



# CONTRA COSTA MENTAL HEALTH COMMISSION

1220 Morello Ave., Suite 100  
Martinez, CA 94553

Ph (925) 957-2619

Fax (925) 957-5156

[cchealth.org/mentalhealth/mhc](http://cchealth.org/mentalhealth/mhc)

## Current (2019) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Leslie May, District V (Vice Chair); Supervisor Diane Burgis, BOS Representative, District III; Joe Metro, District V; Douglas Dunn, District III; Graham Wiseman, District II; Geri Stern, District I; Gina Swirsding, District I; Tasha Kamegai-Karadi, District IV; Sam Yoshioka, District IV; John Kincaid, District II; Katie Lewis, District I; Kira Serna, District III; Candace Andersen, Alternate BOS Representative for District II

### **Mental Health Commission (MHC)**

Wednesday, December 4th, 2019 ♦ 4:30pm-6:30pm

**At: 550 Ellinwood Way, Pleasant Hill, CA**

- I. **Call to Order/Introductions**
- II. **Public Comments**
- III. **Commissioner Comments**
- IV. **Chair Comments/Announcements**
- V. **APPROVE November 6, 2019 Meeting Minutes**
- V. **DISCUSS SB 428 (Pan) Mental Health First Aid and other youth initiatives with Gerold Loenicker, Program Chief, Child and Adolescent Mental Health**
- VI. **DISCUSS Los Angeles Homeless Authority's advocacy for preserving adult residential homes (ARFs) in Los Angeles led by Leslie May**
- VII. **DISCUSS Director's Report**
- VIII. **REMIND Committees to draft their Annual Reviews and to set Goals for 2020**
- VIII. **REVIEW the requirement to join a Mental Health Commission Committees and the required attendance of Commission meetings**
- IX. **VOTE for Chair and Vice-Chair of Mental Health Commission and Executive Committee members (Chair and Vice-Chair are automatically members of Executive Committee)**
- X. **Adjourn**



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 957-2619 to arrange.



# Director's Report

**Fiscal Year 2018-19**

Information contained herein is in the process of being validated, and thus is considered to be illustrative for the purposes of this project

# Purpose

- Communicates qualitative and quantitative information regarding the state of BHS
- Allows analysis of seven selected areas, or domains, over time and how they interrelate
  - A. Requests for Service
  - B. Timeliness of Response
  - C. Staffing Capacity
  - D. Financing
  - E. Number Served
  - F. Service Impact
  - G. Quality Assurance
- Supports more effective planning, implementation and evaluation of services

# Scope

- Provides visibility of BHS staff and resources providing public mental health services in the following continuum of care:
  - In-patient psychiatric hospitals and facilities
  - Unlocked residential treatment facilities
  - Intensive out-patient treatment in the community
  - Specialty mental health services
  - Prevention and early intervention
  - Therapy from individual and network providers
- Does not include, due to data systems incompatibility, public mental health services provided in:
  - Health, Housing and Homeless Service Division
  - Contra Costa's Health Plan
  - Primary care health centers
  - Detention Mental Health
  - Public Health
  - AODS programs within BHS

# Report Structure

- **Part I** – Narrative update on significant initiatives that are aligned with BHS Strategic Plan
- **Part II** – Reports on performance indicators selected to represent the seven domains
- **Part III** – How, where and from whom data has been collected

# Behavioral Health Initiatives

- Comprehensive Coordinated Care
  - Rapid Improvement Events
  - Alcohol and Other Drug Service Integration
- Treatment, Housing and Supports
  - Assertive Community Treatment
  - Supportive Housing
  - Forensic Diversion Programs
- Data Systems and Evaluation
  - Electronic Health Record
- Division Operations and Infrastructure
  - Psychiatry Shortage

# Performance Indicators

- Performance indicators are selected data that point toward how a particular BHS domain is performing and trending
- They assist in understanding how these domains relate to each other and enable visibility of opportunities for change
- Performance indicators selected to depict the seven domains:

Domain	Indicator		
A. Need for Services	# Access Line Calls	# PES Admissions	
B. Access to Services	# Days to Service		
C. Staffing Capacity	% Staff Vacancies		
D. Finance	Budgeted vs Spent		
E. Services Provided	# services provided	% billable services	
F. Service Impact	Reduction in PES admissions	Reduction in # hospitalizations	Reduction in inpatient costs
F. Quality Assurance	% MediCal served	% race/ethnicity	Client Satisfaction

# Performance Indicator Summary

## FY 2018-19 (1)

Overview and analysis for Fiscal Year 2018-19:

- **Need for Services** – Access Line call volume and PES admissions remained relatively stable, with a monthly average of 2,100 calls and 875 admissions
- **Service Response** – Non-psychiatry appointments met state standard of 10 days. Psychiatry appointments reduced from 32 to 17 days, slightly higher than the state standard of 15 days
- **Staffing Capacity** – Staff vacancy rate dropped from 19% to 12% - psychiatry vacancy rate dropped from 31% to 20%.
- **Funding** – BHS budgeted at \$225 M, and spent \$225 M.



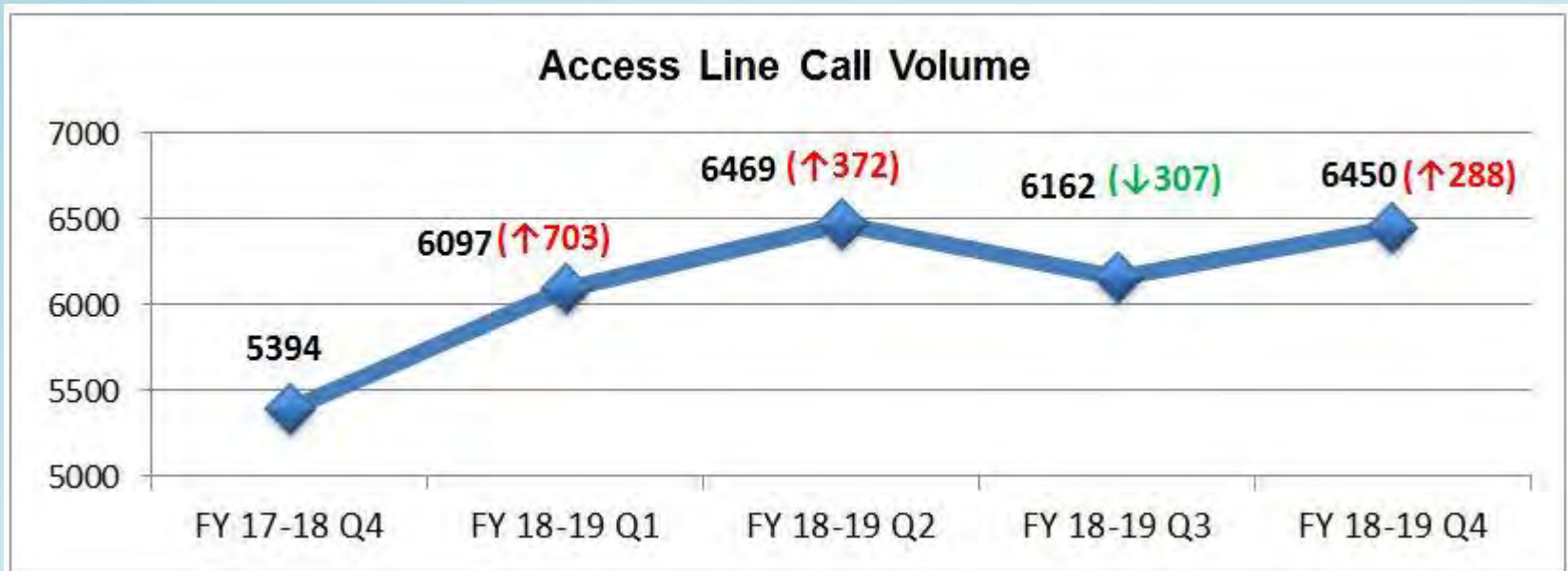
# Performance Indicator Summary

## FY 2018-19 (2)

- **Services Provided** – Volume of county clinic services provided remained stable at 12,300 per month
- **Service Impact** – Full Service Partnerships decreased PES admissions and in-patient psychiatric hospitalizations, while a high percent of adult care costs were spent on locked psychiatric facilities
- **Quality Assurance** – Contra Costa serves a higher proportion of persons who are seriously mentally ill and poor, and serves a higher proportion of persons of color. 70% of persons surveyed agreed that they were better able to take care of their needs as a result of BHS services

# A. Need for Services (1)

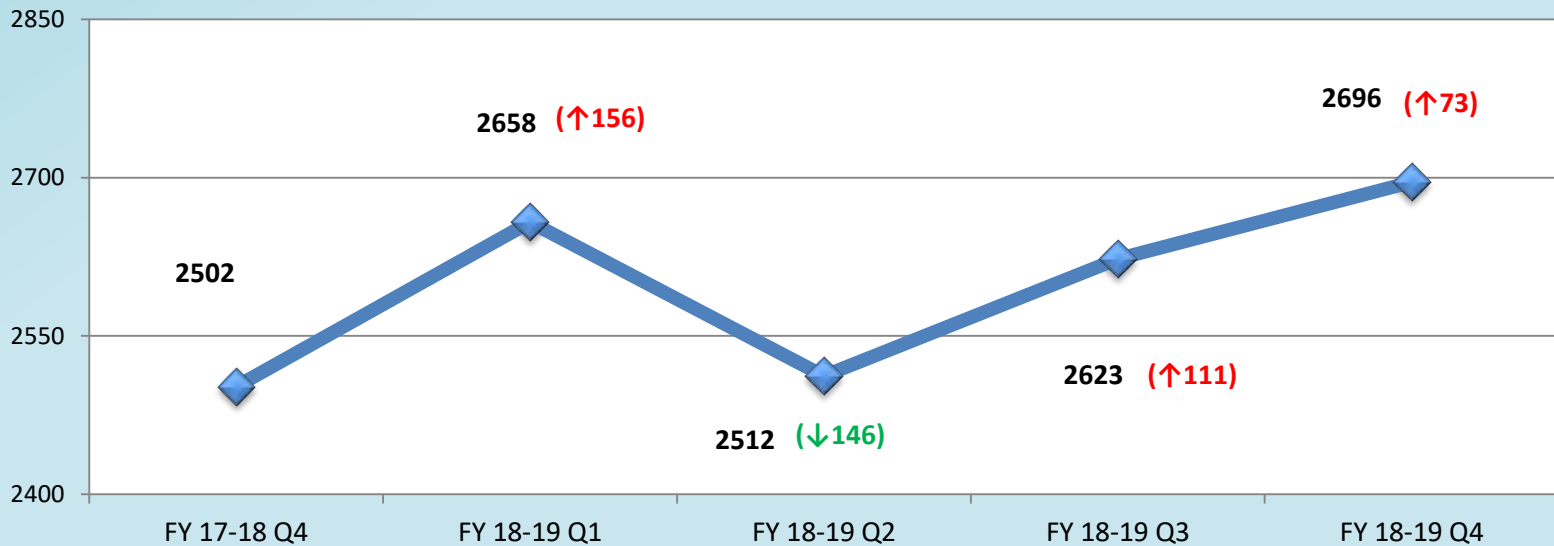
An indicator of need for public mental health services is the volume of calls received through BHS's toll free 24/7 Access Line, where appointments for the type of care requested are provided.



# A. Need for Services (2)

A second indicator of need for mental health services is the number of in-person admissions for crisis mental health services at Contra Costa's Psychiatric Emergency Services (PES):

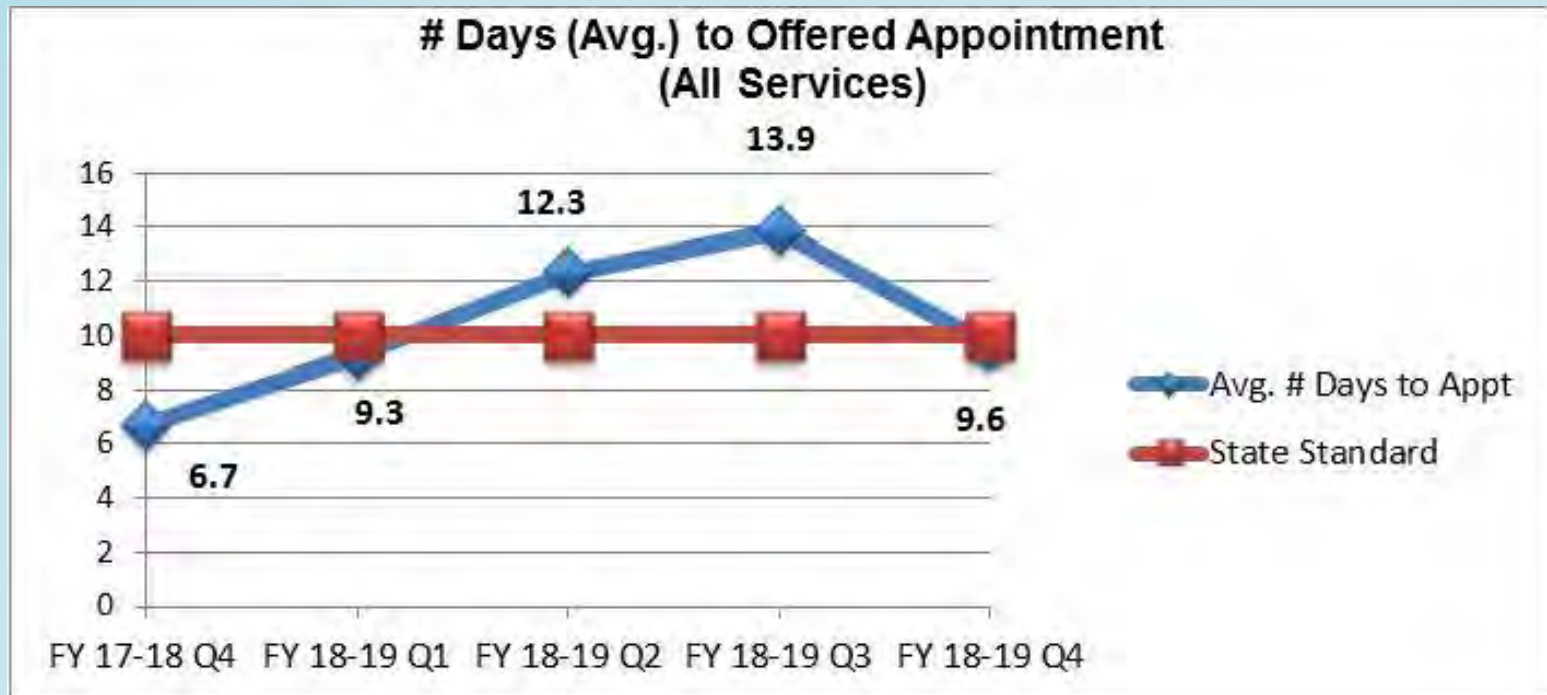
PES Admissions



# B. Access to Services (1)

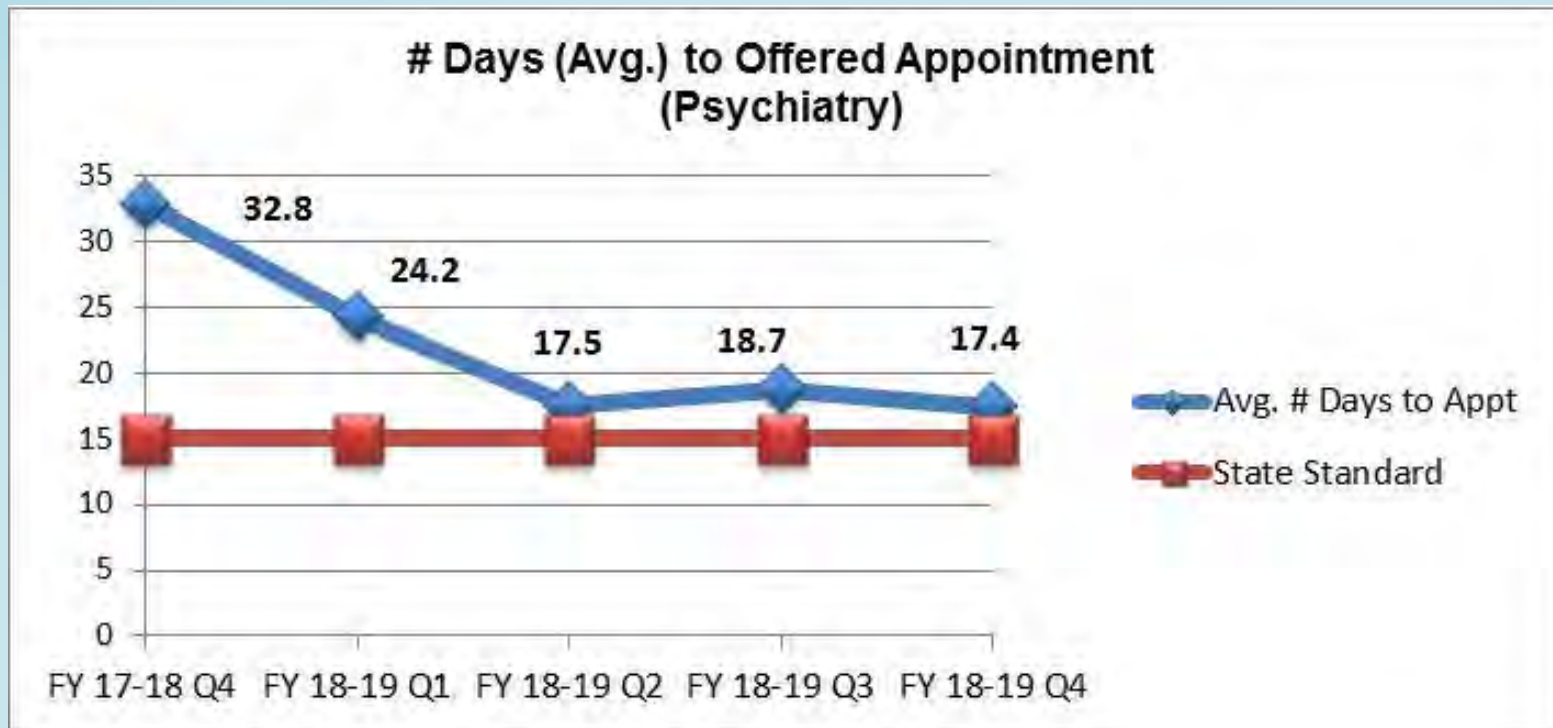
An indicator of responsiveness by BHS is the length of time it takes for someone to get a first appointment for mental health care in our county operated clinics.

The number of days from initial request to offered appointment for ALL SERVICES, and the percent of offered appointments that meet the State standard of 10 business days:



## B. Access to Services (2)

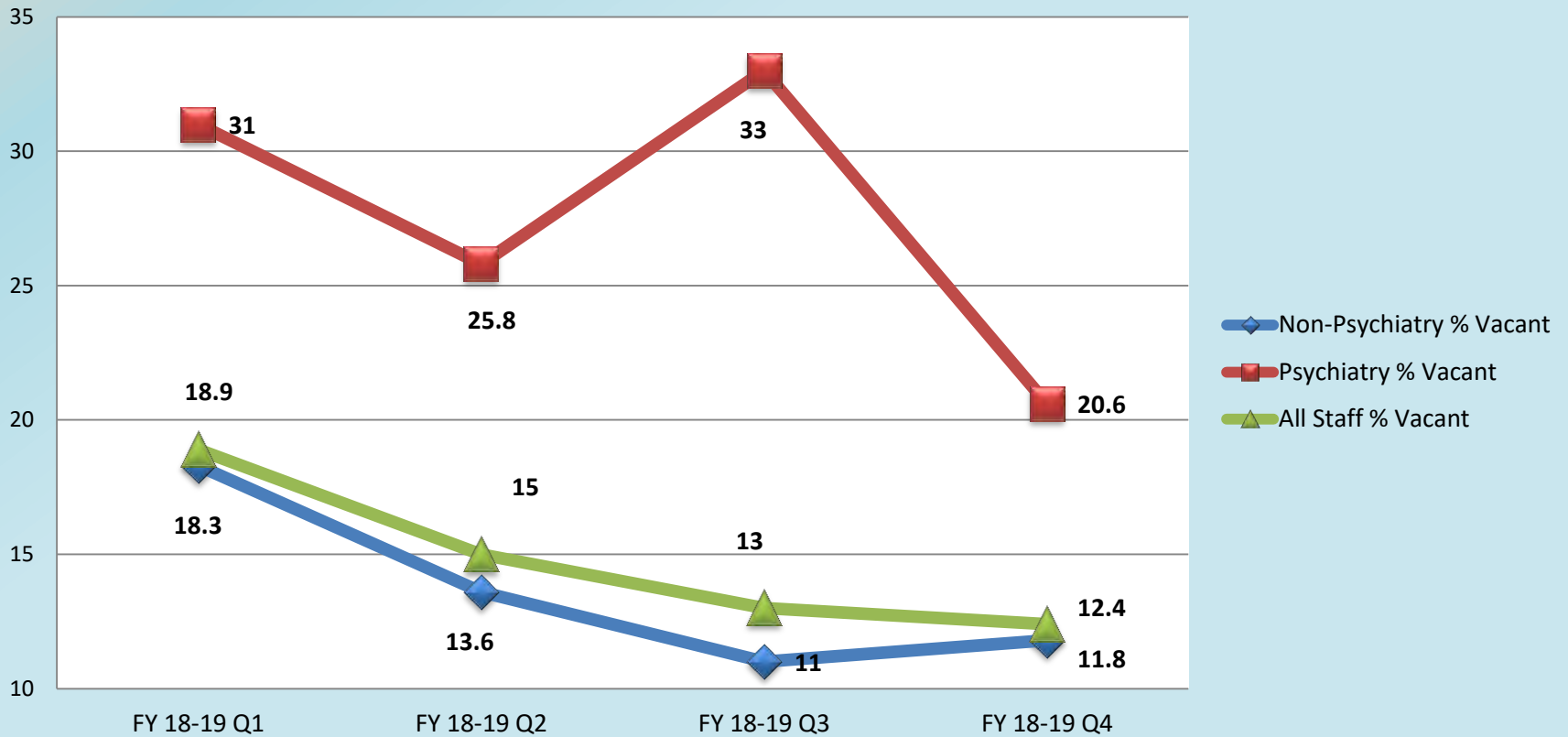
The number of days from initial request to offered appointment for a PSYCHIATRIST, and the percent of offered appointments that meet the State standard of 15 business days:



# C. Staffing Capacity

An indicator of how well BHS can respond to need is the number of county staff that are able to provide and support public mental health services.

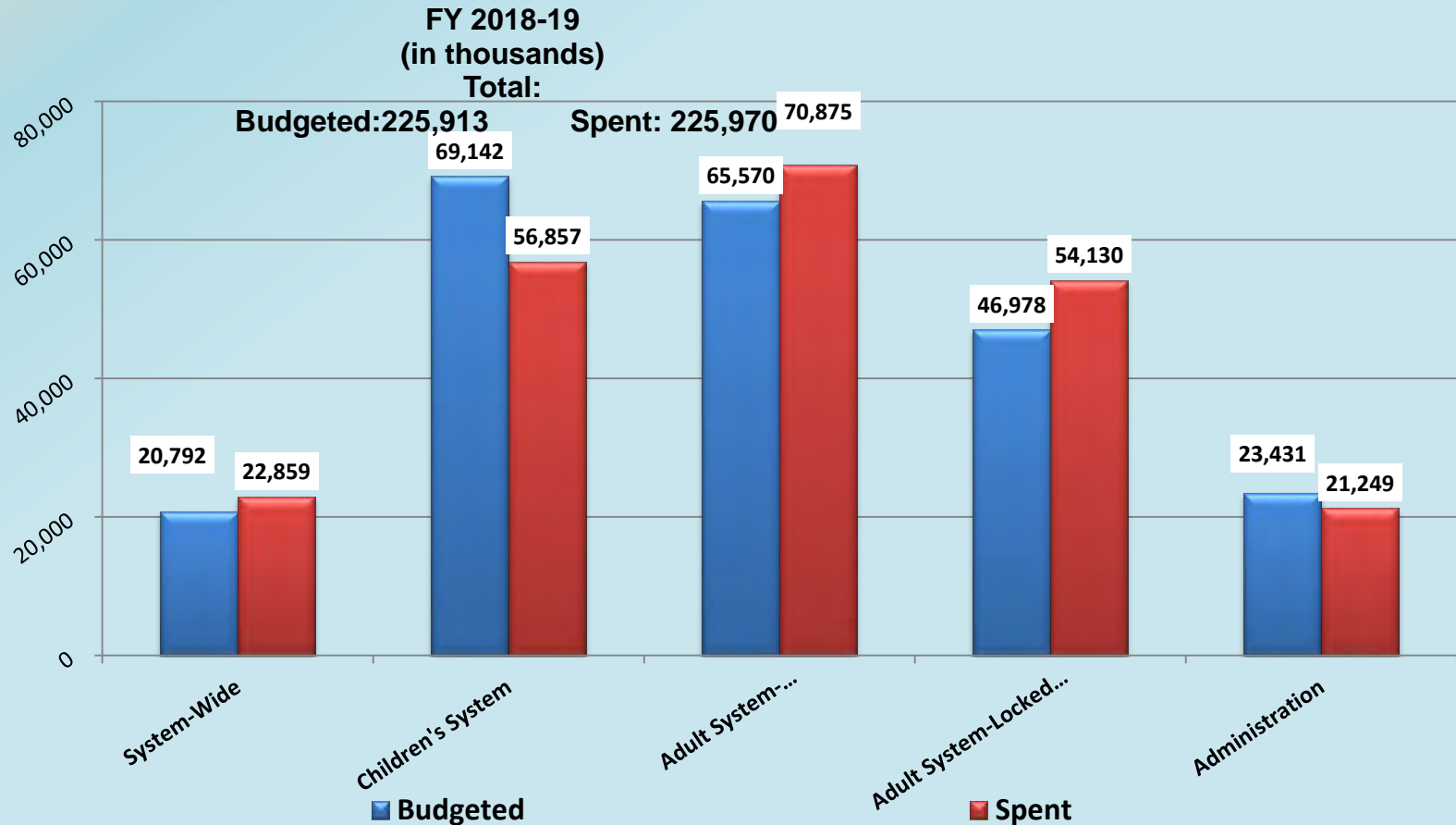
**Staffing Vacancy Percentages**



	<u>Authorized</u>	<u>Vacant</u>
Non-Psychiatrists	518	61
Psychiatrists	40	8.25
Total All Staff	558	69.25

# D. Finance

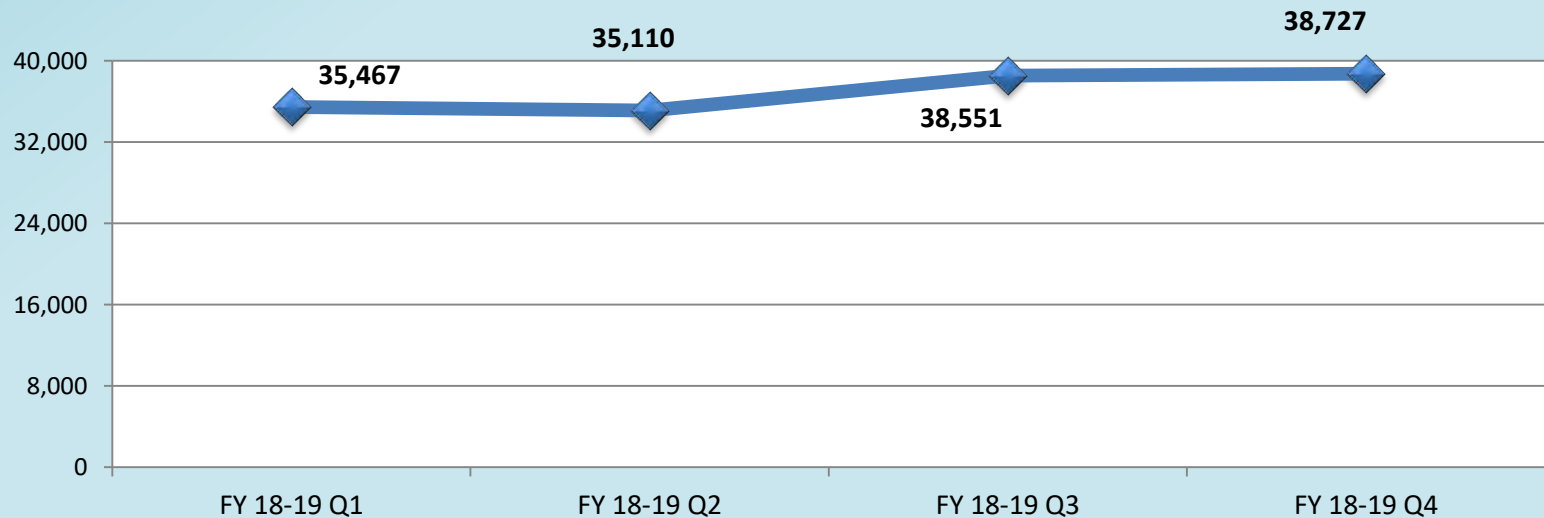
How much money is provided versus how much is spent for fiscal year 2018-19 is an indicator of BHS capacity to field staff and conduct operations (in thousands).



# E. Services Provided

a. Total number of specialty mental health services provided by BHS enables an indicator of how many services are provided in relation to number of staff available.

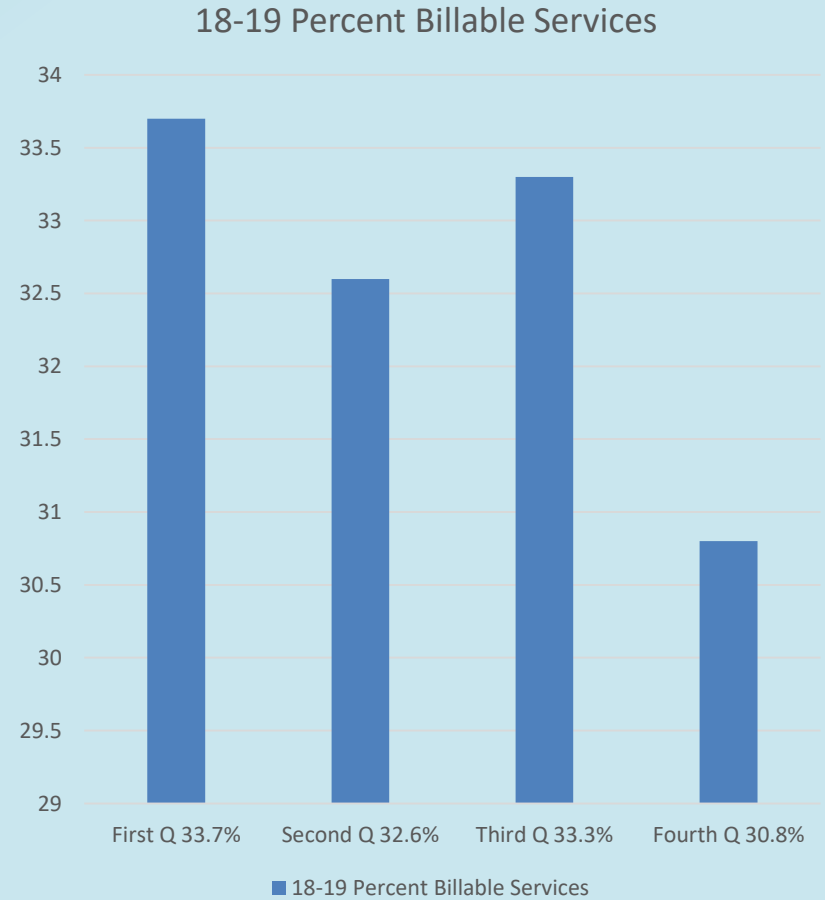
**Total Number of Specialty Mental Health Services Provided**





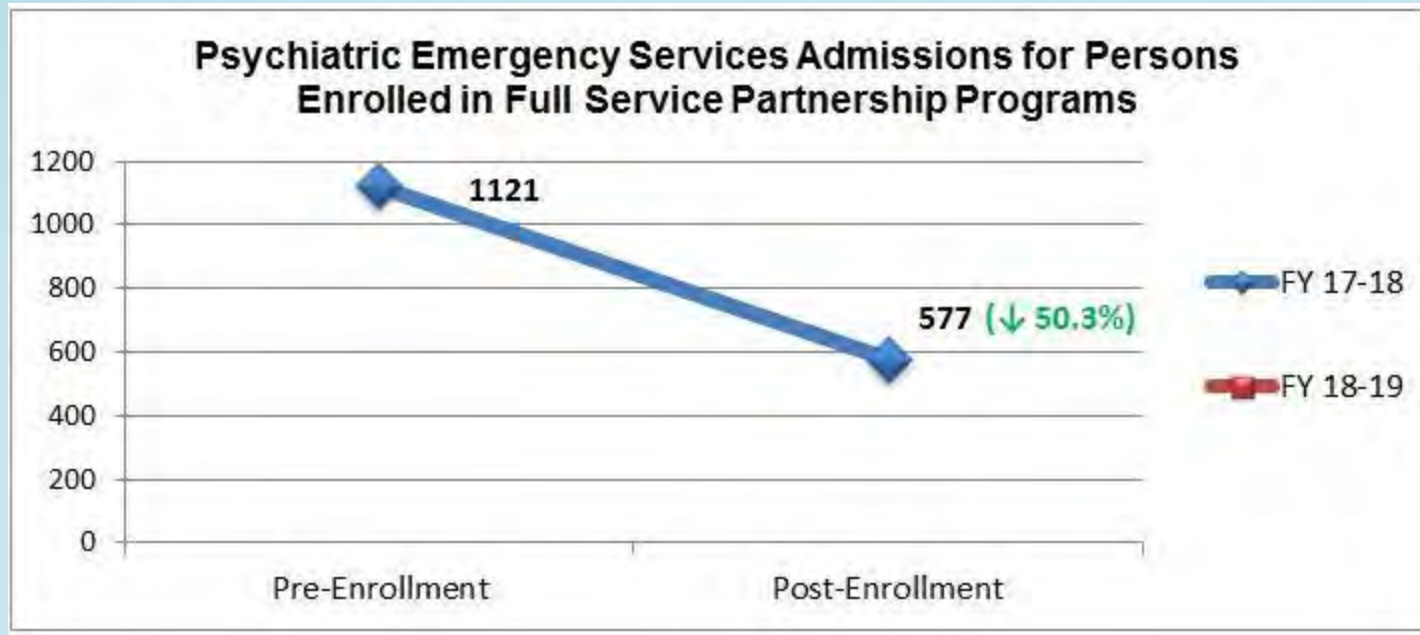
# E. Services Provided (2)

b. The percentage of county operated clinician hours that are billable for federal financial participation (Medi-Cal and/or Medi-Care) provides an indicator of what percentage of an average work week is spent providing direct care.



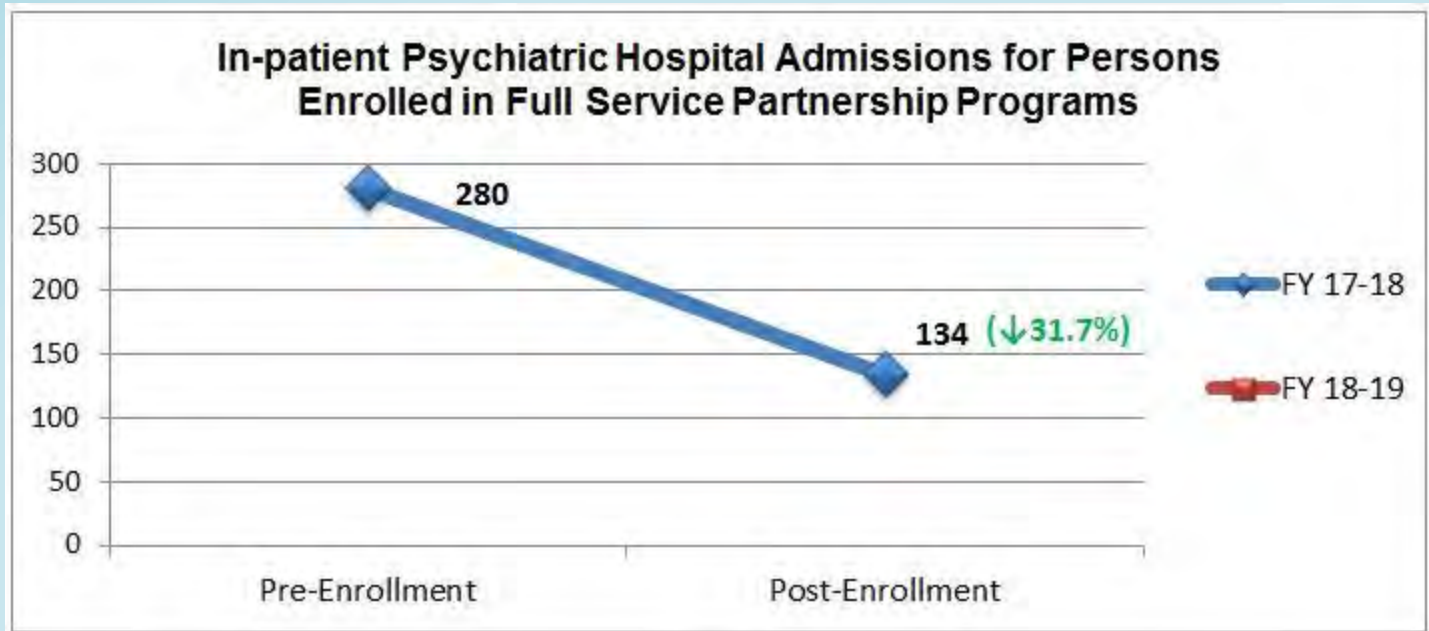
# F. Service Impact (1)

Three indicators have been selected to provide data on how well the services of BHS assist clients avoid in-patient psychiatric hospitalization and recover to lower levels of care. The first is the reduction of Psychiatric Emergency Service (PES) admissions for persons enrolled in Full Service Partnership Programs:



## F. Service Impact (2)

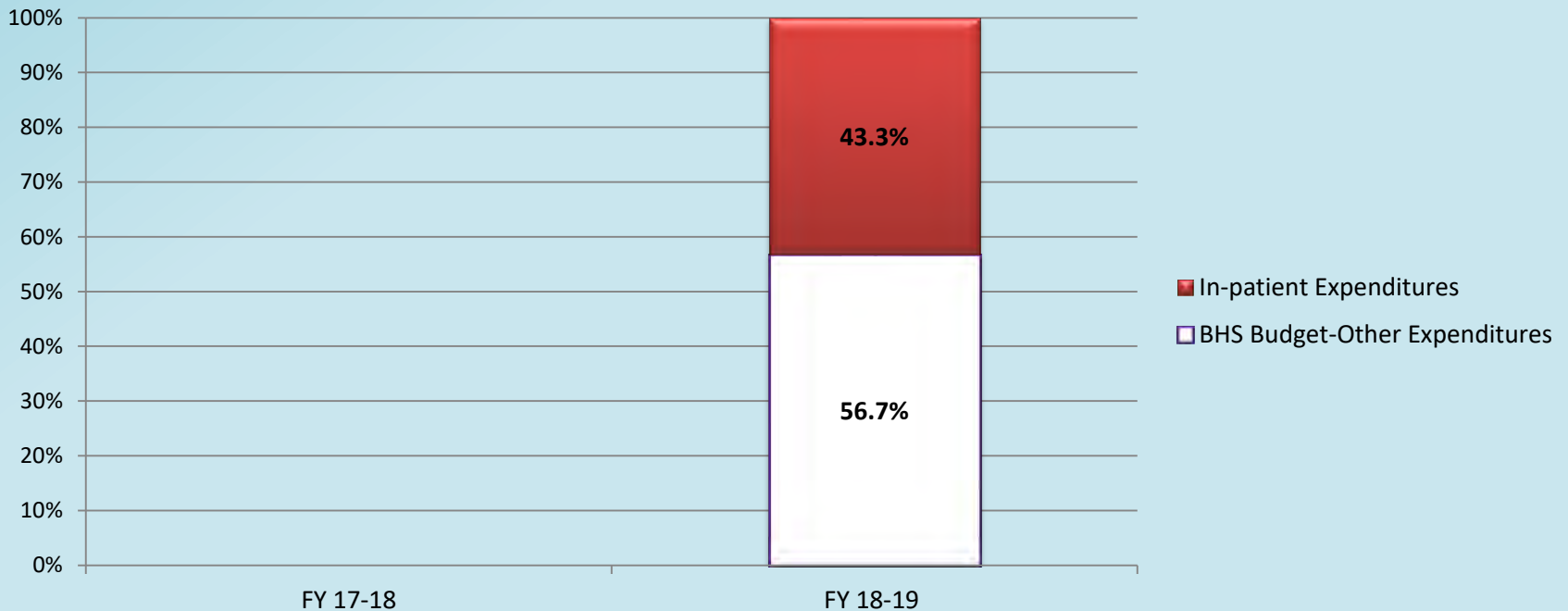
The second is the reduction of in-patient psychiatric hospital admissions for persons enrolled in Full Service Partnership Programs:



# F. Service Impact (3)

The third is the percent of BHS expenditures (in millions) for in-patient psychiatric hospitalizations versus total adult system of care mental health program costs over time:

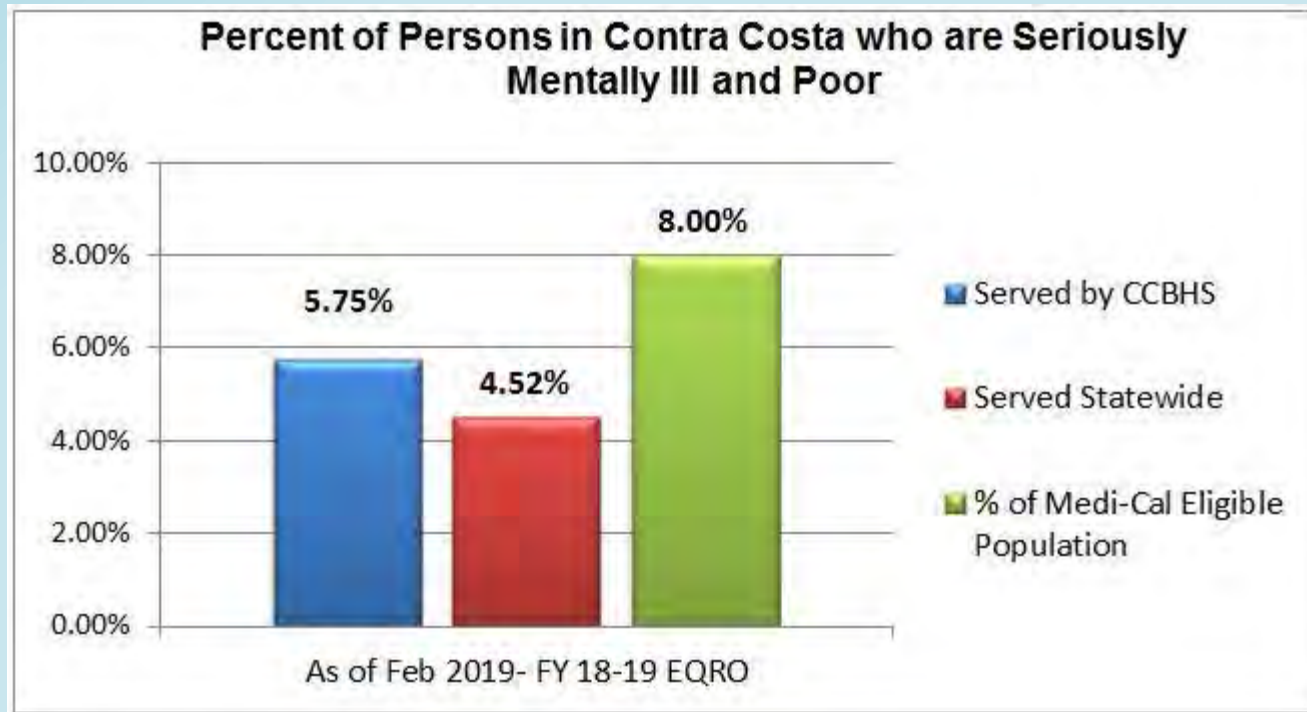
**Percentage of Behavioral Health Expenditures for Adult In-patient Psychiatric Hospitalization**



# G. Quality Assurance (1)

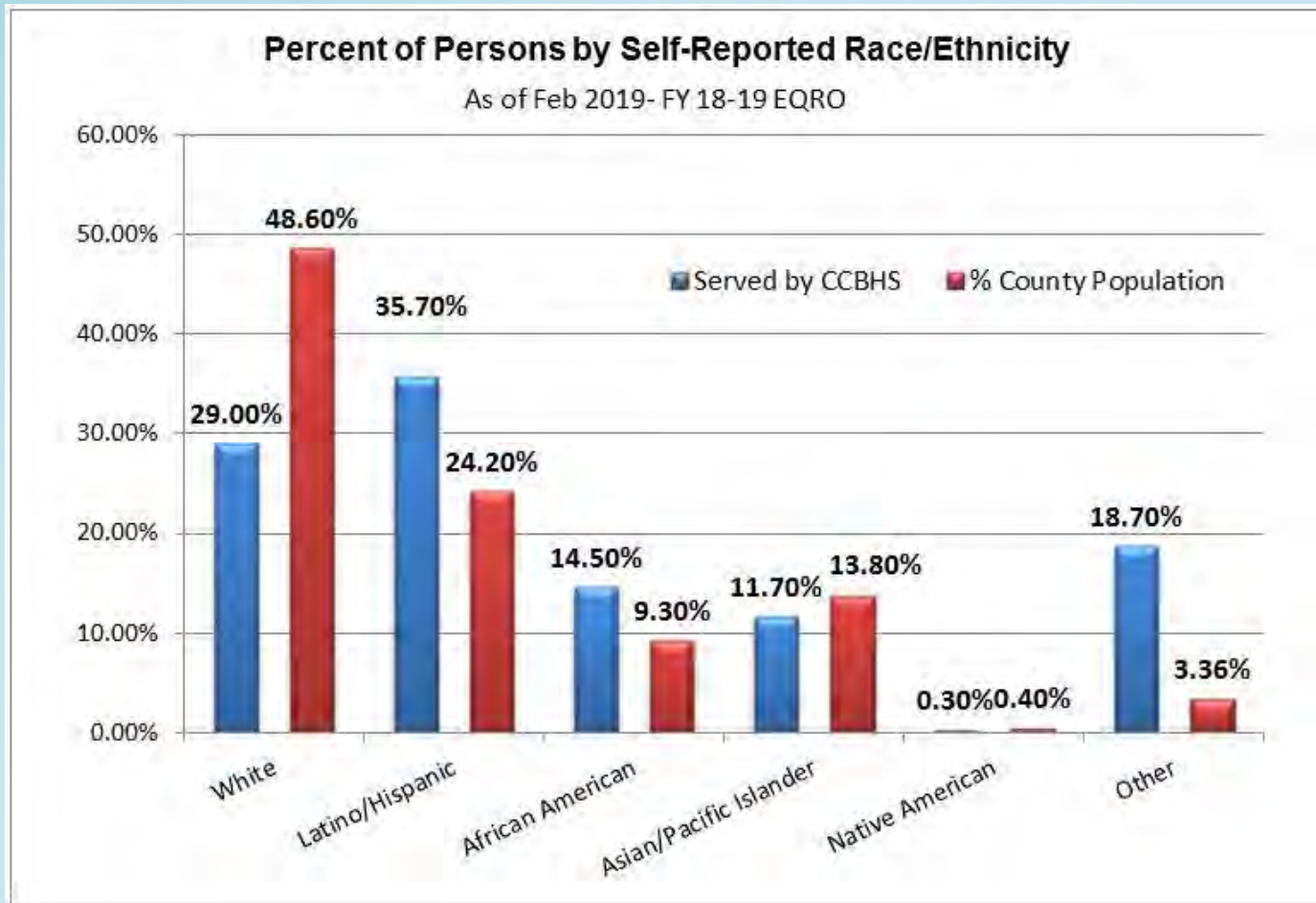
The following three indicators speak to the equity and quality of care provided:

The first is the percent of persons in Contra Costa who are seriously mentally ill and poor.



# G. Quality Assurance (2)

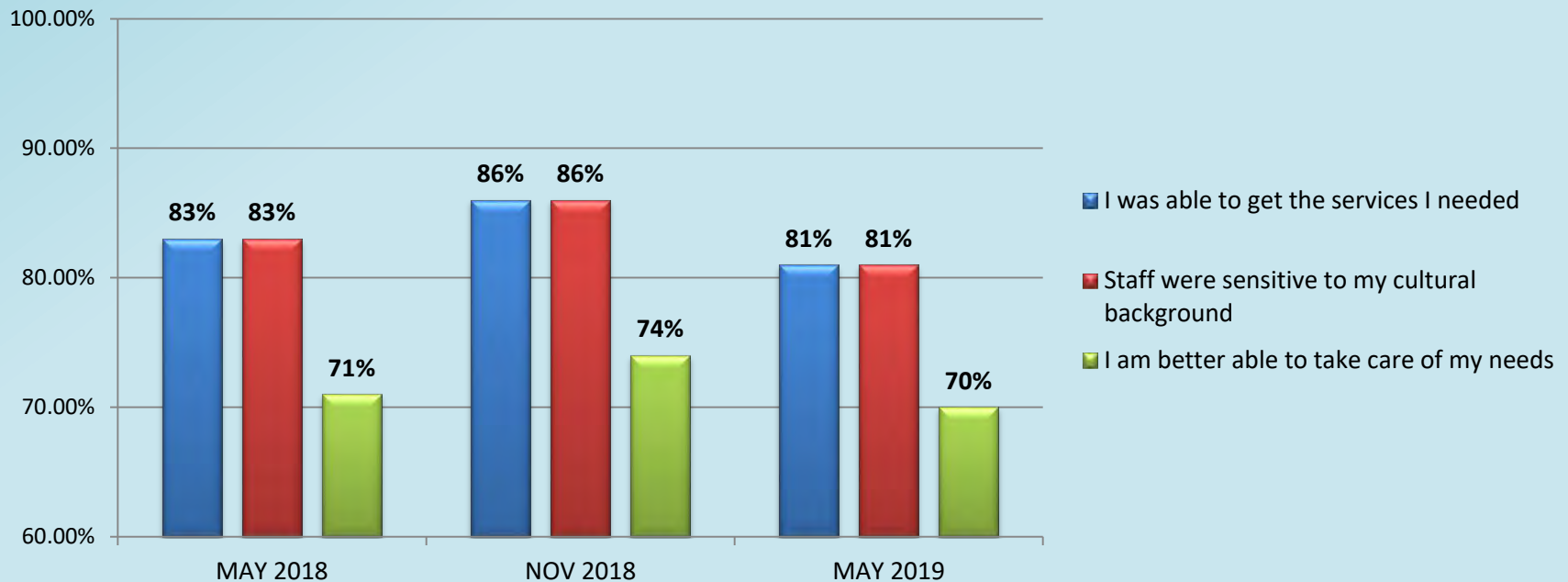
The second indicator is the percent of persons by self-reported race/ethnicity served by BHS versus the County's census:



# G. Quality Assurance (3)

The third indicator is drawn from semi-annual consumer surveys and depicts the percent of clients who agree or strongly agree with the following:

**From Surveys, the Percent of Clients who Agree or Strongly Agree with the following:**



# Methodology and Next Steps

## Methodology

The Methodology Section of the report outlines nine different data sources that are not consolidated and easily accessible for use – some are not automated

## Recommendations

- BHS and stakeholders “beta test” the information and data in this report for validity, reliability and usefulness
- Electronically automate this report upon determination that this tool supports better analysis, planning, implementation, evaluation and communication of BHS services



# Point of Contact

Warren Hayes  
Mental Health Program Chief  
1220 Morello Avenue  
Martinez, CA  
[warren.hayes@cchealth.org](mailto:warren.hayes@cchealth.org)  
925-957-2616

**All comments, questions, input and guidance are most welcome!**