

MISSION STATEMENT: To assist Contra Costa County mental health consumers, family members and the general public in advocating for the highest quality mental health services and supports delivered with dignity and respect

**Mental Health Commission
MHSA-Finance and Quality of Care Committee Joint Meeting
Thursday, September 19, 2019, 2:00-3:30pm
At: 1220 Morello Avenue, Suite 101 Conference Room, Martinez, CA
AGENDA**

- I. Call to order/Introductions
- II. Public comments
- III. Commissioner comments
- IV. Joint Chair announcements/comments
- V. APPROVE minutes from June 27th, 2019 joint meeting
- VI. DISCUSS Joint Update Report to the September 23 Family and Human Services Committee and MHC emphasis on PES advocacy
- VII. DISCUSS first draft outline of PES advocacy report and research needs, including proposed architectural changes at PES
- VIII. DISCUSS plans for Commission education and input on increasing in-patient hospitalization costs and resulting impact on Behavioral Health Services budget
- IX. DISCUSS results of August 29 Hope House workgroup meeting
- X. Adjourn



Joint Update Report from Behavioral Health Services and the Mental Health Commission on Referral Nos. 115/116

This is a joint report of the Mental Health Commission (MHC) and Contra Costa Behavioral Health Services (BHS), and provides an update on identified areas of opportunity to provide better public mental health services in Contra Costa County.

Background

In 2016 an MHC and Grand Jury report focused attention on the public's difficulty in accessing the mental health care provided by BHS. A significant correlation was made between the rise in Psychiatric Emergency Services (PES) visits and the lengthening wait time for consumers to receive care at BHS clinics. A number of factors that contributed to this access difficulty were examined and partially addressed in 2017, to include staffing shortages, especially psychiatry time, and additional treatment staff focused on children, youth and their families. These efforts were chronicled in a series of reports presented to the FHS Committee in October of 2017. While a number of issues were successfully resolved the FHS recognized that adding additional treatment staff for children, youth and their families, increasing available psychiatry time, and changes to intake and assessment procedures would take longer to demonstrate significant reductions in wait times for mental health care. The FHS requested that BHS provide updates to the MHC, and an update report was provided to the FHC on September 24, 2018 on progress made. BHS has continued to meet with the MHC on a regular basis to report on changes and progress made.

Update

The following represents current updates to issues identified in the report entitled, *Contra Costa County Mental Health Commission Response to Behavioral Health Services Update to Grand Jury Report No. 1703 and Referrals 115 and 116*:

Upgrading the Current West County Children's Clinic Facility

Last year the West County Children's clinic resolved immediate needs, such as roof repairs, interior paint, carpet replacement, ADA compliance, asbestos issues and the acquisition of new furniture. The Children's clinic, along with the West County Adult mental health clinic, are scheduled to move to San Pablo in March 2020 and occupy separate floors in a new building being constructed next door to the West County Health clinic. Current project activities on the new building include painting, door and window installation, and information technology connectivity.

Acquiring a New Location for First Hope

The First Hope youth prevention and early intervention program has expanded and moved to a new location in Pleasant Hill. Initially, First Hope's "clinical high risk" program focused on preventing conversion to psychosis for youth who experience a first break. It now also serves as an early intervention program for youth who experience a first onset of psychosis.

This expanded program, now roughly double in size, will significantly add quality care to prevent youth from becoming life-long consumers of public mental health services. It will improve access to care and will reduce the need for psychiatric emergency services (PES) and in-patient psychiatric hospitalizations for the youth population.

Addressing the Shortage of Psychiatrists

BHS continues its proactive efforts to incrementally increase psychiatrist participation in clinical care. BHS has continued its recruiting and retention efforts by 1) significantly increasing psychiatry pay by 20% for contract psychiatrists (who make up the majority of the current work-force), 2) expanding tele-psychiatry to now include East and West County adult clinics and East and Central children's clinics, 3) contracting with additional psychiatry staffing organizations to provide additional psychiatry time, 4) continuing our student loan repayment program, and 5) recruiting psychiatric mental health nurse practitioners as alternate psychotropic medication prescribers. In the last twelve months the vacancy rate for psychiatrists has decreased from 31 to 17 percent. Since hiring a new Medical Director in March 2018, we have had a net increase of 5.5 FTEs of psychiatry, despite several retirements. Wait time to see a psychiatrist has been cut in half, from over a month to two weeks. Recruiting and retention efforts will continue to be a priority, as there continues to be both a regional and national significant shortage of psychiatrists.

While meeting state standards for provider adequacy, BHS continues to work toward building capacity to meet the increasing demand for intensive out-patient care and timely psychotropic medication prescriptions from the community. The need for more psychiatry time will continue to be closely monitored to ensure BHS provides sufficient, timely prescriptions for psychotropic medications.

Filling the Vacant Position of Medical Director

In March 2018 Matthew White, MD, was appointed Medical Director and Acting Behavioral Health Services Director. Until June of this year Dr. White had been providing day-to-day leadership for BHS as well as devoting attention to the above recruitment and retention of psychiatrists and improvement in the provision of quality mental health care, such as multiple Value Stream Mapping and Rapid Improvement Events that have occurred in the last year.

In June of this year Suzanne Tavano, PhD, was appointed Director of BHS, thereby enabling quality senior leadership in both key positions. Dr. Tavano has quickly focused BHS attention on the clinical integration of mental health and substance use disorders with accompanying drug Medi-Cal waivers, reviewing the use and costs of institutional care, reviewing and adjusting the network of residential service providers, addressing supportive housing needs, and reorganizing core administrative functions.

Behavioral Health Services now has both leadership positions filled with individuals dedicated to consumer and family centered care who actively partner with all our stakeholders in the County.

Legacy Planning for High Level Positions

County hiring practices do not permit a Department to interview and fill a position until the incumbent has vacated the position. The MHC and BHS join in advocating for the County to consider entertaining a process for approving appropriate requests for staffing overlap, especially senior leadership positions and positions considered critical for continued operations.

Relief to Impacted Psychiatric Emergency Services (PES): PES Internal Adjustments

BHS and CCRMC have implemented internal staffing additions to respond to the volume of client admissions to PES. The monthly average number of visits for the year has averaged 866, which has trended slightly down from previous years. CCRMC, which has operational control of PES, has increased staffing in the morning to allow for more re-evaluations of overnight clients to be accomplished within the same time frame. This has resulted in clients with a slightly reduced length of stay, and thus reduced daily census. BHS has continued to position one of their substance use disorder clinicians at PES in order to facilitate linking dually diagnosed clients to appropriate alcohol and other drug services. Two MHSA funded Community Support Workers facilitate discharge planning, assist in connecting consumers to outpatient clinic care, and provide support to family members of consumers at PES. The establishment of Electronic Health Record System for BHS assists clinicians at PES to connect and follow the disposition of where PES patients receive their follow up and treatment in the BHS systems of care.

Relief to Impacted Psychiatric Emergency Services (PES): Addressing Children’s Needs for the Facility

Space allocation and facility planning and operations within PES are under the control of CCRMC, and our understanding is that CCRMC is continuing to look at ways to improve the current situation to have children and adult services be more segregated. The MHC and BHS join in recommending PES facility changes that will improve treatment space for children, and enable separate access, waiting area, family consultation, and exit for children and their families. The MHC and our other stakeholder bodies view these modifications as a top priority and are currently preparing a joint report of recommendations for changes to the PES facility. They have engaged senior leadership at CCRMC in order to actively participate in the planning process, to include the requisite resources needed to effect facility changes.

Relief to Impacted Psychiatric Emergency Services (PES): Expanded Mobile Relief Services

The Adult Mobile Crisis Response Team has been live since July of 2018 and has added staff to increase availability after hours and on weekends. This enables a rapid response to individuals experiencing a mental health crisis in the community. Metrics have been developed to track and project number of crisis interventions in the field and resulting PES diversions.

For the Children’s System of Care Seneca has added hours of availability for their MHSA funded START team to respond to children and their families in crisis. The expanded hours are now from seven A.M. to eleven P.M., seven days a week. It is anticipated that the full

implementation of these new and additional services will have a significant impact on the volume of children and adults being brought to PES.

Unclear Staffing Needs of the Children's Division

The MHC White Paper and Referral Nos. 115/116 expressed concern that authorized and actual staffing levels for Children's services may not be sufficient to fully meet the needs of several new mandates, such as the recent Continuum of Care Reform legislation. Within the last year BHS has implemented an additional \$5 million in programming in the Children's System of Care. This has included additional clinical staffing in the county operated clinics, as well as enhanced contracting with established community based organizations who specialize in serving children and youth, such as Seneca, Youth Homes and Lincoln Child Center.

BHS has been tracking the positive impact of this additional programming by utilizing the state Mental Health Plan standards for length of time from initial request to offered psychiatry and non-psychiatry appointment (clinics), and Network Adequacy Standards (individual service providers). In April of this year BHS submitted its annual Network Adequacy data, which indicated that BHS met the yearly certification requirements of both sufficient mental health providers in the County as well as offered appointment times.

Improvements to Family Support Services

The Family Support Volunteer Network officially opened their doors in August of last year. This MHSA funded program provides a structure of NAMI – Contra Costa professionals to recruit, train and support a cadre of volunteers to support families whose loved ones are compromised by mental health issues. This new resource was a culmination of intensive mutual planning by BHS in partnership with families, consumers and other stakeholders to identify the need, establish a time line for implementation, and develop a training curriculum. In addition, the County's adult and children Family Support Coordinators and the Office for Consumer Empowerment meet regularly with NAMI to ensure efficient and effective coordination is built into this new and improved support network for families. All peer and family support county positions within the children and adult clinics are now filled.

Determination of Wait Times at Clinics

The MHC White Paper and Referral Nos. 115/116 expressed concern that requests for services at the County's children and adult clinics resulted in lengthy wait times for a first appointment, with even longer wait times to see a psychiatrist. Incremental improvement has been realized, with non-psychiatry wait times meeting the standard of 10 days, and psychiatry wait times close to meeting the standard of 15 days. Telepsychiatry has expanded in the last year to now include the East and West County Adult Clinics as well as East and Central Children's clinics. In March 2018 the initial telepsychiatry pilot in the East County Adult Clinic had 20 scheduled appointments. A total of 147 child and adult telepsychiatry appointments were scheduled throughout the county in June of this year.

BHS has now established Client and Service Information (CSI) timeliness metrics with standards that are consistent with state and federal requirements for offering assessment and treatment appointments to new clients. These metrics track progress in reducing wait times at all clinics, to include psychiatry visits, are reported on a monthly basis to the Department of Health Care Services, and are being incorporated as a regular area of communication with the MHC.

Reduction of Wait Times for CBO and Private Therapist Appointments

BHS has implemented Network Adequacy Standards with metrics to measure the capacity of our service providers to respond to requests for mental health care in the County.

As required by AB 205 BHS is providing quarterly and annual demonstrations of network adequacy standards that tracks a client's time and distance to psychiatry and out-patient mental health services as well as beneficiary-to-provider ratios. BHS began submitting Network Adequacy data on a quarterly basis in April of 2018, with an annual submission in April of this year. Thus far BHS has been able to meet the 30 minute drive time or 15 mile distance standard for clients who request services during each reporting period. As of July of this year there are 794 qualified providers serving 16,758 clients throughout the county.

The Continued Need for a Children's Residential Treatment Center

Within the last year Youth Homes has obtained certification of its four Short Term Residential Treatment Programs (STRTPs) here in the County. However, the need for STRTP beds for our highest acuity children and youth remains and is shared by all county mental programs throughout California. Regional solutions are being explored by the County Behavioral Director's Association, where counties could share in a pool of beds, thereby sharing costs and decreasing the risk of any one treatment center having to cover the cost of an unfilled bed. In addition, BHS is examining all possible avenues to address this issue locally, such as re-purposing a lower acuity STRTP to enable serving the highest acuity children. BHS will be sharing any possible promising strategies that are financially feasible with the MHC as they surface.

The Need for Housing for Those with a Serious Mental Illness

BHS continues to work closely with stakeholders in increasing supportive housing for those individuals who experience serious mental illness, are participating in our most intensive community treatment, and are homeless or at risk for chronic homelessness. The Systems of Care committee of the Consolidated Planning Advisory Workgroup (CPAW) has been working closely with BHS staff to prepare for potential funding opportunities, such as No Place Like Home (NPLH) and the Special Needs Housing Program. In June of this year Contra Costa was awarded \$3.6 million toward construction of 30 affordable permanent supportive housing units in Pittsburg and is preparing for competing for round two of NPLH this Fall. Planning is underway to add master leasing and shared housing capacity to our Full Service Partnership Programs so that persons who are seriously mentally ill and homeless can be housed as part of their treatment plan.

These efforts will continue, as the need far outstrips the availability of affordable housing for individuals who are homeless and experiencing serious mental illness. This lack of availability severely impacts our ability to appropriately discharge into the community people who are being held in more costly in-patient psychiatric hospitals, such as State Hospitals, IMDs, psychiatric hospital facilities, CCRMC Ward 4-C, and out-of-plan hospitals.

Summary

Much has been done this past year to make progress on issues raised two years ago. However, as noted above several issues will continue to be a challenge, such as the overall shortage of psychiatrists, and affordable housing in the community for persons who are housed in our locked facilities. Most importantly, structural changes to Psychiatric Emergency Services are recommended that will segregate and improve access and treatment for children and adults.

Leaders of the MHC and BHS will continue to positively work together in addressing substantive, positive improvements that are within the purview of BHS. We will also continue to advocate for improvements in related programs and services that directly impact BHS consumers, especially PES and access to crisis residential treatment beds. Senior leadership from both Health Services and Behavioral Health continue to model open and participatory communication and problem solving with stakeholders that stresses client and family centered care throughout the health care system. The objective is to engage all interested stakeholders in continuously improving the quality of public mental health care provided in this County.

Moving forward we propose to seek time on the FHS Committee's agenda on an as needed basis.

Respectfully submitted:

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