

# Behavioral Health Director's Report

Consolidated Planning Advisory  
Workgroup Meeting  
September 4, 2014

## Key positions that have been vacant

- Behavioral Health Deputy Director – Board of Supervisor approved – waiting for Personnel to publicly post announcement
- Mental Health Program Manager – final filing date for applications August 29; supervisors acting in manager capacity
- Family Services Coordinator – vetting applicants
- Nurse Manager – returned in July; moving to fill nurse vacancies
- Quality Improvement Coordinator – filled in acting capacity
- Quality Management Coordinator – position to be re-structured
- Housing Services Team – positions filled
- Patients Rights Advocate – contract starts OCT 1 with Consumers Self Help Center – temporary staff currently in acting capacity
- MHSA Planner/Evaluator – starts September

## Three Year Plan and Laura's Law

- Draft Three Year Program and Expenditure Plan and AB 1421 Planning Workgroup Report to be considered by the Board of Supervisors on the same agenda.
- Agenda tentatively set for Tuesday, October 7.
- MHSA funded contract renewals of existing programs for FY 2014-15 continue to be considered and approved by the Board of Supervisors.
- AB 1421 Planning Workgroup met AUG 28 to consider draft report.

WILLIAM B. WALKER, M.D.  
Health Services Director  
Cynthia Belon, LCSW  
Behavioral Health Director



CONTRA COSTA  
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DATE: August 6, 2014  
TO: Sam Yosioka, Chair  
Collette O'Keeffe, Vice Chair  
Contra Costa Mental Health Commission  
SUBJECT: Behavioral Health Director's Report

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1. **Assessment and Recovery Center**  
The George and Cynthia Miller Wellness Center has been opened. Behavioral Health Services is currently working with Hospital and Clinics to establish a staffing pattern for the Assessment and Recovery Center co-located at the site.
2. **Hope House**  
The June 2014 Report is attached.
3. **Patients' Rights Update**  
We will be entering into a contract with Consumers Self Help Centers (CSHC), with an anticipated start date of October 1, 2014. CSHC was founded in 1986 by a group of mental health consumers who wanted a consumer-run self help center. They also provide patients' rights advocacy services, currently for consumers in Sacramento County.
4. **Medi-Cal Outreach and Enrollment Grant**  
The three Patient Financial Services Specialist positions funded by this grant are going before the Board of Supervisors August 12, 2014. These positions will work with the target population to assist them in enrolling in Medi-Cal.
5. **AB1421 Work Group**  
The Behavioral Director will provide a verbal update.
6. **Program Moves**  
The Forensic program will move to 1430 Willow Pass Road, Concord the week of August 18<sup>th</sup>.  
  
The Vocational Services program will move to 1430 Willow Pass Road the week of September 8<sup>th</sup>.
7. **Behavioral Health Integration of Access Lines**



The Behavioral Director will provide a verbal update. Please also see attached Kaizen Workshop summary.

8. **Mental Health Family Services Coordinator**

The Adult Program Chief will interview final three candidates the week of August 18<sup>th</sup>.

Attachments



## THE HOPE HOUSE, JUNE 2014 PROGRAM OBJECTIVES

HOPE HOUSE  
Contra Costa County Behavioral Health/Telecare Corporation  
300 Ilene Street  
Martinez, CA 94533  
Phone: (925) 313-7980

July 18, 2014

Vic Montoya  
Chief Adult Mental Health Services  
Contra Costa County Behavioral Health  
1340 Arnold Drive, Suite 200  
Martinez, CA 94553

### HOPE HOUSE Service Plan Program Objectives: June 2014 Report

The following report documents HOPE HOUSE program objectives for June 2014 as specified in the 2013-2014 Service Work Plan, "On a monthly basis agency will report the following information to the County" (SWP, Program Objectives, VIII, b., page 7).

1. ***Current schedule of groups and activities:*** See Attachment (A)
2. **A description of chart compliance activities as well as the status and outcome of chart reviews:** HOPE HOUSE continues a compliance and quality review and improvement program that is conducted under the direction of the Program Administrator. Chart documentation is done as per California Code of Regulation, Title 9, Rehabilitative and Developmental Services, and the standards and procedures of Contra Costa Behavioral Health Services (CCBHS). HOPE HOUSE strives to meet standards for chart documentation as determined by the Commission on Accreditation of Rehabilitation Facilities (CARF). Last month's objective of ensuring utilization of the Contra Costa Health Services, Behavioral Health Division, Initial Psychiatric Assessment has been achieved. Ongoing objectives: (1) improvement of daily documentation to focus on clear description of progress towards crisis treatment plan objectives, (2) clear documentation in daily notes of "medical necessity" for crisis residential "level-of-care", and (3) comprehensive, seven-day-a-week, daily documentation.

3. **Number of Admissions:** 12 See Attachment (B).

4. **Referral source upon admission:** The 12 admissions came from the following:

Referred Source by	# Residents
4-C	5
John Muir	3
Herrick	1
St. Helena	1
PES	1
Concord Shelter	1

See Attachment (C)

5. **Type of funding upon admission:** 2 Contra Costa County  
10 Medicaid/Medi-Cal

See Attachment (D)

6. **Average length of stay:** 12 Days. See Attachment (E)

7. Direct service hours by physician: **21.50 Hours**. See Attachment (F)

8. Number of admission by funding:

(A) Medicaid/MediCal: 10

(B) Contra Costa County: 2

See Attachment (G)

9. Average Daily Census: 10

10. Number of Discharges: 8

See Attachment (B)

11. Type of Residence on Discharge:

Discharged to:	# Residents
Pathways	1
Home	3
4 C	1
Nevin	1
PES	1
Shelter	1

12. Voluntary and Involuntary hospitalizations that occur during client's stay or within forty-eight (48) of discharge: 1
13. Readmissions within 30 (30) days of discharge: 1
14. Number of individual counseling sessions per month: 47
15. Number of Education Groups provided to residents per month: 84
16. Number of attendees to each of the groups per month: 10
17. Description of Agency's progress in implementing the provisions of this agreement:

Average daily census was 10 across the month of June 2014, an increase from 6 across the month of May 2014, the first month of Hope House operation. The goal of a minimum daily average census of 12 was set at the June 25<sup>th</sup> "60 Day Check-in Meeting" with the County. Hope House is on track to meet or exceed that goal for the month of July 2014.

Hope House has the current goal of establishing a threshold, bi-lingual, Spanish speaking treatment capacity. We are currently in negotiations with three bi-lingual job candidates.

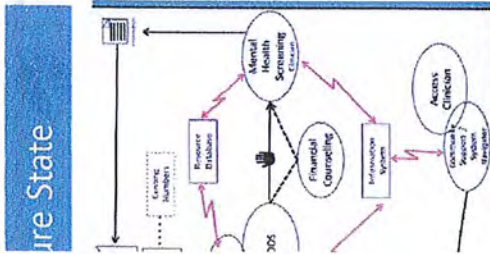
- We have made an offer to a Spanish speaking residential counselor who we hope to have covering the day shift on Saturdays and Sundays and who will hopefully be starting by August 1<sup>st</sup>.
- We are checking references on a Hispanic bi-lingual student who will graduate from the University of Michigan social work school at the end of August and will be returning to his home in the East Bay. We are interested in his working days, Mondays through Fridays.
- We are also in the process of interviewing a Master's level bi-lingual clinician for on-call and assessment duties to supplement the above potential staff.

Our goal is to have a qualified bi-lingual Spanish speaking staff member on site for 8 hours a day seven days a week by the end of August.

Respectfully submitted,

Christopher B. Roach, PsyD  
Program Director  
Telecare / Contra Costa County Behavioral Health Hope House

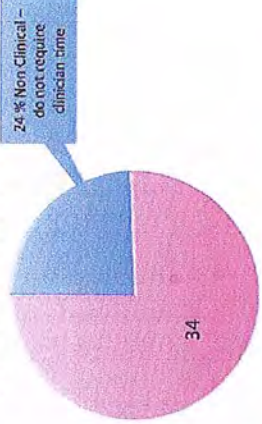




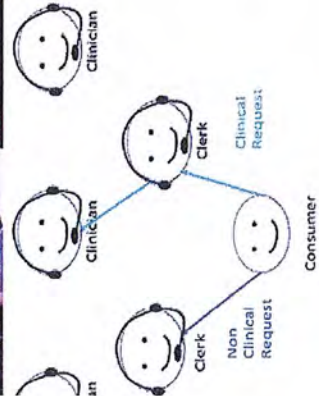
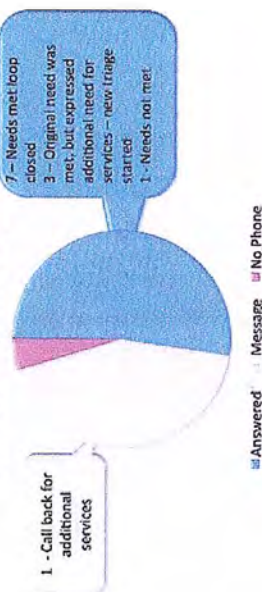
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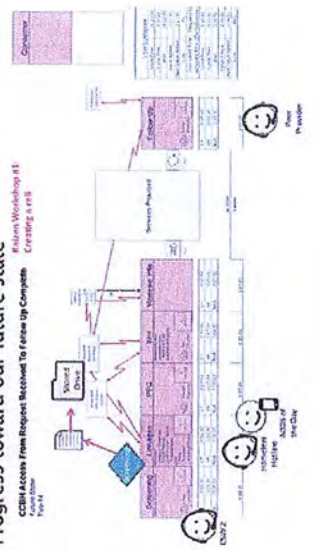
Total Calls Answered: 45



Total Follow Up Calls Made: 21



Progress toward our future state





Dear Friends and Colleagues,

The work of this second kaizen workshop was focused in 2 areas. 1. Build on the work of KW #1 to further develop the front end Triage. 2. Create a follow up process where we reach out to our consumers to ask if they got the help they needed.

Here are a few of the items we accomplished during the week:

- Trialed on line screening form in a live environment with 2 non licensed staff members "feeding" calls to 3 clinicians.
- Identified consumers with multiple needs and performed warm transfers to AOD.
- Trialed follow up calls and created scripts in both English and Spanish.
- Created spreadsheet to document follow up calls to identify trends where our consumers have challenges receiving assistance.

As we move to an integrated system our motto at the end of every call is - "Is there anything else we can help you with regarding Mental Health, Alcohol and Other Drugs or Homeless services?" Our goal is to offer a complete complement of Behavioral Health services every time we have contact with our consumers!

The Kaizen Team



## CCBH Kaizen Workshop #2

Closing the loop - Did our consumers get the help they needed?

July 7-11, 2013, 2014

# Workshop Evaluation Summary

Workshop Date: July 7-11, 2014

Team Name: CCBH KW #2 Closing the Loop

1. Was this worthwhile to you
2. Was this worthwhile to the are of focus

Yes	No
10	1
11	0

3. Your overall rating of this event
4. Your team performance was
5. Your performance was
6. Workshop leaders / instructors were

Weighted  
Average

Excellent	Poor			
5	4	3	2	1
2	5	4		
1	6	3	1	
1	5	4	1	
2	8	1		

7. What did you like about this event?

- Kaizen is a great workshop and method for program, system and organizational change.
- Ability to explore and test options to improve the functioning of the ACCESS line
- Interactive groups & piloting tests of change
- Work group made fro different departments
- That we were able to discuss unfinished thins from the first kaizen and got a lot of good data to move forward
- Leader eeps group on focus
- Small changes can be implemented
- Interacting & collaborating with other programs
- I liked that it was focused on very specific needs of the access ine
- The larger pilot from start to finish
- Follow up calls being rolled out.

8. What would you change?

- Material could be compressed in 3 days
- Faster support from leaders
- Executive participation to receive and give input on progress would be hepful
- More clarity for new people who didn't participate in the first kaizen workshop

The AOT workgroup developed the following recommendations –

1. Develop an IHOT program based on the San Diego model to provide support for consumers and their families to engage in voluntary mental health services.
2. Enhance the supports to transition from PES and the hospital through an interdisciplinary team co-located at CCRMC.
3. Expand the number of FSP spots for 76 consumers who are likely to voluntarily engage.

*Members of the Workgroup who represented Family Members, one Patient Right Advocate, and one Consumer wanted it stressed that though they thoroughly agreed that these programs and supports should be implemented—first and foremost funding for AB 1421 should be granted by the Board of Supervisors since it opens the avenue of treatment to those who have not previously sought treatment.*

4. Consider the development of a 35 person AOT program. Victor Montoya did a detailed analysis of the number of people who would qualify for AOT and identified 35 candidates. He felt that this number was fluid and could be moved upward and at times might be less.

- a. Limit AOT participation to only those consumers who absolutely need it the most.
- b. Opportunities for consumer choice be maximized and supported, wherever appropriate and allowable.
- c. Creation of an interdisciplinary team that includes clinical as well as peer counselor and family liaison.
- e. Referred individuals only be transported by law enforcement for a mental health evaluation only if the individual meets 5150 criteria

*From my participation in the Dream to Reality Event, I have learned that this key portion is also being worked on by the Behavioral Health Care Partnership and is being looked at by key personnel in law enforcement and emergency medical services.*

- d. Selection of a judge and other AOT involved professionals who are willing to embrace the collaborative court model and work together in service of the consumer and their wellness and recovery.

Figures on costs for traditional court model were presented. Discussion was cut short do to time. It was noted that AOT Court may only need to be 1.5—3 days a week. Doug Dunn, Connie Steers, Tess Paoli, Sharon Madison and myself stressed that a collaborative court model such as Behavioral Court is the model that our County needs to implement.

Respectfully submitted to CPAW—

Lauren Rettagliata

Mental Health Commission Representative to CPAW and the AOT Workgroup



# Consolidated Planning Advisory Workgroup (CPAW)



September 4, 2014

The Consolidated Planning Advisory Workgroup (CPAW) provides the following input on Contra Costa County's consideration of implementing the provisions of Assembly Bill 1421, also known as Laura's Law.

Commissioned in 2009, Consolidated Planning Advisory Workgroup (CPAW) members are appointed by the Behavioral Health Services Director to represent stakeholders who receive or provide services, are family members of those who receive services, or who are otherwise involved in public mental health services in Contra Costa County. The inception and support of this body by Contra Costa Mental Health is in response to the statutory and regulatory requirements brought about by the Mental Health Services Act (MHSa); to wit, each county's MHSa funded Three Year Program and Expenditure Plan and yearly Plan Update shall be developed with local stakeholder participation. We have appreciated the ability of CPAW to partner with Behavioral Health Services administration in the ongoing planning and evaluation of MHSa funded services and supports.

Toward this end we are reporting the positions of our membership on three issues pertaining to the consideration and potential implementation of Laura's Law. These issues were considered at CPAW's June 5<sup>th</sup> and August 7<sup>th</sup> meetings.

1. Approval of Three Year Plan separate from consideration of Laura's Law. The draft MHSa Three Year Program and Expenditure Plan for fiscal years 2014-17 was readied for July 8, 2014 Board of Supervisor consideration. However, the item was pulled from the agenda in order to link the approval of this Plan with consideration of implementing Laura's Law. **CPAW members recommend that these two items be considered separately.** As specified in AB 1421, no funds can be diverted from voluntary mental health programs to pay for local implementation of Laura's Law. Thus, potential implementation of Laura's Law does not affect obtaining approval for \$40 million to continue funding existing voluntary MHSa programs for the next three years. The members of CPAW spent many months participating in an intensive county-wide community planning process, and developed recommendations that are contained in the draft MHSa Three Year Program and Expenditure Plan. For that reason, CPAW members strongly recommend that the outcomes of this community planning process and resulting recommendations be honored by approving the Plan as written. In the event that local implementation of Laura's Law is approved, and if the Board further determines that MHSa funds will be utilized, a Plan Update can be prepared to reflect these changes..
2. Use of MHSa Funds. CPAW members recommend that no MHSa funds be utilized in the implementation of Laura's Law. This is because the County's MHSa Fund is currently spending more than anticipated revenues, and is utilizing unspent MHSa

## Consolidated Planning Advisory Workgroup (CPAW)

funds received in previous years. While it is projected that there are sufficient unspent funds accumulated to honor existing program commitments for the next three years, at some point the County will need to balance revenues with expenditures. It is for this reason that very intentionally no new program commitments were added to the draft Three Year Plan. Adding a new funding commitment for Laura's Law would not be a fiscally responsible practice until MHSA Fund sustainability can be achieved.

- 3 Potential Contra Costa County implementation of Laura's Law. This question was posed to CPAW members to provide a preliminary indicator of where members stood on the issue. Unlike the votes on the previous two issues described above, CPAW members were deeply divided on this issue, with some members expressing conflicting emotions within themselves. However, a strong majority of members were not in favor of implementing AB 1421 as it is written. CPAW members also expressed concern that implementation of the law would be a divisive factor among mental health community stakeholders.

Arguments identified against implementing Laura's Law:

- Implementing Laura's Law, i.e., enacting a process of involuntary commitment to outpatient treatment, does not provide sufficient protection against potential abuse of the process of involuntary commitment; such as non-mental health professionals initiating the process of forcibly removing someone for evaluation even if that person has not violated the law.
- Forcible removal of a person from the community by law enforcement is damaging to the individual, and furthers the stigma experienced by people who have a mental illness.
- Quality, voluntary treatment appropriately applied to a person's unique strengths and limitations has been proven to be effective for persons who are seriously disabled by the effects of mental illness. Involuntary treatment has not been proven to be effective long term, and can undermine the powerful positive effects of a provider/client relationship and family/community support built on mutual trust and partnership.
- Laura's Law fails to address or provide solutions for any but the most extreme circumstances.

Arguments identified in favor of implementing Laura's Law:

- Individuals who are gravely disabled by mental illness are not aware of the seriousness of their condition. Consequently, they tend to continue to deteriorate, refuse treatment, and inevitably cause serious harm to themselves, their loved ones, and the community. Enacting Laura's Law breaks that cycle by ensuring the "right to care", and mandating treatment until they can achieve sufficient self-awareness to appropriately make best use of treatment.
- Use of the court system ensures that the behavioral health system is accountable to provide the right level of treatment for individuals who are currently cycling through psychiatric emergency responses.

## **Consolidated Planning Advisory Workgroup (CPAW)**

- Enacting Laura's Law saves the County money by replacing repeated high-cost psychiatric emergency and in-patient hospitalizations with lower-cost out-patient, community-based treatment.

The members of CPAW are concerned that, regardless of the merits of Laura's Law, the passion and commitment of the two opposing sides of this issue have the potential to divide the stakeholders of Contra Costa County's mental health community. Toward this end we urge that an inclusive community program planning process be initiated in which all sides are appropriately represented, a safe environment is established, common ground is sought, and differences are fairly and equitably resolved. We feel that this approach honors the intent of the Mental Health Services Act and will lead to the most effective solutions.



# CPAW Meeting Calendar

## September 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 <i>Labor Day</i>	2	3	4 CPAW: 3-6pm 2425 Bisso Ln, 1st Flr Conference Room, Concord	5	6
7	8	9 Social Inclusion: 10am-12pm 2425 Bisso Ln, Concord	10	11 Children's: 12-1:30pm— 1340 Arnold Dr, Ste 200, Martinez	12	13
14	15 Membership: 3-5pm 1340 Arnold Dr, Ste 200, Martinez	16	17	18 Steering: 3-5pm 2425 Bisso Ln, 1st Flr, Conference Room, Concord	19	20
21	22 Innovation: 2-4pm 1350 Arnold Dr Ste 103, Martinez	23	24 Housing: 9-10:30am 1340 Arnold Dr, Ste 112, Martinez	25	26	27
28	29	30 Aging and Older Adult 2-3:30pm 2425 Bisso Ln, Ste 100, Concord				