

Fallbrook Regional HEALTH DISTRICT

138 S. Brandon St. • Fallbrook CA 92028 • 760-731-9187

BOARD OF DIRECTORS SPECIAL BOARD MEETING

FRIDAY
JULY 28 2017

6:00 PM

AT

**FPUD
FALLBROOK PUBLIC UTILITY DISTRICT
990 EAST MISSION ROAD
FALLBROOK, CA 92028**



AGENDA
SPECIAL BOARD MEETING
Friday, July 28, 2017, 6:00 p.m.
Fallbrook Public Utilities District, 990 E. Mission Rd., Fallbrook

A. CALL MEETING TO ORDER / ROLL CALL / PLEDGE OF ALLEGIANCE

A Special Meeting may be called at any time by the President, or three Board members, by delivering notice to each Board member and to each local newspaper or general circulation, radio, or television station requesting such notice in writing, personally or by mail. Such notice must be delivered personally or by mail at least twenty-four (24) hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted. No other business shall be considered at special meetings. Such written notice may be dispensed with as to any Board member, who at, or prior to the time the meeting convenes, files with the Secretary a written waiver of notice. Such waiver may be given by telegram. Such written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.

B. BOARD MEMBER AND PUBLIC COMMENTS

This is an opportunity for board members and citizens to speak on items of interest either appearing on the agenda, or within the subject matter jurisdiction of the District. In the case of a Special Board meeting, citizens may speak as to an item appearing on the Agenda for the Special Meeting. For the record, please state your name. "Request to speak" cards should be filled out in advance and presented to the Board President or the recording secretary. The Board has a policy limiting any speaker to not more than five minutes.

C. DISCUSSION/ACTION ITEMS

C1. Consideration and Adoption of Resolution No. 419 – Ratification/Approval of Purchase and Sale Agreement and Authorizing Signatories

C2. Proposal to Create and Adopt a District Fiscal Policy

E. ADJOURNMENT

NOTE: This agenda posted at the Fallbrook Regional Health District Administration Office on Tuesday, July 25, 2017. The American with Disabilities Act provides that no qualified individual with a disability shall be excluded from participation in, or denied the benefits of District business. If you need assistance to participate in this meeting, please contact the District office 24 hours prior to the meeting at 760-731-9187.

A handwritten signature in blue ink that reads "Linda Bahnerman". The signature is written in a cursive style and is positioned above a horizontal line.

Board Secretary/Clerk

DISCUSSION/ACTION ITEMS

DISCUSSION/ACTION ITEMS

Consideration and Adoption of Resolution No. 419
Ratification/Approval of Purchase and Sale Agreement
and Authorizing Signatories

RESOLUTION NO. 419

**RESOLUTION OF THE BOARD OF DIRECTORS
OF THE FALLBROOK REGIONAL HEALTH DISTRICT
RATIFYING THE EXECUTION OF A PURCHASE
AND SALE AGREEMENT AND AMENDMENT THERETO
WITH RESPECT TO THE SALE OF REAL PROPERTY,
AND AUTHORIZING SIGNATORIES IN CONNECTION THEREWITH**

WHEREAS, pursuant to local Hospital District Law (California Health & Safety Code Section 32000 et seq.), local healthcare and hospital districts are authorized by the state Legislature to purchase, receive, have, take hold, lease, use, and enjoy property of every kind and description within the limits of the district, and to control, dispose of and convey the same for the benefit of the District; and,

WHEREAS, pursuant to this grant of authority, the Board of Directors of Fallbrook Healthcare District (“Board”) retained the services of a commercial real estate consultant in order to assist the Board in identifying prospective tenants/purchasers for the District’s real property and improvements located at 624 East Elder Street, which property was continuously operated as Fallbrook Hospital until July 20, 2015 (“The subject premises”); and,

WHEREAS, the District had not directly operated the subject premises as an acute care facility since November 3, 1998, and lacked the financial resources necessary to assume operation of the hospital as of July 20, 2015; and,

WHEREAS, beginning in August, 2015, and continuing over the course of an eighteen month period, the District’s consultant received inquiries from different entities expressing interest in acquiring all or part of the District’s real property and improvements, including the Wellness Center Building (138 South Brandon Road) and the outpatient clinic building (617 Alvarado Street); and,

WHEREAS, the Board was kept regularly apprised of these inquiries, and arranged for said interested entities to inspect the premises, and authorized its consultant to solicit offers from and negotiate with any such entities for the purchase of the property; and,

WHEREAS, during the pendency of this time period, the District Board maintained the existing acute care license of the Hospital in anticipation of engaging an interested entity to purchase, re-open and operate the facility as an acute care hospital;

WHEREAS, despite this effort, and notwithstanding the best efforts of the District and its Board, Staff and consultants, no feasible proposal to re-open and operate Fallbrook Hospital ever materialized;

WHEREAS, on or about April 12, 2017, the District was approached by Crestwood Behavioral Health with a proposal to acquire 624 Elder Street, for the intended purpose of opening a Mental Health Recovery Center; and,

WHEREAS, the District invited Crestwood to present at noticed and open regular public meetings, May 9, 2017 and again on June 14, 2017; and,

WHEREAS, the District formally notified the California Department of Public Health of District's intent to surrender its General Acute Care Hospital License effective June 15, 2017; and,

WHEREAS, the District and Crestwood have executed that certain Purchase and Sale Agreement, and first Amendment thereto, wherein Crestwood purports to acquire the subject property for the sum of \$4.5 million; and,

WHEREAS, the sales price is consistent with the valuation obtained by the District from a licensed independent appraiser with expertise and substantial experience in the valuation of Medical facility properties; and,

WHEREAS, the District Board wishes to formally acknowledge the approval of the PSA and authorize its Board President to be the authorized signatory for the District in this contemplated transaction;

NOW THEREFORE, the Board of Directors ("Board") of the Fallbrook Regional Health District hereby resolves as follows:

Section 1. All of the recitals set forth above are true and correct, and this Board hereby so finds and determines.

Section 2. The Board hereby ratifies its approval of the PSA as and First Amendment thereto submitted for Board approval at the regular meeting of the Board dated June 14, 2017;

Section 3. The Board hereby authorizes its Board President, Gordon Tinker, to execute any or all documents deemed necessary or essential to the progress of the contemplated transaction. This express authorization shall not take the place of full Board consideration and approval for any document requiring formal board action. In President Tinker's absence, the Board hereby authorizes its Vice President, Howard Salmon, to sign on behalf of the District, and its Treasurer, Barbara Mroz, to sign on

behalf of the District in the event that both Directors Tinker and Salmon are otherwise unavailable.

Section 4. This Resolution shall take effect from and after its adoption and approval.

PASSED AND ADOPTED by the Board of Directors of the Fallbrook Regional Health District, State of California, this 12th day of July, 2017, by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

Gordon W. Tinker, President
Board of Directors

ATTEST:

Stephen Abbott, Secretary
Board of Directors

APPROVED AS TO FORM:

Blaise J. Jackson, Esq.
General Counsel

LAW OFFICES
SCOTT & JACKSON
16935 WEST BERNARDO DRIVE, SUITE 170
SAN DIEGO, CA 92127-1635

FAX (858) 675-9897

JEFFREY G. SCOTT
BLAISE J. JACKSON
JAMES R. DODSON

DATE: July 25, 2017

TO: Board of Directors,
Fallbrook Healthcare District

FROM: Blaise Jackson,
General Counsel

RE: Written communications from Tracey Schwandt, 7/13 and 7/20/17

This memo is an effort to address the questions and issues raised by three different e-mails sent by Tracey Schwandt to the Board on July 13, 2017 and July 20, 2017.

The District did not conduct a community impact study before entering into the agreement to sell the former hospital to Crestwood Behavioral Health. The Board commissioned an update to its contingency plan in 2013-14, which evaluated options for the Board in the event of early termination of the CHS lease. The plan update was developed by HFS consultants, and was posted for several months on the District web site.

The Board went through a well-publicized RFP process in 2014 targeted at locating a successor operator for the hospital, given CHS' expressed desire to dramatically reduce core services. None was identified. Upon closure of the hospital, the Board hired a real estate agent in July, 2015 for a focused marketing effort aimed at health care operators and other entities interested in operating the hospital. After nearly two and a half years without success, the Board commissioned its agent to open up the marketing to the general populace and began the process of designating the hospital campus as surplus. The remaining personal property at the hospital was sold at auction in January, 2017.

The Megan's Law website information provided by Mrs. Schwandt was difficult to replicate, and of limited relevance given Crestwood's repeated public statements disavowing any intent to accept violent offenders at the proposed Fallbrook Facility. According to Ms. Schwandt's 7/13 and 7/20 e-mails she looked at 10 Crestwood facilities, and she lists 10 sites on one of the later e-mails, and lists 16 different offenders who she claims reside at those facilities.

On closer examination, only 6 of the sites Mrs. Schwandt examined were MHRCs; Crestwood only operates 9 total MHRC's in California – three of which are exclusively MHRCs (Angwin, Kingsburg and Chula Vista). Crestwood also operates higher level treatment facilities (like Psychiatric Health Facilities, or "PIIFs") at the same address as some of its MHRCs

(Bakersfield, San Jose, Eureka, Sacramento, Vallejo) and operates some PHFs on a freestanding basis. In the case of three of the facilities Ms. Schwandt listed (Fresno, Stockton, and San Diego) three individuals are misidentified as living at a Crestwood facility, when in fact they live nearby.

In a more focused review of the Megan's Law website, using the 9 Crestwood MHRC sites, there were 5 instances (not 15, or 16) noted where a Megan's law "postable offender" lived at an address common to a Crestwood Facility. As listed on the website, many of the "postable offenders" are those whose qualifying convictions are decades-old. In her follow up memorandum (7/20) Ms. Schwandt incorrectly identifies one individual as a resident of the San Diego MHRC, when the Megan's Law website clearly shows the individual lives a block or two away from the facility. In the one instance at the Chula Vista MHRC, the individual in question sustained the conviction for the "postable offense" in 1998.

In her second July 20, 2017, Mrs. Schwandt notes that a 2-mile radius search of the Vallejo Crestwood facility notes a high number of postable offenders, and then ask whether the Crestwood facility is some sort of magnet. However, a similar check of the Megan's Law web site search tool revealed 13 "postable offenders" currently residing within a two mile radius of 624 E. Elder Street, the address of the former hospital.

The Board is well aware that the treatment need for Behavioral Health services in San Diego County is and remains significant. That need was analyzed the County civil Grand Jury as recently as 2015. The Grand Jury report identified an ongoing unmet need in the County for such services, and spoke favorably of Crestwood Behavioral as a provider. The grand jury report can be accessed at this URL:

<http://www.sandiegocounty.gov/content/dam/sdc/grandjury/reports/2015-2016/LongTermPsychiatricBedsReport.pdf>

Currently, it is difficult to predict with certainty how many Fallbrook MHRC beds will actually be utilized by San Diego County residents, due in large part because entering into contracts for bed space in a proposed facility is an exercise in speculation. It is clear that the county needs more MHRC bed space than the current number of beds available, and is seeking ways to obtain more.

It is also not clear what Ms. Schwandt deems to be "severe mental illness." Crestwood in its presentations has been clear and on record as to the type of patients its proposed MHRC would and would not handle at the facility. While this may not directly impact the demand for higher acuity patient bed space, more MHRC bed availability takes pressure off of Crisis Stabilization Units in acute care hospitals facilities all over the county, which has a corresponding positive impact on the ability of those acute care hospitals to address other patient needs.

Crestwood's Patty Blum described the process for assessing community visits for MHRC residents at the July regular Board meeting. It is a screening and vetting process, and those who are allowed to visit and interact within the community are supervised.

CRESTWOOD BEHAVIORAL HEALTH

- 1. MHRC ADMISSION CRITERIA/EXCLUSIONARY CRITERIA AND PROCESS**
- 2. CLIENT OUTINGS**
- 3. CRESTWOOD CARF 2015 SURVEY SUMMARY**
- 4. CRESTWOOD COMMUNITY SUPPORT COMMENTS**
- 5. CRESTWOOD MHRC SURVEY RESULTS 2015 AND 2016**
- 6. DISCHARGE CRITERIA AND PLANNING FALLBROOK PROCESS**
- 7. LETTERS OF SUPPORT**
- 8. LPS HOLDS AND CONSERVATORSHIP**
- 9. MENTAL HEALTH REHABILITATION CENTERS HISTORY**
- 10. REGISTERED SEX OFFENDERS AT CRESTWOOD**
- 11. TESTIMONIALS FROM KINGSBURG COMMUNITY**
- 12. TITLE 9 MHRC REGULATIONS REGARDING ADMISSIONS**

1

**MHRC ADMISSION
CRITERIA/EXCLUSIONARY
CRITERIA AND PROCESS**



FALLBROOK HEALING CENTER

CRESTWOOD BEHAVIORAL HEALTH INC

MHRC ADMISSION CRITERIA/EXCLUSIONARY CRITERIA AND PROCESS

786.11

County (contracting with the center for a MHRC program) shall authorize all referrals and subsequent admissions. They shall make an initial contract with the admission coordinator which shall stipulate:

- i) Estimated length of stay
- ii) Level in program - Level 1 through 3
- iii) Expected behavioral outcome – expected discharge disposition.
- iv) Clients are encouraged to agree to be members of the Crestwood MHRC, to actively participate in their program and adhere to the Center's client driven rules. Clients admitted shall also have an admission agreement signed by the client or legal representative describing the services to be provided and the expectations and rights of the client regarding program rules, client empowerment and involvement in the program, and fees.
- v) Clients shall be admitted to this center only upon the written referral of, and remain under the care of a psychiatrist licensed to practice in the State of California.
- vi) Clients shall not be denied admission by reason of race, color, religion, ethnic background, sex, age, or handicap. Clients are assigned within the facility without regard to race, color, religion, ethnic background, or handicap.

ADMISSION LIMITATIONS

- (1) Require a SNF
- (2) A person convicted of a felony that results in serious physical harm to another
- (3) A person with a primary diagnosis as alcohol or substance abuse
- (4) Requiring acute level of structure, supervision and security
- (5) Requiring life supporting systems
- (6) Need for excessive diagnostic equipment
- (7) Oxygen is provided in this facility on a PRN basis
- (8) Must be able to exit the building independently.

- (9) Conditions requiring care, skills, services, or treatment which this facility cannot provide
- (10) Communicable disease

The following criteria have been established for admission:

- a) The clients must exhibit behavioral symptoms, which prohibits them from being admitted directly to a lower-level of care.
- b) The clients must exhibit rehabilitation potential with evidence of responsiveness to behavioral intervention
- c) Clients must demonstrate or express a desire to reintegrate into the community and acquire life skills needed to survive.

PROCESS

The Admission Coordinator shall obtain copies of all pertinent information (social history, discharge summary, current physical examination, laboratory reports, chest x-ray and billing information) in advance of the admission. The Admission Coordinator, Program Director and the Director of Nursing Services shall assess all referrals to establish that they meet the criteria for the center. Referrals with a history of violence or predatory behavior shall receive increased screening to assure that we maintain a safe and secure environment for all clients.

- If a client develops a communicable disease, this shall be reported to the County Health Officer and his/her recommendation followed.
- Tuberculosis screening procedures shall be determined by the attending physician. A tuberculosis screening procedure may not be required if there is satisfactory written evidence available that tuberculosis screening procedure had been completed within 24-hours of admission.
- The client's Health Records from admission to discharge are maintained and preserved according to State and Federal Regulations and in accordance with the Standards of Professional Practice of the American Medical Record Association. An inventory of all personal effects, valuables and monies, retained in the custody of the facility shall be made at the time of admission and a record maintained in the medical record.

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CLIENT OUTINGS



Outings purpose, process and guidelines (excerpt form Crestwood MHRC Policy and Procedure Manual)

Methodology of Community Outings

Clients are encouraged to go on outings as a way to learn skills to integrate back to their own communities.

1. Assessment of the clients' needs strengths, interests, life experiences, abilities and challenges are completed prior to any opportunity for community outing.
2. Community outings take into account the physical, social, cultural, recreational, health maintenance and rehabilitation needs of the client.
3. Community outings are supervised with eth following stipulations:
 - No one is on an outing or family visits during the assessment phase of treatment – which is a minimum of 2 weeks.(usually 4 weeks)
 - People are allowed to go on outings with staff after they have completed eth first phase of treatment
 - They are supervised at all times with a minimum of one to staff six ratios.
 - Staffs are assessing clients for the ability to respond to community outings prior to approving an outing.
 - Community outings and family visits are approved after the Doctor Approval and physician order.
4. Participation in outings is closely monitored throughout the course of clients' treatment with all members of the treatment team.
5. The scope of therapeutic outings shall include, but not be limited to, the following:
 - Stimulating intellectual growth and development.
 - Developing social interaction and communication skills.
 - Encouraging creative expression of feelings, thoughts, and experiences.
 - Stimulating physical exercise and fitness.
 - Encouraging community interaction through participation in outside events with supervision
6. Outings are an element of treatment and are provided with conservator's approval.

**CRESTWOOD CARF
2015 SURVEY SUMMARY**



Three-Year Accreditation

CARF
Survey Report
for
Crestwood Behavioral
Health - Community
Programs



Three-Year Accreditation

Organization

Crestwood Behavioral Health - Community Programs
520 Capitol Mall, Suite 800
Sacramento, CA 95814

Organizational Leadership

Janet L. Vlavianos, Director of Accreditation

Survey Dates

March 3-5, 2015

Survey Team

Michael D. Gaudet, LICSW, Administrative Surveyor
Mona L. Sumner, M.H.A., ACATA, Program Surveyor
Michelle S. Nelson, LIMHP, LADC, PC, Program Surveyor
Mark R. Loes, M.B.A., CDP, Program Surveyor

Programs/Services Surveyed

Community Housing: Mental Health (Adults)
Inpatient Treatment: Mental Health (Adults)
Residential Treatment: Mental Health (Adults)

Previous Survey

March 14-16, 2012
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: May 2018

SURVEY SUMMARY

Crestwood Behavioral Health - Community Programs has strengths in many areas.

- Stakeholders speak highly of the organization. Of particular note is the fact that when county regulators are presented with specific situations in which persons are not eligible for admission to other programs due to inappropriate behaviors, a simple phone call to the vice president of clinical services of Crestwood results in an acceptable resolution for that individual.
- The organization's leadership is committed to providing opportunities for growth to all staff persons and has opened the doors of the organization to those who have been or continue to be consumers of services in recognition of their value and unique insights into the needs of persons served.
- Crestwood has a well-developed training program that is provided to all staff persons to ensure consistency of services and to enhance skill and competency.
- The organization has innovative approaches to the environment and services that are customized to meet the needs of persons served.
- The environment promotes a feeling of community and recovery. The use of artwork, soft colors, quiet rooms, and comfortable furniture supports a positive atmosphere of healing and recovery.
- There are subtle nuances of spirituality throughout the buildings that promote purposefulness, acceptance, and inclusion.
- Interviews with persons served reveal a high level of satisfaction with the services received. Persons served had many positive things to say about the staff and the organization.
- Recreational activities are tied to therapeutic interventions. Activities are designed and conducted with obvious therapeutic value.
- The staff members are warm, friendly, compassionate, and highly skilled.
- There is a high satisfaction level and identifiable commitment to the organization and its mission among all staff.
- Crestwood provides a strong emphasis on preparing persons served for meaningful and productive work and offers paid opportunities within the organization through a not-for-profit vocational training organization called Dreamcatchers.
- Each program within the Crestwood system has a strong interface with multiple community resources, which benefits the persons served. This includes a professional connection with a local community college that developed a cooperative relationship with the organization in establishing a horticultural program for persons served.
- The staff of the organization strongly reflects the cultural diversity of the communities served, and there are strong and creative approaches to celebrating diversity among persons served and staff.
- The organization is commended for its significant reduction in the use of physical and chemical restraints through its use of quiet rooms and extensive staff training.

- The organization has a formal wellness program that focuses on heart healthy nutrition that has resulted in significant improvement in the nutritional status of the persons served.
- There is strong evidence of teamwork throughout the organization.
- There is considerable longevity of staff that has enhanced the organization's capacity to provide consistency in its provision of services.

In the following area Crestwood demonstrates exemplary conformance to the standards.

- The organization has a profound understanding of the process of transitioning, not only for persons served, but for staff members as well. One such example is its succession planning process that has identified potential future leaders. Recognizing that a number of persons currently occupying significant leadership roles will in the not-so-far future be facing retirement, the organization is committed to building a pool of future managers and leaders who will further the mission of the organization. This includes providing specific training, consultation, coaching, and mentoring that will prepare those individuals for future leadership roles.

Crestwood should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

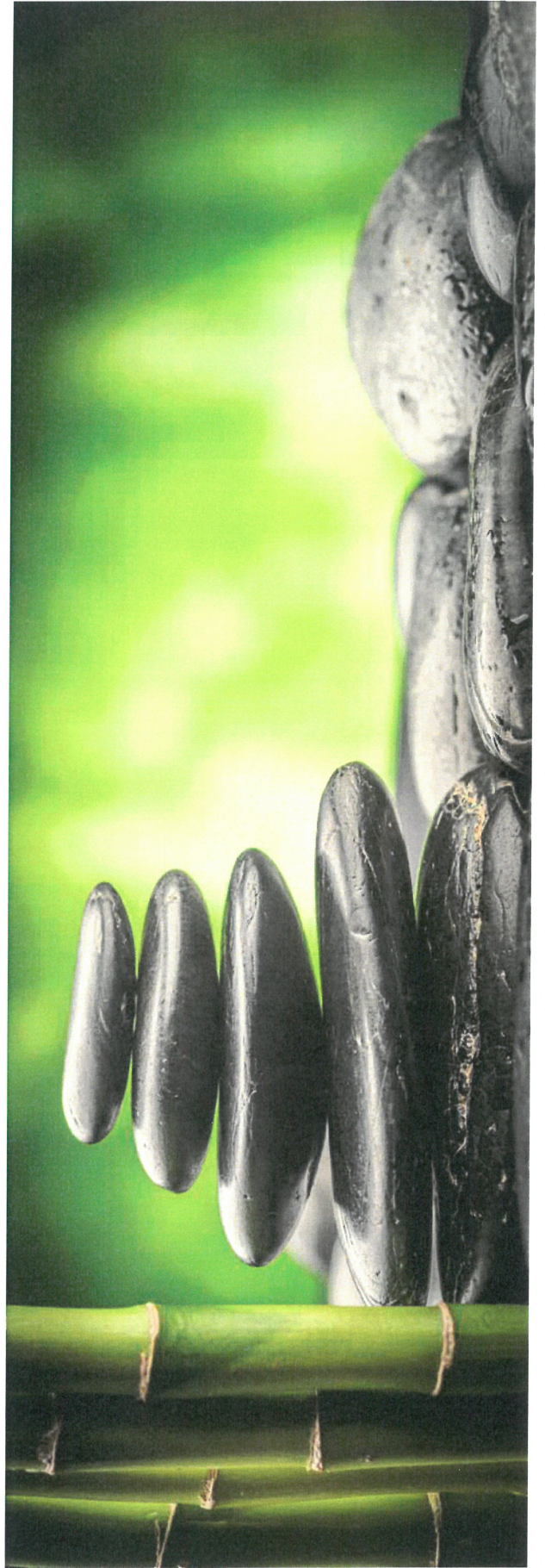
On balance, Crestwood continues to maintain substantial conformance to the CARF standards. The organization is well respected by its stakeholders and is identified in the state of California as a leader in the provision of innovative, creative, and effective services. The values of the organization are shared among all levels of staff members who provide evidence of their commitment to upholding these values in a manner that benefits the persons served.

Crestwood Behavioral Health - Community Programs has earned a Three-Year Accreditation. The leadership and staff are congratulated on this achievement. The organization is encouraged to continue to use the CARF standards as the framework for its ongoing performance improvement measures.

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**CRESTWOOD COMMUNITY
SUPPORT COMMENTS**

Community Public Support for Crestwood



Crestwood San Diego Police Dept Community Comments



“I cannot express my appreciation for the work that has already been accomplished in such a short amount of time. This type of productivity and sense of responsibility is so refreshing. Honestly, any community that is fortunate enough to have Crestwood Behavioral Health join that community, would not regret it. I truly believe, upon what I have witnessed, Crestwood Behavioral Health would raise the bar and be an exceptional addition in any community. I look forward in working in partnership, alongside Crestwood Behavioral Health as they provide mental health clients with a continuum of care that will lead them down the road to recovery.

Please feel free to contact me.

Thank you and Semper Fi,

Terry Hoskins
Community Relation Officer (820's Service Area)
Mid-City Division, San Diego Police Department
4310 Landis Street, MS-785
San Diego, CA 92105
Desk: (619) 516-3091
Cell: (760) 807-9957

thoskins@pd.sandiego.gov

Kingsburg Healing Center

Kingsburg Police Department Comments



“Crestwood has been a great partner and a pleasure to work with. The director, Brian Conway, has been a pleasure to work with and we have collaborated on some local training for my officers which we all found to be beneficial. The few calls for service we have had were easily resolved. In short, I believe that Crestwood is providing a valued service to Fresno County residents who would not otherwise receive inpatient mental health care services in Fresno County. This benefits the families and the patient, being local, and most likely these patients would be placed out of county, if they were fortunate enough to even get a bed space.”

Crestwood is a valued partner with the Kingsburg Police, the city government, and the greater community.”

*-Chief Neil Dadian
Kingsburg Police Department*

Crestwood Healing Center Pleasant Hill (Adult Residential Program) Community Comments



“I am happy to report that over the many years that Crestwood Pleasant Hill, has been in operation, it has peacefully integrated into the community surroundings, while at the same time provided much needed support and housing for those with mental illness. I’ve had a lot of “up close and personal” experience from the time Crestwood opened until now. I do volunteer work for NAMI Contra Costa in a room inside the Crestwood facility. The residents are courteous, and there are regulars who enjoy doing volunteer work themselves in the NAMI room. The overall atmosphere of the facility is always calm. I have never seen any violence, fighting, or arguing. I’ve attended many Crestwood events (such as art shows, holiday meals) and can testify they are well run, with residents, family, and community members socializing and enjoying each other. Crestwood in general has been a good community partner. We need more Crestwoods in our state.”

Best regards,

Kay Derrico

Mt. Diablo Unified School District Middle School Teacher, retired
NAMI Basics Teacher
NAMI Contra Costa Board of Directors

Crestwood Healing Center Pleasant Hill (Adult Residential Program) Community Comments



“I understand residents in Pleasant Hill were concerned about how Crestwood Healing Center would impact their community. It seems the impacts have been positive! Earlier this year, the facility was awarded in front of the leaders of the community for their impressive efforts to be a certified Green Business. We need more responsible businesses like Crestwood! I hope the residents in Southern California will be open to the good work these facilities provide.”

Anne Baker
Recycling Coordinator

441 N Buchanan Cir
Pacheco, CA 94553
abaker@RepublicServices.com
o 925-671-5806 c 925-207-4676
w www.RepublicServices.com

Crestwood Recovery & Rehabilitation Center- Vallejo (MHRC) Community Comments



“We have been providing regular Catholic Ministry Services to Crestwood for more than a decade, and we are amazed at the positive attitude and progressive improvements on collective efforts between the residents and the staff.

It can be very challenging for the staff to maintain a positive and upbeat attitude at all times, but they continually seek ways to build rapport and trust with the residents.

Crestwood fosters strong teamwork and takes pride in high-quality care, and they maintain a positive partnership with the residents. The staff encourages the residents to talk and to reveal their health and feelings. They are also very protective of the residents and know them individually. They provide confidential and professional care with compassion and simultaneously address each resident’s physiological, psychological, spiritual and social needs.

Crestwood Behavioral Health brings hope, love, and faith to individual residents. The residents frequently listen to the staff and follow their instructions. In general, they responded with appreciation and trust.

Sincerely,
John and Josephine McAfee

Crestwood Center Sacramento (MHRC) Community Comments



7/11/17 – While I was out in the community, I was approached by a former client who stayed with us at Crestwood Sacramento several years ago. She approached me and asked if I remembered her. She thanked Crestwood for all the help with her recovery and gave me a big hug. She is currently employed at a local Hospital (Sutter), is doing well and says she still uses the tools that she learned while with us to help her when she is stressed out.

7/13/17 - Sacramento patient rights was at our Sacramento Campus. Joi, from patient rights, stated, “I wish every mental health facility operated with the compassion that Crestwood does. I talk about Crestwood all the time and how you respect the people you serve. The treatment you provide allows people to heal and be successful in the community. I admire you all.”

**-Chandra Thomas, LMFT
Crestwood Sacramento Center Administrator**

**CRESTWOOD MHRC
SURVEY RESULTS 2015 AND 2016**



Crestwood MHRC Survey Results 2015 and 2016

The following represents the licensing and certification results for all of the Crestwood MHRCs. The results are the total findings for the past 2 years. The findings are indicative of exemplary services and operations with minimal findings. The one outlier is a new campus - Kingsburg - which has extraordinarily positive outcomes and high level of and compliance. It was just a very tough grueling first licensing survey for that program. The deficiencies were minor. They have a wonderful administrator and leadership team. This campus is the one that the police chief contacted the Fallbrook police chief and the local relator wrote a testimonial.

Survey results.

	<u>2015</u>	<u>2016</u>
San Jose	1	3
Vallejo	10	3
Angwin	18	7
Eureka	18	3
Bakersfield	15	0
San Diego	0	26
Kingsburg	--	51
Sacramento	0	9
Chula Vista	4	0
Average	8.8	11.3

**DISCHARGE CRITERIA AND
PLANNING FALLBROOK PROCESS**

<p>CRESTWOOD FALLBROOK</p> <p>Policy [x] Procedure [x]</p>	<p>Page 1 of 2</p>
	<p>Effective Date: 2017</p>
<p>Department: Program</p>	
<p>Subject: Discharge Criteria Planning And Support</p>	

POLICY

De-institutionalization and discharge are the goals of our program. The discharge potential and placement plans are determined at the time of admission. The program is designed to enable the consumer to identify the skills needed to live in the community as well as the behaviors that keep the consumer in a secured setting. Each person on the program works with their service coordinator to eliminate the excess behaviors and to develop the skills for successful and long-term community placement through the service plan and Wellness Recovery Action Plan.

DISCHARGE CRITERIA

The discharge criteria are based on the needs and goals of each client. The criteria are intended to be used as guidelines to assist in preparing for and identifying the goals for each consumer's discharge.

- Medication and treatment adherent
- Meets towards goals set in recovery service plans
- Adequately fulfills hygiene and grooming needs
- Participates in individual recovery program
- Lack of self-harm or harm to others
- Exhibits insight regarding their recovery process

PROCEDURE

- (1) The service coordinator is the guide on the journey to recovery and community living.
- (2) Together the consumer and service coordinator work to find a placement goal to the client's community of origin.
- (3) They develop a Wellness Recovery Action Plan and a transition contract allows the consumer the freedom to accelerate the pace of the program providing a brief length of stay or to take a slower pace to develop and practice the skills needed for living successfully in their community of origin
- (4) The service coordinator and consumer work with the county of origin so they are aware of the expected course of treatment and discharge plan to the community of origin. The agreement for community re-entry is also signed by the county. The agreements are updated monthly and if the projected length of stay

changes, the county is notified. The conservator is directly involved and is expected to sign the discharge agreement as well.

- (5) The service coordinator has a list of community placement options for consumers in their community of origin.
- (6) The service coordinator shall enroll the consumer in a post discharge treatment program where available. The consumer shall be assessed and if determined to be self-responsible will be placed in the open adult residential facility program in their community of origin.
- (7) The consumer and service coordinator shall develop a post discharge plan which includes a treatment plan for the lower level of care. The consumer is expected to follow the course through discharge and placement.
- (8) The service coordinator shall work with the consumer and placement staff prior to discharge.
- (9) The service coordinator shall monitor weekly or more frequently after discharge. The case management involves weekly contact, a weekly group for consumers with the psychologist, a monthly visit and a quarterly reevaluation. The service coordinator is on call 24 hours for emergency needs. This level of support shall continue for three (3) months. The center staff shall maintain monthly contact with the consumers on the center's list.

7

LETTERS OF SUPPORT



7/21/2017

Blaise J. Jackson
Scott Jackson Law

Subject: Crestwood Behavioral Health Recommendation

Dear Mr. Jackson,

I am responding to your request for information about the performance of Crestwood Behavioral Health in their service contracts in Kern County. Crestwood was a licensed Mental Health Rehabilitation Center (MHRC) provider in our community for several years prior to me assuming direct oversight of their contracted services with us in 2000. I directly oversaw that contract until 2014 and it has been directly overseen by one of my subordinates since that time; I am very familiar with the quality of their operations.

In short, Crestwood has been a wonderful collaborative partner throughout our entire relationship. They consistently offer excellent care to our clients and families and consistently demonstrate excellent business practices. Their high quality is evident not only in everyday observations of their care but also in the clinical and fiscal audits performed by my agency on an annual basis. They are a progressive and innovative organization and it is easy to see why they have earned certification by the international accrediting organization, CARF, for many years. Because of their excellent MHRC performance, we sought them out to add a licensed step-down facility known as the Bridge to their local services. In addition, we asked them to provide acute psychiatric hospital-like services as a licensed Psychiatric Health Facility (PHF) over 10 years ago; their performance in this contract has also been nothing short of excellent. Most recently, we initiated a fourth contract with them to operate a licensed crisis residential home known as the Friese HOPE House and their early performance appears consistent with their other operations. In all four endeavors, they have been eager and effective collaborative partners who exceed expectations. In addition, they are good neighbors in the communities in which they are located. Unfortunately, exaggerated fears and stigma about behavioral health conditions drive many community's reluctance to welcome such facilities into their neighborhoods. It has been no different here however, Crestwood has excelled at proactively meeting with their new neighbors, sensitively listening to and addressing any concerns. In each endeavor, they have won over their neighbors and are valued members of those neighborhoods.

By now, it should be no surprise to see that I would recommend this organization to provide behavioral health services in any community without reservation; they consistently meet and exceed behavioral health service standards. Please do not hesitate to contact me if I may be of further assistance in this matter.

Sincerely,

Bradley S. Cloud, Psy.D.

Deputy Director, Kern Behavioral Health and Recovery Services

Clinical Training Director, Kern Behavioral Health Psychology Internship Program

Assistant Clinical Professor, Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA





County of Sacramento

July 18, 2017

Dear Fallbrook Healthcare District Board,

As Executive Director for the Sacramento County Mental Health Treatment Center I am pleased to offer a letter of support for Crestwood Behavioral Health who are working with your region to expand residential services for individuals from your community who are experiencing mental health challenges.

Sacramento County has enjoyed a long and successful collaborative contractual relationship with Crestwood Behavioral Health who have proven to be responsive partners providing a much needed level of community based residential services and treatment. The Crestwood programs provide assistance to adults with serious mental illness offering evaluation, treatment, and rehabilitation for individuals who would otherwise be in a state hospital or acute care facility.

Mental Health Rehabilitation Centers are an important element in the continuum of services empowering individuals with pervasive mental health illness to heal, and develop coping skills allowing them to live and succeed in their local communities. Sacramento residents have benefited from these additional local resources being developed, allowing individuals to be near family as they receive necessary rehabilitation services and supports rather than these same individuals being sent far away to alternative sites when local resources are not available.

The Crestwood programs offer a rich array of services including psychiatric assessment, medication management, group counseling and individualized behavioral and treatment planning efforts that promote wellness and recovery. Their programs and facilities are well managed in our community and considered valued system partners for Sacramento County.

Sincerely,

A handwritten signature in black ink that reads "Anthony Madariaga".

Anthony Madariaga, LMFT
Executive Director,
Sacramento County Mental Health Treatment Center



1515 Draper Street, Kingsburg, CA 93631
(559) 897-1777 Fax (559) 897-1821
www.RPSre.com

June 18, 2017

Patty,

Please accept this late but very sincere thank you letter. It has been well over a year since Crestwood has come to Kingsburg. As a community leader in this town, I feel honored to have been an advocate for you coming to Kingsburg. Kingsburg is a better place to be because of Crestwood.

The jobs you provided to local people I know, the improvement in the property, and the increase in local business from employees and visitors. The donations/partnerships created because of the generosity of the Crestwood Corporation and the underlying knowledge that our town is providing a needed service. It is all a good feeling.

As a local Real Estate broker, there was a great fear of property values going down in the area of Crestwood. That never happened! The condition of the hospital grounds has improved the area and done much more good than harm to the property values. Crestwood in Kingsburg has taken a property in a rundown condition and of no use to anyone, and made it into a useful partner in the community. All this and no one really remembers all the controversy and concern the community had when you presented coming to Kingsburg.

Not long ago I was asked by a long time resident of Kingsburg, "When is that mental place coming to town? I hope they don't cause trouble." Little did they remember, you were already here and there hasn't been any trouble! As you remember, I had questions like the rest of the community. I had never heard of you and really didn't know what you did. I am happy I did my homework and encouraged you to not give up the battle with the few in Kingsburg that just did not understand.

Once again, thanks for your donation to the Kingsburg Lions Club, Safarjian Baseball Field, Kingsburg City Parks plus others I am not aware of that you generously support. As chairman of the City of Kingsburg Economic Development Committee, Thank you for the redevelopment of the old Kingsburg District Hospital. The old hospital district now has the funds to give to other health causes without having to worry about the upkeep of a useless building. This year the hospital board was able to donate \$250,000 towards a new Kingsburg ambulance. Those are the positives things we so easily forget.

In closing, this is just a written thank you that means so much more than the paper it is written on. I tend to ramble, but I am sincere when I say I appreciated the chance I had to help you. If I can be of any assistance to help bring this to another town, please do not hesitate to contact me.

With Kind Regards,

Steve Safarjian

Date: 12 November 2014

To: Kingsburg City Council
Kingsburg Planning Commission

From: Steve Safarjian

Re: Crestwood Behavioral Health Facility

I've had the privilege to own a small business in Kingsburg for over 20 years. I belong to several organizations and committees in town. This community means a lot to the Safarjian Family. As a board member of the Kingsburg Lions Club, as Chairman of the Economic Development Committee, as a long time Chamber member and as a real estate broker, I have listened to both the pros and cons of the Crestwood Behavioral Health proposal. I determined that I was very much in favor of this project for the following reasons:

- The addition of approximately 50 new good paying, full-time jobs
- Those employees shopping, eating, getting gasoline and other services in town
- The visiting families of the clients shopping, eating, getting gasoline and other services in Kingsburg will boost our local economy
- Located in the vacant, blighted old Kingsburg District Hospital with a \$2 million renovation

I researched Crestwood Health and found out that this was a family-owned organization that had been in existence for decades.

I continued to talk to people in Kingsburg and listen to their concerns. I talked to a mother whose child attends Lincoln School and I spoke with a grandmother who lives a block east of the hospital. I talked to several others in town and listened to their concerns. After which I talked to Crestwood and asked for locations of Crestwood Behavioral Health Facilities within a 4 hour drive of Kingsburg. I was given four facilities north of Kingsburg and one in Bakersfield.

After researching all of the facilities, I choose to visit the Pleasant Hills location in the East Bay. This facility was created from an old convalescing home very much like our hospital. My research showed that the community did not welcome Crestwood with open arms. The community said that if they had to have it located there they would prefer a locked-down facility. In the end, Crestwood was granted permits to put in an open, unsecured facility in a neighborhood with houses, schools, stores, including a liquor store.

On Tuesday, November 11, 2014, I headed North on a "road trip" to see it for myself. When I was an hour away from Pleasant Hill I called Crestwood to tell them I would be stopping by to say hello. I passed by the facility twice before I realized it. There were no large signs, no barbed wire fences. It blended in with everything else in the neighborhood. I was met by Travis the administrator and Janet the director of accreditation. I was given the tour of the facility. I asked what the clients of the facility did with their time; what type of activities, diet, health issues, and the logistics of the facility. I found that even though it's an 'open' facility, the doors are locked from 6pm until 9am. I had the opportunity to talk to some of

the clients who expressed great things about living there and were proud to show me their rooms or explain what they were doing. I was shown the area where clients grow a garden for the food they eat, an activity room, and a dining area with a beautiful kitchen.

After leaving I drove the neighborhood. I stopped at a public park about 250 yards away and talked to some veterans playing baseball. I asked them if they had any problems with the mental health facility around the corner. Three of them remembered the battle to get it approved but hadn't thought about it since. I found a house for sale about a block away. I looked it up and asked the real estate agent about home values in the area because of the mental facility and was told they remain the same throughout the community and said they may have improved a little because there was no longer a vacant building.

While getting into my car I noticed two middle-aged ladies out for a walk. I approached them and asked if I could ask a few questions. They lived in the area and knew about the facility, but they weren't sure where it was. They were surprised to learn it was less than a block away. I asked if they see the clients of Crestwood walking around and were they bothered by them in the neighborhood. They both said that they see folks from time to time on their walks, at the Safeway, and getting a 'big gulp' at the liquor store. They both did not feel threatened, unsafe, or afraid for themselves or their families. I then went to Safeway and spoke to the manager who informed me that he had hired one of the residence of Crestwood and didn't feel they were a problem to his store or to the neighborhood. I stopped at Oak Park Liquor, located less than a block away, the owner told me that he has the cell phone number of the administrator taped to the wall and was told to call him any time if a client creates a problem. He has had the card for five years and has never had to call. The owner of Oak Park Liquor told me he does not sell them alcohol and in most cases they are looking to get a soda or candy bar.

Please note, I experienced this in an upscale community with a facility that allows a semi open door policy. The proposal for Kingsburg is a secure facility. I am happy that I took the time to make this trip. I am more convinced than before that this is a good thing for the hospital grounds, the community of Kingsburg, and for those people in need.

Every year our community spends hundreds of thousands of dollars for those in need. Some of that money stays here in Kingsburg and some goes around the world. Our vacant hospital and our entire community now has the opportunity to once again help those in need while helping the economy of our community. It is the right thing to do to approve this project.

Sincerely,

Steve Safarjlan

RPS Real Estate

Cc: Alex Henderson
Kingsburg Hospital District Board of Directors

I'VE DONE MY HOMEWORK:
THE PROPOSED HEALING CENTER WILL BE A BIG PLUS FOR KINGSBURG
By Steve Safarjian¹

When I learned about the plan to reopen the vacant Kingsburg Hospital as a mental health facility, I took a lot of interest. I didn't know much about such facilities or how they work.

I do know is that Kingsburg is a special community needs new, good jobs. Taxpayers are paying good money to prop up an empty hospital building. We deserve a better equation – one that generates jobs, taxes, and help for a lot of people in Kingsburg and surrounding Fresno County communities.

I thought it was important to do some homework. I started talking to the people at Crestwood and Fresno County who are proposing the project. Crestwood is a Sacramento company that provides mental health care for many California counties. I read their website and carefully studied their materials.

I don't claim any expertise on mental health, but I have friends and family members who have dealt with issues like bipolar disorder or depression. I know many people in Kingsburg whose lives have been turned upside down by mental health problems, especially when they have to travel hundreds of miles for treatment.

It wasn't clear how real the need might be in Kingsburg. In talking with Fresno County's behavioral health experts, and actually checking records at one local hospital, it became clear that lots of people in Kingsburg and nearby towns would need such services.

Then I did something a bit out of the ordinary. Without telling my friends in Kingsburg, and giving the Crestwood people just 30 minutes' notice, I asked to tour the Crestwood facility in Pleasant Hill, in Contra Costa County. I had to satisfy my own curiosity about how a facility might fit into Kingsburg and in close proximity to schools, so I made the 3-hour drive and staged my "surprise" visit.

What I found was a pretty nondescript facility right in the middle of a residential community, with, schools, and a Safeway and other stores not far away. Inside, it reminded me of a hospital floor, nursing home, or any "typical" healthcare facility. People were calm and going about their business. The only disruption seemed to be coming from a remodeling project in one part of the building. The staff was professional and there seemed to be plenty of them working with the patients.

I toured the community and literally stopped people on the street to ask them about the Crestwood facility. Many people in Pleasant Hill opposed this center years ago, so I thought I'd get an earful. Honestly, most of the people I talked to didn't even know the place was there and only a few recalled the controversy. They couldn't recall any incidents or problems. The Safeway manager told me he had been concerned about who might be living there – he's had no problems and actually hired one of the residents to work for him!

I visited a liquor store a couple of blocks away. Yes, the manager told me, he initially worried about the facility. The Crestwood manager paid him a visit, gave him her card, and told him to

¹ Steve Safarjian is a farmer and small business owner who chairs the Kingsburg Economic Committee. He is a lifelong resident of Kingsburg.

call her if there was ever a problem. Five years later, the card is still taped above his cash register – it's never been used.

I've chosen to give back to the community in many ways, but I'm especially dedicated to my work on the Economic Committee. I'm aware of how hard it is to attract and keep businesses and jobs, especially with the Del Monte and other closings so fresh on our minds.

From an economic perspective, the Healing Center will be good for Kingsburg. It takes the vacant hospital building, invests \$2 million from Crestwood and reopens as a healthcare facility – what it was built for in the first place. It creates construction jobs immediately and more than 50 permanent jobs in healthcare, which is a growing industry.

But it's not just about the jobs or the economics. It's also about helping our neighbors. Kingsburg is a caring community. We value families, faith, and tradition. I can't think of a better way to display Kingsburg's best character than by getting behind this project.

If you do your homework, as I have, I think you'll agree.

###

July 14, 2017

Dear Fallbrook Healthcare District Board,

I am happy to write that I have worked with Crestwood Behavioral Health, Inc. for almost 3 years. I was instrumental in promoting the use of the Bayview Behavioral Health campus for the Crestwood Chula Vista MHRC. My team and I worked through the major construction project with the Crestwood team and found them transparent, efficient and ethical. The project was done quickly and well.

The opening and operation of the Crestwood Chula Vista campus for the past two years has been smooth, non-eventful and beneficial to the county. Crestwood has been a great partner and a pleasure to work with. The Administrator, Nuria Levin, has been wonderful to work with and we have collaborated a few times, which we all found to be beneficial.

In short, I believe that Crestwood is providing a valued service to San Diego County residents who would not otherwise receive inpatient mental health care services in San Diego County. Being local benefits the families and the clients, since otherwise these clients would have been placed out of the county, if they were even fortunate enough to get a bed space.

Crestwood is a valued partner with the Bayview Hospital, the Hospital Association of San Diego and Imperial Counties, the medical healthcare community, and the greater community.

Sincerely,



Neerav Jadeja, MBA, MSHA
Chief Executive Officer



Putnam Clubhouse

Operated by The Contra Costa Clubhouses, Inc.

3024 Willow Pass Road, Suite 230, Concord, CA 94519

(925) 691-4276 www.PutnamClubhouse.org

July 18, 2017

Dear Fallbrook Healthcare District Board,

I am happy to write that I have worked with Crestwood Behavioral Health, Inc. for almost 10 years in Contra Costa County. Our community, Putnam Clubhouse has proudly and collaboratively worked with Crestwood Behavioral Health located in Pleasant Hill.

I have personally witnessed the benefit to clients, families, businesses, neighbors, and the broader community due to the commitment to excellence in the delivery of services provided by this community.

Crestwood is a close collaborating partner to Putnam Clubhouse. We have worked together to host many community events in Central Contra Costa County. I have had the pleasure to work with their administrator, Travis Curran, on many projects, as well as many of the staff and residents, and it is always a pleasure!

It is exciting to hear that Crestwood Behavioral Health is expanding their services to other communities because Crestwood is indeed providing a valuable and necessary service in Contra Costa County.

Sincerely,

Tamara Hunter

Tamara Hunter
Putnam Clubhouse Director

July 18, 2017

Dear Minda,

Thank you for asking us to sharing our observations and experiences at Crestwood.

We have been providing regular Catholic Ministry Services to Crestwood for over a decade, and we are amazed at the positive attitude and progressive improvements on collective efforts between the residents and the staffs.

It can be very challenging for the staffs to maintain a positive and upbeat attitude at all times, but they continually seek ways to build rapport and trust with the residents. We had encountered several emotional situations in the past, in which one or two residents unexpectedly behaved in a rebellious way that had created disturbances. The staffs patiently communicated with these individuals to ease their feelings and to meet their needs with promptness and efficiency.

Crestwood fosters strong teamwork and takes pride in high quality care, and they maintain a positive partnership with the residents. The staffs encourage the residents to talk and to reveal their health and feelings. They are also very protective of the residents and know them individually. They provide confidential and professional care with compassion and simultaneously address each resident's physiological, psychological, spiritual and social needs.

Crestwood Behavioral Center brings hope, love, and faith to individual residents. The residents frequently listen to the staffs and follow their instructions. In general, they responded with appreciation and trust.

Sincerely,

John and Josephine McAfee
St. Dominic Parish, Benicia



Begin forwarded message:

From: "Dadian, Neil (Kingsburg PD)" <Neil.Dadian@fcle.org>
Date: July 19, 2017 at 7:16:37 PM EDT
To: "gtinker@fallbrookhealth.org" <gtinker@fallbrookhealth.org>
Cc: Patty Blum <pblum@cbhi.net>, Brian Conway <bconway@cbhi.net>
Subject: RE: Crestwood Behavioral Health Campus

Mr. Tinker,

Below is an excerpt email I sent to the previous Sheriff's Station commander, Lt. Gardner, who I believe has been promoted and replaced. I also had a follow up telephone conversation with him. I have attached the entire email for context.

The short version for me is that we have had very minimal issues with Crestwood. They have been good neighbors and community partners. I consider the local director, Brian Conway, to be a great community and professional partner. The next part is strictly my opinion and personal point of view.

Personally speaking, I find their services of immense value to Fresno County residents. As I state in my email to Lieutenant Gardner, if Crestwood was not operating somewhere in Fresno County, our Fresno County residents would be forced to be placed or seek services out of county, if they got them at all. Having family and friends nearby and able to visit aids in the process for the patients. In my previous career before I was appointed COP in Kingsburg, I was a captain with the Fresno County Sheriff's Office. My last assignment was in command of the Jail Programs and Service Bureau, which included oversight of medical and psychiatric services for over 3000 inmates. Essentially, the Fresno County Jail was (and still is) forced to be the largest mental health care provider in the Central San Joaquin Valley. My point here is that I have seen the result of the lack of mental health care in communities and it always turns into a law enforcement/custody problem at some point. I saw this both from the patrol first responder perspective as well as the custody perspective. Our communities need mental health care facilities to serve our citizens or our prisons and jails will be stuck doing it. So please understand that I am not advocating for Crestwood as a company, I do not have any business interest in Crestwood, or have any personal or family relationships with Crestwood staff. I am however an advocate for mental health services. I simply believe in mental health care for people BEFORE I have to deal with them in my profession as a law enforcement officer, and Crestwood is providing the service. From an outsider looking in, they seem to be doing a good job of it. Again, that is just my editorial.

Professionally speaking, from a law enforcement and public safety perspective in my city, we have not had any significant issues with Crestwood, its patients, visitors, or staff. They have been excellent community partners and although I am not sure what level of patient they are contemplating for your facility in Fallbrook, if it is the same as in mine, I would not anticipate any problems or issues. They are not a drain on police resources. In fact, I think you will find their management to be most workable and accommodating, and eager to be good neighbors and contributors to your community. That has been my experience.

I understand that we had some notable consternation in Kingsburg when the facility was being proposed. This was prior to my position here as police chief. And, as you might expect, there are still people who are against it for various reasons. Without entering that debate as to the validity of their



Bill Walker, LMFT, Director

7/21/2017

Blaise J. Jackson
Scott Jackson Law

Subject: Crestwood Behavioral Health Recommendation

Dear Mr. Jackson,

I am responding to your request for information about the performance of Crestwood Behavioral Health in their service contracts in Kern County. Crestwood was a licensed Mental Health Rehabilitation Center (MHRC) provider in our community for several years prior to me assuming direct oversight of their contracted services with us in 2000. I directly oversaw that contract until 2014 and it has been directly overseen by one of my subordinates since that time; I am very familiar with the quality of their operations.

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By now, it should be no surprise to see that I would recommend this organization to provide behavioral health services in any community without reservation; they consistently meet and exceed behavioral health service standards. Please do not hesitate to contact me if I may be of further assistance in this matter.

Sincerely,

Bradley S. Cloud, Psy.D.

Deputy Director, Kern Behavioral Health and Recovery Services

Clinical Training Director, Kern Behavioral Health Psychology Internship Program

Assistant Clinical Professor, Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA



reasons, none of them can point to a public safety issue and use that as a reason against Crestwood. Operationally, Crestwood is essentially a non-issue for the Kingsburg Police Department.

I hope this has been helpful and if there is anything else you wish to discuss, I will make you the same offer I made to Captain Gardner and you are welcome to contact me by phone to discuss further.

NGD

(559) 897-4418 Work

(559) 903-8504 Mobile

8

**LPS HOLDS AND
CONSERVATORSHIP**



LPS Holds and Conservatorship

The only holds that are referred to an MHRC are the first two – T con and Permanent Conservatorship.

- **T con** – 30 days to 6 months - Requires application by treating physician to Public Guardian’s Office - Only applicable to grave disability - Judge reviews application and determines whether to grant or deny T-Con. T-Con / Full Con Petition: “unwilling to accept, or incapable of accepting, treatment voluntarily” (5352) See also Investigator Report: “shall investigate all available alternatives” (5354).
- **Permanent Conservatorship** – 1 year renewable - A mental health (LPS) conservatorship makes one adult (called the conservator) responsible for a mentally ill adult (called the conservatee). These conservatorships are only for adults with mental illnesses listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Listed below are the other holds listed in the public comment raised at the FRHD Board meeting and in some of the e-mails that FRHD has received. These are definitely admitted to Crestwood acute psychiatric facilities, so we are very familiar with these holds. However these holds are not admitted to the MHRC level of care.

- **5150** – Involuntary Mental Health Treatment Where Can an Individual Under a 72-Hour Hold Be Taken - To a County designated 72-Hour evaluation facility
Who Can Place an Individual Under a 72-Hour Hold - Peace officer - Attending staff of an evaluation facility designated by the County - Designated members of a mobile crisis unit - Other professional person designated by the County
Other Items of Note - No probable cause hearing:
 - Grave Disability: Individual not able to provide for own food, clothing or shelter as a result of a mental disorder or impairment by chronic alcoholism. WIC § 5008(h).
 - Danger to Self: Deliberate intent to injure oneself or a disregard of personal safety to the point where injury is imminent due to a mental disorder. Danger must be present, immediate, substantial, physical, and demonstrable.

- Danger to Others: Based on words or actions that indicate the person in question either intends to cause harm to a particular individual or intends to engage in dangerous acts with gross disregard for the safety of others due to a mental disorder.
- **5250** – a hold for extended time 72 hours for evaluation and stabilization – up to 14-Day Hold-WIC § 5250 - Individual's rights at this certification hearing- Burden of proof - Hearing officer must find probable cause that the individual meets the criteria for an additional 14-day hold.
- **5260** – additional 14 day extension Additional 14-Day Hold-WIC § 5260 - No probable cause hearing required - Only applicable to danger to self-criteria-must be based on observations during either the 5150 or 5250 hold.
- **5270** – Additional 30 days for evaluation and stabilization (only offered in specific counties) Additional 30-Day Hold-WIC § 5270 - Can only be used after authorization by County Board of Supervisors - Probable cause hearing similar to 5250 hearing must be held - Only applicable to gravely disabled criteria.
- **5300** additional 6 months (180 days) renewable. This is differentiated from the T con because it does not require a physician or clinical review – it is a legal review.

9

**MENTAL HEALTH
REHABILITATION CENTERS
HISTORY**



Mental Health Rehabilitation Centers

History and Background Fact Sheet

- ❖ In the 1970s, 1980s and early 1990s, the only treatment programs that were secured/locked in California for individuals with severe mental health issues were a state hospital, a jail, prison or a SNF.
- ❖ By 1980 more than 14,000 people had been released from state hospitals as the state of California closed those hospitals. This was the inception of the state homeless crisis which led to the crisis level of utilization and misuse of the ER system of care throughout the state today.
- ❖ These were individuals that had a psychiatric diagnosis with behaviors to severe to live independently or in an unlocked unstructured community program.
- ❖ This need was identified in 1985 and a statewide work group spent 9 years designing the Mental Health Rehabilitation Center (MHRC) program and writing the regulations.
- ❖ The MHRC pilot projects were established in legislation with Senate Bill (SB) 2017, Leslie, (Chapter 678, Statutes of 1994) as a pilot project to provide an innovative psychiatric rehabilitation program model for adults with serious and persistent mental illness. The enabling statute required DHCS to promulgate emergency regulations to establish the standards for a MHRC licensing category. The MHRC regulations emergency regulations were developed in 1995 and permanent regulations in 1997.
- ❖ On January 1, 2001, the MHRC license category was made permanent and expanded to other locations., The MHRC regulations, which became law in 1995 and finalized in 2002 were vetted by all of the above licensing agencies and created with input from all advocacy and industry organizations (AHA, CAHF, CASRA, CMA, APA etc)
- ❖ A MHRC pilot program originated at a Crestwood campus (American River) in Carmichael.
- ❖ The populations served in MHRCs are not appropriate based on age, health status, mental health/psychiatric needs and culture for a skilled nursing facility (SNF).
- ❖ A Mental Health Rehabilitation Center (MHRC) is a 24-hour, seven (7) day a week, locked facility, licensed by the Department of Health Care Services, that

provides an alternative to acute psychiatric hospital care with a goal to provide more appropriate staffing and programming for adults with a serious mental illness and move away from skilled nursing facilities that have historically handled the more elderly, physically and medically compromised populations.

- ❖ Clients 18 years or older, with mental disorders are provided intensive support and rehabilitative services designed to assist in developing the skills to become self-sufficient and capable of increasing levels of independence and functioning.
- ❖ Individuals who are non-ambulatory, who require a level or levels of medical care not provided, who would be appropriately served by an acute psychiatric hospital, or who are diagnosed only with a substance abuse or eating disorder are not admitted to MHRCs.
- ❖ Short-Doyle Medi-Cal reimbursement is available if the MHRCs have 16 beds or less.
- ❖ MHRCs are designed to meet the unmet needs of individuals with significant mental health disabilities. MHRCs are to be community-based, psychiatric treatment centers providing 24-hour care and psychosocial rehabilitation services. The Legislature's intent in creating MHRCs was to establish innovative programs as alternatives to hospital care. The Legislature also wanted to create a licensing category which provided appropriate staff and programs to adults with serious and persistent mentally illness as these individuals were being placed in skilled nursing facilities and hospitals which were established for the treatment of the elderly and physically and medically compromised population. Skilled nursing facilities and hospitals are licensed by the Department of Public Health.
- ❖ MHRCs are designed to be a hybrid between the Skilled Nursing Level of Care that is licensed and regulated by CDPH and certified by CMS; Special Treatment Programs that are certified by DHCS; and the Social Rehabilitation Level of Care licensed by DSS – CCL and Certified by DHCS.
- ❖ MHRCs exceeding 16 beds are considered IMDs and as such, are not eligible for Federal Participation Funding. The funds generally come from California Realignment Designated funds and general funds. MHRCs can have 16-102 beds.
- ❖ Crestwood was an early pioneer of these programs and by 2000 we had 4 licensed MHRCs across the state.
- ❖ MHRC programs have encouraged mentally ill individuals to take charge of their lives and benefit from the time they spend in the programs. Both the program design and staff training are directed toward a more individual and personal treatment of the mentally ill resident.
- ❖ Today there are more than 25 MHRCs in California. Crestwood continues to be a leader in these services, with 9 MHRC programs across California, serving approximately 800 clients at this level of care annually.

❖ **The MHRC Licensing Requirements include:**

- Medical Director overseeing physician services
- 24/7 licensed staff
- MHRC Director- responsible for the overall administration or management of the MHRC.
- Director of Nursing Services
- Program Director
- Clinical staff
- Recreation Therapist
- Adjunct services – Psychologist, LCSW, Dietician, OT, PT and mental Health Rehabilitation Practitioners
- Interdisciplinary Professional Staff- Provides specific expertise to the program director to develop and implement a specialized rehabilitation program and services. The interdisciplinary professional staff is composed of licensed mental health professionals, licensed nursing staff and mental health rehabilitation specialists.
- The service level requires clients to be engaged in therapeutic activities 21 hours a week.
- Clients are expected to gain the skills to stabilize the behaviors so that they can be discharged to lower-level of care as quickly as possible (Crestwood average length of stay is 8.7 months)
- The required services include: nursing, physician, rehabilitation, dietary, plant, pharmacy (can be contract), recreation.
- The excluded services include: isolation, conditions requiring SNF level of care, services at an acute level of care, primary chemical dependency or eating disorder.
- Additional services that must be provided are: clinical, spiritual, vocational, educational, social, independent living skills, community integration, and community re-entry.
- The program services are to include, but are not limited to, clinical treatment such as psychiatric and psychological services, learning disability assessment and pre-vocational and vocational counseling, development of independent living, self-help and social skills, and community outreach to develop linkages with other local support and service system.
- Discharge planning begins on the day of admission, and includes visits to potential housing resources, contact with consumer self-help groups and community service providers, and opportunities to participate in community activities.

- Prior to discharge, the MHRC prepares a written discharge summary that includes an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow-up plans.
- A written aftercare plan is provided to the client and the client's conservator, guardian, or other legally authorized representatives to the client's discharge from the MHRC.
- The written aftercare plan includes, but is not limited to the following components:
 - The nature of the illness and required follow-up;
 - Medications, including side effects and dosage schedules, information on side effects of the medications, and expected course of recovery;
 - Recommendations regarding treatment that are relevant to the client's care; and Referrals to providers of medical and mental health services.
- MHRC programs should be oriented toward providing alternative placement and treatment services for persons from other long-term care facilities or state hospitals needing this rehabilitative level of care. Emphasis is on a psychosocial rehabilitation model, with the goal of enabling clients to move toward less
- MHRCs are designed to be unlocked or locked
- Patient rights and adherence to WIC and CA Patient Rights is regulated with oversight from 3 agencies including DHCS.
- There is an expectation that a client may need seclusion or restraints and this is regulated by DHCS.

❖ **The clients being served by MHRCs generally have these characteristics:**

- Primary Psychiatric diagnoses
- Comorbid conditions such as diabetes, COPD, hypertension etc.
- LPS conserved – unable to provide food, clothing or shelter.
- Isolative
- Suicidal
- Aggressive – verbally and physically
- Poor social skills
- Poor vocational skills
- Poor independent living skills
- Average age is 37
- Live at poverty level
- Equal numbers of male and female clients
- Higher risk of self-harm and victimization.
- History or experience of homelessness

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**REGISTERED SEX OFFENDERS
AT CRESTWOOD**



Registered Sex Offenders at Crestwood

Crestwood does not focus treatment on Registered Sex Offenders (RSO) however there are occasions when a person with a mental health condition, such as depression or bi-polar, has a conviction of a RSO. There are several Crestwood campuses that do have RSOs in the program.

In a Crestwood program a person with a RSO conviction is in treatment in one of our programs. They are in a locked safe secure programs and receiving psychiatric and nursing treatment as opposed to the people with these convictions who are living in our communities – in non-secured homes working and living among us.

Fallbrook currently has a population of 34,000 w 37 registered sex offenders, so 0.12% of Fallbrook's populations are RSOs. This is without any mental health facility, Crestwood or otherwise. The greater Fallbrook community also has a large group of parolees. Crestwood MHRCs do not treat parolees.

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**TESTIMONIALS FROM
KINGSBURG COMMUNITY**

Community Testimonials from Crestwood's Most Recently Opened Campus: Kingsburg Healing Center



Family Testimonials



Kingsburg Healing Center (KHC) is making a difference in the lives of families.

“I am so grateful my daughter is in your program. I know she is in wonderful hands and will get the help that she needs to get better.”

-Mother of a Client

“I am happy my brother was accepted to Crestwood Kingsburg. I know the programs you offer are amazing and your Staff really cares for my brother and his success within the program. I am proud of the progress my brother is already showing.”

-Brother of a Client

“I want you to know that I think the Kingsburg Healing Center is such a loving and warm place. It is a wonderful place for my daughter. She is doing so much better now that she is here.”

-Mother of a Client

Family Testimonials



KHC is making a difference in the lives of families.

“I wish this place had been here sooner, it would have been nice to have our son here sooner. Now that he is back in Fresno County we can see him anytime we want and we know it will help him get better.”

-Parents of a Client

“This program has been perfect for my son. He is really doing well, in fact I think this is the best he has ever done. We need more programs like this.”

-Father of a Client

Successful Community Outcomes

Kingsburg Police Department



“Crestwood has been a great partner and a pleasure to work with. The director, Brian Conway, has been a pleasure to work with and we have collaborated on some local training for my officers which we all found to be beneficial. The few calls for service we have had were easily resolved. In short, I believe that Crestwood is providing a valued service to Fresno County residents who would not otherwise receive inpatient mental health care services in Fresno County. This benefits the families and the patient, being local, and most likely these patients would be placed out of county, if they were fortunate enough to even get a bed space.”

Crestwood is a valued partner with the Kingsburg Police, the city government, and the greater community.”

*-Chief Neil Dadian
Kingsburg Police Department*



Successful Community Outcomes

Fire Department Log-February 2016 to May 2016

Non-Emergency Calls: 4

False Alarm Calls: 5

*“This program has not been an
issue for us at all.”*

**-Tim Ray
Fire Chief
Kingsburg Fire Dept.**

Kingsburg Healing Center

“I use to live across the street when it was the Kingsburg Hospital. I am excited that the hospital has been remodeled to look amazing, and is being used for a wonderful program. Kingsburg should be grateful you are here in our community.”

-Mrs. Green, Kingsburg Citizen



KHC is Active in the Community



KHC is a Sponsor of:

- The Kingsburg Youth Baseball Association
- The Kingsburg All-Star Tournament
- NAMI Walks Fresno

“On behalf of the Kingsburg Youth Baseball Association, we would like to thank Crestwood Kingsburg for their donation to our league. Your generosity helps support our program through the baseball season. Our baseball program just doesn’t teach the fundamentals of baseball, we also want to teach youth boys respect for others and that good sportsmanship is the key to any sport and life in general.”

-Jason Garcia, Vice President of Baseball Operations

Community Comments from Kingsburg Healing Center's Open House



More than 200 people attended KHC's Open House on January 27, 2016.

"Thank you so much for letting us tour the facility. Crestwood has done an amazing job transforming the old Hospital. My husband and I are excited to leave here and tell all our friends what the facility looks like and what we learned from the tour."

-Kingsburg Citizen- Mrs. Johnson

"Your staff was so nice and gave us a lot of great information about the facility during our tour. Thank you for giving the community a chance to see for ourselves all the hard work that has gone into the building and understanding what your company stands for."

Kingsburg Citizen- Mr. Lopez

**TITLE 9 MHRC REGULATIONS
REGARDING ADMISSIONS**

Title 9 MHRC Regulations Regarding Admissions.

§784.26. Admission of Clients.

The licensee shall:

- (a) Have and implement written admission and discharge policies encompassing which licensed mental health professionals can accept clients for admission to the facility, the types of diagnoses for which clients can be admitted, limitations imposed by law or licensure, and staffing limitations. These policies shall be made available to clients or their representatives upon admission, and shall be made available to the public upon request.
- (b) Not admit or discharge a client on the basis of race, color, religion, ancestry or national origin. Any bonafide nonprofit religious, fraternal or charitable organization which can demonstrate to the satisfaction of the Department that its primary or substantial purpose is not to evade this subsection may establish admission policies limiting or giving preference to its own members or adherents and such policies shall not be construed as being in noncompliance with (d) below. Any admission of nonmembers or non-adherents shall be subject to (d) below.
- (c) Admit clients who are 18 years of age or older, who are considered seriously and persistently mentally disabled, who otherwise would be placed in a state hospital or other mental health facility, and for whom such a setting is the least restrictive alternative available to meet their needs.
- (d) Not admit any person who is non-ambulatory, requires a level or levels of medical care not provided, who would be appropriately served by an acute psychiatric hospital, or who is diagnosed only with a substance abuse or eating disorder.
 - (1) For the purposes of this provision, non-ambulatory means the inability to exit the mental health rehabilitation center unassisted under emergency conditions with reasonable accommodations. Every accommodation must be determined on a case-by-case basis, taking into consideration the mental health rehabilitation center's staffing level required pursuant to this chapter.

DISCUSSION/ACTION ITEMS

Proposal to Create and Adopt a District Fiscal Policy

FISCAL POLICY

In 2008, the District Board created the Lease Termination Contingency Fund, to build up resources to prepare for the repurchase obligations of the District when the CHS lease terminated. Had the CHS Lease run its course it would have terminated in November, 2028.

The CHS lease formally terminated in July, 2015, and as a result of extensive negotiations, the repurchase obligations of the District were limited in scope to five million dollars, leaving a balance in the Contingency Fund of almost another Five million. The Board Finance committee has proposed transitioning the contingency fund balance to another set of purposes in harmony with the District's ongoing mission.

Proposal: The Creation of Two (2) District Fund Accounts.

1. Community Investment Fund

Long range capital investments such as real estate purchases, new construction, health or wellness program establishment, capital purchases for the benefit of the communities served by the District.

The initial funding for this account would be the balance of the former Lease Termination Contingency Fund, plus net receipts from hospital sale.

All projects financed by the Community Investment Fund would be approved by the Board, and subject to Health & Safety Code provision requirements for public bidding.

2. Operations Fund

The Operations Fund would finance Administration, facilities maintenance, community health programs, annual community health contracts, and other short-term community sponsorships and initiatives.

The Operations fund would be sustainable from annual property tax revenues, and rental income (617 Alvarado).

Any annual surplus can be moved to the Community Investment Fund (CIF) at the Board's discretion.

Starting balance of the Operations Fund would be cash not assigned to the Community Investment Fund.

The District monthly and annual financial statements would be modified to allow for monitoring and tracking progress of both funds.