behavioral Health Community Infrastructure Program

Project Development

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Agenda

- Welcome
- BHCIP and CCE Updates
- Initial Project Design
- Next Steps

BHCIP and CCE Updates

Indigo Project

BHCIP Timeline

BHCIP	Status
Round 1 Mobile Crisis	CCBHS received infrastructure grant
Round 2 Planning Grant	CCBHS received planning grant
Round 3 Launch Ready	Closed
Round 4 Children and Youth	Due August 31, 2022
Round 5 Addressing Gaps #1	Expected: October 2022
Round 6 Addressing Gaps #2	*Expected: January 2023*

- CCE projects are being accepted on a rolling basis until funds are exhausted.

Indigo Project

Contra Costa BHCIP and CCE “Short List”

BHCIP

- **45-Bed MHRC**
- **16-Bed MHRC**
- **16-Bed CRT,** preferably in West or East County, co-occurring capable
- **16-Bed ART,** preferably in West or East County, co-occurring and JIMH capable
- **16-Bed ART,** preferably in West or East County, co-occurring and JIMH capable
- Co-occurring detox and residential treatment
- ~~Concord Outpatient Clinic~~

CCE

- ~40 B&C and/or transitional housing beds
- ~85-90 B&C beds

Indigo Project

Progress to Date

Activities

- Weekly Meeting with CCBHS, CCHS, Public Works Capital Projects, Public Works Real Estate, Indigo Project since
- Review of County-Owned Property Inventory and Real Estate for Sale
- Ongoing engagement with Partners re: CCE
- Multiple other properties still in the pre-work order phase, including Uilkema House

Outcomes

- CAO and Board approved the following work orders:

1. Engage Capital Projects for design at 847 Brookside
2. Engage Real Estate to negotiate Central County property #1
3. Engage Real Estate to negotiate Central County property #2
4. Engage Real Estate to negotiate East County property

Indigo Project

Initial Project Development

Indigo Project

Considerations for Project Development

Community Care Licensing (ARF, RCFE, CRT, ART)

- **Saturation Rule:** CCL facilities cannot be placed within 300 ft of another.
  - It is not uncommon to get an exception to co-locate 2 CCL facilities.
- **Co-mingling:** When CCL facilities are co-located with other programs, there is an expectation that there are measures in place to prevent co-mingling of clients.

IMD Exclusion (CRT, ART, MHRC)

- If more than 16 beds are present, the facility is not eligible for Medi-Cal reimbursement (FFP).
- When more than 1 mental health facility is co-located, the guidance suggests that there be clear differences in the following in order to bill Medi-Cal:
  - Level of care/licensure
  - Provider organization

*It appears as if higher levels of care (i.e., acute, MHRC, and crisis programs were prioritized for funding in Round 3.

Indigo Project

Project Design Questions

- What types of services might you consider placing at the property? Why?
- What are the pros? What are the cons?
- Are there any anticipated challenges that would need to be addressed?

Next Steps

- Continue weekly meetings to progress property search
- Begin negotiation and due diligence process for potential acquisitions

Indigo Project

Indigo Project