CONTRA COSTA
MENTAL HEALTH COMMISSION

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COMMISSION
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Mental Health Commission
Executive Committee
Monday, October 25th, 2022, from 3:30 – 5:00 pm
Via: Zoom Teleconference:

https://cchealth.zoom.us/j/5437776481
Meeting number: 543 777 6481

Join by phone:
1 669 900 6833 US
Access code: 543 777 6481

AGENDA

I. **Call to Order/Introductions**

II. **Public comments**

III. **Commissioner comments**

IV. **Chair announcements**

V. **APPROVE minutes from the August 23rd, 2022, Executive Committee meeting**

VI. **UPDATE on Site Visits end of year activity and first quarter 2023 projected activity, Commissioner Laura Griffin**

VII. **UPDATE on the Mental Health Commissioner (MHC) 2023 officer slate, Commissioner Laura Griffin**

VIII. **UPDATE on MHC 2022 Retreat: Viability, structure, speakers, topics, Commissioner Barbara Serwin**

IX. **DISCUSS strategy for collection of MHC Commissioner desires/needs for the Children's Crisis Stabilization Unit, Commissioner Barbara Serwin**

X. **UPDATE on Behavioral Health Services (BHS) contracts discussion with Dr. Suzanne Tavano, Commissioner Barbara Serwin**

(Agenda Continued on Page Two)

XI. DETERMINE November 2022 Mental Health Commission meeting agenda:

- **CHAIR ANNOUNCEMENTS**
  - **Meeting Ground Rules: No interruptions; Limit two (2) minutes; Stay on Topic**
  - **Welcome Commissioner Pamela Perls, District II.**
- **"Get to know your Commissioner" – Commissioners Kerie Dietz-Roberts and Pamela Perls**
- **UPDATE on the Behavioral Health Continuum Infrastructure Program (BHCIP) activities, Dr. Roberta Chambers, Indigo Consulting, and Adam Down, Mental Health Project Manager, Behavioral Health Services (BHS)**
- **DISCUSS Hope House final report**
- **DISCUSS needs/desires for new Children's Crisis Stabilization Unit**
  - **Needs/desires identified by Behavioral Health Care Partnership**
  - **Needs/desires of MHC Commissioners**
- **UPDATE on Site Visits end of year activity and first quarter 2023 proejcted activity**
- **ANNOUNCE MHC 2023 Officer Slate**
- **Behavioral Health Services Director's report, Dr. Suzanne Tavano**
  - **Update on applications for BHCIP grants**

XII. Adjourn

ATTACHMENTS:

A. Election Guidelines for 2023
B. Final version of Hope House Site Visit Report
C. Behavioral Health Care Partnership Children's Crisis Stabilization Unit Input, September 20, 2022

Mental Health Commission
DRAFT Guidelines for Nominating Committee, 2023 Elections

Elections Held For:

- Chair
- Vice-Chair
- Executive Committee (minimum of three members, maximum of five, Chair and Vice Chair are automatic members so need to elect one to three additional members)

Timeline:

- September: Formation of Nominating Committee
- September – October: Develop slate
- November: Announce slate
- December: Hold election

Who Votes:

- Only Commissioners vote – not members of the public

Term:

- One year terms
- Chair and Vice Chair may hold their position for three consecutive years only; they may run again for the same position after not holding it for one year

Process:

- Select one person to represent/lead the Committee, e.g. give updates at Commission and Executive Committee meetings, lead the voting process at the Commission meeting
- Develop Slate
    - Objective is to develop a list of candidates for each elected role: Chair, Vice Chair and Executive Board Members
    - Identify potential candidates (excluding Supervisor)
        - Email all Commissioners to request that Commissioners interested in a position contact the Nominating Committee; include a description of roles in the email
        - Ask Commissioners for potential candidates too
        - Identify Commissioners who appear to be strong candidates for a leadership role (e.g. experience with the Commission, engaged with Commission issues and work, collegial, speak up at meetings)
    - Divide up list of potential candidates among Nominating Committee members
    - Reach out to each potential candidates and walk through: why they are interested in running, job responsibilities and time commitment (note that this is NOT an interview but more a vetting process and chance for Commissioners to ask questions and to really reflect on whether the role they want to run for is really a good fit)

    - Aim for at least two candidates for Chair and Vice Chair and four to five candidates for Executive Committee
    - Document candidates
- Announce Slate
    - Ideally, if the slate is ready by one week before the November Commission meeting, provide the slate to the Executive Assistant for inclusion in the meeting packet
    - At the November Commission meeting announce the slate – there will be an item on the meeting agenda for this
- Hold Election
    - For the December meeting election, be prepared with voting materials, method/process for conducting the voting, instructions for Commissioners
    - Since the meeting will most likely be conducted in Zoom, voting materials will need to be a Zoom poll or private Zoom Chat (each Commissioner messages their choices to one member of the Nominating Committee) or other electronic technique that ensures privacy of the voter and ensures that only Commissioners vote (rather than pencil and paper)
    - Tally the votes by entering a break-out room and reviewing the results of the poll or tallying up the votes sent by Chat
    - Winners are selected by simple majority
    - In the case of a tie, ballots may be recast until the tie is broken; if this approach fails to result in a majority winner(s) the vote may be deferred until the next Commission meeting
    - In the event there is only one candidate for the Chair and Vice Chair positions, there is still a vote for these positions; if there is less than three candidates for the Executive Committee slots, there is still a vote for these slots
    - At the end of the vote tallying, announce the winners

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Draft Report Date: September 28, 2022

(Please see updates to 8/30/22 draft from Hope House are in yellow)

Site Audit Date: April 7, 2022 (via Zoom Meetings)

Site Name: Hope House, Crisis Residential Treatment Facility

Address: 300 Ilene Street Martinez, California 94553

Audit Team: Commissioners Joe Metro and Geri Stern

Audit Team Lead: Laura Griffin (Mentor)

I. Site Description

Telecare's Hope House opened on April 22, 2014 and is currently the only Crisis Residential Treatment Facility operating in Contra Costa County. The mission of Hope House is to deliver excellent and effective behavioral health services that engage individuals with complex needs in recovering their health, hopes, and dreams - add recovery statement

This is a 16-bed facility, ages 18-59. The program is a 14 day program. However, it has the ability to request a 7 day extension at the end of the 14th day, and a second 7 day extension at the end of the 21st day. This is on a case-by-case basis. The maximum length of stay is 30 days.

Staff: Hope House is a multidisciplinary team that includes psychiatrists, licensed vocational nurses, clinicians/social workers, residential counselors, peer professionals, a clinical director, an administrator, and administrative support staff. The psychiatrists are currently providing telehealth services. In addition to the afore-mentioned staff, Hope House utilizes interns.

Hope House is working with NAMI and looking into partnering with them for training and assisting clients connect to resources in the community. (Note that the Hope House Program Administrator, BJay Jones, has accepted a position on the NAMI board.)

Voluntary Program Admission Criteria:

- Residents of Contra Costa County, ages 18-59 (individuals aged 59 and older are served at Hope House on a case by case basis)
- People diagnosed with serious mental illness who are experiencing a mental health crisis and who may have a co-occurring substance use disorder
- Walk-in clients and self-referrals are not accepted at the crisis residential program. Referrals come to Hope House through the county Behavioral Health Services and the regional hospital (CCRMC) Psychiatric Emergency Services
- Referrals are interviewed to determine whether they are a "good fit" for the program

- Clients must be independent to benefit from the program
- Clients must be ambulatory

Programs offered by Hope House include:

- Crisis intervention, including emotional support and de-escalation of crisis situations
- Temporary respite from a living situation that was contributing to the crisis
- Development of a service/recovery plan
- Brief individual and group rehabilitation treatment, including individual psychiatric visits three times weekly, and such groups as meditation, yoga, therapy, exercise, coping skills
- Family counseling as needed
- Assistance with self-administration of medications
- Discharge planning and implementation of integrated aftercare services in the community
- Linkage and referral to services including assistance with obtaining disability entitlements, community housing, community treatment resources, and referral to appropriate medical services

Facility Visit Rules Relating to COVID:

At the time of this site visit on April 7th, families were not permitted to visit clients due to COVID policy. Hope House currently allows visiting and follows CDC guidelines as well as public health directives in relation to visitors during the pandemic. This is a fluid process.

II. Method

1. Commissioners interviewed a total of five clients, two staff members, and the Program Administrator:
   - Program Administrator
   - Direct Care Counselor
   - Clinical Supervisor (Team Leader and LMFT)
2. There were two (2) questionnaires provided by the Audit Team Lead used to conduct the interviews:
   - Program Director Questions – 8 questions
   - Staff Questions – 8 questions
   - Client Questions - 26 questions

III. Client Length of Stay

The length of stay varied among the four clients: Two clients were there less than two days. One client has been at this facility six times prior.

IV. Broad Themes

Some themes emerged from staff and client responses. Specific observations by staff and clients are spelled out below in sections V and VI.

Strengths:

- Overall client response to questions indicates that in general they are sufficiently cared for, feel safe, and consider their stay to be in a supportive and helpful environment that includes individual and group rehabilitation treatment options.
- Overall site administration was consistently positive in their views regarding how the team functions effectively within the organized structure of operational policies and practices.
- Staff appreciated the staff training, naming several types: CPR, CPI, Conflict resolution, Motivational Interviews, 2-week orientation training involving: Shadowing, instructions, online training courses -- competency is measured via exams, Risk Assessment, Treatment Planning, De-escalation Techniques, Motivational Interviews, and Elopement Risk.
- Clients mentioned appreciation for available resources, including the library, music, TV, access to phones, computers and video chatting (available 24/7); such classes as life skills, money management, and laundry; and such activities as cooking and doing chores in exchange for Hope House dollars.
- Clients mentioned appreciation for the various groups, including therapy, exercise, meditation, yoga, and coping.
- There was nearly unanimous positive responses to questions related to doctor and staff support for treatment. Clients are offered treatment alternatives, side-effects are described, questions are answered, and staff listen to concerns.
- Clients state that they understand the various documents that they review and sign, e.g. HIPPA, consent, and patient rights.
- Clients understand their patient's rights and half understand what a Patient Advocate is.
- Clients mentioned exercise numerous times, valuing it and desiring more.

Challenges, Needs and Opportunities:

- While Hope House is a voluntary program, staff do their best to engage clients in the program. That being said, some residents choose to leave the program early for various reasons. Staff pointed out that prior to FY 21/22, 50% of clients walked away after admission. However, this percentage has dropped to 20% in FY 21/22. This is a major improvement, yet still a critical issue to understand and address.
- Staff reiterated the need for more step-down placements and housing multiple times. The lack of appropriate and desirable options was called out, with staff stating that there are many clients who prefer to go to the streets rather than accept what is available at the time of their discharge. One staff stated that the number one issue for

clients is housing insecurity. Another wished that everyone gets a free one-bedroom apartment and are safe.

- Staff specified the need for more money for a variety of purposes, including housing, hiring more staff, e.g. LVN's and clinicians, increasing staff compensation, additional beds, and laptops for each client.
- Staff spoke to the need to have Behavioral Health Services communicate better with the facility on a regular basis and wished that there was a direct line.
- Staff appreciate the interventions from the county mental health crisis team and are trained on how to manage crisis situations. When at all possible, Hope House prefers to call the Mobile Crisis team, but because of Mobile Crisis staffing issues, situations usually end up being deescalated by Hope House staff. Staff would like more Mental Health Crisis teams available to intervene in crisis situations. They do not like to have to call the police to intervene. They see the Mobile Crisis Teams as being more effective in their interventions than the police.
- While case managers and social workers are available to work with clients and families after discharge, staff indicated that there is often no follow up, and one client said that they did not receive follow up.
- Only one client understood what an Advanced Directive is (note this may be a matter of terminology). This important tool could perhaps be better communicated, revisited multiple times throughout the client's stay, or otherwise emphasized more.
- Clients benefit from peer support at Hope House, e.g. for conflict resolution and groups. However, they didn't understand what "peer support" means. (Again, this may be a matter of terminology.) This may or may not be important, but given efforts to improve the recognition and standing of peer support in recovery, it may be helpful to familiarize clients with the term. Clients may also make more intentionally seek out peer support if they understand what this resource is and benefits that it offers.

V. Responses to Program Staff Questions

1. What age group do you work with and what do type of services do you provide?

   Staff 1:

   - 18 to 60-year range. Crisis Residential Treatment facility – bed, meals, personal care. Clinicians after client discharge have plans with Case Manager. Groups – Therapy, exercise, coping; Nurse/Psych Technicians help with medical services. Client see Psych personnel initially, discuss meds. Majority of clients come from hospital interview/referrals to determine if "good fit".

2. Do you feel the program is meeting the needs of the individuals you serve?

   Staff 1:

   - Good fit, client wants to come into program. Medical, ambulatory. Program is only for 2 weeks for client. Should be independent to benefit from program. Assist with transition from hospital to next steps: 1) Home, or 2) County program rehabs (e.g., Crestwood). Number one issue for clients is insecurity around housing. In terms of

family involvement – must be a safe support member. Facility is currently not allowing families to visit. Is this a Telecare policy – not certain where it comes from.

Staff 2:

- Feels that the program is meeting the needs of the clients. If they arrive with Substance abuse issues, they have every 30-minute checks for DT's or Opioid withdrawal. If clients begin to show symptoms, they are sent back to CCRMC
- There are 3 Interdisciplinary teams (Nursing, Residential Counselors, and Social Workers)
- They offer meditation, yoga, and many groups. The residents can sign up for chores.

3. What are areas of improvement for the services you deliver?

Staff 1:

- Mission of Hope House – to stabilize, reintegrate back into community.
- More resources needed for Clinical support (e.g., Therapists). Currently staff 4 Clinicians (2 Full Time) 9 am to 5 pm. Clinicians do shift exchange meetings, write official reports, participate in training.

Staff 2:

- They need more licensed clinicians and specifically an RN to help with overnight medication issues.
- They need more money for housing.
- They would like higher levels of staffing.
- They would like more Mental Health Crisis Teams to be able to intervene in crisis situations. They do not like to have to call the police to intervene. They see the MHCT's being more effective in their interventions than the police.
- Wishes they could do more for the clients and staff.
- Half the clients walk away after admission.

Program Manager:

- He stated that some clients are discharged to the streets as disposition is up to the clients. Some have no follow up. Hope House follows the lead of the client to discharge to their preferred place of shelter. Follow up suggestions and resources are provided for each client upon discharge

4. How well does the treatment and support team work together? Is there mutual respect, cooperation, and cooperation?

Staff 1:

- No visitors were allowed in the facility as of April 7th, the date of this site visit. However, Hope House now allows visiting and follows CDC guidelines as well as public health directive in relation to visitors during the pandemic.
- House offers phones, computers, video chats 24/7. Clinician to client ration is 1:1. Groups are supported by the Residential Councilors.

Staff 2:

- The team leader felt his supervisors had “his back".

Program Manager:

- He felt that the facility creates a safe environment where clients as seen as “people”.
- Measurements they use for treatment outcome are based on length of stay, connection to resources, and placements.
- He indicated that about 50% of the clients participate in exercise classes, but 100% get some exercise (walking).
- He felt peer group support was important in conflict resolution.
- He was pleased with the amount of staff training i.e., CPR, CPI, Conflict resolution, motivational training.
- They enjoy volunteers from NAMI Contra Costa and use Interns as extra Social Workers.
- He feels he has an “Open Door Policy” with staff. He’s very “flexible” to new ideas, however, he stated he was the one who usually brought the new ideas.

5. What staff development training have you or are you receiving to ensure you can provide the best quality of service possible?

   Staff 1:

   - All staff receive a 2-week orientation training involving: Shadowing, instructions, online training courses via Alliance. Competency is measured via exams.

   Staff 2:

   - There are a variety of Trainings each year for the staff (Risk Assessment, Treatment Planning, De-escalation techniques, Motivational Interviews, and Elopement risk.)

6. What systems are in place to address incident reporting and other means of ensuring quality of service review?

   Staff 1:

   - No staff issues to report. Clients – if extreme issue and no Therapist on call, police and the Mobile Crisis Response Team are called (5150). Incident last weekend was most recent. Client with similar issues during their last visit – Staff was prepared in advance and knew what to do.

   Staff 2:

   - They offer meditation, yoga, and many groups. The residents can sign up for chores.

7. Do you feel fulfilled in your role, if not, why not?

   Staff 1:

   - Yes, likes to talk with clients – listens.

8. If you had a magic wand and could change anything in this program, what would that be?

   Staff 1:

   - That everyone gets a free 1-bedroom apartment and are safe.

Staff 2:

- Staff would like more beds to help more people, stating they are the only CRT in CC County as Nyrika House has closed.
- Would like to pay the staff more in wages.

Staff 3:

- Raises for the staff
- To have Behavioral Health Services communicate better with the facility on a regular basis.
- Would like a direct line to someone in Behavioral health Services
- Would like more lap tops for the clients
- More Community groups to assist clients find more places to live upon discharge

VI. CLIENT QUESTIONS

1. How long have you been in this program?
   - **Client 1:** First time, 2nd day.
   - **Client 2:** First time, 2nd day.
   - **Client 3:** Sixth time, 8th day.
   - **Client 4**
2. Do you feel that you are getting better and that your quality of life is improving?
   - **Client 1:** Yes, was able to shower, completed her paperwork, toured the facility and met other residents. Had the option for this interview to miss the group meeting. Feels this is a safe place, welcoming and without judgement.
   - **Client 2:** Yes, emotionally supported, program offers tools for expressing (e.g. music, TV, and books)
   - **Client 3:** Yes, the Clinicians are good. He is allowed to cook meals, which is a hobby that he loves to do.
   - **Client 4**
3. Are there ways in which this program is different for you than other programs you have participated in? How is different?
   - **Client 1:** N/A
   - **Client 2:** N/A
   - **Client 3:** N/A
   - **Client 4**
4. Tell me a few things about this program that you like the best.
   - **Client 1:** Inviting, sense of community, feels safe.
   - **Client 2:** The attention to details communicated by staff, feels they have the Client's needs at best.
   - **Client 3:** Good staff, vocal (i.e. they talk and converse with the Client)
   - **Client 4**

5. In respect to making this program better, are there any recommendations that you would make to improve this program?
   - **Client 1:** Notifications and announcements of group sessions and times, staff should communicate when events are coming.
   - **Client 2:** None
   - **Client 3:** A bigger backyard, would like to go outside more frequently to work in the yard. Would like more physical activities available.
   - **Client 4:**
6. Does the staff ask you for your input on services that you might need?
   - **Client 1:** Yes, helped with meds, met with Councilor who gave overview.
   - **Client 2:** Yes, most staff does this.
   - **Client 3:**No, not all the time. No staff help with Section 8 housing questions. Would need to move in with Sister, when asking staff repeatedly he was told no help available.
   - **Client 4:**
7. Does the staff help you use your strengths, skills, and capabilities in your recovery? (e.g., your leadership abilities, compassion for others, artistic talents, computer skills)
   - **Client 1:** Too soon to determine a staff helps with her strengths and weaknesses
   - **Client 2:** No, too soon. Did meet with Councilor and paperwork is forthcoming.
   - **Client 3:** Yes, groups throughout the day incentivized by earning "Hope House Dollars ($)" to earn and buy items on site.
   - **Client 4:**
8. Do you feel the services you receive are adjusted to your specific needs (e.g., gender, ethnicity, disability, language)?
   - **Client 1:**Yes, co-ed facility
   - **Client 2:** Yes
   - **Client 3:** Yes
   - **Client 4:**
9. Does the program provide or connect you with meaningful social opportunities or therapeutic activities? Are there any other types of activities that are important to you?
   - **Client 1–** Yes
   - **Client 2 –** Yes, group meetings, library, and therapy are all beneficial. Use of Wi-Fi and phone a positive.
   - **Client 3 –** Yes, Clinicians setup time with paperwork and doctor appointments, they pick-up the medication, and staff offers someone to talk with (e.g. Client wanting a sleep study – staff helped and transported Client).
   - **Client 4**
10. Do you attend group therapy? How often do you attend? Did you sign a confidentiality agreement? What do you like or dislike about your group therapy?
    - **Client 1:** Yes, group at 9:30 am, Check-in, second session at 10:30 am. Signed a lot of documents, no phones allowed during session.

- **Client 2:** Yes, group at 9:30 am, but missed 10:30 am
- **Client 3:** Yes
- **Client 4:** Yes

11. Are you comfortable with us asking you questions about your behavioral health medications?
    - **Client 1:** Yes
    - **Client 2:** Yes
    - **Client 3:** Yes
    - **Client 4:** Yes

    Are you taking medications? (If "Yes," go to question "11a". If "No," skip remaining medication-related questions.)
    - **Client 1:** Yes
    - **Client 2:** Yes
    - **Client 3:** Yes
    - **Client 4:** Yes

    11a. Did a doctor or staff person talk to you about what the medications are for?
    - **Client 1:** Yes
    - **Client 2:** Yes
    - **Client 3:** Yes
    - **Client 4:** Yes

    11b. Did a doctor or staff talk to you about the medications' side effects, including interaction with other medications you are taking?
    - **Client 1:** Yes
    - **Client 2:** Yes
    - **Client 3:** No Not until discharge
    - **Client 4:**Yes

    11c. Did a doctor or staff talk to you about alternatives to medication such Cognitive Behavioral Therapy, Acupuncture, Yoga, or Mindfulness?
    - **Client 1:** Yes -
    - **Client 2:** Yes -Rusty explained withdrawals and symptoms
    - **Client 3:** Yes - No discussion
    - **Client 4:** Yes

    11d. Did the doctor or staff answer all your questions about your medications?
    - **Client 1:** Yes - has doctor session tomorrow.
    - **Client 2:** Yes
    - **Client 3:** Yes
    - **Client 4:** Yes

    11e. Do you feel the medications are helping you?
    - **Client 1:** Yes, some dose adjustments needed.

- **Client 2:** Yes
- **Client 3:** Yes
- **Client 4:** Yes

11f. If you had a problem with your medications, did the doctor or staff listen to your concerns? What did they do about your concerns?

- **Client 1:** Yes
- **Client 2:** Yes Nurse recorded and will be discussed with doctor in am.
- **Client 3:** Yes
- **Client 4:** Yes

11g. (For female clients): Did a doctor talk to you about the impact of medication on your hormones, menstrual cycle, menopause, pregnancy, or sexual function?

- **Client 1:** Yes

11h. (For male clients): Did a doctor talk to you about the impact of medication on your hormones or sexual function?

- **Client 2:** No
- **Client 3:** No

11i. Where do you get your prescriptions filled? Is it convenient for you?

- **Client 1:** N/A
- **Client 2:** They are delivered
- **Client 3:** Walgreens
- **Client 4:**

11j. Did you sign any papers agreeing to take the medications at admission?

- **Client 1:** Yes
- **Client 2:** Yes did not recall at first
- **Client 3:** Yes
- **Client 4:** Yes

11k. Did you understand the papers you signed at admission?

- **Client 1:** Yes
- **Client 2:** Yes
- **Client 3:** Yes
- **Client 4:** Yes

12. How is your physical health? Do you have access to physical health treatment and support that you need? Is your physical health accounted for in your treatment plan?
    - **Client 1:** Physical health is good, she gets migraines they provide her with aspirin and ask what she needs.
    - **Client 2:** Remains active, good.
    - **Client 3:** Could be better, not asked for treatment plan (he is on a treatment plan, but not a physical plan).
    - **Client 4:**

13. Does any of your family members, caregivers, friends, or other advocates participate in your program? Are services provided to support them?
    - **Client 1** Yes, relies on her partner more than family at this point.
    - **Client 2** Yes
    - **Client 3** Yes, relies on Fiancé and sister.
    - **Client 4**
14. Do you have a Peer Provider? (*See description) What services or support do you receive from peer providers in this program?
    - **Client 1** Not certain, not familiar with this term.
    - **Client 2** Not certain.
    - **Client 3** Not certain who it is.
    - **Client 4**
15. (Inpatients Only) Do you like your accommodations and your meals here? What about the common areas and therapy spaces or any other aspects of the facility?
    - **Client 1** Yes Meals three times with snacks the food is good fresh fruit.
    - **Client 2** Yes Facility is well taken care of, choirs.
    - **Client 3**
    - **Client 4**
16. How do you get to and from this program? How long does it take you to get here from where you live?
    - **Client 1** No issues with getting to and from the program.
    - **Client 2** No issues
    - **Client 3** No issues
    - **Client 4**
17. Do you feel safe in this program's neighborhood? Do you feel the premises are secure?
    - **Client 1** Yes near the Contra Costa regional hospital with no concerns
    - **Client 2** Yes
    - **Client 3** Yes
    - **Client 4**
18. Is it easy to get appointments with your doctor, therapist, social worker, or whoever else you want to meet with? Can you get appointments within a reasonable time frame?
    - **Client 1** Yes Easy to get appointments with her doctor and therapist and social worker.
    - **Client 2** Yes
    - **Client 3** Yes
    - **Client 4**
19. Do you have children, elderly parents, or anyone else whom you are responsible to care for? What are some ways that this program helps you manage your caregiving needs? (E.g., providing toys and a play space for children?)
    - **Client 1** No
    - **Client 2** No

- **Client 3** No
- **Client 4**

20. Does this program provide you with other services, such as legal help, housing services, financial resources, medical expense resources, educational services, SNAP benefits (food assistance program known as CalFresh in CA), or other services?
    - **Client 1** Yes was offered helped Advanced Directives
    - **Client 2** No not certain
    - **Client 3** No not on housing, but "yes" with other recovery house services.
    - **Client 4**
21. Consider the intake documents you signed upon admission, such as HIPPA notice (privacy), financial responsibility, and patient rights. Did you read them? Did you understand them?
    - **Client 1** Yes During intake she was told exactly what it was that she was signing what it was and to ask questions.
    - **Client 2** Yes HIPPA was explained, Consent during medical care, estimate time of stay.
    - **Client 3** Yes
    - **Client 4**
22. Do you know your rights as a participant in this program? Confidentiality is a right, for example. Do you feel your rights are respected?
    - **Client 1** Yes understands her rights in the program
    - **Client 2** Yes
    - **Client 3** Yes
    - **Client 4**
23. If you have ever had a concern or grievance with your treatment or some other aspect of the program, have you been able to address your concern successfully? What process did you follow? Did you use a grievance form?
    - **Client 1** No not at this time.
    - **Client 2** No
    - **Client 3** Yes client would like to spend more time outdoors
    - **Client 4** No
24. Do you know what a Patient's Rights Advocate is? (**See description) Do you know how to contact one?
    - **Client 1** Yes understands what a patient's right advocate is through emergency services
    - **Client 2** Yes
    - **Client 3** No
    - **Client 4**
25. Do you have a Mental Health Advanced Directive, also known as a Psychiatric Advanced Directive? (***See description)
    - **Client 1** Yes, does not have a mental health advance directive yet but program would offer if she needed one.
    - **Client 2** No not at this time

- **Client 3** No
- **Client 4**

26. If you had a magic wand and could change anything about this program, what would that be?
    - **Client 1** To be more outside be on the patio daily walks with directors of required supervised walks.
    - **Client 2** No changes
    - **Client 3** Would like to see an exercise area to work out in.
    - **Client 4** The client wanted to have a dietician be involved in her food selections. She stated some of the food offered at the facility was too spicy for her.

    Note that one client offered several specific concerns:
    - Client emphasized that staff tend to treat her like a child and are a little "over-protective"
    - Client requested more assistance with Time Management skills and to be connected to more outside resources to assist her with her home life and financial needs.
    - Internet and cell phone connectivity is spotty at the facility.
    - Client felt her bed was not comfortable because she is a larger woman, and the mattress does not accommodate to her needs.
    - The programs for her family are "confusing" and some of her families are not allowed to participate.
    - The Client does not like telehealth visits with her therapist as she cannot focus with the chaos/noise in her home. She would prefer to see the therapist in the relative quiet of an office setting.
    - The client was diagnosed with cancer on her last Pap smear and has not had a follow up visit to offer her guidance on what she should be doing next.
    - Client is having difficulty with her psych meds, She is experiencing many side effects.

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. Hope House has specific guidelines which address vaccination and booster requirements, mask wearing, and other updated visitation requirements. Hopefully, once COVID restrictions are removed, we will be able to physically tour the site and publish an Addendum to this report.

Behavioral Health Care Partnership Children's Crisis Services Unit Input

What are you hoping for in the new Children's Crisis Services Unit

- Warm welcoming environment for first time visits, clean waiting room
- Remaining mindful that sometimes it may be the family environment that could contribute to onset of diagnosis.
- Maintaining readiness in case of need for counseling/intervention with family (to include family partner).
- A special skill set and understanding to care for children, and children with mental health
- Hire people who have experience working with youth and parent/caregivers skilled in family dynamics
- Look at their background and experience and provide correct customer services training for staff including clerks who check people in or answer doors.
- Education for parent/caregiver about next steps

What are some of the essential services that should be provided at the CSU?

- Family resources, descalation of situation, employees trained in crisis training, Trauma informed cultural appropriate, age-appropriate responsive care for different stages of crisis

Imagine your own child at the new facility and what kind of experience would you like your child to have at the CSU?

- Culturally responsive support in native language
- Interpreter so that the children don't have to translate for their families

As a caregiver of a minor child what experience would you like to have with CSU?

- Easy access and open communication for families with the child and providers.
- Address language barriers.
- Make social worker available to communicate with families and go over process to ensure that the family knows that the child is safe and secure.

What would it look like for a BIPOC child?

- Prioritize linguistic capacity and diversity in staff hiring.