

November 20, 2020

Community Crisis Response Value Stream Mapping Report Out

*Dedicated to Miles Hall
and all those who have
and are living with
behavioral health needs
in Contra Costa County*



Miles Hall





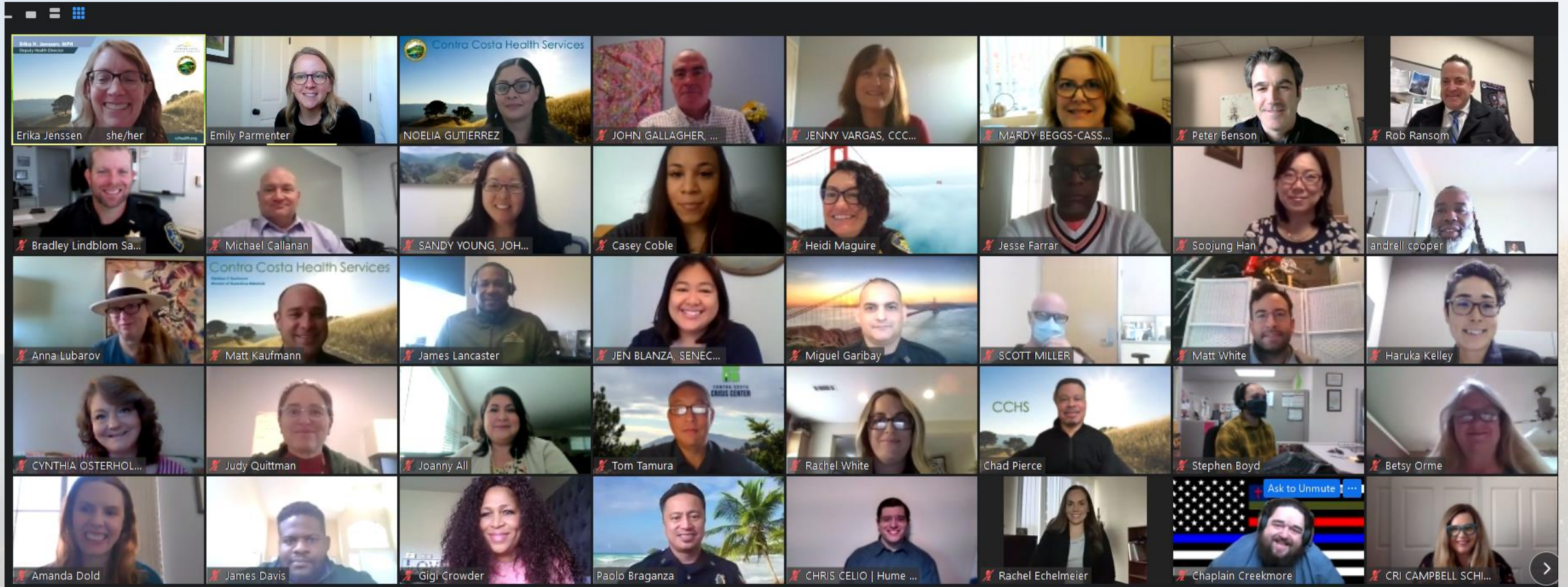
Guiding Principles



Anyone
Anywhere
Anytime

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

The Team



**most of the team* 7

Team	Pre-Crisis Team			Calling for Help Team			Crisis Response and Post-Crisis		
Team Leads	Amanda Dold CCHS Behavioral Health		David Seidner, CCHS Detention Mental Health	Matt White, CCHS Data & Analytics	Chad Pierce, CCHS Behavioral Health	Matt Kaufmann, CCHS Hazardous Materials	Kennisha Johnson, CCHS Behavioral Health		
Team Members ** = lived experience	Heidi Maguire, Pittsburg PD	Miguel Garibay, AMR	Joanny All, EMS	Michael Callanan, CORE	Jesse Farrar Alcohol & Other Drugs, PES	Chris Celio, Hume Center	Sandy Young, John Muir Behavioral Health	Tom Tamura, 211	Jenny Vargas, Office of Education
	Casey Coble, Transitions Team	James Lancaster, Mental Health Evaluation Team	Soojung Han, Mobile Crisis Response Team	Gigi Crowder **, NAMI	Bradley Lindblom, San Pablo PD	Betsy Orme, Transitions Team	Cri Campbell-Schine FOSATH	James Davis, Officer, Mental Health Evaluation team	John Gallagher, Hope Solutions (formerly Interfaith Housing)
	Scott Miller MH Clinician	Rachel White, Sherriff's Office	Anna Lubarov **, Lived Experience	Peter Benson, Con Fire	Paolo Braganza , Con Fire	Judy Quittman, Behavioral Health Clinician	Cynthia Osterholt-James **, Peer Support Lived Experience	Jennifer Blanza, Mobile Response Team	Mardy Beggs-Cassin, Walnut Creek PD
	Stephen Boyd **, Lived Experience	Rachel Echelmeier, San Ramon PD	Chaplain Creekmore*, Lived Experience	Rob Ransom, San Ramon PD	Hillary Bowers, CORE	Haruka Kelley Healthcare for the Homeless	Senai Kidane, EMS	Andrell Cooper, BH Clinician	

Aim Statement

A scenic landscape of rolling hills with golden grass and trees under a bright sky. The text is overlaid on the left side of the image.

Anyone in Contra Costa
County can access timely and
appropriate behavioral health
crisis services anywhere,
anytime

What does **appropriate** mean?

A vision of the person as a human being who can recover

Treating everyone with respect and dignity

Free of implicit and racial bias

Multi-cultural

Language interpretation available

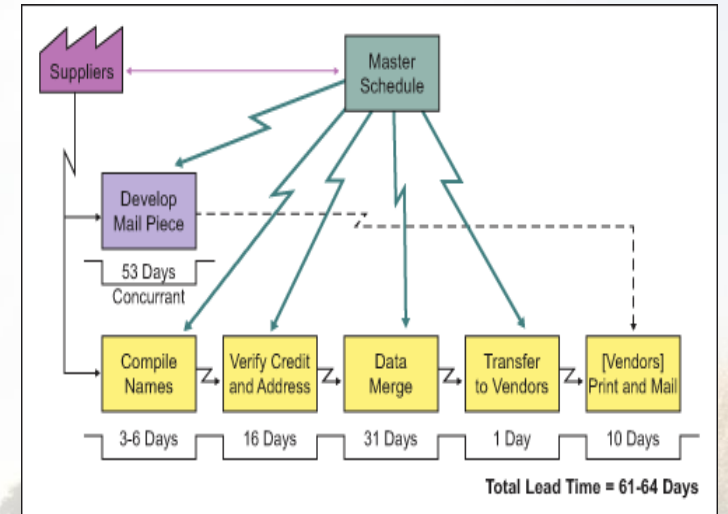
Team responds based on what the person needs

Peer and family support

Includes substance abuse services if needed

Value Stream Map

- A visual representation of a process from beginning to end
- Value from the person's perspective; service provided at the right time, meeting or exceeding expectations



Interviews & Observations

“TALKING” vs “LISTENING” -“if you don’t listen, you aren’t going to get to the root of the problem

Observation & Interview Locations

Team

PRE-CRISIS /
BEFORE THE
CRISIS

DURING THE
CRISIS / CALL
FOR HELP

CRISIS
RESPONSE/
POST CRISIS

Observation / Interview Locations

PROVIDER CLINICS - KAISER, SUTTER, JOHN MUIR	ACCESS LINE	CCHP ADVICE RN, OTHER ADVICE RN LINES
MILLER WELLNESS	HEALTHCARE FOR THE HOMELESS	CORE HOMELESS OUTREACH TEAM
HUMES, NAMI, COMMUNITY-BASED ORGS	211	COUNTY CLINICS
FAMILY MEMBERS / LIVED EXPERIENCE	DISCOVERY CENTER	DISCOVERY HOUSE

911 - MEDICAL & LAW DISPATCH	EMERGENCY DEPARTMENT
PSYCHIATRIC EMERGENCY DEPARTMENT	LAW ENFORCEMENT
FAMILY MEMBERS / LIVED EXPERIENCE	

MENTAL HEALTH EVALUATION TEAM	TRANSITION TEAM
FAMILY MEMBERS / LIVED EXPERIENCE	JUVENILE HALL
MOBILE RESPONSE TEAM (YOUTH)	MOBILE CRISIS RESPONSE TEAM
ALCOHOL AND OTHER DRUGS PROGRAMS	

Pre-crisis/Before the Crisis

“I wish the system was less reactionary, and more preventive in nature”

Hotel, CORE Team and Healthcare for the Homeless





Miller Wellness Center & County Outpatient Behavioral Health clinics

John Muir Behavioral Health and Discovery Center



Call Centers

- Behavioral Health ACCESS Line

- 211

The screenshot displays a call center dashboard with the following components:

- Agents:** 17 active agents, with a breakdown of 26 total, 12 on hold, and 1 on break. A secondary row shows 2, 2, and 9.
- Skills:** 98% proficiency, with a progress bar showing 654/15.
- Call Central:** User Nicole Ladner-P... (9254833534, Access_OB) at 17:49.
- View:** Agents (selected) and Teams.
- Search Agents:** A search bar with a magnifying glass icon.
- Table:** A table with columns: Type, Name, Time In State, Team, Skill, and Contact ID. It lists 14 active calls.

Type	Name	Time In State	Team	Skill	Contact ID
Person	Ni	12:34	BHS Access Line		
Call	Ca	02:37	BHS Access Line		
Person	Pa	31:43	BHS Access Line		
Call	Do	06:36:40	BH-FC Financial Couns...		
Person	Pa	42:15	BHS Access Line		
Call	Cl	04:57	BHS Access Line	Front End - English	
Person	Te	11:32	BHS Access Line		
Call	Ni	18:20	BHS Access Line	Access_OB	
Call	La	02:27	BHS Access Line	Access_OB	
Person	Sc	01:23:12	BHS Access Line		
Person	RI	07:30	BHS Access Line		
Person	Ka	40:43	BHS Access Line		
Person	Be	40:00	BHS Access Line		
Call	Le	06:05	BHS Access Line		
Person	M	05:23	BHS Access Line		



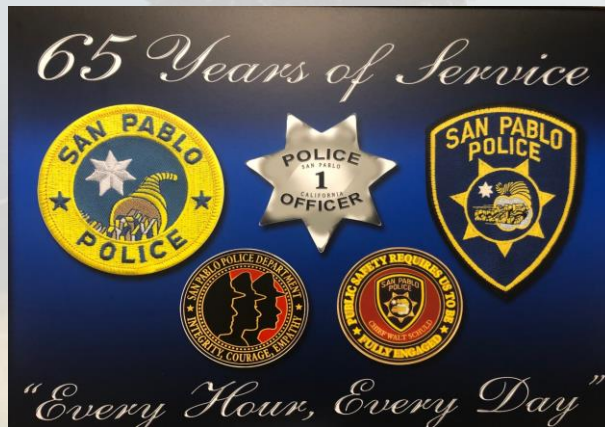
Calling for Help

"I called 911 because I was scared and I knew they would answer."



Law Enforcement Observations

- Pittsburg Police Department
- Concord Police Department
- San Pablo Police Department
- San Ramon Police Department
- Contra Costa Sheriff's Office



Medical & Dispatch Centers

- Contra Costa Regional Medical Center
 - Psychiatric Emergency Department
 - Medical Emergency Department
- Dispatch
 - 911 Medical Dispatch



Crisis Response / Post-Crisis Response

“I needed Peer support on discharge. This would’ve prevented so many hospitalizations. I was feeling like such a freak”

Mobile Response Team (MRT - Youth)



Field-based mobile team for youth age 5 to 22



Goal = provide families in serious distress with immediate crisis intervention



2019 volumes = received 895 calls, provided 312 in-person responses



Majority of visits stabilized in the home or community

Mobile Crisis Response Team (MCRT - Adults)

- Same day, field-based urgent crisis intervention for adults
- Goal = prevent a psychiatric emergency
- Team staffed with clinician and peer with lived experience



Mental Health Evaluation Team (MHET)

- **Post-Crisis** Assistance
- Team comprised of police officer and mental health clinician
- Regionally-based: East, West, and Central County
- Hosted by Walnut Creek, Pittsburg, Richmond police departments
- Accept referrals from law enforcement
- Goal = build positive relationships and connect people and families to resources
- Hours: M-F, 8a-5p



Other post-crisis services

Transition Team

- Post-discharge support from an inpatient psychiatric hospital (Medi-cal or uninsured)
- Goal to link to long-term services and address immediate needs

Alcohol & Other Drugs Treatment

- Discovery House
- Wollam House
- Nevin House

Listening to those with lived experience and Family Members

“The system protects itself, leaving the person in crisis and their family vulnerable.”

“What ultimately saved me was peer support, my cat, and lots of laughter.”

“Better communication and information provided to family”

“I had to start drinking again to get the inpatient care I needed”

[Law] comes in aggressive/hostile. They need to come in calm. They need to assess the situation/listen to what they are yelling out. Their aggression makes the person more aggressive.

“I needed to watch my child get sicker before I could get him care”

“If I’m treated as a criminal, maybe I will be a criminal.”

“Be patient, you will get the care you need”

“This needs to become about treatment, recovery and resources, not about custody”

Lived Experience Themes



Need for Cultural responsiveness training



Development of teams that reflect culturally diverse communities served

Peer and Family support at every level of service



Services provided with kindness, respect, and dignity



Developing the Current State Map

Identify steps in the process

Response/Post-Crisis Zoom Meeting

You are viewing Kennisha Johnson's screen View Options

Current State Process Map • Con X

app.mural.co/t/contracostahealthservices7785/m/contracostahealthservices7785/1605035324720/2cb38f7

Apps Gmail YouTube Maps Translate News Chrome Web Store

Current State Process Map Facilitator All changes saved

Crisis MH Need identified

Triage process for crisis response

Calling for Help

911 Crisis Call

911 The Actual Call

Triage (5150, MH, Crime, etc.)

Dispatch (Who, When, Training, Tools)

Law Enforcement 5150 Assessment (self, other, gravely disabled)

EMS Transport ALS

ED -> PES?

Non-911 Crisis Call

Call 211, Family Care Providers, Faith, Access, MRT, MCRT, FSP, Community Orgs, Support Groups

Some Level of Triage

Some Level of Support / Referral

Non Law Enforcement 5150 Assessment (self, other, gravely disabled)

Transport BLS, Self, Others

PES?

Warm Handoff

Pre-Calling for Help

Post-Calling

Participants: 14

Unmute Start Video

Participants Chat Share Screen Record Breakout Rooms Reactions

Leave Room

9:27 AM 11/13/2020

Participants in video grid: Sandy Young, Emily Parmenter, andrell cooper, Jen Blanza (she/her), CCHS, Kennisha Johnson, Jenny Vargas, John Gallagher, Tom Tamura, Senai Kidane, Mardy Beggs-Cassin, Cri Campbell Schine..., James Davis, Matt Kaufmann, Cynthia Osterho...

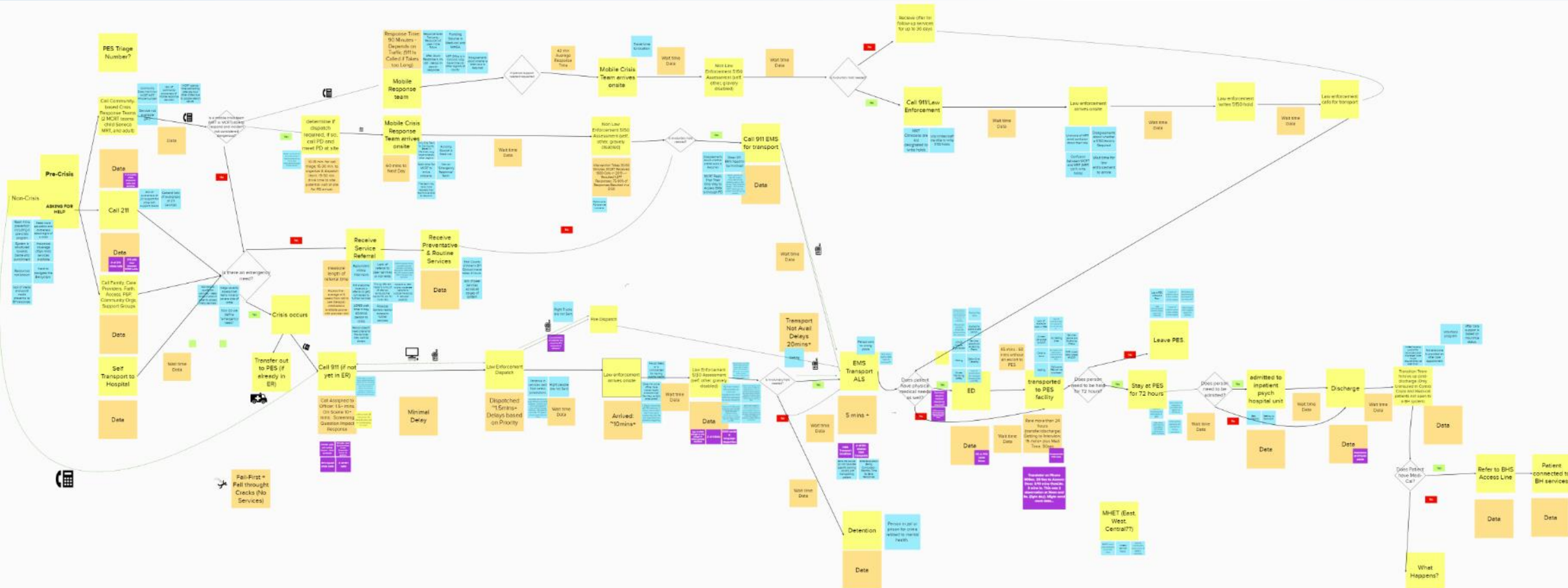
Current State Map

Blue = Waste

Yellow = Process Step

Orange = Data Cycle and wait times

Purple = Specific Data Points





Waste Identified

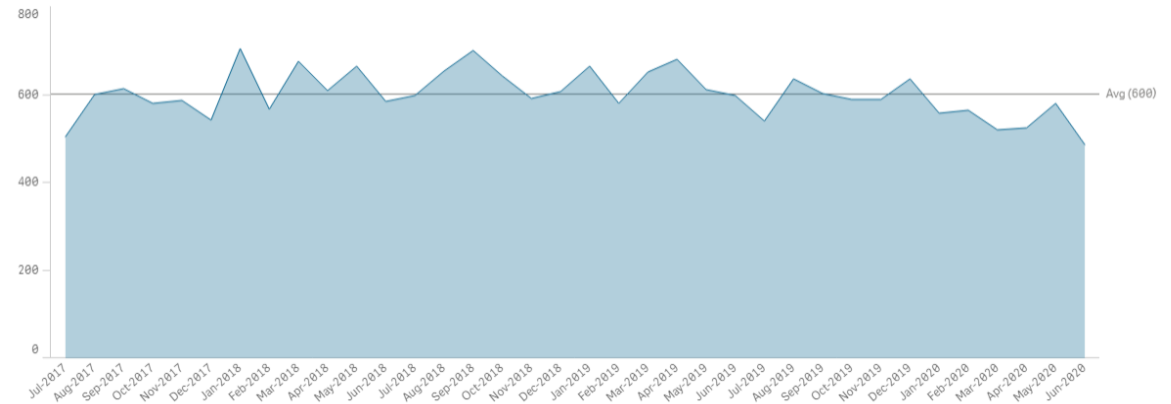
Data

Involuntary Hold Data

5150s from July 2017 to June 2020

Race	5150s
American Indian or Alaska Native	35
Asian	786
Black or African American	5,818
Hispanic or Latino	3,210
Native Hawaiian or Other Pacific Islander	161
Other	1,224
Unknown	1,226
White	9,169

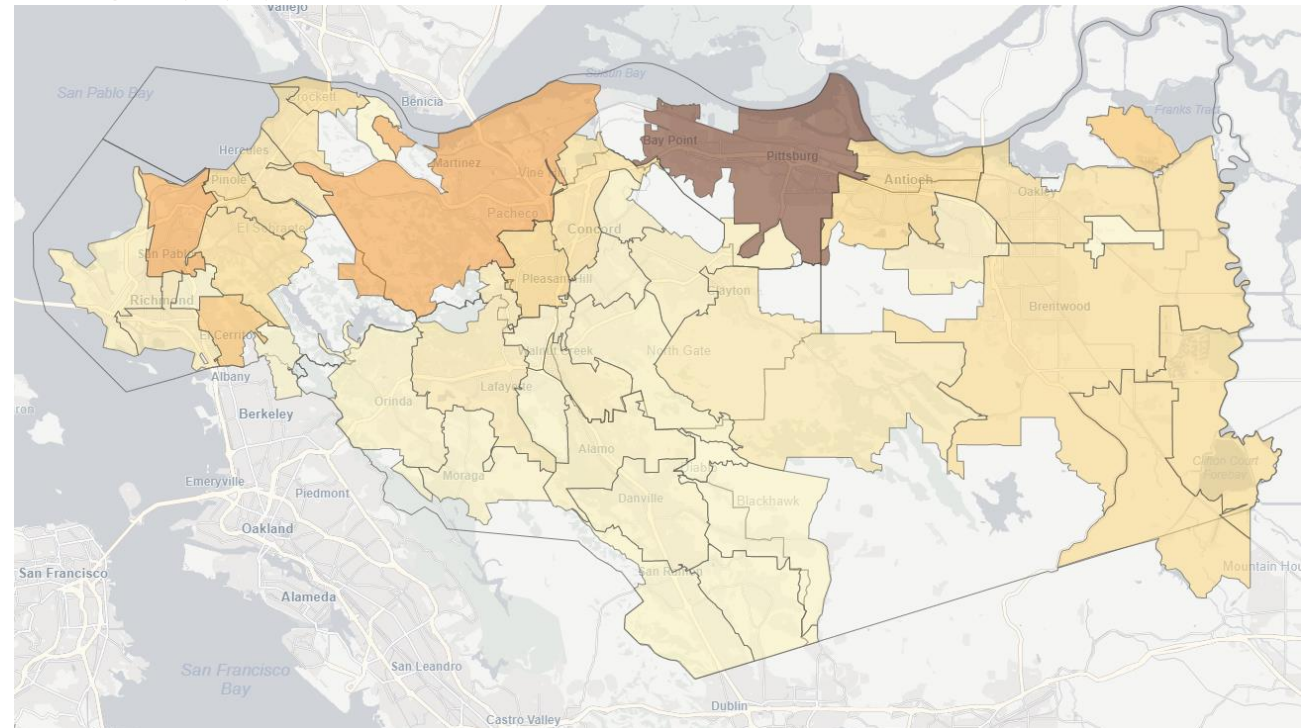
Number of 5150s in Contra Costa County by Month



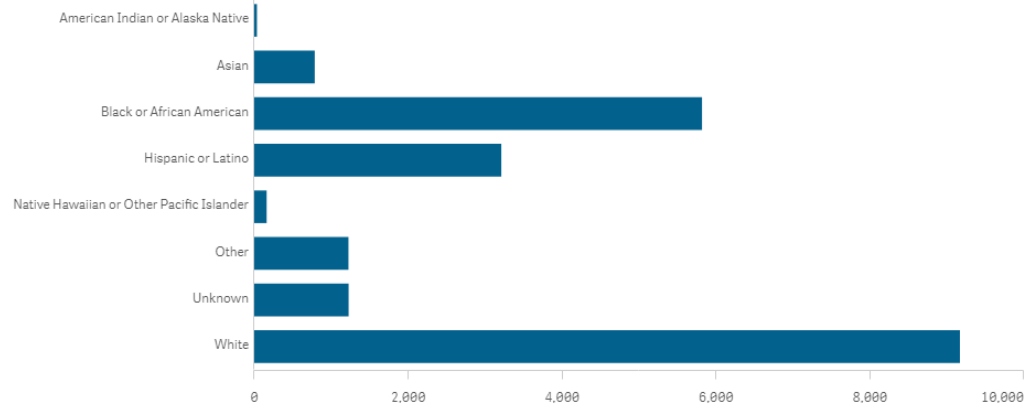
5150s from July 2017 to June 2020

Age Group	5150s	Population	5150s per 100,000
0-4	2	64,482	3.1
5-9	147	67,894	216.5
10-14	1,542	80,292	1,920.5
15-19	2,352	74,110	3,173.7
20-29	5,066	139,728	3,625.6
30-39	4,496	148,872	3,020.0
40-49	2,800	160,719	1,742.2
50-59	2,711	160,216	1,692.1
60-69	1,580	131,052	1,205.6
70-79	593	80,033	740.9
80+	340	42,817	794.1

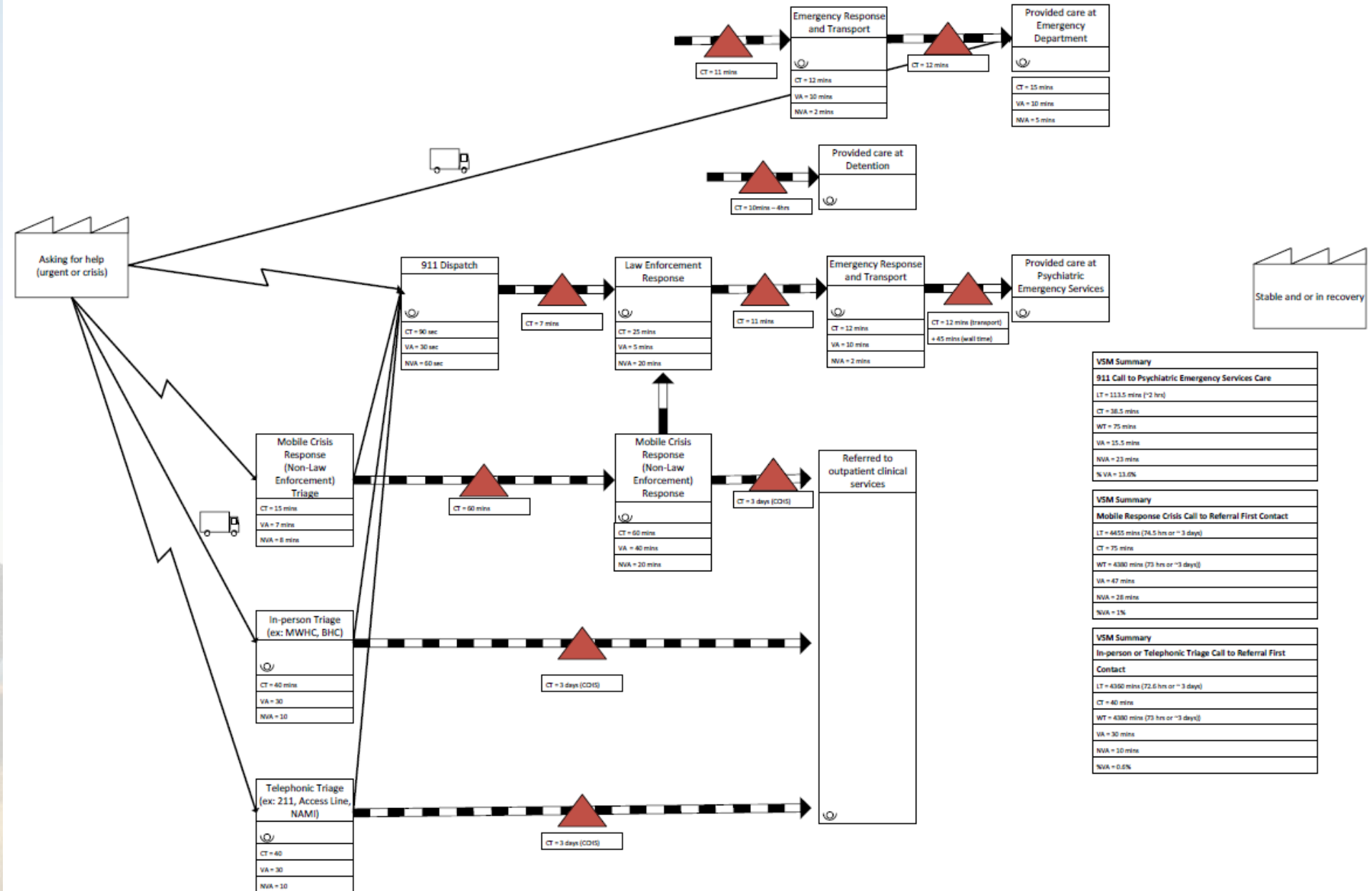
5150 Weighted by City Population



5150s from July 2017 to June 2020 by Race



Current Value Stream Map



VSM Summary	
911 Call to Psychiatric Emergency Services Care	
LT	= 113.5 mins (~2 hrs)
CT	= 38.5 mins
WT	= 75 mins
VA	= 15.5 mins
NVA	= 23 mins
% VA	= 13.0%
VSM Summary	
Mobile Response Crisis Call to Referral First Contact	
LT	= 6635 mins (74.5 hrs or ~3 days)
CT	= 75 mins
WT	= 4380 mins (73 hrs or ~3 days)
VA	= 47 mins
NVA	= 28 mins
%VA	= 1%
VSM Summary	
In-person or Telephonic Triage Call to Referral First Contact	
Contact	
LT	= 4360 mins (72.6 hrs or ~3 days)
CT	= 60 mins
WT	= 4380 mins (73 hrs or ~3 days)
VA	= 30 mins
NVA	= 10 mins
%VA	= 0.6%

Calculating Times

Cycle time = CT

The time it takes to complete one step in the process

Lead time = LT

The total time from the beginning to the end of a process, including all cycle times and wait times

**Value added ratio
(or percent)**

The value-added time in the process (from the person's perspective) divided by the total lead time

Value-added and Non-Value-added time

VSM Summary

911 Call to Psychiatric Emergency Services Care

LT = 113.5 mins (~2 hrs)

CT = 38.5 mins

WT = 75 mins

VA = 15.5 mins

NVA = 23 mins

% VA = 13.6%

VSM Summary

In-person or Telephonic Triage Call to Referral First

Contact

LT = 4360 mins (72.6 hrs or ~ 3 days)

CT = 40 mins

WT = 4380 mins (73 hrs or ~3 days))

VA = 30 mins

NVA = 10 mins

%VA = 0.6%

VSM Summary

Mobile Response Crisis Call to Referral First Contact

LT = 4455 mins (74.5 hrs or ~ 3 days)

CT = 75 mins

WT = 4380 mins (73 hrs or ~3 days))

VA = 47 mins

NVA = 28 mins

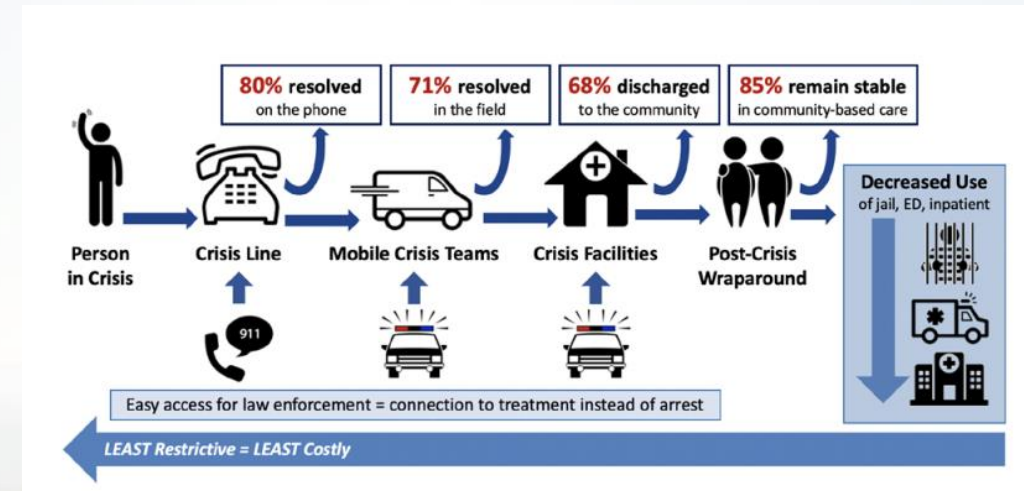
%VA = 1%

Exploring what's possible

Interview with Alameda County Behavioral Health – Stephanie Lewis

"National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit" from the Substance Abuse and Mental Health Administration

"Cops, Clinicians or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies" from the National Association of State Mental Health Directors



Driver Diagram

AIM

Anyone in Contra Costa County can access timely and appropriate behavioral health crisis services anywhere, anytime.

PRIMARY DRIVERS

Services easy to access

Timely availability

Appropriate Resources

SECONDARY DRIVERS

Increase methods of communication available (text, dispatch, call, etc)	Crisis triage and services available remote / virtually	single number to call for any BH crisis
Data platform to information sharing across teams	education / awareness of resources	coordinated dispatch (integrated call centers)
24/7, 365 Mobile Crisis Response	Equitable crisis response across full county	staffing availability matches need
alternative locations for transport other than ED/PES	services / resources based on recovery vision	Multiculturally Responsive and Accessible
appropriate training for all response teams	Deployment of multidisciplinary teams (including peers & family members) based on need	coordinated leadership
Non-EMS Transport	Non-Police Response to support BH Crisis Response	Have Language/Diverse Support instead of always Translators

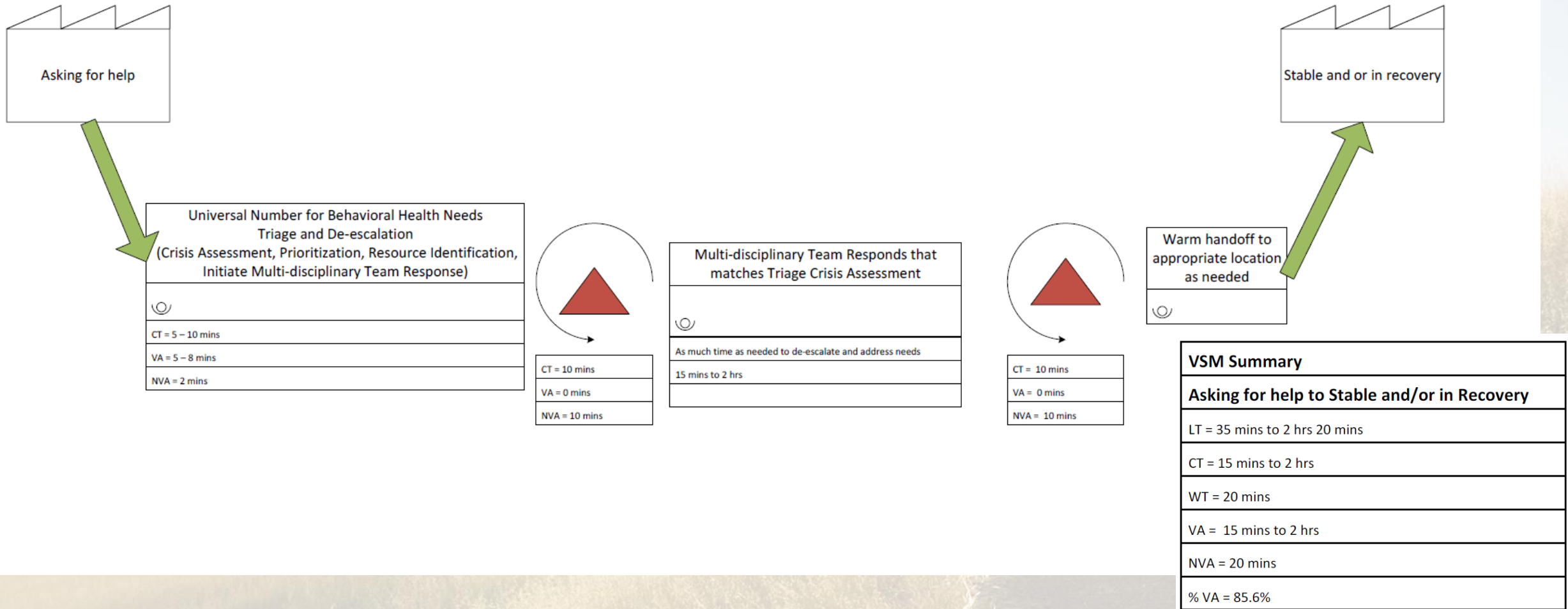
CHANGE IDEAS

Standardize call prioritization	system support prior to or after crisis	increase access to same day appointments	Serve first, get insurance information after
Establishment of a Post Crisis Follow up Standard of Practice	increased social media / advertising of resources available	Engage "Whole Family"	
develop data tools to find people who need outreach	universal intake across all BH providers	allow family to schedule same day appointment	
Accountability and Sustainability	respond within 10 minutes	More teams / regional representation	Increase Revenue Sources to Fund Services
Share caller language needs with response team prior to deployment	Standardization of 5150/5585 Hold Process	Reconsider Law Enforcement Response attributes (uniforms, vehicles, tec)	increase training for response providers - deescalation, language, cultural response
Peer Support Available at Each Step of Treatment	Mobile Teams able to go into home	Review 5150 Criteria and authority to write	NEW Integrated BH Crisis Response Agency
Add alternative service locations for transport, including: sobering center, restoration center, detox, psychiatric respite, crisis stabilization unit, warming centers	Add or maintain NP, Clinician, Peer Specialist, Family Partner, Substance Use, Faith, to response team	Research other successful programs for guidance	

24/7 Mobile Team Response

Future State Map

Future state Map



Improvement Ideas

Calling for Help & Triage

- raising crisis call to welfare check for higher priority
- universal intake for all sites to be shared across the system
- remove LE from dispatch so focus on crisis call solely
- Joint BH Operations Center, like EOC across the county
- 24/7 and substations and staging areas in all 4 regions of the county
- 911 Dispatch Centers provided resources. Possibly imbedding BH dispatch in 911 dispatch.
- Community Rapid Response within 10+ mins
- Real-Time Updates
- LCSW / Training of People to Help with Triage
- Options tied to Response Time
- Safe Response. Securing Scene
- How can we use Personal History to Help with Triage

- ### Mobile Crisis Team Improvements
- MCRT and MRT need the ability to conduct TeleHealth assessment.
 - Who should be on the MRT? Peer/family support, Language interpretation
 - More mobile teams to respond. 24/7 response.
 - MCRT/MRT ability to go into residence.
 - MCRT assess to relieve LE
 - Increase funding sources for MCRT and MRT (private insurances as well).
 - Complete Regional Response

Improvement Ideas

5150 Revisions

- Ability to 5150 without Law Enforcement
- Mobile crisis response teams need authority to 5150. This will decrease conflicts with responding PDs.

Before Calling for Help

- How can we use data to find people that may need outreach
- more media, social media and Youtube advertising

Transport & Destinations

- Is an advanced life support resource needed for transport? Other options?
- Different location for youth under 5150 hold.
- 5150 transport options besides an ambulance.
- 5150 Hold ability in EDs

Ability to Transport without EMS

- Language and Culture Trained Response

Post-Response

- Engage "Whole Family"
- Warm Handoffs
- How are people supported, connected
- Having someone for the person in crisis to talk to - Peer Support?

Training

- Expand WREACH speakers for all schools
- Training and education for clinicians and PDs regarding BH crisis response (including 5150 process and criteria). Ongoing collaboration with agency's leadership and response personnel.
- universal training on crisis de-escalation across sites
- CIT training from POST

More Places for people to go / resources

- increase referrals to network providers for individual therapy
- increase access to emergency housing/hotels
- family to schedule appointment for family member or same day appointment
- give family authorization to schedule appointment
- Warming Center + Sober Center + Other Locations
- CORE 24/7, decrease response time
- Options to transport to a Crisis Stabilization Unit
- Crisis Stabilization Unit availability when 5150 is not necessary. (Respite Center, Sobering center?)

Response Improvements

- Med Support
- Non Law/Law Response Options
- Staff that support response and services
- MCRT on site with LE, co-responding
- Be more selective regarding when PD needs to be present. Does PD need to be present at all? Other options for security at the scene?
- Multi-Team: PES NP + Trained Peer +/- Specialized (Faith) etc. + Healing Family Member (Other support) + Therapist?
- More privacy during encounter, LE to share info
- If PD is needed, what does their response look like (uniformed, response vehicles)?
- Virtual and Remote Response Options
- Options Include: Peer. Family. PES Nurse. SUD Counselor. Police.
- LE in polo and unmarked car
- Look at other successful programs for guidance.

Single place to call

- Different # (988). Coordination with 911
- universal number, shared call centers for private/public. One call center, 211, Access Line, MCRT
- Mobile Teams Need to be more accessible. Know numbers to call.
- Ongoing collaboration with all response teams and resources to ensure high level of coordination.

Prioritization of improvement ideas

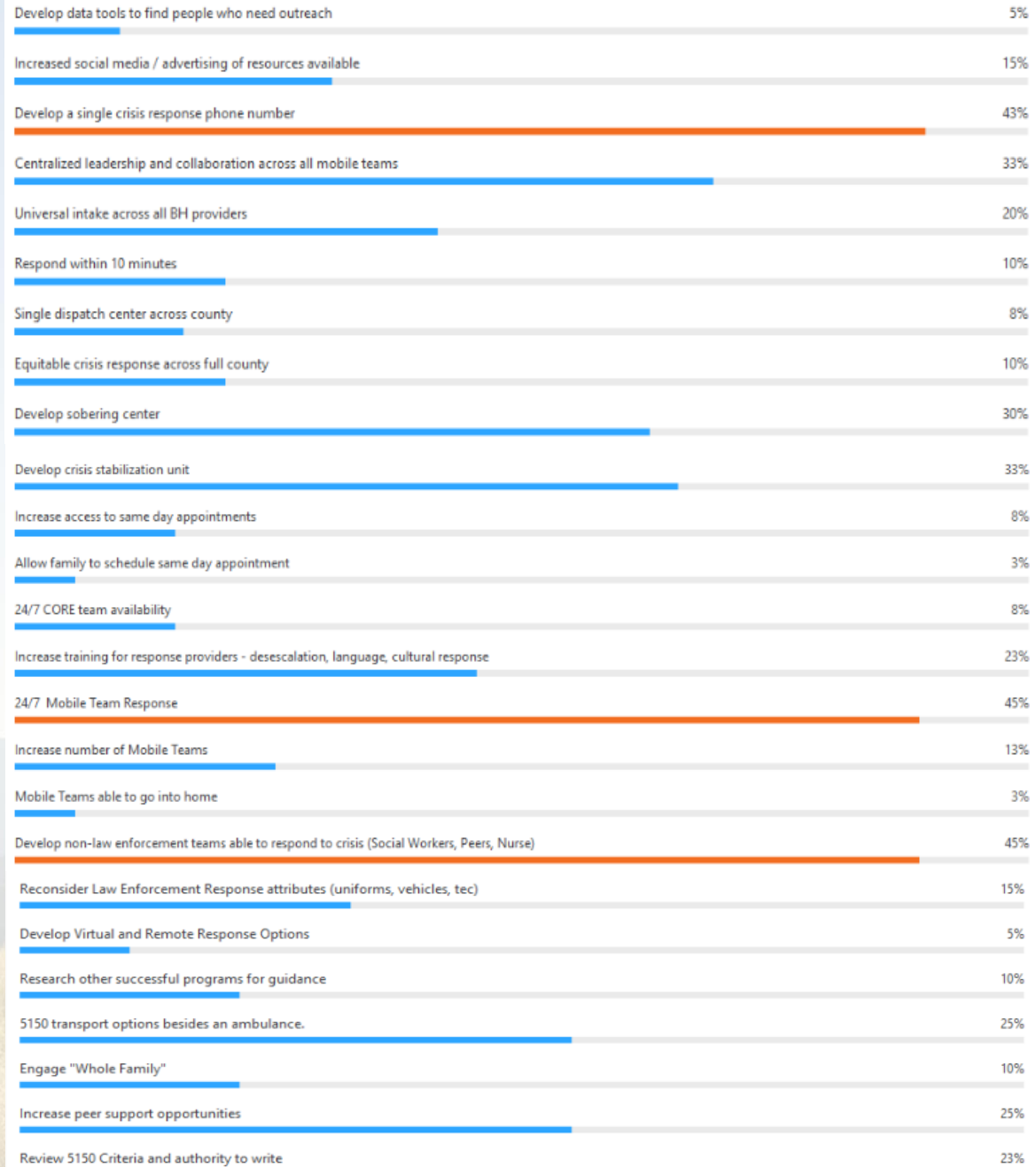
Voting on Top 3 Improvement Ideas

24/7 Mobile Team response availability

Develop non-law enforcement teams able to respond to crisis (including social workers, peers, nurses, etc)

Develop a single crisis response phone number

1. Please select top 3 improvement ideas from questions 1, 2, or 3. (Multiple choice)



Recommendations

Future Rapid Improvement Events

- Single number to call for behavioral health crisis
- Mobile crisis 24/7 response
- Non-police mobile crisis team composition
- Alternate destinations

Summary

A3 Problem Analysis



Title: Community Crisis Initiative

Start Date: 11/9/2020

Sponsor: Director of Contra Costa Health Services, Contra Costa Public Managers Association

Revision Date:

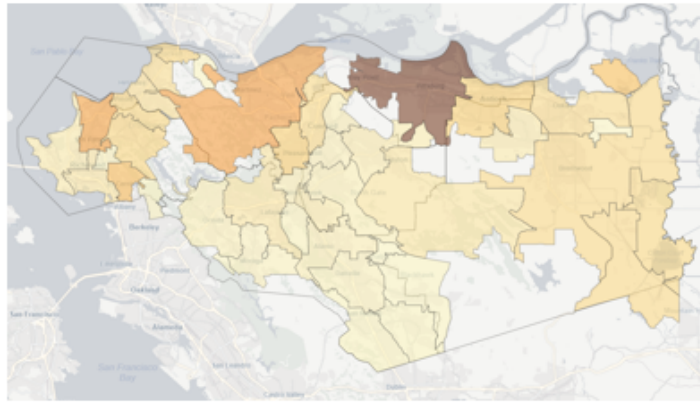
Revision #: 1.0

PLAN

Background/Current Condition

Working in close partnership with cities across the county, Contra Costa Health Services (CCHS) is launching a unique and comprehensive review of existing services to develop a vision for future crisis response that connects the most appropriate resources where and when they are needed.

About one in five adults in Contra Costa County are struggling with behavioral health issues. A complex and decentralized system of intervention and treatment programs can mean those suffering from acute mental illness don't get the care they need when they need it. Calling 911 can feel like the only option a family or caregiver has when behavior escalates beyond what they can manage. But police have limited options.



Problem Statement

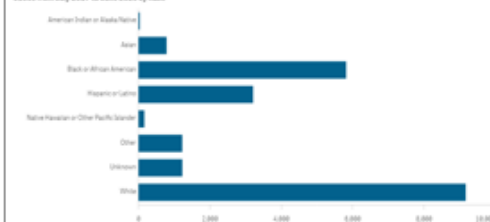
There are between 10,000 and 11,000 involuntary psychiatric holds, or 5150s, in our county each year. By law, only the police and designated health providers have the authority to place a 5150 hold on a person. A 5150 hold is not a criminal charge, yet police are called to assess and, when warranted, transport the person for emergency psychiatric care. If the situation can't be deescalated or a crime is involved, these individuals may go to jail.

AIM statement/Target Metrics/Goals

Anyone in Contra Costa County can access timely and appropriate behavioral health crisis services anywhere, anytime.

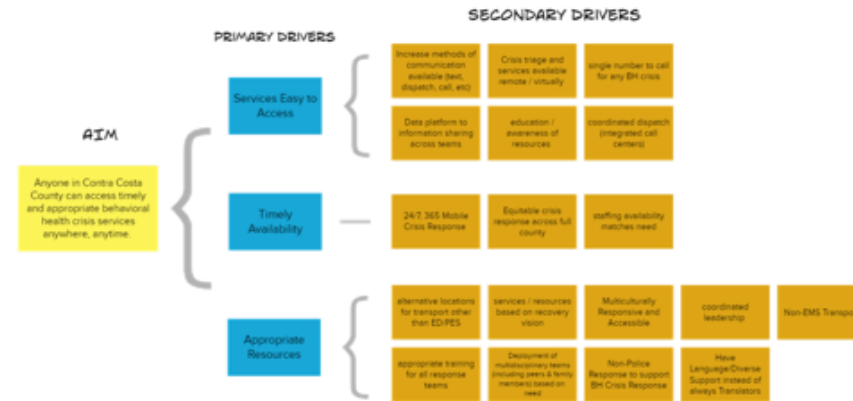


5150s from July 2017 to June 2020 by Race



PLAN

Analysis/Root Cause



DO

Prioritized Improvement Ideas

1. Single number to call for behavioral health crisis
2. Mobile crisis 24/7 response
3. Non-police mobile crisis team composition
4. Alternate destinations

STUDY

Study (Hypothesis versus Actual Results)

ACT/ADAPT

Act/Adapt/Follow up/Future Plans

- December/January, 2021 – Develop future strategies
- January/February, 2021 – Begin testing improvement strategies as identified at the community workshop (subject to change due to COVID pandemic)
- February 2021 – Follow Up presentation to Mayors Conferenc

Reflections & Thank You

Thank you

Observation Sites

Organizations whose staff participated

On-call Specialists

- Stephanie Lewis

Data Team

- Rajiv Pramanik
- Bhumil Shah
- Matt White
- Tyler Heslinga

People who were interviewed

- Including those with lived experience and family members

Sponsors

- Public Managers Association Subgroup
 - Valerie Barone, Concord
 - Niroop Srivatsa, Lafayette
 - Garrett Evans, Pittsburg
 - Matt Rodriguez, San Pablo
 - Joe Gorton, San Ramon
 - Dan Buckshi, Walnut Creek
- Contra Costa County, Health Services
 - Anna Roth, Health Director

Leadership Advisory Group

- Sue Crosby
- Lavonna Martin
- Suzanne Tavano
- Jill Ray
- Mark Goodwin
- Sonia Bustamante
- Colleen Awad
- Marie Scannell
- Chief Craig Stevens
- Barbara Serwin
- Laura Griffin
- Natalie Dimijian
- Jessica Donohue
- Jan Cobaleda-Kegler
- Duffy Newman
- Kim McCarl
- Senai Kidane
- Jaspreet Benepal
- Jocelyn Stortz
- Samir Shah
- Sharron Mackey
- Geri Stern
- Gilbert Sal

Thank you to our Sponsors



CITY OF SAN PABLO
City of New Directions



**CITY OF
WALNUT
CREEK**



**CONTRA COSTA
HEALTH SERVICES**

Thank you to the team



Sponsor Reflections

Anna Roth, Contra Costa County, Health Services Director

Dan Buckshi, Walnut Creek City Manager